



# Governor's Commission on Disabilities' Executive Committee

**Tuesday May 13, 2008 4 – 6 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](mailto:disabilities@gcd.ri.gov) (website) [www.disabilities.ri.gov](http://www.disabilities.ri.gov)

<b>Attendees:</b>	John MacDonald (Acting Chair); Rosemary Carmody; Regina Connor; Binyamin Efreom; Ronald McMinn; Bill Nieranowski; & Patricia Ryherd		
<b>Excused:</b>	Judi Drew; Timothy Flynn; Kate McCarthy-Barnett; & John Treat		
<b>----- Minutes -----</b>			
<b>Call to Order and Acceptance of the Minutes</b>	<b>John J. MacDonald Jr., Chairperson</b>	<b>5 min.</b>	
Introductions: Chair called the meeting to order at 4:03 PM			
MOTION: To accept the minutes of the previous meeting as presented RMcM/BE passed unanimously			
<b>Action Items:</b>	<b>Discussion Leader:</b>	<b>Time:</b>	
1. Interview and Selection of Fellows	John MacDonald	70 min.	
4:10 Richard Costa of the University of Rhode Island			

April 23, 2008

Fellowship Selection Committee  
Governor's Commission on Disabilities  
John O. Pastore Center  
41 Cherry Dale Court  
Cranston, RI 02920-3049

To Members of the Fellowship Selection Committee:

I am applying for the Mary Brennan (Public Awareness) Fellowship. I am interested in this position to gain more knowledge and experience in and about the disabled community. My college education will lead me to a degree in Human Services. My future desire is to work with persons with disabilities. I feel in order to be able to fulfill my desire to work with the disabled I need to acquire as much knowledge and experience as I possibly can with the disabled community. This fellowship will help me achieve that goal. I also believe that not only will this fellowship give me experience but will guide me further through my college education.

I am currently the Secretary of the Rhode Island statewide Independent Living Council and a member of the executive and finance committee. My duties include attending meetings, recording and editing meeting minutes, assist with organizing workshops or other activities. I also serve on the State Rehabilitation Council as a liaison for the Statewide Independent Living Council. My duties in this position are to construct reports and distribute the information of each council to the appropriate agency.

I have received computer training and I am adequate using the JAWS program, Kurzweil and Microsoft Word. In my past employment, I have obtained much experience with organizing events and working with individuals and groups. I feel along with my organizational skills and my current and past work experience, I feel confident that I will complete all tasks that are required of me during the Mary Brennan Fellowship.

Sincerely,  
Richard J. Costa

**RICHARD J. COSTA**  
**Bristol, RI 02889**

**OBJECTIVE:** To ensure fellowship opportunities using my experience, skills and abilities.

**EMPLOYMENT HISTORY:**

**2004-1999 CARDI'S FURNITURE**

1 Furniture Way, Swansea, Massachusetts 02771

Position: Bedding Specialist

Supervisor: Raymond Deuso

Job Responsibilities: Met with customers interested in proper bedding. Responsible for orders and scheduling delivery dates in specialized computer system.

**2001-1995 ANN & HOPE**

1 Ann & Hope Way, Cumberland, Rhode Island 02764

Position: Regional Food Service Supervisor

Supervisor: Saul Alpert

Job Responsibilities: Financial responsibilities of overseeing all inventories, profitability, payroll of employees assigned to food service positions in sex units. Personnel responsibilities of hiring, terminating, training of all personnel. Responsibilities of all advertising. Responsible for purchasing of all food items, equipment.

**1981-1995 ANN & HOPE**

55 Faunce Corner Road, North Dartmouth, Massachusetts

Position: District Food Service Supervisor

Supervisor: Steven Bonzagni

Job Responsibilities: Responsible for daily operations of menu planning, schedules, inventories, personnel of one unit.

**EDUCATIONAL HISTORY:**

**Current-2007 University of Rhode Island**

Program of Study: Human Services

**2005 Carroll Center for the Blind**

Completion of Certified Independent Living Program

**1975-1973 Bryant University**

**COMMUNITY SERVICES:**

**Present-2006 Rhode Island State Rehabilitation Council**

Position Held: Member (Liaison)

Duties: Transcribe a report from the Rhode Island Statewide Independent Living Council to the RI Rehabilitation Council and report it back to the Rhode Island Statewide Independent Living Council

**Present-2006 Rhode Island Statewide Independent Living Council**

Position Held: Secretary, Member of Executive Committee and Financial Committee

Duties: To attend committee meetings and transcribe the minutes of the meeting.

**Present-2004 National Federation of the Blind**

Position: Member



April 28, 2008

Fellowship Selection Committee  
Governor's Commission on Disabilities  
John O. Pastore Center  
41 Cherry Dale Court  
Cranston, RI 02920-3049

Dear Selection Committee:

This letter is to recommend Richard Costa for the Mary Brennan (Public Awareness) Fellowship.

Mr. Costa began volunteering for the Rhode Island Statewide Independent Living Council (RISILC) in 2006 when he joined the RISILC's Finance/Resource Committee. Since then, he has played a vital role in overseeing the Council's budget and personnel policies. Since April 2007, Mr. Costa has served as Secretary of the Council, and as an officer of the RISILC, he also serves on the Executive Committee.

Mr. Costa has been an active and contributing Council Member. He is dedicated to and exemplifies the Independence Living Philosophy. In addition, Mr. Costa works extremely well with others; he is a team player and respects the values of others. He is proficient at computer word processing, database and internet navigation.

In my opinion as Executive Director of the RISILC, Mr. Costa is deserving of the Mary Brennan (Public Awareness) Fellowship.

Please feel free to contact me if you have any questions or require additional information. Sincerely,

Camille L. Pansa  
Executive Director

4:30 Whitney Brown of Brown University

## Application for Mary Brennan Fellowship

April 28, 2008

Dear Sir/Madam,

I am writing to you to inquire about a possible fellowship this summer with the Governor's Commission on Disabilities in Rhode Island. A staff member at the Swearer Center for Public Service at Brown University referred me to this opportunity because she felt that my previous activities and interests relating to disability advocacy fit into the Commission's objectives. After reviewing your website and program description, I believe that the Governor's Commission on Disabilities plays a critical role in examining current state laws, programs, and policies that impact children and adults with disabilities. I am particularly inspired by the Commission's policy-oriented focus and its ability to bring pressing issues to the attention of key stakeholders, including the Governor and General Assembly, who have the resources and capacity to elicit change. This potential for positive change is definitely something I want to be a part of. For these reasons, I would like to apply for the Mary Brennan Fellowship offered during the summer semester to assist with the Commission's public relations activities and monitor public awareness and policy-related developments at the local, state, and federal levels.

As an International Development Studies concentrator at Brown University, I have examined the political, economic and social development of lower income countries. I have been particularly interested in the effects of such developments on marginalized demographics, including those with disabilities. I am currently writing my senior thesis, entitled *Disability- Specific HI V/AIDS Public Health Interventions in Sub-Saharan Africa*, in which I hope to argue that current HW/AIDS programs fail to target people with disabilities because of inaccurate assumptions and stereotypes associated with having a disability. In this paper, I plan to develop policy recommendations for non-governmental organizations and governments to implement to effectively reach all citizens impacted by this global epidemic, encouraging peer education programs and the improvement of disability-assessable health materials and services. While I have placed emphasis on the international aspect of policy, advocacy and civic service in my studies thus far, I hope to use this knowledge towards practical applications to address local concerns such as the ones currently addressed by the Governor's Commission on Disabilities.

