



# Governor's Commission on Disabilities Minutes

**Monday February 10, 2014 5:00 PM - 6:00 PM**

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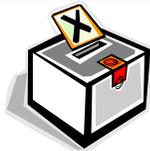
**Attendees:** R. Timothy Flynn (Chair.); Rosemary Carmody; (Vice Chair.); Andrew Argenbright; Frederick Burke; Judith Drew; Sarah Everhart Skeels; Casey Gartland; William Inlow; Ronald McMinn; Arthur Plitt; Msgr. Gerard Sabourin; Linda Ward; & **Absentees:** Joseph Cirillo; Jonathan Dupre; James Pitassi; Patricia Ryherd; Angelina Stabile; Dawn Wardyga; & Gary Witman

**Staff:** Bob Cooper, Executive Secretary



**5:00 Call to Order and Acceptance of the Minutes, Timothy Flynn, Chair**

Chair calls the meeting to order at 5:03 PM  
Introductions of Commissioners and guests



**MOTION:** To accept the minutes of the previous meeting as presented  
Motion moved by RMcM, seconded by LW, passed unanimously

### Action Items:

**5:05 Governor's Recommendations for the Commission FY 2014 Revised & FY 2015 Budget, Bob Cooper, Executive Secretary**

**Purpose/Goal:** To review the Governor's Recommended Budget for the Commission and determine the Commission's response.

The following is copied from the Fiscal Year 2015 [Executive Summary](#)

The Governor recommends revised expenditures of \$1.5 million for FY 2014 for the Governor's Commission on Disabilities. This consists of \$356,352 in general revenue, \$156,330 in federal funds, \$15,930 in restricted receipts, and \$957,000 in Rhode Island Capital Plan Fund resources. Of the all funds increase of \$30,276 above the FY 2014 enacted level, general revenues decrease by \$1,359, attributable to statewide changes relating to health insurance savings; federal funds increase by \$26,341; restricted receipts increase by \$5,565; and Rhode Island Capital Plan Fund resources decrease by \$271.

The Governor recommends total expenditures of \$1.5 million in FY 2015, including \$358,275 in general revenue, \$141,350 in federal funds, \$9,177 in restricted receipts, and \$1.0 million in Rhode Island Capital Plan Fund resources. Compared to the FY 2014 enacted budget, general revenue increase by \$564; federal funds increase by \$11,361; restricted receipts decrease by \$1,188; and Rhode Island Capital Plan Fund resources increase by \$42,729.

The recommended FTE position authorization for revised FY 2014 and FY 2015 is 4.0 FTE positions, consistent with the FY 2014 enacted level.

**Operating: Changes:** 1. wages decreased **(\$2)** in both years; 2. benefits decreased **(\$1,357)** in FY 14 and **(\$1,280)** FY 15; 3. postage decreased **(\$90)** in FY 15 and 4. moving **(\$300)** in FY 15.



RICAP accounts merged, per General Assembly, construction decreased **(\$50,271)** in FY 14 & increased **\$56,026** in FY 15.  
 The Executive Committee recommends the Commission **accept** the Governor's Budget Recommendations as proposed.

Account	2012	2013	2014				2015				
	Audited	Audited	Enacted	GCD Request	Budget Rec.	Governor's Rec.	GCD-Gov	GCD Request	Budget Rec.	Governor's Rec.	GCD-Gov
Operations	\$359,572	\$314,102	\$333,428	\$328,095	\$327,077	\$326,736	(\$1,359)	\$329,423	\$328,464	\$328,056	(\$1,367)
Fellowship	\$10,350	\$13,026	\$14,718	\$14,718	\$14,718	\$14,718	\$0	\$14,718	\$14,718	\$14,718	\$0
DBE	\$11,242	\$10,299	\$9,565	\$14,898	\$14,898	\$14,898	\$0	\$15,501	\$15,501	\$15,501	\$0
<b>General Revenue</b>	<b>\$381,164</b>	<b>\$337,427</b>	<b>\$357,711</b>	<b>\$357,711</b>	<b>\$356,693</b>	<b>\$356,352</b>	<b>(\$1,359)</b>	<b>\$359,642</b>	<b>\$358,683</b>	<b>\$358,275</b>	<b>(\$1,367)</b>
NE ADA	\$6,638	\$5,217	\$25,616	\$28,865	\$28,865	\$28,865	\$0	\$26,797	\$26,797	\$26,797	\$0
HAVA Grant	\$64,349	\$96,676	\$104,373	\$127,465	\$127,465	\$127,465	\$0	\$114,553	\$114,553	\$114,553	\$0
<b>Federal Funds</b>	<b>\$70,987</b>	<b>\$101,893</b>	<b>\$129,989</b>	<b>\$156,330</b>	<b>\$156,330</b>	<b>\$156,330</b>	<b>\$0</b>	<b>\$141,350</b>	<b>\$141,350</b>	<b>\$141,350</b>	<b>\$0</b>
Donations	\$7,442	\$5,217	\$10,365	\$15,930	\$15,930	\$15,930	\$0	\$9,177	\$9,177	\$9,177	\$0
<b>Restricted Receipts</b>	<b>\$7,442</b>	<b>\$5,217</b>	<b>\$10,365</b>	<b>\$15,930</b>	<b>\$15,930</b>	<b>\$15,930</b>	<b>\$0</b>	<b>\$9,177</b>	<b>\$9,177</b>	<b>\$9,177</b>	<b>\$0</b>
Handicapped Accessibility	\$138,378	\$2,820	\$0	\$0	\$957,271	\$957,000	\$957,000	\$0	\$837,361	\$1,000,000	\$1,000,000
Accessibility to Disability Service Providers	\$0	\$0	\$247,938	\$297,938	\$0	\$0	(\$297,938)	\$234,641	\$0	\$0	(\$234,641)
Accessibility Fire Safety Renovations	\$0	\$0	\$115,833	\$115,833	\$0	\$0	(\$115,833)	\$115,833	\$0	\$0	(\$115,833)
Accessibility to Higher Education	\$0	\$0	\$593,500	\$593,500	\$0	\$0	(\$593,500)	\$593,500	\$0	\$0	(\$593,500)
<b>RICAP</b>	<b>\$138,378</b>	<b>\$2,820</b>	<b>\$957,271</b>	<b>\$1,007,271</b>	<b>\$957,271</b>	<b>\$957,000</b>	<b>(\$50,271)</b>	<b>\$943,974</b>	<b>\$837,361</b>	<b>\$1,000,000</b>	<b>\$56,026</b>
<b>Grand Total</b>	<b>\$597,971</b>	<b>\$447,357</b>	<b>\$1,455,336</b>	<b>\$1,537,242</b>	<b>\$1,486,224</b>	<b>\$1,485,612</b>	<b>(\$51,630)</b>	<b>\$1,454,143</b>	<b>\$1,346,571</b>	<b>\$1,508,802</b>	<b>\$54,659</b>



**MOTION:** To accept the Governor's Budget Recommendations for the Commission's FY 2014 Revised and FY 2015 Budget Allocations  
 Motion moved by AA, seconded by LW, passed/unanimously

