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What's Happening on the Federal Front? Updates from Washington, D.C.

Presenter:

Katherine Berland, Esq., Director of Public Policy
American Network of Community Options and Resources

KAPP Conference
September 15, 2016





ANCOR is...

A national nonprofit trade association
advocating and supporting

- Over **1,000 private providers** of services and supports to
- Over **600,000 people with disabilities** and their families
- And employing a workforce of over **500,000 direct support professionals** (DSPs) and other staff
- *Membership benefits include robust government relations representation at federal level and access to exclusive ANCOR content, as well as exclusive discounts on technology and I/DD products through the ANCOR marketplace.*



Inside the Beltway: What's Going on in DC?





Inside the Beltway: What's Going on in DC?

As the Obama Administration ends:

- The Administration is making a final push on priority agenda issues, including:
 - Criminal Justice/Policing
 - Climate Change/EPA
 - Immigration
 - Federal Minimum Wage/Summit on Worker Voice
- High-level staff in executive agencies are moving into the private sector
- Focus has shifted to the election, with Administration personnel actively campaigning





Inside the Beltway: What's Going on in DC?

And then there were two...



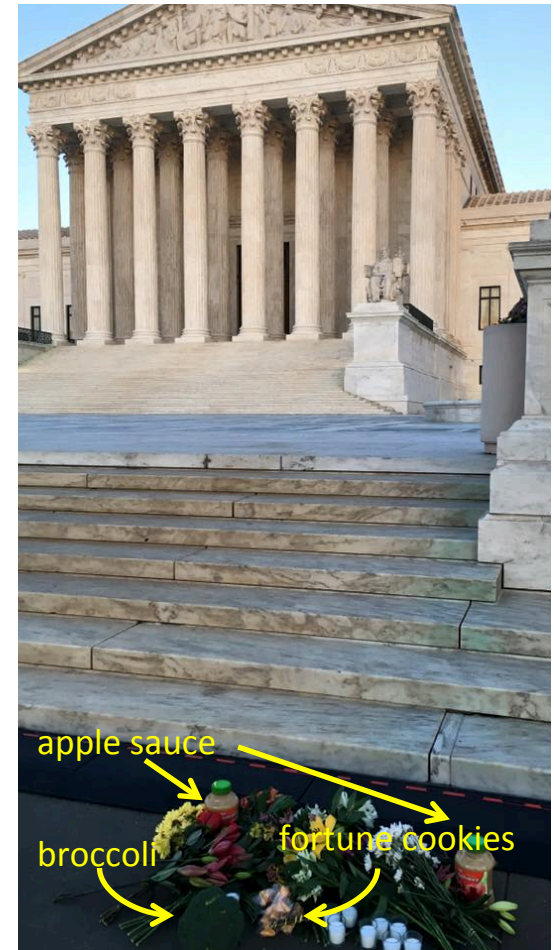


Inside the Beltway: What's Going on in DC?

SCOTUS Unexpectedly at the Fore:



- Due to Justice Antonin Scalia's death in February, court hangs in limbo with inevitable tie votes
- Obama named Chief Judge of the U.S. Court of Appeals for the D.C. Circuit Merrick Garland to replace Scalia
- Speculation around lame duck appointment



Federal Updates: In a Nutshell

*Help, I'm in
a nutshell!*



Rules and Regulations





CMS Home and Community Based Settings Rule





FINAL RULE: CMS HCBS Rule

Finalized: January 16, 2014, effective

March 17, 2014 (

[RIN 0938-AO53/0938-AP61](#))

Purpose: To define and describe requirements for HCBS-funded programs and settings

Key Provisions

- Person-centered planning/conflict of interest provisions (in effect 3/17/2014)
- Characteristics for settings, including additional criteria for provider-owned
- States have until March 2019 to come into compliance on residential and day settings.



Visit hcbadvocacy.org for state-by-state information



FINAL RULE: CMS HCBS Rule: *Settings Requirements*

All HCBS settings must:

- Be integrated in the community
- Be selected by the individual among setting options
- Respect privacy rights
- Ensure coercion and restraint are not used
- Optimize independence and autonomy

If provider-controlled, residential settings also:

- Written lease or residency agreement
- Additional privacy requirements (door locks, roommates, decorating)
- Individual control of schedules, access to food, and visitors
- Must be physically accessible
- Modification only with specific assessed need justified in person-centered plan





FINAL RULE: CMS HCBS Rule

Exclusions/Higher Scrutiny

Settings always excluded from HCBS

- Nursing facilities
- Institutions for mental diseases, intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Hospitals providing long-term care services
- Any other location that has the qualities of an institution, *as determined by the Secretary*

Note – CMS expressly declined to categorically exclude congregate settings from the definition of HCBS, though they must meet the criteria set forth in the rule.

Settings that will receive higher scrutiny

- Share a building with an inpatient facility
- Share space with, or are next to, a public institution
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community

This presumption is rebuttable, and the Secretary may, upon applying heightened scrutiny, determine that such settings are HCB settings.



FINAL RULE: CMS HCBS Rule

Non-Residential/Day Settings

The same criteria for residential HCBS settings apply

- Guidance out of CMS focuses on outcomes and the nature and quality of individuals' experiences
- Individuals must have opportunities to seek competitive, integrated employment
- Must have options available that are non disability-specific
- *HCBS funding for non-residential and other day programs is available ONLY to individuals that reside in settings that are compliant with the rule's residential requirements*
- States have until 2019 to fully transition all HCBS settings