As evidence to this commitment, I have just completed an interactive sociology course entitled Investing in Social Change: The Practice of Philanthropy. Within a six-member group, I researched the causal relationship between prisoner re-entry and unemployment, engaging local stakeholders to develop a Request for Proposals for a grant opportunity of \$10,000. We decided to fund an organization that will host a conference that gathers a diverse range of community leaders in the public, private and governmental sectors to address the negative image of ex-offenders

within the Providence labor market. It is hoped that raising awareness about the economic potential of ex-offenders for businesses will de-stigmatize former felons and positively benefit the entire community. Effectuating social change through public relations events is something that directly aligns with the work at the Governor's Commission on Disabilities. In the same right, the media-related skills and knowledge offered by the fellowship concerning the policy-side of disability-related issues will improve my capacity to target multiple audiences to raise awareness and educate the community.

Last summer I was granted a Royce Sport and Society research fellowship to examine the obstacles Chinese Paralympic athletes face, their experiences with discrimination, and the support systems that sustain them through journalistic interviews with athletes, coaches and administrators. Working in collaboration with the Northeastern Center for the Study of Sport in Society, I used such experiences to address athlete-specific human rights issues on an international scale through media-friendly talking points and policy-directed white papers. I worked closely with scholars and experts interested in disability and athlete rights. This internship strengthened my research and advocacy skills, including my ability to draft press releases, background reports, and policy recommendations under a strict time deadline. I believe that this background in research and public relations will positively contribute to the duties required of a Mary Brennan fellow.

I would love the opportunity to work as a summer fellow at the Governor's Commission on Disabilities and hope to further discuss my qualifications with you. I have attached my resume and a writing sample in this package for your convenience. Please contact me at [whitneybrown28@gmail.com](mailto:whitneybrown28@gmail.com) or 1-401-225-9286 if you have any questions. Thank you for your consideration, and I look forward to hearing from you!

Best Regards,

Whitney Brown

**Whitney Lauren Brown**  
Hong Kong

## EDUCATION

**Brown University**, B.A. in Development Studies December 2008

*Coursework includes:* Anthropology, Community Health, Political Science, History, Mandarin, Engineering, Sociology, Economics.

*Awards:* Royce Sport and Society Fellowship

*Senior Thesis:* Disability-Inclusive HIV/AIDS Health Inventions in Sub-Saharan Africa

**Hong Kong International School**, high school June 2004

Head Master's Commendation

National Honors Society

## EXPERIENCE

**Roosevelt Institute, Brown University** April 2008

*Event Coordinator & Panelist*

- Organized a two-day event that provided student-led conversations about sport and human rights in an academic forum to demystify and remove stereotypes attached to athletes interested in social change
- Reflected upon previous experiences as a Royce Sport and Society Fellow in China
- Examined the current debates surrounding disability and athletes rights, including the organizational relationship between the International Olympic Committee and International Paralympic Committee

**Department of Sociology, Brown University** January 2008 –Present

*Sustainable Community Investment in Providence Representative*

- Within the classroom setting, founded a student-led initiative with the goal of supporting innovative and effective ideas that improve the quality of economic life in Providence communities
- Distributed a request for proposals for a grant opportunity of a sum up to \$10,000 for organizations that focus on sustainable community-generated projects that address prisoner re-entry and unemployment

- Actively participated in grant-making and philanthropic endeavors as a small-scale non-profit foundation

**Watson Institute for International Studies, Brown University** September –December 2008  
*Research Assistant for Visiting Scholar*

- Conducted preliminary research on the organizational structure of United Nations peacekeeping missions for a senior political analyst
- Compiled a running bibliography of all literature consulted
- Met weekly to debrief, discuss and assist in the writing process of the document

**Department of Community Health, Brown University** September –December 2008  
*Course Teaching Assistant.*

- Completed the course Pathology to Power: Disability, Community, and Health during the previous year
- Attended and assisted during all lecture periods throughout the semester
- Coordinated weekly discussion sections for 15 students
- Provided academic support for students for major assignments

**Northeastern Center for the Study of Sport in Society, Boston MA** June –August 2007  
*Disability and Advocacy Department Intern*

- Collected extensive research on disability and athlete rights
- Produced press releases on the behalf of the center on current events topics relating to sports in society
- Drafted a white paper to the United Nations proposing an International Day of Sport
- Attended executive meetings to understand the structure of the organization

**Swearer Center, Brown University** May –September 2007  
*Royce Sport and Society Fellow*

- Developed a grant proposal for a fellowship program that integrates the role of sport in society
- Participated in bimonthly seminars to examine personal experiences and their implications on the broader context of sport at Brown and internationally
- Interviewed Hong Kong and Chinese Paralympians on their experiences related to accessibility, stigma and athlete rights

**Strait Talk Symposium, Brown University** November 2006  
*United States Delegate*

- Joined US, Taiwan, and Chinese student delegates in a week-long symposium that addressed the future relationship of Taiwan and China
- Facilitated open and constructive dialogue between students to create a safe forum for discussion
- Attended lectures, panels and conflict resolution sessions with important politicians, theorists and other important actors relating to the Strait issue
- Actively participated in the production of a formal census document with fellow delegates

**China Exploration & Research Society, China** January –August 2006  
*Education Officer & Research Intern*

- Commuted between Hong Kong and the Tibetan region of Yunnan province for the duration of eight months
- Traveled to Tibet and the Chinese-Burmese border for cultural and scientific expeditions
- Assisted CERS film crew in documenting visual human subject interviews for their research relating to cultural and wildlife conservation
- Organized and developed multiple brochures for development programs for potential donors and researchers
- Designed a week-long conservation-education program for high school students, which was attended in March by Hong Kong International School

**Office of Residential Life, Brown University** August –December 2005  
*Women's Peer Counselor*

- Counsel sixty undergraduate students on transition-to-college issues
- Respond to emergency situations to provide support and refer students to appropriate University resources
- Confronted problem-solving dialogues regarding issues of diversity, racism, alcohol and drug

abuse , academic performance, social acceptance, etc.

## **ATHLETICS**

Brown University Women's Rugby, Captain, 2004—2008  
Hong Kong Under-19 National Women's Rugby, 2002—2004  
HKIS Lady Dragons Varsity Basketball, Captain, 2002—2004  
HKIS Varsity Rugby, Captain, 2002—2004

## **LANGUAGES**

Fluent in English and French  
Intermediate conversational ability in Mandarin and Cantonese

## **COMPUTER SKILLS**

Strong familiarity with Microsoft Excel, Word, PowerPoint, search engines  
Utilize both PC and Macintosh extensively for work and school

## **INTERESTS**

Traveled throughout North America, Europe, South Asia, Asia-Pacific  
Amateur Cyclist  
Aspiring Buddhist

Whitney Brown  
Writing Sample

### **PARALYMPIC EXHIBITION EVENTS IN THE OLYMPIC GAMES**

Before 1992, most Olympic demonstration sports progressed through the International Olympic Committee (IOC) process first as an exhibition, then as a demonstration event prior to a decision on full medal status. Their objective was to expose the sport to a larger audience without contributing to the medal count, often choosing sports that were popular in the host nation. Some demonstration events gained enough popularity to be integrated as an official sport in the subsequent Olympic Games. In 1992, however, the demonstration events were suspended because the large existing Olympic program made it difficult for the IOC to give equal attention to medal and demonstration events. Exhibitions are no longer a requirement for host Olympic organizing committees. Since 1984, men's 1500meter and women's 800meter wheelchair racing has been featured in the Summer Olympic Games as exhibition events of sports for persons with disabilities. The Paralympic events in the Olympic Games, however, have continued to remain as exhibition races. The medal statuses of these events do not contribute to their country's overall total, yet the continued presence of wheelchair exhibition events is intended to act as "a great advertisement for the Paralympics" as explained by Chris Cohen, the chairman of IPC Athletics.

