



# Governor's Commission on Disabilities' Executive Committee

**Monday April 27, 2009 4 – 5 PM**

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<b>Attendees:</b>	Timothy Flynn (Acting Chairperson); Ronald McMinn; Bill Nieranowski; Patricia Ryherd; & John Treat		
<b>Absent:</b>	Rosemary Carmody; Judi Drew; Kate McCarthy-Barnett; & Lorna Ricci		
<b>----- Agenda Topics -----</b>			
<b>Call to Order and Acceptance of the Minutes</b>	<b>R. Timothy Flynn, Acting Chairperson</b>	<b>5 min.</b>	
Introductions: Acting Chair calls the meeting to order at 4:09 PM.			
<b>MOTION:</b> To accept the minutes of the previous meeting as presented RMcM/PR passed unanimously			

<b>Action Items:</b>	Discussion Leader:	Time:
<b>1. Disability Business Enterprise Grant Proposal</b>	<b>Bill Nieranowski, DBE Cmte. Chairperson</b>	<b>20 min.</b>

Discussion:

**DRAFT** /Disability Business Enterprise

Economic Stimulus Proposal

**Goal:** Create business opportunities between the State of RI and disability businesses.

The purpose of the Disability Business Enterprise program is to encourage and expand business opportunities with the State for qualified businesses owned by persons with disabilities or employing persons with disabilities. Currently there is no money in the budget for training or marketing for the DBE's. Many of the participating DBE's are businesses created by Rehabilitation agencies. These agencies create employment opportunities for developmentally disabled Rhode Island residents who without the assistance of the rehabilitation agency would not be employed. Some of the businesses include janitorial, laundry, landscaping and document destruction services.

Many of the rehabilitation businesses currently have contracts with the State of RI. However, it has become increasingly difficult for the disability businesses to compete for state contracts. The state of the economy has increased competition for state contract work especially with small "mom and pop" businesses. The number of these small businesses has increased while their prices have decreased, keeping the disability businesses out of the running. By providing contract opportunities between the state agencies, professional business consultants, and the rehabilitation agencies, people with disabilities can learn to compete for state contracts in this difficult economic time.

By developing a program where several state agencies hire DBE businesses for their janitorial, shredding, laundry, or greenhouse needs, it will allow them to train the employees with disabilities on-site, creating a more level playing field. When the rehab agencies compete with outside vendors for state contracts, they will have trained employees to perform the job at a faster pace and broaden their job skills.

Also, with many of the state budget cutbacks, the Rehab agencies lost necessary funding that have directly impacted their businesses. The economic stimulus money would be extremely beneficial to many of the DBE's by providing job training and employment opportunities.

**Who will oversee the Economic Stimulus Money?**

The Disability Business Enterprise Coordinator will be the liaison between the disability businesses and business consultants. Also, the DBE coordinator will work with the state agencies on developing this program.

**How will the program work?**

The DBE Coordinator will search for existing state contracts that will be expiring. For example, if the Department of Administration has a shredding contract that will be ending in a month or two, the DBE coordinator will contact the agency and the Department of Purchasing and instead of the contract going out to bid again, the DBE coordinator and the agency will negotiate a price for providing the product/service for a year or more at no cost to the agency. The money for the product or service would come from the stimulus money. Also, for each contract, a business consultant and

marketing firm would be hired to work with these businesses and assist them in becoming more competitive. A marketing firm would be hired to market the work they do to other state agencies. The economic stimulus funding would benefit the state agencies by saving money for 1-2 years that would otherwise be spent on contracts with outside vendors. When the project is completed, the consultants working with the rehabilitation agencies will have trained many new employees that now have new job skills and will be able to compete with outside vendors.

**What products/services will be offered in the program?**

**Secure Document Destruction** – Many state agencies are concerned that many of their secure documents are being dumped in the landfill and are not properly destroyed. This pilot project would allow several state agencies that do not have a contract for shredding to utilize the services of the DBE, Better Shred. With more state agencies shredding documents, this will mean more job opportunities for people with developmental disabilities. Employees trained – Up to 25

**Janitorial** –1-3 agencies that do not have a janitorial contract or where a contract has just expired would be eligible to participate. The cost of the contract will be based on the cost of the old contract, again saving the state money. The agencies will train their employees to clean and service the agency according to the specified requirements. Employees trained –Up to 20

**Laundry** – The agencies, cities or towns that utilize laundry services would qualify to be included in the pilot project. The James L. Maher Center would provide laundry services and train employees in the laundry business. Employees trained – 10-15

**Greenhouse/Flowers/Landscaping**– Many rehabilitation agencies have greenhouses or flower shops. The agencies can work with the State, cities and towns on beautification projects. Also, flowers can be provided for many state events. These projects will increase the number of employees that can be trained in the greenhouse business. Employees trained – Up to 25

**Catering** – Several DBE businesses have had contract work with the state for various kinds of catering services. One agency provides lunches for the prisoners for the courts. Also, they provided catering services for the Governor’s Bay Day. Another DBE has a cookie business that sells cookies to URI and RIC. Employees trained – Up to 15

**Will outside companies be hired to do the business consulting and marketing?**

Yes– One or more business consultants will be hired to work with the disability businesses on the state agency contracts and also creating new business opportunities. An outside marketing firm will be hired to market the achievements of the contract work to all the other state agencies, including a vendor fair and new marketing brochures. Also, an IT consultant would be hired to assist in developing more professional websites.

**How many people with disabilities will be trained with the stimulus money?**

Although it depends on the number of agencies that participate in the program, up to 100 employees can receive training and up to 10 agencies can receive business training.