FINAL RULE: CMS HCBS Rule

CMS' Expectations

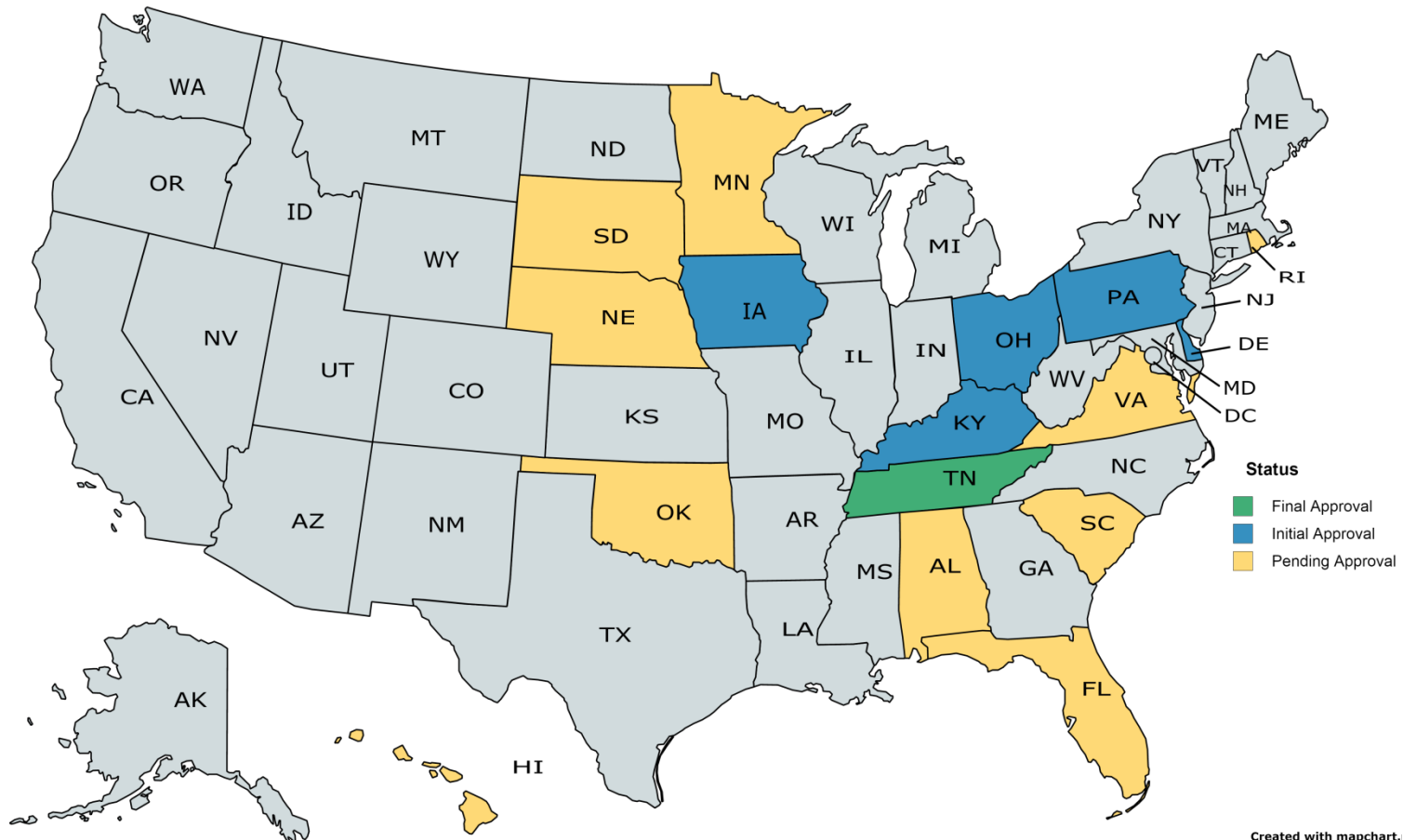
- The rule is a floor not a ceiling – states may set standards exceeding minimum requirements of the rule
- Large, congregate, and/or potentially isolating settings will be a “heavy lift” to meet heightened scrutiny
- Reverse integration and/or individual choice does not automatically mean a setting will comply with rule
- CMS will not “overrule” a state’s determination that a setting cannot come into compliance with HCBS rule; CMS will not initiate heightened scrutiny review
- CMS expects states to make significant progress and *complete* transitioning by 2019





FINAL RULE: CMS HCBS Rule

States with approved/pending statewide transition plans



Created with mapchart.



FINAL RULE: CMS HCBS Rule

CMS' Expectations: A Note About Intentional Communities

- Q) What is an “intentional community?”
- A) *It is a planned residential community designed from the start to have a high degree of social cohesion and teamwork. In the developmental disabilities field, it often takes the form of disability-specific self-contained communities.*
- Q) What has CMS said about intentional communities?
- A) *In guidance, CMS specifically addressed farmsteads, gated communities, and residential schools as settings that will tend to isolate.*

When asked about intentional communities currently in development, CMS said that they cannot be evaluated for compliance until they are operational.

However, CMS has also said clearly that an individual's choosing a setting that has institutional characteristics will not make it qualify for HCBS.





FINAL RULE: CMS HCBS Rule

Guidance, Next Steps

Guidance

- All guidance released to date is available at www.medicaid.gov/hcbs. Topics include:
- **Heightened scrutiny** – Standards to meet higher bar, isolative characteristics, site visit clarification, reverse integration
- **State flexibility** – New tiered standard
- **New Construction** – Cannot be approved prior to completion, no transition period

Next Steps

- All states have now received CMIA letters, a handful have received initial approval on plans
- States are expected to promptly address issues raised in CMIA letters, with additional public input as necessary
- For states with approvals, there are still action steps and ongoing compliance activities that must be followed





DOL Overtime Exemption Rule





FINAL RULE: DOL Overtime Exemption

Finalized: May 23, 2016.

Purpose: To update the “white collar” exemptions threshold which had not been updated since 2004

Key Provisions:

- **\$47,476/year (\$913/wk)** salary threshold for “white collar” exemptions (40th percentile of lowest-wage Census region salary data)
- **\$134,004/year** salary threshold for highly compensated employees (90th percentile of national salary data)
- **Update every 3 years**, beginning January 1, 2020
- **No changes to the duties test**
- Time-limited **non-enforcement policy** for certain Medicaid IDD providers





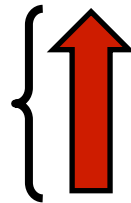
FINAL RULE: DOL Overtime Exemption

Setting a fixed percentile rather than a fixed dollar amount means the dollar threshold may change every 3 years. DOL projects $\approx 2\%$ growth rate annually.

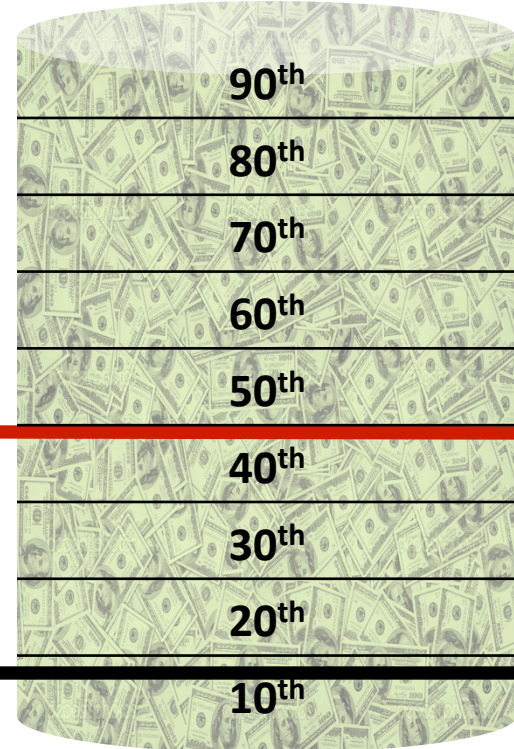
New Threshold: \$47,476/yr (\$913/wk)

(40th percentile of lowest Census region)

100.7%
increase



Former Threshold: \$23,660/yr (\$455/wk)





Pop Quiz: What Qualifies for the “White Collar” Exemptions?



TRUE or FALSE:

There is a point at which the salary is high enough that duties don't matter.



Pop Quiz: What Qualifies for the “White Collar” Exemptions?

“There is a point at which the salary is high enough that duties don’t matter.” ***This is FALSE!***

- No matter what the salary level, there is *always* a duties test that must be met to qualify for the exemption.
- The test is based on job function, not job title.





