

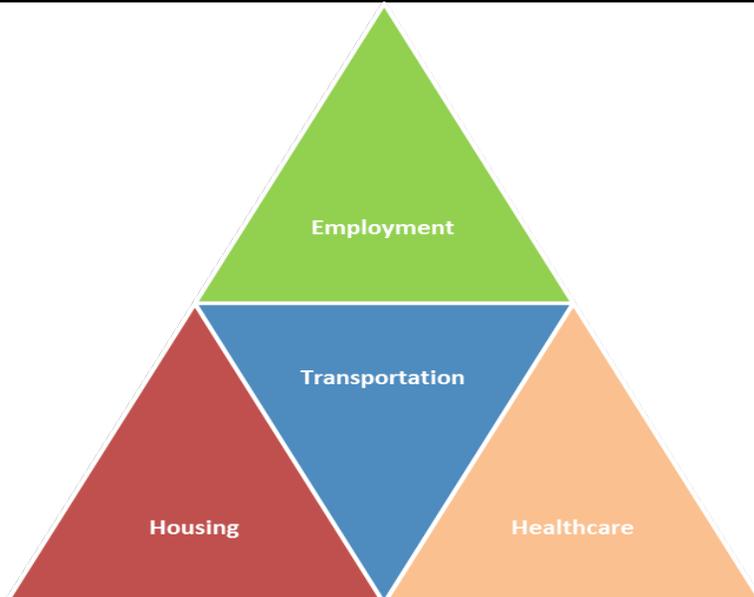


# Governor's Commission on Disabilities Legislation Committee

## Monday, January 5, 2015 3:00 PM - 4:30 PM

John O. Pastore Center, 41 Cherry Dale Court,  
Cranston, RI 02920-3049  
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	<p><b>Attendees:</b> Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Regina Connor; Heather Daglieri; Barbara Henry; Kathleen Heren; William R. Inlow; Msgr. Gerard O. Sabourin; Meredith Sheehan; Angelina Stabile; &amp; Dawn Wardyga</p> <p><b>Absentees:</b> Linda Deschenes; Timothy Flynn; Casey Gartland; Paula Parker; Arthur M. Plitt;</p>
	<p><b>Guests:</b> Collen Polselli (DoH); Susan Jacobsen (MHARI); John Flaherty (Grow Smart); Susan Jacobson, Michelle ? (NMS), Mark Therren (RIPTA), Michelle Brophy (BHDDH),</p> <p><b>Staff:</b> Bob Cooper</p>
	<p><b>3:00 Call to Order and Acceptance of the Minutes, Linda Ward, Chair</b></p> <p>Chair calls the meeting to order at 3:05 PM. Introductions of Commissioners and guests</p>
	<p><b>Potential MOTION:</b> To accept the minutes of the previous meeting as <i>presented</i></p> <p>Motion moved by JR seconded by RCo, <i>passed unanimously</i></p>
<b>Action Items:</b>	
	<p><b>3:05 2015 Legislative Package, Bob Cooper, Executive Secretary</b></p> <p><b>Purpose/Goal:</b> To draft bills for the Commission's 2015 legislative package</p>



**1) Employment**

- a) Implement the National Governor's Association's "A Better Bottom Line: Employing People with Disabilities: Blueprint for Governors":
  - i) Make disability employment part of the state workforce development strategy;
  - ii) Find and support businesses in their efforts to employ people with disabilities;
  - iii) Be a model employer by increasing the number of people with disabilities working in state government;
  - iv) Prepare youth with disabilities for careers that use their full potential, providing employers with a pipeline of skilled workers; and
  - v) Make the best use of limited resources to advance employment opportunities for people with disabilities.
- b) Improve school to adult transitional to adult services / employment / post-secondary education; and
- c) Maintain a range of employment options.

**2) Housing to Employment supports services:**

- a) Restore the Neighborhood Opportunities Program funding;
- b) Create a supportive housing program;
- c) Expansion of Affordable Housing - require at least 2 additional affordable housing units for cities and towns that have not met the affordable housing goals; and
- d) Maintain Home Modification funding level.

