

**REPORTING INSTRUMENT**

OMB Control Number: 1820-0606  
Expiration Date: November 30, 2003

UNITED STATES DEPARTMENT OF EDUCATION  
Office of Special Education and Rehabilitation Services  
REHABILITATION SERVICES ADMINISTRATION

**PART II**

PRE-PRINT

The Centers for Independent Living Programs  
Chapter 1, Title VII of the Rehabilitation Act, as Amended

2009

**FISCAL YEAR**  
With Citations

**GRANT #** 132A930034-03

**Name of Center** PARI Independent Living Center

**Acronym for Center (if applicable):** PARI

**State:** Rhode Island

**Counties Served:** WASHINGTON, BRISTOL, KENT, NEWPORT, PROVIDENCE

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**SUBPART IIA – ADMINISTRATIVE DATA**

**Subpart IIAI – Sources and Amounts of Funds and Resources**

(A) Federal Funds

(1) Ch. 1, Part B, Title VII	\$ <u>93,000.00</u>
(2) Ch. 1, Part C, Title VII	\$ <u>480,948.00</u>
(3) Ch. 2, Title VII	\$ -0-
(4) Other Federal Funds	\$ -0-

(B) Other Government Funds

(5) State Government Funds*	\$ <u>4,731,098.06</u>
(6) Local Government Funds*	\$ -0-

(C) Private Resources

(7) Foundations, Corporations, or Trust Grants	\$ <u>41,045.00</u>
(8) Donations from Individuals	\$ <u>17,224.98</u>
(9) Membership Fees	\$ <u>3,710.00</u>
(10) Investment Income/Endowment	\$ <u>6.20</u>
(11) Fees for Service (program income, etc.)	\$ <u>63,728.95</u>
(12) Other resources (in-kind, fund raising, etc.)	\$ <u>36,855.16</u>

(D) Total Resources (sum of lines 1-12) \$5,467,616.35

(E) Amount of total resources that “pass through” to Consumers, e.g., personal assistance services funds \$4,181,689.85

(F) Net Operating Resources  
(D) - <minus> (E) = (F) \$1,285,926.50

\* Include “pass through” funds.

**SUBPART IIB – NUMBERS AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES EITHER DIRECTLY FROM THE CIL OR THROUGH GRANTS OR CONTRACTS**

(Section 13, 704(M)(B) and (D); 34 CFR 364.53)

**Subpart IIBI – Consumers Served During the Reporting Year**

(A) CSRs carried from previous year

(B) CSRs started since October of the reporting year

(C) Total consumers served: (A) + (B) = (C)

**Subpart IIBII – Consumer CSRs Closed by September 30 of the Reporting Year**

(A) Moved

(B) Withdrew

(C) Died

(D) Completed all goals set

(E) Other

(F) Total Closed CSRs: (A) + (B) + (C) + (D) + (E) = (F)

**Subpart IIBIII – Consumer CSRs Active on September 30 of the Reporting Year**

Subpart IBI (C) - <minus> Subpart IIBII (F) = Subpart IIBIII

**Subpart IIBIV – Consumer Plans and Waivers**

(A) Number of individuals who signed a waiver

(B) Number of individuals with whom an ILP was developed

**Subpart IIBV – Age**

(A) Under 6

(B) 6 – 17

(C) 18 – 22

(D) 23 – 64

(E) 65 & Over

(F) Unknown

**Subpart IIBVI – Gender**

(A) Female

(B) Male

**Subpart IIBVII – Ethnicity (Select one)**

- (A) Hispanic or Latino
- (B) Not Hispanic or Latino

**Subpart IIBVIII – Race**  
**(Choose one or more)**

- (A) American Indian or Alaska Native
- (B) Asian
- (C) Black or African American
- (D) Hispanic or Latino
- (E) Native Hawaiian or Other Pacific Islander
- (F) White

**Subpart IIBIX - Disability**

- (A) Cognitive
- (B) Mental/Emotional
- (C) Physical
- (D) Hearing
- (E) Vision
- (F) Multiple Disability
- (G) Other

**SUBPART IIC – INDIVIDUAL AND COMMUNITY ACHIEVEMENTS AND SERVICES**

**Subpart IICI – Individual Consumer Achievements**

	<b>Goals Set</b>	<b>Goals Met</b>
(A) Self-Advocacy/Self-Empowerment	<u>2</u>	<u>1</u>
(B) Communication	0	0
(C) Mobility/Transportation	8	8
(D) Community Services	22	22
(E) Educational	5	4
(F) Vocational	3	1
(G) Self-Care	138	138
(H) Information Access/Technology	5	5
(I) Personal Resource Management	0	0
(J) Other	0	0

## Subpart IICII – Individual Services

(A) Advocacy/Legal Services	12
(B) Assistive Devices/Equipment Services	548
(C) Children’s Services	0
(D) Communication Services	0
(E) Counseling and Related Services	0
(F) Family Services	0
(G) Housing, Home Modifications, and Shelter Services	16
(H) IL Skills Training and Life Skills Training Services	152
(I) Information and Referral Services	762
(J) Mental Restoration Services	0
(K) Mobility Training Services	4
(L) Peer Counseling Services	8
(M) Personal Assistance Services	138
(N) Physical Restoration Services	0
(O) Preventive Services	0
(P) Prostheses and Other Appliances	0
(Q) Recreational Services	0
(R) Rehabilitation Technology Services	0
(S) Therapeutic Treatment	0
(T) Transportation Services	0
(U) Youth Services	0
(V) Vocational Services	0
(W) Other Services	0