**What is the cost of the program?**

Cost of Economic Stimulus for the Disability Business Enterprise and Professional Development - \$260,000

In conclusion, this economic stimulus proposal would benefit:

- **People with disabilities** –will benefit with new job skills that will keep them employed and not having to rely entirely on the state system to live
- **State of RI** - the cost savings that would have been spent on new state contracts and the tax revenue of new employees
- **Rehabilitation Agencies** - the agencies will benefit with professional consulting services that will teach them about growing their business and competing for state contracts
- **Consultant/(s)/Marketing Firm/IT Professional** – several consultant, marketing and IT businesses will benefit with new contracts
- **RI taxpayers** – when people with disabilities are employed, it eases the burden of the RI taxpayers

**Budget**

<b>Training</b>	<b>Name of Business</b>	<b>Cost</b>
Janitorial	Cranston Arc, Fogarty Center, James L. Maher Center	\$60,000
Laundry	James L. Maher Center	\$30,000
Laundry Bags	Homestead Group	\$14,000
Mass Mailings	Pro Mail	\$15,000
Shredding	Better Shred	\$25,000
City/State Beautification Project	James L. Maher Center, Arc of Blackstone Valley, The Cove Center	\$20,000
Flowers/Plants	A New Leaf	\$5,000
Catering	Cookie Place, James L. Maher Center, Trudeau Center	\$11,000
<b>Marketing Campaign</b>		\$20,000
<b>IT /Consultant Services</b>		\$60,000
		<b>Total Cost - \$260,000</b>

This funding will provide training to approximately 80-100 people with disabilities at 10 Rehabilitation Agencies.

**Objective**

- Increase employment opportunities with people with disabilities and the State of RI.
- Increase awareness in state agencies of the products and services offered by the disability businesses
- Train employees with disabilities to increase productivity and compete with other businesses for state contract work.

**Costs**

\$180,000 will fund the actual products and services listed above to state agencies

\$40,000 will fund an outside consultant and or job trainer to work directly with the disability business to evaluate their business, make recommendations on improving their business, and

assist in on the job training.

\$20,000 will fund the DBE coordinator position to increase the part time hours to full time. Increasing the hours of the DBE Coordinator will enable the program to have the full time support that is needed

\$20,000 will fund a marketing agency to provide direct marketing support and materials to market the DBE program to State agencies, cities and towns and also create and distribute marketing materials for the DBE's.

**MOTION:** To assist non-profit agencies in their submission of a grant proposal.

The proposal needs to incorporate the following: Who is the fiscal agent? Who has issued the request for proposal? It should establish a collaborative of providers, with letters of interest/intent from the non-profits. Remove reference to “developmental disability” since entities listed include individuals with psychiatric impairments; Don't have any of the funding going to the Commission. Deadline and criteria for submitting proposal, Develop an action plan and anticipated results – measurable outcomes.

PR/BN passed unanimously

<b>2. (Re)Nominations for Commissioners, whose term expire 05/01/09</b>	<b>Tim Flynn</b>	<b>10 min.</b>
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Discussion: The terms of office for the following members expires May 1, 2009:

Bill Nieranowski, Sanford Lupovitz, and Lou Salerno have indicated they do not wish to be reappointed; John MacDonald's term expires May 1, 2009. The following members terms also expire on May 1<sup>st</sup>, and they have not been asked if they want to be reappointed: Fred Burke, R. Timothy Flynn, Lorna Ricci, Gerard Sabourin.

There is an additional vacancy Regina Connor, term expiring on 5-1-10 and another 2

Commissioners are thinking about resigning due to scheduling conflicts, one whose term expired 5/1/2011.

**MOTION:** To recommend, after the Exec. Sec. confirmed their interest in being reappointed the appointment of the following Commissioners for terms ending May 1, 2012: Fred Burke, R. Timothy Flynn, Lorna Ricci, Gerard Sabourin RMCM/JT passed

The Commission has received four inquiries concerning appointment to the Commission:

Nancy Shuster, of Narragansett, William Inlow of Middletown, Theresa D. Thaelke Newport, Sean Gill. Staff will do a broad outreach: including Pro Jo and advocacy agencies, and schedule dates to interview potential nominees

<b>3. Nomination for John MacDonald's seat on the Transportation Advisory Council and the RI Public Transit Authority</b>	<b>Tim Flynn</b>	<b>10 min.</b>
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Discussion: John was recommended by the Commission to serve on these boards as a representative of users of transit services who have disabilities, not as the Commission's official representative.

<b>4. Hearing Board Membership</b>	<b>Tim Flynn</b>	<b>10 min.</b>
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Discussion: John MacDonald chaired the Hearing Board, the remaining members are:

Frederick Burke; Arthur Plitt; Judith Drew; & Ronald McMinn

<b>5. FY 2010 Budget Articles</b>	<b>Bob Cooper, Executive Secretary</b>	<b>30 min.</b>
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The Legislation Committee recommends the Commission support:

**09 H 5983 Article 28 Relating to the Children’s Health Insurance Program** Rep. Watson  
Requested by the Governor Held for Further Study or Continued by the House Finance Committee  
This article amends the general laws to effect changes in the State Children’s Health Insurance Program, commensurate with those required under the Children’s Health Insurance Reauthorization Act of 2009. Medical assistance would be provided to a non citizen child who was lawfully admitted for permanent residence on or after August 22, 1996 or who first becomes otherwise entitled to reside in the United States on or after August 22, 1996 {H.Finance heard 4/9 S.Finance heard 4/23}

**ARTICLE 28**

**RELATING TO CHILDREN'S HEALTH INSURANCE PROGRAM**

SECTION 1. Section 40-8-1 of the General Laws in Chapter 40-8 entitled “Medical Assistance” is hereby amended to read as follows:

**40-8-1. Declaration of policy.** -- (a) Whereas, in the state of Rhode Island there are many persons who do not have sufficient income and resources to meet the cost of medical care and who, except for income and resource requirements, would be eligible for aid or assistance under § 40-5.1-9 or § 40-6-27; and

(b) Whereas, it is in the best interest of all the citizens of this state to promote the welfare of persons with the characteristics of persons eligible to receive public assistance and ensure that they will receive adequate medical care and treatment in time of need;

(c) Now, therefore, it is declared to be the policy of this state to provide medical assistance for those persons in this state who possess the characteristics of persons receiving public assistance under the provisions of § 40-5.1-9 or § 40-6-27, and who do not have the income and resources to provide it for themselves or who can do so only at great financial sacrifice. Provided, further, that such medical assistance, must qualify for federal financial participation pursuant to the provisions of Title XIX of the federal Social Security Act, 42 U.S.C. § 1396 et seq., as such provisions apply to medically needy only applicants and recipients.

