

Minutes



LEGISLATION COMMITTEE

Monday November 7, 2005 3:00 PM to 5:00 PM

Governor's Commission on Disabilities

John O. Pastore Center (Formerly the Howard Center)

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Secretary: Bob Cooper

Attendees: Tim Flynn (Vice Chair); Raymond Bandusky; Jeanne Behie; Joan D'Agostino; Bill Inlow;; Kate McCarthy-Barnett, EdD; Kenneth Pariseau; Rev. Gerard O. Sabourin; & Janet Spinelli

Excused: Paul Choquette (Chair); Linda Deschenes; Scott A. Greco; Gwen Reeve; Sharon Brinkworth; Rosemary C. Carmody; Joseph Corrente; Karen O'Connell Lyons Arthur M. Plitt;

Minutes

3:00 PM Call to Order and acceptance of minutes Tim Flynn, Vice Chair

Discussion: Chair calls the meeting to order at 3:40 PM.

Members and guests introduce themselves

Potential MOTION: To accept the minutes as presented BI/KP passed unanimously

3:05 PM Status of GCD 2005 Legislative Package Bob Cooper

Access to Comprehensive Health Care for people with disabilities through:

1. Expand Home Care Services, so people can remain living in their community;
2. Adjust state's income eligibility level for Medicaid for persons with disabilities to match the Family Independence Program level and then adjust annually by the cost of living **Sen. Lanzi [S 0261]**;
3. Personal Care Assistance:
 - a. Increase the number of Medicaid Personal Care Attendants slots from 80 to 150 (**in Budget?**) and
 - b. provide a cost of living adjustment for personal care assistance services **Sen. Gallo [S 0413]**; **Accomplished** a 2.2% (\$0.19) increase on January 1st for Medicaid¹ funded PCAs.

¹ Cost of living adjustment for disability (Medicaid) service providers, Rep. Slater [[H 5484](#)] & Sen. McBurney [[S 0237](#) & [S 0831](#)]

4. Establish a managed health care system for adults with disabilities within Medicaid **Rep. Naughton [H 5734] & Sen. Paiva Weed [S 801]; Accomplished** plan to be finalized by April 1st and service to start after July 1st.
5. Provide state funded health insurance coverage (including prescription drug coverage) during the 2-year wait for SSDI recipients to be covered by Medicare **Sen. Gibbs [S 0171];**
6. Establish of program to provide appropriate in-state services for people with traumatic brain injury, probably via the Traumatic Brain Injury Trust Fund legislation **Rep. McNamara [H 5220] & Sen. Blais [S 0114]; Accomplished** Funding & licensure to create the first in-state transitional housing/treatment services for persons with traumatic brain injury.
7. Amend the State Medicaid Plan to include for “medically needy persons with disabilities, the same benefits that are provided to “categorically needy” persons (outpatient hospital clinic and emergency room services; hearing aids and molded shoes; Podiatry Services; one pair of eyeglasses [frames, lenses, dispensing fees] every other year). The habilitation waiver should be expanded to include all eligible recipients who would benefit from physical therapy, occupational therapy, speech/language therapy, psychological therapy, rehabilitation services **Sen. Perry [S 0238] & Rep. Slater [H 5382].**
 - **Expand Employment Opportunities** for adults with disabilities through the creation/maintenance of work-related infrastructure:
8. Fully fund RIDE & RIPTA as recommended by RIPEC in its Rhode Island at the Crossroads – A RIPEC Public Policy Issues Brief;
9. Fully fund Medicaid Buy In, for personal care services, job coaches, and other support services available for people with disabilities who are working;
 - **Affordable and Accessible Housing** including:
 10. Fully Fund modifications to homes/apartments owned or rented by families with disabled members (expand to include Medicare only recipients) and create flexible funding plan such as cash and counseling for families to modify home or yard; and
 11. Fully Fund the Neighborhood Opportunities Program to expand the public and private market of affordable/adaptable housing **[H 5270 Article 6] Rep. Fox [H 5175] and Sen. Felag [S651] Accomplished**
 12. The withdrawal of 05 H-5270 Article 14 Medical Assistance For Certain Disabled Children which would require co-payments for Medicaid participation for families above 250 percent of the federal poverty limit, who have enrolled their children with disabilities, whose level of disability would otherwise require institutionalization, the Katie Beckett program. **Accomplished**

The maximum number of issued for the 2006 Legislative Package is 12 (including both issues continued from the 2005 Legislative Package and those added from this year’s public forums.

