



**Governor's Commission on Disabilities  
Joint Meeting of the  
Accessibility Committee and the  
Executive Committee  
Monday, May 18, 2015 2:30 PM - 4:45 PM**

John O. Pastore Center, 41 Cherry Dale Court,  
Cranston, RI 02920-3049  
(voice) 401-462-0107 (fax) 462-0106 (tty) via RI Relay 711  
(e-mail) [GDC.Disabilities@gcd.ri.gov](mailto:GDC.Disabilities@gcd.ri.gov) (website)  
[www.disabilities.ri.gov](http://www.disabilities.ri.gov)



**Executive Committee**

**Attendees:** Timothy Flynn (Chair.); Rosemary Carmody, (Vice Chair.); Sarah Everhart Skeels; Jack Ringland; & Linda Ward

**Absentees:** Andrew Argenbright; Judi Drew; Casey Gartland; & Harvey Salvas

**Accessibility Committee**

**Attendees:** Carmen Boucher; Paul DePace; Colleen Polselli; Arthur Plitt; Jack Ringland; & Gary Witman

**Absentees:** Harvey Salvas (Vice Chair); Nicholas J. Capobianco Jr.; Joe Cirillo; John Desautel; Judi Drew; & Mon. Gerard Sabourin;

**Guests:** Kevin Fitta (RIC); Jonathan DePault & Michael Powell (DoA); Joe Desilva (Ed); & David Patton (CCRI).

**Staff:** Bob Cooper, Executive Secretary



***2:30 Call to Order and Acceptance of the Minutes, Timothy Flynn, Chair***

Chair calls the meeting to order at 2:35 PM  
Introductions of Commissioners and guests



**MOTION:** To accept the minutes of the previous Executive Committee meeting as presented

Motion moved by LW, seconded by SES, passed unanimously

**MOTION:** To accept the minutes of the previous Accessibility Committee meeting as presented

Motion moved by AP, seconded by GW, passed unanimously

**Joint Meeting Agenda:**



***2:35 Accessibility Capital Plan Update & Approval, Bob Cooper, Executive Secretary***

**Purpose/Goal:** To discuss and update the RI Accessibility Renovations Capital Plan for fiscal years FY 2016 - 2021.

The following was sent to the 5 general officers, state agency directors, presidents of the state colleges and universities, on May 7, 2015.

“The Governor’s Commission on Disabilities in conjunction with the Department of Administration’s Division of Capital Projects and Property Management will be

updating the State's Americans with Disabilities Act Access to Government Services Transition Plan. Federal and State disability rights laws/regulations require agencies to operate each service, program or activity so that the service, program or activity, when viewed in its entirety, is readily accessible to and usable by individuals with disabilities. The Commission's Accessibility Commission annually revises the state's ADA/504 Transition Plan for the removal of environmental and communication barriers and submits the RI Capital Budget Request for Accessibility to the Capital Development Committee by July 10, 2015.

The annual process begins on Monday May 18, 2015 2:30-4:30 PM, when the Accessibility Committee will conduct a public hearing to establish the access renovation priorities for the next 5 fiscal years. The Accessibility Committee uses the following criteria to determine the priority of renovations:

1. Group I. Facilities and Systems housing programs providing direct services primarily to people with disabilities and facilities utilized for open meetings and judicial facilities;
2. Group II. Facilities and Systems housing programs that provide a direct service to the General Public; and
3. Group III. Facilities and Systems housing administrative and support services that could, if accessible, expand employment opportunities for workers with disabilities. Within each group, facilities are prioritized using the following criteria:
  - a. Significance of service (would it be frequented more than another);
  - b. Incidence of use;
  - c. Unique service;
  - d. Duplication of services elsewhere;
  - e. Life-sustaining services;
  - f. Effect on quality of life;
  - g. Geographic criteria or regionalization; and
  - h. Service could be rendered by an adjoining office or elsewhere in the facility.

