



Governor's Commission on Disabilities' Executive Committee

Tuesday March 25, 2008 4 – 5:30 PM

John O. Pastore Center, 41 Cherry Dale Court,
Cranston, RI 02920-3049

(voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711

(e-mail) disabilities@gcd.ri.gov (website) www.disabilities.ri.gov

Attendees:	John MacDonald (Acting Chair); Binyamin Efreom; Timothy Flynn; Bill Nieranowski; & Patricia Ryherd	
Excused:	Rosemary Carmody; Regina Connor; Judi Drew; Kate McCarthy-Barnett; Ronald McMinn; & John Treat	
----- Minutes -----		
Call to Order and Acceptance of the Minutes	John J. MacDonald Jr., Chairperson	5 min.
Introductions: Chair called the meeting to order at 4:04 PM		
MOTION: To accept the minutes of the previous meeting as presented BE/PR Passed unanimously		
1. Status of Commission's Budget and Consolidation of Advocacy Agencies	John MacDonald	10 min.
The Chair briefed the members on the House Finance Committee hearings and his meeting with the Chair of House Finance Committee on amendments to Article 43 (Consolidation of Advocacy Agencies)		
Action Items:	Discussion Leader:	Time:
2. Legislation Committee Recommendations for Action on Budget Articles & Legislation:	Tim Flynn, Chair. Legislation Committee & Bob Cooper, Executive Secretary	70 min
The Legislation Committee has recommended the Commission/Executive Committee take positions on the following legislation relating to people with disabilities (ranked in order of priority, below):		
<ol style="list-style-type: none"> 1. 08 H-7162 Reorganization of Health and Human Services; 2. 08 H 7390 Article 17 Medicaid Reform; 3. 08 H 7204 Article 17 Family Court; 4. 08 H 7390 Article 42 Elderly Affairs; 5. 08 H 7390 Article 20 Children's Health Accounts; 6. 08 H 7390 Article 21 General Public Assistance; & 7. 08 H 7390 Article 09 Access Renovations in Schools. 		
08 H-7162 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND HUMAN SERVICES		

This act would eliminate the five (5) health and human services departments and consolidate the functions of the departments within the executive office of health and human services. The act would create a new function based organizational structure within the executive office of health and human services that would include the following divisions: children and family services, behavioral health, developmental disabilities, public health, veterans' affairs, and elderly and long-term care. This act would take effect on October 1, 2008.

The Legislation Committee recommended the Commission raise the following questions and make recommendations regarding:

1. Where in the new reorganization plan will the following programs will be located:
 - a) Hospitals and Community Rehabilitative Services
 - i) Eleanor Slater Hospital &
 - ii) Zambarano Unit
 - b) Individual and Family Support
 - i) Office of Rehabilitation Services
 - (1) Disability Determination,
 - (2) Independent Living, including the state funded personal assistance program;
 - (3) Services for the Blind and Visually Impaired, &
 - (4) Vocational Rehabilitation
 - c) Family and Adult Services
 - i) Early Intervention Program
 - ii) Infants and Toddlers Disabilities
 - iii) Emergency Food Assistance Program
 - iv) Emergency Shelter
 - v) Family Independence Program Programs
 - vi) Homemaker Services
 - vii) Housing Assistance
 - viii) Supplemental Security Income & General Public Assistance for Adults with Disabilities
 - d) Medical Benefits –
 - i) Medical Assistance for Single Adults with Disabilities;
2. Recommend the budget article direct the Secretary of Health and Human Services to consult with the appropriate councils prior to implementation of the reorganization.

The Budget Article's original text is below. The Governor has proposed a revised version that will be emailed out as soon as its available. In the mean time the Governor's Office has released an overview of the revised version that is attached as a separate file.

- 1-1 SECTION 1. Sections 42-7.2-1, 42-7.2-2, 42-7.2-4, 42-7.2-5, 42-7.2-6.1, 42-7.2-7, 42-
1-2 7.2-8 and 42-7.2-9 of the General Laws in Chapter 42-7.2 entitled "Office of Health and Human
1-3 Services" are hereby amended to read as follows:
1-4 **42-7.2-1. Statement of intent.** – (a) The purpose of this Chapter is to develop a
1-5 consumer-centered system of publicly-financed state administered health and human services that
1-6 supports access to high quality services, protects the safety of the state's most vulnerable citizens,
1-7 and ensures the efficient use of all available resources by [consolidating the health and human](#)
1-8 [services functions and eliminating](#) the five (5) departments responsible for the health and human

1-9 services programs serving all Rhode Islanders and providing direct assistance and support
1-10 services to more than 250,000 individuals and families: the department of children, youth, and
1-11 families; the department of elderly affairs; the department of health; the department of human
1-12 services; and the department of mental health, retardation and hospitals, collectively referred to
1-13 within as "departments". It is recognized that the executive office of health and human services
1-14 and the departments have undertaken a variety of initiatives to further this goal and that they
1-15 share a commitment to continue to work in concert to preserve and promote each other's unique
1-16 missions while striving to attain better outcomes for all the people and communities they serve.
1-17 However, recent and expected changes in federal and state policies and funding priorities that
1-18 affect the financing, organization, and delivery of health and human services programs pose new
2-1 challenges and opportunities that have created an even greater need for ~~structured and formal~~
2-2 ~~interdepartmental cooperation and collaboration~~ consolidation. To meet this need while
2-3 continuing to build on the achievements that have already been made, the interests of all Rhode
2-4 Islanders will best be served by codifying in the state's general laws the purposes and
2-5 responsibilities of the executive office of health and human services and the position of secretary
2-6 of health and human services.

