

Centers for Medicare & Medicaid Services  
Special Open Door Forum:  
HHS and HUD Community Living Partnership to Expand  
Housing Options for People with Disabilities Including Older Adults  
Tuesday, March 1, 2011 11:30 a.m.-1:00 p.m. ET

The U.S. Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) will host a Special Open Door Forum on the HHS and HUD partnership that was developed in response to the President's Year of Community Living proclamation and in conjunction with HHS Secretary Sebelius's Community Living Initiative (CLI).

This Special Open Door Forum will focus on understanding the HUD HHS Collaboration: creating sustainable partnerships between the housing and human service agencies at the federal, state & local levels to improve the availability of affordable and accessible housing. This is being accomplished through two major efforts.

- HUD HHS Community Living Collaboration and its six initiatives
- Linking long term services & supports with HUD's new Category I & II vouchers to assist individuals with disabilities

Following the presentation, the telephone lines will be opened to allow participants to ask questions of the subject matter experts from HUD and HHS, including CMS.

Information about the Community Living Initiative can be found at the HHS Office on Disability <http://www.hhs.gov/od/topics/community/olmstead.html>.

Presentation materials will be posted to the Office on Disability webpage by Friday, February 25, 2011.

We look forward to your participation.  
Special Open Door Forum Participation Instructions:

Dial 1-800-837-1935 Conference ID 44280806

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and a Relay Communications Assistant will help.

An audio recording and transcript of this Special Forum will be posted to the Special Open Door Forum website at [http://www.cms.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp) and will be accessible for downloading beginning on or around April 1, 2011.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at <http://www.cms.gov/opendoorforums/>.

Thank you for your interest in CMS Open Door Forums.

Transcript & Audio File

<http://media.cms.hhs.gov/audio/AffordableCareActDisabilityHousing030111.mp3>

## **CENTERS FOR MEDICARE & MEDICAID SERVICES**

**Moderator: Barbara Cebuhar**  
**March 1, 2011**  
**11:30 a.m. ET**

Operator: Good morning, my name is (Melissa) and I will be your conference operator today. At this time, I would like to welcome everyone to the HHS and HUD Community Living Partnership Special Open-door forum.

All lines have been placed on mute to prevent any background noise. After the speakers remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star and then the number one (1) on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

I would now like to turn the call over to Barbara Cebuhar from The Centers for Medicare and Medicaid Services. Ms. Cebuhar, you may begin your conference.

Barbara Cebuhar: Great. Thank you very much (Melissa). As part of the U.S. Department of Health and Human Services Community Living Initiative, this special open-door forum focuses on the historic partnership between the HHS and the U.S. Department of Housing and Urban Development to explore how affordable housing with supportive services can enhance the ability of adults with disabilities, including older adults, to live in the community.

During this session, participants will learn about the CMS Money Follows the Person initiative as well as a new HUD housing voucher program and how these

two programs are working together to support community living. Following the presentation, the telephone lines will be open to allow participant time to ask questions.

My name is Barbara Cebuhar and I work here in the Office of External Affairs and Beneficiary Services at the Centers for Medicare and Medicaid Services and I'll be your moderator today.

I want to make sure folks know where to find the slides for today's discussion. You can go to <http://www.hhs.gov/od/topics/community/olmstead.html> and the slides are posted there for your information. Background slides will be available in about a weeks' time. So, you all can get more information that way. I also wanted to make sure folks knew how to reach the community living folks. You can send e-mail to [community.living@hhs.gov](mailto:community.living@hhs.gov).

I also wanted folks to know that there will be an Encore replay of this phone conversation available, four hours after end of the call and it will be available for two days. You can dial 1-800-642-1687 and enter the pass code of 44280806. So, if you want to suggest that a colleague listen to the conversation that takes place today, they can listen to an Encore performance.

First, I'd like to introduce Rosaly Correa, who is the Deputy Director of the Office On Disability with the U.S. Department of Health and Human Services, who will provide a short introduction on The Community Living Initiative. Rosalie.

Rosaly Correa-de-Araujo: Thank you very much and good morning everyone. I am delighted to be here today and I wanted to thank you very much for joining us in this especial open-door forum. I will provide a very brief overview on the HHS Community Living Initiative.

This initiative was established in 2009, as part of President Obama's Year of Community Living and it was extended by Secretary Sebelius as the Community Living Initiative. This is an interagency initiative which targets

the implementation of solutions to existent barriers to community living faced by individuals with disabilities and older Americans.

We are working to improve access to affordable housing and advancing civil rights enforcement of the Americans with Disabilities Act and the Olmstead Decision. This initiative is led by the Office on Disability in partnership with the Administration on Aging and other federal agents such as the Administration on Developmental Disabilities and the Administration For Children And Families, the Centers for Medicare and Medicaid Service, the Health Resource and the Service Administration, the Substance Abuse and Mental Health Service Administration, the Office of the Assistant Secretary for Claiming an Evaluation and the Office For Civil Rights.

As expected, this Community Living Initiative has various working groups, addressing a number of teams in support of a meaningful community life. This includes: service and support, housing, workforce, data and quality, and communications.

As you can expect, there are numerous ongoing collaborative projects. These working groups are leading. For example, all HHS partner agencies, they are collaborating to coordinate policies around home and community based service across the departments.

The Administration on Aging, the Centers for Medicare and Medicaid Service, and the Office of Disability are working together with the Department of Education to increase the disability focus of the Aging and Disability Resource Centers. And HUD and HHS have collaborated on a release of 53 hundred housing vouchers to be coordinated with community basis surveys.

Our communications team works on ensuring that information regarding disability related topics is disseminated properly to a wide audience of stakeholders. We, actually, regularly send out disability policy related information through our list server. We encourage you to join our list server by going onto the office on disability website and clicking on the list server button on the bottom right of the screen.

We are pleased to have members of the HUD and HHS housing working group here to discuss with you the important work they are doing to expand housing options for people with disabilities including older adults.

Your input today and going forward will strengthen the results of this initiative and also our partnership with HUD. Your comments will certainly help improve the lives of people with disabilities and older adults leaving or transitioning to community living. Thank you very much and I am turning back to Barbara.

Barbara Cebuhar: Thank you very much Rosaly. Our panelist today include Fred Karnas, who is a senior advisor to the Secretary of the U.S. Department of Housing and Urban Development, who will provide an overview, as well, as Kate King who is in the Community Systems Transformation Division of the Centers for Medicare and Medicaid Services and is also the project officer for the Money Follows the Person effort.