The DOL Overtime Exemption Rule: EAP Exemptions

Who is Impacted?

Employee Type	Salary	Duties
Executive	≥ \$47,476/yr	Must customarily and regularly direct at least 2 FTEs; independent judgment to hire, fire, etc.
Administrative	≥ \$47,476/yr	Perform office or non-manual work related to business operations; independent judgment to matters of significance.
Professional	≥ \$47,476/yr	Perform work requiring knowledge of an advanced type in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction.
Highly Compensated	≥ \$134,004/yr	Primarily office or non-manual work; must customarily and regularly perform one or more exempt duties of EAPs.
Computer	≥ \$47,476/yr (or \$27.63/hr if hourly)	Must be employed as a computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer field.
Outside Sales	N/A	Must customarily and regularly: make sales or obtain orders or contracts, <i>and</i> engage in primary duties away from the employer's place or places of business.



The DOL Overtime Exemption Rule: Provisions

Overtime Salary Threshold Amount



Previous

\$23,600/yr (\$455/wk)



Proposed

\$50,440/yr (\$970/wk)



Comments

\$30,702/yr (\$590/wk)



\$47,476/yr (\$913/wk)



The DOL Overtime Exemption Rule: Provisions

Overtime Salary Threshold Calculation



Previous

N/A – had always been a fixed dollar amount



Proposed

40th percentile based on national salary data



Comments

No higher than 15th percentile

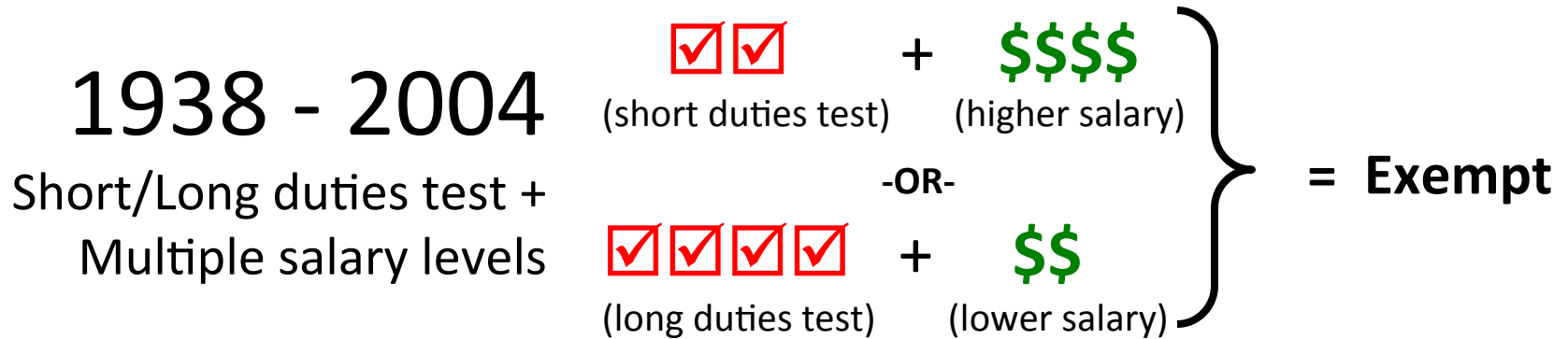


40th percentile based on lowest-wage Census region



The DOL Overtime Exemption Rule: Provisions

Why is the new threshold so high?



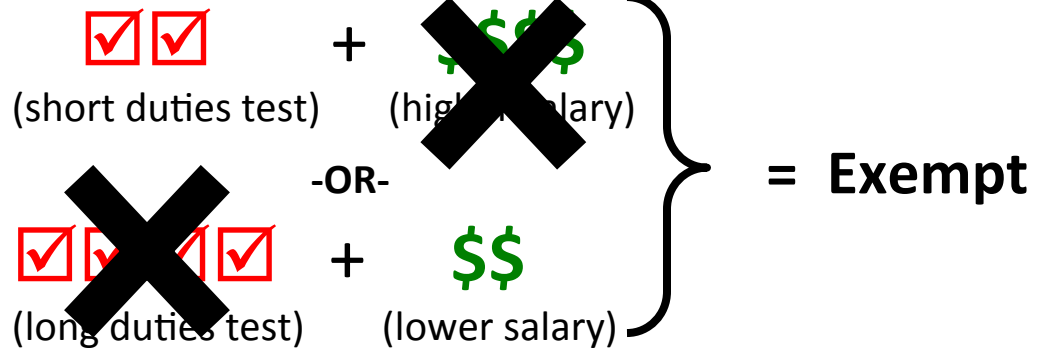


The DOL Overtime Exemption Rule: Provisions

Why is the new threshold so high?

1938 - 2004

Short/Long duties test +
Multiple salary levels



2004

Single short duties test +
Single lower salary level



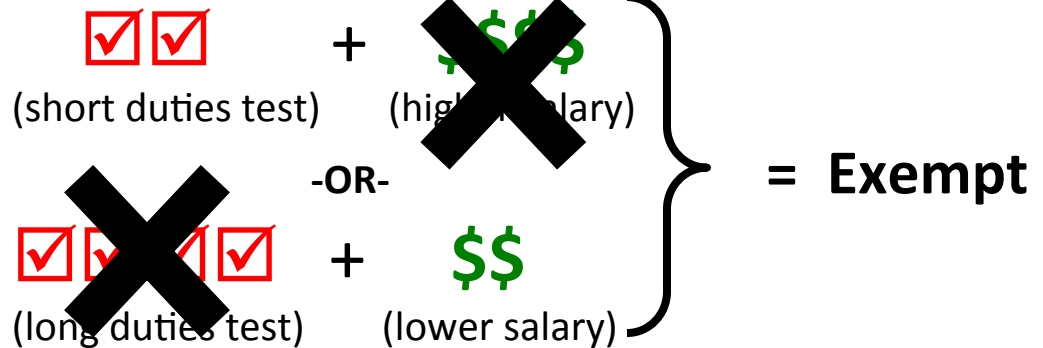


The DOL Overtime Exemption Rule: Provisions

Why is the new threshold so high?