	<p><b><i>5:10 Adjusting the Accessibility Renovation Projects' Priority List, Bob Cooper, Executive Secretary</i></b></p>
	<p><b>Purpose/Goal: To consider authorizing the Chair and Executive Secretary to adjust the RICAP Accessibility Renovation projects timetable.</b></p>
	<p>The consolidation of accessibility project accounts allows for moving forward on “shovel ready” projects, regardless of which category (Accessibility to Disability Service Providers, Accessibility Fire Safety Renovations, Accessibility to Higher Education, Accessibility to Open Meetings) the projects were in.</p> <ul style="list-style-type: none"> <li>• The Commission has signed Memorandums of Agreement with URI and RIC.</li> <li>• The Schofield National Guard Armory is a polling place, HAVA funding could be used to complete renovations before next fall’s elections, rather than wait until 2016.</li> <li>• The Department of Administration has been reviewing their Memorandum of Agreement since Nov 20<sup>th</sup>. The lack of an agreement could result in the loss of <ul style="list-style-type: none"> <li>○ Fire safety on Capitol Hill \$14,592 and Pastore Center \$85,832</li> <li>○ Disability Services in Pastore Center \$152,004</li> </ul> </li> </ul> <p>Moving forward to design projects at URI, RIC, National Guard, etc. where we have agreements even if they are a lower priority or different category, would be better than losing the funding.</p>
	<p><b>MOTION: To authorize the Executive Secretary &amp; Chairperson, in consultation with the Chair of the Accessibility Committee to adjust the 2014 RICAP Accessibility Renovation funding to projects that can be started in FY 2014.</b></p> <p>Motion moved by LW, seconded by AP, passed unanimously</p>
	<p><b><i>5:15 Commission's Position on Budget Articles, Linda Ward, Chair Legislation Committee</i></b></p>
	<p><b>Purpose/Goal: To make recommendations to the General Assembly and Governor on the impact of legislation on people with disabilities and their families</b></p>
	<p><b>14 H 7133 Art. 25 AN ARTICLE RELATING TO MEDICAL ASSISTANCE</b></p>
	<p>14 H 7133 Art. 25 AN ARTICLE RELATING TO MEDICAL ASSISTANCE  Sponsor Rep. Melo Requested by the Governor  This article would amend:  (1) The "Rhode Island Works Program", by providing Medicaid-funded health coverage through the RlTe Care managed care or a RlTe Share approved plan. If a family becomes ineligible for cash assistance payments as a result of excess earnings from employment, the family/assistance unit shall continue to be eligible for medical assistance Medicaid-funded transitional health coverage under Section 1925 of title XIX of the federal social security act.  (2) The rate methodology for payment for in state and out of state hospital services by extending the 12 month freeze for an additional 12 months until July 1, 2015.  (3) The rates of payment to nursing facilities would also be frozen until October 1, 2015.  (4) The Rhode Island Medicaid Reform Act of 2008:  (a) Nursing Facility Payment Rates – Eliminate Rate Increase that would otherwise take effect during the state fiscal year 2015;  (b) Medicaid Hospital Payments – Eliminate Rate Increases for Hospital Inpatient and Outpatient Payments and reduce inpatient and outpatient hospital payments by eliminating the projected rate increase for both</p>

managed care and fee-for-service for state fiscal year 2015. Also, eliminates the upper payment limit payment for outpatient services for this same period.

(c) Medicaid Manage Care Payments- Reduction of the projected growth in capitation payments to managed care organizations.

(d) High Cost Care Review and Interventions – Lower Utilization and Cost, implementing an array of interventions providing intensive services and case management for Medicaid beneficiaries with chronic and disabling conditions and special health care needs, in order to reduce utilization of high cost services by certain children enrolled in Rlte Care, children with special health care needs, and elders and adults with disabilities.

(e) Community First Choice (1915k) Option – Increase Federal Reimbursement for Home and Community-Based Alternatives, pursue the Community First Choice (CFC) Medicaid State Plan option as part of ongoing reforms to promote home and community-based alternatives to institutionally-based long-term services and supports.

(f) Qualified Health Plan (QHP) Coverage for Medicaid-eligible Pregnant and Post-Partum Women – Promote QHP Coverage. Many pregnant women with income from 133 to 250 percent of the federal poverty level (FPL) will have access to coverage through a commercial plan. This initiative proposes to support enrollment/retention of coverage in these commercial plans by providing:

(i) a Rlte Share-like premium subsidy to assist in paying for the out-of-pocket costs in a commercial plan; and

(ii) wraparound coverage for services available if covered through Medicaid.

(g) Extended Family Planning Services – Enhanced federal funds, to provide enhanced Medicaid matching funds for family planning for uninsured and underinsured people with income up to 250 percent of the federal poverty level.

(h) Katie Beckett Eligibility Coverage – Cost Contribution, to implement an income-based, cost-sharing requirement for families with a Katie Beckett eligible child.

(i) Approved Authorities: Section 1115 Waiver Demonstration Extension request – formerly known as the Global Consumer Choice Waiver – that

(i) continue efforts to re-balance the system of long term services and supports by assisting people in obtaining care in the most appropriate and least restrictive setting;

(ii) pursue utilization of care management models that offer a "health home", promote access to preventive care, and provide an integrated system of services;

(iii) use payments and purchasing to finance and support Medicaid initiatives that fill gaps in the integrated system of care; and

(iv) recognize and assure access to the non-medical services and supports, such as peer navigation and employment and housing stabilization services, that are essential for optimizing a person's health, wellness and safety and reduce or delay the need for long-term services and supports.

(j) Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable Care Act of 2010 (PPACA).

#### SENATE FISCAL OFFICE

#### REPORT

#### GOVERNOR'S FY2015 AND FY2014 SUPPLEMENTAL BUDGET

2014-H-7133

FIRST LOOK

JANUARY 21, 2014

#### **Article 25 – Relating to Medical Assistance**

This article grants the Executive Office of Health and Human Services (OHHS) the authority to implement the following proposed changes to the Medicaid program:

**Nursing Home Rate Freeze:** Under this article, payments made to skilled nursing facilities and associated hospice organizations that provide services to Medicaid-eligible individuals will not be adjusted by the change in the national nursing home inflation index. This adjustment was to be made on October 1, 2014, but is suspended again for FY2015. This adjustment was also suspended for FY2014. The Governor's FY2015 budget includes general revenue savings of \$3.7 million (\$7.5 million all funds) for this initiative.

**Hospital Rate Freeze:** This article provides the authority to suspend the scheduled rate increase for inpatient and outpatient hospital services in FY2015 in both the fee-for-service and managed care environments. Typically, the base price for hospital services is annually adjusted for trends in a nationally recognized price

index. For FY2015, however, this adjustment is suspended as it was in FY2014. Therefore, for the second year, charges for hospital services are limited to the rates that were in effect in FY2013. The Governor's FY2015 budget includes savings of \$3.9 million (\$7.9 million all funds) for this initiative.

**Managed Care Rate Reduction:** The Governor reduces Medicaid managed care monthly capitation rates by 2.95 percentage points from the anticipated expense trend for FY2015 for RItE Care and Rhody Health Partners, for savings of **\$10.8 million** (\$21.7 million all funds).

**High Cost Care/Utilization and Intervention:** High utilizers of health care within the Children with Special Health Care Needs and adults with disabilities populations would be targeted with an array of focused interventions, such as pediatric patient centered medical homes, an expanded behavioral health care continuum and reduced use of psychotropic medications in order reduce costs associated inpatient hospitalization and behavioral health needs. The Governor's budget includes **\$8.1 million** (\$16.3 million all funds) from this initiative.

**Community First Choice:** OHHS proposes to pursue increased federal participation through implementation of a Community First Choice program to further promote home and community-based alternatives to institution-based long term services and supports, saving **\$3.0 million** in general revenue funding in FY2015.

**Qualified Health Plan (QHP) Subsidy for Pregnant and Postpartum Women:** OHHS assumes that, beginning in 2015, many women with income between 133 and 250 percent of the federal poverty level (FPL) will be enrolled in a QHP either through an employer or through the Exchange at the time they may become pregnant. This initiative would provide a Medicaid-funded subsidy and wraparound services for these women's existing coverage, with savings derived from the difference between the cost of the subsidy/wrap and the cost of the full Medicaid coverage that they would become eligible for. The Governor's budget includes **\$600,000** (\$1.2 million all funds) in savings from this initiative.

