



Governor's Commission on Disabilities Executive Committee Agenda Monday, May 6, 2013 4 - 5:45 PM

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Attendees: Timothy Flynn (Chair.); Judi Drew; Sarah Everhart Skeels; Casey Gartland; & Ronald McMinn

Absent: Rosemary Carmody (Vice Chair); Andrew Argenbright; Jon Dupre; Bill Inlow; Harvey Salvas; & Linda Ward

Guests: Anthony T. Robinson (House Policy Office)

Staff: Bob Cooper, Christine Rancourt Bruzzi, Christopher DeGrave



Clock graphic

4:00 Call to Order and Acceptance of the Minutes, Tim Flynn Chair

Chair calls the meeting to order at 4:05 PM
Introductions of Commissioners and guests

Action Items:

4:05 Interviews & Selection of Fellows, Rory Carmody, Vice Chair

Purpose/Goal: To select fellows for the summer and fall semesters

Discussion:

G. Frank Hanaway Architectural Accessibility Fellows duties include:

1) Assisting the Commission's Americans with Disabilities Act (ADA) Title II State and Local Government Services, Title III Public Accommodations and Commercial Facilities, and Public Transportation technical assistance activities including:

- a) Training
- b) Technical assistance
- c) Information dissemination
- d) Outreach

Target population: The profile of disability has changed over the years in terms of types of conditions for children and adults, cultural and socio-economic patterns of disability, and the implications of an aging society. In addition to our existing target populations, we intend to broaden our reach to populations that include emergency management personnel in the public and private sectors, youth especially those within the spectrum of prevalent learning, developmental, mental health and chronic health conditions, veterans and older workers, increasingly likely to remain in the workforce into their '70s, people with disabilities from multi-cultural communities and low income communities

e) Capacity building

The Commission is expand the "State ADA Coalition" to include new target population: emergency management personnel, youth (college students under age 3D), older workers, veterans and people with disabilities for m multi-cultural communities.

2) A special emphasis of this fellowship is out reach to the following populations:

- a) Disabled Veterans. The wars in Iraq and Afghanistan have resulted in proportions of well over 20% collecting disability benefits. For many, the injuries are at a level of severity that would not have been survivable in previous conflicts. Of the 1M troops who've left active duty in Iraq and Afghanistan, 46% have pursued VA services and 48% of them have pursued mental health care (USDVA). Traumatic Brain Injury (TBI) is routinely referenced as the signature disability of these wars.
- b) Youth with Disabilities. The priority to reach youth in transition and college students with disabilities demands additional TA products that align with their appetites as well as needs. Young people with disabilities, specifically those who are higher education students, are often hard to reach.
- c) Older Workers. The demographic tsunami of aging is hitting the US now as the 78M Baby Boom



College student graphic

generation shift to being mostly over 55 with profound implications for workplaces for the foreseeable future. Given the incidence of disability in older cohorts, making this new reality work is a pervasive challenge. Recognizing that the generation that has reinvented everything over the course of their lives warrants special attention in designing an approach to them and in the design of Technical Assistance materials.

- d) Emergency Preparedness and Homeland Security - A strong investment in building capacity in this area in the region will require orchestrating a set of interlocking activities and resources, some available through the various national initiatives on this topic in the last decade and some to supplement those.

3) Observing the rules of confidentiality regarding the privacy of the parties and cases before the Commission.

Mary Brennan Public Policy Fellows

The focus of the fellowship is a series of Public Forums on the Concerns of People with Disabilities and their Families are held annually during the week the anniversary of the signing of the Americans with Disabilities (July 26th). The purpose of the forums is to ensure the State Government and the sponsoring organizations hear from people with disabilities and their families, their concerns and ideas from improving the lives of all Rhode Islanders with disabilities.

- 1) The Summer Fellow manages the logistics of running 5 - 7 forums throughout the state.