(d) Medical assistance shall be provided under this chapter without regard to the availability of federal financial participation: (1) to a person who does not meet the citizenship or alienage criteria under Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., and who was lawfully residing in the United States before August 22, 1996 and who was a resident of this state prior to July 1, 1997; and provided, however, that such person meets all other eligibility requirements under this chapter or under Title XIX or Title XXI of the Social Security Act.

(e) Medical assistance shall also be provided under this chapter to a non citizen child who was lawfully admitted for permanent residence on or after August 22, 1996 or who first becomes otherwise entitled to reside in the United States on or after August 22, 1996; provided, however, that such person meets all other eligibility requirements under this chapter or under Title XIX or Title XXI of the Social Security Act.

SECTION 2. Sections 40-8.4-2, 40-8.4-4, and 40-8.4-12 of the General Laws in Chapter 40-8.4 entitled “Health Care for Families” are hereby amended to read as follows:

**40-8.4-2. Purpose.** -- It is the intent of the general assembly to continue to meet the goal established in 1993 pursuant to § 42-12.3-1 to assure access to comprehensive health care by providing or creating access to health insurance to all Rhode Islanders who are uninsured. Over the course of several years, health insurance through the RIte Care program has been extended to pregnant women and children living in families whose income is less than two hundred fifty percent (250%) of the federal poverty level. Many of the parents of these children are uninsured and without the means to purchase health insurance. Federal funds are available to help pay for health insurance for low-income families through the medical assistance program under § 1931 of Title XIX of the Social Security Act, 42 U.S.C. § 1396u-1, which de-links medical assistance from cash assistance and allows for expanded income and resource methodologies. It is the intent of the general assembly, therefore, to implement § 1931 of Title XIX of the Social Security Act

2-13 and in addition to provide expanded access to health insurance for eligible families. Federal funds  
2-14 for some children and ~~their parents~~ pregnant women may also be available under Title XXI of the  
2-15 Social Security Act, 42 U.S.C. § 1397 aa et seq., and it is further the intent of the general  
2-16 assembly to access these funds as appropriate and as authorized in accordance with the legal  
2-17 authority provided by the Children’s Health Insurance Program Reauthorization Act of 2009  
2-18 (CHIPRA), and Title XXI of the Social Security Act, 42 U.S.C. § 1397 et seq.

2-19 **40-8.4-4. Eligibility.** -- (a) Medical assistance for families. There is hereby established a  
2-20 category of medical assistance eligibility pursuant to § 1931 of Title XIX of the Social Security  
2-21 Act, 42 U.S.C. § 1396u-1, for families whose income and resources are no greater than the  
2-22 standards in effect in the aid to families with dependent children program on July 16, 1996 or  
2-23 such increased standards as the department may determine. The department of human services is  
2-24 directed to amend the medical assistance Title XIX state plan and to submit to the U.S.  
2-25 Department of Health and Human Services an amendment to the RIte Care waiver project to  
2-26 provide for medical assistance coverage to families under this chapter in the same amount, scope  
2-27 and duration as coverage provided to comparable groups under the waiver. The department is  
2-28 further authorized and directed to submit such amendments and/or requests for waivers to the  
2-29 Title XXI state plan as may be necessary to maximize federal contribution for provision of  
2-30 medical assistance coverage ~~under this chapter~~ provided pursuant to this chapter, including  
2-31 providing medical coverage as a “qualified state” in accordance with Title XXI of the Social  
2-32 Security Act, 42 U.S.C. § 1397 et seq. ~~However, implementation~~ Implementation of expanded  
2-33 coverage under this chapter shall not be delayed pending federal review of any Title XXI  
2-34 amendment or waiver.

3-1 (b) Income. The director of the department of human services is authorized and directed  
3-2 to amend the medical assistance Title XIX state plan or RIte Care waiver to provide medical  
3-3 assistance coverage through expanded income disregards or other methodology for parents or  
3-4 relative caretakers whose income levels are below one hundred seventy-five percent (175%) of  
3-5 the federal poverty level.

3-6 (c) Waiver. The department of human services is authorized and directed to apply for and  
3-7 obtain appropriate waivers from the Secretary of the U.S. Department of Health and Human  
3-8 Services, including, but not limited to, a waiver of the appropriate provisions of Title XIX, to  
3-9 require that individuals with incomes equal to or greater than one hundred thirty-three percent  
3-10 (133%) of the federal poverty level pay a share of the costs of their medical assistance coverage  
3-11 provided through enrollment in either the RIte Care Program or under the premium assistance  
3-12 program under § 40-8.4-12, in a manner and at an amount consistent with comparable cost-  
3-13 sharing provisions under § 40-8.4-12, provided that such cost sharing shall not exceed five  
3-14 percent (5%) of annual income for those with annual income in excess of one hundred thirty-three  
3-15 percent (133%); and provided, further, that cost-sharing shall not be required for pregnant women  
3-16 or children under age one.

3-17 **40-8.4-12. RIte Share Health Insurance Premium Assistance Program.** -- (1) The  
3-18 department of human services is authorized and directed to amend the medical assistance Title  
3-19 XIX state plan to implement the provisions of § 1906 of Title XIX of the Social Security Act, 42  
3-20 U.S.C. § 1396e, and establish the Rhode Island health insurance premium assistance program for  
3-21 RIte Care eligible parents with incomes up to one hundred seventy-five percent (175%) of the  
3-22 federal poverty level who have access to employer-based health insurance. The state plan  
3-23 amendment shall require eligible individuals with access to employer-based health insurance to  
3-24 enroll themselves and/or their family in the employer-based health insurance plan as a condition  
3-25 of participation in the RIte Share program under this chapter and as a condition of retaining  
3-26 eligibility for medical assistance under chapters 5.1 and 8.4 of this title and/or chapter 12.3 of title  
3-27 42 and/or premium assistance under this chapter, provided that doing so meets the criteria  
3-28 established in § 1906 of Title XIX for obtaining federal matching funds and the department has  
3-29 determined that the individual's and/or the family's enrollment in the employer-based health

3-30 insurance plan is cost-effective and the department has determined that the employer-based health  
3-31 insurance plan meets the criteria set forth in subsection (d). The department shall provide  
3-32 premium assistance by paying all or a portion of the employee's cost for covering the eligible  
3-33 individual or his or her family under the employer-based health insurance plan, subject to the cost  
3-34 sharing provisions in subsection (b), and provided that the premium assistance is cost-effective in  
4-1 accordance with Title XIX, 42 U.S.C. § 1396 et seq.