## Subpart IICIII – Individual Consumers in Community-Based Living

(A) How many individuals were successfully relocated from nursing homes or other institutions to community-based living arrangements? 2

(B) **See Instructions** - How many individuals for whom IL services prevented the necessity of entering nursing homes or other institutions and therefore continued living in community-based living arrangement? 172

## Subpart IICIV – Community Change Achievements

	Goals Set	Goals Met
(A) Community Integration	<u>2</u>	<u>2</u>
(B) Collaboration	<u>6</u>	<u>6</u>
(C) Educational	<u>5</u>	<u>5</u>
(D) Housing Opportunities/Home Modifications	<u>29</u>	<u>16</u>
(E) Information Access/Technology	<u>18</u>	<u>3</u>
(F) Mobility/Transportation	<u>4</u>	<u>4</u>
(G) Personal Assistant Services	<u>108</u>	<u>108</u>
(H) Physical/Attitudinal Barrier Removal	<u>16</u>	<u>16</u>
(I) Vocational	<u>-0-</u>	<u>-0-</u>
(J) Other	<u>-0-</u>	<u>-0-</u>

**Subpart IICV – Community Services**

(A) Community and Systems Advocacy	<u>218</u>
(B) Outreach Efforts	<u>54</u>
(C) Publications	<u>6,000</u>
(D) Community Education/Integration Services	<u>32</u>
(E) Maintaining Registries/Libraries/Databases	<u>36</u>
(F) Collaboration/Networking	<u>180</u>
(G) Other Services	<u>-0-</u>
(H) Grand Total Hours [Add (A) through (G)]	<u>320</u>

**SUBPART IID – CIL SELF-EVALUATION BASED ON THE SIX COMPLIANCE INDICATORS**

**Subpart IIDI – Compliance Indicator 1: Philosophy**

(A) Consumer Control

(1) Please complete the chart below

CIL Employees	Total Positions	Number of Persons with Disabilities	Number of Persons who are Minorities
Decision Making Positions	2	2	0
Staff Positions	18	7	3

(2) Over 50 percent of the CIL’s Governing Board is composed of individuals with significant disabilities

  X   YES        NO

(B) Self-Help and Self-Advocacy

During the reporting year the CIL has conducted activities that promote self-help and self-advocacy among individuals with significance disabilities.

YES  NO

(C) Development of Peer Relationships and Peer Role Models

During the reporting year the CIL has conducted activities that promote the development of peer relationships and peer role models among individuals with significant disabilities as instructors and counselors in its programs.

YES  NO

(D) Equal Access

(1) Ensures equal access to the CIL's services, programs, activities, resources, and facilities, whether publicly or privately funded. Equal access means that the same access is provided to the individual with a disability regardless of the individual's type of disability.

YES  NO

(2) The CIL advocates for and conducts activities that promote equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding sources for individuals with significant disabilities. Equal access means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

YES  NO

(3) The CIL makes available, as appropriate, all written policies, materials, and IL services in alternative formats.

YES  NO

**Subpart IIDII – Compliance Indicator 2: Provision of Services on a Cross-Disability Basis**

The Center provides the following:

(A) IL services to eligible individuals or groups of individuals without restrictions based on the particular types of disabilities that the individuals or groups of individuals may have.

YES  NO

(B) IL services to individuals with a diversity of significant disabilities, and individuals who are members of populations that are unserved or underserved by programs under Title VII of the Act.

YES  NO

(C) IL core services to individuals with significant disabilities in a manner that is neither targeted nor limited to a particular type of disability.

YES  NO

### **Subpart IIDIII – Compliance Indicator 3: Independent Living Goals**

(A) The CIL maintains a CSR for each consumer that contains:

(1) Documentation concerning eligibility or ineligibility of services

YES  NO

(2) Either an ILP or a waiver of the ILP

YES  NO

(3) IL goals or objectives established with the consumer

YES  NO

(B) The CIL maintains documentation indicating:

(1) The CIL notifies all consumers of their right to develop or waive the development of the ILP

YES  NO

(2) The number of ILPs developed by consumers receiving services from the CIL

YES  NO

(3) The CIL facilitates the development and achievement of IL goals selected by individuals with significant disabilities who request assistance from the CIL

YES  NO

(4) The CIL provides opportunities for consumers to express satisfaction with the CIL's services and policies in facilitating their achievement of IL goals and provides any results to its governing board and the SILC

YES  NO

(5) The number of waivers signed by consumers receiving services from the CIL stating that an ILP is unnecessary

YES  NO

**Subpart IIDIV – Compliance Indicator 4: Community Options and Community Capacity**

(A) During the reporting year, the CIL promoted:

(1) Increased availability and improved quality of community-based programs that serve individuals with significant disabilities

YES  NO

(2) Removal of any existing architectural, attitudinal, communication, environmental, or other type of barrier that prevents the full integration of individuals with significant disabilities into society

