

OREGON DISABILITIES COMMISSION – EMPLOYED PERSONS WITH DISABILITIES SUBCOMMITTEE

Monday • June 1, 2009 • 1:00 P.M. – 3:00 P.M.

Conference Room 137A • DHS Building • 500 Summer Street NE Salem, Oregon 97301

MEMBERS PRESENT:

Judith Cunio

Sara Kendall

Damon Terzaghi

Bill Lynch

Eugene Rada

Scott Lay

Tina Treasure

MEMBERS EXCUSED:

Kathryn Weit

Frank Synoground

Doug Stone

Ron Heagy

Brian Delashmutt

Mike Volpe

Ruth McEwen

Jan Campbell

Mike Oliver

Norman Kohler

Tim Baxter

STAFF PRESENT:

Max Brown, Advocacy Coordinator

MEMBER OF THE PUBLIC:

Donna Zeit

AGENDA ITEMS:

CALL ALL TO ORDER

- Introductions
- Review and Approve Agenda and Minutes

SENATE FINANCE COMMITTEE PROPOSALS

SUBCOMMITTEE PLANNING

REVIEW OF FACT SHEET

OTHER TOPICS

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CALL TO ORDER

Bill Lynch called the meeting to order at 1:02 p.m.

Introductions

EPD Subcommittee members, staff, and the member of the public introduced themselves.

Bill Lynch reviewed the agenda and the minutes. The committee raised no objections to either document.

SENATE FINANCE COMMITTEE PROPOSALS

Damon Terzaghi initiated the discussion on the Senate Finance Committee's health care reform proposal. Damon noticed that there are many implications for Medicare and Medicaid. Among the Medicaid reforms, much of it ties directly or indirectly to any state buy-in program. Some changes possible, but the framework will be coming out in the bill, which is expected to be introduced later this month.

The bill's proposals affecting EPD include:

- Creating a national floor for Medicaid eligibility, meant to bring in many single, childless adults, within the 50-115% federal poverty level range. This may really bring in clients with a mental illness who otherwise have difficulty getting Medicaid coverage.
- Differing from the proposal above, the bill would eliminate some income disregards that states may currently have. This is a big concern for individuals with disabilities who use durable medical equipment or assistive devices that are expensive and that Medicare or Medicaid do not cover.
- Also concerning is a proposal to move some individuals with disabilities who earn higher income to private insurance plans in an insurance exchange program. For individuals with disabilities, this insurance may provide

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inadequate coverage for durable medical equipment, assistive devices, personal assistant services, and other habilitative services.

Other, indirect effects include:

- Eliminating the 24-month waiting period for Medicare coverage after Social Security Disability has been determined.
- Raising the income level for the state plan option I to the same level as the 1915 (c) waiver income (300% of SSI).
- Enhancing spousal income disregards.
- Offering a higher federal match for home and community based services.
- Raising the asset limits for Medicaid eligibility.

The Committee agreed to draft a letter to Senator Ron Wyden, who is on the Senate Finance Committee. It'll be cc'd to other Committee members. Sara Kendall and Damon Terzaghi will examine and approve a letter draft before it's sent to Senator Wyden.

SUBCOMMITTEE PLANNING:

Bill Lynch discussed how the committee wanted to explore the question of the philosophy or values that are the foundation of the EPD program. At this time, he wanted to have the group come to a consensus over the program's values and then see if it matches the values the department sees as a foundation of the program. From this basis, the committee could then study, analyze, and recommend different approaches to make the program better.

The most common issue is whether Medicaid is a last-resort program only for the most poor in society. If so, EPD may not fit this description given that participants have a higher income than most other Medicaid clients. Another view would say, for the EPD program, Medicaid would be health insurance rather than a program per se.

These perspectives may not bring out the full implications of the EPD program. For one, Medicaid, especially for someone in the program, is more than health insurance or medical coverage; it is also social supports that keeps an individual

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independent and in the workforce. To those who argue that Medicaid is a poverty model, one could reply that EPD program participants would be Medicaid-eligible if they were not working. If they lose Medicaid eligibility by working and raising their income, they lose services and supports that would help them keep their job.

The group continued talking about an approach that promotes independence and dignity, and next steps for getting information. One way to put it: “Getting Medicaid to get employed, not get employed to get Medicaid.”

Action Item: Scott will send the group the document he wrote at the founding of the program in the 1990s.

Action Item: A form 539E with employment questions will be distributed.

Action Item: Sara Kendall will distribute materials comparing other states.

Action Items: Bill will send out a request for data to program staff and a request for where the participant fee goes.

Next Steps with the Factsheet:

Bill Lynch and Sara Kendall will work with a hard deadline to get an EPD client with developmental disabilities in the factsheet, and set a deadline.

AGENDA ITEMS FOR NEXT MEETING AND SCHEDULING

A parking lot of issues: DHS worker training, informing the public on the program, number of people leaving work, retirement, and DD clients.

Next meetings tentatively scheduled 6 July, 3 Aug, both 1-3.

Meeting Adjourned: 2:52 p.m.

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