4-2 (b) Individuals who can afford it shall share in the cost. The department of human  
4-3 services is authorized and directed to apply for and obtain any necessary waivers from the  
4-4 secretary of the United States Department of Health and Human Services, including, but not  
4-5 limited to, a waiver of the appropriate sections of Title XIX, 42 U.S.C. § 1396 et seq., to require  
4-6 that individuals eligible for RIte Care under this chapter or chapter 12.3 of title 42 with incomes  
4-7 equal to or greater than one hundred thirty-three percent (133%) of the federal poverty level pay a  
4-8 share of the costs of health insurance based on the individual's ability to pay, provided that the  
4-9 cost sharing shall not exceed five percent (5%) of the individual's annual income. The department  
4-10 of human services shall implement the cost-sharing by regulation, and shall consider co-  
4-11 payments, premium shares or other reasonable means to do so.

4-12 (c) Current RIte Care enrollees with access to employer-based health insurance. The  
4-13 department of human services shall require any individual who receives RIte Care or whose  
4-14 family receives RIte Care on the effective date of the applicable regulations adopted in  
4-15 accordance with subsection (f) to enroll in an employer-based health insurance plan at the  
4-16 individual's eligibility redetermination date or at an earlier date determined by the department,  
4-17 provided that doing so meets the criteria established in the applicable sections of Title XIX, 42  
4-18 U.S.C. § 1396 et seq., for obtaining federal matching funds and the department has determined  
4-19 that the individual's and/or the family's enrollment in the employer-based health insurance plan is  
4-20 cost-effective and has determined that the health insurance plan meets the criteria in subsection  
4-21 (d). The insurer shall accept the enrollment of the individual and/or the family in the employer-  
4-22 based health insurance plan without regard to any enrollment season restrictions.

4-23 (d) Approval of health insurance plans for premium assistance. The department of  
4-24 human services shall adopt regulations providing for the approval of employer-based health  
4-25 insurance plans for premium assistance and shall approve employer-based health insurance plans  
4-26 based on these regulations. In order for an employer-based health insurance plan to gain approval,  
4-27 the department must determine that the benefits offered by the employer-based health insurance  
4-28 plan are substantially similar in amount, scope, and duration to the benefits provided to RIte Care  
4-29 eligible persons by the RIte Care program, when the plan is evaluated in conjunction with  
4-30 available supplemental benefits provided by the department. The department shall obtain and  
4-31 make available to persons otherwise eligible for RIte Care as supplemental benefits those benefits  
4-32 not reasonably available under employer-based health insurance plans which are required for RIte  
4-33 Care eligible persons by state law or federal law or regulation.

4-34 (e) Maximization of federal contribution. The department of human services is  
5-1 authorized and directed to apply for and obtain federal approvals and waivers necessary to  
5-2 maximize the federal contribution for provision of medical assistance coverage under this section,  
5-3 including the authorization to amend the Title XXI state plan and to obtain any waivers  
5-4 necessary to reduce barriers to provide premium assistance to recipients as provided for in Title  
5-5 XXI of the Social Security Act, 42 U.S.C. § 1397 et seq.

5-6 (f) Implementation by regulation. The department of human services is authorized and  
5-7 directed to adopt regulations to ensure the establishment and implementation of the premium  
5-8 assistance program in accordance with the intent and purpose of this section, the requirements of  
5-9 Title XIX, Title XXI and any approved federal waivers.

5-10 SECTION 3. Sections 42-12.3-3, 42-12.3-4 and 42-12.3-15 of the General Laws in  
5-11 Chapter 42-12 entitled "Health Care for Children and Pregnant Women" are hereby amended to  
5-12 read as follows:

5-13 **42-12.3-3. Medical assistance expansion for pregnant women/RItE Start.** -- (a) The  
5-14 director of the department of human services is authorized to amend its title XIX state plan  
5-15 pursuant to title XIX of the Social Security Act to provide Medicaid coverage and to amend its  
5-16 title XXI state plan pursuant to Title XXI of the Social Security Act to provide medical assistance  
5-17 coverage through expanded family income disregards for pregnant women whose family income  
5-18 levels are between one hundred eighty-five percent (185%) and two hundred fifty percent (250%)  
5-19 of the federal poverty level. The department is further authorized to promulgate any regulations  
5-20 necessary and in accord with title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397  
5-21 et seq.] of the Social Security Act necessary in order to implement said state plan amendment.  
5-22 The services provided shall be in accord with title XIX [42 U.S.C. § 1396 et seq.] and title XXI  
5-23 [42 U.S.C. §1397 et seq.] of the Social Security Act.

5-24 (b) The director of the department of human services is authorized and directed to  
5-25 establish a payor of last resort program to cover prenatal, delivery and postpartum care. The  
5-26 program shall cover the cost of maternity care for any woman who lacks health insurance  
5-27 coverage for maternity care and who is not eligible for medical assistance under title XIX [42  
5-28 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397 et seq.] of the Social Security Act  
5-29 including, but not limited to, a non-citizen pregnant woman lawfully admitted for permanent  
5-30 residence on or after August 22, 1996, without regard to the availability of federal financial  
5-31 participation, provided such pregnant woman satisfies all other eligibility requirements. The  
5-32 director shall promulgate regulations to implement this program. Such regulations shall include  
5-33 specific eligibility criteria; the scope of services to be covered; procedures for administration and  
5-34 service delivery; referrals for non-covered services; outreach; and public education. Excluded  
6-1 services under this paragraph will include, but not be limited to, induced abortion except to  
6-2 prevent the death of the mother.

6-3 (c) The department of human services may enter into cooperative agreements with the  
6-4 department of health and/or other state agencies to provide services to individuals eligible for  
6-5 services under subsections (a) and (b) above.

