

**KENTUCKY COMMISSION
ON
SERVICES AND SUPPORTS
FOR INDIVIDUALS WITH MENTAL RETARDATION
AND OTHER DEVELOPMENTAL DISABILITIES**

**January 25, 2005
Fairoaks, 4th Floor
Frankfort, Kentucky**

MINUTES

MEMBERS PRESENT

Secretary James W. Holsinger, Chair	Senator Julie Denton
Commissioner Pat W. Wear II	Representative Jimmie Lee
Acting Commissioner Shannon Turner	Representative Stephen Nunn
Carol Estes for Beth Smith	George H. Warren
Pat Seybold	Louise Underwood
Clyde Lang for Jim Richardson	Harold Kleinert
Marsha VanHook	ZoeAnn Yussman
F. Roy Shirley	Dale Bond
Judi Gerding	Angela McManus
Gwynn Royster	

MEMBERS ABSENT

Senator Tom Buford
Anne Montgomery

OPENING REMARKS AND INTRODUCTIONS

Secretary Holsinger opened the meeting by welcoming the members. Commission members then introduced themselves.

REVIEW OF MINUTES

The minutes of the March 10, 2004 meeting were reviewed and a motion was made by F. Roy Shirley and seconded by Louise Underwood to accept the minutes as written. The motion passed.

UPDATE ON REORGANIZATION AND CABINET INITIATIVES

Commissioner Wear discussed his office's review of boards, commissions, and advisory groups in the last nine months. He recognized the need to prioritize and identify which were mandated by legislation. After an analysis was completed, a white paper was issued to Secretary Holsinger with recommendations to continue this Commission.

Commissioner Wear discussed updates in the Department for Mental Health and Mental Retardation Services, including the merging of the Division of Mental Health and the Division of Substance Abuse, and the Windows strategic plan. The Windows initiative is based on best practices with a person centered approach, as well as concrete and measurable objectives tied to best practices for the Department and providers. Secretary Holsinger discussed the Cabinet-wide shift to best practices and evidence based strategies.

BUDGET/LEGISLATION

Commissioner Wear discussed three pieces of legislation proposed by the Department. The first is a Joint Resolution proposing that the Department and providers demonstrate outcomes for people it supports. This legislation is still in draft form and hearings will be held when it is introduced. The second piece of legislation would establish assertive community treatment teams. There is scientific evidence that this treatment approach reduces recidivism and is cost effective. The legislation proposes five pilots statewide, linked to state psychiatric facilities. The third piece of legislation proposes a rebalancing for Medicaid dollars in which money follows the person if that person chooses to leave a facility. Commission members raised concerns regarding the future of facilities if this legislation were to pass and voiced concerns about potential conflicts between facility and community proponents. Commissioner Wear stated he would revisit the proposal with Secretary Holsinger.

IMPLEMENTATION STATUS OF CONSUMER DIRECTED SERVICES

Shannon Turner, Acting Commissioner of the Department for Medicaid Services, gave an update on the implementation of HB 116. Medicaid is working with the Division of Mental Retardation to ensure compliance with the bill for all three waivers: Home and Community Based Services, Supports for Community Living, and Acquired Brain Injury. Draft language to address consumer direction has been submitted to the Centers for Medicare and Medicaid Services (CMS) and staff are working to refine the language. Two Requests for Proposals (RFPs) will be issued, one for the role of Fiscal Intermediary for the state and one for Support Brokerage. These RFPs must be awarded before the Consumer Directed Option can be implemented. The Cabinet hopes to have the RFPs out in the next 4-6 weeks. Senator Lee requested to review the RFPs before they go out. Applicants will have to show they can meet statewide needs.

The Support Broker role was discussed. Allocations for funding (slot allocations) will still come from the Division, and be allocated regionally. The Support Broker would then become involved after funding is allocated and an individual chooses the Consumer Directed Services option. The Robert Wood Johnson Foundation grant provides technical assistance as does CMS. The Division has also received verbal confirmation of a grant from the Foundation for a Healthy Kentucky, contingent upon CMS approval of the waiver submissions. This grant provides funding for education to help people understand consumer direction and assist them to get into the system and also to cover cost for start up of the fiscal intermediary. Four informational sessions have been scheduled across the state for individuals receiving waiver supports, advocates, families, and service providers.

Acting Commissioner Turner discussed a proposal for a new Level I waiver for persons who were inadvertently placed in the Home and Community Based Waiver, who need less intensive services than those offered in SCL. This would be a Level I waiver providing targeted services for community living in the person's natural home environment. Residential services would not be a part of this waiver. The same level of care required for SCL would be required for this waiver. As this would be an expansion of services, new funding would be required. It was not known if the Governor's budget includes this new funding. Secretary Holsinger stated that the goal is to build a seamless system that people can navigate as their needs change.

Commissioner Wear discussed the challenges we are facing regarding individuals who are aging, and their aging caregivers, and asked the Commission to consider addressing this issue. The Cabinet will develop a draft proposal for consideration.

FUTURE AND ROLE OF COMMISSION

Secretary Holsinger stated that quarterly meetings of the Commission will continue. Commission members should let Commissioner Wear know if they would like to be reappointed. Existing state agencies on the Commission will continue to be represented. Sub-committees will work as requested.

PUBLIC COMMENTS / OTHER

Public comments addressed issues with the proposed legislation and concerns about gaps in community services, including supports for individuals with co-occurring disorders and lack of service providers in many areas.

ADJOURN

The meeting was adjourned.