

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

**December 5, 2007
Fair Oaks, 4th Floor
Frankfort, Kentucky**

MEMBERS PRESENT

Undersecretary William Hacker (for Secretary Emberton)	
Deputy Commissioner Banahan (for Commissioner Crouch)	
Harold Kleinert	
Pat Seybold	Clyde Lang
Commissioner John Burt	Gwynn Royster
Representative Jimmie Lee	Karen Gardner
William Shaw	Louise Underwood
Cathy Edwards	Gayle Rees
Dave Mathes (for Ex. Dir. Sherri Greer)	

MEMBERS ABSENT

F. Roy Shirley	
Herman Terry Leigh	Marsha Vanhook
Senator Tom Buford	Senator Julie Denton
Malkanthie McCormick, M.D	Glenna Taylor

OPENING REMARKS

The meeting was called to order by Undersecretary Hacker.

REVIEW OF MINUTES

A motion was made by Representative Lee to accept the minutes as submitted and seconded by Gayle Rees. The motion passed.

MEDICAID WAIVER UPDATE

- **Michelle P. Waiver**

Carrie Banahan, Deputy Commissioner from Medicaid, gave an update on the Michelle P. Waiver. There has been a delay in the implementation date due to problems with the computer system used for billing. The projected implementation date is now April 1, 2008. The system change request has been submitted. Regulations are being drafted. Plans are to serve those listed as "critical" first, then those that have been on the waiting list the longest. There will be training in February for providers. In clarifying the

subject of Independent Case Managers, the provider can either offer case management services, or other waiver services, but not both on an individual basis. Exceptions may be made in rural areas due to lack of providers.

- **ABI Long Term Care Waiver**

The waiver document was submitted to the Centers for Medicare and Medicaid Services (CMS) in July 2007. After revisions, they hope to have approval soon.

- **Self Directed Option (SDO)**

A state plan amendment was formally submitted two weeks ago. Medicaid is waiting on approval. This will be a pilot program serving 200 people in all three waivers (Home and Community Based Services, Supports for Community Living, and Acquired Brain Injury). If the pilot is successful, Medicaid can submit a state plan amendment to expand this option.

- **Money Follows the Person**

This grant was awarded in May 2007 to support transition from institutions back into the community. The implementation protocol was submitted to CMS Nov. 1st. There is currently no time frame as to the implementation date. This program plans to serve 50 – 70 people transitioning from Nursing Facilities and ICF's/MR during the first year, and expand to include ABI the second year.

DEPARTMENT FOR MENTAL RETARDATION UPDATE

Betsy Dunnigan gave this report.

- **Crisis Stabilization Update**

There was a report handed out in each packet summarizing the number of calls in the different regions during the months of March through September. Most calls appear to be about aging caregivers and behavioral issues.

- **Waiting List Update**

The Supports for Community Living (SCL) waiting list report was distributed to the Commission members. There are currently 2644 people on the SCL Waiting list. Of that, 245 are listed as urgent. These will be the first to be offered services through the Michelle P. Waiver. Approximately 2/3 of the people on the waiting list receive some services through another waiver, Medicaid program (such as EPSDT), or state general fund program.

Many people on the list are focused on future residential needs as opposed to current needs. Allocations continue to be made for individuals meeting the emergency criteria for SCL services. There are 100 new slots available for allocations for emergencies in this fiscal year.

CONSUMER DIRECTED OPTION (CDO) UPDATE

Deborah Anderson gave this update.

- **CDO**

There are currently 816 people receiving services through CDO (505 HCB; 32 SCL; and 2ABI). Not all have hired providers for services. Support brokers' case loads are currently at the maximum in certain Regions. The lack of HCB providers is causing more people to choose CDO, especially in the KIPDA area. DMS and DAIL have gone back to basics on the individual budgets. Level 1 is based on historical budget to include services prior authorized that have been received as well as those that were not received due to lack of available providers. Level II budget addresses catastrophic events that occur in the individual's life. Additional training is needed for assessors to determine the actual amount needed rather than just asking for the maximum amount to better serve the CDO budget. There have been a couple exceptions established for certain circumstances. Goods and Services may possibly be available by mid-January 2008.
- **Resource Market**

Since implementation in October 2007, there have been 853 calls. The majority of the calls relate to persons with physical disabilities, one call for mental health services and no calls to date for persons with intellectual disabilities. The Commission was asked to assist with ways to spread the word about this program. Some members theorized that lack of calls for persons with intellectual disabilities may be related to the difficulty caregivers have with accepting assistance and realizing that they can no longer provide supports for those in their care.