I once again encourage people to go to the website that was listed on the invitation. The slides are posted there and the (MFP) background slides will be available in a week. Fred, would you go ahead and start please?

Fred Karnas: Sure. Thank you. Hello everyone, I'm very glad to be here with you today. I want to take you a step back from the community living initiative the HHS pays (for) to talk about the connection between the community living effort at HHS and HUD. And I don't think I have to mention to anybody on this phone call that the importance of the link between housing house and human services.

And, that has been recognized by many people but a very important person recognized that on the 10th anniversary of the Olmstead Decision in 2009 when the President highlighted the importance of community living and called on HUD and HHS to work more closely together.

And, our two secretaries, Secretary Donovan and Secretary Sebelius took that very seriously and within a few days had identified senior leaders in both departments to put together the HUD-HHS Partnership that's sort of one of the reasons that we're here today. And that the functions of that partnership are pretty clear.

One is, obviously to meet the needs of those (inaudible) populations by better connecting housing and health care and social services. You know, the ultimate goal is to make sure that the people that the two departments serve, many of whom are the same people, that get better services, more effective and efficient services.

Our second piece is more of a long-term goal in terms of building relationship between two departments. And, it is not like that the two departments have not worked together in the past. They work together a lot but I think what we're trying to do is to make sure that there's a sort of relationship that is built in as a regular practice.

So that we have it's business as usual for HUD to pick up the phone with the human service issue and one of our (inaudible), one of our (inaudible) something we're working on and asking input from HHS and vice versa rather just a random act that may happen because two staff people happen to have knowledge of each other's programs. You wanted to make that an ongoing thing.

And I think that, the secret weapon that we have right now is that we have two secretaries in here (that care) very much about this happening and so we've seen a lot of progress in the last year around it.

And then the final thing is in terms of some purpose is to really create a platform for an ongoing conversation about a variety of issues that overlap and so there's a place for new ideas to be brought to the forum to be considered by both agencies in ways of moving them forward in both organizations.

In the summer of 2009, as this began we created three sort of large interagency working groups. And I know a lot to tell people that we had folks from every acronym in both departments participating.

And, that was almost pretty much true and what we try to do is to begin to identify areas where we have had some previous interactions and we are trying to move things forwards some areas that we felt like we could make some progress quickly and identify sort of those three major areas.

One area was in homelessness, where we looked at and are continuing to look at ways of using vouchers to better serve chronically homeless folks and also homeless families. What the real focus on engaging both HHS and HUD mainstream program.

Meaning, on the HUD side our voucher program like Section eight or public housing program on HHS has teamed off an and Medicaid recognizing that both departments have targeted programs but often times our mainstream programs miss some of the folks that we ought to be serving.

Summarily, we have a workgroup that's more of the macro scale looking at little homes in communities really looking at ways that we as we do community development need to be working together. One of the areas is on health impact assessment, looking at ways that we can assess the impact of new development on people's health so that we can make sure that we design roads better, that we design communities so they're walkable and healthy too, they designed homes so they're healthy and that we all will be working together on that.

Those are two areas that I just wanted to bring to your attention but the area we're going to focus our attention on today is the Community Living Workgroup and this is an area where you will hear a lot more as we talk. Kate will be talking in great detail a couple of the subgroups that had been working on that area.

Let me just say that one of the outcomes after 18 months, or actually approaching almost 24 months now of this work, is that we have the open platform for new ideas and other things that come along that we're amongst the original 17 initiatives, things like engaging both HUD and HHS and HUD's new choice of neighborhood effort, which is an effort to build neighborhoods in a different way.

Or later on today, we're actually having a meeting around at ACSAT building where we're using folks from both departments to talk about that. So we just encourage folks as you, running the things in your communities, to make us aware of this that we can use this joint platform to work on. So, I'm going to turnover to Kate now who is going to talk a little bit more about the specifics of some of the work that has been going on.

Kate King: Good morning and thank you, Fred.

I think Rosaly and Fred have given you a good grounding on the Community Living Initiative and the HUD-HHS Partnership. And again as Fred said today we're going to focus on the community living initiative as well as the HUD's category one and category two vouchers for non-elderly individuals with disabilities.

And the way we have done our work in the Community Living Workgroup is to break it out into six subgroups. But before I get in to that I want to say a couple of words about our Money Follows the Person demonstration at CMS because we constantly refer to it in our presentation and unfortunately the slides did not get on the presentation today.

So, let me just say a couple of words about it. In its simplest form, it is a transition program for Medicaid beneficiaries and qualified institutions. I think what's significant though is the scope of the program. Until this month it was a \$1.75 billion demonstration that included 29 states and the district of Columbia. And it was going to expire in 2011.

But under the Affordable Care Act, we've just added 13 more states and another \$620+ million and now we have 42 states plus D.C. and \$2.4 billion almost.

So, again the purpose of this demonstration is to provide individuals who are at nursing homes or ICF/MRs or other institutions with new opportunities for living in the community with the services and supports that they made.

And again this is Medicaid recipients that fall into groups such as the elderly persons with intellectual, developmental or physical disabilities, as well as mental illness or sometimes even a combination of these conditions. To date, our program has transitioned almost 12,000 individuals and the 13 news dates that we've brought on alone are expected to add another 13,000 individuals.

So as you can see, this is a critically, hugely important demonstration to the lives of individuals who may have previously but didn't have any other options other than living in an institution and now we're able to help them live meaningful life in the community. And, many of these individuals can return home or some other may return home or live with the significant others or other family members.

But, as we know, these individuals may also need housing. And, they are poor. Most of them are extremely poor by nature of being a Medicaid beneficiary. So that means, most of them need some sort of housing – public housing subsidy - to live in decent housing. So, that's how these two initiatives come together and why we're going through as talking frequently about MFP.

OK. Now, let me go back to the slide that you probably had in front of you and say a couple of words about the six subgroups. Actually, I'm going to say about something about three of the subgroups and then I'm going to turn it over to Fred.

In our presentation today, we're going to focus on three subgroups in particular: (1) the capacity building to link services with affordable housing –

(2) the affordable housing with supportive services for older adults and then  
(3) also reducing barriers to community living for individuals transitioning  
from institutional living.

Fred, you want to say just a word or two about the other three subgroups  
before we continue?

Fred Karnas: Sure. In terms of improving coordination with almost the decisions, our office  
of Fair Housing and the Civil Rights office here at HHS have been  
coordinating on some of the cases that they've been working on, making sure  
that we know what each other is working at.