**Extended Family Planning Services:** OHHS seeks to expand extended family planning to all uninsured and underinsured people with income up to 250 percent of FPL at a cost of \$200,000 (\$400,240 all funds).

**Katie Beckett Cost Share:** OHHS seeks to implement an income-based monthly cost sharing requirement upon families with income above 250 FPL whose children are eligible for Medicaid through the Katie Beckett option. Through this option, severely disabled children who require a level of care that would ordinarily be provided in an institution are able to be cared for at home through an array of Medicaid-funded supports such as private duty nursing, personal care, and special education services.

While the program currently has no co-share requirements for families, regardless of income, this new provision would make the program's cost share more consistent with that of the RItE Share program, which imposes co-shares upon families with income above 150 FPL. According to the Office, an estimated 970 of the 1,058 Katie Beckett families would be impacted, resulting in savings of **\$1.5 million** (\$2.9 million all funds).

**Global Waiver Extension:** The article seeks authority for OHHS to pursue long-term care reforms through a health home care management model, integrated care initiatives, and access to non-medical services and supports. These reforms are included in its Section 1115 Waiver Demonstration Extension, formerly known as the Global Waiver.

**Affordable Care Act:** The article grants authority to OHHS to pursue any requirements and/or opportunities established under the Patient Protection and Affordable Care Act of 2010, so long as these actions do not adversely impact beneficiaries or increase expenditures beyond amounts appropriated.

The Executive Committee recommends the Commission take a position on 14 H 7133 Art. 25 An Article Relating To Medical Assistance, sections:

- (d) High Cost Care Review and Interventions - Lower Utilization and Cost;
- (f) Qualified Health Plan (QHP) Coverage for Medicaid-eligible Pregnant and Post-Partum Women - Promote QHP Coverage;
- (h) Katie Beckett Eligibility Coverage - Cost Contribution; and
- (i) Approved Authorities: Section 1115 Waiver Demonstration Extension

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**ARTICLE 25**

RELATING TO MEDICAL ASSISTANCE

SECTION 1. Section 40-5.2-21 of the General Laws in Chapter 40-5.2 entitled "The Rhode Island Works Program" is hereby amended to read as follows:

**40-5.2-21. Eligibility for medical benefits.** -- (a) Every member of any family/assistance unit eligible for cash assistance under this chapter shall be eligible for ~~medical assistance~~ <sup>{add}</sup> Medicaid-funded health coverage <sup>{add}</sup> through the RIte Care <sup>{add}</sup> managed care <sup>{add}</sup> or a RIte Share ~~programs, as determined by the department,~~ <sup>{delete}</sup> <sup>{add}</sup> approved plan <sup>{add}</sup> subject to the provisions of subsection 40-8-1 ~~(d)~~ <sup>{delete}</sup> ~~(c)~~ <sup>{delete}</sup> <sup>{add}</sup> and provided, further, <sup>{delete}</sup> <sup>{add}</sup> requiring that <sup>{delete}</sup> <sup>{add}</sup> eligibility for <sup>{delete}</sup> such ~~medical assistance,~~ <sup>{delete}</sup> <sup>{add}</sup> coverage <sup>{add}</sup> must qualify for federal financial participation pursuant to the provisions of Title XIX of the federal social security act, 42 U.S.C. § 1396 et seq. <sup>{add}</sup> and, as may be appropriate, the State's approved Section 1115 demonstration waiver <sup>{add}</sup>.

(b) If a family becomes ineligible for cash assistance payments under this chapter as a result of excess earnings from employment, the family/assistance unit shall continue to be eligible for ~~medical assistance~~ <sup>{delete}</sup> <sup>{add}</sup> Medicaid-funded transitional health coverage under Section 1925 of title XIX of the federal social security act, 42 U.S.C. § 1396 et seq. <sup>{add}</sup> through ~~the~~ <sup>{delete}</sup> <sup>{add}</sup> RIte Care or RIte Share, <sup>{delete}</sup> <sup>{add}</sup> program for <sup>{delete}</sup> <sup>{add}</sup> subject to the provisions of subsection 40-8-1(c) requiring that such coverage must qualify for federal financial participation pursuant to the provisions of title XIX of the federal social security act, 42 U.S.C. § 1396 et seq. and, in no case, shall extend beyond <sup>{add}</sup> a period of twelve (12) months or until employer paid family health care coverage begins <sup>{delete}</sup>, ~~subject to the provisions of subsection 40-8-1(d), whichever occurs first; and provided, further, that eligibility for such medical assistance, must qualify for federal financial participation pursuant to the provisions of title XIX of the federal social security Act, 42 U.S.C. § 1396 et seq.~~ <sup>{delete}</sup>

SECTION 2. Sections 40-8-13.4 and 40-8-19 of the General Laws in Chapter 40-8 entitled "Medical Assistance" are hereby amended to read as follows:

**40-8-13.4. Rate methodology for payment for in state and out of state hospital services.** -- (a) The executive office of health and human services shall implement a new methodology for payment for in state and out of state hospital services in order to ensure access to and the provision of high quality and cost-effective hospital care to its eligible recipients.

(b) In order to improve efficiency and cost effectiveness, the executive office of health and human services shall:

(1) With respect to inpatient services for persons in fee for service Medicaid, which is non-managed care, implement a new payment methodology for inpatient services utilizing the Diagnosis Related Groups (DRG) method of payment, which is, a patient classification method which provides a means of relating payment to the hospitals to the type of patients cared for by the hospitals. It is understood that a payment method based on Diagnosis Related Groups may include cost outlier payments and other specific exceptions. The executive office will review the DRG payment method and the DRG base price annually, making adjustments as appropriate in consideration of such elements as trends in hospital input costs, patterns in hospital coding, beneficiary access to care, and the Center for Medicare and Medicaid Services national CMS Prospective Payment System (IPPS) Hospital Input Price index.

(B) With respect to inpatient services, (i) it is required as of January 1, 2011 until December 31, 2011, that the Medicaid managed care payment rates between each hospital and health plan shall not exceed ninety and one tenth percent (90.1%) of the rate in effect as of June 30, 2010. Negotiated increases in inpatient hospital payments for each annual twelve (12) month period beginning January 1, 2012 may not exceed the Centers for Medicare and Medicaid Services national CMS Prospective Payment System (IPPS) Hospital Input Price index for the applicable period; (ii) provided, however, for the ~~twelve (12)~~ <sup>{delete}</sup> <sup>{add}</sup> twenty-four (24) <sup>{add}</sup> month period beginning July 1, 2013 the Medicaid managed care payment rates between each hospital and health plan shall not exceed the payment rates in effect as of January 1, 2013; (iii) negotiated increases in inpatient hospital payments for each annual twelve (12) month period beginning July 1, ~~2014~~ <sup>{delete}</sup> <sup>{add}</sup> 2015 <sup>{add}</sup> may not exceed the Centers for Medicare and Medicaid Services national CMS Prospective Payment System (IPPS) Hospital Input Price Index, less Productivity Adjustment, for the applicable period; (iv) The Rhode Island executive office of health and human services will develop an audit methodology and process to assure that savings associated with the payment reductions will accrue directly to the Rhode Island Medicaid program through reduced managed care plan payments and shall not be retained by the managed care plans; (v) All hospitals licensed in Rhode Island shall

1 accept such payment rates as payment in full; and (vi) for all such hospitals, compliance with the provisions of this  
2 section shall be a condition of participation in the Rhode Island Medicaid program.