Controversy surrounding the denied full athlete status of wheelchair track and field competitors in the Opening Ceremonies of Athens 2004 encouraged further investigation into the intricate relationship between the Olympic and Paralympic Games. In previous Olympiads, disabled athletes competing in the Olympic demonstration events have received unequal treatment despite similar national sponsorship, access to the facilities, and participation in the Opening and Closing ceremonies. However, Athens represents an excellent example of the inherent inequality between able-bodied and disabled athletes. ,BBC Disability Sport explains that wheelchair athletes did not receive full athlete status ('Aa'), but rather were given 'P' status, used to denote reserve athletes. This new status complicated the athletes' relationship with their national teams, their accessibility in the Olympic Village, and media coverage of their events. These athletes were denied entrance to the Opening Ceremonies, placing several

National Olympic Committees (NOCs) and National Paralympic in uncomfortable positions with the IOC and International Paralympic Committee (IPC). An undertone of frustration experienced by some of the athletes, coaches and general public suggests that the stagnant position of the wheelchair track and field events needs to be reexamined. Although recognition of the Paralympic events is an important component of the Olympic Movement, the unclear nature of the Paralympic athlete and Olympic medal statuses has provoked several broader questions: Does the distinctive organizational systems of the Olympic and Paralympic Games encourage full inclusion of competitive sport? Are Olympians and Paralympians equally elite athletes? Would it be equally appropriate to implement an Olympic exhibition event in the Paralympic Games?

Presented below are several feasible directions for the role of wheelchair demonstration events in the Olympic Games to further this discussion:

(1) *To maintain exhibition status of Paralympic events during Olympic Games.*

Medals awarded to these disabled athletes would not contribute to their national overall count for the Olympic or Paralympic Games. Preserving status quo will not alleviate latent tensions between the two Movements, however, re-instating full athlete status to Paralympic competitors in the Olympic Games may help to present an image of equality for able-bodied and disabled athletes.

(2) *To allow exhibition events to become Paralympic medal status during the Olympic Games.*

Medals that contribute to the athlete's national overall Paralympic medal count may solidify the understanding that a Paralympic demonstration event in the Olympic Games has been implemented to serve as advertising for the Paralympic Games. Further distinction between the two Movements would be implied. While this model may further empower all disabled athletes, the presence of a Paralympic event in the Olympics may send a confusing message to the general public, giving the illusion that the two events operate in unison.

(3) *To allow exhibition events to become Olympic medal status during the Olympic Games.*

Medals that contribute to the athlete's national overall Olympic medal count may distort the understanding that a Paralympic demonstration event in the Olympic Games has been implemented to serve as advertising for the Paralympic Games. This decision would encourage further integration of the two Movements. Granting disabled athletes equal status as their able-bodied teammates serve to empower these competitors and ameliorate their appearance in the public eye.

(4) *To remove exhibition events from the Olympic Games and only have them as part of the Paralympic Games.*

Disabled athletes would not have Olympic athlete status, yet would contribute to their nation's overall Paralympic medal count. Separating the Paralympic and Olympic events could further solidify the distinction between the two Movements.

(5) *To allow all Paralympic events at the Paralympic Games to become Olympic medal status.*

All medals received by able-bodied and disabled athletes would contribute to their nation's overall Paralympic medal count. Unifying the medal status would signify an active push for complete integration between the Paralympic and Olympic Movements. The Paralympic Games could either continue to be held on separate dates in the host country, or would be fully integrated into the Olympic timeframe.

Determination of the medal statuses of Paralympic events in the Olympic Games has broader implications on the relationship between the Paralympic and Olympic Games. The future of these Movements is seen to progress in three unique directions:

*(1) Maintain status quo.*

The relationship between the IOC and IPC continues to remain unclear to the general public. Although the Paralympic and Olympic Games are during separate dates, the crossover of Paralympic demonstration events in the Olympic Games may offer the illusion of future integration. The weakly intertwined relationship between movements may confuse the general public as to what status each athlete is entitled. Preserving the current relationship may also hinder the growth of Paralympic athletes in the shadow of their able-bodied teammates. The prolonged placement of exhibition or demonstration events of Paralympic events in the Olympic Games continues to maintain an image of difference rather than a drive for full acceptance and inclusion.

*(2) Encourage further distinction and separation between the two Games.*

Complete separation between the Paralympic and Olympic Games may solidify the differences between the two Movements and empower disabled athletes as uniquely Paralympic athletes. Although support for both Games would be expressed, no demonstration events would occur between the two Games, suggesting that the IOC and IPC organizations would act independently of one another. The location of each Games may continue to be hosted by the same nation, or the International Paralympic Committee may opt to implement a separate bid for a Paralympic Games site.

*(3) Encourage further integration between the two Games.*

Further integration of the Paralympic and Olympic Games may promote equality between able-bodied and disabled athletes. It would appropriately align with the IPC constitution, which lists as one of its ten long-term objectives "to seek the integration of sports for athletes with disabilities into the international sport movement for able-bodied athletes, while safeguarding and preserving the identity of sport for disabled athletes" (IPC Constitution, Article 11.4, Objects and Principles). Given the current logistical structure of the Olympic Games, a longer Games would not likely be feasible. However, under a model of "two Games, one Movement", integration would help facilitate positive connotations of persons with disability, and may serve to empower Paralympic athletes through conceptions of fair play and sport for all.

Fellowship Selection Committee  
Governor's Commission on Disabilities  
John O. Pastore Center  
41 Cherry Dale Court  
Cranston, RI 02920-3049

Members of the Committee:

It is with great pleasure and genuine enthusiasm that I write this letter in support of Whitney Brown's application for a fellowship with the Governor's Commission on Disabilities. I have known Whitney in a number of capacities for over four years and I feel I am in a good position to attest to the positive qualities she possess which make her qualified for the fellowship.

I have had the pleasure of knowing Whitney as an active participant in community work, as member of the Royce Sport and Society Fellowship and as an invaluable member of the Brown Women's Rugby Team. Whitney is an engaging young woman, bright, curious, thoughtful and good-humored. She is the rare student you welcome into your office regardless of the chaos of the day.

As Director of the Royce Fellowship for Sport and Society, I came to know Whitney as an active and contributing member. The Sport and Society Fellowship is highly competitive fellowship for undergraduates who have gained distinction in service, scholarship, and sport. Each year 5 fellows are chosen from a large pool of applicants. Prospective fellows must submit a proposal that is evaluated by a committee of Brown faculty, administrators and the Director of Research for the Northeastern University Center for Sport and Society. Whitney's proposal: *The Chinese Olympic Experience: Empowering Disabled Athletes* speaks volumes about Whitney's intellect, character and passion. Her project entailed examining the experiences of paralympians in Hong Kong and Beijing. Her study informed a working plan to improve services for disabled athletes for the China and Hong Kong Paralympics Committees and the International Paralympics Committee. The proposal was reflective of the unique blend of her strong intellectual and interpersonal skills. She worked with students from the Roosevelt Institute to produce a journal on Sport and Society and an April conference entitled *Deconstructing Sport*. Her fellowship also allowed her to work with the Center for Sport and Society where she did research on paralympians and wrote white papers for the UN on issues related to sport and disability rights.

These skills are also evident to me in my capacity as coach of the Brown women's rugby team. Whitney has been an integral member of the team for four years. She is a very talented player noted for her durability and good judgment. I have vivid memories of Whitney's leadership in the very first week of practice. She galvanized the first year players into a committed group of athletes. Through her hard work, good humor and example that group of first years has matured into a senior class that is the core of the number four ranked team in the nation. Brown players practice three days a week and play every weekend through the fall and spring. Rugby is a difficult sport, it has no timeouts and you cannot substitute players unless they are leaving the match for good. In such an intense environment Whitney stands out for her talent and for her calm demeanor under pressure. But it is the subtle things I am taken by, the pats she gives to exhausted teammates, the words of encouragement and good humor she offers to players, the hand she extends to fallen opponents. Whitney is such a steady and mature player, I have never seen her lose her composure and lash out at a referee, opponent or teammate. She always believes we can win and does all in her power to deliver a victory. Whitney is a model for younger players both on the field and in the classroom. On the field and in the classroom Whit leads by example. In my experiences I have found her to be bright, courageous, tenacious and supportive. She thinks and acts well under duress and synthesizes information well. She takes initiative, is creative and accepts a high degree of responsibility for the well being of others and perhaps most importantly, for her how her decisions and actions affect others.

