

# Federal Perspectives

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## Harkin's Employment Report Focuses on "ADA Generation"

Senator Tom Harkin (D-IA) has released a report that offers steps to improve employment opportunities for the 'ADA Generation' — the young men and women who have come of age since the Americans With Disabilities Act (ADA) was enacted. Building on "Unfinished Business," the report examines the lives of the young people who make up the ADA Generation, sharing "their firsthand experiences in education, with disability benefit programs, with transition programs, and in the workforce."

The most recent data available describing the education and employment situation for youth and young adults with disabilities are presented, along with a series of recommendations for bipartisan reforms intended to improve the programs that support the ADA Generation as they pursue their employment goals. Chairman Harkin's report identifies four key areas of opportunity

to improve support for members of the ADA Generation as they seek competitive employment. These areas are:

- Increasing support for high school students as they plan for their transition into the workforce
- Improving the transition of the ADA Generation as they enter postsecondary education and the labor market
- Changing the assumptions in disability benefit programs that discourage young people with disabilities from working
- Leveraging employer demand, correcting misconceptions about employing people with disabilities, building strong pipelines from school to the competitive workforce, and establishing supportive workplaces.

**FMI** The report is available at [www.harkin.senate.gov/documents/pdf/52446704c3501.pdf](http://www.harkin.senate.gov/documents/pdf/52446704c3501.pdf).


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## CMCS Creates New Office for Communication with States

Cindy Mann, Director of Center for Medicaid and CHIP Services (CMCS) at the Centers for Medicare and Medicaid Services (CMS) has announced changes to the organizational structure CMCS. In order to "reinforce [the agency's] commitment to working in close partnership with states, and with all...stakeholders," CMCS will be establishing a new Intergovernmental and External Affairs Group (IEAG).

The mission of IEAG will be focused on CMCS's relationship with the states, the stakeholder and healthcare provider communities and tribal governments. The group is intended to establish an infrastructure for effective communication with states and stakeholders and to ensure responsiveness and transparency. The new group will "build on the foundation that has been established through the State Operations and Technical Assistance (SOTA) initiative and will be one of the focal points in CMCS's ongoing implementation and monitoring efforts related to the Affordable Care Act and the administration of the Medicaid, CHIP, and Basic Health Programs going forward."

Jennifer Ryan will serve as the director of the new IEAG. Ryan re-joined the agency in July of 2009 as Mann's senior advisor. In January 2011, Ryan became the deputy director for policy in the Children and Adults Health Programs Group (CAHPG). Ryan also leads the SOTA initiative and most recently spent six months serving as acting director of CAHPG. Donna Cohen Ross will be the center-wide director of enrollment initiatives and stakeholder engagement. Ross has served for the past three years as a senior policy advisor in the Office of the Center Director, and "will continue to lead CMCS's efforts to work with states, stakeholders, and other federal agencies to develop effective enrollment strategies for adults as well as children, and she will continue to play a key role in ensuring that Medicaid and CHIP have a robust presence in the agency's broader outreach activities," according to Mann. 

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# 50 Years

*of Leadership and Support to States*

*Building person-centered systems of services and supports for people with developmental disabilities and their families*

## Knowing Our History...

### Public Disability Services Then and Now

By Bob Gettings

Founding Executive Director of NASDDDS

It is difficult for professionals, family members, and citizen advocates who have entered the disability arena within the past 20 to 25 years to conceive of a time when the federal government did not play a pervasive role in shaping disability policy in the United States. But, in fact, with the exception of a limited range of research and training grants plus income maintenance payments, prior to the 1970s the federal government had little involvement in, or influence over, the provision of public services to children and adults with disabilities. These responsibilities were vested almost entirely in state and local governments. Here in broad strokes is what the policy landscape looked like prior to 1970:

- **Special Education.** State and local education agencies received only a trickle of federal aid for special education services. Congress had added a separate title to the Elementary and Secondary Education Act (ESEA) in 1966 authorizing financial assistance to states and localities responsible for educating children with disabilities, as well as a separate program of aid to state-operated and state-supported schools for children with severe disabilities. Total special education aid made available through these two federal programs, however, amounted to only \$47.3 million in FY 1970. Moreover, there was no federal right to receive a free, appropriate education at the time. In fact, Congressional hearings leading up to the passage of the 1966 ESEA amendments revealed that only about one third of the nation's 5.5 million children with disabilities were being provided appropriate educational services. The remaining two-thirds either were totally excluded from public schools or "sitting idly in regular classrooms awaiting the time when they were old enough to 'drop out.'" Federal education programs targeted at children with disabilities, a Senate committee report noted, were "... minimal, fractionated, uncoordinated, and frequently given low priority in the education community."
- **Vocational Rehabilitation.** Initially authorized in 1917 in response to the needs of disabled war veterans, the federal-state vocational rehabilitation program was the oldest and, at the time, best established federal grant-in-aid program targeted to people with disabilities. The program's mandate had been expanded on a number of occasions, including in 1945 when VR services were extended to adults with mental retardation. By the early 1970s about one out of thirteen recipients of vocational rehabilitation services was reported to have mental retardation as a primary or secondary disability. Yet, due to the transitional aims of VR services and the pressure to successfully "close cases," vocational rehabilitation services were limited primarily to adults with mild physical, mental, and/or

*(Then and Now continues on page 4)*

*(Then and Now continued from page 3)*

cognitive disabilities. Persons with severe disabilities — especially severe mental or cognitive disabilities — typically were denied services.

- **Income Assistance.** Until the mid-1970s, low income adults with severe, chronic disabilities were eligible to receive cash payments under a federally assisted, state-administered benefit program called Aid to the Permanently and Totally Disabled (APTD). Originally authorized under two titles of the Social Security Act (notably Titles XIV and XVI) in 1950,<sup>\*</sup> the APTD program allowed states to establish eligibility standards and set benefit levels within the confines of broad federal statutory parameters. The federal government reimbursed states for a portion of the cost of their APTD payments based on a sliding scale formula that took into account a state's per capita income relative to other states. Because each state established its own eligibility criteria and set benefit levels, whether one qualified for aid as well as the amount of his or her monthly benefit check was largely dependent on the state of residence. APTD recipients in states with the lowest monthly benefits, for example, received about one-quarter of the amount received by recipients in the highest benefit states.

Before the 1970s, the Social Security Act contained no special provisions addressing children with severe disabilities who were living in low income families. Consequently, the family of a child with severe disabilities might be eligible for assistance under the Aid to Families with Dependent Children (AFDC) program, a federally assisted, state-administered grant-in-aid program similar in form to the APTD program. But AFDC program rules did not differentiate between a child with disabilities and a child without disabilities for purposes of determining the amount of assistance a family was eligible to receive. Moreover, because states were granted considerable latitude in establishing their own eligibility standards and benefit schedules, enormous variations existed among states in terms of the number of families eligible to receive benefits as well as monthly payment levels. As a result, there were real inequities in access to assistance from one state to another (and sometimes even within a given state, when program administration and financing were carried out at the county level).

- **Civil Rights.** The federal statute books contained few and mainly narrowly construed references to the rights of children and adults with disabilities as late as the early 1970s. The legal rights that had been extended to citizens with disabilities at the time were established primarily under state laws or local ordinances. Such laws typically mandated the provision of special education services to specified categories of children (often classified as "educable" and/or "trainable" youngsters). Not infrequently, states which enacted such laws failed to enforce them when faced with local resistance and/or budget shortfalls.
- **Health Services.** By 1970, individuals with disabilities who met state-established income and resource eligibility standards generally could qualify for Medicaid coverage. But, at the time, the program benefits available to persons with severe, chronic disabilities were limited largely to the same acute and preventive health services made available to all other Medicaid beneficiaries. With some fairly narrow exceptions, long-term services were not part of the benefit package in most states (see Chapters IV, V and VI for a detailed discussion of Medicaid's evolving role in financing long-term services). Congress did amend the original Medicaid statutes in 1967 to require the provision of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children who were at risk of disabilities. But, this requirement — especially the treatment portion of the coverage — was poorly enforced in many states until Congress intervened in 1989 to tighten the mandate.
- **Long-Term Services.** When legislation creating the federal-state Medicaid program was enacted in

*(Then and Now continues on page 5)*

(Then and Now continued from page 4)

1965, Congress chose to leave in place a prohibition against federal payments on behalf of "inmates of public institutions," except for the provision of inpatient care in medical institutions. This prohibition had been part of the Social Security Act since its inception. With one narrow exception, the original legislation authorizing the Medicaid program also prohibited payments to persons residing in "institutions for mental diseases." The term "mental diseases" was meant to include both state psychiatric facilities and state institutions for persons with mental retardation. The latter facilities usually did not qualify as "medical institutions" (except for a few, small acute care hospital units on the grounds of state institutions). Nor did the statute permit states to claim Medicaid reimbursement for long-term services provided to persons residing in private institutions (other than certified nursing homes) or various types of community daytime and residential settings.