Obviously, Olmstead is an important issue for both departments and this was  
a way to make sure that the offices were engaged with each other and – and in  
sync but actually using our resources better to make sure that we cover the  
territory that needs to be covered. So, we're pleased with that that one is  
moving forward as these two offices work together.

In terms of the No Wrong Door universal assessments, I think one of the  
things that we've learned along the way in this process of the 17 original  
initiatives is, as we moved along, occasionally some of them needed one  
department or the other to focus more on the issues until the other department  
could come along.

And, I think, on the No Wrong Door initiative, HHS is involved in a number  
of things to move that conversation forward internally both with industries on  
aging and CMS. And so that one is, and HUD was sort of waiting till to those  
things come together and then we're going to move back in working on that.

But obviously, the ability to work with the ADRCs and others is critical in  
terms of addressing the needs of folks with disabilities and HUD looks  
forward to sort of stepping back into that one as the right point going forward.

Expanding works for its development is really focused on idea of using HUD  
folks in HUD housing to provide much needed support to folks with

disabilities and elderly folks in the community. We're working together and so to find the best pathway to that.

As we move forward, there's a much relation on the hill that's being considered. We're looking at ways that we could internally at HUD make this move forward. Not moving as fast as we would like but I think it's an area that there's a great need out there and some great resources in both departments and we'll be moving that forward as we go along.

But one of the things that is within the 17 initiatives, some are moving along in rocket speed and others were out of that. They have to work a little harder to make them work. But I think that's part of the process here is understanding, you know, some of the barriers that we face from a physical standpoint or from a personal power standpoint but not giving up and that's why we work still has on it. So, that's the case.

Kate King: Thanks, Fred. I wanted to start by talking about one of our more successful subgroup as of the moment, I'm not sure it's rocket speed but the contract was...

Fred Karnas: Governmental rocket speed.

Kate King: Governmental rocket speed, and this is the capacity building contract to link services with affordable housing. And the contract was awarded by CMS in June of 2010 so it's been going about eight months. And we have asked HUD to co-lead that contract with CMS.

Because we thought it was critically important to make sure we always had a housing perspective in everything that we were doing. And, we also know that we need to link appropriate individuals that are working at a federal, the state, the local level and the housing community and so the co-lead can help facilitate those things.

The other thing that's really terrific about this initiative is we are using the HUD-HHS Community Living Initiative workgroup to act as the interagency advisory committee. And, just to give you a couple of thoughts on the interagency advisory committee, we thought it was important to have the standing body that is already working on facilitating this linkage of housing and the services and support being able to act as a resource to provide input and feedbacks on activities under this project.

We also thought it would be a great resource to identify personnel in their respective agencies that we might need to invite onto this project to consult with us. We also thought it would be a fabulous resource to identify key policy in the respective agencies that might be relevant to the gold project. And so, the interagency committee will meet on a quarterly basis primarily by conference call to consult on this contract.

Now, what is the goal? What are we trying to do with capacity building and really, what do we mean by that? Well, it's simply to build sustainable collaboration between the Human Support Service System and the Housing System.

Now, that may not sound like a huge task, and a lot of people who've been involved in the past with good intentions and might think good intentions of being nice is the only thing you need to do. And, that is a very helpful set of characteristics but it's simply isn't enough. And why is that?

Well, we have very different ways of doing things in both of our sides. We've got different languages and we need to understand what each others' terminology means. We have different eligibility for similar programs that are trying to achieve similar goals for the same population but going about it very differently. So that's just a sampling of the kinds of struggles that we need to sit down and look at to deal with.

As Fred had mentioned, we are working across all agencies of government and the contract itself is to create some sustainable knowledge and sustainable collaborations at the federal level, at the state level and at the local level for –

how do you link public housing or public subsidies with long-term community services and support?

So, what are the major tasks we're doing to try to achieve that? Well, first, we're identifying what currently exists out there in terms of information on the topic and updating that as we need them. And we may need to publish some information as well.

We are increasing capacity, as I said, across all levels of government. And, what does that mean? It means tools, it means knowledge. We are going to provide technical assistance in addition to assistance of the federal level. We are going to provide technical assistance in five states and then we're going to fund 15 pilots among those five states under MFP. We are going to – which is Money Follows the Person.

We are also going to conduct onsite team building activities between Medicaid and Human Services and agencies and housing staff. And then we're going to try to disseminate information that we've learned from these pilots as well as the federal meetings and state meetings broadly to the public so we can all benefit and learn from this activity.

What's the status? Well, we've developed a website. We have already started posting some of the existing literature and updating selective references. We have conducted interviews of key federal agency personnel. We have interviewed over 34, 35 key senior officials in both HUD and HHS in the fall of 2010 to identify some of the common themes about what these individuals think or the needs and the challenges for collaboration. And we've also thought that activity helps to develop our agenda for subsequent federal training sessions we're going to conduct as well as resource development.

We're now preparing for our senior staff briefing in March and April in which we're going to talk Housing 101 with the Medicaid and Services and Support Community and we're going to talk Medicaid 101 for the HUD community as well. We are also on the process of consulting with the interagency advisory group on selecting the five MFP grantees that we will work with as the five states and the 15 pilots.

Fred, you want to say something about the affordable housing with support?

Fred Karnas: Sure, I want to talk about a couple other activities that the Community Living Initiative that are, I think, really important to the breadth of the work that we're doing. Before I do that, will just add, in terms of the capacity building piece, I would just add to what Kate has said that we at HUD see as the importance of this effort as the starting point is, you know, as we look across the number of areas, many of which were working on as I said in the overall HUD-HHS partnership, whether be homelessness or working on elder issues or whatever.

There is the capacity building effort, I think, gives us a frame to sort of look at how we can better match housing and services and it will be something we can really build on going forward as we learn from different communities, with different operating systems, in different states with different Medicaid rules, different housing authorities, and then the way they do business and have preferences.

As we learn how best to make those connections, I think you can have implications way beyond these first obviously, first few pilots site. And so that's what's exciting to us about this and hopefully, as these things begin to come to your community then we begin to give you some learnings from this. You'll be able to share them even if you're not one of the pilot community, with the organizations in your community.

A couple of other things that are happening that we just wanted to highlight this morning, one in the area of older adults and another example of our work together. And again, this is not a secret to anybody on the phone call but this is significant changing demographics of which I am hard up, I must say.

And as the baby boomer group ages, the first group of baby boomers turned 65 this year, I believe. And, that's going to have a significant impact on this country over the next 20 years is that (cohort) moves through the system.