- Securing the rooms for each forum;
- Securing a host organization for each forum;
- Soliciting sponsors of the forums;
- Lining up panelists to listen to the testimony at each forum;
- Arranging for CART transcription service at each forum , interpreters, and other

accommodations;

- Sending invitations to local & state elected officials;
- Sending press releases to the local media;
- Placing newspaper advertisements;
- Putting together a forum brochure describing the sponsoring organizations mission and contact information, leading up to the forums; and
- Recording attendance at each forum.

- 2) The Fall Fellow:

- Reviews the transcripts from each of the forums;
- Identifies common concerns and issues;
- Tags the transcript with hyperlinks for easy retrieval of testimony by those themes;
- Assists in setting up working groups to review the testimony, and develop recommendations to address the concerns raised at the forums; and

- Compiles the findings and recommendations and edits the final report for submission to the Commission for its adoption and creating of the Commission's legislative agenda for the next General Assembly session.

3) The fellows must observe the rules of confidentiality regarding the privacy of the parties and cases before the Commission.

Patricia Ryherd Employment Policy Fellow's duties include:

- 1) Assisting the Commission's Americans with Disabilities Act (ADA) Title I Employment Rights of Workers with Disabilities technical assistance activities including:

- a) Training
- b) Technical assistance
- c) Information dissemination
- d) Outreach

Target population: The profile of disability has changed over the years in terms of types of conditions for children and adults, cultural and socio-economic patterns of disability, and the implications of an aging society. In addition to our existing target populations, we intend to broaden our reach to populations that include emergency management personnel in the public and private sectors, youth especially those within the spectrum of prevalent learning, developmental, mental health and chronic health conditions, veterans and older workers, increasingly likely to remain in the workforce into their '70s, people with disabilities from multi-cultural communities and low income communities

- e) Capacity building

The Commission is expand the "State ADA Coalition" to include new target population: emergency management personnel, youth (college students under age 3D), older workers, veterans and people with disabilities for m multi-cultural communities.

	<p>2) A special emphasis of this fellowship is out reach to the following populations:</p> <p><u>Disabled Veterans.</u> The wars in Iraq and Afghanistan have resulted in proportions of well over 20% collecting disability benefits. For many, the injuries are at a level of severity that would not have been survivable in previous conflicts. Of the 1M troops who've left active duty in Iraq and Afghanistan, 46% have pursued VA services and 48% of them have pursued mental health care (USDVA). Traumatic Brain Injury (TBI) is routinely referenced as the signature disability of these wars.</p> <p><u>Youth with Disabilities.</u> The priority to reach youth in transition and college students with disabilities demands additional TA products that align with their appetites as well as needs. Young people with disabilities, specifically those who are higher education students, are often hard to reach.</p> <p><u>Older Workers.</u> The demographic tsunami of aging is hitting the US now as the 78M Baby Boom generation shift to being mostly over 55 with profound implications for workplaces for the foreseeable future. Given the incidence of disability in older cohorts, making this new reality work is a pervasive challenge. Recognizing that the generation that has reinvented everything over the course of their lives warrants special attention in designing an approach to them and in the design of Technical Assistance materials.</p> <p><u>Emergency Preparedness and Homeland Security</u> - A strong investment in building capacity in this area in the region will require orchestrating a set of interlocking activities and resources, some available through the various national initiatives on this topic in the last decade and some to supplement those.</p> <p>2) Observing the rules of confidentiality regarding the privacy of the parties and cases before the Commission.</p>
	<ol style="list-style-type: none"> 1. Please tell us about yourself i.e. where you're going to school, what your studying, why, etc. 2. What interests you about the work that the Commission does? 3. Tell us about your experience working/interacting with people with disabilities. 4. Why are you interested in becoming a fellow with the Governor's Commission? 5. What knowledge or skills do you currently have that can be applied to the Commission's work? 6. Tell us about your computer skills: <ol style="list-style-type: none"> a. Describe your experience with Microsoft products including Access. b. Describe your experience building or maintaining web sites? (only necessary for the communication fellowship) 7. We're interested in your availability and time constraints, given this: <ol style="list-style-type: none"> a. When would you be able to work during regular business hours 9 - 4 weekdays? b. Occasionally, work needs to be done, primarily for presentations, would you be available before or after regular business hours? c. Do you participate in other activities or have another job, in addition to attending classes? 8. Please share with us your approach to managing your time and meet deadlines. 9. How do you expect to use what you acquire during this fellowship, in the future? 10. Do you have any questions for us or is there anything else you feel we should know about you?
	<p>Interviews are scheduled for:</p> <p>4:10 Lenore Montanaro Western New England Law School (via phone)</p> <p>4:30 James Lincoln, Rhode Island College</p> <p>5:10 Ellen Richardson, Brown University</p>
	<p>MOTION: To appoint Lenore Marie Montanaro the Summer '13 G. Frank Hanaway Architectural Accessibility Fellow, JD/RMcM passed unanimously</p> <p>MOTION: To appoint James Lincoln the Summer '13 Mary Brennan Public Policy Fellow, RMcM/SES passed unanimously</p>