- **Community I/DD Services.** Although Congress in 1963, at the behest of President Kennedy, established grant programs to assist the states in developing comprehensive mental retardation plans and constructing community residential and day service facilities, prior to 1970 the federal government provided no financial aid to assist states in operating such facilities or otherwise furnishing community MR services. The National Association for Retarded Citizens (now the Arc) and other disability advocacy groups (including the National Association of Coordinators of State Programs for the Mentally Retarded, now NASDDDS) worked hard throughout the late 1960s to convince Congress and the Johnson Administration of the need to provide "staffing grants" for community MR facilities; but these efforts resulted in only temporary start-up grants to the few facilities constructed with federal assistance under the Kennedy era legislation.

The federal government over the past 45 years has assumed a far more pro-active role in assuring that individuals with disabilities gain access to the services they need. This expanded role is carried out through a combination of statutory authorities. First, and most prominently, the federal government bears a significant share of the overall cost of financing disability services through a series of grant-in-aid and entitlement programs. Second, the federal government acts as the ultimate guarantor of the basic civil and human rights of persons with disabilities through various administrative enforcement mechanisms and, where deemed necessary, through the federal courts. And, finally, the federal government underwrites a significant portion of the cost of pursuing new knowledge, promoting ground-breaking program initiatives, and enhancing the manpower pool through research, training, and demonstration grants. According to Braddock et al., spending on public long-term services for persons with developmental disabilities reached \$44 billion in FY 2006, with the federal government assuming 54 percent of the total cost (\$23.5 billion) and the states the balance (\$18.6 billion). These figures, it is important to note, do not include the additional federal aid appropriated for special education, vocational rehabilitation or other non-long-term service programs in which persons with intellectual and developmental disabilities participate; nor do they include federal expenditures on research, training and demonstration grants related, directly or indirectly, to serving persons with lifelong disabilities.

Yet, despite the sheer size and influence of the federal government within the contemporary disability services arena, state and local governments continue to exercise day-to-day responsibility for serving children and adults with disabilities and, consequently, largely determine the types, extent, and quality of the services made available. The intersections between the roles of the federal government and the states — the functional aspects of federalism in action — have been a major factor in shaping national disability policy over the past 50 years; and, as we look toward the future, there is no reason to believe that it won't continue to be an overarching policy theme.

**FMI** This essay was adapted from *Forging a Federal-State Partnership: A History of Federal Developmental Disabilities Policy*, by Bob Gettings. Copies of the book can be ordered via the NASDDDS website ([www.nasdds.org/Publications/special\\_pubs.shtml#PURCHASE](http://www.nasdds.org/Publications/special_pubs.shtml#PURCHASE)). 



## CMS Releases Tool for Health Plans to Assess Disability Competence

The Centers for Medicare and Medicaid Services (CMS) Medicare Medicaid Coordination Office, the office overseeing dual eligibles projects, has issued a Disability-Competent Care Self-Assessment Tool that was developed by the Lewin Group and the Institute for Healthcare Improvement. The tool was developed to help health plans and health systems evaluate their current ability to meet the needs of "adults with functional limitations" and to identify strategic opportunities for improvement. The tool is based on Disability-Competent Care model which is centered on the individual, delivered by an interdisciplinary team, and focused on achieving and supporting an individual's maximum function. Providers caring for adults with disabilities developed the care model; the tool has been tested by health plans and incorporates feedback from plans, advocates, and providers.

The tool describes an "aspirational model" of Disability-Competent Care made up of three parts: Relational-Based Care Management, "based on the recognition that the participant is not merely a passive recipient of medical care, but rather the primary source for defining care goals and needs;" Highly Responsive Primary Care; and Comprehensive Long-Term Services and Supports. Inherent in this model of disability-competent care "is the need to engage the individual in defining their care goals and needs." Establishing disability-competent care within a health plan or health system "affects all functional areas of the plan or system, from direct care delivery to contract and payment modifications to management systems to the inclusion of a full-range of home and community-based care options and supports. As such, all key functional areas in the organization should be represented in the completion of the Tool."