6-6 (d) The following services shall be provided through the program:

6-7 (1) Ante-partum and postpartum care;

6-8 (2) Delivery;

6-9 (3) Cesarean section;

6-10 (4) Newborn hospital care;

6-11 (5) Inpatient transportation from one hospital to another when authorized by a medical  
6-12 provider;

6-13 (6) Prescription medications and laboratory tests;

6-14 (e) The department of human services shall provide enhanced services, as appropriate,  
6-15 to pregnant women as defined in subsections (a) and (b), as well as to other pregnant women  
6-16 eligible for medical assistance. These services shall include: care coordination, nutrition and  
6-17 social service counseling, high risk obstetrical care, childbirth and parenting preparation  
6-18 programs, smoking cessation programs, outpatient counseling for drug-alcohol use, interpreter  
6-19 services, mental health services, and home visitation. The provision of enhanced services is  
6-20 subject to available appropriations. In the event that appropriations are not adequate for the  
6-21 provision of these services, the department has the authority to limit the amount, scope and  
6-22 duration of these enhanced services.

6-23 (f) The department of human services shall provide for extended family planning  
6-24 services for up to twenty-four (24) months postpartum. These services shall be available to  
6-25 women who have been determined eligible for RItE Start or for medical assistance under title XIX  
6-26 [42 U.S.C. § 1396 et seq.] or title XXI [42 U.S.C. §1397 et seq.] of the Social Security Act.

6-27 **42-12.3-4. "RItE track" program.** -- There is hereby established a payor of last resort  
6-28 program for comprehensive health care for children until they reach nineteen (19) years of age, to  
6-29 be known as "RItE track". The department of human services is hereby authorized to amend its

6-30 title XIX state plan pursuant to title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C.  
6-31 §1397 et seq.] of the Social Security Act as necessary to provide for expanded Medicaid coverage  
6-32 through expanded family income disregards for children, until they reach nineteen (19) years of  
6-33 age, whose family income levels are up to two hundred fifty percent (250%) of the federal  
6-34 poverty level. Provided, however, that health care coverage provided under this section shall also  
7-1 be provided in accordance to Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., to a  
7-2 non citizen child who is lawfully residing in the United States, and who is otherwise eligible for  
7-3 such assistance. The department is further authorized to promulgate any regulations necessary,  
7-4 and in accord with title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397 et seq.] of  
7-5 the Social Security Act as necessary in order to implement the state plan amendment. For those  
7-6 children who lack health insurance, and whose family incomes are in excess of two hundred fifty  
7-7 percent (250%) of the federal poverty level, the department of human services shall promulgate  
7-8 necessary regulations to implement the program. The department of human services is further  
7-9 directed to ascertain and promulgate the scope of services that will be available to those children  
7-10 whose family income exceeds the maximum family income specified in the approved title XIX  
7-11 [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397 et seq.] state plan amendment.  
7-12 **42-12.3-15. Expansion of RIte track program. --** The Department of Human Services  
7-13 is hereby authorized and directed to submit to the United States Department of Health and Human  
7-14 Services an amendment to the "RIte Care" waiver project number 11-W-0004/1-01 to provide for  
7-15 expanded Medicaid coverage for children until they reach eight (8) years of age, whose family  
7-16 income levels are to two hundred fifty percent (250%) of the federal poverty level. Expansion of  
7-17 the RIte track program from the age of six (6) until they reach eighteen (18) years of age in  
7-18 accordance with this chapter shall be subject to the approval of the amended waiver by the United  
7-19 States Department of Health and Human Services. Health care coverage under this section shall  
7-20 also be provided to a non-citizen child lawfully residing in the United States, and who is  
7-21 otherwise eligible for such assistance under title XIX [42 U.S.C. § 1396 et seq.] or title XXI [42  
7-22 U.S.C. §1397 et seq.]  
7-23 SECTION 4. This article shall take effect upon passage.

**MOTION: To support 09 H 5983 Article 28 Relating to the Children’s Health Insurance Program RMcM/PR passed unanimous**

The Legislation Committee recommends the Commission support:  
**09 H 5983 Article 29 Relating to Diagnosis Related Groups** Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee  
This article would repeal the provisions of: § 40-8-13.1. Reimbursement for out-of-state hospital services; § 40-8-13.2. Prospective rate methodology for in-state hospital services; and § 27-19-14. Negotiation of hospital cost. They would be replaced with a new payment methodology utilizing the Diagnosis Related Groups (DRG) method of payment to hospitals.  
*{H.Finance heard 4/9 S.Finance hearing 4/30 @ 2 in rm 211}*

**ARTICLE 29**

**RELATING TO DIAGNOSIS RELATED GROUPS**

SECTION 1. Sections 40-8-13.1 and 40-8-13.2 of the General Laws in Charter 40-8 entitled “Medical Assistance” are hereby amended to read as follows:

**40-8-13.1. Reimbursement for out-of-state hospital services. --** (a) The department of human services is hereby authorized and directed to amend, effective July 1, 1995, its regulations, fee schedules and the Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal Social Security Act to provide for reimbursement to out-of-state hospitals for services provided to eligible recipients in accordance with this section.

(b) Authorized inpatient hospital services shall be reimbursed at a rate equal to fifty

1-11 percent (50%) of the out-of-state hospital's customary charge(s) for such services to Title XIX  
1-12 recipients in that state; provided, however, that in-patient hospital organ transplant services shall  
1-13 be reimbursed at sixty-one percent (61%) of the out-of-state hospital's customary charge(s) for  
1-14 such organ transplant services to Title XIX recipients in that state. Authorized outpatient hospital  
1-15 services (other than laboratory services) shall be reimbursed at a rate equal to fifty-three percent  
1-16 (53%) of the out-of-state hospital's customary charge(s) for such services to Title XIX recipients  
1-17 in that state; outpatient laboratory services shall be reimbursed at the Medicare allowable rate.

1-18 (c) The department may periodically adjust the inpatient and/or outpatient service  
1-19 reimbursement rate(s) based upon a medical care cost index to be determined by the department.