3 (2) With respect to outpatient services and notwithstanding any provisions of the law to the contrary, for  
4 persons enrolled in fee for service Medicaid, the executive office will reimburse hospitals for outpatient services  
5 using a rate methodology determined by the executive office and in accordance with federal regulations. Fee-for-  
6 service outpatient rates shall align with Medicare payments for similar services. Notwithstanding the above, there  
7 shall be no increase in the Medicaid fee-for-service outpatient rates effective <sup>{add}</sup>on<sup>{add}</sup> July 1, 2013 <sup>{add}</sup>or July 1,  
8 2014<sup>{add}</sup>. Thereafter, changes to outpatient rates will be implemented on July 1 each year and shall align with  
9 Medicare payments for similar services from the prior federal fiscal year. With respect to the outpatient rate, (i) it is  
10 required as of January 1, 2011 until December 31, 2011, that the Medicaid managed care payment rates between  
11 each hospital and health plan shall not exceed one hundred percent (100%) of the rate in effect as of June 30, 2010.  
12 Negotiated increases in hospital outpatient payments for each annual twelve (12) month period beginning January  
13 1, 2012 may not exceed the Centers for Medicare and Medicaid Services national CMS Outpatient Prospective  
14 Payment System (OPPS) hospital price index for the applicable period; (ii) provided, however, for the <sup>{delete}</sup>twelve  
15 <sup>{delete}</sup>(12) <sup>{delete}</sup>twelve <sup>{add}</sup>twenty-four (24) <sup>{add}</sup> month period beginning July 1, 2013 the Medicaid managed care outpatient  
16 payment rates between each hospital and health plan shall not exceed the payment rates in effect as of January 1,  
17 2013; (iii) negotiated increases in outpatient hospital payments for each annual twelve (12) month period beginning  
18 July 1, <sup>{delete}</sup>2014<sup>{delete}</sup> <sup>{add}</sup>2015<sup>{add}</sup> may not exceed the Centers for Medicare and Medicaid Services national  
19 CMS Outpatient Prospective Payment System (OPPS) Hospital Input Price Index, less Productivity Adjustment,  
20 for the applicable period.

21 (c) It is intended that payment utilizing the Diagnosis Related Groups method shall reward hospitals for  
22 providing the most efficient care, and provide the executive office the opportunity to conduct value based  
23 purchasing of inpatient care.

24 (d) The secretary of the executive office of health and human services is hereby authorized to promulgate  
25 such rules and regulations consistent with this chapter, and to establish fiscal procedures he or she deems necessary  
26 for the proper implementation and administration of this chapter in order to provide payment to hospitals using the  
27 Diagnosis Related Group payment methodology. Furthermore, amendment of the Rhode Island state plan for  
28 medical assistance (Medicaid) pursuant to Title XIX of the federal Social Security Act is hereby authorized to  
29 provide for payment to hospitals for services provided to eligible recipients in accordance with this chapter.

30 (e) The executive office shall comply with all public notice requirements necessary to implement these rate  
31 changes.

32 (f) As a condition of participation in the DRG methodology for payment of hospital services, every  
33 hospital shall submit year-end settlement reports to the executive office within one year from the close of a  
34 hospital's fiscal year. Should a participating hospital fail to timely submit a year-end settlement report as required  
35 by this section, the executive office shall withhold financial cycle payments due by any state agency with respect to  
36 this hospital by not more than ten percent (10%) until said report is submitted. For hospital fiscal year 2010 and all  
37 subsequent fiscal years, hospitals will not be required to submit year-end settlement reports on payments for  
38 outpatient services. For hospital fiscal year 2011 and all subsequent fiscal years, hospitals will not be required to  
39 submit year-end settlement reports on claims for hospital inpatient services. Further, for hospital fiscal year 2010,  
40 hospital inpatient claims subject to settlement shall include only those claims received between October 1, 2009  
41 and June 30, 2010.

42 (g) The provisions of this section shall be effective upon implementation of the amendments and new  
43 payment methodology pursuant to this section and § 40-8-13.3, which shall in any event be no later than March 30,  
44 2010, at which time the provisions of §§ 40-8-13.2, 27-19-14, 27-19-15, and 27-19-16 shall be repealed in their  
45 entirety.

46 **40-8-19. Rates of payment to nursing facilities.** -- (a) Rate reform. (1) The rates to be paid by the state to  
47 nursing facilities licensed pursuant to chapter 17 of title 23, and certified to participate in the Title XIX Medicaid  
48 program for services rendered to Medicaid-eligible residents, shall be reasonable and adequate to meet the costs  
49 which must be incurred by efficiently and economically operated facilities in accordance with 42 U.S.C. §  
50 1396a(a)(13). The executive office of health and human services shall promulgate or modify the principles of  
51 reimbursement for nursing facilities in effect as of July 1, 2011 to be consistent with the provisions of this section  
52 and Title XIX, 42 U.S.C. § 1396 et seq., of the Social Security Act.

53 (2) The executive office of health and human services ("Executive Office") shall review the current  
54 methodology for providing Medicaid payments to nursing facilities, including other long-term care services

1 providers, and is authorized to modify the principles of reimbursement to replace the current cost based  
2 methodology rates with rates based on a price based methodology to be paid to all facilities with recognition of the  
3 acuity of patients and the relative Medicaid occupancy, and to include the following elements to be developed by  
4 the executive office:

- 5 (i) A direct care rate adjusted for resident acuity;
- 6 (ii) An indirect care rate comprised of a base per diem for all facilities;
- 7 (iii) A rearray of costs for all facilities every three (3) years beginning October, 2015, which may or may  
8 not result in automatic per diem revisions;
- 9 (iv) Application of a fair rental value system;
- 10 (v) Application of a pass-through system; and
- 11 (vi) Adjustment of rates by the change in a recognized national nursing home inflation index to be applied  
12 on October 1st of each year, beginning October 1, 2012. This adjustment will not occur on October 1, 2013 <sup>{add}</sup>or  
13 on October 1, 2014<sup>{add}</sup>, but will resume on October 1, ~~{delete}2014{delete}~~ <sup>{add}</sup>2015<sup>{add}</sup>. Said inflation index shall be  
14 applied without regard for the transition factor in subsection (b)(2) below.

15 (b) *Transition to full implementation of rate reform.* For no less than four (4) years after the initial  
16 application of the price-based methodology described in subdivision (a) (2) to payment rates, the executive office  
17 of health and human services shall implement a transition plan to moderate the impact of the rate reform on  
18 individual nursing facilities. Said transition shall include the following components:

- 19 (1) No nursing facility shall receive reimbursement for direct care costs that is less than the rate of  
20 reimbursement for direct care costs received under the methodology in effect at the time of passage of this act; and
- 21 (2) No facility shall lose or gain more than five dollars (\$5.00) in its total per diem rate the first year of the  
22 transition. The adjustment to the per diem loss or gain may be phased out by twenty-five percent (25%) each year;  
23 and
- 24 (3) The transition plan and/or period may be modified upon full implementation of facility per diem rate  
25 increases for quality of care related measures. Said modifications shall be submitted in a report to the general  
26 assembly at least six (6) months prior to implementation.