MOTION: To retain for the 2006 Legislative Package:

Access to Comprehensive Health Care for people with disabilities through:

- (1) Expand Home Care Services (chem.), so people can remain living in their community;
- (2) Adjust state’s income eligibility level for Medicaid for persons with disabilities to match the Family Independence Program level and then adjust annually by the cost of living;
- (3) Provide state funded health insurance coverage (including prescription drug coverage) during the 2-year wait for SSDI recipients to be covered by Medicare
- (4) Amend the State Medicaid Plan to include for “medically needy persons with disabilities, the same benefits that are provided to “categorically needy” persons (outpatient hospital clinic and emergency room services; hearing aids and molded shoes; Podiatry Services; one pair of eyeglasses [frames, lenses, dispensing fees] every other year). The habilitation waiver should be expanded to include all eligible recipients who would benefit from physical therapy, occupational therapy, speech/language therapy, psychological therapy, rehabilitation services

Expand Employment Opportunities for adults with disabilities through:

- (5) Fully fund RIde & RIPTA as recommended by RIPEC in its Rhode Island at the Crossroads – A RIPEC Public Policy Issues Brief;

Affordable and Accessible Housing including:

- (6) Fully Fund modifications to homes/apartments owned or rented by families with disabled members (expand to include Medicare only recipients) and create flexible funding plan such as cash and counseling for families to modify home or yard; and

SB/KP passed unanimously

3:40 PM Review of Findings and Recommendations from Public Forum Working Groups Working Group Conveners

Accessibility Working Group Themes and Recommendations

Convener - Paul Choquette- GCD ; Paul Klinkman- Toxins Information Project

Themes/Findings	Recommendation	Testimony on Pages
There are still areas throughout the state where there are a lack of/ or inadequate curb cuts. (Warwick, Cranston, Providence)	Continue to advocate for installation of curb cuts where they are needed with DOT and/or local municipalities	32,43,47
There are areas in the state that lack sidewalks or where the sidewalks are in disrepair	Continue to advocate for installation or maintenance of sidewalks with DOT and/ local municipalities. OR establish complaint/communication mechanism through GCD	34,52
Some existing ramps do not have adequate handrails	Provide technical assistance to entities installing ramps to ensure that existing ADAAG guidelines are followed	30
Some subsidized housing	Provide education/technical assistance to	35

complexes lack automatic door openers resulting in lack of access	management companies/public housing authorities in regards to their responsibilities under existing law to provide ADO's	
Public facilities (theaters, restaurants etc.) segregate wheelchair users to certain areas due to "safety concerns"	Provide education/ technical assistance detailing the proper procedures in regards to wheelchair seating	45
People with chemical sensitivities are unable to access public buildings due to presence of irritants	1. Provide training to public officials regarding issues of chemical sensitivities Push to have State government use only non-toxic cleaning supplies in state facilities	35,38,44,75,80,86,87,89 91,98,103,104,105,107 110,118,119
There is a general lack of awareness about the issues of chemical sensitivities	GCD should specifically address these issues in training and outreach	Multiple pages
Lack of housing for people with Chemical Sensitivities	1. Educate building managers, realtors etc. regarding the issues of CS and accommodations 2. Establish preference for Section 8 vouchers for people with CS who live in subsidized housing complexes	35, 44, 76, 77
Many bus stops are not cleaned of ice and snow during the winter months making them inaccessible	Determine who is responsible for keeping bus stops open and inform them of their responsibilities (Newport does a good job with this)	40
Crossing signals are not working properly in Warwick, endangering PWDs when attempting to use them to cross busy streets	Work with DOT and/or local municipalities to establish better reporting/repair procedures	41
Assistive Technology Working Group Themes and Recommendations Convener - Regina Connor – Office of Rehabilitation Services Paul Choquette – Governor's Commission on Disabilities		
Themes/Findings	Recommendation	Testimony on Pages
Lack of funding for internet	Recommend that legislation be introduced granting PUC authority to implement reduced rate for internet access for people with disabilities of low income	12
Complicated process for acquiring Assistive Technology	More funding made available to increase the capacity of clinicians (pre-service training and in-service graduate training) to do assessments	12, 13
Funding for Activities of Daily Living related Assistive Technology reduced by 40%, general lack of Assistive Technology funding	Increase State dollars Feasibility Study	31, 33, 106, 116
Lack of information on where to	Assistive TechnologyAP – OSCIL, EBEC,	13