1-20 (d) The provisions of this section shall be repealed upon the promulgation of  
1-21 amendments and new methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any  
1-22 event no later than March 30, 2010.

1-23 **40-8-13.2. Prospective rate methodology for in-state hospital services.** -- As a  
1-24 condition of participation in the established prospective rate methodology for reimbursement of  
1-25 in-state hospital services, every hospital shall submit year-end settlement reports to the  
1-26 department within one year from the close of a hospital's fiscal year. In the event that a  
1-27 participating hospital fails to timely submit a year-end settlement report as required, the  
1-28 department shall withhold financial cycle payments due by any state agency with respect to this  
1-29 hospital by not more than ten percent (10%) until the report is received. The provisions of this  
1-30 section shall be repealed upon the promulgation of amendments and new methodology pursuant  
2-1 to sections 40-8-13.3 and 40-8-13.4, but in any event no later than March 30, 2010.

2-2 SECTION 2. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby  
2-3 amended by adding thereto the following sections:

2-4 **40-8-13.3. Payment for Services provided by in state and out of state hospitals.--** (a)  
2-5 The department of human services and/or the secretary of executive office of health and human  
2-6 services is hereby authorized and directed to amend its rules and regulations and amend the  
2-7 Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal  
2-8 Social Security Act in order to provide for payment to hospitals for services provided to eligible  
2-9 recipients in accordance with this chapter. The provisions of this section shall be effective upon  
2-10 the promulgation of the amendments and new payment methodology pursuant to this section and  
2-11 section 40-8-13.4, which shall in any event be no later than March 30, 2010, at which time the  
2-12 provisions of sections 40-8-13.2, 27-19-14, 27-19-15 and 27-19-16 shall be repealed in their  
2-13 entirety.

2-14 **40-8-13.4. Rate methodology for payment for in state and out of state hospital**  
2-15 **services.--**

2-16 (a) The department of human services shall implement a new methodology for payment  
2-17 for in state and out of state hospital services in order to ensure access to and the provision of high  
2-18 quality and cost-effective hospital care to its eligible recipients.

2-19 (b) In order to improve efficiency and cost effectiveness, the department of human  
2-20 services shall:

2-21 (1) With respect to inpatient services: Implement a new payment methodology for  
2-22 inpatient services utilizing the Diagnosis Related Groups (DRG) method of payment, which is, a  
2-23 patient classification method which provides a means of relating payment to the hospitals to the  
2-24 type of patients cared for by the hospitals. It is understood that a payment method based on  
2-25 Diagnosis Related Groups may include cost outlier payments and other specific exceptions.

2-26 (2) With respect to outpatient services. Notwithstanding any provisions of the law to the  
2-27 contrary, the department will reimburse hospitals for outpatient services using a rate methodology  
2-28 determined by the department and in accordance with federal regulations.

2-29 (c) It is intended that payment utilizing the Diagnosis Related Groups method shall  
2-30 reward hospitals for providing the most efficient care, and provide the department the opportunity  
2-31 to conduct value based purchasing of inpatient care.

2-32 (d) The director of the department of human services and/or the secretary of executive  
2-33 office of health and human services is hereby authorized to promulgate such rules and regulations  
2-34 consistent with this chapter, and to establish fiscal procedures he or she deems necessary for the  
3-1 proper implementation and administration of this chapter in order to provide payment to hospitals  
3-2 using the Diagnosis Related Group payment methodology. Furthermore, amendment of the  
3-3 Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal  
3-4 Social Security Act is hereby authorized to provide for payment to hospitals for services provided  
3-5 to eligible recipients in accordance with this chapter.

3-6 (e) The department shall comply with all public notice requirements necessary to  
3-7 implement these rate changes.

3-8 (f) As a condition of participation in the DRG methodology for payment of hospital  
3-9 services, every hospital shall submit year-end settlement reports to the department within one  
3-10 year from the close of a hospital's fiscal year. Should a participating hospital fail to timely submit  
3-11 a year-end settlement report as required by this section, the department shall withhold financial  
3-12 cycle payments due by any state agency with respect to this hospital by not more than ten percent  
3-13 (10%) until said report is submitted.

3-14 (g) The provisions of this section shall be effective upon implementation of the  
3-15 amendments and new payment methodology pursuant to this section and section 40-8-13.3,  
3-16 which shall in any event be no later than March 30, 2010, at which time the provisions of sections  
3-17 40-8-13.2, 27-19-14, 27-19-15 and 27-19-16 shall be repealed in their entirety.

3-18 SECTION 3. Sections 27-19-14, 27-19-15 and 27-19-16 of the General Laws in Chapter  
3-19 27-19 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

3-20 **27-19-14. Negotiation of hospital cost.--** The state, acting through the budget officer  
3-21 or his or her designated representative, hospitals, and hospital service corporations incorporated  
3-22 under this chapter shall be parties to annual budget negotiations held for the purpose of  
3-23 determining payment rates for hospital costs by the state and those corporations. The parties to  
3-24 the negotiations shall know the total operating expenses for hospitals. The negotiations shall  
3-25 commence no later than one hundred eighty (180) days prior to the beginning of each hospital  
3-26 fiscal year. The negotiations, which shall be considered collective bargaining for the purposes of  
3-27 § 42-46-5(a)(2), shall be held for each hospital fiscal year and individual budget negotiations  
3-28 shall commence not later than ninety (90) days prior to the beginning of each hospital fiscal year.  
3-29 The parties shall employ mediation and arbitration services-as an aid to the negotiations. The  
3-30 provisions of this section shall be repealed upon the implementation of amendments and new  
3-31 methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any event no later than March  
3-32 30, 2010.

3-33 **27-19-15. Agreement on budgets. --** (a) The budgets and/or each hospital's projected  
3-34 expenses and related statistics shall be agreed upon not later than thirty (30) days prior to the  
4-1 beginning of each hospital fiscal year. The agreement shall be prima facie evidence that the  
4-2 budgets and related statistics are:

4-3 (1) Consistent with the proper conduct of the business of the corporations and the  
4-4 interest of the public to the extent that the budgets constitute in the aggregate a component of  
4-5 hospital service rates filed for approval in any rate hearing; and

4-6 (2) Reasonable as a component of rates paid by the state as a purchaser of hospital  
4-7 services.