27 SECTION 3. The Rhode Island Medicaid Reform Act of 2008.

28 <sup>{add}</sup>WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled "The Rhode Island  
29 Medicaid Reform Act of 2008"; and

30 WHEREAS, a Joint Resolution is required pursuant to Rhode Island General Laws § 42-12.4-1, et seq.;  
31 and

32 WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that requires the  
33 implementation of a rule or regulation or modification of a rule or regulation in existence prior to the  
34 implementation of the global consumer choice section 1115 demonstration ("the demonstration") shall require prior  
35 approval of the general assembly; and further provides that any category II change or category III change as  
36 defined in the demonstration shall also require prior approval by the general assembly; and

37 WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the Office of Health and  
38 Human Services is responsible for the "review and coordination of any Global Consumer Choice Compact Waiver  
39 requests and renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan or  
40 category II or III changes as described in the demonstration, with "the potential to affect the scope, amount, or  
41 duration of publicly-funded health care services, provider payments or reimbursements, or access to or the  
42 availability of benefits and services provided by Rhode Island general and public laws"; and

43 WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is fiscally sound and  
44 sustainable, the Secretary requests general assembly approval of the following proposals to amend the  
45 demonstration:

46 (a) *Nursing Facility Payment Rates – Eliminate Rate Increase.* The Medicaid single state agency proposes  
47 to eliminate the projected nursing facility rate increase that would otherwise take effect during the state fiscal year  
48 2015. A category II change is required to implement this proposal under the terms and conditions of the  
49 demonstration. Further, this change may also require the adoption of new or amended rules, regulations and  
50 procedures.

51 (b) *Medicaid Hospital Payments – Eliminate Rate Increases for Hospital Inpatient and Outpatient*  
52 *Payments.* The Medicaid single state agency proposes to reduce inpatient and outpatient hospital payments by  
53 eliminating the projected rate increase for both managed care and fee-for-service for state fiscal year 2015. Also,  
54 the Medicaid single state agency proposes to eliminate the upper payment limit payment for outpatient services for

1 this same period. A category II change is required to implement both aspects of this proposal under the terms and  
2 conditions of the Section 1115 waiver demonstration.

3 (c) *Medicaid Manage Care Payments- Reduction.* The Medicaid agency seeks to reduce the projected  
4 growth in capitation payments to managed care organizations for SFY 2015. Implementation of this reduction  
5 requires a Category II change under the terms and conditions of the Medicaid demonstration to assure payment  
6 rates remain actuarially sound as is required by federal laws and regulation.

7 (d) *High Cost Care Review and Interventions – Lower Utilization and Cost.* By implementing an array of  
8 interventions providing intensive services and case management for Medicaid beneficiaries with chronic and  
9 disabling conditions and special health care needs, the Medicaid Agency proposes to reduce utilization of high cost  
10 services by certain children enrolled in RItE Care, children with special health care needs, and elders and adults  
11 with disabilities. Implementation of these interventions may require category II changes to the demonstration as  
12 well as adoption or amendment of rules, regulations and procedures.

13 (e) *Community First Choice (1915k) Option – Increase Federal Reimbursement for Home and Community-*  
14 *Based Alternatives.* The Medicaid Agency proposed to pursue the Community First Choice (CFC) Medicaid State  
15 Plan option as part of ongoing reforms to promote home and community-based alternatives to institutionally-based  
16 long-term services and supports. Implementation of the CFC option requires approval of a Medicaid State Plan  
17 Amendments and may require changes to the demonstration. New and amended rules, regulations and procedures  
18 may also be necessary related to these program changes.

19 (f) *Qualified Health Plan (QHP) Coverage for Medicaid-eligible Pregnant and Post-Partum Women –*  
20 *Promote QHP Coverage.* With the implementation of health care reform in Rhode Island, many pregnant women  
21 with income from 133 to 250 percent of the federal poverty level (FPL) will have access to coverage through a  
22 commercial plan. This initiative proposes to support enrollment/retention of coverage in these commercial plans by  
23 providing: 1) a RItE Share-like premium subsidy to assist in paying for the out-of-pocket costs in a commercial  
24 plan; and 2) wraparound coverage for services available if covered through Medicaid. Such an arrangement would  
25 result in a net savings to the Medicaid program. Implementation of this initiative requires Section 1115 waiver  
26 authority and may necessitate changes to EOHHS' rules, regulations and procedures.

27 (g) *Extended Family Planning Services – Enhanced federal funds.* The Medicaid agency sought Section  
28 1115 demonstration waiver authority for any services and supports that are administered under current Rhode  
29 Island general laws to maximize Medicaid federal matching funds. This authority would provide enhanced  
30 Medicaid matching funds for family planning for uninsured and underinsured people with income up to 250  
31 percent of the federal poverty level. The adoption of new or amended rules and regulations may also be required.

32 (h) *Katie Beckett Eligibility Coverage – Cost Contribution.* Under current Medicaid rules and regulations,  
33 Medicaid beneficiaries receiving long-term services and supports are required to contribute to the cost of care  
34 based on income to the extent feasible. The Katie Beckett State Plan Option allows children who need an  
35 institutional level of care to obtain Medicaid coverage for the care they receive at home. Children eligible under  
36 this option typically have family income and resources that exceed Medicaid eligibility limits; though the Katie  
37 Beckett option enables these children to obtain Medicaid coverage by excluding their parents' family income and  
38 resources when determining Medicaid eligibility. At present, the families of Katie Beckett children are not required  
39 to contribute to the cost of Medicaid-funded care, irrespective of income. The Medicaid agency proposes to  
40 implement an income-based, cost-sharing requirement for families with a Katie Beckett eligible child.  
41 Implementation of this requirement requires a Category II change to the Section 1115 waiver and new and  
42 amended rules, regulations and procedures.

43 (i) *Approved Authorities: Section 1115 Waiver Demonstration Extension.* The Medicaid agency proposes  
44 to implement authorities approved under the Section 1115 waiver demonstration extension request – formerly  
45 known as the Global Consumer Choice Waiver – that (1) continue efforts to re-balance the system of long term  
46 services and supports by assisting people in obtaining care in the most appropriate and least restrictive setting; (2)  
47 pursue utilization of care management models that offer a "health home", promote access to preventive care, and  
48 provide an integrated system of services; (3) use payments and purchasing to finance and support Medicaid  
49 initiatives that fill gaps in the integrated system of care; and (4) recognize and assure access to the non-medical  
50 services and supports, such as peer navigation and employment and housing stabilization services, that are essential  
51 for optimizing a person's health, wellness and safety and reduce or delay the need for long term services and  
52 supports.

53 (j) *Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable Care Act*  
54 *of 2010 (PPACA).* The Medicaid agency proposes to pursue any requirements and/or opportunities established

1 [under the PPACA that may warrant a Medicaid State Plan Amendment, category II or III change under the terms](#)  
2 [and conditions of Rhode Island's Section 1115 Waiver, its successor, or any extension thereof. Any such actions](#)  
3 [the Medicaid agency takes shall not have an adverse impact on beneficiaries or cause there to be an increase in](#)  
4 [expenditures beyond the amount appropriated for state fiscal year 2014; now, therefore, be it](#)

5 [RESOLVED, that the general assembly hereby approves proposals \(a\) through \(j\) listed above to amend](#)  
6 [the Section 1115 demonstration waiver; and be it further](#)

7 [RESOLVED, that the secretary of the office of health and human services is authorized to pursue and](#)  
8 [implement any waiver amendments, category II or category III changes, state plan amendments and/or changes to](#)  
9 [the applicable department's rules, regulations and procedures approved herein and as authorized by § 42-12.4-7<sup>{add}</sup>.](#)

10 SECTION 4. This article shall take effect upon passage.

	<p><b>MOTION:</b> To oppose 14 H 7133 Art. 25 AN ARTICLE RELATING TO MEDICAL ASSISTANCE, unless amended by deleting sections:</p> <ul style="list-style-type: none"><li>(d) High Cost Care Review and Interventions - Lower Utilization and Cost;</li><li>(f) Qualified Health Plan (QHP) Coverage for Medicaid-eligible Pregnant and Post-Partum Women - Promote QHP Coverage;</li><li>(h) Katie Beckett Eligibility Coverage - Cost Contribution; and</li><li>(i) Approved Authorities: Section 1115 Waiver Demonstration Extension.</li></ul> <p>Motion moved by AP, seconded by RMcM, passed unanimously</p>
	<p><b>14 H 7133 Art. 26 AN ARTICLE RELATING TO CHILDREN, YOUTH, AND FAMILIES</b></p>

This article would authorize the department of children, youth, and families, in the case of a person aged 19 years or older with a "functional developmental disability", who is receiving services under this section may, at the discretion of the director, to be transferred to the developmental disabilities program of the department of behavioral healthcare, developmental disabilities and hospitals, provided that he or she qualifies as eligible for services through the department of behavioral healthcare, developmental disabilities and hospitals.  
This article shall take effect upon passage.

