

FOR A CHANGE ...

PUTTING PEOPLE FIRST

SPREADING A THIN DOLLAR

WHILE PROVIDING OPPORTUNITIES,

FOSTERING RESPONSIBILITY, AND

INTEGRATING INTO THE COMMUNITY

PEOPLE WITH DISABILITIES

RECOMMENDATIONS FROM THE

RI GOVERNOR'S COMMISSION ON THE HANDICAPPED

ADOPTED ON APRIL 19, 1993



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Executive Department
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His Excellency, Bruce Sundlun
Governor of the State of Rhode Island
and Providence Plantations
State House
Providence, RI 02903

April 23, 1993

Dear Governor Sundlun:

The Governor's Commission on the Handicapped has reviewed state services to people with disabilities and proposes a redesign of state government services and the adoption by the state of a goal that "Government funded services, for individuals with disabilities, would be designed towards a goal of self sufficiency and exiting the service delivery system, rather than long term support of individuals that foster dependency." The Commission is pleased that your administration proposed new initiatives in the areas of prevention of disabilities (childhood immunizations and RITrack), early intervention and transportation. These initiatives will greatly enhance the quality of life of people with disabilities.

In its report For a Change _^_ Putting People First, Spreading a thin dollar while providing opportunities. fostering responsibility, and integrating into the community people with disabilities recommends the consolidation of intake and eligibility to ensure the state identifies the most effective and cost efficient programs to assist people with disabilities become independent and productive citizens.

Sincerely,

/s/ Nancy Husted-Jensen

Nancy Husted-Jensen
Chairperson

cc: Speaker Harwood
President Weygand

ACKNOWLEDGEMENT

The Commission wishes to acknowledge the assistance provided by the Senate Fiscal and Policy Office, as arranged by the Senate Majority Leader in identifying job training programs. The Commission also wishes thank the State Budget Office, Department of Administration for their assistance, especially that of the Budget Officer for reviewing the technical appendix and identifying mistakes as well as their assistance over the past several years in developing the data base for tracking programs that serve people with disabilities.

"We must remind others that our entire nation will share the economic and other benefits that will result from the full participation of all Americans. ...

Bill Clinton (Oct. 14, 1992)

INTRODUCTION

The Existing social service system serves neither the taxpayers nor people with disabilities in an efficient or effective manner. Most of the state government's disability programs are still prisoner to the 1960's big government cookie cutter philosophy. Programs are seen as never ending.

The disability rights movement seeks full inclusion of people with disabilities in the mainstream of American life. This goal is morally right, legally required, and will be economically and socially beneficial to our country. The state can adopt a disability rights agenda that will increase opportunities for people with disabilities and also contribute significantly to the broader goals of cost containment and revitalization of the economy.

The cornerstone of disability rights activity during the last decade has been advocacy for and implementation of the Americans with Disabilities Act of 1990 (ADA). The political argument that was advanced in support of this civil rights statute was that people with disabilities can contribute economically and socially to the common good of American society. Almost all people with disabilities can work, spend their earnings, and contribute their labor and expertise to activities that improve the quality of life of their communities.

An agenda that strongly supports civil rights protection for and promotes employment of people with disabilities can enhance our quality of life and improve substantially the fiscal status of state and local governments. A key element in that agenda must be to eliminate disincentives to employment for people with disabilities that are currently a part of government regulations (e.g. the Social Security/Public Assistance systems) and practices of private sector policies (e.g. Health insurance coverage). Inability to get adequate health insurance may be the greatest disincentive to employment for people with disabilities currently.

I. THE PROBLEM

1) The state government lacks an overall philosophy concerning its citizens with disabilities. Agencies are often operating in conflict with each other. At best this leaves their clients confused. The state government cannot decide whether people with disabilities should be "independent, self-directed individuals" or "wards of the state". As Towards Independence, the National Council on the Handicapped 's 1986 report, concluded:

1. Approximately two-thirds of working-age persons with disabilities do not receive Social Security or other public assistance income.
2. Federal disability programs reflect an overemphasis on income support and an underemphasize of initiatives for equal opportunity, independence, prevention, and self-sufficiency.
3. More emphasis should be given to Federal programs encouraging and assisting private sector efforts to promote opportunities and independence for individuals with disabilities.