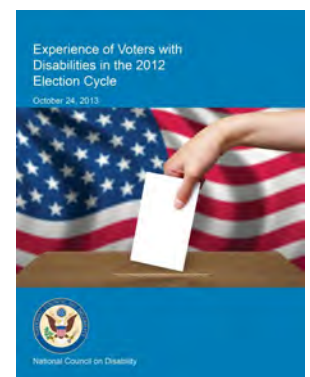
The Consortium for Citizens with Disabilities (CCD), a coalition of disability stakeholder groups of which NASDDDS is a member, provided a response to the publication of the Tool. CCD generally supported the tool but offered some suggestions for improvement.

**FMI** The tool is available at [www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DCCAssessmentTool.pdf](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DCCAssessmentTool.pdf). The CCD response is at [c-c-d.org/fichiers/CCD LTSS Task Force Response to Disability-Competent-Care-Checklist-Final.pdf](http://c-c-d.org/fichiers/CCD_LTSS_Task_Force_Response_to_Disability-Competent-Care-Checklist-Final.pdf). ↗

## NCD Report Assesses Progress on Voting Rights for People with Disabilities

The National Council on Disability (NCD) has released a report examining the impact of the Help America Vote Act (HAVA) of 2002 by documenting the experiences of voters with disabilities during the 2012 general election cycle. NCD documented these accounts using an open-ended questionnaire, through which NCD gathered the experiences of nearly 900 voters with disabilities across the nation during the 2012 election.

The report provides a snapshot of architectural, attitudinal, technological, legislative, and voting practice barriers that confronted voters with disabilities in the 2012 general election cycle, and provides an overview of the use of federal funds, activities, and outcomes under HAVA for people with disabilities over the past decade. Incorporating data from the 2012 NCD Voter Experience Questionnaire and stories and



*(NCD Report continues on page 7)*

## CMS Releases New Guidance on Specialized Services Under PASSR

The Centers for Medicare and Medicaid Services (CMS) has developed new guidance clarifying state responsibility for providing or arranging for Specialized Services for nursing facility (NF) residents with serious mental illness or intellectual/developmental disabilities under Preadmission Screening and Resident Review (PASRR). The written guidance is in the form of slides that were originally presented at the Home and Community-Based Services Conference. The guidelines specify that specialized services must address the individually identified, disability-specific needs of each person.



According to the slides, specialized services:

- Must be provided to residents of NFs or individuals residing in the community — that is, not to individuals in institutions that provide acute care, such as inpatient psychiatric hospitals or ICF/IIDs;
- Are not limited to what a particular payer will cover (i.e., they are not just Medicaid services); and
- Cannot be a finite set, but must include whatever disability-specific services an individual needs.

The guidance emphasizes that "FFP [Federal Financial Participation] is available for Specialized Services that are above and beyond Nursing Facility (NF) services, and paid in addition to NF services, but not for services that duplicate services already provided through the NF benefit." CMS has identified three potential mechanisms for states to pay for disability-specific services under a state's nursing home benefit:

- As Specialized Rehabilitative Services included in the NF rate;
- As Specialized Rehabilitative Services included as add-on payments to the NF rate; or
- As Specialized Services or Specialized Rehabilitative Services provided as supplemental payments to NFs or to other providers who bill Medicaid directly.

**FMI** The guidance is available at [www.pasrassist.org/sites/default/files/attachments/13-10-01/Specialized\\_Services\\_guidance\\_11Sep2013.pdf](http://www.pasrassist.org/sites/default/files/attachments/13-10-01/Specialized_Services_guidance_11Sep2013.pdf). ↗

Presentations from the 2013 Annual Conference at available on the NASDDDS Website  
[www.nasddds.org/Meetings/2013ACPresentations/index.shtml](http://www.nasddds.org/Meetings/2013ACPresentations/index.shtml)

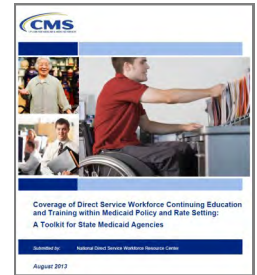
*(NCD Report continued from page 6)*

anecdotes from the voters themselves around the country, the report documents experiences and offers policy and procedural recommendations to improve voter participation and accessibility for citizens with disabilities now and in future elections. The report provides a baseline of the current state of voting for citizens with disabilities and can serve as a blueprint for improvements, barrier removal, and procedural changes that can be measured between now and the 2016 primary and general elections.