I recommend Whitney Brown without reservation. I have no doubt she will accomplish great things in her life and I believe this Fellowship will have significant impact in that journey. If I can be of any further assistance in consideration of her application please do not hesitate to contact me.

Respectfully

Kerrissa Heffernan Ed.D  
Associate Director, Swearer Center for Public Service  
Director, Royce Fellowship  
Coach, Brown Women's Rugby

Brown University Box 1974 / 25 George Street Providence, RI 02912 TEL: 401 863-2338

4:50 Dara Steinberg of Brown University

**Personal Statement:**

I am interested in applying for the Mary Brennan (public awareness) fellowship for the Summer of 2008. My studies in psychology and my experiences working with individuals with disabilities, as well as my interest in law and public policy, has fueled my desire to work for the Governor's Disabilities Commission. The opportunity to be on the forefront of new laws, policies and programs for individuals will provide me with great insight into this field. Throughout my education and research experiences I have learned about different conditions which impact and complicate the daily lives of individuals. Forming relationships with individuals who have disabilities has made me passionate about this area. Additionally my own experiences living with scoliosis has made empathetic toward others who have challenges in their lives.

My experience as a research assistant, as well as an intern in a special needs classroom and as a counselor at a pediatric oncology camp, provide me with a background that will be an asset to the commission. I have had experience conducting literature searches, doing data entry and reviewing papers, as well as using computer programs such as Excel, PowerPoint and SPSS. Additionally my work as the editor-in-chief of the Critical Review (a bi-yearly publication at Brown University) has given me the skills necessary to handle public relation writing tasks. My willingness to learn and to improve upon my skills will enable me to perform the duties expected by the commission. Working for the commission will provide me with a first-hand understanding of the processes involved in providing services, and making laws and policies for those with disabilities. Not only will I learn more about the specific field of disabilities, I will also learn how commissions and agencies work overall. This will help me in my future work experiences. The experiences I gain relating to disabilities will give me a better understanding of the legal aspect of helping people with disabilities, and will enable me to have a greater understanding of the issues facing them, which will factor into how I go about law.

**Name:** Dara Steinberg  
Merrick, NY

**Education Information:** John F. Kennedy High School Class of 2005  
Brown University Class of 2009; Psychology Concentration  
Denmark Institute for Study Abroad, Spring 2008; Psychology  
and Child Development Program

**Employment History:**

Research Assistant at the Coro Center for Behavioral and Preventive Medicine  
January 2007 – December 2007  
Data entry, literature searches, IRB forms

Head Counselor at Sunrise Day Camp  
June 2006-August 2007

Worked as a head counselor for pediatric oncology day camp. I was in charge of six staff members and a group of child in third through fifth grade.

**Life experience(s) related to people with disabilities:**

- Counselor at a day camp for children with cancer
- Intern in an observation classroom (Class where children with suspected behavioral, emotional and learning disabilities) are placed, in Copenhagen, Denmark
- Research assistant at the Brown Center for the Study of Children at Risk
- Course work focused on disabilities=

MOTION: To appoint Richard Costa the 2008 Summer Mary Brennan Fellow RCo/PR passed, Abstained: RCa, BE & BI		
<b>2. Commission Operations</b>	<b>John MacDonald</b>	<b>20 min</b>
<b>a. Status of FY 09 Budget and Consolidation of Advocacy Agencies</b>		
Discussion: Update, if additional information is available.		
<b>b. Options for Reducing in FY 08 Expenditures to meet Enacted FY 08 Supplemental Budget</b>		
Discussion: The Commission has been directed to reduce expenditures to recover the projected savings for the 6 furlough days, that have not been agreed to by the unions = <b>\$10,721.48</b> . While the Controller restored \$19,644.51 the Commission is responsible for absorbing the remaining <b>\$5,945.87</b> . Other than payroll, the only other expenditures projected prior to June 30 <sup>th</sup> are: <ul style="list-style-type: none"> <li>\$175.99 Telephones April - May (10 month average *2)</li> <li>\$313.50 Lease purchase of multifunction printer/copy/fax (April – June 3 months)</li> <li>\$418.77 Mileage reimbursement for Executive Secretary (July '07 – June 08)</li> <li>\$484.47 Postage April - June (9 month average*3)</li> <li>\$4,691.85 ADIL Business Systems, DBE Contract Employee Fee</li> </ul> By leaving the balance of the spring fellowships unfilled and other cuts the projected deficit is now only <b>\$15,745</b> .		
<b>i. Furlough Days for Staff</b>		
Discussion: Each furlough day would save <b>\$1,037.24</b> . If all 6 were taken prior to June 30 <sup>th</sup> the Commission would save <b>\$6,223.43</b> , leaving a balance of <b>\$9,521.57</b> to be saved elsewhere.		
<b>ii. Transfer Staff Time to NE ADA Center Grant</b>		
Discussion: Based on the hours spent on ADA technical assistance, during the first 3 quarters the Commission could transfer up to 421 additional staff hours to the grant, or <b>\$15,762.92</b> , leaving a balance of \$26.40, over the projected expenditures. The projected balance forward into FY 09 would be approximately <b>\$53,355</b> , enough to cover the FY 09 Grant Budget. If the vacant Assistant ADA Coordinator's position is not filled at the start of FY 09 we would be obligated to repay the entire FY 08 NE ADA Center grant expenditures.		
MOTION: To transfer 421 staff hours to the NE ADA Center grant, and request an authorized red balance of \$10,588.70. PR/RMcM passed, Nay BE, Abstained: RCa & BN.		
<b>iii. Transfer to Resource Recovery Corporation Recycling Grant Additional Disability Business Enterprise Staffing</b>		
Discussion: There were only 77.73 hours left on the ADIL Contract for DBE Coordinator for FY 08		

as of May 2, 2008. The Resource Recovery Corporation Pilot Recycling Project has only expended \$932.85 for recyclables and \$1,000 for the DBE Coordinator through April 25, 2008. During March and April (when DEM was added to the project) 4,054 lbs were recycled at a cost of \$445.94. At that rate only another **\$891.88** of recyclables will be charged by June 30<sup>th</sup>, leaving a balance of \$3,174.27 in the grant. This could extend the DBE Coordinator for an additional 109.42 hours, for a combined total of 8.91 weeks @ 21 hours/week. The pilot project would then end on June 30<sup>th</sup>. This option is only possible if 109 hours devoted to the recycling project can be documented, in addition to the initial 35 charged to the grant for June '07 – March '08.

Recycling Project Invoice Date	Total Pounds Recycled				Cost			
	DEM	DCYF	DEA	GCD	Unit	Total	Pickup	Grand Total
4/16/2007			213		\$0.11	\$23.43	\$25.00	\$48.43
5/2/2007			480		\$0.11	\$52.80	\$25.00	\$77.80
5/17/2007			48		\$0.11	\$5.28	\$25.00	\$30.28
6/5/2007			300		\$0.11	\$33.00	\$25.00	\$58.00
6/13/2007			165		\$0.11	\$18.15	\$25.00	\$43.15
6/29/2007			165		\$0.11	\$18.15	\$25.00	\$43.15
7/25/2007			333		\$0.11	\$36.63	\$25.00	\$61.63
9/25/2007			400		\$0.11	\$44.00	\$25.00	\$69.00
1/17/2008			117		\$0.11	\$12.87	\$25.00	\$37.87
2/14/2008			160		\$0.11	\$17.60		\$17.60
3/7/2008		31	43	16	\$0.11	\$9.90		\$9.90
3/7/2008	681				\$0.11	\$74.91		\$74.91
3/19/2008	1113				\$0.11	\$122.43		\$122.43
4/11/2008	742				\$0.11	\$81.62		\$81.62
4/18/2008	680				\$0.11	\$74.80		\$74.80
4/25/2008		108		115	\$0.11	\$24.53		\$24.53
4/25/2008	525				\$0.11	\$57.75		\$57.75
<b>Total to date</b>	<b>3,741</b>	<b>139</b>	<b>2,424</b>	<b>131</b>		<b>\$707.85</b>	<b>\$225.00</b>	<b>\$932.85</b>
	<b>6,435 lbs.</b>				<b>Grant Free Balance</b>			

MOTION: To transfer 5 staff hours/week to the Resource Recovery Corporation Recycling Grant related activities through the end of the FY 08, a total of \$1,015.35 PR/RCo, passed unanimously

**c. FY 2009 Budget**

**i. Modifying the FY 09 Restricted Receipt Account Budget Request**

Discussion: The Commission's FY 2009 Budget Request and subsequent Governor's Recommendation for the Restricted Receipt Account did not anticipate nor include any funds from the Resource Recovery Corporation to continue the pilot project.