2-7 (b) The purposes and responsibilities of the executive office of health and human services
2-8 shall include the assumption of all the duties of the departments, consolidation of the functions of
2-9 the departments, and the creation of a new function based organizational structure within the
2-10 executive office of health and human services that shall include the following divisions: children
2-11 and family services, behavioral health, developmental disabilities, public health, veterans affairs,
2-12 and elderly and long-term care.

2-13 **42-7.2-2. Executive office of health and human services.** -- There is hereby established
2-14 within the executive branch of state government an executive office of health and human services
2-15 to serve as the ~~principal~~ consolidated health and human services agency of the executive branch
2-16 of state government ~~for managing~~ that shall assume all of the duties of the departments of
2-17 children, youth and families, elderly affairs, health, human services, and mental health,
2-18 retardation and hospitals. In this capacity, the office shall:

2-19 (a) ~~Lead the state's five health and human services departments in order to:~~ Provide the
2-20 state's health and human services through the following divisions: children and family services;
2-21 behavioral health; developmental disabilities; public health; veterans affairs; and elderly and
2-22 long-term care.

2-23 (1) ~~(b)~~ (b) Improve the economy, efficiency, coordination, and quality of health and human
2-24 services policy and planning, budgeting and financing.

2-25 (2) ~~(c)~~ (c) Design strategies and implement best practices that foster service access,
2-26 consumer safety and positive outcomes.

2-27 (3) ~~(d)~~ (d) Maximize and leverage funds from all available public and private sources,
2-28 including federal financial participation, grants and awards.

2-29 (4) ~~(e)~~ (e) Increase public confidence by conducting independent reviews of health and
2-30 human services issues in order to promote accountability and coordination across departments.

2-31 (5) ~~(f)~~ (f) Ensure that state health and human services policies and programs are responsive
2-32 to changing consumer needs and to the network of community providers that deliver assistive
2-33 services and supports on their behalf.

2-34 (b) ~~(g)~~ (g) Supervise the administrations of federal and state medical assistance programs by
3-1 acting as the single state agency authorized under title XIX of the U.S. Social Security act, 42
3-2 U.S.C. section 1396a et seq., notwithstanding any general or public law or regulation to the
3-3 contrary, and exercising such single state agency authority for such other federal and state
3-4 programs as may be designated by the governor. ~~Nothing in this chapter shall be construed as~~

3-5 ~~transferring to the secretary: (1) The powers, duties or functions conferred upon the departments~~
3-6 ~~by Rhode Island general laws for the administration of the foregoing federal and state programs;~~
3-7 ~~or (2) The administrative responsibility for the preparation and submission of any state plans;~~

3-8 ~~state plan amendments, or federal waiver applications, as may be approved from time to time by~~
3-9 ~~the secretary with respect to the foregoing federal and state programs.~~

3-10 **42-7.2-4. Responsibilities of the secretary.** -- ~~(a)~~ The secretary shall be responsible to
3-11 the governor for supervising the executive office of health and human services and for ~~managing~~
3-12 ~~and providing strategic leadership and direction to~~ assuming all the duties of the five departments.

3-13 ~~(b) Notwithstanding the provisions set forth in this chapter, the governor shall appoint~~
3-14 ~~the directors of the departments within the executive office of health and human services.~~
3-15 ~~Directors appointed to those departments shall continue to be subject to the advice and consent of~~
3-16 ~~the senate and shall continue to hold office as set forth in sections 42-6-1 et seq. and 42-72-1(c).~~

3-17 **42-7.2-5. Duties of the secretary.** -- The secretary shall be subject to the direction and
3-18 supervision of the governor for the oversight, coordination and cohesive direction of state
3-19 administered health and human services and in ensuring the laws are faithfully executed, not
3-20 withstanding any law to the contrary. In this capacity, the Secretary of Health and Human
3-21 Services shall be authorized to:

3-22 (a) Coordinate the administration and financing of health care benefits, human services
3-23 and programs including those authorized by the Medicaid State Plan under Title XIX of the US
3-24 Social Security Act. ~~However, nothing in this section shall be construed as transferring to the~~
3-25 ~~secretary the powers, duties or functions conferred upon the departments by Rhode Island public~~
3-26 ~~and general laws for the administration of federal/state programs financed in whole or in part with~~
3-27 ~~Medicaid funds or the administrative responsibility for the preparation and submission of any~~
3-28 ~~state plans, state plan amendments, or authorized federal waiver applications.~~

3-29 (b) Serve as the governor's chief advisor and liaison to federal policymakers on Medicaid
3-30 reform issues as well as the principal point of contact in the state on any such related matters.