1938 - 2004

Short/Long duties test +
Multiple salary levels



2004

Single short duties test +
Single lower salary level



2016

Single short duties test +
Single higher salary level





The DOL Overtime Exemption Rule: Provisions

Automatic Update Mechanism Timing



Previous

N/A – had always been a fixed dollar amount



Proposed

Update annually



Comments

Provide at least two years notice prior to changes, align with state budget cycles



**Update every three years on January 1
(with 150 days notice)**



The DOL Overtime Exemption Rule: Provisions

Effective Date



Previous 120 days after finalization



Proposed 60 days after finalization



Comments Phased-in implementation over 3 to 5 years



December 1, 2016 (\approx 6 months)



The DOL Overtime Exemption Rule: Provisions Duties Tests



Previous

See chart/DOL guides



Proposed

No proposed changes, but comments requested



Comments

No changes to the duties tests



No changes to the duties tests



The DOL Overtime Exemption Rule: Provisions

Non-Discretionary Bonuses and Commissions



Previous

These payments were not included for EAP exemptions



Proposed

Comments requested



Comments

Permit these payments to count as compensation towards the threshold



Up to 10% of the salary level may be satisfied by these payments, must be made at least quarterly



The DOL Overtime Exemption Rule: Provisions ***Benefits Counted as Income***



Previous

Benefits not included in income calculation



Proposed

N/A – DOL did not consider this change



Comments

Permit benefits the employer pays for to count as compensation towards the threshold



Benefits are not included in the salary level test calculation



The DOL Overtime Exemption Rule: Provisions ***Interagency Collaboration***



Previous

N/A



Proposed

N/A



Comments

Actively engage with HHS/CMS to ensure minimal disruption to services



Evidence of interagency collaboration



Pop Quiz: Non-enforcement policy



Does DOL non-enforcement mean that employers covered by the policy are not required to comply with the new rule?

Yes

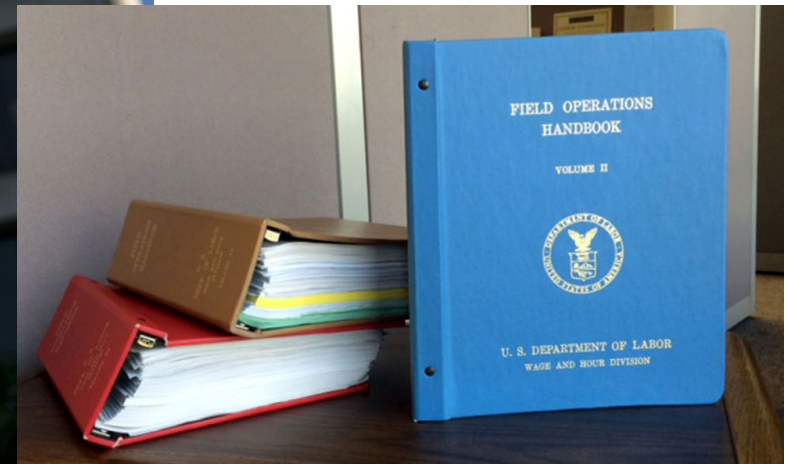
No

I don't know



The Non-Enforcement Policy

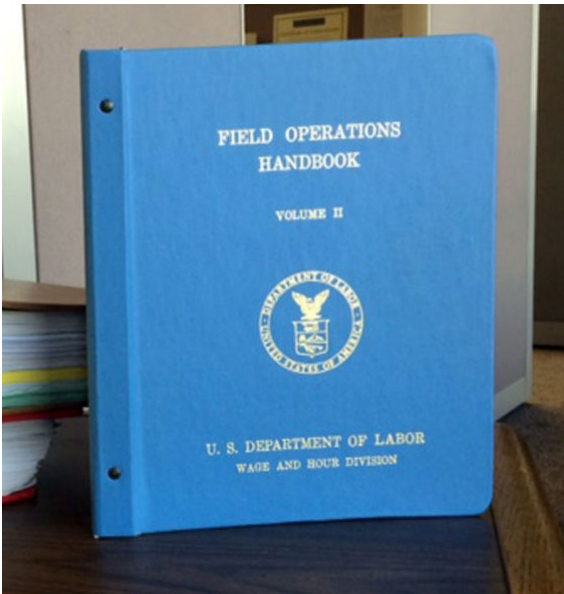
What it means...and what it doesn't





The Non-Enforcement Policy

What it Is

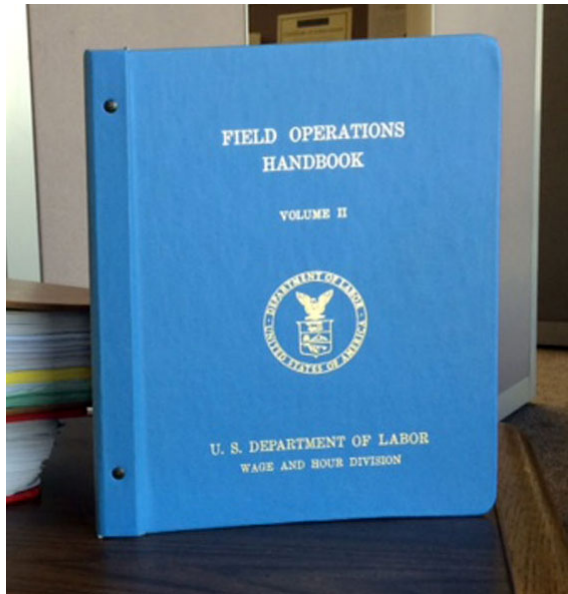


- A non-binding internal policy announcement
 - May be revised, expanded, contracted or revoked *without going through notice and comment process*
- Issued concurrently with the final rule, but not part of the final rule
- Scope is limited to Department of Labor's enforcement authority



The Non-Enforcement Policy

What it Says



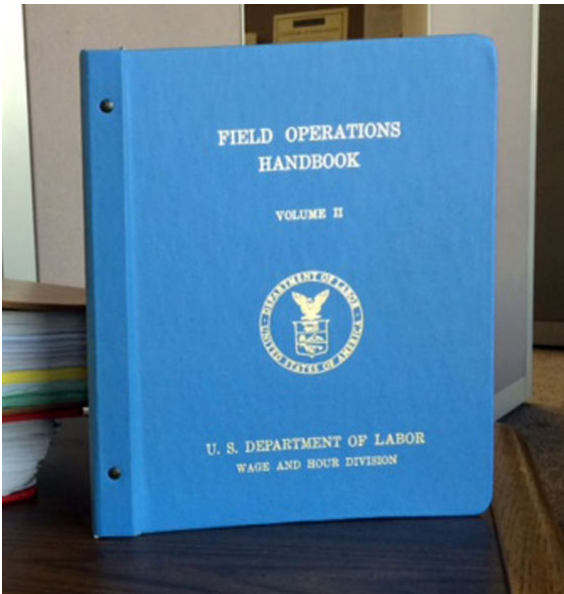
From December 1, 2016 to March 17, 2019, DOL will not enforce the updated salary threshold of \$913/week for a limited subset of employers.

All other provisions will be enforced, including the previous \$455/week threshold.