YES  NO

(B) During the reporting year, the CIL performed at least one activity in each of the following categories:

(1) Community Advocacy

YES  NO

(2) Technical assistance to the community on making services, programs, activities, resources, and facilities in society accessible to individuals with significant disabilities

YES  NO

(3) Public Information and Education

YES  NO

(4) Aggressive outreach to consumers who are members of populations of individuals with significant disabilities that are unserved or underserved by programs under Title VII of the Act in the CIL's services area

YES  NO

(5) Collaboration with service providers, other agencies and organizations that could assist in improving the options available for individuals with significant disabilities to participate in the services, programs, activities, resources, and facilities in the services area

YES  NO

**Subpart IIDV – Compliance Indicator 5: IL Core Services and Other IL Services**

(A) The CIL provides Information and Referral (I & R) services to all individuals who request this type of assistance or service from the center, in formats accessible to the individual requesting these services

YES  NO

(B) As appropriate in response to requests, the CIL provides to individuals with significant disabilities who are eligible for IL services from the CIL the following services:

(1) IL Skills Training

YES  NO

(2) Peer Counseling Services (including cross-disability peer counseling)

YES  NO

(3) Individual and Systems Advocacy

YES  NO

(4) As appropriate, two or more of the IL services defined in Title VII, section 7(18) of the Act

YES  NO

### **Subpart IIDVI – Compliance Indicator 6: Resource Development Activities**

The CIL conducts resource development activities to obtain funding from sources other than Chapter 1 of Title VII of the Act

YES  NO

## **SUBPART IIE – COMPARISON OF PROGRAM ACTIVITIES WITH THE REPORTING YEAR WORK PLAN AND WITH THE PLANNED ACTIVITIES IN THE YEAR IMMEDIATELY PRECEDING THE REPORTING YEAR**

In the space provided, compare the CIL’s activities in the reporting year with the CIL’s proposed activities in the work plan for each category listed below. Additional space and/or pages may be added as needed for each category.

**Please refer to the instructions for Subpart IIE to ensure all requested information is detailed in your responses.**

(A) **Advocacy Efforts** – Describe the CIL’s individual and systems advocacy activities and accomplishments.

PARI offers each consumer we visit the option of receiving self-help and/or self advocacy training. We also offer advocacy assistance, if needed. These services are also described in agency promotional publications. PARI manages the PersonalChoice Program, Rhode Island’s PA Medicaid Program. Through this program, we are able to offer each consumer an opportunity for self-help and self-advocacy.

PARI participated and sponsored the Rhode Island Vote Project. This purpose of this project is to get people with disabilities involved in the voting process. We believe if people with disabilities vote, the community will become a strong voting block. We also advocated to the Board of Elections on access issues for people with disabilities. When the new system failed, we advocated for changes to make the voting process more accessible for all persons with disabilities. We were effective in our efforts.

PARI, through its newsletter, POSSabilities, insured that innovations in the Rhode Island public transportation system that pertained to persons with disabilities were made known to consumers. These changes were numerous and complicated and PARI helped to simplify the process.

The State of Rhode Island has initiated a Global Waiver that replaces all other waivers in the state. PARI hosted the informational meetings for the Global Waiver Task Force.

PARI has worked with a group called “Rhodes to Independence” which is developing a policy for better access to state and federal programs for persons with disabilities. By working with this group, consumers have better access to services and benefits.

(B) **Outreach Efforts** – Describe the CIL’s outreach activities to consumers of unserved/underserved populations.

PARI does outreach to Spanish and Portuguese populations through Progreso Latino. Established in 1977, Progreso Latino was formed to meet the needs of the growing number of Colombians coming to Rhode Island to work in the mills found throughout the Blackstone Valley area. Today, Progreso Latino serves a diverse Latino population as well as immigrants and refugees of European, African and Asian nationalities. One full time Spanish/Portuguese speaking counselor works with these underserved populations.

(C) **Community and Individual IL Services** – Identify the community and IL services the CIL provided during the reporting year.

PARI offers four core services, describing each to every consumer requesting services and PARI offers alternative formats if requested. PARI manages a Personal Assistance Program which allows over 108 consumers the independence needed to remain in the community. PARI also provides an innovative equipment re-use program which helps many consumers (over 500) to be more independent. PARI also administers the Gift of Hearing, in collaboration with the University of Rhode Island, which allows persons in the community, who could not otherwise afford it, access to hearing evaluations and hearing aids. Since the program’s inception there have been 338 people fitted with hearing aids; 84 of those persons have received two hearing aids. The average age of the participants is 77 and each one’s average monthly income is \$1,032.44.

(D) **Individuals Served by County** – List the counties served by the CIL and the number of consumers served in each county.

**Providence**

**Kent**

**Washington**

**Bristol**

**Newport**

**Other**

(E) **Consumer Satisfaction Appraisal** – Provide a brief summary of the type(s) of consumer satisfaction appraisal methods and results.