2) The current service delivery system has been built without regard to the interrelationship of its parts. Due to federal regulations imposed on the state and local government, the current service delivery system has overlapping and redundant support, overhead and administrative functions and excessive management layers (sometimes within the same department) while at the same time other essential services are nonexistent. Often one agency is unaware of another agency's services. Federal regulations require extensive fiscal and administrative bureaucracies, both at the Federal and state/local levels for each program. These separate bureaucracies eat up funds that could more properly be used to directly assist citizens become independent of the service system and self-sufficient. The current social service system feeds the bureaucracy not the disabled.

3) Citizens seeking services must travel to five, ten or more agencies, many times located in different cities, to obtain federal and/or state funded services. Since each program maintains separate offices and separate eligibility reviews and service planning, those services are not coordinated, unless the citizen takes that task on him/her self. Often if an agency doesn't provide the service needed, its employees are unable to refer the citizen to the appropriate agency.

4) Eligibility procedures are not computerized or standardized and must be repeated by each program the citizen seeks services from. Often several levels of review are required before eligibility for services is determined. Because of the lack of computerization, and excessive administration, the citizen, in need of immediate assistance, often is forced to wait months before services are provided.

5) Direct services to individuals with disabilities consumed 30.2 of all FY 92 general appropriation expenditures and 46.5 of all federal funds received by the state. With a structural gap between expenditures and revenues not projected to close until the end of the century, without an overhaul of the service delivery system, programs to assist individuals with disabilities will have to be severely curtailed. People with disabilities can no longer allow the state to waste scarce resources through duplication, lack of coordination, and redundant support, overhead and administrative services.

II. THE GOAL

Government funded services, for individuals with disabilities, would be designed towards a goal of self sufficiency and exiting the service delivery system, rather than long term support of individuals that fosters dependency.

III. THE OBJECTIVE

ONE STOP SERVICE

Adopt a plan to shift from multi departmental service delivery system to one-stop service for all human service needs (as RIPEC's recent report "New Expectations" referred to as "form follows function"). Urge the President and Congress to modify regulations for federally funded human services to eliminate administrative and fiscal barriers that prevent state and local governments from delivering human services at one-stop regional service centers, while consolidating initial intake and eligibility procedures immediately. Eventually these centers could consolidate in one location the:

- i) public welfare offices;
- ii) the food stamp offices;
- iii) the employment security offices;
- iv) the job training partnership offices;
- v) the vocational rehabilitation office;
- vi) the services for the blind & visually impaired office;
- vii) the mental retardation/developmental disabilities office;
- viii) the mental health office;
- ix) the substance abuse office;
- x) the medical assistance office;
- xi) the family public health office; etc.

At each regional service center, customer assistance officers help citizens, in need of assistance, determine what services they need and what services they are eligible for. These customer assistance officers would be trained in using the computer technology of the 90's to determine which of all federal/state/local

human services the citizen is both eligible for (financially and programmatically) and could benefit from.

i) By using 1990's computer technology, the customer assistance officer would ask the citizen questions (posed by the data bank) to determine the range of needs the citizen has. The INRHODE I Jobs Automated Eligibility Systems at the Department of Human Services should be expanded to include eligibility determination for all state and federally funded job training programs.

ii) Then the citizen and the customer assistance officer would determine the priority need and secondary needs, from the list of services the computer indicates are available to that citizen (taking into account both needs and eligibility).

iii) The customer assistance officer would then refer the citizen to a customer representative, who together with the citizen develop and manage a service plan. The customer representatives would be well trained individuals capable of linking the individual "customer" with all aspects of the human service delivery system. The customer representative would function as a "benefits manager" for each customer, coordinating all government services from health care to job training so they mesh together into a cohesive whole.

iv) Program Specialists with experience and knowledge in each service area, initially identified in step ii, would assist the citizen and customer representative in the development of this service plan (similar to the special education system's Multidisciplinary Team). There would be a program specialist from each of the federal and state funded programs (job training partnership, vocational rehabilitation, services for the blind, mental retardation/development disabilities, mental health, substance abuse, Medicaid, public health, food stamps, job service, etc.) available at the regional center to assist in the planning and implementation of the service plan, at the direction of the citizen and customer representative.

v) Financial assistance benefits, contained in the service plan, would be provided at the regional service center or by electronic transfer.

vi) Training and other human services, contained in the service plan, would be provided by competing private service providers, on a "fee for service" basis, with the citizen choosing from a list of qualified vendors. The citizen would, after consulting with the customer representative, be free to shift to another private service provider if unsatisfied with the quality of the services, but only for the balance of the original "fee for service" during any fiscal year. This puts the person first and makes them responsible for controlling the service and ensuring a successful outcome.