find Assistive Technology	Tech ACCESS	
Assistive Technology sitting in basements going unused	PARI/Assistive TechnologyAP reutilization programs	36
Lack of trial Assistive Technology resources for children who are not hooked up with ORS and funding as well	Assistive TechnologyAP device loan programs at EBEC and TechACCESS	68
Education & Employment Working Group Themes and Recommendations		
Convener - Linda Deschenes – Office of Rehabilitation Services; Rory Carmody - CranstonArc; Regina Connor - Office of Rehabilitation Services; Jeanne Behie – Gov Comm on Disabilities; Paula Dewell - ?		
Themes/Findings	Recommendation	Testimony on Pages
Lack of housing/shelter for homeless individuals working non traditional shifts, e.g. 6P.M. to 2:30A.M.	Assessment of the prevalence of this concern through a venue such as the RI Coalition for the Homeless.	Pg. 19
Dissatisfaction with services provided through the Office of Rehabilitation Services. Lack of staff to meet demands, access to services and navigation of the system.	Continued advocacy for resources to hire and train staff.	Pgs. 39 & 57
Lack of employer incentives to hire individuals with disabilities.	Increase training and awareness to individuals with disabilities and employers on the various employer incentives through venues such as Department of Labor & Training’s netWORKri Centers, Human Resource Investment Council, Office of Rehabilitation Services and community job development vendors.	Pg 57
Lack of access to assistive technology in the schools to try with students prior to purchasing an assistive technology device.	Advocate for State Colleges to include a course on assistive technology in their teaching curriculum. Advocate for the States Department of Education to offer a continuing education course on the topic of assistive technology. Increased education and public awareness through venues such as the local Special Education Advisory Committees on the resources available.	Pg. 68
Lack of access to choice regarding schools.	Increased education to parents and students on the resources available such as charter schools and the Sherlock Center.	Pg. 70
Lack of employer, co-worker and public awareness to chemical sensitivities resulting in job loss, increased sick days, behavioral concerns and difficulty learning of	Advocate for legislation to enact education awareness and guidelines for employers, and educational institutions. Advocate for the States Department of	Pgs. 85,89,90,97,104,117 & 121

students.	Education to offer a continuing education course on the topic of assistive technology.	
Family & Community Support Working Group Themes and Recommendations Convener - Ken Pariseau, Neighborhood Health Plan of RI; Sharon Brinkworth, Brain Injury Association of RI; Karen O'Connell Lyons, Governor's Commission on Disabilities		
Themes/Findings	Recommendation	Testimony on Pages
Concern re: current Mission Statement of MHRH	Consider incorporating the TASH principles into the MHRH Mission Statement	5
Sensitivity of disability support organizations to the wide range of disabilities		11
Lack of clarity re: basic questions such as "Do I need to put money in the parking meter"	Publicize information on SILC website. Incorporate into the "Point"	11
Formal state position to support advocacy and coordination.	Public awareness of the role of GCD as advocate	12
Lack of home-based support services for TBI survivors; delay in getting services.	Provide opportunity for survivors with TBI on Medicaid to enroll in a health plan.	14
No state agency to respond to issues of abuse of non-elderly persons with disabilities	KOL to review legislative or regulatory history	31, 35
Additional food stamp support for "medically necessary" diets		35
Financial planning support	Make Social Security materials more user friendly	38
Additional funding for services for persons with TBI	1. Provide opportunity for Survivors on Medicaid to enroll in a health plan 2. Reauthorize the TBI funding legislation	42, 56
The long wait for "Katie Beckett"	1. DHS is currently promulgating new guidelines and criteria for Katie Beckett 2. Mandate commercial coverage for children with special health care needs	68
The difficulty in navigating the service and support delivery systems for persons with disabilities and their families	Provide opportunity to enroll in a health plan	71
Lack of strong advocacy for persons with disabilities in areas such as disability insurance claims	Could this be a function of DBR or AG's office? KOL to explore opportunity in AG's office.	107
Health Care Working Group Themes and Recommendations Convener - Kate McCarthy-Barnett – Rhodes to Independence, Paul Choquette – Governor's Commission on Disabilities, Janet Spinelli – RI Department of Mental Health, Retardation & Hospitals, Ken Pariseau – Neighborhood Health Plan of RI, R. Timothy Flynn – Shake-A-Leg , Liberty Goodwin – Toxic Information Project, Michael Spoerri – RI Department of Health & Marlene McCarthy – RI Breast Cancer Coalition		