PARI's new group, the Consumer Services Advisory Committee (CSAC), continues to meet. They have improved the Consumer Satisfaction Survey (CSS); fostered consumer involvement in PARI; and offered suggestions to the board and staff to improve services. Out of 155 Consumer Satisfaction Surveys mailed, 47 consumers responded. On a scale of 1 to 5, with five indicating the highest possible satisfaction, PARI scored above 4 overall. This is the best response ever to the CSS—an indication that the CSAC is effective.

(F) **Response to Needs** – Describe the CIL's response to needs identified in the consumer satisfaction appraisal.

PARI is working to secure funding to reinstate a program, Living Well with a Disability—a very popular venue where consumers get together to discuss life challenges, working in the community, health and nutrition, exercise, etc. We are applying for private grants to run this program again in the next fiscal year.

PARI has worked with a group called “Rhodes to Independence” which is developing a policy for better access to state and federal programs for persons with disabilities. By working with this group, consumers have better access to services and benefits.

PARI's Director of Communications is working with people on the Developmental Disabilities Council and other agencies to address the needs of persons with developmental disabilities who want to be included in advocacy efforts in the disabled community. These meetings are a forum for listening and brain storming for inclusion of all persons in advocacy efforts.

PARI counselors responded to needs of consumers for affordable housing by directing consumers to the appropriate agencies.

(G) **Resource Development Plan** – Report the results of resource development activities.

PARI planned and produced a day-long independent living conference to educate consumers and professionals on issue related to disabilities. This event brought together multiple state agencies, non-profits and private groups from across Rhode Island to offer an educational opportunity. Over 100 people attended this event and came away with a better understanding of how people with disabilities can provide services to others. One of the grantors of the conference was Serve Rhode Island which administers the Americorps Program in Rhode Island.

(H) **Training Plans** – Report on staff and governing board training activities.

PARI has received a grant for staff training and enrichment which will take place in the Spring.

There is a chair of Board and Membership Development and board training activities are on-going.

(I) **Innovative Activities** – Describe significant activities not accounted for elsewhere in the report.

The Executive Director of PARI began a committee with the Executive Director of Corliss Institute in Warren, Rhode Island, called RIVER (Rhode Island Voice for Equal Representation). This new group is trying to devise ways to make advocacy efforts known to persons with disabilities. Some ideas are:

- A web site to inform people about advocacy issues
- A newsletter to keep people up to date
- A forum for feedback from persons with disabilities.

This is a new venue and 2010 will bring new input as other agencies join in.

(J) **Consistency with SPIL** – Describe how CIL activities were consistent with the SPIL.

PARI works in cooperation with the SILC and is consistent to the SPIL.

(K) **Description of Substantial Problems** – Discuss major problems encountered and attempted resolutions.

Challenges in the past year included:

Increasing funding options to offer more services, and,

The PersonalChoice Program still requires a lot of work to insure success  
dealing with grant cuts

Enhancing a fund raising event: Get Movin' with PARI. This has become an annual event.

## **Subpart IIF – Next Year's Plans**

In the space provided, discuss the CIL's proposed activities for each category listed below. Additional space and/or pages may be added as needed for each category.

**Please refer to the instructions for Subpart IIF to ensure all requested information is detailed in your responses.**

## Subpart IIFI - Narrative

### (A) **Advocacy Efforts** – Discuss the CIL’s advocacy goals.

As reported elsewhere, PARI has two initiatives to enhance advocacy: Attendance and brainstorming with the Developmental Disabilities Counsel and the formation of a new group, RIVER, that will work on multiple levels to inform consumers about advocacy issues.

PARI participated and sponsored the Rhode Island Vote Project. This purpose of this project is to get people with disabilities involved in the voting process. We believe if people with disabilities vote, the community will become a strong voting block. We also advocated to the Board of Elections on access issues for people with disabilities. When the new system failed, we advocated for changes to make the voting process more accessible for all persons with disabilities. We were effective in our efforts.

PARI, through its newsletter, POSSabilities, insured that innovations in the Rhode Island public transportation system that pertained to persons with disabilities were made known to consumers. These changes were numerous and complicated and PARI helped to simplify the process.

The State of Rhode Island has initiated a Global Waiver that replaces all other waivers in the state. PARI advocated for a better state program for the Global Waiver and worked to block budget cuts.

PARI has worked with a group called “Rhodes to Independence” which is developing a policy for better access to state and federal programs for persons with disabilities. By working with this group, consumers have better access to services and benefits.

### (B) **Outreach Efforts** – Describe the CIL’s plans for outreach to unserved/underserved populations.

One full time Hispanic counselor and a soon to be hired part time Hispanic counselor reach out to the community in a myriad of ways: attendance at fairs, outreach through local hospitals etc. We hope with the addition of a part time person that this outreach will be enhanced.

### (C) **Community and Individual IL Services** – Identify the community and IL services the CIL anticipates providing during the next Federal fiscal year.

PARI will continue to work toward making Rhode Island the most accessible community it can be. We will work at expanding programs and availability of services in all aspects of the community. We have become aware through our outreach efforts to the Hispanic community that a whole difference level of care is needed for this community. The entire extended family, not just the person with a disability is involved in consumer care. This requires great communications skills and tact when serving this population. A part-time Spanish-speaking counsel will be hired to increase outreach to this community. ARRA monies will be used to hire this counselor.