3-31 (c) Review and ensure the coordination of any new ~~departmental~~ waiver requests and
3-32 renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan
3-33 with the potential to affect the scope, amount or duration of publicly-funded health care services,
3-34 provider payments or reimbursements, or access to or the availability of benefits and services as
4-1 provided by Rhode Island general and public laws. The secretary shall consider whether any such
4-2 waivers or amendments are legally and fiscally sound and consistent with the state's policy and
4-3 budget priorities. The secretary shall also assess whether a proposed waiver or amendment is
4-4 capable of obtaining the necessary approvals from federal officials and achieving the expected
4-5 positive consumer outcomes. ~~Department directors shall, within the timelines specified, provide~~
4-6 ~~any information and resources the secretary deems necessary in order to perform the reviews~~
4-7 ~~authorized in this section;~~

4-8 (d) Beginning in 2006, prepare and submit to the governor, the chairpersons of the house
4-9 and senate finance committees, the caseload estimating conference, and to the joint legislative
4-10 committee for health care oversight, by no later than February 1 of each year, a comprehensive
4-11 overview of all Medicaid expenditures outcomes, and utilization rates. The overview shall
4-12 include, but not be limited to, the following information:

4-13 (1) Expenditures under Titles XIX and XXI of the social security act, as amended;

4-14 (2) Expenditures, outcomes and utilization rates by population and sub-population served
4-15 (e.g. families with children, children with disabilities, children in foster care, children receiving
4-16 adoption assistance, adults with disabilities, and the elderly);

4-17 (3) Expenditures, outcomes and utilization rates by each state department or other
4-18 municipal or public entity receiving federal reimbursement under Titles XIX and XXI of the
4-19 social security act, as amended; and

4-20 (4) Expenditures, outcomes and utilization rates by type of service and/or service
4-21 provider.

4-22 ~~The directors of the departments, as well as local~~ Local governments and school
4-23 departments, shall assist and cooperate with the secretary in fulfilling this responsibility by
4-24 providing whatever resources, information and support shall be necessary.

- 4-25 (e) Resolve administrative, jurisdictional, operational, program, or policy conflicts
4-26 ~~among departments and their executive staffs~~ and make necessary recommendations to the
4-27 governor.
- 4-28 (f) Assure continued progress toward improving the quality, the economy, the
4-29 accountability and the efficiency of state-administered health and human services. In this
4-30 capacity, the secretary shall:
- 4-31 (1) Direct implementation of reforms in the human resources practices ~~of the~~
4-32 ~~departments~~ that streamline and upgrade services, achieve greater economies of scale and
4-33 establish the coordinated system of the staff education, cross-training, and career development
4-34 services necessary to recruit and retain a highly-skilled, responsive, and engaged health and
5-1 human services workforce;
- 5-2 (2) Encourage ~~the departments to utilize~~ consumer-centered approaches to service design
5-3 and delivery that expand ~~their~~ capacity to respond efficiently and responsibly to the diverse and
5-4 changing needs of the people and communities they serve;
- 5-5 (3) Develop all opportunities to maximize resources by leveraging the state's purchasing
5-6 power, centralizing all health and human services functions, including fiscal service functions
5-7 related to budget, finance, and procurement, centralizing communication, policy analysis and
5-8 planning, and information systems and data management, pursuing alternative funding sources
5-9 through grants, awards and partnerships and securing all available federal financial participation
5-10 for programs and services ~~provided through the departments~~; and
- 5-11 (4) Improve the coordination and efficiency of health and human services legal functions
5-12 by centralizing adjudicative and legal services and overseeing their timely and judicious
5-13 administration.
- 5-14 (g) Prepare ~~and integrate a~~ comprehensive budgets budget for the office of health and
5-15 human services ~~departments~~ and any other functions and duties assigned to the office. The
5-16 budgets budget shall be submitted to the state budget office by the secretary, for consideration by
5-17 the governor, on behalf of the state's health and human services in accordance with the provisions
5-18 set forth in section 35-3-4 of the Rhode Island general laws.
- 5-19 (h) Utilize objective data to evaluate health and human services policy goals, resource
5-20 use and outcome evaluation and to perform short and long-term policy planning and
5-21 development.
- 5-22 (i) Establishment of an integrated approach to ~~interdepartmental~~ information and data
5-23 management that will facilitate the transition to consumer-centered system of state administered
5-24 health and human services.
- 5-25 (j) At the direction of the governor or the general assembly, conduct independent
5-26 reviews of state-administered health and human services programs, policies and related ~~agency~~
5-27 actions and activities and ~~assist the department directors in identifying~~ identify strategies to
5-28 address any issues or areas of concern that may emerge thereof. ~~The department directors shall~~
5-29 ~~provide any information and assistance deemed necessary by the secretary when undertaking such~~
5-30 ~~independent reviews.~~
- 5-31 (k) Provide regular and timely reports to the governor and make recommendations with
5-32 respect to the state's health and human services agenda.
- 5-33 (l) Employ such personnel and contract for such consulting services as may be required
5-34 to perform the powers and duties lawfully conferred upon the secretary.
- 6-1 (m) Implement the provisions of any general or public law or regulation related to the
6-2 disclosure, confidentiality and privacy of any information or records, in the possession or under
6-3 the control of the executive office ~~or the departments assigned to the executive office~~, that may be
6-4 developed or acquired for purposes directly connected with the secretary's duties set forth herein.
- 6-5 (n) ~~Hold the director of each health and human services department accountable for their~~
6-6 ~~administrative, fiscal and program actions in the conduct of the respective powers and duties of~~
6-7 ~~their agencies.~~ Appoint chiefs of the various divisions with the approval of the governor and

6-8 [subject to the advice and consent of the senate.](#)

6-9 **42-7.2-6.1. Transfer of powers and functions.** -- (a) There are hereby transferred to the
6-10 executive office of health and human services [all](#) the powers and functions of the departments,
6-11 ~~with respect to the following:~~