**3) Transportation to Employment, job training, education, health care, etc.**

- a) Maintain the existing RIPTA/RIde service areas;
- b) Adequate funding/new & stable funding source;
- c) Expand the RIPTA/RIde service areas/hours beyond the existing service/hours;
- d) Require RIPTA to establish a sliding scale RIde fare; and
- e) Transportation Study Commission - follow-up to the 2004 - 2007 Study.

**4) Healthcare/Medicaid Employment support services needed to sustain paid work; remain or become as independent as possible;**

- a) Promote and expand the use of the RIGL 40-8.7 Health Care Assistance for Working People with Disabilities (Sherlock Plan);
- b) Restore the 2008 level of services for persons with severe disabilities:
  - i) The Katie Beckett and children with autism spectrum disorders eligibility rules;
  - ii) The right to medically necessary brand name drugs without requiring two generic failures before allowing brand name; and
  - iii) Multiple behavioral healthcare service delivery models.
- c) Restore disability service funding;
- d) Post-Global Medicaid Consumer Choice Waiver Transition Plan; and

**5) Adopt a plan to shift from a multi-departmental service delivery system to one-stop service for all human service needs, including:**

- a) Single point of entry for all services;
- b) Benefits Web Portal<sup>ii</sup> with
- c) Peer Navigators and/or Benefits Specialists to assist citizens through the eligibility process for services.

	<p><b>3:10 Legislation to create, maintain and fund Supportive Housing Programs</b></p>
	<p>Invited guests include RI Housing Network, RI Coalition for the Homeless, RI Housing, RI Housing Commission, RI Local Initiatives Support Corp, Mental Health Association of RI, Mental Health Consumers Association of RI, and BHDDH / Interagency Council on Homelessness to discuss supportive housing options.  MHA-RI will be developing Leg. Package next week. Looking for pilots with Housing First - pilots  Amy ? RI Housing &amp; Housing Resource Commission request for \$12.5 mill capital. Transfer tax is being used for HRC for operating and Opening Doors \$750,000 for rental support, &amp; shelters.  Pay for success / social service bonds  Michelle Brophy BHDDH,  RIPTA drivers - outreach for homeless services.</p>
	<p><b>MOTION:</b> To direct staff to work with other organizations related to housing supports  Motion moved by JR, seconded by RCa, <i>passed unanimously</i></p>
	<p><b>3:35 Legislation to expand, maintain and fund a statewide public and para-transit system to address the transit needs of all Rhode Islanders.</b></p>
	<p>Invited guests include Grow Smart RI, Coalition for Transportation Choices RI, RIPTA Riders, American Lung Association, Childhood Lead Action Project, and RI Public Transit Authority to discuss options for expanding RIPTA/Ride service.  Mark Therren, Director of Paratransit Services: Ride \$33/person/trip. RIPTA will be changing its fare structure, based on length of trip. Loss of Medicaid RIPTA funding affected fiscal soundness of the transit system.  Need for multi-departmental meeting with RIPTA/Ride.  Loss of grant and ended the Travel Training program.  Accessible taxi - only Orange Cabs (Newport County) only purchases accessible taxis for their entire fleet. No other company has purchased any more accessible taxi.</p>
	<p><b>MOTION:</b> To direct staff to work with other organizations related to Public and Para Transit Services,  Motion moved by AS, seconded by BH, passed unanimously</p>
	<p><b>4:00 Legislation requiring prior notification and appeal process, before formulary changes can be implemented</b></p>
	<p>Staff should redraft bill to incorporate Medicare Part D prior notification and appeal process, before formulary changes are implemented<sup>iii</sup>.  Invited guests include the RI Medical Society, RI Mental Health Association, RI Health Insurance Commissioner, Mental Health Consumers Association of RI, National Multiple Sclerosis Society, and Arthritis Foundation.  Evidence based treatment,</p>