The Non-Enforcement Policy

Who it Covers

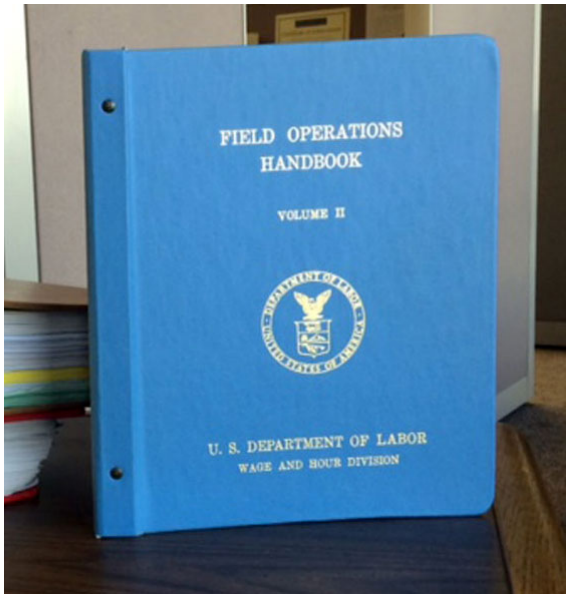


- ONLY providers of Medicaid-funded services for individuals with IDD in ***residential homes and facilities*** with **15 beds or fewer**
- This *does* include ICFs
- This *does* apply to both for-profits and non-profits
- This *does not* apply to other operations of the same provider (*i.e.* day program, vocational rehabilitation, transportation)



The Non-Enforcement Policy

What's the Intent and Purpose?

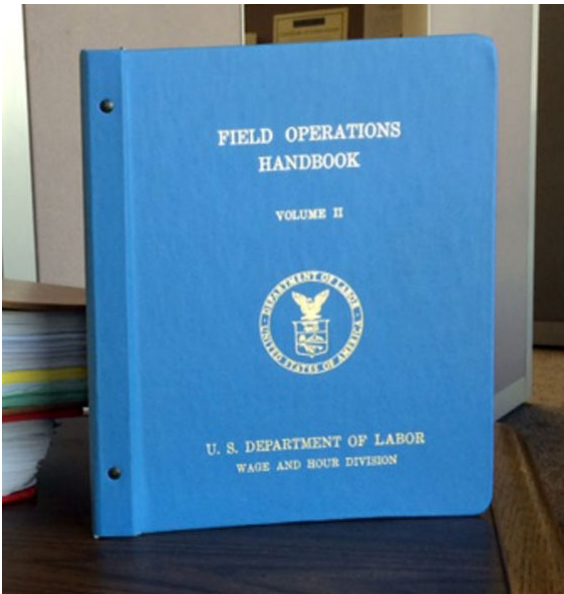


- To support the federal government's efforts to encourage the use of smaller, community-based providers
- End date corresponds to deadline for states to complete transitioning under CMS' HCBS rule
- To allow the Department to devote its time and resources to providing assistance to these providers and allow time to work with state legislatures and HHS on implementation of final rule



The Non-Enforcement Policy

What it Does



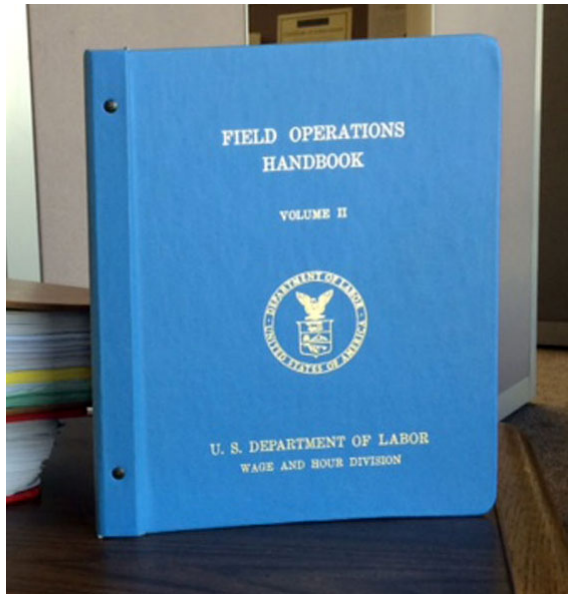
- DOL enforcement activities include:
 - Conducting investigations prompted by worker complaints
 - Supervising settlements
 - Filing lawsuits regarding violations
- DOL will provide technical assistance to employers during this period
- May shield states from damages due to sovereign immunity



The Non-Enforcement Policy

What it Does Not Do

- Shield providers from private lawsuits
- Prohibit states from enforcing state law
 - 11 states incorporate the FLSA by reference (Alaska, District of Columbia, Illinois, Maine, Maryland, Massachusetts, Missouri, New Jersey, New York, North Carolina, and Ohio)
 - States may set higher standards than the FLSA (*e.g.* California, New York)
- Obviate contractual obligations to comply with federal and state regulations





The Non-Enforcement Policy

Additional Guidance

Guidance could help clarify in situations where:

- Employees split time between covered and non-covered sites
- Sites serve both individuals with IDD and individuals with other support needs
- A single setting has more than 15 beds but each room is reimbursed individually
- Non-residential HCBS-qualified services are provided
- There are multiple funding streams, where some are not IDD-specific
- We have sought clarification on the scope of the non-enforcement policy, including whether DOL will include as part of the technical assistance it offers the issuance of a notice to an employee complainant advising them of their right to pursue private litigation
- Formal guidance has not been issued, but we expect when it is it will say that if an employee spends ANY work time in a non-covered site, the employee would lose the exemption for that week.





The Non-Enforcement Policy

Additional Guidance

Guidance will not change:

- New Rulemaking {

 - The effective date of the rule
 - The salary threshold
 - The defined duties of exempt employees
 - The amount of time between automatic updates to the threshold
 - The amount of notice given prior to the threshold updating
- New Law —

 - The private cause of action contained within the FLSA
- Constitutional Issue —

 - A state's authority to enforce state wage and hour law





In Case You Were Wondering... the DOL Home Care Rule



The Home Care Rule (aka “Companionship Rule”)

- Finalized in 2013, effective date of January 1, 2015
- Prohibits third-party/joint employers from taking companionship exemption
- Narrows the definition of duties permitted as companionship activities

Current Status

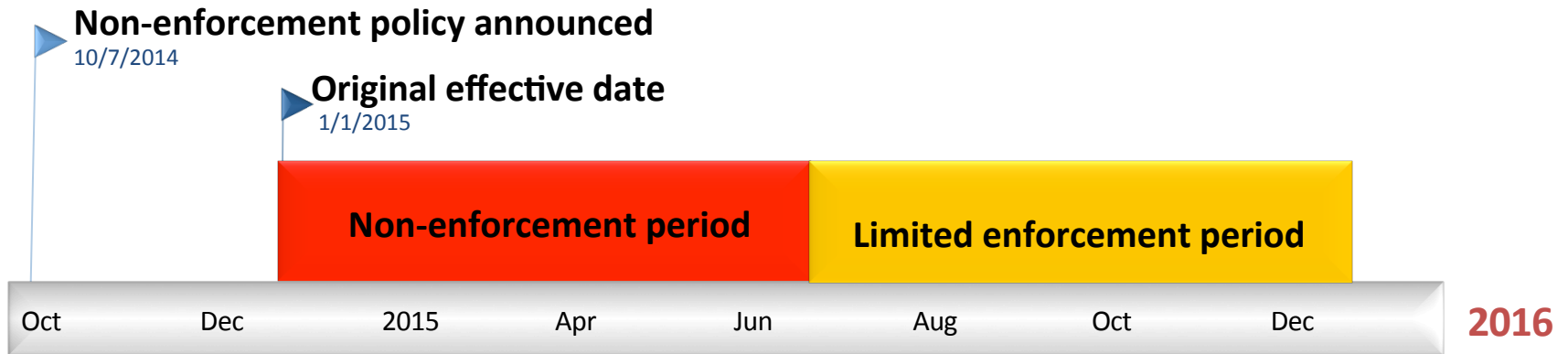
- Reinstated, after an appeals court reversed a district court ruling vacating the third-party prohibition against taking the exemption
- The rule is reinstated in full and back in effect as of October 13, 2015 (potentially with the original effective date of January 1, 2015)
- DOL began enforcement on November 12, 2015
- Supreme Court is currently deciding whether to hear an appeal