In 2011, an accessibility survey was conducted on most of the occupied state owned facilities to identify barriers to services and employment opportunities. The current list does not include any court facilities, on the attached excel workbook add any other state owned facilities that your department uses that you think should at the very least surveyed. The best source for establishing the priority list is your department. Please have the Priority Tab of the attached excel workbook completed and emailed back to me by the close of business on Thursday May 15th.

You are invited to send a representative to make a presentation and answer questions for the Accessibility Committee at the public hearing Monday May 18, 2015 2:30-4:30 PM, at the Commission's Office, in the John O. Pastore Center, 41 Cherry Dale Court, Cranston."

The priority scoring sheet asked for agencies to rank each facilities based on the selection criteria above, weighted as follows:

Status	Completed; Under construction; In design; or Not begun	
Group #	Description of Group	Points
I	Direct services primarily to people with disabilities, used for open meeting, or judicial proceedings	30
II	Direct service to the General Public (i.e. provide education, financial assistance, healthcare, licensing, recreation)	20
III	Administrative and support services	5

Significance of service	Points	Incidence of use	Points	Duplication of services elsewhere	Points	Life sustaining	Points	Effect on quality of life	Points
Critical service	6	Public uses very often	6	No only location in the state	6	Critical for life	6	Major impact	6
Major service	4	Frequent use by the public	4	Yes other accessible locations	4	Helpful	4	Moderate impact	4
Not major service	1	Infrequent use by public	1			Not life sustaining	1	No impact	1

Geographic criteria or regionalization	Points	Services could be rendered by an adjoining office or elsewhere in the facility.	Points	Priority Score
Only location in the state	6	Service could not be brought to the consumer elsewhere in the facility	6	72
Only location within 15 miles or on bus line	4		4	48
Multiple locations	1	Service could be brought to the consumer elsewhere in the facility	1	11

Presentations by:  
 Joe Desilva (Ed) Paul Crowley( Newport) Met School  
 Paul DePace (URI) can remove a couple buildings, being demolished  
 David Patton (CCRI) \$3.6 million  
 Kevin Fitta (RIC) \$3-4 million interior/exterior (Gage & Craig  
 Jonathan DePault (DoA); Harrington Hall (male shelter) entry lift; Virks, Regan, Adolph Meir,



MOTION: To allocate FY 2016 - 2020 RICAP Funding as follows:  
 40% to facilities that primarily provide services to people with disabilities (for example Harrington Hall);  
 40% to state owned schools, colleges, & universities education (for example the Paul Crowley Met School); and  
 20% to facilities that provide services to the general public services - with fire safety access barriers.  
 Motion moved by AP, seconded by JR, passed unanimously