6-12 ~~(1) By July 1, 2007, fiscal services including budget preparation and review, financial~~
6-13 ~~management, purchasing and accounting and any related functions and duties deemed necessary~~
6-14 ~~by the secretary;~~

6-15 ~~(2) By July 1, 2007, legal services including applying and interpreting the law, oversight~~
6-16 ~~to the rule-making process, and administrative adjudication duties and any related functions and~~
6-17 ~~duties deemed necessary by the secretary;~~

6-18 ~~(3) By September 1, 2007, communications including those functions and services~~
6-19 ~~related to government relations, public education and outreach and media relations and any~~
6-20 ~~related functions and duties deemed necessary by the secretary;~~

6-21 ~~(4) By March 1, 2008, policy analysis and planning including those functions and~~
6-22 ~~services related to the policy development, planning and evaluation and any related functions and~~
6-23 ~~duties deemed necessary by the secretary; and~~

6-24 ~~(5) By June 30, 2008, information systems and data management including the~~
6-25 ~~financing, development and maintenance of all data bases and information systems and platforms~~
6-26 ~~as well as any related operations deemed necessary by the secretary;~~

6-27 ~~(b) The secretary shall determine in collaboration with the department directors whether~~
6-28 ~~the officers, employees, agencies, advisory councils, committees, commissions, and task forces of~~
6-29 ~~the departments who were performing such functions shall be transferred to the office. Duties that~~
6-30 ~~are incidental to the performance of the functions transferred to the office in subpart (a) shall~~
6-31 ~~remain with the departments providing that the employees responsible thereof are performing~~
6-32 ~~functions that have not been transferred.~~

6-33 ~~(e)~~ [\(b\)](#) In the transference of such functions, the secretary shall be responsible for
6-34 ensuring:

7-1 (1) Minimal disruption of services to consumers;

7-2 (2) Elimination of duplication of functions and operations;

7-3 (3) Services are coordinated and functions are consolidated where appropriate;

7-4 (4) Clear lines of authority are delineated and followed;

7-5 (5) Cost-savings are achieved whenever feasible;

7-6 (6) Program application and eligibility determination processes are coordinated and,
7-7 where feasible, integrated; and

7-8 (7) State and federal funds available to the office and the entities therein are allocated
7-9 and utilized for service delivery to the fullest extent possible.

7-10 ~~Except as provided herein, no provision of this chapter or application thereof shall be~~
7-11 ~~construed to limit or otherwise restrict the departments of children, youth and families, human~~
7-12 ~~services, elderly affairs, health, and mental health, retardation, and hospitals from fulfilling any~~
7-13 ~~statutory requirement or complying with any regulation deemed otherwise valid.~~

7-14 **42-7.2-7. Independent advisory council -- Purposes.** -- (a) The secretary shall establish
7-15 an independent advisory council, hereafter referred to as "advisory council" composed of
7-16 representatives of the network of health and human services providers, the communities the
7-17 ~~departments serve~~ [office serves](#), state and local policy makers and any other stakeholders or
7-18 consumers interested in improving access to high quality health and human services.

7-19 (b) The advisory council shall assist the secretary in identifying: issues of concern and
7-20 priorities in the organization and/or delivery of services; areas where there is need for
7-21 ~~interdepartmental~~ collaboration and cooperation; and opportunities for building sustainable and
7-22 effective public-private partnerships that support the missions of the ~~departments~~ [office](#). The
7-23 advisory council shall also provide guidance to the secretary in developing a plan to further the
7-24 purposes of the executive office ~~and assist the departments in meeting their unique missions and~~

7-25 ~~shared responsibilities.~~
7-26 (c) ~~With the assistance of the department directors, the~~ The secretary shall hold health
7-27 and human services forums and open meetings that encourage community, consumer and
7-28 stakeholder input on health and human services issues, proposals and activities and actions of the
7-29 executive office that have been identified by the advisory council as areas of concern or important
7-30 policy priorities or opportunities for the state.

7-31 **42-7.2-8. Assignment and reassignment of advisory bodies.** ~~-- The governor may, by~~
7-32 ~~executive order, reassign any~~ Any advisory bodies, boards, or commissions associated or
7-33 affiliated with the departments or any such agencies that may be created shall be assigned to the
7-34 secretary of health and human services ~~or assign any such entities that may be created.~~

8-1 **42-7.2-9. Appointment of employees.** ~~--~~ The secretary, subject to the provisions of
8-2 applicable state law, shall be the appointing authority for all employees of the executive office of
8-3 health and human services, provided, however, the chiefs of the various divisions shall be
8-4 appointed with the approval of the governor and subject to the advice and consent of the senate.
8-5 The secretary may assign this function to such subordinate officers and employees of the
8-6 executive office as may to him or her seem feasible or desirable. ~~The appointing authority of the~~
8-7 ~~secretary provided for herein shall not affect, interfere with, limit, or otherwise restrict the~~
8-8 ~~appointing authority vested in the directors for the employees of the departments under applicable~~
8-9 ~~general and public laws.~~

8-10 SECTION 2. Section 42-7.2-6 of the General Laws in Chapter 42-7.2 entitled "Office of
8-11 Health and Human Services" is hereby repealed.