(D) **Individuals Served by County** - List the counties the CIL proposed to serve and the anticipated number of consumers that will be served in each county.

**Providence**

**Kent**

**Washington**

**Bristol**

**Newport**

**Other**

(E) **Consumer Satisfaction Appraisal** – Describe activities planned to access consumer satisfaction.

As stated earlier in the report, a Consumer Satisfaction advisory committee has been formed to address the concerns of PARI consumers. Also, PARI regularly gets together with counselors, mobility specialist and home modification consultants to hear of concerns of individual consumers. Consumer satisfaction is high priority at PARI. We access our independent living conference, our annual awards dinner—all with the consumer foremost.

(F) **Response to Needs** – Describe the CIL’s proposed response to needs identified in consumer satisfaction appraisals and needs assessments.

PARI has responded to the needs of consumers by extending registration times at events (to allow for persons who have a slow start to the day); by requesting, and getting, extended time for RIDE (the public transportation service in Rhode Island for persons with disabilities; and by accommodating individuals needs of consumers as they arise.)

(G) **Resource Development Plans** – Describe the CIL’s plans for obtaining and increasing funding.

PARI does a variety of fund raising activities, including grant writing for new programs, mailing campaigns, a major annual awards dinner and an annual “walk”. The board and staff work very hard to assure participation in these activities. For our end of the year solicitation, we received this letter with a check:

“Please accept this donation in the name of [a PARI consumer]. When I asked him what he wanted for Christmas he said to give to someone in need. We both know first hand the wonderful work PARI does, so I know he would think you are a great choice!. Thanks for all you do.”

PARI and the fund raising committee, formed from within the Board of Directors and the community, meet regularly to brainstorm fund raising activities and to enhance the activities that are in place. This year we changed the format of the annual dinner and it was a great success. We will continue to explore avenues of giving throughout the year.

(H) **Training Plans** - Describe the plan for training the CIL staff and governing board.

Plans for staff training include a retreat planned for the Spring for support and direct staff. ARRA monies will be used for this effort. Hopefully, this will enhance the interaction between direct and support staff.

Board development is on-going and coordinated by the Chair of the Board Development Committee. The Executive Director regular gives trainings on disability etiquette and sensitivity to the Board and Staff.

(I) **Innovative Activities** – Describe any significant activities not accounted for elsewhere in this report.

- 
- 1) PARI participated in and sponsored the Rhode Island Vote Project. This purpose of this project is to get people with disabilities involved in the voting process. We believe if people with disabilities vote, the community will become a strong voting block. We also advocated to the Board of Elections on access issues for people with disabilities. When the new system failed, we advocated for changes to make the voting process more accessible for all persons with disabilities. We were effective in our efforts.
  - 2) PARI continues to operate an equipment re-use program called the PAAT Program. The PAAT Program accepts donations of durable medical equipment, we refurbish the equipment and make it available for purchase at 10% of retail value. Not only does this help consumers get needed equipment that would otherwise not be available to them, it is also a funding stream for PARI and we use the program to advertise and fund raise for PARI. We have also been successful in writing grants to support this program—allowing for limited use of Federal Funds to support the Program. Funds received for this program include:
    - Rhode Island Foundation—Basic Human Needs Grant \$5,000.00
    - Providence Rotary Foundation \$2,500.00 PAAT Program (PARI’s equipment re-use program)
    - Champlin Foundations--\$10,000—PAAT Program
  - 3) PARI continues to plan and host a fund raising event where Community Service Awards are given to individuals or companies who help people with disabilities. This is PARI’s primary fund raising event and has proved to be very successful. PARI also continues a fund raising event: a walk, Get Movin’ with PARI. This was enthusiastically received in the community and is an on going event.
  - 4) PARI continues to work with the Statewide Independent Living Council in the implementation of the State Plan for Independent Living. In the plan, the CILs, the SILC and the DSU had decided to take aggressive action toward goal areas which were previously areas of concern: finding additional funding, to address the issue of service to un-served and underserved populations, namely the Hispanic community, with Spanish speaking counselors to work in this community and to address nursing home transition with staff to target this population. These goals have been achieved. PARI has a full time Spanish/Portuguese/English counselor and will hire a part-time Spanish-speaking counselor in FY 2010 and has a nursing home transition consultant.
  - 5) PARI continues to provide opportunities for consumers to take further control over their lives with the “Live Well Rhode Island” Program, formerly the “Living Well With a Disability” Program. This program teaches consumers how to make life choices for better living. We have been very successful with this program and currently have a waiting list of 38 people wanting to participate.

New to the program have been persons with Traumatic Brain Injury (TBI). These consumers have expressed great satisfaction with the peer and recreational aspects of the program, together with the nutritional and health components. We are working to secure funding to present this again.