And, so one of the things that we're doing together because it has an impact, a significant number of folks in HUD housing are seniors, over 30 percent of the folks in HUD housing are either seniors or persons with disabilities. So, it's very important for us both to understand the folks who are in our housing and help them age and play if that's what they choose to do.

It's also important that as we as a nation tackles this issue and housing is going to be an issue going forward, having a better sense of the kinds of ways we can deliver housing and services to folks who are aging. So, one area that we were working in on the research side of things and we didn't really talk much about the research pieces broadly.

But that's another area where we're trying to do a lot of work together, is a contract that was awarded last September to decide a demonstration around housing and services. So we're looking at how to test housing in long-term supports and services and how medical care can be (cryptic) coordinated to support older adults in affordable housing.

And looking at a variety of models that were out there, as I said so, we can look at aging in place. We can look at how we can improve health and functional status for folks in our housing and in the community more broadly. And, a real hot issue in Washington, as you might imagine right now, across the whole number of areas, is cost-savings and making sure that we provide effective and efficient services in the best way possible so that we can use our resources and stress them as far as they can go.

So one of the other areas we'll be looking at is how to avoid unnecessary hospitalization and reduce healthcare expenditure. So, I think, one of the exciting elements of this is data sharing efforts that we're doing because we know and believe that a lot of the HHS clients are HUD clients and the more we can understand where folks are in our system, in what systems they're in and we will – we'll be able to better target our resources to folks.

And I, again, much as I've said, outside of this conversation around of the capacity building what will really help from is that it provide us some models

for our future policy and future programs. And so we can make some arguments about better ways to design programs and better ways to save resources by targeting our dollars in different ways. It will learn from this. So, we're excited. This is again the first step of something that we think has some long-term implications

The second thing – oh no, I'd let Kate.

Kate King: OK.

Fred Karnas: I got it, right, I've got on the role here.

Kate King: Get on the role where you can certainly augment anything I say. And what I wanted to do here was to talk about the final subgroup under our partnership and that's the subgroup on reducing barriers to community living for individual transitioning from institutional living. And this goes back to what Fred just said moments ago and it really is the cornerstone of the subgroup.

How best can we make the connections between the housing and the community support and services community? And that is really what we're trying to do here in reducing barriers – look at the frame, overarching framework that worked and then try to address barriers. And, among the things we're doing is introducing some activities that can provide tangible experiences, hands-on experiences that the housing and the human services side can use to work out some of these barriers and work on that framework.

Two, that we're working on through the Money Follows the Person project are integrating what we call housing coordinators or service resource coordinators into the MFP demonstration and each will be attempting to broker collaboration across housing and community services and support.

Now, the housing coordinator, we see that more at a micro, I'm sorry, a macro level. And ideally, this individual would report to a high official, like Medicaid Director or a Secretary because we believe they need the authority to carry up their function. And they'll be advocating for populations as well.

And so, what are some of their functions? Well, we see them working with the agencies at the state level, they represent the various disability populations or the elderly as well as Medicaid to assess the existing capacity of housing for persons with disabilities and chronic condition, to begin developing the need for housing across these populations and then communicate that with state housing level agencies on the needs.

By contrast, we see the service resource coordinator function more at the local level and develop relationships with the local housing authorities and also even help individuals identify housing needs.

And then finally, another project we're looking at, well, we're not actually, is that we're looking more globally at different housing mechanisms perhaps 811 or some others within HUD an similar activities within HHS that we can connect that will provide that kind of tangible experience that we're talking about this. A little premature, I (inaudible) the fact that a little premature to talk about it.

Kate King: Fred, do you want to talk about the HUD category 1 and 2 and the vouchers?

Fred Karnas: Right. Much like HHS and it came to act with the MFP dollars and we're able to work with them to begin this capacity building effort. And not only with disabled vouchers, we had vouchers available and we were able to sort of turn to HHS for their expertise in working with persons with disabilities to make sure that we were connecting in a good way. So, we developed Notice of Funding Availability about a year ago that and with the import.

And, one would think this wouldn't be rare but this was a rare opportunity for us to sort of reach out to the HHS folks and CMS folks and say, look, here is what we're thinking about. Tell us whether, you know, does this connect between how you see this world and how you see the services that need to be delivered?

So that we can make sure that we don't put these vouchers on the street and they don't work with the other systems that are out there. And that's a key,

sort of philosophy of what this partnership is about is to make sure that there's no disconnect between the work that we're doing.

We put out a draft, which again is a very rare thing (for) HUD at least, to put out an open draft form. But, we want it because this is the first shot is to make sure that folks had opportunity across the country to sort of weigh in. We got a lot of comments and used those comments to reframe, to know for a certain degree. We also took comments again from CMS staff who had a chance to look at it and put the NOFA on the street.

And, another element of this, it was part of the partnership was having technical assistance provided through the CMS technical assistant provider which you referred from folks across the country was very helpful. Something hard could not provide but having CMS step forward with that, help us to be able to provide the background information to folks as they were considering whether to apply or not.

So, we had two sets of Non-Elderly Disabled or NAD as we call them vouchers. The first set was announced last October. About 4300 vouchers will be more than 4300 vouchers went to 46 days or 46 public health again in the 19th state and this Columbia and Puerto Rico.

And, these vouchers, again, focused on made available for non-elderly individuals with disabilities, putting those at risk of institutionalization. And one thing that the slide doesn't mention, but that we also encouraged in adulthood that these could be used for the broader way of folks who are under 62 and disabled.

We also encouraged, well, we'll talk about in category 2, which is to use them to help folks who were in institutional settings be able to move from those institutions of the community. And, hopefully some communities will do that with these vouchers as well as the category 2 vouchers which I want to talk about for couple of seconds.

Just a couple of months ago, we released just under a thousand vouchers and these vouchers were connected with CMS and MFP. We asked folks to submit applications that show that they had a relationship either with the MFP program in the state or a similar program that can assure services pathway into the housing that the services will be wrapped around folks.

So, this is again, a first step in looking at how we can best transition folks from institutional settings into the community that when they choose to do that and to make that transition as seamless as possible. One of the things I've learned in this process is how difficult that transition can be and how important it is for us to be talking to each other in the housing and services world and to make sure there's a clear pathway from institutional settings and into the community.

So, that program, like I said, we just got these vouchers out a couple of months ago, so it's just beginning to roll out. But it's a real opportunity for us to tap that relationship and measure that relationship between human services and health care side and the CMS side and the housing side in the real world as we roll this out and learn some lessons which hopefully we can use to get our main stream programs more connected going forward.