**FMI** The report is available at [www.ncd.gov/publications/2013/10242013/](http://www.ncd.gov/publications/2013/10242013/). ↗

## CMS Toolkit Addresses Funding for DSW Training

The Centers for Medicare & Medicaid Services (CMS) and the National Direct Service Workforce Resource Center have released a toolkit for state Medicaid agencies titled, "Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting." The purpose of the toolkit is to present strategies and methods for covering the cost of continuing education and training for the direct support workforce. These strategies are outlined along with a description of the direct service workforce, key strategies to address workforce challenges, the role of core competencies and credentialing in supporting a high quality and cost effective direct support workforce infrastructure, and an overview of Medicaid reimbursement. In addition, appendices containing additional information and resources are attached.



The toolkit is not focused on initial or state mandated training; it is designed to provide ways to fund advanced training that leads to demonstrated higher skill sets. It describes specific tools, strategies, and key research in the field of Medicaid rate-setting related to continuing education and training. The goal of the toolkit is "to provide guidance to state Medicaid agencies on how to cover the cost of continuing education and training, increase the competence of direct service workers, improve recruitment and retention, and encourage high quality direct service access to Medicaid eligible service recipients."

**FMI** The toolkit is available at

[www.nysacra.org/nysacra/pdf/Coverage\\_of\\_Direct\\_Service\\_Workforce.pdf](http://www.nysacra.org/nysacra/pdf/Coverage_of_Direct_Service_Workforce.pdf). ↗

## Supreme Court to Consider Constitutionality of IQ Score Cut-Offs for Determining Death Penalty Eligibility

The U.S. Supreme Court has agreed to consider a case involving the legal standard for establishing intellectual disability for the purpose of determining whether a defendant is eligible for the death penalty. The case involves a Florida death row inmate who is illiterate and was once judged to have severe impairments. The court in a 2002 case *Atkins v. Georgia* ruled that imposing the death penalty on murderers who are "mentally retarded" is unconstitutional on the basis that it is cruel and unusual punishment. However, the court did not set a clear standard for intellectual disability and left the states some leeway in the matter.

The decision before the Court involves whether states may rely entirely on a single IQ test. Florida, like nine other states, has used a cutoff score of 70 on the test to measure for intellectual disability, meaning those who score 70 or above cannot be deemed to have intellectual disabilities, even if psychologists testify the inmate does. After the Supreme Court's ruling outlawing the death penalty for those with intellectual disabilities, the inmate in question sought to be removed from death row, but a psychologist who tested him said Hall scored a 71 on the Weschler Adult Intelligence Test. Although the judge in his original 1978 case agreed that he had an intellectual disability, under a new Florida law, he could no longer qualify as having intellectual disability due to the result.

The Florida Supreme Court upheld his death sentence last year, with two dissenting justices objecting to the use of a single cutoff score. The court said it would hear the case of *Hall v. Florida* during the winter and issue a decision by June.

**FMI** Documents related to the case can be found at [www.scotusblog.com/case-files/cases/freddie-lee-hall-v-florida/](http://www.scotusblog.com/case-files/cases/freddie-lee-hall-v-florida/). ↗



## CHCS on State Readiness for Duals Implementation

The Center for Health Care Strategies (CHCS) has released a technical assistance brief examining key areas where states will need to build their internal capacity as they pursue integrated care programs for Medicare-Medicaid enrollees. Focus areas include: basic organizational capacity (leadership, staffing, and knowledge); contract development; data analysis and information systems; stakeholder communication; rate setting; and quality measurement.

To implement these programs, the brief says, "state Medicaid agencies must ensure that their staff has the requisite skills and competencies." According to CHCS, "Successful program implementation may be largely dependent on a state's internal capacity to build knowledge of Medicare policy, provide sufficient oversight, develop new reporting and data analysis competencies, and clearly communicate the value of integration to stakeholders."