**Executive Committee Only Agenda:**



**4:00 Interviews and Selection of Fellow, Timothy Flynn**

**Purpose/Goal: To select college fellows for the next semester**

Discussion: Tabled, no applicants



**4:15 Appointment/Re-Appointment of Commissioners, Timothy Flynn**

**Purpose/Goal: To make recommendations to the Governor on appointments and reappointments of Commissioners.**

	<p>Discussion: Ronald McMinn has submitted his resignation from both the Commission and the Accessibility Committee, effective April 28, 2015 (his term would have expired on May 1, 2017).</p> <p>On May 1<sup>st</sup> the following Commissioners' terms expired: Fred Burke; Sarah Everhart Skeels; Tim Flynn; Casey Gartland; Bill Inlow; Dawn Wardyga; Mon. Gerard Sabourin; &amp; Gary Witman;</p> <p>Because of the downsizing from 24 to 18 members, we have 6 slots with terms expiring on May 1, 2018, 2 nominees at the Governor's Office (Jack Ringland and Patricia Baccus); 2 Commissioners (Bill Inlow and Jim Pitassi) and 2 open slots for terms expiring May 1, 2016.</p>
	<p>Motion: To recommend the reappointed all the Commissioners whose terms expired on May 1, 2015, contingent on them agreeing to serve again: Fred Burke; Sarah Everhart Skeels; Tim Flynn; Casey Gartland; Bill Inlow; Dawn Wardyga; Mon. Gerard Sabourin; &amp; Gary Witman</p> <p>Motion moved by SEK, seconded by LW, passed unanimously</p>
	<p><b><i>4:30 The Reinventing Medicaid Budget Article, Bob Cooper, Executive Secretary</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>Discussion: The new article consists of statute changes to implement the recommendations of the Reinventing Medicaid Working Group.</p> <p>Section 1 establishes the hospital licensing fee for FY2016 to be 5.846% of the net patient services revenue of every hospital for the hospital's first fiscal year ending on or after January 1, 2014, Subject to federal approval the license fee for all hospitals located in Washington County, RI shall be discounted by 37%.</p> <p>Section 2 removes the health insurance coverage cap of \$5,000 per dependent child per policy or calendar year for early intervention services for children. The section makes further technical changes to the statute.</p> <p>Section 3 removes the health insurance coverage cap of \$32,000 for applied behavior analysis for individuals with autism.</p> <p>Section 4 establishes a \$465 state supplemental payment for individuals receiving supplementary and security income (SSI) payments who are eligible to receive Medicaid-funded long-term services and supports, living in a Medicaid-certified state-licensed assisted living or adult supportive housing residence, and participating in the program established by Section 13.</p> <p>Section 5 eliminates the scheduled increase to Medicaid reimbursement rates to hospitals and further reduces Medicaid hospital rates (through fee-for-service and managed care) by 2.5 percent.</p> <p>Section 5 authorizes the Secretary of Health and Human Services to create a Hospital Incentive Program (HIP) to provide participating licensed hospitals the ability to obtain certain payments for achieving performance goals established by the Secretary. Payments from the Hospital Incentive Program may commence no earlier than July 1, 2016. The Secretary is further authorized to</p>

seek all necessary federal waiver and state plan authorities to implement the program.

Section 6 enhances the state's ability to recover assets through liens on a deceased recipient's estate by allowing liens on property regardless of whether it forms part of the probate estate. Any transfer resulting in the imposition of a penalty period is presumed to be made for the purposes of obtaining eligibility for long-term care Medicaid, unless rebutted by clear and convincing evidence. Any such transfer may create a debt from the transferor or transferee to the Executive Office.

The section further authorizes the Secretary to impose a lien against the real property of an individual receiving long-term care Medicaid and residing in an institution who, after notice and opportunity for hearing, cannot reasonably be expected to be discharged from the medical institution and return home, unless a qualified individual is residing in the home. Any recovery under the lien may not occur until the death of the individual's surviving spouse, if any, and other qualified individuals are not living in the home.

The section also makes technical changes to the penalty period provisions by disallowing changes to the penalty period for anything other than a return of the full fair market value of the asset transfer, which resulted in the imposition of the penalty period. The section also establishes a 12% interest rate beginning six months after the appointment of an administrator for the estate.

Section 7 eliminates the nursing home inflation index adjustment scheduled to take place on October 1, 2015, and further reduces nursing home payment rates by 2.5 percent. The section also delays the per-diem rate increase for low-cost nursing homes resulting from the payment methodology transition that was scheduled to take place in October 2015.

The section authorizes the Secretary of Health and Human Services to create a Nursing Facility Incentive Program (NFIP) to provide participating licensed nursing facilities the ability to obtain certain payments for achieving performance goals established by the Secretary. Payments from the NFIP may commence no earlier than July 1, 2016. The Secretary is further authorized to seek all necessary federal waiver and state plan authorities to implement the program.

Section 8 makes technical changes to the Medical Assistance Fraud Law. The section makes it unlawful to intentionally refuse to provide representatives of the Office of Program Integrity upon reasonable request, access to information and data pertaining to services or merchandise rendered to eligible participants and former participants while recipients under the Rhode Island Medicaid program.

Section 9 reauthorizes Disproportionate Share Hospital (DSH) payments. The section modifies the base year used for calculating the distribution of DSH payments to use the most recent available data. The section updates the definition of "hospital" to include any premises included on a license pursuant to § 23-17-1 et seq. regardless of changes in licensure status or change in effective control.