IV. IMPLEMENTATION

PHASE ONE - ADOPT A UNIFYING PHILOSOPHY

The Governor should announce that the state government is adopting an "Independent Living" philosophy with regards to citizens with disabilities. Individuals with disabilities will be encouraged and assisted to reach their maximum potential of independence and self sufficiency. Individuals with disabilities will from that day forth be judged on their ability, not their disability.

An Executive Order would be issued to implement the following changes in the delivery of services (phased in):

- a) government funded services, for individuals with disabilities, would be designed towards a goal of self sufficiency and exiting the service delivery system, rather than long term support of individuals that fosters dependency;
- b) specialized programs to assist individuals with disabilities would be linked with and integrated into "mainstream" programs, with "specialized assistance" being provided to the "mainstream" provider of services to individualize their programs to meet the needs of clients with special needs;
- c) all government funded services would be provided as integral parts of a single written self-sufficiency plan that the individual and each of the government funded service providers develop, adopt and revise until the individual reaches and attains their own maximum in independence and self-sufficiency.

PHASE TWO - IMPLEMENT BY JULY 1, 1993

- a) Support 93 S541 Sub A, the creation of Interagency Council on Self-Sufficiency at the state to develop plans to help young people with disabilities to make a successful transition from school to self-sufficient adult life, as part of the transition planning responsibilities of state and local education agencies. At present federal law requires the school districts to participate in transition planning but there isn't a mandate for the adult service agencies to also participate and ensure that the plan is executed once the student enters the adult service system.
- b) Support 93 H6580, the creation of a commission to study the effectiveness of services to disabled persons, that can develop the long term plan for implementing the objective above.
- c) Start the planning so, by January 1, 1994, the state will either transfer all job training programs to one department or consolidate the intake and eligibility reviews (at the citizen assistance centers/ job service offices) and require joint planning for clients served by multiple agencies.

The Department of Human Service's Office of Rehabilitation Services (Vocational Rehabilitation and Services for the Blind and Visually Impaired) JOBS (Pathways to Independence); and Displaced Homemaker Program all offer job training/placement assistance.

The Department of Employment and Training's Job Training Partnership Act (JTPA), Job Service and Workforce 2000/Human Resource Investment Council also offer job training/placement services to the same populations as the DHS programs.

The Department of Labor's Apprenticeship Council and Donley Rehabilitation Center also job training/placement services to many of the same populations as the DHS and DE&T programs.

The Department of Mental Health, Retardation and Hospital's Division of Retardation and Developmental Disabilities and Division of Mental Health provide vocational training components within their services.

Many of the clients of each of these programs could be eligible for the same services from one or more of the other programs.

Some of these programs are 100% federally funded and others are 90%, 80%, 75% or 55% federally funded and some are 100 state funded. A unified intake / eligibility review system could identify the best federal / state match for each client This would allow Rhode Island to capture all federal fund possible and shift state resources to fill in the remaining gaps.

The workers' compensation rehabilitation and retraining programs vocational rehabilitation services, blind and visually impaired services and other vocational programs for individuals with disabilities need to link up with the mainstreamed job training and job placement services for greater efficiency and effectiveness along with ensuring their clientele are integrated during training to ensure they learn appropriate work place social skills along with the vocational skills.

d) In the FY94 Budget

i) fund at current service levels the following programs that support the goal of independence and self sufficiency: Services by Community Health Centers; Home Health Aids; Personal Care Attendant Services; General Public Assistance for individuals awaiting SSI approval; General Public Assistance for Individuals enrolled in substance abuse treatment; Social Services for all Children with Vision Impairments; meals on wheels; meals for handicapped individuals at senior meal sites; Organ Transplant Fund; and library services for blind and physically handicapped.