Public Forum Expenses, to be paid for from the public forum co-sponsors' donations:

- \$6,211 to cover advertisements and
- \$2,280 for real-time captioners & transcripts

Hearing Board proceedings, to be paid by the parties:

\$74 for transcribing audio tapes of proceedings.

**\$8,565 total**

If there is any surplus remaining in the current Resource Recovery Corporation grant or another grant is funded, that money can not be expended without authorization from the General Assembly.

MOTION: To request the Budget Officer seek an increase in the Restricted Receipt Account for FY 2009 of the projected balance from the Recycling Pilot Project. PR/RMcM passed unanimously

ii. Increasing the FY 09 Fellowship Stipend

Discussion: The Commission reduced from 4 to 3 fellowships a year. The FY 09 Budget Bill contains \$10,350. The FY 08 Stipend was for \$2,587.50/semester. It could be increased to\$3,450.

MOTION: To recommend the Commission increase the fellowship stipend for FY 09 to \$ 3,450. RMcM/ RCo passed unanimously.

3. Revised FY 09 Budget Article 17 Medicaid Reform	Bob Cooper	20 min
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The Governor’s Budget Officer submitted a revised Article 17 Relating to Medicaid Reform Act, on May 6<sup>th</sup>. That version was released to the public Saturday. The House Finance Committee’s public hearing on Article 17 will take place Wednesday May 13<sup>th</sup> at 1 PM. The Executive Committee on voted to oppose several sections of the earlier version of Article 17 and instructed the Executive Secretary to convey the Commission’s position to the House and Senate Finance Committees and the Governor, and to present testimony at the upcoming hearing.

Two sections the Commission opposed have been withdrawn:

- SECTION 17. Long Term Home Health Care - Alternative to Placement in a Skilled Nursing or Intermediate Care Facility. Eliminates the comprehensive assessment of the medical, social, and environmental needs assessment that currently must be performed at least every one hundred eighty-(180) days by the department of human services. and
- SECTION 29. Rhode Island Assisted Housing Living Waiver - Additional assisted living waiver request. - The executive office of health and human services and/or the department of human services are authorized to obtain any necessary waivers and/or state plan amendments to bring medical assistance recipients who have been admitted to nursing homes back into the community and to help more medical assistance recipients remain in the community, as they require long-term care, thereby resulting in improved health, quality of life and more cost effective care. The executive office of the health and human services and the human service agencies as defined in 42-7.2-2 are authorized and directed to adopt rules and regulations to ensure the establishment and implementation of this section. The current Rhode Island Assisted Housing Living Waiver Act sections 42-66.8- 1 Legislative findings, 42-66.8-2 Purpose - Assisted living waiver request, 42-66.8-3 Definitions, 42-66.8-4 Provision of service, 42-66.8-5 Duties of director of human services, 42-66.8-6 Evaluation of assisted living waiver demonstration, and 42-66.7 Additional assisted living waiver request, would be repealed upon the approval of the necessary waivers and/or state plan amendments from the secretary of the United States Department of Health and Human Services.

Two sections are new:

**Sec. 01 Gov Amend(2) Office of Health and Human Services**

Governor's March 6th Amendment:

SECTION 01. Relating to Legislative Findings

SECTION 02. Relating to Reporting on Medicaid Reform - The executive office of health and human services and/or the department of human services shall submit a report to general assembly annually commencing on a date no later than July 1, 2009.

Governor's May 6th Amendment:

Deletes SECTION 01 Legislative Findings

NEW SECTION 01 includes the following and the old SECTION 02:

Principle and Goals. In developing and implementing this system of reform, the executive office of

health and human services and the five health and human services departments shall pursue the following principles and goals:

- (1) Empower consumers to make reasoned and cost-effective choices about their health by providing them with the information and array of service options they need and offering rewards for healthy decisions;
- (2) Encourage personal responsibility by assuring the information available to beneficiaries is easy to understand and accurate, provide a fiscal intermediary is provided when necessary. and adequate access to needed services;
- (3) When appropriate, promote community-based care solutions by transitioning beneficiaries from institutional settings back into the community and by providing the needed assistance and supports to beneficiaries requiring long-term care or residential services who wish to remain or are better served in the community;
- (4) Enable consumers to receive individualized health care that is outcome-oriented focused on prevention, disease management. recovery and maintaining independence;
- (5) Promote competition between health care providers to ensure best value purchasing to leverage resources and to create opportunities for improving service quality and performance;
- (6) Redesign purchasing and payment methods to as~ fiscal accountability and encourage and to reward service quality and cost-effectiveness by tying reimbursements to evidence-based performance measures and standards, including those related to patient satisfaction; and
- (7) Continually improve technology to take advantage of recent innovations and advances that help decision makers, consumers and providers to make informed and cost-effective.

**Executive Secretary recommends the Commission SUPPORT this section.**

**Sec. 08 Gov Amend(2) Title: Long-Term Care Re-balancing System Reform Goal**

NEW SECTION 08 The department of human services is authorized and directed to apply for and obtain any necessary waiver (s). waiver amendment (s) and/or state plan amendments from the secretary of the United States department of health and human services, and to promulgate rules necessary to adopt an affirmative plan of program design and implementation that addresses the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding to home and community-based care on or before December 31, 2012. The department is further authorized and directed to prioritize investments in home and community-based care and to maintain the integrity and financial viability of all current long-term care services while pursuing this goal.

The long-term care re-balancing goal is person-centered and encourages individual self-determination, family involvement, interagency collaboration, and individual choice through the provision of highly specialized and individually tailored home-based services.

Additionally, individuals with severe behavioral, physical, or developmental disabilities must have the opportunity to live safe and healthful lives through access to a wide range of supportive services in an array of community-based settings, regardless of the complexity of their medical condition, the severity of their disability, or the challenges of their behavior.

