

Background:

A. State Policy Issues

TCDD Staff will provide an update regarding recent public policy activities, including the implementation of legislation and the budget adopted by the 83rd Texas Legislature.

Discussion topics include:

- Employment First Task Force
- Senate Bill 7 Implementation
- Public Education

B. Update on State Supported Living Center Activities

The committee will receive an update on recent activities involving State Supported Living Centers.

C. Federal Policy Issues

TCDD Public Policy staff will provide an overview of the status and implementation of various federal legislative initiatives that impact people with developmental disabilities including the ABLE Act.

Important Terms

Legislative Appropriations Request (LAR): a document prepared by each state agency and institution which details the amount of funding each agency is seeking from the legislature.

Public Policy Committee

Agenda Item 6.

Expected Action:

The Committee will receive updates on these items and may make recommendations for consideration by the Council.

Council

Agenda Item 17. B.

Expected Action:

The Council will receive reports from the Public Policy Committee and consider any recommendations offered from the Committee.

Blueprint for Integrated Employment

Going from sorting buttons in a workshop for just pennies an hour to making minimum wage in an office isn't just a dream for Rhode Island residents with developmental disabilities anymore.

The State of Rhode Island has entered into an agreement, called a "consent decree" with federal officials, to create integrated employment opportunities for people with developmental disabilities who currently work or spend their days in segregated environments. This agreement has been called many things, including a "way forward," a "landmark," and a "blueprint for other states."

What is the consent decree?

The consent decree is an agreement between the state of Rhode Island and the United States Department of Justice (DOJ). The DOJ is one of the federal agencies with the authority to enforce the Americans with Disabilities Act (ADA). In the consent decree, the state of Rhode Island agrees to take certain actions to resolve possible ADA violations within the state.

Why did the consent decree happen?

The DOJ looked at Rhode Island's programs for people with intellectual and developmental disabilities (I/DD) and determined that Rhode Island may not have been following the ADA. About 80% of people with I/DD receiving state services were being served in settings where they were kept apart from people without disabilities, including sheltered workshops and facility-based day programs. The ADA directs states to serve people in the most integrated settings possible and the DOJ determined that Rhode Island was not doing so.

Rather than going through a full lawsuit where a judge would make a decision, the DOJ and Rhode Island worked together to create a plan to end these possible ADA violations. The consent decree is the plan that the DOJ and Rhode Island created and agreed to. Although a judge did not make a decision, Rhode Island has still formally committed to taking certain actions.

Do other states have to follow the terms of the consent decree?

No. The consent decree is an agreement, like a contract, between Rhode Island and the DOJ. The actions that Rhode Island agrees to take are specific to the situation in that state.

Why has the consent decree been called a "blueprint" for other states?

The consent decree contains a lot of useful information for other states. It lays out steps that other states could choose to take when making changes to their own systems.

Big picture: what did Rhode Island agree to do?

Rhode Island agreed to transform its service system over the next 10 years. The terms of the decree focus on transitioning people who are currently employed in sheltered workshops or are receiving services in a facility-based day program into supported employment. Transitioning youth who are at risk of placement in segregated settings will receive additional services and supports designed to ensure meaningful opportunities for work.

What exactly did Rhode Island agree to do?

Employment and Day Services

- Rhode Island will provide supported employment placements to approximately **2,000** people:
 - At least **700** people currently in sheltered workshops,
 - At least **950** people currently in facility-based day programs, and
 - At least **300-350** students leaving high school.
- Supported employment placements will provide services in an integrated setting where people with I/DD:
 - Are paid at least minimum wage,
 - Work the maximum number of hours consistent with their abilities and preferences, and
 - Interact with peers without disabilities to the fullest extent possible.
- As a group, people receiving supported employment services will average 20 hours of work per week in integrated employment settings.
- People receiving supported employment placements will also be provided with integrated, non-work services, ensuring that people have access to integrated work and non-work settings for a total of 40 hours per week.
- People may remain in segregated programs if they request to do so after receiving a vocational assessment, trial work experience, outreach information, and benefits counseling.

Transition-Age Youth

- Rhode Island will provide transition services to approximately 1,250 youth between the ages of 14 and 21.
- Rhode Island Department of Education will adopt an Employment-First policy.
- State agencies will promote the implementation of a school-to-work transition planning process that will include specific timelines and benchmarks.
- Youth in transition will receive integrated vocational and situational assessments, trial work experiences, and other services to ensure meaningful opportunities for work.

Other

- Rhode Island will reallocate funding from segregated settings to integrated ones as people transition.
- Rhode Island will contract with a technical assistance provider to provide leadership, training, and technical assistance to employment providers and to state staff.
- Rhode Island will establish a “Sheltered Workshop Conversion Institute” at Rhode Island College to assist qualified providers of sheltered workshop services to convert their programs to include supported employment.
- Rhode Island will establish and begin making distributions from a “Sheltered Workshop Conversion Trust Fund” in the amount of \$800,000 to provide upfront start-up costs to providers that have agreed to convert their services.
- Rhode Island will establish competency-based training for state staff on employment topics. For more information, visit: http://www.ada.gov/olmstead/olmstead_cases_list2.htm#ri-state

Will My Medicaid Medical Benefits Move to STAR+PLUS on Sept. 1, 2014?