Section 10 repeals Section 5 of Article 18 of Chapter 145 of the Public Laws of 2014, which had established supplemental state funding for Graduate Medical Education.

Section 11 authorizes the Secretary to pursue payment methodology reforms to increase access to homemaker, personal care, assisted living, adult

supportive care, and adult day services by developing Medicaid certification standards and using payment strategies designed to achieve specific quality and health outcomes, including an acuity-based tiered payment methodology.

This section gives EOHHS flexibility to create community-based supportive living programs, establish adult day services level of need criteria and acuity-based tiered payments, and implement payment reforms that encourage home- and community-based providers to provide the specialized services beneficiaries need to avoid or delay institutional care.

The section makes further technical changes to the statute {1. deleting the exception to the home and community based care goal of 50%, of persons with mental disabilities. 2 replacing the words "mentally retarded" with "persons with intellectual disabilities. 3, Eliminating the requirement of prior general assembly approval before the secretary can adopt criteria for admission to nursing facilities, hospitals, or intermediate care facilities or set levels of care criteria for long-term services.}

Section 12 eliminates reference to the Assessment and Coordination Unit (ACU), which coordinates the assessment of beneficiaries for long-term care for departments under the Executive Office, among other technical changes to the statute.

Section 13 reduces Medicaid managed long-term care payment rates by 2.5 percent.

The section also repeals language which requires managed care organizations to reimburse long-term care providers not less than the rate paid by the Executive Office for such care under the Medicaid program and which restricted flexibility in payment methodologies under any duals demonstration project.

The section creates a program for beneficiaries who choose to receive Medicaid-funded assisted living, adult supportive care, or shared living long-term services and supports, using an acuity based, tiered service and payment system that ties reimbursement to a beneficiary's level of need and specific outcome and quality measures. The section raises the cap on the amount that Medicaid-certified assisted living and adult supportive care providers are permitted to charge for room and board to include the monthly state supplement to SSL. The program will be terminated if it is not cost-effective compared to the current set of programs and services.

The section also makes enrollment in managed care mandatory for individuals eligible for long-term services and supports.

Section 14 makes technical changes to the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' (BHDDH) definition of an "individual program plan", also known as a "general service plan". { repealing the requirement that the "The individual program plan shall indicate developmental, supportive, or ancillary services by function and frequency, the manner of subsidy and delivery and the categories of need for services such as transportation, job training, or occupation, housing, housing adaptation, personal attendant care, homemaker, or other services. This plan shall be reviewed at least annually; provided, however, that authorization for services and funding issued prior to July 1, 2011 are null and void. Authorizations will be paid at the rate effective in the quarter the service was provided."}

Section 15 authorizes the Secretary of Health and Human Services to pursue any state plan amendments or waivers, rules and regulations, and process and procedures required to implement any Medicaid initiatives, which are approved by the General Assembly.

The Office of Program Integrity is authorized to pursue certain additional program integrity opportunities to detect fraud. The Office is also empowered to propose and execute recommendations to implement corrective action to remediate federal or state audit findings.

The section also enhances the ability of departments within the Executive Office of Health and Human Services to share data by clarifying that the Secretary will have responsibility for ensuring compliance with applicable privacy laws.

Section 15 also makes certain technical changes to the statute creating the Executive Office. {1. replacing references to the "Global Consumer Choice Compact Waiver" with the words "Medicaid section 1115 demonstration waiver". 2. deleting the requirement to "Broaden access to publicly funded food and nutrition services by consolidating agency programs and initiatives to eliminate duplication and overlap and improve the availability and quality of services;" 3. replaces references to "CHOICES" with "unified health and human services infrastructure project". 4. repeals the "Medicaid program study". 5. Repeals the "Human service call center study (211)". 6. eliminates the general assembly's prior approval for category II and III changes.}

Section 16 increases the attachment point for the Children's Health Account from \$7,500 per child per service per year to \$11,000. The section makes further technical changes to the statute.