4-8 (b) Each hospital shall file its proposed budget to the state budget office which shall  
4-9 include projected expenses for the current fiscal year and planned expenses for the next fiscal  
4-10 year. Each hospital will also file with the state budget office a copy of its audited financial  
4-11 statements with rates within thirty (30) days of acceptance by the hospital's board of trustees. The  
4-12 provisions of this section shall not apply and shall be repealed upon the implementation of  
4-13 amendments and new methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any  
4-14 event no later than March 30, 2010.

4-15 **27-19-16. Severability.** -- If a court of competent jurisdiction shall adjudge that the  
4-16 requirement in § 27-19-14 that the state be a party to negotiations in which the United States is a  
4-17 party or otherwise interested is invalid or unconstitutional, that judgment shall not impair or  
4-18 invalidate § 27-19-14 insofar as it requires the state to be a party to negotiations between  
4-19 hospitals and hospital service corporations; and if any other clause, sentence, or section of §§ 27-  
4-20 19-14, 27-19-15, or this section is adjudged invalid or unconstitutional by a court of competent  
4-21 jurisdiction, the remaining provisions of the sections will not be impaired or invalidated by that  
4-22 invalidity, but the effect of the judgment shall be confined to the clause, sentence, or section so  
4-23 adjudged to be invalid or unconstitutional. If the United States or any of its departments or  
4-24 agencies requires that funds supplied by it to the state for the purchase or reimbursement of  
4-25 hospital services be disbursed in a manner inconsistent with any agreement reached by the parties  
4-26 pursuant to §§ 27-19-14 and 27-19-15, that requirement shall not affect any agreement as to other  
4-27 funds to be paid by the state or by hospital service corporations. The provisions of this section  
4-28 shall be repealed upon the implementation of amendments and new methodology pursuant to  
4-29 sections 40-8-13.3 and 40-8-13.4, but in any event no later than March 30, 2010.  
4-30 SECTION 4. This article shall take effect upon passage.

**Potential MOTION: To support 09 H 5983 Article 29 Relating to Diagnosis Related Groups RMcM/JT passed unanimously**

The Legislation Committee recommends the Commission oppose:  
**09 H 5983 Article 40 Relating to Medical Assistance Dental Benefits** Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee  
This article authorizes the department of human services to eliminate dental services for Rite Care eligible adults over the age of 21 {H.Finance heard 4/8 S.Finance heard 4/23}

**ARTICLE 40**

**RELATING TO MEDICAL ASSISTANCE --DENTAL BENEFITS**

SECTION 1. Section 40-8.4-19 of the General Laws in Chapter 40-8.4 entitled "Health Care for Families" is hereby amended to read as follows:

**40-8.4-19. Managed health care delivery systems for families.** -- (a) Notwithstanding any other provision of state law, the delivery and financing of the health care services provided under this chapter shall be provided through a system of managed care. "Managed care" is defined as systems that: integrate an efficient financing mechanism with quality service delivery; provide a "medical home" to assure appropriate care and deter unnecessary services; and place emphasis on preventive and primary care. For the purposes of Medical Assistance, managed care systems are defined 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, including standards pertaining to certification as an "advanced medical home".

(b) 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.

(c) Individuals who can afford to contribute shall share in the cost. The department of human services is authorized and directed to apply for and obtain any necessary waivers and/or state plan amendments from the secretary of the U.S. department of health and human services, including, but not limited to, a waiver of the appropriate sections of Title XIX, 42 U.S.C. § 1396 et seq., to require that beneficiaries eligible under this chapter or chapter 12.3 of title 42, with incomes equal to or greater than one hundred thirty-three percent (133%) of the federal poverty

1-27 level, pay a share of the costs of health coverage based on the ability to pay. The department of  
1-28 human services shall implement this cost-sharing obligation by regulation, and shall consider co-  
1-29 payments, premium shares, or other reasonable means to do so in accordance with approved  
1-30 provisions of appropriate waivers and/or state plan amendments approved by the secretary of the  
2-1 United States department of health and human services.

2-2 (d) All children and families receiving Medical Assistance under title 40 of the Rhode  
2-3 Island general laws shall also be subject to co-payments for certain medical services as approved  
2-4 in the waiver and/or the applicable state plan amendment, and in accordance with rules and  
2-5 regulations promulgated by the department.

2-6 (e) The department of human services may provide health benefits, similar to those  
2-7 available through commercial health plans, to parents or relative caretakers who are Rite Care  
2-8 with an income above one hundred percent (100%) of the federal poverty level who are not  
2-9 receiving cash assistance under the Rhode Island Temporary Assistance to Needy Families  
2-10 (TANF program).

2-11 (f) The department of human services is authorized to create consumer directed health  
2-12 care accounts, including but not limited to health opportunity accounts or health savings accounts,  
2-13 in order to increase and encourage personal responsibility, wellness and healthy decision-making,  
2-14 disease management, and to provide tangible incentives for beneficiaries who meet designated  
2-15 wellness initiatives.

2-16 (g) Notwithstanding the above, the department is authorized to eliminate dental services  
2-17 for adults over the age of twenty one (21).

2-18 SECTION 2. This article shall take effect as of July 1, 2009.

**MOTION: To oppose 09 H 5983 Article 40 Relating to Medical Assistance Dental Benefits RMCM/PR passed unanimously**

The Legislation Committee recommends the Commission oppose:

**09 H 5983 Article 17 Relating to Motor Fuel Tax** Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee

This article permanently transfers the proceeds of one cent of the thirty cent motor fuel tax from the general fund to the department of transportation effective July 1, 2009, rather than as many public and para transit consumers hoped assigning it to RIPTA.