8-12 **42-7.2-6. Departments assigned to the executive office -- Powers and duties.** ~~---(a)~~

8-13 ~~The departments assigned to the secretary shall:~~

8-14 ~~(1) Exercise their respective powers and duties in accordance with their statutory~~
8-15 ~~authority and the general policy established by the governor or by the secretary acting on behalf~~
8-16 ~~of the governor or in accordance with the powers and authorities conferred upon the secretary by~~
8-17 ~~this chapter;~~

8-18 ~~(2) Provide such assistance or resources as may be requested or required by the governor~~
8-19 ~~and/or the secretary; and~~

8-20 ~~(3) Provide such records and information as may be requested or required by the~~
8-21 ~~governor and/or the secretary to the extent allowed under the provisions of any applicable general~~
8-22 ~~or public law, regulation, or agreement relating to the confidentiality, privacy or disclosure of~~
8-23 ~~such records or information.~~

8-24 ~~(4) Forward to the secretary copies of all reports to the governor.~~

8-25 ~~(b) Except as provided herein, no provision of this chapter or application thereof shall be~~
8-26 ~~construed to limit or otherwise restrict the department of children, youth and families, the~~
8-27 ~~department of elderly affairs, the department of health, the department of human services, and the~~
8-28 ~~department of mental health, retardation and hospitals from fulfilling any statutory requirement or~~
8-29 ~~complying with any valid rule or regulation.~~

8-30 SECTION 3. Sections 42-6-1, 42-6-2 and 42-6-2 of the General Laws in Chapter 42-6
8-31 entitled "Departments of State Government" are hereby amended to read as follows:

8-32 **42-6-1. Enumeration of departments.** ~~--~~ All the administrative powers and duties
8-33 heretofore vested by law in the several state departments, boards, divisions, bureaus,
8-34 commissions, and other agencies shall be vested in the following departments and other agencies
9-1 which are specified in this title:

9-2 (a) Executive department (chapter 7 of this title);

9-3 (b) Department of state (chapter 8 of this title);

9-4 (c) Department of the attorney general (chapter 9 of this title);

9-5 (d) Treasury department (chapter 10 of this title);

9-6 (e) Department of administration (chapter 11 of this title);

9-7 (f) Department of business regulation (chapter 14 of this title);

- 9-8 ~~(g) Department of children, youth, and families (chapter 72 of this title);~~
- 9-9 (h) Department of corrections (chapter 56 of this title);
- 9-10 ~~(i) Department of elderly affairs (chapter 66 of this title);~~
- 9-11 (j) Department of elementary and secondary education (chapter 60 of title 16);
- 9-12 (k) Department of environmental management (chapter 17.1 of this title);
- 9-13 ~~(l) Department of health (chapter 18 of this title);~~
- 9-14 (m) Board of governors for higher education (chapter 59 of title 16);
- 9-15 (n) Department of labor and training (chapter 16.1 of this title);
- 9-16 ~~(o) Department of mental health, retardation, and hospitals (chapter 12.1 of this title);~~
- 9-17 ~~(p) Department of human services (chapter 12 of this title);~~
- 9-18 (q) Department of transportation (chapter 13 of this title);
- 9-19 (r) Public utilities commission (chapter 14.3 of this title).
- 9-20 (s) Department of revenue (chapter 143 of title 44).

9-21 **42-6-2. Heads of departments. --** The governor, secretary of state, attorney general, and
 9-22 general treasurer, hereinafter called general officers, shall each be in charge of a department.
 9-23 There shall also be a director of administration, a director of revenue, ~~a director of human~~
 9-24 ~~services, a director of mental health, retardation, and hospitals;~~ a director of transportation, a
 9-25 director of business regulation, a director of labor and training, a director of environmental
 9-26 management, ~~a director for children, youth, and families, a director of elderly affairs,~~ and a
 9-27 director of corrections. Each director shall hold office at the pleasure of the governor and he or
 9-28 she shall serve until his or her successor is duly appointed and qualified unless the director is
 9-29 removed from office by special order of the governor.

9-30 **42-6-3. Appointment of directors. --** (a) At the January session following his or her
 9-31 election to office, the governor shall appoint a director of administration, a director of revenue, ~~a~~
 9-32 ~~director of human services, a director of mental health, retardation, and hospitals;~~ a director of
 9-33 transportation, a director of business regulation, a director of labor and training, a director of
 9-34 environmental management, ~~a director for children, youth, and families, a director of elderly~~
 10-1 ~~affairs,~~ and a director of corrections. The governor shall, in all cases of appointment of a director
 10-2 while the senate is in session, notify the senate of his or her appointment and the senate shall,
 10-3 within sixty (60) legislative days after receipt of the notice, act upon the appointment. If the
 10-4 senate shall, within sixty (60) legislative days, vote to disapprove the appointment it shall so
 10-5 notify the governor, who shall forthwith appoint and notify the senate of the appointment of a
 10-6 different person as director and so on in like manner until the senate shall fail to so vote
 10-7 disapproval of the governor's appointment. If the senate shall fail, for sixty (60) legislative days
 10-8 next after notice, to act upon any appointment of which it has been notified by the governor, the
 10-9 person so appointed shall be the director. The governor may withdraw any appointment of which
 10-10 he or she has given notice to the senate, at any time within sixty (60) legislative days thereafter
 10-11 and before action has been taken thereon by the senate.

10-12 (b) Except as expressly provided in section 42-6-9, no director of any department shall
 10-13 be appointed or employed pursuant to any contract of employment for a period of time greater
 10-14 than the remainder of the governor's current term of office. Any contract entered into in violation
 10-15 of this section after [July 1, 1994] is hereby declared null and void.