Do you live in an ICF-IDD or receive services from one of these waivers: HCS, CLASS, TxHmL or DBMD?

NO

YES

STOP

You will not be affected by this change.

Do you have Medicare Part B?

NO

YES

You will get an enrollment packet in June.
Are you 21 or older?

NO

YES

STOP

You will not be affected by this change. You get Medicare.

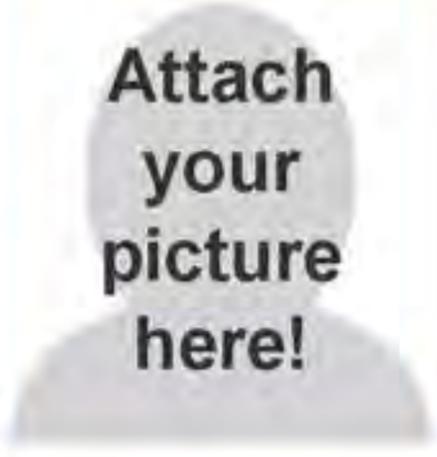
You **DO NOT** have to make any changes. You may **CHOOSE** a STAR+PLUS Medicaid managed care plan.

You **MUST** pick a STAR+PLUS Medicaid managed care organization.

Medicaid Medical Benefits include doctor visits, prescriptions, durable medical equipment (wheelchairs), supplies (gloves)...

H My Health Passport H

 If you are a health care professional who will be helping me, **PLEASE READ THIS** 
before you try to help me with my care or treatment.

<p>My full name is: _____</p> <p>I like to be called: _____</p> <p>Date of birth: ____ / ____ / ____</p> <p>My primary care physician: _____</p> <p>Physician's phone number: _____</p>	 <p>Attach your picture here!</p>
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This passport has important information so you can better support me when I visit/stay in your hospital or clinic.

Please keep this with my other notes, and where it may be easily referenced.

My signature: _____ Date completed: ____ / ____ / ____

You can talk to this person about my health: _____

Phone number: _____ Relationship: _____

	<p>I communicate using: (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, also state if extra time/support is needed)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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My brief medical history: (include other conditions (e.g. visual impairment, hearing impairment, diabetes, epilepsy) past operations, illnesses, and other medical issues)



My current medications are:

- _____
- _____
- _____
- _____
- _____
- _____
- _____



When I take my medication, I prefer to take it: (e.g. with water, with food)



I am allergic to: (list medications or foods, e.g. penicillin, peanuts)



If I am in pain, I show it by: (also note if I have a low/high pain tolerance)



If I get upset or distressed, the best way you can help is by: (e.g. play my favorite music)



How I cope with medical procedures: (e.g. how I usually react to injections, IV's, physical examinations, x-rays, oxygen therapy—also note procedures never experienced before or in recent years)



My mobility needs are:
(e.g. whether I can transfer independently, devices I use, pressure relief needed)



When getting washed and dressed, you may assist me by:



When drinking, you may assist me by:



When eating, you may assist me by:



My favorite foods and drinks are:



I do not like to eat or drink the following:



I am very sensitive to: (specific sights, sounds, odors, textures/fabric, etc. that I really dislike, e.g. fluorescent lights, thunderstorms, bleach, air freshener)



Things I like to do that will help pass the time:



How to make future/follow-up appointments easier for me:
(e.g. give me the first/last appointment of the day, allow extra time for the appointment, let me visit before my appointment, give information to my caregiver, etc.)

Achieving a Better Life Experience (ABLE) Act: Proposed Federal Legislation would Create Specialized Savings Accounts for Americans with Disabilities

Background

American families face many challenges in saving money for the long-term support needs of a family member with a disability. Not the least of these challenges is the fear of disqualifying a family member from eligibility for much-needed public benefits, such as supplemental income or long-term services and supports through the Medicaid system, through the buildup of assets. If passed, the federal legislation known as the Achieving a Better Life Experience (ABLE) Act (S.313 / H.R.647) would give people with disabilities and their families access to specialized savings accounts. People with disabilities and their families would be able to invest up to \$100,000 in these accounts without losing access to Supplemental Security Income, Medicaid services, or other important federal benefits for people with disabilities. These savings accounts would represent another tool that people and families can choose to avail themselves of; they would not replace other specialized long-term planning tools, such as Supplemental Needs Trusts.

About the ABLE Act

The ABLE Act is a bipartisan effort, introduced in February 2013, to encourage and assist people and families to save funds for the purpose of supporting people with disabilities to maintain health, independence, and a better quality of life. The purpose of the Act is to provide secure funding for disability-related expenses on behalf of designated persons with disabilities that will supplement, but not replace, benefits provided through private insurance, the Medicaid program, the Supplemental Security Income program, the person's employment, and other sources.