The Non-Enforcement Policy

Home Care Rule vs. Overtime Rule

Timeline of Home Care Rule

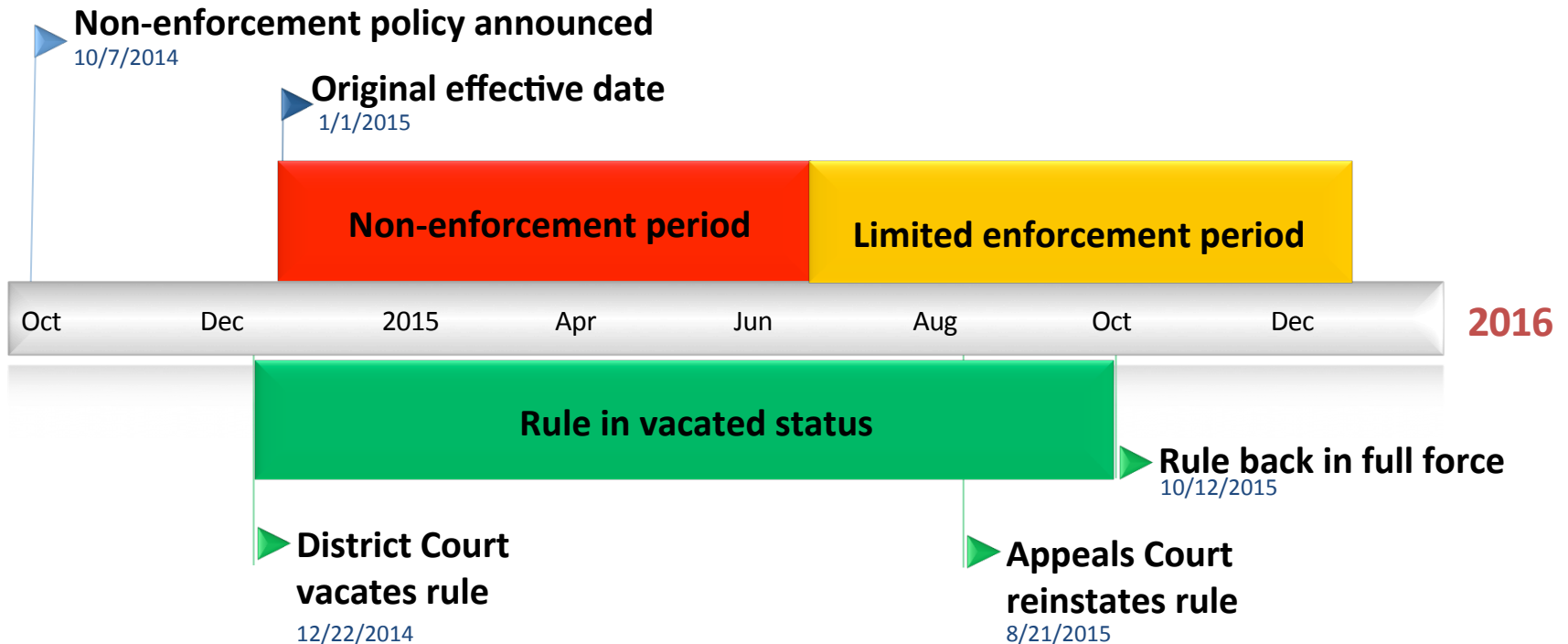




The Non-Enforcement Policy

Home Care Rule vs. Overtime Rule

Timeline of Home Care Rule

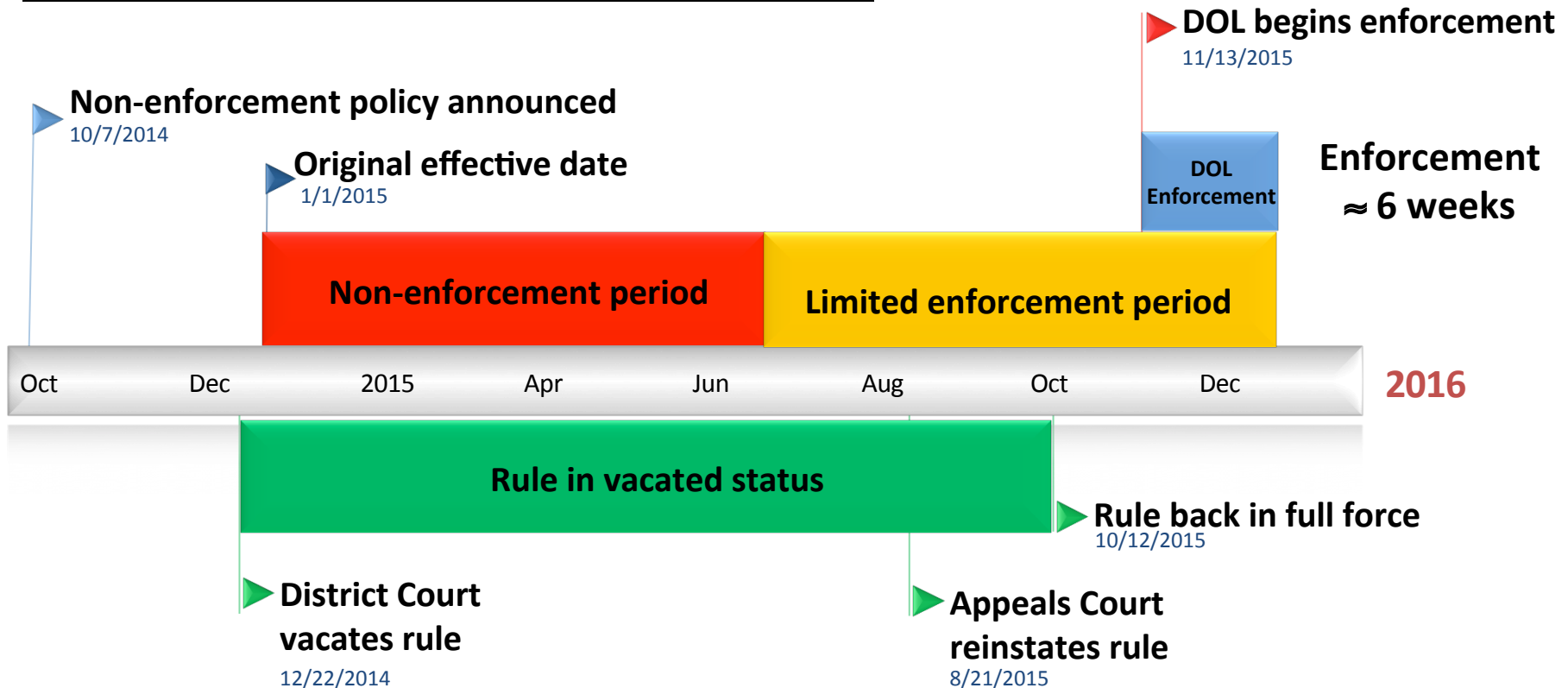




The Non-Enforcement Policy

Home Care Rule vs. Overtime Rule

Timeline of Home Care Rule





Pop Quiz: Compliance

True or False:

The rule means that any employee not earning an annual salary of at least \$47,476 must be paid on an hourly basis

- a) True*
- b) False*



Pop Quiz: Compliance

*"The rule means that any employee not earning an annual salary of at least \$47,476 must be paid on an hourly basis."
This is FALSE!*

Employees will be "salaried non-exempt" if they

- Do not meet the duties test for any exemption
and/or
- Do not meet the salary threshold

You may decide to convert salaried employees to hourly, but the rule does not mandate that you do so.





The DOL Overtime Exemption Rule: Compliance

Do the math!

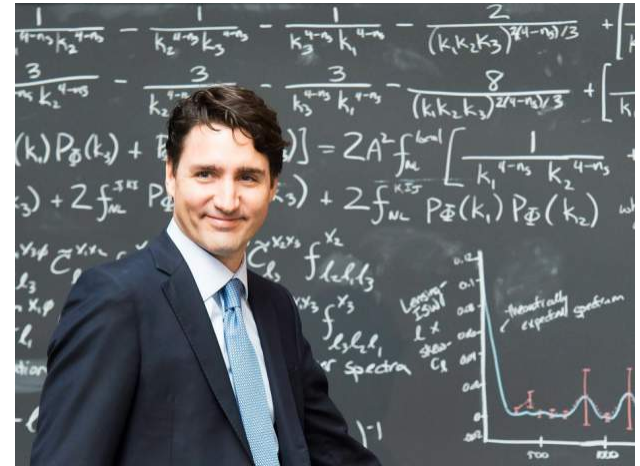
Option 1: Increase exempt employee's salaries to new threshold.

Option 2: Start paying overtime to newly non-exempt salaried employees.

Option 3: Reclassify employees from salaried to hourly and adjust hourly rate to maintain compensation at existing levels.

Option 4: Restrict or forbid overtime.

Other options may be available!



What to Do Now?



- Determine the potential operational and financial impact for your organization. (Use this tool to assist you in estimating compliance cost: <https://architectsapps.compliancehr.com/a/overtimeexemptionestimator>)
- Plan for compliance by December 1, 2016. ***Consult with a wage and hour attorney familiar with federal, state, and local law to determine your organizational risk if you cannot comply by this date.***
- Work with legislators in your state and Congress to educate them on the rule's impact and advocate for adequate funding.
- Be an active participant in our S.O.S. Campaign!







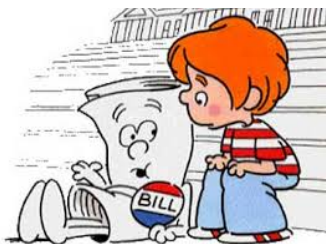
The Response: *The Save Our Services (SOS) Campaign*

The Objectives:



Advocate for an extended implementation timeframe in final rule and seek a reasonable, measured increase of the threshold in consideration of the unique Medicaid funding structure.

AND



Advance legislation that will temporarily increase the FMAP in order for Medicaid-funded providers to comply with changes to this and other federal rules.



The Response: *The Save Our Services (SOS) Campaign*

Before the rule:



Media Campaign

- Place op-eds in local papers
- National press
- Media training



Regulatory Process

- Listening Sessions
- Public comments
- Met with OMB
- Member comments



Direct Lobbying

- GR on the Hill
- Member lobbying
- Grassroots action



The Response: *The Save Our Services (SOS) Campaign*

After the rule:



Administrative Engagement

- Meeting with agencies
- Promoting collaboration



Direct Lobbying

- GR on the Hill
- Member lobbying
- Grassroots action
- Resource toolkit



Education and Collaboration

- Work with national partners
- Stakeholder outreach





The Response: *The Save Our Services (SOS) Campaign* *What is the Financial Impact?*

Avalere Health's report* shows:

- Looking at 4,000 community I/DD providers, 242,000 employees are salaried, full-time
- 67% of currently exempt employees of I/DD providers will be impacted
- 21% of HCBS I/DD providers will be forced to reduce services

Scenario #1: \$1.05B annually to pay average of 5 hours of overtime/week

Scenario #2: \$1.87B annually to increase salaries to meet new threshold

Scenario #3: \$388M to \$856M annually if 10% of people lose HCBS services and ½ of them move into institutional settings

**based on proposed rule amounts*





The Response: *The Save Our Services (SOS) Campaign*

The “Disability Community Act of 2016” ANCOR is currently lobbying on:

- Provides temporary (3-year) FMAP bump to help comply with specific federal rules (DOL Overtime, DOL Home Care, and CMS HCBS) structured as a 90/10 match.
- Updates outdated language throughout Title XIX of Social Security Act.
- Was introduced by Reps. Paul Tonko (D-NY) and Steve Stivers (R-OH), with Jim Langevin (D-RI) and Gregg Harper (R-MS), on July 14, 2016. We are actively seeking a Senate lead sponsor.





The Response: *Proposed Legislation*

Title	Introduced	Blocks/Delays Implementation	Blocks Automatic Increases	Increases funding
Disability Community Act	H.R. 5902 – 7/14/16	X	X	✓
Protecting Workplace Advancement and Opportunity Act	S. 2707 – 3/17/16 H.R. 4773 – 3/17/16	✓	✓	X
Overtime Reform and Enhancement Act	H.R. 5813 - 7/17/16	✓	✓	X



FINAL RULE: CMS Medicaid Access

Finalized: November 2, 2015 ([RIN 0938-AQ54](#)), with a 60-day comment period for accompanying RFI. (Proposed 5/6/2011.)

Purpose: Seeks to ensure that Medicaid beneficiaries have access to services on par with Medicare beneficiaries and privately-insured individuals.

Key Provisions:

- Would require states to use data to determine assessment methodology including:
 - Enrollee needs
 - Availability of care and providers
 - Utilization of services
- Would increase transparency in process, requiring public input and publishing of results
- Does not address HCBS waivers or Medicaid managed care





FINAL RULE: CMS Medicaid Access

Outreach: GR staff reached out to the division within CMS that wrote this rule, using the opportunity to educate and inform on issues that have not traditionally been part of its work.