- 6) Again this year, PARI started working with a non-profit organization called "Dorcas Place." Dorcas Place's program focuses on non-English speaking individuals, helping them to acquire better jobs and education. We worked on an advisory committee to improve services for people with disabilities who received services from Dorcas Place.
- 7) This year PARI continued to work on the new Medicaid Personal Care Assistant Program in Rhode Island called "PersonalChoice." While this program works well for consumers, giving them many more options and control over their services, it has created many concerns and problems. PARI is continuing to work through these issues while striving to best serve our consumers. Some of our consumers have started a PersonalChoice Advisory Committee which meets monthly to support one another in charting a course for coping with changes in the PersonalChoice Program.
- 8) For more than 20 years, PARI, in collaboration with several state agencies and other non-profits has held an Annual Rhode Island Independent Living Conference. This conference is always something our consumers look forward to as it is tailored toward consumer needs. This year the conference's focus was on living one's best life and consisted of workshops tailored to living life well in the workplace, in the community, and at home, as well as recreational, travel and accessible exercise options. There was a plenary session in the afternoon on the global waiver contemplated by the State of Rhode Island. There were over 100 people attending the conference this year.
- 9) Once again, PARI was a sponsor for the Governor's Commission on Disabilities' annual hearings. These hearings offer an opportunity for consumers and the general public to discuss issues of concern. These issues are incorporated into a report and advocacy goals for the year ahead are decided upon. This is a good opportunity for PARI to create its future goals as well. The main focus this year was anxiety about the global waiver (above, #8 and below #10) and transportation difficulties. There is on-going advocacy for a handicapped accessible taxicab.
- 10) The State of Rhode Island has initiated a Global Waiver that replaces all other waivers in the state. While some other states have replaced all of their waivers, Rhode Island's embrace of the global waiver is unique in that it makes a five year commitment to a cap of funds to replace all other waivers. The Executive Office of Health and Human Services and the Department of Human Services has therefore initiated "The Rhode Island Global Consumer Choice Compact Waiver." The Rhode Island Global Compact Waiver establishes a new State-federal compact that provides the State with greater flexibility while assuring federal funding certainty. Rhode Island will use the additional flexibility afforded by the waiver to redesign the State's Medicaid program to provide cost-effective services that better meet the changing needs of the individuals it serves. The breakdown is as follows:

#### GOAL 1: REBALANCING THE STATE'S LONG TERM CARE SYSTEM

A rebalanced long term care system provides individuals needing long term care services (including children, adults with disabilities, and the elderly) greater access to home and community based services as an alternative to care provided in nursing homes, residential settings, and other institutional facilities. Currently in Rhode Island, more individuals receive services in high cost, institutional settings. A rebalanced system will support quality, independence, choice, and coordination of services while achieving a better balance between the proportion of Medicaid dollars spent

on institutional services and those spent on home and community based services.

What will the State put in place to accomplish this Goal?

- ⟨ Implementation of a standardized Assessment and Coordination Tool and Process which will be used to screen all individuals applying for long term care services, including children, adults with disabilities, and elderly. The assessment will result in a level of care determination for each individual.

What changes will the State expect to see as a result of this Goal?

- ⟨ Increase in individual and family level of awareness about home and community-based alternatives to institutional care.
- ⟨ Increase in individual and family knowledge of the right to choose among services and settings that are appropriate for the long term care service needs of the individual.
- ⟨ Increase in provider level of awareness about home and community-based alternatives to institutional care (e.g. discharge planners).
- ⟨ Increase in utilization of and expenditures for home and community-based services as an alternative to institutional/residential settings.
- ⟨ Corresponding decrease in utilization of and expenditures for institutional and residential settings (including 24-hour residential placements for children, state-sponsored 24-hour supports in group homes or other residential settings for adults with disabilities, and nursing facilities for adults with disabilities and the elderly).
- ⟨ Increase in access to and quality of home and community based long term care services, including timely and appropriate access and clinical quality improvements.

What results does the State expect to achieve?

- ⟨ Increase in functioning and satisfaction of individuals receiving long term care services, including improvements in quality of life indicators, independence, and functional status.
- ⟨ Increase in “value” or cost-effectiveness of long term care/home and community-based services reflected by an increase in quality combined with a decrease in state costs.

## GOAL 2: INTEGRATE CARE ACROSS ALL MEDICAID POPULATIONS

What will the State put in place to accomplish this Goal?

- ⟨ All individuals on Medicaid will be enrolled in their choice of an integrated system of care such as RItE Care, Rhody Health Partners, Connect Care Choice.
- ⟨ All children with special needs will be enrolled in their choice of a participating Rite Care Health Plan for comprehensive health care services.
- ⟨ All adults with disabilities will be enrolled in their choice of an integrated system of care, either Rhody Health Partners or Connect Care Choice.
- ⟨ Individuals with existing health insurance coverage, such as employer-based insurance or Medicare, will not be enrolled in an integrated system of care.

What changes will the State expect to see as a result of this Goal?

- < Increase in individuals on Medicaid who have a medical home – a source of continual care that is integrated and coordinated by a primary care provider.
- < Increase in utilization of and expenditures for primary care and preventive services (e.g. physician visits, recommended screening, vaccines).
- < Corresponding decrease in utilization and expenditures of institutional-based services including emergency room visits and inpatient hospitalization for ambulatory sensitive conditions.
- < Increase in access to and quality of health care, including timely and appropriate access to health care services and clinical quality improvements.

What results does the State expect to achieve?

- < Increase in individual and family satisfaction with health care
- < Increase in “value” or cost-effectiveness of integrated care reflected by an increase in quality combined with a decrease in state costs

### GOAL 3: COMPLETE THE TRANSITION FROM A PAYOR TO A PURCHASER FOR ALL MEDICAID POPULATIONS

What will the State put in place to accomplish this Goal?