10-16 SECTION 4. Section 42-6-9 of the General Laws in Chapter 42-6 entitled "Departments
 10-17 of State Government" is hereby repealed.

10-18 ~~**42-6-9. Director of health. --** There shall be a director of health who shall hold office for~~
 10-19 ~~the term of five (5) years from the time of his or her appointment and until his or her successor is~~
 10-20 ~~duly appointed and qualified. The director shall be eligible for reappointment, and shall not~~
 10-21 ~~engage in any other occupation.~~

10-22 SECTION 5. This act shall take effect on October 1, 2008.

MOTION: To support 08 H-7162 AN ACT RELATING TO STATE AFFAIRS

AND GOVERNMENT -- OFFICE OF HEALTH AND HUMAN SERVICES
TF/BN if amended to create a division of Adults with Disabilities whose mission is to make adults with disabilities economically self sufficient, coordinating work incentives and collaborate with workforce development programs (reducing Medicaid expenditures) included in the division would be the Office of Rehabilitation Services, Behavioral Health, Developmental Disabilities, Homemaker Services, Center for Adult Health, and Supplemental Security Income for adults with disabilities and General Public Assistance passed Nay-BN

08 H-7390 Art. 17 AN ARTICLE RELATING TO RHODE ISLAND MEDICAID REFORM ACT
This article outlines the structure for Medicaid Reform, a client-centered Medicaid delivery program to replace the current provider reimbursement-based payment model. The article instructs the Department of Human Services and the Executive Office of Health and Human Services to draft language for the new program, for substitution with this article as presented herein.

The Legislation Committee recommended the Commission/Executive Committee monitor and authorize the Executive Secretary to craft a response to the final version of 08 H 7390 Article 17 AN ARTICLE RELATING TO RHODE ISLAND MEDICAID REFORM ACT

Tabled until April 8th meeting 08 H 7390 Article 17 AN ARTICLE RELATING TO RHODE ISLAND MEDICAID REFORM ACT

08 H 7204 Article 17 AN ARTICLE RELATING TO PROCEEDINGS IN FAMILY COURT
Here is the language (below) in the Governor's supplemental budget that clarifies the law and specifically terminates family court jurisdiction at 18 for youth in DCYF care prior to 7/1/07. (As you know, the Family Court judges have interpreted the law prospectively, and used that interpretation as the basis for their decisions to keep open the cases of many 18, 19 and 20 yr olds) Since the new law went into effect, the cases of over 272 youth who are 18 or older have been closed or conditionally closed. Only 55 youth who have had their case closed have been opened to YESS, DCYF's voluntary after-care services program. While no one seems to have definitive data to support what has happened to the many youth who have already been exited from the system, I am hearing from foster parents and youth who still have an open case. For foster parents caring for youth with SED and DD diagnoses, there has not been a clear transition to the adult system, and there are questions regarding the youths' capacity to represent themselves and their ability to successfully transition from care. As you know, the application process for SSI can take up to a year, and many of these youth are not yet even on SSI. For these youth especially, the ongoing protection of Family Court oversight throughout this transition phase is particularly pertinent.

Please do not hesitate to let me know if you require additional information. Thanks for your efforts on behalf of children with disabilities.

Lisa Guillette, the director of RI Foster Parents

The Legislation Committee recommended the Commission/Executive Committee find harmful 08 H 7204 Article 17 RELATING TO PROCEEDINGS IN FAMILY COURT

Tabled until next meeting 08 H 7204 Article 17 RELATING TO PROCEEDINGS IN FAMILY COURT

08 H-7390 Art. 42 AN ARTICLE RELATING TO ELDERLY AFFAIRS PROGRAMS
This article eliminates the function of issuing state identification cards to elderly and disabled persons 55 and over for a nominal fee charged for cost recovery, and recognizes general revenue cost savings in community services objective grant funding under the aegis of the Legislature through the department of elderly affairs and advocacy, but still requires public and private elderly housing complexes to submit satisfactory evidence of a safety and security plan for its residents to the department. It also alters the income criterion for all three tiers of the Rhode Island Pharmaceutical

Assistance to the Elderly program and mandates enrollment in the federal Medicare Part D benefit program, as provided for in the Medicare Prescription Drug Improvement and modernization Act of 2003. Finally, it also mandates the use of generic drugs in place of brand name ones when such generic variations are available.

The Legislation Committee recommended the Commission/Executive Committee monitor and authorize the Executive Secretary to craft a position 08 H 7390 Article 42 AN ARTICLE RELATING TO ELDERLY AFFAIRS PROGRAMS

Tabled until the meeting 08 H 7390 Article 42 AN ARTICLE RELATING TO ELDERLY AFFAIRS PROGRAMS

08 H-7390 Art. 20 AN ARTICLE RELATING TO HUMAN SERVICES - HEALTH ACCOUNT
This article makes amendments to the existing children's health account assessment on health insurance providers to expand the reimbursements required for services provided to insured children.

Bob,

I am not sure if I can make the meeting (I think I am still on the committee anyway), but I wanted to make sure that you guys were aware that the proposed amendment to Article 20 (Children's Health Account) has one major change which could have a potentially positive effect on Children's Services.

The last two years the total annual assessment was limited to the amount paid for services per CHILD (\$5,000), the new wording changes per child to per service and a lot of children are receiving more than one service and many of them in excess of \$5,000.