Themes/Findings	Recommendation	Testimony on Pages
<i>Legislation</i>		
Families with commercial insurance coverage often are not able to access the same behavioral health services for children as families on RIte Care.	Commercial insurers need to be held accountable to provide the medical services their members need; particularly those with disabilities. Commercial insurers' practices shift costs for providing these services to the state; this is contributing to the rising cost of Medicaid. For example, prescription coverage, vision, dental and mental health services.	56
Difficulty accessing dental services under Medicaid. Poor reimbursement for providers.	Develop a better funded Dental Benefit Management (DBM) program for Medicaid beneficiaries.	64
Community based long-term cognitive rehabilitation service with support staff, financial management, counseling, and medical services such as neurology, neuro-psychology, vision, Neuro-optometry and assistive technology and family support.	Add legislate funding for expanding DEA volunteer guardianship program and to allow under 60 to participate in program or Develop legislation to fund a clinical coordinator for a statewide assessment team composed of residents, SW interns and student nurses etc. or Develop legislation to fund development and attendance to college credit/continuing education credit course (ie web based) on differential diagnosis, decision-making assessment, independence training, behavioral training, client empowerment, etc for providers. or Develop legislation and training for repayee services by provider agencies or Develop legislation to expand capacity for neurological, neuro-psychology, psychiatric services in hospital settings	5, 10, 15, 34
MS drugs are expensive and not included in RIPAE formulary, other drugs not in formulary	Determine if MS drugs are on any Part D formularies, if not, then include on RIPAE	10, 18. 46
Ombudsman for disability services across state agencies needed	Establish a disability ombudsman position	13
Kate Becket for underinsured	Legislation to improve underinsured grievance process such as Katie Beckett	56
The need for respite services.	Legislative funding to meet the need	56
The need for greater protection of those especially vulnerable to common chemicals, including people with asthma and other respiratory conditions.	Legislation or regulation to protect access to health care, nursing homes, schools and other necessary services for those sickened by chemicals in these places. (Might include requirements for in-service training, as per 3 b.) At a minimum,	Multiple pages of testimony

	require institutions to adopt and carry out fragrance-free, less-toxic cleaning product and pest control policies.	
Young adults 18-21 experience difficulty accessing behavioral health services as they fall in the gap between two state agencies (DCYF and MHRH)	Increase funding for individuals who are dual diagnosis or have severe disabilities that currently do not fall under an existing MHRH priority diagnosis population. Young adults 18-21 experience difficulty accessing behavioral health services as they fall in the gap between two state agencies (DCYF and MHRH)	
<i>Policy</i>		
Lack of care coordination; customer service in Medicare and Medicaid.	Provide the option to enroll people with disabilities into a managed health care plan. Health plan would provide care coordination and customer service resources or access to the point or another central location.	32,
Six month Medicaid flex test for eligibility leaves consumers without coverage	Assist consumers in application process to cut down on lapses of coverage	20
Poor access to primary care under Medicaid. Poor reimbursement rates. Receiving primary care services at the ER	Provide the option to enroll people with disabilities into a managed health care plan.	21, 72, 83
No pediatric Rehab facility in New England area	Determine local rehab capacity in existing facilities and establish local facility or provide better information regarding existing resources	15
Income eligibility requirements in Medicaid are too low.	Propose increase in income eligibility	35,
Medicare takes a long time to approve wheelchairs	Decrease in waiting time	32
Lack of insurance for single males with no children	Medicaid coverage for individuals waiting for Medicare	18
Insufficient staff resources in programs such as HBTS	A state level strategy to address workforce development needs in health and human services areas	57
Difficulty accessing behavioral health services under Medicaid.	Provide the option to enroll people with disabilities into a managed health care plan. The health plan would have the responsibility of ensuring access to needed health care services. This would include the development of needed resources.	64
Difficulty accessing specialty services such as neurology, vision, hearing, podiatry under Medicaid	Provide the option to enroll people with disabilities into a managed health care plan. The health plan would have the responsibility of ensuring access to needed	64