- < The State will develop and implement payment methodologies to provide financial incentives to appropriately rebalance both the long term care system and the acute health care system. Payment methodologies will address:
  - Access to primary care (incentives to increase primary and preventive care visits and decrease in emergency room visits).
  - Patient admission processes (incentives to increase in patients appropriately diverted from inpatient admission to less intensive settings)
  - Patient discharge processes and decisions (incentives to increase in discharges home with community-based supports and decrease in discharges to nursing homes)
  - Provider supply (incentives to decrease in institutional bed supply and increase capacity in community-based care)

What changes will the State expect to see as a result this Goal?

- < Increase in the number of provider and Health Plan contracts which specify performance indicators and incorporate pay for performance mechanisms.
- < Increase in utilization of and expenditures for primary care and preventive services (e.g. physician visits, recommended screening, vaccines).
- < Corresponding decrease in utilization of and expenditures for institutional-based services including emergency room visits and inpatient hospital, in particular for ambulatory sensitive conditions.
- < Increase in utilization and expenditures for home and community-based long term care services and supports.
- < Corresponding decrease in utilization and expenditures of long term care in institutional and residential settings, (including 24 hour residential placements for children, state sponsored 24-hour supports in group homes or other residential settings for adults with disabilities, and nursing facilities for adults with disabilities and the elderly).

- ⟨ Increase in level of acuity of individuals in long term care institutional and residential settings with 24-hour supports.

What results does the State expect to achieve?

- ⟨ Increase in “value” or cost-effectiveness of integrated care systems reflected by an increase in quality combined with a decrease in state costs.
- ⟨ Increase in “value” or cost-effectiveness of long term care provided at home and in the community, reflected by an increase in quality combined with a decrease in state costs.

## HOW WILL THE STATE KNOW WHETHER WE ARE SUCCEEDING ?

As a Research and Demonstration waiver under Section 1115 of the Social Security Act, the State of Rhode Island’s Global Consumer Choice Compact Waiver will incorporate two structured evaluations which will be focused on measuring the degree to which the goals and objectives of the demonstration have been achieved.

An ongoing or “formative” evaluation will measure the program’s progress in achieving measurable objectives and will provide the State with a valuable early warning system that can be used for decision-making regarding midcourse corrections. A final, in-depth waiver evaluation report submitted at the end of the demonstration period will be of value to Rhode Island as well as to other states who may consider implementing components of RI’s global waiver.

A specific Evaluation Plan, including specific evaluation measures, will be submitted to the federal government within 120 days of federal approval of the Waiver.

(From the State of Rhode Island Web Site)

**(J) Consistency with the SPIL** – Discuss how the CIL’s proposed activities are consistent with the SPIL.

PARI participates with SILC in maintaining consistency with the SPIL.

**(K) Description of Substantial Problems** – Discuss any anticipated problems and potential solutions.

Substantial problems encountered by PARI include funding cuts and a discrepancy between evaluations for the HAB Waiver and payment. Substantial evaluations are performed, and if persons are not eligible for the HAB waiver, PARI is not reimbursed. This creates a shortfall and a use of personnel that is not optimal. We are working to inform those involved about these problems and are meeting to resolve them.

**Subpart IIFII – Training and Technical Assistance Needs for the Next Fiscal Year**

<p><b>TRAINING AND TECHNICAL ASSISTANCE NEEDS</b></p>	<p>Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important</p>
<p><b>Advocacy/Leadership Development</b></p>	
<p>General Overview</p>	
<p>Community/Grassroots Organizing</p>	
<p>Individual Empowerment</p>	
<p>Systems Advocacy</p>	
<p>Legislative Process</p>	
<p><b>Applicable Laws</b></p>	
<p>General overview and promulgation of various disability laws</p>	
<p>Americans with Disabilities Act</p>	

Air-Carrier's Access Act	
Fair Housing Act	
Individuals with Disabilities Education Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
<b>Assistive Technologies</b>	
General Overview	
<b>Data Collecting and Reporting</b>	
General Overview	
704 Reports	9
Dual Reporting Requirements	10
Case Documentation	
<b>Disability Awareness and Information</b>	
Specific Issues	
<b>Evaluation</b>	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	
Government Performance Results Act and Title VII	
Outcome Measures	
<b>Financial: Grant Management</b>	
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	
<b>Financial: Resource Development</b>	
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
<b>Independent Living Philosophy</b>	
General Overview	7
<b>Innovative Programs</b>	
Best Practices	8
Specific Examples	
<b>Management Information Systems</b>	
Computer Skills	
Software	
<b>Marketing and Public Relations</b>	
General Overview	
Presentation/Workshop Skills	

Community Awareness	
<b>Networking Strategies</b>	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	
<b>Program Planning</b>	
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	
IL Skills Modules	
Peer Mentoring	
Program Design	
Time Management	
Team Building	
<b>Outreach to Unserved/Underserved Populations</b>	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	
Urban	
<b>SILC Roles/Relationship to CILs</b>	
General Overview	3
Development of State Plan for Independent Living	2
Implementation (monitor & review) of SPIL	1
Public Meetings	
Role and Responsibilities of Executive Board	4
Role and Responsibilities of General Members	5
Collaborations with In-State Stakeholders	6
<b>CIL Board of Directors</b>	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	
<b>Volunteer Programs</b>	
General Overview	
<b>Optional Areas and/or Comments (write-in)</b>	
<p>PARI has made use of volunteers from the Blackstone Valley ARC which serves persons with developmental disabilities. Persons from this program answer the phone at PARI (due to funding cuts, PARI no longer has a full-time receptionist). The interaction with people served by ARC has been very positive and we get good feedback from people in the</p>	

community and our consumers.