	<p><b>MOTION:</b> To direct staff to draft and find sponsors for legislation that incorporate Medicare Part D prior notification and appeal process, before formulary changes, also look at evidence based treatment. Motion moved by KH, seconded by AS, passed unanimously</p>
	<p>Discussion: The meeting studying the need for Protection &amp; Advocacy for adults with Developmental Disabilities just got underway.</p>
	<p><b>4:25 Agenda for the Next Meeting, Linda Ward</b></p> <p><b>Purpose/Goal:</b> To set the agenda for the next meeting.</p> <p>Discussion: The Legislation Committee meetings in 2015 will be on the 1<sup>st</sup> Monday 3 - 4:30 PM: 01/05<sup>th</sup>; 02/02<sup>nd</sup>; 03/02<sup>nd</sup>; 04/06<sup>th</sup>; 05/4<sup>th</sup>; 06/01<sup>st</sup>; 07/06<sup>th</sup>; 08/10<sup>th</sup>; 09/21<sup>st</sup>; 11/02<sup>nd</sup>; and 12/07<sup>th</sup>.</p>
	<p><b>4:30 Adjournment, Linda Ward</b></p> <p><b>MOTION:</b> To adjourn at 4:28 PM</p> <p>Motion moved by AS, seconded by JR, <i>passed unanimously</i></p>

<sup>i</sup> **§ 40-8.7-4 Definitions** (3) "Employment Support Services" means activities work including: benefits counseling; supervision; job coaching; vocational evaluation; case management; job development; customized employment; job training; transportation; training; tools; equipment; and technology, subject to Centers for Medicare and Medicaid Services approval.

<sup>ii</sup> Similar to the multi-state Benefit Bank <http://www.thebenefitbank.org>

**The Benefit Bank** is a web-based service that simplifies and centralizes the process of applying for many state and federal benefits for low- and moderate-income individuals and families. Through its eligibility screening tool, The Benefit Bank can ensure that people are fully aware of the benefits to which they are entitled and, as an expert system it helps maximize the benefits and tax refunds they can secure. The "one-stop-shop" concept of The Benefit Bank reduces the amount of time needed to apply for benefits. Further, the information a person enters is stored securely, so an individual who wishes to reapply for benefits, apply for new benefits or file future tax returns simply needs to enter his or her username and password to initiate this new action.

The Benefit Bank is a free service. No consumer can be charged for using The Benefit Bank online service. If an organization provides counselor candidates, a computer, a printer, Internet access and a phone in a setting that is respectful and private, they can offer The Benefit Bank online service. From the start, The Benefit Bank has been structured to assure the privacy and confidentiality of all client data.

Developed for use by a wide range of community based, faith-based, governmental, job-training, healthcare or social service agencies, The Benefit Bank can be part of a community-wide response to poverty. The Benefit Bank not only provides the opportunity to help neighbors but also provides information for organizations to more effectively advocate for policies that better serve their communities. An innovative public-private partnership of state/local governments and a broad, statewide coalition committed to helping neighbors move towards self-sufficiency by utilizing The Benefit Bank, has resulted in tens of millions of dollars being returned each year to low and moderate income individuals and families.

<sup>iii</sup> **Each Medicare Prescription Drug Plan** has its own list of covered drugs (called a formulary). Many Medicare drug plans place drugs into different "tiers" on their formularies. Drugs in each tier have a different cost.

A drug in a lower tier will generally cost you less than a drug in a higher tier. In some cases, if your drug is on a higher tier and your prescriber thinks you need that drug instead of a similar drug on a lower tier, you or your prescriber can ask your plan for an [exception](#) to get a lower copayment.

A Medicare drug plan can make some changes to its formulary during the year within guidelines set by Medicare. **If the change involves a drug you're currently taking, your plan must do one of these:**

- Provide written notice to you at least 60 days prior to the date the change becomes effective.
- At the time you request a refill, provide written notice of the change and a 60-day supply of the drug under the same plan rules as before the change.