**SENATE FISCAL OFFICE  
REPORT**

**GOVERNOR'S FY2015 AND FY2014 SUPPLEMENTAL BUDGET**

***Article 26: Relating to Children, Youth, and Families***

This article permits the Department of Children, Youth, and Families (DCYF) to transfer care of eligible youth ages 19 to 21 with functional developmental disabilities in residential placements from DCYF to the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals. Transfers will only be made at the discretion of the DCYF director. It is expected that transferred youth will qualify for federal Medicaid matching funds, resulting in **\$529,392** net general revenue savings to the State.

The Executive Committee recommends the Commission take a position on 14 H 7133 Art. 26 An Article Relating To Children, Youth, and Families, it should be amended to include non-DCYF high school graduates and young adults with behavioral health care needs.

**ARTICLE 26**

**RELATING TO CHILDREN, YOUTH, AND FAMILIES**

SECTION 1. Section 42-72-5 of the General Laws in Chapter 42-72 entitled "Department of Children, Youth, and Families" is hereby amended to read as follows:

**42-72-5. Powers and scope of activities.** -- (a) The department is the principal agency of the state to mobilize the human, physical and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. The services include prevention, early intervention, out-reach, placement, care and treatment, and after-care programs; provided, however, that the department notifies the state police and cooperates with local police departments when it receives and/or investigates a complaint of sexual assault on a minor and concludes that

1 probable cause exists to support the allegations(s). The department also serves as an advocate for the needs of  
2 children.

3 (b) To accomplish the purposes and duties, as set forth in this chapter, the director is authorized and  
4 empowered:

5 (1) To establish those administrative and operational divisions of the department that the director  
6 determines is in the best interests of fulfilling the purposes and duties of this chapter;

7 (2) To assign different tasks to staff members that the director determines best suit the purposes of this  
8 chapter;

9 (3) To establish plans and facilities for emergency treatment, relocation and physical custody of abused or  
10 neglected children which may include, but are not limited to, homemaker/educator child case aides, specialized  
11 foster family programs, day care facilities, crisis teams, emergency parents, group homes for teenage parents,  
12 family centers within existing community agencies, and counseling services;

13 (4) To establish, monitor, and evaluate protective services for children including, but not limited to,  
14 purchase of services from private agencies and establishment of a policy and procedure manual to standardize  
15 protective services;

16 (5) To plan and initiate primary and secondary treatment programs for abused and neglected children;

17 (6) To evaluate the services of the department and to conduct periodic comprehensive needs assessment;

18 (7) To license, approve, monitor, and evaluate all residential and non-residential child care institutions,  
19 group homes, foster homes, and programs;

20 (8) To recruit and coordinate community resources, public and private;

21 (9) To promulgate rules and regulations concerning the confidentiality, disclosure and expungement of  
22 case records pertaining to matters under the jurisdiction of the department;

23 (10) To establish a minimum mandatory level of twenty (20) hours of training per year and provide  
24 ongoing staff development for all staff; provided, however, all social workers hired after June 15, 1991, within the  
25 department shall have a minimum of a bachelor's degree in social work or a closely related field, and must be  
26 appointed from a valid civil service list;

27 (11) To establish procedures for reporting suspected child abuse and neglect pursuant to chapter 11 of title  
28 40;

29 (12) To promulgate all rules and regulations necessary for the execution of departmental powers pursuant  
30 to the Administrative Procedures Act, chapter 35 of title 42;

31 (13) To provide and act as a clearinghouse for information, data and other materials relative to children;

32 (14) To initiate and carry out studies and analysis which will aid in solving local, regional and statewide  
33 problems concerning children;

34 (15) To represent and act on behalf of the state in connection with federal grant programs applicable to  
35 programs for children in the functional areas described in this chapter;

36 (16) To seek, accept, and otherwise take advantage of all federal aid available to the department, and to  
37 assist other agencies of the state, local agencies, and community groups in taking advantage of all federal grants  
38 and subventions available for children;

39 (17) To review and coordinate those activities of agencies of the state and of any political subdivision of  
40 the state which affect the full and fair utilization of community resources for programs for children, and initiate  
41 programs that will help assure utilization;

42 (18) To administer the pilot juvenile restitution program, including the overseeing and coordinating of all  
43 local community based restitution programs, and the establishment of procedures for the processing of payments to  
44 children performing community service; and

45 (19) To adopt rules and regulations which:

46 (i) For the twelve (12) month period beginning on October 1, 1983, and for each subsequent twelve (12)  
47 month period, establish specific goals as to the maximum number of children who will remain in foster care for a  
48 period in excess of two (2) years; and

49 (ii) Are reasonably necessary to implement the child welfare services and foster care programs;

50 (20) May establish and conduct seminars for the purpose of educating children regarding sexual abuse;

51 (21) To establish fee schedules by regulations for the processing of requests from adoption placement  
52 agencies for adoption studies, adoption study updates, and supervision related to interstate and international  
53 adoptions. The fee shall equal the actual cost of the service(s) rendered, but in no event shall the fee exceed two  
54 thousand dollars (\$2,000);

1 (22) To be responsible for the education of all children who are placed, assigned, or otherwise  
2 accommodated for residence by the department in a state operated or supported community residence licensed by a  
3 Rhode Island state agency. In fulfilling this responsibility the department is authorized to enroll and pay for the  
4 education of students in the public schools or, when necessary and appropriate, to itself provide education in  
5 accordance with the regulations of the board of regents for elementary and secondary education either directly or  
6 through contract;

7 (23) To develop multidisciplinary service plans, in conjunction with the department of health, at hospitals  
8 prior to the discharge of any drug-exposed babies. The plan requires the development of a plan using all health care  
9 professionals.

10 (24) To be responsible for the delivery of appropriate mental health services to seriously emotionally  
11 disturbed children and children with functional developmental disabilities. Appropriate mental health services may  
12 include hospitalization, placement in a residential treatment facility, or treatment in a community based setting.  
13 The department is charged with the responsibility for developing the public policy and programs related to the  
14 needs of seriously emotionally disturbed children and children with functional developmental disabilities.

15 In fulfilling its responsibilities the department shall:

16 (i) Plan a diversified and comprehensive network of programs and services to meet the needs of seriously  
17 emotionally disturbed children and children with functional developmental disabilities;

18 (ii) Provide the overall management and supervision of the state program for seriously emotionally  
19 disturbed children and children with functional developmental disabilities;

20 (iii) Promote the development of programs for preventing and controlling emotional or behavioral  
21 disorders in children;

22 (iv) Coordinate the efforts of several state departments and agencies to meet the needs of seriously  
23 emotionally disturbed children and children with functional developmental disabilities and to work with private  
24 agencies serving those children;

25 (v) Promote the development of new resources for program implementation in providing services to  
26 seriously emotionally disturbed children and children with functional developmental disabilities.