**Executive Secretary recommends the Commission SUPPORT this section.**

Several sections Executive Committee opposed have been were revised since the initial decisions were made:

**Sec. 03 Gov Amend(2) Health Care for Families**

Governor's March 6th Amendment:

*SECTION 10 Relating to Health Care for Families - Eligibility. - Lowers the income eligibility limits for parents or relative caretakers whose income levels are equal to or up to one hundred thirty three (133%) below of the federal poverty level. {Current law is up to one hundred eighty five percent}. The resource limit of \$10,000 section is repealed, including the exemption to that limit for children with disabilities who are otherwise eligible for medical assistance coverage as categorically needy, commonly known as Katie Beckett eligible. The 5% limit of annual income cost sharing is repealed.*

*Katie Beckett eligible families would be required to take financial responsibility for a share of the cost of the medical assistance coverage based on the family's ability to pay.*

*The department would be authorized to require that eligible children! Families contribute to the cost of the care by premium sharing, cost sharing, the establishment of consumer directed accounts or any other reasonable means in accordance with approved provisions of appropriate waivers and/or state plan amendments in accordance with rules and regulations promulgated by the department of human services.*

*Consumer Directed Health Care. The department of human services would be authorized to apply for and obtain appropriate waivers to create consumer directed health care accounts to increase and encourage personal responsibility, wellness and healthy decision-making.*

*SECTION 11. Would authorize any rules or regulations necessary or advisable to implement the provisions of Section 10 to be effective immediately as an emergency rule upon the department's filing thereof with the secretary of state and exempt those rules from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of imminent peril to public health, safety and welfare and the filing of statements of the agency's reasons thereof.*

*SECTION 12. Relating to Rite Share Health Insurance Premium Assistance Program. - Lowers the income eligibility for the Rhode Island health insurance premium assistance program for Rite Care eligible parents with incomes up to one hundred thirty three (133%) of the federal poverty level who have access to employer-based health insurance. {Current law is up to one hundred eighty five percent (185%)}*

*The resource limit of \$10,000 section is repealed, including the exemption to that limit for children with disabilities who are otherwise eligible for medical assistance coverage as categorically needy, commonly known as Katie Beckett eligible. The 5% limit of annual income cost sharing is repealed. Katie Beckett eligible families would be required to take financial responsibility for a share of the cost of the medical assistance coverage based on the family's ability to pay.*

*The department would be authorized to require that eligible children families contribute to the cost of the care by premium sharing, cost sharing, the establishment of consumer directed accounts or any other reasonable means in accordance with approved provisions of appropriate waivers and/or state plan amendments in accordance with rules and regulations promulgated by the department of human services.*

*Employers who are also approved Medicaid providers and all vendors doing business with the state of Rhode Island shall make available in a timely manner to the department at the department's request, documents describing the health insurance or health benefits offered by the employer, including but not limited to a Certificate of Coverage or a Summary of Benefits and employee obligations. The Employer shall accept the enrollment of the individual and/or the family in the employer based health insurance plan without regard to any seasonal enrollment restrictions, including open enrollment restrictions, without regard to the impact on the member's wages. This is known as "pay in lieu of benefits."*

*SECTION 13. Would authorize any rules or regulations necessary or advisable to implement the provisions of Section 10 to be effective immediately as an emergency rule upon the department's filing thereof with the secretary of state and exempt those rules from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of imminent peril to public health, safety and welfare and the filing of statements of the agency's reasons thereof.*

Governor's May 6th Amendment:

*SECTION 03 formerly SECTIONS 10 - 13 restores coverage up to 185% of the federal poverty level for parents or relative caretakers, restores the resource limit and the exemption for children with disabilities. It does not restore the 5% limit of annual income cost sharing.*

*The cost sharing for families in the Katie Becket program is contained in a new SECTION 15.*

*The Consumer Directed Health Care provision was moved to SECTION 04.*

*SECTIONS 11 & 13 are consolidated into the new SECTION 17.*

**The Commission opposed this section of the Article (March 6<sup>th</sup> version) unless its amended for the following reasons:**

The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the chances unintended consequences do not harm children with severe disabilities or discourage families from keeping their children at home rather than institutionalizing them due to the financial burden.

**Sec. 04 Gov Amend(2) Managed health care delivery systems for families**

Governor's May 6th Amendment:

NEW SECTION 04 Enrollment in managed care health delivery systems is mandatory for individuals eligible for medical assistance under this chapter. This includes children in substitute care children receiving Medical Assistance through an adoption subsidy, and children eligible for medical assistance based on their disability. Beneficiaries with third party medical coverage or insurance may be exempt from mandatory managed care in accordance with rules and regulations promulgated by the department of human services for such purposes.

Individuals with incomes equal to or greater than one hundred thirty three percent (133%) of the federal poverty level, pay a share of the costs of health coverage based on the ability to pay.

The department of human services may provide health benefits, similar to those available through commercial health plans, to parents or relative caretakers with income above one hundred (100%) percent of the federal poverty level who are not receiving cash assistance.

**Sec. 15 Gov Amend(2) Cost Sharing for Disabled Children**

Governor's May 6th Amendment:

NEW SECTION 15 The department of human services is authorized to apply for and obtain appropriate waivers and/or state plan amendments from the Secretary of the United States Department of Health and Human Services for the purpose of requiring that families of children with disabilities who are otherwise eligible for medical assistance coverage as categorically needy, commonly known as "Katie Beckett" eligible, will be required to take financial responsibility for a share of the cost of the medical assistance coverage based on the family's ability to pay. The department is authorized to establish a sliding scale cost sharing schedule based on a percentage of household income and to require that eligible children or families contribute to the cost of the care by premium sharing, cost sharing, participation in a consumer directed model based upon an individualized service budget, or any combination of those methods, or any other reasonable means.

**The Executive Secretary recommends the Commission:**

- a) Support the revised SECTION 03, restoration of coverage up to 185% of the federal poverty level for parents or relative caretakers, restores the resource limit and the exemption for children with disabilities, but express opposition to eliminating the 5% annual income limit on co-payments and SECTION 15; and**
- b) Take NO POSITION on SECTION 04.**

**Sec. 17 new Gov Amend(2) Title: Emergency Rules and Regulations**

Governor's March 6th Amendment:

SECTION 30. Unless otherwise specified, all sections of this article shall take effect upon passage.

Governor's May 6th Amendment:

Former SECTIONS 11, 13, 16, 19, 24, 28 & 30 were consolidated.

This article shall take effect upon passage. Any rules or regulations necessary or advisable to implement the provisions of SECTION 3, SECTION 6, and SECTION 14 of this article shall be effective immediately as an emergency rule upon the department's filing thereof with the secretary of state as it is hereby found that the current fiscal crisis in this state has caused an imminent peril to public health, safety and welfare, and the department is hereby exempted from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of imminent peril to public health, safety and welfare and the filing of statements of the agency's reasons thereof.

**The Commission opposed the emergency rules provisions unless they were amended for the following reasons:**

The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the changes unintended consequences do not harm adults with severe disabilities.

**There are two revised sections that the Executive Secretary recommends the Commission take NO POSITION**

**Sec. 02 Gov Amend(2) Medical Assistance - Waiver request - Formulation**

*Governor's March 6th Amendment:*

*SECTION 09. Relating to Medical Assistance - Waiver request - Formulation. - Authorizes the department of human services and/or the executive office of health and human services {deleting the department of elderly affairs} to apply for and obtain any necessary waiver (s) and/or state plan amendments to create a Medical Assistance Program that is a result oriented system of coordinated care that focuses on independence, personal responsibility and choice for all medical assistance recipients taking into account the best interests of all populations served by all five human service agencies.*

*The executive office of health and human services, the department of human services, the department of children youth and families, the department of children youth and families, the department of elderly affairs, the department of health, and the department of mental health, retardation and hospitals are authorized to adopt regulations to ensure the establishment and implementation of this section in accordance with any approved federal waivers and/or state plan amendments.*

*Governor's May 6th Amendment:*

SECTION 02 formerly SECTION 09 would direct the department of human services, in conjunction with the executive office of health and human services to apply for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan amendments from the secretary of the United States department of health and human services, including, but not limited to §1115a global demonstration waiver. Specific direction and authority is given to seek federal approval to:

- (1) Enter into a five (5) year agreement with the U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services (CMS) under a section 1115a waiver to accept an aggregate annual allotment for the state's Medicaid program, trended forwarded at an agreed upon rate, with protections to cover medical inflation and projected caseload growth in the event of a national emergency, a significant economic downturn, or such other circumstances that the state and CMS may mutually deem as appropriate;
- (2) Waive provisions of Title XIX of the Social Security Act. 42 U.S.C. §1396 et. seq. requiring:
  - (i) state-wideness to allow for the provision of different services in different areas/regions of the state
  - (ii) comparability of services to allow for the provision of different services to members of the same or different coverage groups
  - (iii) no prohibitions restricting the amount, duration and scope of services included in the Medicaid state plan
  - (iv) no prohibitions limiting freedom of choice; and
  - (v) retroactive payment for medical assistance, at the state's discretion.
- (3) Waive the applicable provisions of Title XIX of the Social Security Act. 42 U.S.C. §1396 et. seq. required to:
  - (i) expand cost sharing requirements above the 5% of income threshold for beneficiaries in certain populations
  - (ii) establish Health Savings or Power Accounts that encourage and reward beneficiaries who reach certain prevention and wellness targets; and
  - (iii) implement a tiered set of parameters to use as the basis for determining long-term service care and setting needs.