Kate King:

As Fred pointed out that cornerstone of this activity was to take these vouchers for housing and then make sure that the individuals were able to access the essential services and support they needed to live in that housing and to live in the community successfully.

And so, what HUD recommended in the NOFA is that the PHA partner with a Money Follows the Person grantee, and of course, now we've got them in most States?, or a partnering agency which could be another state human service agency or Medicaid agency that actually conducts transition programs to the community and can provide the essential services.

And we wanted to note that of the 28 PHAs that received category 2 awards for vouchers, merely 90 percent or 25 of those PHAs are in a state that has an MFP grantee at which we were thrilled by. The way this is to work then is

that, persons who are identified for transition to the community are referred to the PHA by the Money Follows the Person program or the partnering agency. And then, that partnering agency will guarantee that that individual will receive the services and supports they need in the community as long as they have that housing voucher.

I do want to interject briefly that while this is probably what we see as the norm for functioning, there is one other mechanism that can work here and that is if a category 2 family who would qualify for one of these vouchers, they can participate even though they're not referred by a partnering agency. But if they can demonstrate with confirmation from an independent agency or organization that routinely provide services to individuals who transition, that they can provide all these services this individual needs. They can actually qualify for one of the category 2 vouchers as well.

And as Fred pointed out, CMF was able to resume a PIN grant to provide considerable T.A., Technical Assistance, prior to the award of the vouchers and we're delighted to say we're continuing to provide extensive T.A. to individuals who got the vouchers, the PHAs and MFP grantees but also to its other recipients of this category 2 waivers.

We want to make this initiative work and so we've been holding large, generic webinars. So we just had our first one last week and are very much looking forward to participating in making this a successful venture. So that is the end of our slide, I think we're ready for the questions.

Barbara Cebuhar: Right. (Melissa). Thank you very much Kate and Fred. We are ready for questions so (Melissa), if you would instruct people how to cue up, we have approximately 40 minutes for questions. Thank You.

Operator: At this time, I would like to remind everyone in order to ask a question, press star then the number one on your telephone keypad. We'll pause for a moment to compile the Q&A roster. Your first question comes from the line of (Deborah Moo Yang) from Access Living. Your line is open.

(Betto Herrera): Hi, good morning, this is (Betto Herrera). I was here at Access Living and am also in Chicago at that and I just wanted to say that many CILs throughout the country and other disability groups, I believe, got ample experience in getting people out and put things over since they've been placed in the community.

At Access Living, we have already gotten out more than 250 people up to date but everyone knows that the bigger challenge to make them to be successful is affordable housing and I was expecting at least on this conference hall, we'd hear more about the affordable housing and where are we going to put these individuals.

And if we (upload) the thousand vouchers that came out and just rolling out to public housing authorities throughout the country? But that's not even a drop in the bucket compared to the need out there. Out there we need – we need definitely to speak more about the affordable housing. I mean to get a person out, to get waivers, and get a PEA or other services that are needed. It can be done on community re-integration coordinators that are experts around that area. But what we don't have is the housing itself. It's a project-based or tenant-based or anything like that.

And I was wondering about the 13,000 people that have come out at MFP. Where could they be placed? Has it been, I hope not, they have been on group home, and I hope they have been put in the community and not in a group home but within the community.

So if we can have more discussion that where to put people at, where the housing is that, will be very beneficial to many of our reintegration coordinators. Thank you.

Barbara Cebuhar: Thank you for your comment, we appreciate it.

Fred Karnas: I can speculate about how probably and we'll talk about this in the –second question.

Barbara Cebuhar: Go ahead.

(Fred Karnas): Hi. This is Fred Karnas), I hear you loud and clear. I mean, it's an issue obviously for folks transitioning, it's an issue for wide range of the populations as anybody on this call knows we've got a waiting list that are very long and housing is not an entitlement so only about one out of four people who are eligible actually get the housing.

I think, you know, and there's no secret, we're in a sort of challenging time around budget conversations just a few yards from where we're sitting right now. Having said that, one of the things that we hope comes from this is the encouragement of our existing programs to both learn how to do better and/or learn how to sometimes immediately learn how to use their existing resources, turn over vouchers, that sort of thing to serve folks who are transitioning.

And so, you know, we don't have preferences that we can force from Washington but it certainly can be encouraged at the local level and I think the more that we can do through our MFP efforts and others to show that, you know, it's possible to do, and it can be done well, and it's absolutely necessary. It will help us use the resources that we do have better to serve folks who are trying to transition out as we continue to battle for new resources that can meet the needs.

Kate King: You did ask: Where are these 12,000 folks we transitioned so far going when they move into the community? There will be a slide that's available on the website for you to look at hopefully this week. But, it actually breaks out differently by population. For instance, the IDD population, the primary place that these individuals reside, the qualified community residents in the community is a group home.

By contrast however, individuals with physical disabilities are largely going to an apartment or a home. Very few are going to a group home. Elderly to a large extent go home as well and then another portion goes to an apartment home and probably the largest portion of the elderly, well let me say it differently.

Assisted living is an option under very specific qualifications under MFP and the population that uses that facility type or community residence type is the elderly. And then, so it sort of breaks out in that kind of fashion.

Barbara Cebuhar: Thank you, Kate and Fred, I appreciate it. We are ready, (Melissa), for our second question, please.

Operator: Your next question comes from the line of Meg Cooch from Lutheran Services , your line is open.

Meg Cooch: Thank you, my name is Meg Cooch. I'm with Lutheran Services in America Disability Network. Thank you for this forum today and for the work around the Community Living Initiative. We're certainly very excited about trying to give people opportunity to stay at home and in the community.

My question is about, we (Lutheran Services) have about 300 or more social ministry organizations across the country working with seniors with disabilities, people of all ages, and a lot of them, after the vouchers came out asked us about how they could connect specifically at the state and local level to make sure that if there are such services were needed, they could connect and help people, help the program move forward.

And, I wonder if you could speak specifically about who they should, or who we should, contact if we're trying to connect community service providers with this process?

Barbara Cebuhar: Thank you for your question. Hello?

(Fred Connors): Hi.

Barbara Cebuhar: Hi. We were just putting you on mute for a second.

Meg Cooch: I'm sorry. I didn't know if I was cut off, thanks.