27 The department shall adopt rules and regulations, which are reasonably necessary to implement a program  
28 of mental health services for seriously emotionally disturbed children.

29 Each community, as defined in chapter 7 of title 16, shall contribute to the department, at least in  
30 accordance with rules and regulations to be adopted by the department, at least its average per pupil cost for special  
31 education for the year in which placement commences, as its share of the cost of educational services furnished to a  
32 seriously emotionally disturbed child pursuant to this section in a residential treatment program which includes the  
33 delivery of educational services.

34 "Seriously emotionally disturbed child" means any person under the age of eighteen (18) years or any  
35 person under the age of twenty-one (21) years who began to receive services from the department prior to attaining  
36 eighteen (18) years of age and has continuously received those services thereafter who has been diagnosed as  
37 having an emotional, behavioral or mental disorder under the current edition of the Diagnostic and Statistical  
38 Manual and that disability has been on-going for one year or more or has the potential of being ongoing for one  
39 year or more, and the child is in need of multi-agency intervention, and the child is in an out-of-home placement or  
40 is at risk of placement because of the disability.

41 A child with a "functional developmental disability" means any person under the age of eighteen (18)  
42 years, or any person under the age of twenty-one (21) years who began to receive services from the department  
43 prior to attaining eighteen (18) years of age and has continuously received those services thereafter.

44 The term "functional developmental disability" includes autism spectrum disorders and means a severe,  
45 chronic disability of a person which:

46 (a) Is attributable to a mental or physical impairment or combination of mental physical impairments;

47 (b) Is manifested before the person attains age eighteen (18);

48 (c) Is likely to continue indefinitely;

49 (d) Results in age- appropriate substantial functional limitations in three (3) or more of the following areas  
50 of major life activity.

51 (i) Self-care;

52 (ii) Receptive and expressive language;

53 (iii) Learning;

54 (iv) Mobility;

- 1 (v) Self-direction;
- 2 (vi) Capacity for Independent Living; and
- 3 (vii) Economic self-sufficiency; and
- 4 (e) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care,
- 5 treatment, or other services which are of life-long or extended duration and are individually planned and
- 6 coordinated.

7 Funding for these clients shall include funds that are transferred to the Department of Human Services as  
 8 part of the Managed Health Care program transfer. However, the expenditures relating to these clients shall not be  
 9 part of the Department of Human Services' Caseload estimated for the semi-annual Caseload Estimating  
 10 Conference. The expenditures shall be accounted for separately.

11 (25) To provide access to services to any person under the age of eighteen (18) years or any person under  
 12 the age of twenty-one (21) years who began to receive child welfare services from the department prior to attaining  
 13 eighteen (18) years of age, has continuously received those services and elects to continue to receive such services  
 14 after attaining the age of eighteen (18) years. The assembly has included funding in the FY 2008 Department of  
 15 Children, Youth and Families budget in the amount of \$10.5 million from all sources of funds and \$6.0 million  
 16 from general revenues to provide a managed system to care for children serviced between 18 to 21 years of age.  
 17 The department shall manage this caseload to this level of funding.

18 (26) To develop and maintain, in collaboration with other state and private agencies, a comprehensive  
 19 continuum of care in this state for children in the care and custody of the department or at risk of being in state  
 20 care. This continuum of care should be family-centered and community-based with the focus of maintaining  
 21 children safely within their families or, when a child cannot live at home, within as close proximity to home as  
 22 possible based on the needs of the child and resource availability. The continuum should include community-based  
 23 prevention, family support and crisis intervention services as well as a full array of foster care and residential  
 24 services, including residential services designed to meet the needs of children who are seriously emotionally  
 25 disturbed, children who have a functional developmental disability and youth who have juvenile justice issues. The  
 26 director shall make reasonable efforts to provide a comprehensive continuum of care for children in the care and  
 27 custody of the DCYF, taking into account the availability of public and private resources and financial  
 28 appropriations and the director shall submit an annual report to the general assembly as to the status of his or her  
 29 efforts in accordance with the provisions of subsection 42-72-4(b)(13).

30 (27) To administer funds under the John H. Chafee Foster Care Independence and Educational And  
 31 Training Voucher (ETV) Programs of Title IV-E of the Social Security Act, and the DCYF Higher Education  
 32 Opportunity Grant Program as outlined in RIGL § 42-72.8, in accordance with rules and regulations as  
 33 promulgated by the director of the department.

34 (c) In order to assist in the discharge of his or her duties, the director may request from any agency of the  
 35 state information pertinent to the affairs and problems of children.

36 (d) [Deleted by P.L. 2008, ch. 9, art. 16, § 2.]

37 (e) [Deleted by P.L. 2008, ch. 9, art. 16, § 2.]

38 <sup>(add)</sup>(f) Notwithstanding the provisions of subsections 42-72-5 (b)(24) and 42-72-5(b)(25), a person aged 19  
 39 years or older with a "functional developmental disability", as defined in subsection 42-72-5 (b)(24), who is  
 40 receiving services under this section may, at the discretion of the director, be transferred to the developmental  
 41 disabilities program of the department of behavioral healthcare, developmental disabilities and hospitals, provided  
 42 that he or she qualifies as eligible for services under § 40.1-1-8.1 through the department of behavioral healthcare,  
 43 developmental disabilities and hospitals.<sup>(add)</sup>

44 SECTION 2. This article shall take effect upon passage.

	<p>MOTION: To support 14 H 7133 Art. 26 AN ARTICLE RELATING TO CHILDREN, YOUTH, AND FAMILIES if amended to include additional funding in BHDDH for caseload expansion.          Motion moved by JD, seconded by AP, passed unanimously</p>
	<p><b><i>5:30 Proposal for Implementing "A Better Bottom Line: Employing People with Disabilities" In RI, Timothy Flynn</i></b>          The Chair and Executive Secretary met with Governor Chafee on Friday December 13,</p>

	2013 and discussed a proposal for implementing “A Better Bottom Line: Employing People with Disabilities” in RI (see attached).
	<b>MOTION:</b> To ratify the proposal for implementing “A Better Bottom Line: Employing People with Disabilities” in RI. Motion moved by RMcM, seconded by AA, passed unanimously

**Status Reports:**

	<b>5:40 Committee &amp; Staff Reports</b> <b>Purpose/Goal:</b> To brief the commission on activities and accomplishments since the last meeting
	<b>Commission Operations &amp; Executive Committee, Timothy Flynn</b> The information below is from the October - December 2013 Performance Management Report:

General Public Awareness Activities		
Type	Total	
<b>1. Total number of last month’s general information &amp; referral contacts by:</b>		
Phone calls	186	
E-mail	778	
In-person	48	
Other	0	
<b>Total</b>	<b>1012</b>	
<b>2. Total number of people trained:</b>		
Disability Awareness	26	
Commission’s Activities	0	
<b>3. Public Awareness Activities:</b>		
Exhibits	1	
Other	6	
<b>Total</b>	<b>7</b>	
<b>4. What materials did you disseminate last month:</b>		
Brochures	5	
Fact Sheet	69	
Presentation handouts	20	
Scenarios	60	
<b>Total</b>	<b>154</b>	

	<b>Accessibility Committee, Ronald McMinn, Chair</b> Accessibility Renovation Project Update: The information below is from the October - December 2013 NE ADA Center Grant Report:
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Percentage of accessibility complaints resolved prior to hearing						
Performance Measure	2011	2012	2013	2014	Total # of Complaints	# Resolved