**FMI** The report is available at [www.chcs.org/usr\\_doc/Building\\_State\\_Capacity.pdf](http://www.chcs.org/usr_doc/Building_State_Capacity.pdf). ↗

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## White House Appoints Public Engagement Adviser for the Disability Community



President Obama has appointed Claudia Gordon, Esq., as the new Public Engagement Adviser for the Disability Community in the Office of Public Engagement. In her role, Gordon will serve as primary liaison between the White House and the disability community. She is a former board member of the American Association of People with Disabilities and former vice president of the National Black Deaf Advocates Association. Gordon was the first deaf African American woman to become an attorney and the first deaf student to graduate from the American University Washington College of Law. She most recently served as special assistant to the assistant secretary for the Office of Federal Contracts and Compliance Programs at the Department of Labor. ↗

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## NIDRR Continues StatsRRTC Grant

The Institute on Disability (IOD) at the University of New Hampshire has been awarded a five-year, \$4.3 million grant from the U.S. Department of Education's National Institute for Disability and Rehabilitation Research (NIDRR). This is a five-year renewal of the grant titled the Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC), which works towards improving knowledge about and access to existing disability data, and generating the knowledge needed to improve future disability data collection and dissemination.

The goal of the StatsRRTC project is "to narrow and actively bridge the divide between the producers and end users of disability statistics, thereby supporting better data collection, more accurate information, better decision-making, more effective programs, and better lives for people with disabilities." Many of the projects will consist of timely and high-quality data analyses which inform policy. These projects address "highly relevant and current policy issues increasing the likelihood that the data will be used by policymakers to make informed, evidence-based decisions about programs and policies that impact people with disabilities, particularly those related to disparities in various outcomes for people with and without disabilities and trends for program participation."


**FMI** More detailed information on the project is available at [www.researchondisability.org/news-features/2013/10/14/\\$4.375m-federal-grant-awarded-to-unh-to-improve-national-disability-data](http://www.researchondisability.org/news-features/2013/10/14/$4.375m-federal-grant-awarded-to-unh-to-improve-national-disability-data). ↗

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## DOJ Grant to Arc Will Fund Center on Justice and I/DD

The Arc has been awarded a two-year grant for \$400,000 by the U.S. Department of Justice's Bureau of Justice Assistance (DOJ/BJA) to develop a national center on justice and intellectual and developmental disabilities (I/DD). The goal of the project is to create a national clearinghouse for research, information, evaluation, training, and technical assistance for justice and disability professionals and other advocates that will build their capacity to better identify and meet the needs of people with I/DD, whose disability often goes unrecognized.



The Arc "will work closely with several other national partners within the criminal justice, legal and victim advocacy communities to research, analyze, and replicate evidence-based solutions to the problems of injustice and victimization that have gone on for far too long within the I/DD community." The center will consist of a resource library, directories of expert witnesses, attorneys, forensic interviewers, and victim advocates, a database of relevant state laws, and hands-on technical assistance and training. Additionally, The Arc will create a Justice and I/DD Certification program using training curriculum authored by Leigh Ann Davis, M.S.S.W., M.P.A., and hold five trainings around the country in addition to web-based trainings. 

Mark your Calendar for the NASDDDS 2014 Mid-Year Conference  
June 3-6, 2014 ~ New Orleans, Louisiana

## AAHD Launches ACA National Disability Navigator Resource Collaborative



The American Association on Health and Disability (AAHD), along with six other national disability organizations, has announced the establishment of an Affordable Care Act (ACA) National Disability Navigator Resource Collaborative (NDNRC). The 12-month collaborative is made possible by a one-year grant from the Robert Wood Johnson Foundation. AAHD will lead the project, and their partners include the American Association of People with Disabilities (AAPD); Disability Rights and Education Defense Fund (DREDF); the National Alliance on Mental Illness (NAMI); National Multiple Sclerosis Society (NMSS); The Arc; and the United Spinal Association.

The purpose of the project is to "assist the development of cross-disability competence in Centers for Medicare and Medicaid Services (CMS) funded ACA navigator programs and consider how to assist state-based navigators, connectors, and assisters." The collaborative will supplement federal agency communications to ensure consistency and accuracy of message. The project will share project work with, and seek ACA enrollment experience from the Consortium for Citizens with Disabilities (CCD). The project will develop disability-content materials, including a technical assistance guide; a dedicated website with URL that will include all materials as well as state-specific information, resources, and experiences; provide on-going technical assistance (TA) to navigators via typical TA methods (e.g. webinars, topic-specific fact sheets, short issue briefs, newsletters, list serves); and will discuss the feasibility of providing "hands-on" technical assistance to navigators and/or their host organizations.

**FMI** More information on NDNRC can be found at [www.aahd.us/initiatives/initiativesrwj\\_ndnrc](http://www.aahd.us/initiatives/initiativesrwj_ndnrc). 