ii) Fund at the enhanced level, recommended by the Governor, the following programs that will prevent disabilities or reduce their impact: Childhood Immunization; Early Intervention services; Health Care Services for Children at Risk, Health Care Services to Pregnant Women;

iii) restore funds for Medical Assistance - Dental Care;

iv) authorize the utilization of all federal funds that can be captured through the

consolidated intake / eligibility process (described above) by uncapping the following federal programs: Vocational Rehabilitation - Blind; Vocational Rehabilitation; Independent Living; Supported Employment and Technology Related Assistance to Individuals with Disabilities,

v) process community service grants to non-profit agencies that provide services to individuals with disabilities through the Office of Rehabilitation Services and require a portion of each grant to be used as part of the state match for federal funds (directed to provide services allowable under the federal regulations to individuals with disabilities eligible for those services);

vi) fund at enhanced level, proposed by the Governor, the transportation services for the elderly and disabled; eliminate the free rides on RIPTA off-peak hours for anyone elderly or physically handicapped person who does receive SSI benefits and require DBA to provide RIPTIKS for those riders instead of providing rides at no cost to any individual who is over 65 or physically handicapped regardless of income; and require DBA to charge a fare no greater than RIPTA for para-transit rides to health care and nutrition services for elderly and disabled individuals who do not receive SSI benefits; continue to provide free rides to health care and nutrition services for those individuals who are receiving SSI benefits;

vii) authorize DBM to collect up to one-half the regular beach, campground and park entry fee and fishing and hunting license fees, from individuals who receive SSDI benefits that are supplemented by SSI benefits and require all other individuals with disabilities to pay the full entry fee.

viii) authorize DBA to collect \$0.50 per meal from individuals with handicaps who are under 60 years old and eat at senior meal sites and a similar charge / donation from those individuals over 60 years old who do not receive SSI benefits.

ix) add to WSBB Channel 36 / Telecommunications Authority \$86,100 to provide simultaneous closed captioning (for the deaf) of state television programming - emergency broadcast information, Capitol TV coverage of the General Assembly Sessions and hearings, instructional television and college tele-courses as mandated by the Americans with Disabilities Act - Title II Regulations 28 CFR 35.160.

x) add to the Department of State Library Services \$70,000 to (a) provide for the reproduction of state documents in a format usable by individuals with vision or reading impairments as those documents are requested and to (b) operate the state's central pool of auxiliary aids for state employees with disabilities who need reasonable accommodations to return to work from workers' compensation injuries or other disabilities and for students with disabilities at the state schools and colleges or other individuals with disabilities to ensure they have access to and use of state services as required by the Americans with Disabilities Act - Title I Employment 29 CFR 1630 and Title II State and Local Government Services 28 CFR 35.

PHASE THREE - IMPLEMENTED AFTER FY 1994

- a) As the ADA and other disability rights employment laws take effect, adjust the eligibility for Social Security Disability / Public Assistance and Workers' Compensation Benefits to reflect the increased potential for employment by individuals with severe impairments.
- b) Eliminate the disincentive for individuals collecting Social Security Disability / Public Assistance from attempting to work by:
 - i) shifting to a gradual reduction in financial benefits offset by earnings (as already exists with individuals between 62-70);
 - ii) while maintaining the Section 1619 waiver and adopting a state version that allows for the continuation of Medicaid benefits for individuals whose disabilities would prevent them from working without medical assistance, until such time as universal access to health care covers all pre-existing conditions;
 - iii) providing for immediate reinstatement of benefits if earnings fall back below the threshold point (when all SSDI/GPA benefits were offset by earnings);
 - iv) Federal and state financial assistance programs would be linked with training programs designed to assist clients become as independent and self sufficient as possible; and
 - v) Encourage the moving of residents (with severe and multiple impairments) of long term care institutions to community based residential settings (ranging from long term care wings in the community hospitals to group homes, supervised apartments, and resident controlled independent living complexes) with independent living oriented support services. Explore the integration of individuals with different disabilities into the same group living arrangements so they can assist each other rather than be assisted by paid staff.
- c) Encourage the creation of a coordinated community based (independent living oriented) health care service to meet the complex needs of individuals with severe and multiple impairments. A small percentage of individuals with severe impairments will not be able to be employed but do need to become as independent and self sufficient as possible.
 - i) durable equipment purchased by the health care system must allow for as much independence and self-sufficiency as possible and
 - ii) must be an integral part of the broader system for comprehensive social support services.
- d) Prohibit insurance companies from denying coverage based on pre-existing conditions.