Comments: ANCOR convened workgroup and engaged an external consultant to develop comments. Our comments highlighted the importance of aligning standards for all Medicaid programs, with emphasis on HCBS.

Submitted: ANCOR [comments](#) were submitted on January 4, 2016. ANCOR members had access to a template to use to submit comments as well. Several national organizations also endorsed ANCOR's comments. We are continuing to talk to CMS about ways to effectively ensure access to HCBS.





FINAL RULE: CMS Managed Care

Finalized: May 6, 2016 ([RIN 0938-AS25](#)) (proposed June 1, 2015). Effective July 5, with phase-in for some provisions through July 1, 2017.

Purpose: To update Medicaid and the Children's Health Insurance Program (CHIP) which have not been updated for over a decade.

Key Goals:

- To support State efforts to advance delivery system reform and improve the quality of care
- To strengthen the beneficiary experience of care and key beneficiary protections
- To strengthen program integrity by improving accountability and transparency
- To align key Medicaid and CHIP managed care requirements with other health coverage programs



A close-up photograph of a dictionary page. The word "legislation" is highlighted in yellow. A green highlighter pen is positioned diagonally across the page, with its tip pointing towards the word. The background text is slightly blurred, showing words like "Legion of Merit", "armed forces", "meritorious", "legislative", "leg-is-late", "to make or pass", "making laws", "leg-is-la-tion", "(see LEGAL)", "bring, BEAR", "or laws made", and "(lej'is lat'iv)".

Federal Legislation



INTRODUCED: Transition to Independence Act (T2I)

- Low expectations and poorly designed policy have created a system with many structural barriers impeding Medicaid recipients to be able to live and work in the community.
- The T2I Act, sponsored by Sen. Chuck Grassley (R-IA), would create incentives for states that create opportunities for integrated employment through a demonstration project.
- States that meet certain performance benchmarks related to employment will receive a higher Federal match.
- Incentives paid to states will be used to support integrated employment goals, promoting the long-term goals of increasing employment and financial independence for people with disabilities.
- This legislation supports the spirit of the HCBS rule and will help states meet their *Olmstead* obligations.





INTRODUCED: Disability Integration Act



- Intent is to “clarify and strengthen the ADA’s integration mandate”
- Would create entitlement for HCBS in any system where institutional settings are
- Would create new cause of action for individuals beyond the ADA
- Would require payment structures that would maintain a sufficient workforce to provide HCBS.
- Introduced by Sen. Charles Schumer (D-NY), currently being discussed by national disability organizations



ENACTED: CMS PACE-Like Pilot

PACE-like Pilot to Expand Community Services for People with I/DD

- [PACE, the Program of All-Inclusive Care for the Elderly](#)
- [PACE Innovation Act](#) (PIA) signed into law in November 2015
- ANCOR has led workgroup of national disability organizations to develop recommendations for any PACE-like pilot program for a disability population under 55 with assurance it would:
 - Be Olmstead/HCBS Rule compliant
 - Be open to providers regardless of corporate status
 - Consider overlap of providers in current PACE service areas



National
PACE
Association





Judicial/Litigation



DECIDED: Armstrong v. Exceptional Child



Held: Providers do not have standing to sue the state to enforce Medicaid rates. Providers (and, by implication, beneficiaries as well) should turn to HHS, not the courts, for help in requiring that states live up to the minimum legal terms of the Medicaid statute. (March 31, 2015)

In 2015, CMS finalized the Medicaid access rule which requires states to assess access to services for Medicaid beneficiaries as compared to the general population. The rule does not address HCBS waivers or Medicaid managed care.



***Olmstead* ADA Enforcement**

[Georgia Network for Educational and Therapeutic Support / U.S. v. Georgia \(N.D. Ga. 2016\)](#) – State segregating students in violation of ADA

[Ball v. Kasich - 2:16-cv-282](#) (Ohio) – Individuals on waitlist at risk of institutionalization

[U.S. v. Mississippi \(S.D. Miss 2016\)](#) – Suit filed over unnecessary segregation of people with mental illness due to insufficient community-based services

[DOJ Findings Letter to South Dakota](#) – DOJ alleges ADA violations due to high rates of nursing facility admissions for non-elderly people with disabilities.

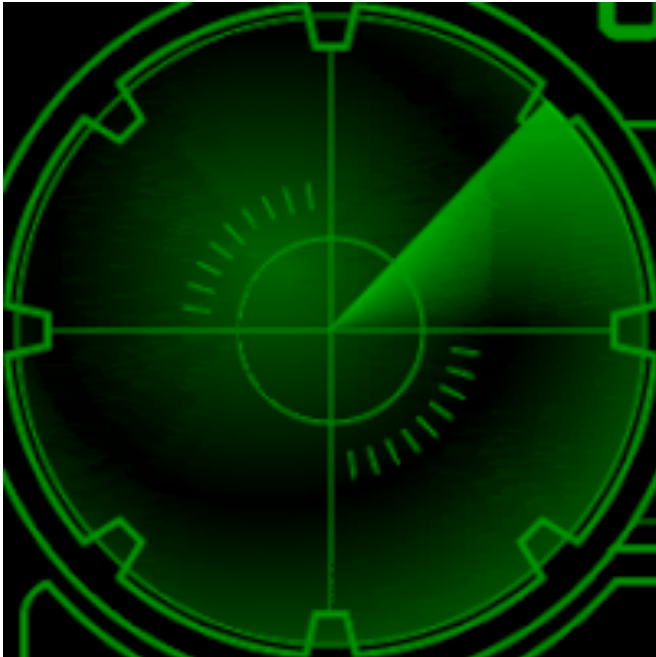
[Lane v. Brown \(formerly Lane v. Kitzhaber\) – 12-CV-00138 – \(D. Or. 2012\)](#) – Increasing CIE opportunities for individuals in sheltered workshops

[U.S. v. Rhode Island Settlement](#) – State must transition individuals away from sheltered work. In 2016, a **[court ordered](#)** the state to pay hefty penalties for non-compliance.



DOJ has been clear in noting that Olmstead obligations are separate from CMS HCBS or other approvals.

Federal Updates: *Also on our radar...*



- Affordable Care Act (ACA) implementation
- Autism/Wandering legislation ([Kevin and Avonte's Law](#)) introduced in both houses
- 14(c) Advocacy Efforts
- [WIOA Final Rules implementation](#)
- [ACICIEID final report](#)
- Provider taxes
- DSP Recognition Week – September 11-17, 2016
- *And much, much more!*



Upcoming events



2016 ANCOR Leadership Summit

September 19-20, 2016

The Dupont Circle Hotel, Washington DC



2016 ANCOR Tech Summit

October 7, 2016

Omni Interlocken Resort, Broomfield CO



2017 ANCOR Annual Conference

May 1-3, 2016

Marriott River Center, San Antonio TX



Questions?





Contact Information

Katherine Berland, Esq.

Director of Public Policy

kberland@ancor.org

(703) 535-7850, ext. 104