Section 17 modifies the composition of the Children's Cabinet, by adding the Secretary of Health and Human Services and the Child Advocate, and removing certain other members. The Children's Cabinet shall produce a comprehensive, 5-year statewide plan for an integrated state child service system by December 1, 2015. The Cabinet shall also develop a strategic plan to coordinate and share data, including with outside research partners pursuant to data-sharing agreements. The Cabinet will be supported by staff from the Executive Office of Health and Human Services.

Section 18 increases the assessment imposed upon the gross patient revenue received by every nursing facility to 6.0 percent of services, effective January 1, 2016.

Section 19 authorizes the Secretary of Health and Human Services to undertake programmatic changes requiring the implementation or modification of a rule or regulation in existence prior to the implementation of the global consumer choice section 1115 demonstration, or any category II change or category III change as defined in the demonstration, that are integral to the appropriations for the medical assistance program and detailed in official budgetary documents supplemental thereto. { the general assembly is asked to approve:

(a) Nursing Facility Payment Rates and Incentive Program. (b) Nursing Facility Bed Tax - Increase Rate. (c) Medicaid Hospital Payments Reform - Eliminate Rate Increases for Hospital Inpatient and Outpatient Payments, Increase License Fee, Incentive Program. (d) Pilot Coordinated Care Program. (e) Medicaid Managed Care Contracts - Improved Efficiency. (f) Long-term care

	<p>arrangements. (g) Integrated Care Initiative (ICI) - Enrollment. (h) Behavioral Health --Coordinated Care Management. (i) Community Health Teams and Targeted Services. (j) Implementation of Home and Health Stabilization Services. (k) Sobering Treatment Opportunity Program (STOP) Established. (l) Medicaid Eligibility Criteria and System Processes - Review and Realignment. (m) Reform of Long-term Care Eligibility Criteria. (n) Estate Recoveries and Liens. (o) Alternative Payment Arrangements. (p) Approved Authorities: Section 1115 Waiver Demonstration Extension. (q) Affordable Care Act (ACA) Opportunities.</p> <p>This article would take effect upon passage, except that Section 10 shall take effect as of July 1, 2014.</p>
	<p><b>MOTION:</b> To oppose unless amended:</p> <p>SECTION 06 should be amended to clarify the effective date and that it applies to prospective beneficiaries;</p> <p>SECTION 11 should be amended to retain legislative authorized levels of care in § 40-8.9-9(c). Long-term care re-balancing system reform goal on page 39 line 1;</p> <p>SECTION 11 should also be amended to remove the conflicts with Article 20 deregulating several healthcare professions and the new Medicaid certification language in § 40-8.9-9(f)(2). Long-term care re-balancing system reform goal on page 41 lines 14 - 20;</p> <p>SECTION 12 should be amended to retain the Assessment &amp; Coordinated Care standards in § 40-8.10-4(b) &amp; (c). Long-term Care Assessment and Coordination on page 45 line 25 to page 46 line 10; and</p> <p>SECTION 15 should be amended to retain the requirement for legislative authorization of categories II &amp; III changes in § 42-7.2-16.1(c). Reinventing Medicaid Act of 2015 on page 64 lines 15 - 21.</p> <p>Motion moved by LW, seconded by SES, passed unanimously</p>
	<p><b>4:45 Agenda for the Next Meeting, Timothy Flynn</b></p> <p><b>Purpose/Goal:</b> To set the agenda for the next meeting.</p> <p>Executive Committee meeting are on 4 - 5:30 PM:  08/31<sup>st</sup> Recommending a 2016 Revised &amp; 2017 Strategic Plan and Budget Requests and Planning for the Annual Meeting Thursday 9/10/15 5 - 6:30 PM  12/07<sup>th</sup> (winter fellowship interviews) and  A joint Accessibility &amp; Executive Committee Meeting in June to finalize the RICAP Accessibility Renovation Budget Request.</p>
	<p><b>4:50 Adjournment, Timothy Flynn</b></p> <p><b>MOTION:</b> To adjourn at 4:25 PM  Motion moved by SES, seconded by LW, passed unanimously</p>