SUBCOMMITTEE REPORTS

- **Funding Sources Subcommittee**

Clyde Lang presented information regarding issues associated with the Direct Support Professionals (DSP) workforce. The presentation highlighted the accomplishments of the Support Providing Employees' Association of Kentucky (SPEAK) program and its success in training and retaining Direct Support Professionals.

A DSP spoke about her job with Community Alternatives of Kentucky of Morehead. She mentioned the long hours, low pay and high attrition rates among Direct Support Professionals.

The subcommittee submitted five recommendations to the Commission. One recommendation was to establish a Workforce Development Subcommittee. The motion was made by Harold Kleinert to accept the

recommendations and seconded by Louise Underwood. The recommendations were accepted by the Commission for consideration by the Cabinet.

PUBLIC COMMENTS/OTHER

A comment was made regarding Medicaid payment for time when individuals are unable to attend the Mattingly Center due to hospitalization or illness. This has created a financial hardship.

SPEAK strategies are being used in Central State Hospital. The SPEAK program also hopes to implement the same strategies at Oakwood.

A recommendation was made to address the DSP issue included in the Finance Subcommittee recommendations across all settings including facilities, not just waiver programs.

The meeting was adjourned.

NEXT MEETING DATE

May 22, 2008

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**HB144 FUNDING SOURCES
COMMITTEE
PRESENTATION
REPORT**

December 5, 2007

Slide 2

WHAT IS THE PROBLEM?

- Persons with Intellectual Disabilities need caring, competent and committed Direct Support Professionals (DSPs) to serve and support them.
- The Commonwealth is failing those with disabilities by not providing adequate funding to attract and retain qualified DSPs.

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Who are DSPs?

- Persons giving services and supports to individuals with disabilities.
- Available for consumer direction or provider-based
- Many DSPs are single head-of-household (national data)
 - HHS 2007 Poverty Guideline = \$8.25 (family of 3)
 - 2.7 million DSPs (2.4 million or 89% are women) *
 - 49% are part of low-income families *
 - 19% of DSPs live in poverty *
 - * data source: University of New Hampshire Carsey Institute report

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Workforce Shortage Issues

- Consumer opportunity and demand for DSPs is increasing dramatically.
 - Waiver expansions
 - Michelle P.
 - Money Follows the Person
- A material shift from congregate to individualized community-based care of the disabled/aging population.

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Workforce Shortage Issues

- Additional disabled persons in need should be brought into the system of supports.
 - The waiting lists are growing longer.
 - Waiting Lists of Intellectual Disability programs number over 3000
 - Supports for Community Living (SCL) program slots only going to persons meeting emergency qualifications
 - Aging caregivers are nearing a point of abandoning their loved ones.
 - Abandonment qualifies individuals for emergency placement

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Workforce Shortage Issues

- No natural progression from home to alternative services
 - Persons with residential arrangements are placed low on waiting lists.
- Minimal options for supports available in the home
- Increased life expectancy of those with intellectual and other developmental disabilities
 - Medical acuity increases with age
 - Impact stresses traditional family structure and connections

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Workforce Shortage Issues

- The infrastructure of supports is weakening and will fail to accommodate a growing array of changing needs.
 - BLS report notes that from 2003-2014 the need will grow 41%
 - Labor force (those that traditionally work in the DSP field) will grow 7%
 - Between 2000 and 2010, more than 1.2 million long-term care workers will be needed to fill new jobs and to replace those leaving the field.
 - Growing professional expertise required to provide supports
 - Aging, medical, behavioral
 - Stable crisis emergency community-based centers
 - Competition for direct care professionals
 - » Home healthcare, in-home personal care needs
 - » Hospice and other private services

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Workforce Shortage Issues

Shortages of front-line workers (DSPs) serving the intellectually disabled.

- Future service reductions due to shortages.
 - Additional clients cannot be served without adequate staffing.
 - Existing clients will lose relationships and consistent supports with DSP turnover.
 - Detrimental impact on individuals and families in need of consumer directed support

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Workforce Shortage Issues

- High turnover, position vacancy rates, training costs (Kentucky Data)
 - Currently 60% turnover of Direct Support Professionals
 - 33 average days to fill vacancies creating instability and danger for the clients
 - Cost of turnover in training new DSPs - \$2,500 per position
 - Data Source: Kentucky provider sample survey 2007
- Use of over-worked workers at higher overtime hourly rates
 - Causes burn-out and low retention rates
 - Costly to individuals trying to obtain services

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Workforce Shortage Issues

Shortages impact both quality of care and quality of life.