As of June 24, 2014, the House bill has 363 co-sponsors and the Senate bill has 74 co-sponsors. This is a remarkable level of bipartisan support.

Key Elements

A Form of 529 Account

The ABLE Act creates a new subsection (f) ABLE Account within Section 529 of the Internal Revenue Code. Many families are already familiar with "529 accounts" that are already available for educational expenses, known as qualified tuition programs. ABLE accounts would follow all the requirements and regulations of a traditional 529 qualified tuition program. They are intended to be easy to open and available in any state. Like other 529 accounts, residents of one state may establish accounts in another state. The same rules that govern other 529 accounts would govern ABLE accounts, including limits on the size of the account; rules for tax treatment of annual contributions, earnings, and withdrawals; and reporting requirements. Rollovers would be allowed from an ABLE account to a traditional 529 if the beneficiary is no longer deemed to have a disability. Also, rollovers would be allowed to another family member's ABLE account or the family member's traditional 529. Rollovers would also be allowed to certain kinds of trusts.

Qualified Disability Expenses

Among other things, funds in ABLE Act accounts could be spent on:

- **Education** - Tuition for preschool thru post-secondary education, books, supplies, and educational materials related to such education, tutors, and special education services.
- **Housing** - Expenses for a primary residence, including rent, purchase of a primary residence or an interest in a primary residence, mortgage payments, home improvements and modifications, maintenance and repairs, real property taxes, and utility charges.
- **Transportation** - Expenses for transportation, including the use of mass transit, the purchase or modification of vehicles, and moving expenses.
- **Employment Support** - Expenses related to obtaining and maintaining employment, including job-related training, assistive technology, and personal assistance supports.
- **Health and Wellness** - Expenses for health and wellness, including premiums for health insurance, mental health, medical, vision, and dental expenses, habilitation and rehabilitation services, durable medical equipment, therapy, respite care, long term services and supports, nutritional management, communication services and devices, adaptive equipment, assistive technology, and personal assistance.
- **Assistive Technology and Personal Support** - Expenses for assistive technology and personal support with respect to any of the above.
- **Miscellaneous Expenses** - Financial management and administrative services, legal fees, expenses for oversight, monitoring, and funeral and burial expenses.

Eligibility

Any person who is receiving SSI or disability benefits under Title II of the Social Security Act would be eligible to use an ABLE account, as well as people who would otherwise meet the Social Security definition but who are not currently eligible for benefits.

Federal Treatment of ABLE Account under Supplemental Security Income Program and Medicaid:

- **Supplemental Security Income (SSI):** If the assets in an ABLE account reach \$100,000 and the beneficiary is receiving SSI benefits, monthly SSI benefits will be placed in suspension. If the assets in the ABLE account drop back below \$100,000, the SSI cash benefits resume. No re-application is necessary. This is not a limit on the account; it is a trigger for stopping/starting SSI cash benefits.
- **Medicaid Eligibility:** A beneficiary will not lose eligibility for Medicaid based on the assets held in the ABLE account, even during the time that SSI benefits are suspended (as described above for an account with over \$100,000).
- **Medicaid Payback Provision:** When the qualified beneficiary dies (or if he/she no longer qualifies as a person with a disability), any remaining assets in the ABLE Account are used to “pay back” any state Medicaid plan up to the value of Medicaid services provided to the beneficiary. The payback is calculated based on amounts paid by Medicaid after the creation of the ABLE account.



2015 marks the 40th anniversary of the Individuals with Disabilities Education Act (IDEA) and the 25th anniversary of the American with Disabilities Act (ADA). To honor the legacy of the past, and to help build a new future, six national disability organizations embarked on a campaign to achieve six national goals important to people with disabilities by the end of 2015.

The founding partners are the Association of University Centers on Disabilities (AUCD), the National Association of Councils on Developmental Disabilities (NACDD), National Disability Rights Network (NDRN), U.S. Business Leadership Network (USBLN), Special Olympics, and the National Council on Independent Living (NCIL).

The goals of the Six By '15 campaign are to improve the lives of people with disabilities through:

- Employment: At least six million working age adults with disabilities in the American workforce;
- Community Living: At least six states electing to implement the Community First Choice Option so that their Medicaid recipients with disabilities have access to long-term services and supports in the community;
- Education: At least six additional states graduate at least 60 percent of their students with disabilities with a regular high school diploma;
- Transition: At least six states commit to supporting successful and outcome-based programs and close the labor force participation gaps for youth and young adults with disabilities;
- Healthy Living: At least six states commit to including people with disabilities as an explicit target population in all state public health programs; and
- Early Childhood: At least six states increase by 15 percent the proportion of children ages 0 to 3 who receive recommended developmental screening.