- (4) Modify application of certain institutional income and resources rules
- (5) Consider only the income and resources of an applicant when determining financial eligibility for individuals in certain specific coverage groups
- (6) Institute a living expense disregard for those beneficiaries who require a high level of care but reside in the community
- (7) Provide non-Medicaid state plan services to the demonstrations population with full federal participation
- (8) Establish waiting lists for certain non-traditional optional Medicaid services:
- (9) Treat payments made towards the cost of care as a monthly premium for beneficiaries receiving home and community-based services when applicable
- (10) Cover children in the custody of the department of children, youth and families who are remanded to the Rhode Island Training School but who reside in the community, as well as children in need of Medicaid services in the community who would otherwise be eligible only if living in substitute care, including high cost residential venues
- (11) Provide health coverage and services to individuals over the age of 65 that are limited in scope and are available only in the home and community-based setting
- (12) Treat skilled nursing services as a home and community-based service; and
- (13) Expand disease management and wellness programs for all Medicaid beneficiaries;
- (14) Empower and encourage able bodied Medicaid beneficiaries to work, whenever possible.

The two remaining sections that the Executive Committee took positions on have not been substantively revised:

**08 H-7390 Art. 17 Sec. 05 - 06 Gov Amendment Title: Health Care for Elderly and Disabled Residents**

Governor's March 6th Amendment:

SECTION 14. Relating to Health Care for Elderly and Disabled Residents Act - Categorically needy medical assistance coverage. - The section providing for a voluntary (opt out) managed health care delivery system, including a primary care case management model would be repealed.

SECTION 15. Relating to Health Care for Elderly and Disabled Residents Act - Managed health care delivery systems. - Creates for all medical assistance recipients, including the elderly and all individuals with disabilities, a system of health care delivery for all medical assistance recipients, through a mandatory managed care health systems. "Managed care" is defined as systems that: integrate an efficient financing mechanism with quality service delivery; provides a "medical home" to assure appropriate care and deter unnecessary and inappropriate care; and places emphasis on preventive and primary care. For purposes of Medical Assistance, managed care is also defined as to include a primary care case management model in which ancillary services are provided under the direction of a physician in a practice that meets standards established by the department of human services. Those medical assistance recipients who have third party medical coverage or insurance may be exempt from mandatory managed care in accordance with rules and regulations promulgated by the department of human services through the rule making process. The department is further authorized to redesign benefit packages for medical assistance recipients subject to the appropriate federal approval of all necessary waivers and state plan amendments.

SECTION 16. Would authorize any rules or regulations necessary or advisable to implement the provisions of Section 10 to be effective immediately as an emergency rule upon the department's filing thereof with the secretary of state and exempt those rules from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of imminent peril to public health, safety and welfare and the filing of statements of the agency's reasons thereof.

Governor's May 6th Amendment:

SECTION 05 no change from former SECTION 14 Categorically needy medical assistance coverage  
SECTION 06 formerly SECTION 15 Managed health care delivery systems. - the changes are

mostly grammatical.

The provision that any approved medical assistance provider who declines to participate in contracting for benefits in any one of the department's medical assistance programs, including, but not limited to RlteCare, may be denied participation in all state operated medical assistance programs at the discretion of the department, has been moved to an NEW SECTION 07.

SECTION 16 was consolidated into the new SECTION 17.

**The Commission opposed this section of the Article unless it's amended for the following reasons:**

The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the chances unintended consequences do not harm adults with severe disabilities.

**Sec. 14 Gov Amendment Title: Medical Assistance- Antipsychotic Prescription Drugs**

Governor's March 6th Amendment:

SECTION 18. Relates to Medical Assistance-Prescription Drugs - Prescription drug program.

- Eliminates antipsychotic drugs from the preferred drug list.

SECTION 19. Would authorize any rules or regulations necessary or advisable to implement the provisions of Section 10 to be effective immediately as an emergency rule upon the department's filing thereof with the secretary of state and exempt those rules from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of imminent peril to public health, safety and welfare and the filing of statements of the agency's reasons thereof.

Governor's May 6th Amendment:

SECTION 14 formerly 18 Medical Assistance-Prescription Drugs - Prescription drug program - was not changed.

SECTION 19 was consolidated into SECTION 17.

**The Commission opposed these sections unless they are amended for the following reasons:**

The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the changes unintended consequences do not harm adults who rely on antipsychotic drugs to maintain a stable lifestyle in the community. The physician is the appropriate person to make the determination of the most appropriate antipsychotic drug for each individual.

The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the changes unintended consequences do not harm adults with severe disabilities.

**The Legislation Committee found these sections Beneficial**

**08 H-7390 Art. 17 Sec. 09 - 10 Gov Amendment Title: Family Court & the RI Training**

Governor's March 6th Amendment:

SECTION 3. Family Court & Training School - In the event a child is ordered to be detained at the training school, the family court shall conduct a probable cause hearing within seventy-two (72) hours of the child's detention (exclusive of weekends and/or holidays). At the conclusion of the probable cause hearing, the court shall order the release of the child from the training school unless the court finds that the child:

- (1) Poses a substantial risk of harm to self; or
- (2) Poses a substantial risk of harm to others; or
- (3) Has demonstrated that he or she may leave the jurisdiction of the court.

{ Current law a child who is detained is entitled to a probable cause hearing within 10 days of detention. }

If a child is in temporary detention, the family court shall commence the adjudicatory hearing within thirty (30) calendar days from whichever of the following events occurs latest: the date the petition is served on the child; or the date the child is placed in detention.

In all such cases, the family court shall conclude the adjudicatory hearing within fifteen 15 calendar days of the commencement of the hearing.

The attorney general must file an application to waive and/or certify a youth, the juvenile may be detained at the training school for a period not to exceed ninety (90) days. Then the department shall present to the family court a waiver report within forty-five (45) calendar days. At the expiration of ninety (90) days, the attorney general's petition for waiver and/or certification shall be decided and the wayward/delinquent petition shall be adjudicated.

SECTION 4 relates to Release from the Training School. - The family court shall authorize the release of the child to his or her home and/or to the care and custody of the department of children. Youth and families unless the court finds that the child:

- (1) Poses a substantial risk of harm to self: or
- (2) Poses a substantial risk of harm to others: or
- (3) Has demonstrated that he or she may leave the jurisdiction of the court.

SECTION 5. Relates to Delinquent and Dependent Children. - In the event the court assigns custody of a child to the director of the department of children, youth and families, the court shall authorize the provision of suitable treatment, rehabilitation and care for each child in the least restrictive and community based setting.

Governor's May 6th Amendment:

SECTION 09 Formerly 03 & 04 Family Court & Training School & Release from the Training School. - were not changed

SECTION 10 Formerly 05 Delinquent and Dependent Children - was not changed

**The Legislation Committee found these sections Beneficial for the following reasons:**

Reducing the time period a child is detained at the training school pending an evaluation and probable cause hearing, from 10 days to 3 days (excluding weekends and holidays) will ensure the child is placed in the "least restricted" facility necessary for appropriate treatment. Currently most evaluations are concluded within 5 calendar days. Ten days of detention for children who do not belong at the training school is over twice the time needed.