	health care services. This would include the development of needed resources.	
The need for site-based behavioral health specialists.	Enroll persons with disabilities in a health plan. The health plan would have the responsibility of ensuring access to needed health care services. This would include the development of needed resources.	64, 69, 70
The need for greater protection of those especially vulnerable to common chemicals, including people with asthma and other respiratory conditions. For example, the lack of awareness and attention in public facilities like hospitals, schools, medical offices to the needs of persons with multiple chemical sensitivities.	Assistance with monitoring of any present or future protocols in service facilities. Possibly draw upon models from the work done by smoking ban advocates, especially the Substance Abuse Task Force.	89, 94, 98, 105, 111
Lack of access to health care for people with asthma and people with multiple chemical sensitivities	Forum on health effects of chemicals found in hospitals, day care centers, schools, workplaces. Presented by medical professionals to health care and school professionals and administrators. (Possibly also include affected person(s) as speakers.); Forum on how to replace toxic cleaners and deodorizers with healthier alternative products that are approved for hospital and institutional use; Sensitivity training for workers	82,99, 111
Out of state providers of treatment for MCS not Medicaid providers	Negotiate agreements with out of state providers for MCS.	83
Expand Governor's Commission on Brain Injury	Include more survivors, family members, treatment professionals on Commission.	5, 48
<i>Education</i>		
Provide people with disabilities information regarding treatment resources. Make information available in different settings.	Develop outreach and awareness plan to educate the community about the new resource directory (the Point)	14, 15, 55, 58, 113, 114
The need for greater protection of those especially vulnerable to common chemicals, including people with asthma and other respiratory conditions	Education about the problems experienced by asthmatics and other chemically vulnerable populations, for health care and school professionals and administrators, as well as parents and the general public. Information on how to provide healthier environments.	89, 94, 98, 105, 111, multiple pages
Concerns about the proposed Federal cuts to the Medicaid Program.	Be prepared to advocate—stay education	38

Lack of information on Health Care resources	Utilize the Point or DHS Resource Guide	14, 113, 114
Housing Working Group Themes and Recommendations		
Convener Arthur Plitt- GCD; Joan D'Agostino & Paula Parker – Department of Elderly Affairs; Paul Choquette - Department of Human Services; Marie Corcelli – Toxic Information Project; Kate Barnett-McCarthy – Rhodes To Independence;; Jessica Rutledge – Housing Action Coalition; Edith McLaughlin-RI Lung Association		
Themes/Findings	Recommendation	Testimony on Pages
Available & affordable & accessible housing limited	All New construction should be visit-able w/ bath rooms on first floor. MLS listings expanded as with Rhodes T/I efforts. RI Builders Association made aware of universal design ready designs. Better placement coordination as wrong people in accessible units. Review of new programs like “Rent to Buy” for Independence and non isolation. Development & Recording Fees be used to support new efforts. Continued Support of NOP increased funding especially as a line item in budget or multi-year Bond funding of expanded NOP.	27,53,55,56,71,76
Housing Managers not listening to safety& Disability Needs of Residents	ADA and sensitivity-listening skills training for Housing Managers. Initial interviews for residents will have one page sheets for residents with rights and phone numbers for key contact people.	20,24,25,39,53,66
Housing Access improved with assistive technology for Independent Living and less expensive supports.	Social Workers and discharge people at hospitals/ nursing homes be trained to share one pagers - resident rights, assistive tech available w/phone contacts - like Tech Access, Insight & ORS and OSCIL/PARI. Use of Buttons for Door Openers.	39,53
Chemical Sensitivities of residents ignored by others including managers who fail to advise tenants of chemical usage (paint, cleaning, seal-coating)	Training of managers to include chemical sensitivities, revising apartment placements whether smoking or alternative cleaning chemical use. Green/Asthma Friendly Homes Explored(Mass)	113,88
Supportive Transitional Housing needed especially Brain Injury	RI Builders Association advised of needs and use of NOP funding to provide new construction. Social Workers at Hospital/Rehab Centers should give information on possible placements along with assistive technology referrals, Consideration of new programs as in other states.	43,95
Air Conditioning needed as a medical necessity	HUD/RIMFC changes to allow air conditioning added with some rent	45,95