MOTION: To appoint Ellen Richardson the Fall '13 Patricia Ryherd
Employment Policy Fellow, JD/CG passed, Abstained SES

5:35 13 H 5127 Article 20 An Article Relating to Medicaid Reform Act of 2008, Bob
Cooper

The Legislation Committee recommends the Commission oppose Article 20
The article establishes the legal authority for the Executive Office of Health and Human
Services to undertake a series of programmatic reforms within the Medicaid program in
FY 2014:

(a) Nursing Facility Payment Rates - Eliminate Rate Increase.

(b) Medicaid Hospital Payment Rates - Eliminate Adjustments

(c) Integrated Care Initiative - Implementation Phase-in

*(d) BHDDH System Reforms - Implementation of Employment First and Housing First
Initiative*

(e) Costs Not Otherwise Matchable (CNOM) Federal Funding

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

This article consists of a resolution that is in conformance with RIGL 42-12.4-7.

1-4 SECTION 1. Rhode Island Medicaid Reform Act of 2008.

1-5 WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled “The Rhode
1-6 Island Medicaid Reform Act of 2008”; and

1-7 WHEREAS, a Joint Resolution is required pursuant to Rhode Island General Laws § 42-
1-8 12.4-1, et seq.; and

1-9 WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that
1-10 requires the implementation of a rule or regulation or modification of a rule or regulation in
1-11 existence prior to the implementation of the global consumer choice section 1115 demonstration
1-12 (“the demonstration”) shall require prior approval of the general assembly; and further provides
1-13 that any category II change or category III change as defined in the demonstration shall also
1-14 require prior approval by the general assembly; and

1-15 WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the
1-16 Office of Health and Human Services is responsible for the “review and coordination of any
1-17 Global Consumer Choice Compact Waiver requests and renewals as well as any initiatives and
1-18 proposals requiring amendments to the Medicaid state plan or category II or III changes” as
1-19 described in the demonstration, with “the potential to affect the scope, amount, or duration of
1-20 publicly-funded health care services, provider payments or reimbursements, or access to or the
1-21 availability of benefits and services as provided by Rhode Island general and public laws”; and

1-22 WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is
1-23 fiscally sound and sustainable, the secretary requests general assembly approval of the following
1-24 proposals to amend the demonstration:

1-25 (a) Nursing Facility Payment Rates – Eliminate Rate Increase. The Medicaid agency
1-26 proposes to eliminate the projected nursing facility rate increase and associated hospice rate
1-27 increase that would otherwise become effective during state fiscal year 2014. A Category II
1-28 change is required to implement this proposal under the terms and conditions of the Global
1-29 Consumer Choice Compact Waiver. Further, this change may also require the adoption of new or
1-30 amended rules, regulations and procedures.