Actual	100%	100%	100%	100%	6	6
Target	100%	50%	50%	70%		
Type					Total	
<b>1. Total number of ADA accessibility technical assistance:</b>						
Phone calls					81	
E-mail					17	
In-person					6	
Other					0	
Total					104	
<b>2. Total number of ADA Title II. State and Local Government services technical assistance:</b>						
Phone calls					38	
E-mail					35	
In-person					16	
Other					0	
Total					89	
<b>3. Total number of ADA Title III. Public Accommodations and Commercial Facilities technical assistance:</b>						
Phone calls					66	
E-mail					55	
In-person					19	
Other					0	
Total					140	
<b>4. Total number of people trained:</b>						
# of people trained					425	
Total # of trainings					3	
<b>4b. Total number of trainings by topic:</b>						
Disability Awareness					3	
General ADA Information					3	
Title II (state & local gvt.)					4	
Title III (everyone else)					2	
Transportation						
<b>Total</b>					<b>12</b>	
<b>5. ADA Public Awareness Activities:</b>						
Exhibits					3	
Other					6	
<b>Total</b>					<b>9</b>	
<b>7. What materials did you disseminate:</b>						
ADA Information Bulletins/newsletters/fact sheets					15	
Updated Checklist for Existing Facilities					2	
GCD Flyers					25	
Mortgage Housing Info Sheets					30	
		<b>Disability Business Enterprises Committee, Jonathan Dupre, Chair</b>				
		The Committee is still waiting for the Department of Administration to issue the revised Purchasing Regulations to incorporate the current legal status of the DBE program.				

Type					Total
	<b>Election Assistance Committee, Rory Carmody, Chair</b>				
	All the polling places used during the November elections in Woonsocket and Central Falls and the special December recall election in Exeter were visited on election days to ensure any access barriers were removed during voting hours.				
	The information below is from the October - December 2013 Performance Management Report:				

**Percentage of polling locations open on election day(s) that were barrier free**

Performance Measure	2011	2012	2013	2014	# of Polling Places Open	# Accessible on Election Days
Actual	76%	83%	68%	61%	23	14
Target	100%	NA	100%	NA		

Type					Total
<b>1. Total number of voting information &amp; referral contacts by:</b>					
Phone calls					14
E-mail					26
In-person					24
Other					0
<b>Total</b>					<b>64</b>
<b>2. Total number of people trained on voting rights:</b>					
Election Officials					1
People with Disabilities					0
Families of people with disabilities					0
<b>3. Public Awareness Activities:</b>					
Exhibits					0
Media					0
Other					0
<b>Total</b>					<b>0</b>
<b>4. What election materials did you disseminate:</b>					
ADA Technical Asst. Guide- Polling Places					12
<b>5. Polling Place Access Inspections</b>					
On Election Days					47
On non-election days					66
<b>Total</b>					<b>113</b>

	<b>Employment Committee, Sarah Everhart Skeels, Chair</b>				
	<p>On October 23rd, 2013 the RI Governor's Commission on Disabilities was asked to at lead the State's participation in the National Governors Association's Initiative: A Better Bottom Line by Governor Lincoln Chafee. Given this request, a committee was established to create a conference to be held in October in honor of National Disability Employment Awareness Month which focused on providing employers with information and resources to aid in the hiring and retention of qualified individuals with disabilities. The conference presentations included:</p> <p style="text-align: center;"><b><u>What's In It for Me and My Company?</u></b></p> <p><i>The business leaders shared how their companies benefited from hiring and retaining qualified employees with disabilities and developed A Better Bottom Line in the process.</i></p> <p style="text-align: center;">Patricia Baccus, HR Supervisor - Talent Acquisition at Cox Communications Eric Falk, President of M-F Athletics Greg Mulligan, a co-founder of Bay Capital Investment Partners Jennifer Stotter, PhD, Director, AA/EEO, Strategic Diversity Management at CVS Caremark</p>				

**Employer Rights, Responsibilities, and Results**

*Employers frequently have questions regarding their rights and responsibilities when hiring a qualified person with a disability and/or making reasonable accommodations for a qualified person with a disability. This session will discuss the legal rights and responsibilities of employers in the hiring process and the employment lifecycle when working with a qualified person with a disability. It will also address how to help businesses achieve positive results and employee satisfaction which could result in A Better Bottom Line.*

**Rachelle Green is a partner of Duffy & Sweeney**

The “A Better Bottom Line” Conference concluded with a networking session where the agencies and organizations listed below shared information on the services and resources they provide.

**Who Are You Going to Call?**

- National Federation of the Blind of RI
- Neighborhood Health Plan of Rhode Island
- New England ADA Center
- RI Business Leadership Network
- RI Commission on the Deaf and Hard of Hearing
- RI Department of Behavioral Healthcare, Developmental Disabilities, & Hospitals
- RI Department of Human Services: Office of Rehabilitation Services
- RI Public Transit Authority
- TechACCESS of Rhode Island
- The Department of Labor and Training

The conference sponsors were: CVS Caremark, Department of Human Services - Office of Rehabilitation Services, Neighborhood Health Plan of RI, New England ADA Center, Community Provider Network of RI, and Graphic Perspectives.

The information below is from the October - December 2013 NE ADA Center Grant Report:

**Percentage of employment discrimination complaints resolved**

Performance Measure	2011	2012	2013	2014	Total # of Complaints	# Resolved
Actual	100%	100%	100%	67%	3	2
Target	100%	100%	100%	80%		

Type	Total
<b>1. Total number of ADA Title I. Employment technical assistance:</b>	
Phone calls	20
E-mail	47
In-person	2
Other	0
Total	69
<b>2. Total number of people trained on employment:</b>	
# of people trained	36
Total # of trainings	2
<b>3. What materials did you disseminate</b>	
Project publications	16
Research reports/conference proceedings	49



**Hearing Board, Judith Drew, Chair**

Has not met.

	<b>Legislation Committee, Linda Ward, Chair</b>
	The Committee authorized the introduction of bills to: <ul style="list-style-type: none"> <li>• <b>An Act Relating To Public Utilities And Carriers -- Public Transit Investment</b> (RIPTA/Ride funding) - Rep Jacquard &amp; Sen. Pichardo -asked;</li> <li>• <b>An Act Related To Insurance - Coverage For Prescription Drugs</b> (No failure first prescription drug clause) Sen. Crowley &amp; Rep Cimini - asked; and</li> <li>• <b>An Act Related State Affairs And Government -- Rhode Island Housing Resources Act of 1998</b> (supportive housing program &amp; funding) Sen. Goodwin &amp; Rep Ferry asked both</li> </ul>
	The information below is from the October - December 2013 Performance Management Report:

Percentage of successful outcomes relative to the Commission's advocacy for disability-friendly policy								
Performance Measure	2011	2012	2013	2014	Total # of Policies	# of Policies Successful	Total # of Bills	# of Bills Successful
Actual	58%	35%	53%					
Target	100%	100%	100%	75%				

	<b>Coordinating Committee on Disability Rights, Timothy Flynn, Chair</b> Has not met.
	<b>MOTION:</b> To accept all the reports, as presented. Motion moved by SES, seconded by LW, passed unanimously
	<b><i>5:55 Agenda for the Next Meeting, Tim Flynn, Chair</i></b> <b>Purpose/Goal:</b> To set the agenda for the next meeting. Discussion: The next scheduled meeting is on 4/14/14 5 - 6:30 PM.
	<b><i>6:00 Adjournment, Tim Flynn, Chair</i></b> <b>MOTION:</b> To adjourn at 6:06 PM Motion moved by RMcM, seconded by BI, passed unanimously