## **DRAFT LETTER TO THE HOUSE FINANCE COMMITTEE CHAIRPERSON**

Dear Chairperson Costantino:

The Commission's Executive Committee reviewed the Governor's May 6<sup>th</sup> Amendment to 08-H 7390 Article 17 "An Article Relating to Medicaid Reform Act". It is pleased that some of the concerns the Commission raised with regard to the March 6<sup>th</sup> Amendments have been addressed, specifically the withdrawal of:

- SECTION 17. Long Term Home Health Care - Alternative to Placement in a Skilled Nursing or Intermediate Care Facility. Eliminating the comprehensive assessment of the medical, social, and environmental needs assessment that currently must be performed at least every one hundred eighty-(180) days by the department of human services. and
- SECTION 29. Rhode Island Assisted Housing Living Waiver - Additional assisted living waiver request. - Repealing the current Rhode Island Assisted Housing Living Waiver Act, replacing it with a unspecified waiver request.

The Commission supports many of the concepts underlying the Governor's March and May Amendments, to favor consumer directed services and a preference for home and community based rather than institutional care. It also supports efforts to create more uniform standards and definitions.

The Commission still believes that before new rules and regulations are promulgated they need to be fully reviewed and commented on to reduce the chances that unintended consequences harm children or adults with severe disabilities or discourage families from keeping their family member with a severe disability living in the community rather than institutionalizing them due to a possible or perceived financial burden.

If most Medicaid provisions in the future are going to be created via regulation rather than legislation its imperative that those regulations be developed, as legislation is in an open manner with public input prior to taking effect.

**The Commission Supports:**

### **SECTION 01 Relating to Medicaid System Reform 2009**

The principle and goals in developing and implementing this system of reform:

- (1) Empower consumers to make reasoned and cost-effective choices about their health by providing them with the

- information and array of service options they need and offering rewards for healthy decisions;
- (2) Encourage personal responsibility by assuring the information available to beneficiaries is easy to understand and accurate, provide a fiscal intermediary is provided when necessary. and adequate access to needed services;
  - (3) When appropriate, promote community-based care solutions by transitioning beneficiaries from institutional settings back into the community and by providing the needed assistance and supports to beneficiaries requiring long-term care or residential services who wish to remain or are better served in the community;
  - (4) Enable consumers to receive individualized health care that is outcome-oriented focused on prevention, disease management, recovery and maintaining independence;
  - (5) Promote competition between health care providers to ensure best value purchasing to leverage resources and to create opportunities for improving service quality and performance;
  - (6) Redesign purchasing and payment methods to as~~ fiscal accountability and encourage and to reward service quality and cost-effectiveness by tying reimbursements to evidence-based performance measures and standards, including those related to patient satisfaction; and
  - (7) Continually improve technology to take advantage of recent innovations and advances that help decision makers, consumers and providers to make informed and cost-effective.

### **SECTION 08 Relating to Long-Term Care Re-balancing System Reform Goal**

To adopt an affirmative plan of program design and implementation that addresses the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding to home and community-based care on or before December 31, 2012. The department is further authorized and directed to prioritize investments in home and community-based care and to maintain the integrity and financial viability of all current long-term care services while pursuing this goal.

The long-term care re-balancing goal is person-centered and encourages individual self-determination, family involvement, interagency collaboration, and individual choice through the provision of highly specialized and individually tailored home-based services.

Additionally, individuals with severe behavioral, physical, or developmental disabilities must have the opportunity to live safe and healthful lives through access to a wide range of supportive services in an array of community-based settings, regardless of the complexity of their medical condition, the severity of their disability, or the challenges of their behavior.

### **SECTIONS 09 and 10 Relating to Procedures in Family Court and Delinquent and Dependent Children**

Reducing the time period a child is detained at the training school pending an evaluation and probable cause hearing, from 10 days to 3 days (excluding weekends and holidays) will ensure the child is placed in the "least restricted" facility necessary for appropriate treatment. Currently most evaluations are concluded within 5 calendar days. Ten days of detention for children who do not belong at the training school is over twice the time needed.

### **SECTION 03 Relating to Health Care for Families**

The restoration of Medicaid coverage up to 185% of the federal poverty level for parents or relative caretakers; and the restoration of the \$10,000 resource limit and the exemption for children with disabilities from that resource limit.

#### **The Commission Opposes:**

**Eliminating the statutory 5% annual income limit on co-payments**, contained in **SECTION 03** and the lack of a statutory limit in **SECTION 15 Relating to Cost Sharing for Disabled Children** especially if the development of the rules and regulations does not allow for the public to comment prior to them becoming effective. The potential harm that unintended consequences could have on children with severe disabilities including the potential to discourage families from keeping their children at home rather than institutionalizing them due to the financial burden, must be avoided.

**The exemption from the Public Review of Draft Rules and Regulations contained in SECTION 17** as it relates to:

•**SECTION 3 Health Care for Families**, The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the chances of unintended consequences harming children with severe disabilities or discouraging families from keeping their children at home rather than institutionalizing them due to the financial burden;

•**SECTION 6 Health Care for Elderly and Disabled Residents**, The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the chances of unintended consequences harming adults with severe disabilities; and

•**SECTION 14 Relating to Medical Assistance- Antipsychotic Prescription Drugs.** The Commission believes the rules and regulations need to be fully reviewed and commented on prior to taking effect to reduce the chances of unintended consequences harming adults who rely on antipsychotic drugs to maintain a stable lifestyle in the community. The physician is the appropriate person to make the determination of the most appropriate antipsychotic drug for each individual.

**The Commission recommends a compressed rule making procedure;** rather than the 30 days notice of its intended action, followed by a public hearing if requested by twenty-five (25) persons and then not becoming effective for 20 days after filing with the secretary of state, the Commission recommends the following amendment to Article 17 Section 17 – **Strike the following sentence:**

“Any rules or regulations necessary or advisable to implement the provisions of SECTION 3, SECTION 6, and SECTION 14 of this article shall be effective immediately as an emergency rule upon the department’s filing thereof with the secretary of state as it is hereby found that the current fiscal crisis in this state has caused an imminent peril to public health, safety and welfare, and the department is hereby exempted from the requirements of sections 42-35-3(b) and 42-35-4(b)(2) relating to agency findings of imminent peril to public health, safety and welfare and the filing of statements of the agency’s reasons thereof.” **and replacing therein:**

“Prior to the adoption, amendment, or repeal of any rule to implement the provisions of SECTION 3, SECTION 6, and SECTION 17 of this article, the department of human services shall give at least twenty (20) days notice of its intended action and shall conduct a public hearing at least fifteen (15) days after the notice. The notice shall be mailed to all persons who have made timely request of the agency for advance notice of its rule-making proceedings, and advance notice of proposed rulemaking may be provided via electronic media on a website maintained by the office of secretary of state. Copies of proposed rules shall be available at the department or via electronic media on a website maintained by the office of secretary of state at the time of the notice required by this subsection. All interested persons shall have a reasonable opportunity to submit data, views, or arguments, orally or in writing. The agency shall consider fully all written and oral submissions respecting the proposed rule. The adopted rule may become effective immediately upon filing with the secretary of state, or at a stated date less than twenty (20) days thereafter.”

Sincerely,

<p><b>MOTION:</b> To adopt draft letter (above) on the May revisions to <b>08 H 7390 Article 17 Medicaid Reform Act</b> PR/RmcM passed, RCa abstained.</p>		
Announcements and Scheduling of Meetings	John MacDonald, Chairperson	5 min.
<p>Fellowship applicants from the Fall semester will be interviewed at the June Executive Committee meeting.</p>		
Next meeting will be on:	Tuesday June 24th	Starting at: 4 PM
Adjournment:	Chairperson adjourned the meeting at 6:15 PM	
<b>Resource persons:</b>	Bob Cooper, Secretary	