	payment or Medicaid support. Also training sensitivities for managers.	
Shelters lack accessibility in a growing population in RI.	Funding thru NOP funds or other to reduce the cost of complying by community group owners	various
Confusion of resource availability and needs from residents who are disabled, providers and organizations. Acronyms and defining even accessibility confusion. (invisible, chemical, etc)	Training expanded as part of the 50 th anniversary of GCD for all in different venues as well as empowerment training for individuals who are disabled for their self advocacy. Expansion of the “POINT” information hotline resource center at 462-4444 to a physical facility.	all
Chronic conditions expanding and needing preventative solutions.	Consideration of a White Paper for the Long Term Care Cabinet from the Governor’s office.	all

Transportation Working Group Themes and Recommendations

Convener: Bill Inlow - RIPTA

Jeanne Panarace

Elaina Goldstein – Rhodes to Independence; Lorna Ricci – Ocean State Independent Living Center

Ralph Rodriguez – RI Department of Elderly Affairs

Themes/Findings	Recommendation	Testimony on Pages
RIPTA bus bike racks do not accommodate all styles of bikes	Allow customer to bring bike on the bus, and store safely	Page 7
RIPTA photo ID office doesn’t visit Newport often enough	Use infrastructure of Registry of Motor Vehicles and AAA offices to process bus and ADA ID’s	Pages 8 & 9
Not enough RIPTA bus service in Woonsocket and no service in Westerly	Need to address adding fixed route and ADA service in Westerly	Page 18
Funding for accommodations for personal vehicles (cars), currently uses assistive tech money	Explore other options for specific funds for assistive features on personal vehicles which are the greatest resource for mobility in RI	Page 31
RIPTA bus passes have to be renewed too often	Renewal process should be streamlined and period should be longer than 2 or 5 years	
Employment and transportation, routes don’t go to some employers	RIPTA needs to review routes where there are employment opportunities of customers with disabilities.	Page 31
RIde service is not always reliable, too late or too early, especially important for employment	When customers have “no-shows” there are penalties, when RIPTA causes late arrival times, either refunds of ADA fees or free rides should be given	Expressed after transcript period
Payment for power assist for wheelchairs	Medicaid pays for more expensive wheelchair but should pay for this less expensive device	
Bus stops need to be cleared of snow and other debris	RIPTA should demand contractors and local communities comply with rules	

All gas pumps should be accessible all the time	Compliance with accessibility of gas pumps should be monitored better throughout RI	Page 43
There are too few trips on many RIPTA bus routes, too long between buses	Don't cut any more bus routes or trips	Page 49 @ 51
Traffic lights and crosswalks	All accessible traffic control devices should be fully maintained at all times	Page 40
Lack of sidewalks in certain areas, many people need to walk or roll safely	Conduct inventory of state and local codes regarding sidewalks and maintenance, and determine compliant avenues for consumers	Pages 34, 51 and 53
Lack of transportation for community activities to enrich lives	Legislation to increase the use of private entrepreneurial businesses for transportation, and making use of other vehicles like senior center vans, school buses, etc. to fully use existing resources in the community	Page 65
No courses in adaptive driver education	Make them readily available, State should create incentives to encourage use of private accessible vehicles	Page 70
Needs to be "canary" devices on airlines (chemical sensitivities)	Federal policy issue, fragrant free flight attendants	Page 106
Dangerous safety issue when late or no ADA pick-ups at night	Ride needs a seamless back-up system to insure no disabled customer is ever stranded without a ride, especially late at night and in other hazardous situations	After end of transcript session