(Fred Karnas): Well let me – let me, this is (Fred Karnas). Let me just start. I'm not entirely sure that, I might need some clarification but one way to start is: If you're

saying that the 300 social ministries, and if these are Lutheran services, are interested in being the sort of human service, social service, healthcare provider to help people transition in states where they're not, that if the public housing agency are not necessarily directly connected to the awardees, that the public housing agency awardees are not directly connected to MFP program.

It seems to me one way is that, in the states where vouchers were made available is to connect with the public housing agency and find out who they are connecting with now and sort of build on that, make folks aware that you're available to help with that, to deliver that service.

Kate King: This is Kate. One of the things we're going to be working with our T.A. on is not just looking at the existing partnership between the PHA and the existing partner agencies that receive category 2 vouchers. I mean, that's great because they have a tangible activity but we also want to look at those PHAs who partnered with other human service agencies because we feel that means they took an initiative to try to develop a partnership between themselves.

And so, that means they're primed for another activity and so we feel that by reaching out to these individuals, we'll be able to facilitate some greater activity there. So again, I would encourage you to reach out as Fred said to those who have received vouchers and then also we'll be working with some others and hopefully, can connect with you and other service providers who will be interested in participating as we go on.

Meg Cooch: Thank you. I think that's really, I guess, I would just like to reiterate what previous caller said was really I think there's a lot of capacity in the community of advocates and non-profit social service providers. who have been trying to fill in the gaps at times, and so I'd appreciate any kind of thought from you all as a good foreword about trying to move them in when possible.

Barbara Cebuhar: Thank you. Thank you, (Mae). Our next question, (Melissa)?

Operator: Your next question comes from a line of Constance Burns from the National Association of American Veterans, I think. Your line is open.

Constance Burns: Yes. About the participants for the special open-door forum, I represent the National Association of American Veterans and we were established in 2005 to reach out to the severely wounded of the wars in Iraq and Afghanistan and their military caregivers.

I'm initially responsible for the Veterans Caregiver bill that grew out of my work with the President's Commission on care of the wounded back in 2007 where I worked with our former secretary for (inaudible) Senator Bob Dole introduced. What about the military caregivers? I've been a caregiver myself, I'm into my 30th year for my mom and it's not easy work. And I'd really want to know what you're doing to reach out to the severely injured at the wars in Iraq and Afghanistan, that are severely disabled veterans and their families in the greater Washington, D.C. area because we're incorporated. But I know that this issue now is around the nation and we're dealing with horrendous numbers coming back with severe disabilities and problems of post traumatic stress, and we add depression and suicidal tendency. So, I want to know how we can get involved in connecting with this initiative?

Fred Karnas: Well, I was (inaudible).

Constance Burns: Yes.

(Fred Karnas:: Coincidentally, as soon as I'm done with this phone call I'm going over to that administration to have a conversation with some folks who are looking at developing housing for that. From the HUD perspective, and this doesn't necessarily get specifically to your question, but we've been – Secretary Donovan and Secretary Shinseki have been very close partners on issues related to homestead, particularly, but that's probably also and we just released funding late last fall for demonstration projects, and five communities around the country to help folks coming back from Iraq and Afghanistan and help prevent folks who are perhaps injured or perhaps PTSD to avoid homelessness.

So, it's one area and felt like that it doesn't specifically get to that seriously wounded. We've been looking to VA to provide us a lot of direction on that front and try to support their efforts with whatever housing we can put in the mix. So, I think the important piece is in terms of that is that there is a working relationship and collaboration between many agencies in VA. And, an effort to insure that this folks get the best care they can get.

Kate King: Constance this is Kate and in addition to my hat with housing at CMS, I also wear another hat where I work with workforce, especially community workforce and long-term care, and actually coach there the workforce Community Living Initiative workforce committee with Michelle Wasco from the Administration on Aging and we had a, it was sponsored by CMS but as part of the workforce workgroup, we sponsored a conference, a summit actually, in September of 2010 on direct service workforce and caregivers and looking at that inner section, policy inner section.

I think a lot of people think of them as two discrete care giving bodies but in fact they have a tremendous number of similarities and we actually featured the Veterans bills that you talked about. We had a couple of folks from the VA and we had a consumer and his wife from the VA who had a wounded warriors and I am working on his memo. One of them, say their names are Webb, but I know you know them because they were fundamentally involved intervolved to the passage of that bill.

So we're learning – actually we're learning a great deal - from you all and your activities around that in terms of the care giving initiative and great case.

Greg Case: This is Greg Case at the Administration on Aging and I'll just add one last piece on the response to Constance's question. While the HUD HHS collaborative does not have a specific emphasis on returning vets, a number of activities across HHS have been focused on that issue.

In addition to what both Fred and Kate have discussed, HHS has been involved in a partnership with the Veteran's Administration to create a new

program called Veteran's Directed Home and Community Based Services (VDHCBS). Through this program Vets can purchase, in addition to the traditional supports available through the Veterans Administration, services from the provider of their choice..

Through VDHCBS Area Agencies on Aging are now able to contract with the Veteran's Administration in approximately 12 states across the country, with more areas anticipated to participate over the next year, to allow Veterans the ability to purchase services on their own through a voucher system to get the care that they need at home.

Veterans can purchase services from family, friends, faith based institutions, or formal service providers. .

In addition, the Substance Abuse and Mental Health Services Administration has a partnership, as a part of their mental health systems transformation initiative, with the Department of Defense and the Veteran's Administration to put new focus on returning vets with TBI and post traumatic stress disorder on how HHS and the VA can partner to provide more effective support..

And, if they can work together to get the kinds of services that those young men and women need. Today we are still unsure that they remain in the community. So a lot over the past few years has been implemented across HHS and HUD and we hope to continue to put focus on that area.

Barbara Cebuhar: Thank you for your question Constance. Our next question (Melissa).

Operator: Your next question comes from the line of Emily Carmmody from the North Carolina Coalition to End Homelessness. Your line is open.

Emily Carmmody: Thank you and thanks for this forum. It's been very helpful. My question is really around the capacity building, I guess that portion of the collaboration and I was wondering if there are any discussion of CMS using Medicaid & Medicare funding to specifically target housing supported services. This may

fall more under programs that HUD funds would their homelessness programs and I know that, that is not necessary the focus of the phone call today.

But there is a gap in what services are being funded to help support individuals live independently in the community and that gap is really filled with having specific services to keep people living independently. I didn't know if in the course of the collaboration there is a discussion about CMS funding those services, as some states had been able to negotiate with their specific Medicaid programs to do that. But, I didn't know if there was any sort of federal directive that you all are looking at.

