October 27, 2017

Via Electronic Mail: HHSPlan@hhs.gov

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW, Room 415F
Washington, DC 20201.

Re: Request for Comment on HHS Strategic Plan 2018-2022

Dear Assistant Secretary:

On behalf of ACCSES, and the more than 1,200 disability service providers serving over three million people with disabilities that we represent, thank you for the opportunity to provide information in response to the Department of Health and Human Services’ request for public comment on the Strategic Plan 2018-2022.

We appreciate the Department’s attention to people with disabilities in the Strategic Plan, and the stated intention to increase opportunities for them. We wish to call your attention to the fact that the Department has a network of disability service providers—community rehabilitation providers—in communities across the country that provide residential services, skills-based training and work experience, job coaching, job placement, life-skills training, and assistance in expanding employment opportunities for people with disabilities. These nonprofit agencies were the community solution to bringing people with significant disabilities out of institutions and helping individuals with disabilities live full and robust lives. For more than 50 years, community rehabilitation providers did much of the hard work in respect to creating programs and opportunities for people with significant disabilities. We hope the Department will look to community rehabilitation providers as an important part of the future. They are the community, and the Department will lighten its load by including them in its strategic thinking.

Objective 3.1 of the Strategic Plan (p. 35) sets certain goals with respect to assisting people with disabilities through increased employment and the provision of assistive technology. By recognizing the important role community rehabilitation providers play today with respect to these services, the Department will be able to achieve its goals faster and with greater efficiency. There are service delivery systems that already exist in communities in every state because community rehabilitation providers have spent more than half a century successfully developing and implementing them. More importantly, the people with disabilities being served will benefit from the involvement of community rehabilitation providers.
Objective 3.4 (p.42) sets a goal of “enhancing community living opportunities, in order to maximize the independence, well-being, and health of older adults and people with disabilities.” Here, too, community rehabilitation providers can be assets to the Department. Many providers have deep knowledge of residential issues and opportunities, and considerable experience in this area. They also have a profound understanding of how important the choice of where to work and where to live is to people with disabilities. It is very important that the Department recognize that there is not a one-size-fits-all approach. Each individual with a disability is just that – an individual. Some recent federal rules and regulations have been idealistic, but have failed to recognize that the very things that help people thrive – work, family, community, home – are just as individualized and unique to each person. The Strategic Plan (and hopefully revised home and community-based settings rules) must keep a full array of options available to people with disabilities. Community is found in many places that the government is overlooking.

Many people with significant difficulties suddenly are dealing with government intervention into two important areas of their lives: where they work and where they live. We ask that the Department, in making any HCBS-related decisions, recognize first and foremost the individual and the individual’s right of choice. An individual’s plan that recognizes the success that person is having in his or her current employment or residential setting – or recognizes that certain settings likely would be better for an individual – and which provides for a full array of options, should be honored. This is the real world. Community rehabilitation providers and the people they serve have been living in it and thriving for a long time; they would welcome the opportunity to work alongside the Department to increase opportunities for people with the most significant disabilities.

Thank you again for the opportunity to comment. If you have questions or wish any additional information, please do not hesitate to contact ACCSES at the number above or kmcsweeney@accses.org.

Sincerely yours,

Terry R. Farmer
President & Chief Executive Officer

Kate McSweeny
Vice President of Government Affairs & General Counsel