PARI and its Board are proud to be able to offer people with disabilities this vocational experience in an Independent Living model as opposed to the archaic sheltered workshop model.

## **SUBPART IIG – BUDGET SUMMARY**

Public reporting burden for this collection of information is estimated to vary from 13 to 22 hours per response, with an average of 17.5 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651; and the Office of Management and Budget, Paperwork Reduction Project 1875-0102, Washington DC 20503.

**INSTRUCTIONS FOR ED FORM 524**

General Instructions

This form is used to apply to individual U.S. Department of Education discretionary grant programs. Unless directed otherwise, provide the same budget information for each year of the multi-year funding request. Pay attention to applicable program specific instructions, if attached.

Section A - Budget Summary

U.S. Department of Education Funds

All applicants must complete Section A and provide a breakdown by the applicable budget categories shown in lines 1-11.

Lines 1-11, columns (a)-(e): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 12, columns (a)-(e): Show the total budget request for each project year for which funding is requested.

Line 12, column (f): Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Section B - Budget Summary

Non-Federal Funds

If you are required to provide or volunteer to provide matching funds or other non-Federal resources to the project, these should be shown for each applicable budget category on lines 1-11 of Section B.

Lines 1-11, columns (a)-(e): For each project year for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-11, column (f): Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 12, columns (a)-(e): Show the total matching or other contribution for each project year.

Line 12, column (f): Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Section C - Other Budget Information

Pay attention to applicable program specific instructions, if attached.

1. Provide an itemized budget breakdown, by project year, for each budget category listed in Sections A and B.
2. If applicable to this program, enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period. In addition, enter the estimated amount of the base to which the rate is applied, and the total indirect expense.
3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. Provide other explanations or comments you deem necessary.



U.S. DEPARTMENT OF EDUCATION  
BUDGET INFORMATION

OMB Control Number: 1890-0004

Expiration Date: 02/28/2002

Name of Institution/Organization  
**PARI Independent Living Center**

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION A - BUDGET SUMMARY  
 U.S. DEPARTMENT OF EDUCATION FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	334,123.00					334,123.00
2. Fringe Benefits	66,825.00					66,825.00
3. Travel	15,000.00					15,000.00
4. Equipment	-0-					-0-
5. Supplies	15,000.00					15,000.00
6. Contractual	-0-					-0-
7. Construction	-0-					-0-
8. Other	50,000.00					50,000.00
9. Total Direct Costs (lines 1-8)	480,948.00					480,948.00
10. Indirect Costs	-0-					-0-
11. Training Stipends	-0-					-0-
12. Total Costs (lines 9-11)	480,948.00					480,948.00

ED Form No. 524

 Name of Institution/Organization  
**PARI Independent Living Center**

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION B - BUDGET SUMMARY  
 NON-FEDERAL FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	328,726.75					328,726.75
2. Fringe	03,565.50					03,565.50

<b>Benefits</b>	<b>83,265.20</b>					<b>83,265.20</b>
<b>3. Travel</b>	<b>7,625.00</b>					<b>7,625.00</b>
<b>4. Equipment</b>	<b>-0-</b>					<b>-0-</b>
<b>5. Supplies</b>	<b>3,808.75</b>					<b>3,808.75</b>
<b>6. Contractual</b>	<b>-0-</b>					<b>-0-</b>
<b>7. Construction</b>	<b>-0-</b>					<b>-0-</b>
<b>8. Other</b>	<b>110,127.000</b>					<b>110,127.000</b>
<b>9. Total Direct Costs (lines 1-8)</b>	<b>533,853.00</b>					<b>533,853.00</b>
<b>10. Indirect Costs</b>	<b>-0-</b>					<b>-0-</b>
<b>11. Training Stipends</b>	<b>-0-</b>					<b>-0-</b>
<b>12. Total Costs (lines 9-11)</b>	<b>533,853.00</b>					<b>533,853.00</b>

SECTION C - OTHER BUDGET INFORMATION (see instructions)

ED Form No. 524

**SIGNATURES, PRINTED NAME, TITLE, PHONE NUMBERS**

Please sign and print your name, title and your phone number

SIGNATURE OF CENTER DIRECTOR

DATE

**Leo Canuel, Executive Director**

**401-725-1966 x 23**

NAME AND TITLE OF CENTER DIRECTOR

PHONE NUMBER

SIGNATURE OF BOARD CHAIRPERSON

DATE

**Ernest J. Letendre, Jr., President of the Board**

**401-349-0721**

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NAME AND TITLE OF BOARD CHAIRPERSON

PHONE NUMBER