Barbara Cebuhar: Thank you Emily

Kate King: Hi, Emily. This is Kate, and the first answer is, No, with the capacity building activity. We're talking about we had not been targeting -- the homeless population. With that said, CMS is working very closely with the interagency council on homelessness and we have a staff person assigned to that and supportive housing is just clearly very important.

And so we are looking at ways we can work more effectively to do that. I think some of the very basic principles that we've talked about today are similar and that venue, as well. I think it gets complicated by provider qualifications, provider capacity, utilizing Medicaid as opposed to grants.

There are some of those other things that get interlaced in there but those are simply issues to be dealt with and I think we can now sign from effective mechanisms to do that as we go forward.

Barbara Cebuhar:: Thank you for your question Emily. I'm sorry, Fred?

Fred Karnas: I would just add very quickly that, that one of the HUD-HHS Partnership work group that I mentioned was the homelessness voucher effort and tied to that, both on the chronic side - primarily on the chronic homes side - but also on the family side to some degree, is a real effort to sort of test ways that we can get Medicaid for supportive housing.

How we can move – how we can connect Medicaid to some of our mainstream programs so that as we move towards 2014 and the implementation of the Affordable Care Act? There is a clear pathway for folks who are homeless to get, to get the kind of, service support from Medicaid that they can possibly get.

Barbara Cebuhar: Yes. Thanks for your question Emily. Our next question, please.

Operator: Your next question comes from the line of Sam Mordka from Illinois Housing Development. Your line is open.

Sam Mordka: Hi. First of all, I'd like to reiterate that's of a rarest point about the availability or back there of the new (NED )vouchers, the need for much more than a thousand. It was 4000 total with a thousand specifically for MFP and obviously that's a high priority going forward.

The other question I have is on the new 811 (PREP) program under the new legislation. Under the new 811 legislation, it allows housing finance agencies to apply for the (PREP) separately from the capital dollars and administer it. I'm wondering if the 811 budget is kept at the 2008 level, or even the 2010, level? How that's going to work if there is ever going to be a no folk for that?

Here in Illinois if we were able to obtain that funding we would probably use that for the MFP program and other long-term care rebalancing programs. So we're very interested in, if that's actually coming down the pipeline.

Fred Karnas: Whatever is a long, long time but it is going to be difficult in the next couple of years. So, I tell you. I mean, we are sitting here looking at possibly of two-week extension to the 2011, you know, continue in our evolution and not being able to sort of figure out how to move forward in a way we really need to move forward.

In 2012, you've seen, you know the budget is better on the table and right now, even from the administration side, one of our struggles is that we're

trying to make sure that everybody who would (be) in our housing right now is able to stay in our housing, and so the capital side is the side that, you know, getting hit hardest and we're really putting most of our dollars in to just renewal.

So, I'm not going to predict, I mean my hope is that we will be able to move over with a move ahead with the (notes) in the near future but if you know because I know the Secretary and the folks in our mobile housing world really liked the way that '11 has been changed but with Melville and really want to move forward as quickly as possible to implement. We feel like we can get a lot more units with this new approach. As you said, everybody, there is no disagreement that we need more units of all different kinds.

So, I'm not entirely optimistic but we haven't given up the ship either yet for the next year or two.

Barbara Cebuhar: Thank you for your question, Sam. (Melissa) our next question please.

Operator: Your next question comes from Mia Oberlink from the Visit Nurse Service of New York.

Mia Oberlink: Thank you. I was just wondering if you identified the five states, yet, to see your demonstration project and if not when you think that might happen?

Kate King: Thanks for your question, well we have made a couple of suggestions and have provided those suggestions to the interagency workgroup to massage and are waiting for them. I think John , the Project Officer (John Sorensen) for the contract is with me today. Do you want to mention it so that I can tell you a little bit about the selection criteria that we're considering? Or, John can if you'd like?

(John Sorensen): Thank you very much, Kate. We have made recommendations for the five states to be selected but I'm not – I don't think it would be appropriate at this time to mention those names as those are still being discussed by, as Kate indicated, the interagency workload. I have requested that the group come to

me with any concerns or any conversations they have regarding the five states selected by the end of this week. So, hopefully we'll be announcing possibly by the end of next week what those five states that have been selected for the pilot talk.

Mia Oberlink: Thank you.

Barbara Cebuhar: Thank you (Marianne). I would like, (Melissa) our next question please.

Operator: Your next question comes from the line of (Cassey Chu) for Modern Health Care your line is open.

(Cassey Chu): Hi. How are you guys? I just want to say thank you so much on a great discussion. I've been working on a piece of Austin partnership since I saw the January 6 press release and just upon me I wanted to ask a few basic questions. I'm really curious about, you know, the distribution of the second category of (NED) vouchers.

There seems to be some kind of variance like, for example, could California got about 200, Ohio got about 160 so I do appreciate the explanation how you're trying to link the vouchers to organizations or states that had shown partnerships with PHA.

And, I just wanted to find out how the vouchers work. We know that the Money Follows the Person is going to be funded through 26 teams by any (dismantling) of the Affordable Care Act. How long did the vouchers last? And, I was also wondering if you've gotten any – last time a couple of Money Follows the Person program directives final on (inaudible) date.

And, I also talked to (Mr. Claypole) as the Disability Office (Director of the Secretary's Office on Disability) and I wonder if he has had any push back from Nursing home (industry) in exception to your work of going and trying to find people who are interested in living back in the community?

And, also I wanted to find out what the concerns about budget cuts in and across the states interested in cutting what Medicaid is spending in space and some of them being call you that programs for disabilities. Like how that may or may not impact what you're doing with Money Follows the Person?

Barbara Cebuhar: Thank you (Cassey). Fred?

Fred Karnas: Well, I will start with the housing part of it and let others to respond to that last question. But I think in terms of the way the vouchers were distributed, I think it's a – we had a basic threshold review of all the applications and that threshold included a number of things. But, T2 is what we talked about earlier which is there had to be a proven connection between the public housing agency and, either any PR organization, or a similar organization health care and human services agency in the community.

Once you pass that threshold, however, it was basically a lottery in terms of (the names of) all those of entities were put in a hat and a lottery with the way they were chosen. So, the basic criteria was met by all of the states that were in the lottery, but because of the limited number of vouchers, these are the ones that won the lottery. We hoped to be able to do more targeted approach in the future that really looks even more at some of the need and connections there but that, that is how this came about.