The effect of this change if enacted would be an increase in the amount of money collected from the insurers which would increase the amount of funds available to pay for the Medicaid services.... which is a good thing...

My hope would be that the committee would find that beneficial...

Paul

Paul Choquette, M.A.

Senior Health Care Delivery Systems Specialist

RI Department of Human Services

Center for Child and Family Health

The Legislation Committee recommend the Commission/Executive Committee find beneficial 08 H 7390 Article 20 AN ARTICLE RELATING TO HUMAN SERVICES - HEALTH ACCOUNT

109-4 SECTION 1. Section 42-12-29 of the General Laws in Chapter 42-12 entitled
109-5 "Department of Human Services" is hereby amended to read as follows:
109-6 **42-12-29. Children's health account.** – (a) There is created within the general fund a
109-7 restricted receipt account to be known as the "children's health account". All money in the
109-8 account shall be utilized by the department of human services to effectuate coverage for home
109-9 health services, CEDARR services, and children's intensive services (CIS). All money received
109-10 pursuant to this section shall be deposited in the children's health account. The general treasurer is
109-11 authorized and directed to draw his or her orders on the account upon receipt of properly
109-12 authenticated vouchers from the department of human services.
109-13 (b) Beginning in the fiscal year 2007, each insurer licensed or regulated pursuant to the
109-14 provisions of chapters 18, 19, 20, and 41 of title 27 shall be assessed for the purposes set forth in
109-15 this section. The department of human services shall make available to each insurer, upon its
109-16 request, information regarding the department of human services child health program and the
109-17 costs related to the program. Further, the department of human services shall submit to the
109-18 general assembly an annual report on the program and cost related to the program, on or before
109-19 February 1 of each year. Annual assessments shall be based on direct premiums written in the
109-20 year prior to the assessment and shall not include any Medicare Supplement Policy (as defined in
109-21 § 27-18-2.1(g)), Medicare managed care, Medicare, Federal Employees Health Plan,
109-22 [Medicaid/RIte Care](#) or dental premiums. As to accident and sickness insurance, the direct
109-23 premium written shall include, but is not limited to, group, blanket, and individual policies. Those

109-24 insurers assessed greater than five hundred thousand dollars (\$500,000) for the year shall be
 109-25 assessed four (4) quarterly payments of twenty-five percent (25%) of their total assessment.
 109-26 Beginning July 1, 2006, the annual rate of assessment shall be determined by the director of
 109-27 human services in concurrence with the primary payors, those being insurers likely to be assessed
 109-28 at greater than five hundred thousand dollars (\$500,000). The director of the department of
 109-29 human services shall deposit that amount in the "children's health account". The assessment shall
 109-30 be used solely for the purposes of the "children's health account" and no other.
 109-31 (c) Any funds collected in excess of funds needed to carry out the programs shall be
 109-32 deducted from the subsequent year's assessment.
 109-33 (d) The total annual assessment on all insurers shall be equivalent to the amount paid by
 109-34 the department of human services for such services, ~~for children insured by such insurers, as~~
 110-1 listed in subsection (a), but not to exceed five thousand dollars (\$5,000) per child ~~covered by the~~
 110-2 services per service per year.
 110-3 (e) The children's health account shall be exempt from the indirect cost recovery
 110-4 provisions of § 35-4-27 of the general laws.
 110-5 SECTION 2. This article shall take effect as of July 1, 2008.

<p>MOTION: To support 08 H 7390 Article 20 AN ARTICLE RELATING TO HUMAN SERVICES - HEALTH ACCOUNT TF/PR passed Nay BE</p>
<p>08 H-7390 Art. 21 AN ARTICLE RELATING TO GENERAL PUBLIC ASSISTANCE – HARDSHIP This article renews the annual authorization for benefits and the expenditure ceiling for the General Public Assistance Hardship program.</p>
<p>The Legislation Committee recommended the Commission/Executive Committee find beneficial 08 H 7390 Article 21 AN ARTICLE RELATING TO GENERAL PUBLIC ASSISTANCE – HARDSHIP</p>

ARTICLE 21

RELATING TO GENERAL PUBLIC ASSISTANCE – HARDSHIP

110-6
 110-7
 110-8 SECTION 1. **Hardship Contingency Fund – FY 2009** – Out of the general revenue
 110-9 sum appropriated to the department of human services in Article 1 for general public assistance,
 110-10 the sum of six hundred thirty four thousand two hundred ten dollars (\$634,210) may be used as a
 110-11 hardship contingency fund for the purposes and subject to the limitations hereinafter provided.
 110-12 The state controller is hereby authorized and directed to draw his or her order upon the general
 110-13 treasurer for the payment of such sums or such portions thereof as may be required from time to
 110-14 time upon receipt by him or her of duly authenticated vouchers. From the aforesaid appropriation
 110-15 for hardship contingency, the director of the department of human services, in his or her sole
 110-16 discretion, may authorize payments of cash assistance benefits up to two hundred dollars (\$200)
 110-17 per month upon a showing of hardship by an individual who is eligible for general public
 110-18 assistance medical benefits under §40-6-3.1; provided, however, that individuals who are
 110-19 determined eligible for medical assistance (“Medicaid”) under Title XIX of the Social Security
 110-20 Act, 42 U.S.C. §1396 et seq., or who are determined eligible to receive an interim cash assistance
 110-21 payment for the disabled pursuant to §40-6-28, shall not be eligible for assistance under this
 110-22 section. The director shall not be required to promulgate any new, additional or separate rules or
 110-23 regulations in connection with his or her disbursement of the contingency fund created hereby.
 110-24 SECTION 2. This article shall take effect as of July 1, 2008.