4:00 PM	Recommendations for GCD 2006 Legislative Package	Tim Flynn
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Discussion: Members discuss the recommendations from the Public Forum Working Groups

MOTION: To include in the Legislative Package the Designation of Legislation or regulation to protect access to health care, nursing homes, schools and other necessary services for those sickened by chemicals in these places. (Might include requirements for in-service training, as per 3 b.) At a minimum, require institutions to adopt and carry out fragrance-free, less-toxic cleaning product and pest control policies

BI/KP passed unanimously

Potential for Governor's Executive Order or regulation to create awareness and guidelines for State Government - employers, and educational institutions relating to chemical sensitivities resulting in job loss, increased sick days, behavioral concerns and difficulty learning of students .

MOTION: To include in the Legislative Package the Designation of a state agency to be respond to abuse of non-elderly persons with disabilities (protective services) and designate DBR or AG's office to advocate for persons with disabilities in areas such as

disability insurance claims.

BI/KP passed unanimously

Potential for Health Care Insurance Commissioner to clarify “medical necessity” to ensure commercial insurers need to be held accountable to provide the medical services their members need; particularly those with disabilities. Commercial insurers’ practices shift costs for providing these services to the state; this is contributing to the rising cost of Medicaid

MOTION: To include in the Legislative Package the Designation of Develop a Dental Benefit Management (DBM) program for Medicaid beneficiaries (reimbursement rate)
KP/BI passed unanimously

MOTION: To ask the Interagency Coordinating Council to examine the issue of Young adults 18-21 experiencing difficulty accessing behavioral health services when they leave DCYF and are not eligible for services under an existing MHRH priority diagnosis population. JB/KP passed unanimously

MOTION: To recommend the Commission adopt the following as its Legislative Package for 2006:

- (1) Designation of a state agency for providing protective services to abuse of non-elderly persons with disabilities and the designation of the Attorney General’s Health Care Advocate’s Office to advocate for persons with disabilities in areas such as disability insurance claims
- (2) Establishment of minimum accessibility standards regarding fragrance-free, less-toxic cleaning product and pest control policies, for health care facilities, nursing homes, and schools to ensure persons who are chemically sensitive can access necessary services without being sickened by chemicals used at the facilities.
- (3) Expand Home Care Services so people can remain living in their community;
- (4) Adjust state’s income eligibility level for Medicaid for persons with disabilities to match the Family Independence Program level and then adjust annually by the cost of living;
- (5) Provide state funded health insurance coverage (including prescription drug coverage) during the 2-year wait for SSDI recipients to be covered by Medicare
- (6) Amend the State Medicaid Plan to include for “medically needy persons with disabilities, the same benefits that are provided to “categorically needy” persons (outpatient hospital clinic and emergency room services; hearing aids and molded shoes; Podiatry Services; one pair of eyeglasses [frames, lenses, dispensing fees] every other year). The habilitation waiver should be expanded to include all eligible recipients who would benefit from physical therapy, occupational therapy, speech/language therapy, psychological therapy, rehabilitation services
- (7) Fully fund RIDE & RIPTA as recommended by RIPEC in its Rhode Island at the Crossroads – A RIPEC Public Policy Issues Brief;
- (8) Fully Fund modifications to homes/apartments owned or rented by families with disabled members (expand to include Medicare only recipients) and create flexible

funding plan such as cash and counseling for families to modify home or yard; and
(9) Develop a Dental Benefit Management (DBM) program for Medicaid beneficiaries
(and raise the reimbursement rate) KP/BI passed unanimously
JB/SB passed unanimously

The Legislation Committee also recommends categories of bills the Committee seeks authorization to review and comment directly to the General Assembly & Governor (without review by the full Commission).

MOTION: To recommend the 2006 Scope of Review include bills in the following categories: Civil Rights; Health Care Services; Housing; Disability Prevention; Special Education; Transportation JB/KP passed unanimously

4:55 PM Other Business

None

Adjourned at: 6:25 PM

Guests: Dori Blacker & Liberty Goodwin from Toxic Information Project and Elaina Goldstein from Rhodes to Independence.