*{H.Finance 4/6 heard S.Finance 5/19 @ 2 PM in rm 211}*

**ARTICLE 17**

**RELATING TO MOTOR FUEL TAX**

1-1 SECTION 1. Section 31-36-20 of the General Laws in Chapter 31-36 entitled "Motor  
1-2 Fuel Tax" is hereby amended to read as follows:

1-3 **31-36-20. Disposition of proceeds.** – (a) Notwithstanding any other provision of law to  
1-4 the contrary, all moneys paid into the general treasury under the provisions of this chapter or  
1-5 chapter 37 of this title shall be applied to and held in a separate fund and be deposited in any  
1-6 depositories that may be selected by the general treasurer to the credit of the fund, which fund  
1-7 shall be known as the Intermodal Surface Transportation Fund; provided, that in fiscal year 2004  
1-8 for the months of July through April six and eighty-five hundredth cents (\$0.0685) per gallon of  
1-9 the tax imposed and accruing for the liability under the provisions of § 31-36-7, less refunds and  
1-10 credits, shall be transferred to the Rhode Island public transit authority as provided under § 39-  
1-11 18-21. For the months of May and June in fiscal year 2004, the allocation shall be five and five  
1-12 hundredth cents (\$0.0505). Thereafter, until fiscal year 2006, the allocation shall be six and  
1-13 twenty-five hundredth cents (\$0.0625). For fiscal year 2006 and thereafter the allocation shall be  
1-14 seven and twenty-five hundredth cents (\$0.0725); provided, that expenditures shall include the  
1-15 costs of a market survey of non-transit users and a management study of the agency to include the  
1-16  
1-17

1-18 feasibility of moving the Authority into the Department of Transportation, both to be conducted  
1-19 under the auspices of the state budget officer. The state budget officer shall hire necessary  
1-20 consultants to perform the studies, and shall direct payment by the Authority. Both studies shall  
1-21 be transmitted by the Budget Officer to the 2006 session of the General Assembly, with  
1-22 comments from the Authority. One cent (\$0.01) per gallon shall be transferred to the  
1-23 Elderly/Disabled Transportation Program of the department of elderly affairs, and the remaining  
1-24 cents per gallon shall be available for general revenue as determined by the following schedule:  
1-25 (i) For the fiscal year 2000, three and one fourth cents (\$0.0325) shall be available for  
1-26 general revenue.  
1-27 (ii) For the fiscal year 2001, one and three-fourth cents (\$0.0175) shall be available for  
1-28 general revenue.  
1-29 (iii) For the fiscal year 2002, one-fourth cent (\$0.0025) shall be available for general  
1-30 revenue.  
2-1 (iv) For the fiscal year 2003, two and one-fourth cent (\$0.0225) shall be available for  
2-2 general revenue.  
2-3 (v) For the months of July through April in fiscal year 2004, one and four-tenths cents  
2-4 (\$0.014) shall be available for general revenue. For the months of May through June in fiscal year  
2-5 2004, three and two-tenths cents (\$0.032) shall be available for general revenue, and thereafter,  
2-6 until fiscal year 2006, two cents (\$0.02) shall be available for general revenue. For fiscal year  
2-7 2006 ~~and thereafter~~ through FY 2009 one cent (\$0.01) shall be available for general revenue.  
2-8 (2) All deposits and transfers of funds made by the tax administrator under this section,  
2-9 including those to the Rhode Island public transit authority, the department of elderly affairs and  
2-10 the general fund, shall be made within twenty-four (24) hours of receipt or previous deposit of the  
2-11 funds in question.  
2-12 (3) Commencing in fiscal year 2004, the Director of the Rhode Island Department of  
2-13 Transportation is authorized to remit, on a monthly or less frequent basis as shall be determined  
2-14 by the Director of the Rhode Island Department of Transportation, or his or her designee, or at the  
2-15 election of the Director of the Rhode Island Department of Transportation, with the approval of  
2-16 the Director of the Department of Administration, to an indenture trustee, administrator, or other  
2-17 third party fiduciary, in an amount not to exceed two cents (\$0.02) per gallon of the gas tax  
2-18 imposed, in order to satisfy debt service payments on aggregate bonds issued pursuant to a Joint  
2-19 Resolution and Enactment Approving the Financing of Various Department of Transportation  
2-20 Projects adopted during the 2003 session of the General Assembly, and approved by the  
2-21 Governor.  
2-22 (b) Notwithstanding any other provision of law to the contrary, all other funds in the  
2-23 fund shall be dedicated to the department of transportation, subject to annual appropriation by the  
2-24 general assembly. The director of transportation shall submit to the general assembly, budget  
2-25 office and office of the governor annually an accounting of all amounts deposited in and credited  
2-26 to the fund together with a budget for proposed expenditures for the succeeding fiscal year in  
2-27 compliance with §§ 35-3-1 and 35-3-4. On order of the director of transportation, the state  
2-28 controller is authorized and directed to draw his or her orders upon the general treasurer for the  
2-29 payments of any sum or portion of the sum that may be required from time to time upon receipt  
2-30 of properly authenticated vouchers.  
2-31 (c) At any time the amount of the fund is insufficient to fund the expenditures of the  
2-32 department of transportation, not to exceed the amount authorized by the general assembly, the  
2-33 general treasurer is authorized, with the approval of the governor and the director of  
2-34 administration, in anticipation of the receipts of monies enumerated in § 31-36-20 to advance  
3-1 sums to the fund, for the purposes specified in § 31-36-20, any funds of the state not specifically  
3-2 held for any particular purpose. However, all the advances made to the fund shall be returned to  
3-3 the general fund immediately upon the receipt by the fund of proceeds resulting from the receipt  
3-4 of monies to the extent of the advances.

3-5 SECTION 2. This article shall take effect as of July 1, 2009.

<b>MOTION: To oppose 09 H 5983 Article 17 Relating to Motor Fuel Tax RMcM/PR passed unanimously</b>		
<b>Announcements &amp; Scheduling of Meetings</b>	<b>Tim Flynn</b>	<b>5 min.</b>
The next regularly scheduled meeting is for selecting the Mary Brennan Fellow for this summer.		
Next meeting will be on:	Tuesday May 12, 2009	Starting at: 4 PM
<b>Adjournment:</b>	Chairperson adjourned the meeting at 6:14 PM	
<b>Observers:</b>	Commissioners Jeanne Behie; Sharon Brinkworth; Sanford Lupovitz	
<b>Resource persons:</b>	Bob Cooper, Secretary, Harvey Salvas, State ADA Coordinator	