In terms of the vouchers themselves, the vouchers are like how they charge the vouchers to live there forever and left the Congress do something to change that. But they are – they look and act just like housing charges or Section 8 vouchers. In terms of push back, at the HUD side we haven't heard anything (but) it is still early I would assume a thousand vouchers is probably is not going to harm the nursing home industry at this point. So, I doubt we would hear much on that side. But, so I think I have answered the housing side of the question.

Kate King: Thanks Fred, regarding MSP and the availability of the money. Those funds as I understand it are safe. And the funding does go through to 2016 as you mentioned so I wouldn't be too concerned about that.

Yes, some states have some difficulties with the nursing home community but by in large most had bought on or there were higher authorities in the State(s) that told the nursing homes, and enforced this early on, that they were to participate in this program.

I think this is going to be even easier now that the new MDS Section Q has been passed and if a individual in a nursing home says that they on section Q states that they want to live in the community, are interested in transitioning, they must receive the consultation from a Local -----

(John Sorenson): LocalContact Agency.

Kate King: John Sorensen again was one of the key individuals and a driving force of getting this implemented and so I think that's going to force nursing homes that may not have been willing to participate in the past to participate in this. And again, when you've got maybe a thousand vouchers are (not) going to change the nursing home per view and how they view all of this, but when you got 42 states, district of Columbia, and a \$2.4 billion budget I think that might be a stronger hammer.

Barbara Cebuhar: Thank you for your question (Cassey). (Melissa) our next question please.

Operator: Your next question comes from (Judas Neil) from the (Advocates for the Elderly and Disabled). Your line is open.

(Judas Neil): Thank you very much for this conference today. I am also a founder and executive director of the North which is in (generation of). My question was with regard to, I think it's, the number two vouchers. For those who are in the community, or have already transitioned back, do these vouchers give them a chance for access to services as far as care to bring into their home or I must say not normally be newly transitioned people back into the community?

Fred Karnas: Well, if I understand your question correctly. The vouchers are for – this is a category 2 vouchers - are for folks who are transitioning from institutional

settings. And, so if you are ready living in the community that this would not work for them.

In terms of the category one vouchers. Again, these vouchers are for folks who are not already in some sorts of subsidized housing and are not necessarily directly tied to services like the category 2.

But, obviously HUD tried very hard to our service coordinators and others to make sure folks get connected to the service they need. So, I'm not sure I answered your question but these are (in the end) for new folks.

(Judas Neil): OK. No, that answered my question. No, because a geriatric care manager and his director I also provide direct services to my numbers in my work and we do have all ages and various incomes and that's what I was checking about. So, thank you very much.

By the way, bringing them back in those community will definitely save on re-hospitalization. The positive psychological effect really does make a difference.

Barbara Cebuhar: Thank you, a question to this we appreciate it. (Melissa) the next question please.

Operator: Your next question comes from the line of Connie Heinzerling from SKIP of New York. Your line is open.

Connie Heinzerling Thank you. Some of my questions have been answered. However, I would like to clarify a few of them. I understand based on prior question that the HUD voucher works somewhere to a Section 8 voucher. But, does the voucher cover anything else in terms of funding for a person who needs to move into the community such as security deposits, utility deposits, broker fees, or is it just a rent subsidy?

Then, my next question has to deal with where can we find a list of agencies that have actually received this partnerships housing vouchers? I understand the process was by lottery but for example, we are working in New York City

in parts of New York State. I would like to know, for example if there is an agency who does receive this funding?

My third issue is that, I have found, at least in the area of New York City, that there have been new developments built with HUD money designed specifically for seniors and when we have approached the rental agents regarding non-seniors who actually have disabilities, there has been a lot of confusion.

So, I'm wondering about new actual housing developments that might become available, not just targeted for seniors, but for people with disabilities to have a lot of physical limitations than with seniors.

Fred Karnas: Well, I will take a shot at the first question, you may have to remind me. The housing voucher is purely a Section 8 type housing choice voucher, if only the subsidy. But, obviously the program in category 2 particularly is designed so that the person, what?

Kate King: And, let me just add to what Fred is saying. The Money Follows the Person grantee to provide the services that you just identified, a security deposit, first month rent, home set up. So, they are in a position to handle types of services. I don't know if some of the other partnering agencies have those positions as well or not. Let me turn you back to Fred again because you wanted to know about vouchers in New York.

Fred Karnas: In New York, in the category 1 side in New York States the view of like a Section 8 program was a grantee. There are two – the (Common) Shelter Corporation which is an agent for the Erie County PHA got funding.

Barbara Cebuhar: We have time for one more question please. (Melissa)?

Operator: Your final question comes from the line of (Stacey Harmon) from the National Center for Assisted Living. Your line is open.

(Carl Poolzer): Yes, this is (Carl Polzer) with (Stacey) and I just wondered under the, I don't know why no Medicaid campaign for housing? But, is there any way that a state can get a waiver, or use to create a method, under the Money Follows the Person programs, to direct some of the additional FMAP, the federal matching funds, that they get towards housing?

And, the second question is if not given the need for the supportable housing, and that's a big picture about this program, would that be a good idea, or would it be a good idea for modification to the program or future programs like this? That's my question.

Kate King: This is Kate and let me take those in reverse order. I do know that there was an enormous concern from the assisted living community. Because, you know, thank you. That it seemed it was very difficult for assisted living to participate under MFP. And so we have thought that perhaps the program would be modified when the ACA provisions came out. And we were somewhat surprised that the provisions were not modified, that would've made it easier for us to cover it. So, if it was a good idea, it wasn't one that convinced Congress strongly enough to modify that provision. The provisions I'm talking about are under MFP. There are three types of qualified residences that an individual to transition under the program can move into. And, they're defined in a fairly rigorous fashion.

And so initially, we had – so that did exclude assisted living but the states were who would receive the awards, were very upset by this and so we looked at a number of ways in which we could modify our former position and there were like seven barriers.

We identified and attempted to find ways to ameliorate the problem and we're able to modify it up to a degree. And we have posted on our website of the New Assisted Living Policy and we do now have assisted living providers participating under the MFP programs.

Barbara Cebuhar: Thank you all for your many wonderful questions. I just want to make sure that people know that there is an Encore presentation available that will start at 5 o'clock tonight and it will be available for two days by dialing 1-800-642-1687 and entering the pass code 442-80806.

Also, if people have issues or questions that we didn't get to answer, you should probably write us at [community.living@hhs.gov](mailto:community.living@hhs.gov).

Thank you very much. (Melissa), would you like to encourage folks to disconnect please.

Operator: This concludes today's conference call, you may now disconnect.

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