- Lack of familiarity with client condition and needs
- Poses dangerous situations for clients
- Lack of understanding results in limited and poor quality of support

Supply

- Demanding work
- Isolation & Lack of Prestige
 - Most DSPs in community setting work alone.

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Workforce Shortage Issues

- Work is unpredictable and spontaneous
- Low pay (Kentucky Data)
 - \$7.45 - Average starting wage in state-wide provider sample.
 - \$6.25 – Lowest wage in state-wide provider sample.
 - KY State Health Aid worker starting wage is \$8.43
 - Federal minimum wage increase will further compress DSP wages
 - Data Source: Kentucky provider sample survey 2007
- Lack of career ladders.
 - Majority of DSPs excel in and prefer the role of support but cannot afford to stay in those positions and must move out to improve their financial conditions.
 - Higher annual earnings increase the likelihood of remaining as DSP by 21%*
 - Lack of practice of involving DSP's in decision making

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Workforce Shortage Issues

Demand

- Aging of population of persons with intellectual disabilities.
- Aging of traditional caregivers – family members and friends
- Reduction in labor supply
- More and varying types of alternative providers.
 - Independent contractors
 - Consumer Directed Options – personal caregivers
- Dramatic Growth in Waiver Programs

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S.P.E.A.K.
Regional Recruitment & Retention Model
Winner of 2007 Moving Mountains Award
from University of Minnesota National Alliance for Direct Service Personnel

- **Introduction:** Since 2004 the Louisville region has successfully implemented the Federally funded SPEAK project. A joint effort of Seven Counties Services & The Council on Mental Retardation, the project also partners with seven service provider agencies in the region.
- **MISSION:** SPEAK exists to recruit and retain direct service professionals by offering a support system that honors and recognizes the importance of the work they do, celebrates their accomplishments and equips DSPs to provide the highest quality of care for persons with mental retardation & other developmental disabilities.
- **Project Goals:** Reduce turnover, promote professionalism, recognize & honor those front line staff members who work daily with children & adults with MR/DD.
- **PROJECT OUTCOMES** (Independently verified by an external audit, the Lewin Group)
 - After 2 years, staff turnover rates dropped from **62% to 29%** within participating agencies.
 - Overall agency retention post-SPEAK was 87.97% compared to 79% before-SPEAK.
 - Increased quality of care for persons with MR/DD.
 - **Savings: \$222,063** (89 DSPs retained, \$2500 per employee re-training costs)

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RECOMMENDATIONS:

- Support the Cabinet's plans for additional programs and opportunities in the coming biennium.
- HB144 Funding Sources Committee to concentrate on identification of revenue sources to support funding of all programs serving Kentuckians with Intellectual Disabilities

RECOMMENDATIONS:

- Establish a HB144 standing subcommittee focusing on workforce development.
 - Working with DMR and DMS to develop a plan to address:
 - Long term workforce shortage to include:
 - Evaluating and recommending needed funding increases for Direct Care compensation/benefits
 - Evaluate and recommend effective payment and accountability measures
 - Evaluate and recommend recruitment/retention/training/mentoring programs, options and funding needs

RECOMMENDATIONS:

- Move toward a living wage for Direct Support Professional's within community based waiver programs. An incremental funding approach to reach adequate compensation levels.
 - Fund an additional \$13,000,000 to community-based waiver programs in each of the next two years as an initial, responsible yet fiscally conservative response to the workforce problems.
 - Increased funding would be distributed to the direct care compensation/benefit cost portion of the rate (60% of program costs associated with worker compensation).
 - Funding to provide for a DSP total compensation cost increase of 8% in each of the next two years.
 - Targeting a 5-6% increase in average worker wages
 - Targeting a 2-3% increase in costs associated with worker wage increases
 - Tax and Benefit Costs

RECOMMENDATIONS:

- Develop/expand DSP recruitment/retention/training/mentoring programs to at least four additional regions by 2010.
 - Fund \$820,000 over the next biennium.
 - SPEAK (Support Providing Employees Association of Kentucky) program operated in the Louisville region can meet this expansion need as an option.
 - As noted, the SPEAK program has experienced positive results in the areas of recruitment and retention of DSPs.

Conclusion of Presentation

Questions?