<p>MOTION: To support 08 H 7390 Article 21 AN ARTICLE RELATING TO GENERAL PUBLIC ASSISTANCE – HARDSHIP Abstained - BE</p>
<p>08 H-7390 Art. 09 AN ARTICLE RELATING TO EDUCATION AID This article repeals housing aid bonuses for projects involving asbestos removal and access for</p>

persons with disabilities, sets a five year time limit on bonuses for regionalized districts, and pegs bonuses for renovation projects involving energy conservation to standards set forth in the Rhode Island Building Energy Code. This article also provides for the calculation and distribution of education aid to local and regional school districts in FY 2009.

The Legislation Committee recommended the Commission/Executive Committee find harmful 08 H 7390 Article 09 AN ARTICLE RELATING TO EDUCATION AID

63-9 SECTION 1. Section 16-7-40 of the General Laws in Chapter 16-7 entitled "Foundation
63-10 Level School Support" is hereby amended to read as follows:

63-11 **16-7-40. Increased school housing ratio for regional schools – Energy conservation**

63-12 ~~Access for people with disabilities – Asbestos removal projects.~~ (a) In the case of regional
63-13 school districts formed prior to June 30, 2008, the school housing aid ratio shall be increased by
63-14 two percent (2%) for each grade so consolidated: only for those school housing projects approved
63-15 prior to June 30, 2008. Beginning July 1, 2008, upon the creation of a regional school district, the
63-16 school housing aid ratio shall be increased by two percent (2%) for each grade so consolidated for
63-17 school housing projects occurring in the first five years following regionalization. To qualify for
63-18 the increased share ratio, as defined in § 16-7-39, renovation and repair projects must be
63-19 submitted for approval through the necessity of school construction process, pursuant to the
63-20 school construction regulations as promulgated by the board of regents for Elementary and
63-21 Secondary Education, prior to the end of the second full fiscal year following the regionalization
63-22 of the applicable districts.

63-23 (2) ~~Regional school districts undertaking renovation project(s)~~ For existing regional
63-24 school districts undertaking renovation project(s) that were approved prior to June 30, 2008, there
63-25 shall be receive an increased share ratio of four percent (4%) for those specific project(s) only, in
63-26 addition to the combined share ratio calculated in § 16-7-39 and this subsection.

63-27 (b) In the case of renovation projects undertaken by regionalized and/or non-
63-28 regionalized school districts specifically for the purposes of energy conservation, ~~access for~~
63-29 ~~people with disabilities, and/or asbestos removal, the school housing aid share ratio shall be~~
63-30 ~~increased by four percent (4%) for these specific projects only, in the calculation of school~~
63-31 ~~housing aid. The increased share ratio shall continue to be applied for as long as the project(s)~~
63-32 ~~receive state housing aid. In order to qualify for the increased share ratio, seventy five percent~~
63-33 ~~(75%) of the project costs must be specifically directed to either energy conservation, access for~~
63-34 ~~people with disabilities, and/or asbestos removal or any combination of these projects. The board~~
64-1 ~~of regents for elementary and secondary education shall promulgate rules and regulations for the~~
64-2 ~~administration and operation of this section. the school housing aid ratio shall be increased by two~~
64-3 ~~percent (2%) from the level set forth in § 16-7-39 and this section for those projects that achieve~~
64-4 ~~energy efficiency standards thirty percent (30%) above the Rhode Island Building Energy Code.~~
64-5 The school housing aid ratio shall be increased by three percent (3%) from the level set forth in §
64-6 16-7-39 and this section for those projects that achieve energy efficiency standards forty percent
64-7 (40%) above the Rhode Island Building Energy Code. The school housing aid ratio shall be
64-8 increased by four percent (4%) from the level set forth in § 16-7-39 and this section for those
64-9 projects that achieve energy efficiency standards fifty percent (50%) above the Rhode Island
64-10 Building Energy Code.

64-11 (c) Upon the transfer of ownership from the state to the respective cities and towns of the
64-12 regional career and technical center buildings located in Cranston, East Providence, Newport,
64-13 Providence, Warwick, Woonsocket and the Charho regional school district, the school housing
64-14 aid share ratio shall be increased by four percent (4%) for the renovation and/or repair of these
64-15 buildings. To qualify for the increased share ratio, as defined in § 16-7-39, renovation and repair
64-16 projects must be submitted for approval through the necessity of school construction process prior
64-17 to the end of the second full fiscal year following the transfer of ownership and assumption of
64-18 local care and control of the building. Only projects at regional career and technical centers that

- 64-19 have full program approval from the department of elementary and secondary education shall be
- 64-20 eligible for the increased share ratio. The increased share ratio shall continue to be applied for as
- 64-21 long as the renovation and/or repair project receives school housing aid.

MOTION: To oppose 08 H 7390 Article 09 AN ARTICLE RELATING TO EDUCATION AID BE/PR passed unanimously		
Announcements and Scheduling of Meetings	John MacDonald	5 min.
Next meeting will be on:	April 8, 2008	Starting at: 4 PM
Adjournment:	Chairperson adjourned the meeting at 5:38 PM	
Resource persons:	Bob Cooper, Secretary	