2-1 (b) Medicaid Hospital Payment Rates – Eliminate Adjustments. The Medicaid single state
2-2 agency proposes to reduce hospital payments by eliminating the projected inpatient and outpatient
2-3 hospital rate increase for state fiscal year 2014. A Category II change is required to implement

2-4 this proposal under the terms and conditions of the Global Consumer Choice Compact Waiver.
2-5 Further, this change may also require the adoption of new or amended rules, regulations and
2-6 procedures.
2-7 (c) Integrated Care Initiative – Implementation Phase-in. The Medicaid single state
2-8 agency proposes to continue implementation of the Medicaid Integrated Care Initiative for Adults
2-9 authorized under the Rhode Island Medicaid Reform Act of 2008, as amended in 2011. Moving
2-10 the initiative forward may require Category II changes under the terms and conditions of the
2-11 Global Consumer Choice Compact Waiver and the adoption of new or amended rules, regulations
2-12 and procedures.
2-13 (d) BHDDH System Reforms – Implementation of Employment First and Housing First
2-14 Initiative. As part of ongoing reforms promoting rehabilitation services that enhance a person’s
2-15 dignity, self-worth and connection to the community, the Department of Behavioral Healthcare,
2-16 Developmental Disabilities, and Hospitals proposes to change Medicaid financing to support the
2-17 Employment First and Housing First initiatives. Both initiatives use reductions in Medicaid
2-18 payments to provide incentives for service alternatives that optimize health and independence.
2-19 The resulting changes in payment rates may require Category II changes under the terms and
2-20 conditions of the Global Consumer Choice Compact Waiver and the adoption of new or amended
2-21 rules, regulations and procedures.
2-22 (e) Costs Not Otherwise Matchable (CNOM) Federal Funding. Implementation of the
2-23 U.S. Patient Protection and Affordable Care Act of 2010 will render it unnecessary for the
2-24 Medicaid agency to continue to pursue federal CNOM funding for services to certain newly
2-25 Medicaid eligible populations served by the Executive Office of Health and Human Services, the
2-26 Department of Human Services and the Department of Behavioral Healthcare, Developmental
2-27 Disabilities and Hospitals. Category II changes may be necessary under the terms and conditions
2-28 of the Global Consumer Choice Compact Waiver to facilitate the transition of the affected people
2-29 and services to full Medicaid coverage.
2-30 (f) Medicaid Requirements and Opportunities under the U.S. Patient Protection and
2-31 Affordable Care Act of 2010. The Medicaid agency proposes to pursue any requirements and/or
2-32 opportunities established under the U.S. Patient Protection and Affordable Care Act of 2010 that
2-33 may warrant a Category II or III change under the terms and conditions of the Global Consumer
2-34 Choice Compact Waiver. Any such actions the Medicaid agency takes shall not have an adverse
3-1 impact on beneficiaries or cause there to be an increase in expenditures beyond the amount
3-2 appropriated for state fiscal year 2014.
3-3 Now, therefore, be it
3-4 RESOLVED, that the general assembly hereby approves proposals (a) through (f) listed
3-5 above to amend the demonstration; and be it further
3-6 RESOLVED, that the secretary of the office of health and human services is authorized
3-7 to pursue and implement any waiver amendments, category II or category III changes, state plan
3-8 amendments and/or changes to the applicable department’s rules, regulations and procedures
3-9 approved herein and as authorized by § 42-12.4-7.
3-10 SECTION 2. This article shall take effect upon passage.



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MOTION: To oppose H 5127 Article 20 AN ARTICLE RELATING TO MEDICAID REFORM ACT OF 2008 and direct the Legislation Committee to draft impact statement to be submitted to the Exec. Cmte. for approval. CG/SES passed unanimously



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5:40 Agenda and Scheduling the Next Meeting, Tim Flynn, Chair

Items to be placed on the next meeting's agenda:
Article 20 An Article Relating To Medicaid Reform Act Of 2008
Next meeting will be on: Monday May 20, 2013 @ 3 PM.



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5:45 Adjournment, Tim Flynn, Chair



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MOTION: To adjourn at 6:10 PM CG/SES passed unanimously.