

INTRODUCTION

Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Mental Retardation and Other Developmental Disabilities was first submitted to the Governor and the General Assembly on April 17, 2001. This report provides updated information (by Section and Outcome) on the implementation of Kentucky's Plan, and is submitted pursuant to KRS 210.577 (3). It covers the past year, October 1, 2004, through September 30, 2005. Highlights of the plan include efforts related to: Prevention, Promoting Choice, Promoting Quality, Promoting Access, and Financing the System.

The planning process involved hundreds of people representing a broad range of stakeholders. Elements of the Plan have been incorporated into the strategic planning process of the Department and Cabinet. The Plan has broad support, is a dynamic document, and continues to be the blueprint for the Commission's work.

The ten-year plan specifies the need for a system that will have the capacity to provide the needed components of a *comprehensive* package of services for between 8,000 and 10,000 Kentuckians with mental retardation and other developmental disabilities.¹ The capacity, at the end of FY 05, for comprehensive services to this population was 3196, (2726 capacity in the Supports for Community Living program and 970 licensed beds in Intermediate Care Facilities for People with Mental Retardation).

The majority of the Commission's work has focused on the individuals mentioned above, who need a comprehensive package of services. However there are many other Kentuckians with mental retardation or other developmental disabilities, some of whom will need assistance from the public sector. National prevalence studies note that between 1-3% of the general population will be diagnosed with a developmental disability or with mental retardation. In Kentucky, 1-3% of the population equates to approximately 40,000 to 120,000 people.

The Commission supports the provision of services based on best practices. A best practice means a continuum of practices and programs ranging from promising to evidence-based to science-based. Promising practices incorporate the philosophy, values, characteristics, and indicators of other positive and effective interventions. Evidence-based practices have qualitative and quantitative data supporting positive outcomes. And finally, science-based practices result from a rigorous process of research and evaluation using a

¹ Calculation based upon estimated need for comprehensive services for 200-250 people per 100,000 population. Published by the National Association of State Directors of Developmental Disabilities Services in *Closing the Gap: Addressing the Needs of People with Developmental Disabilities Waiting for Supports*, Gary Smith, November 1, 1999.

theory-based research methodology. Therefore, the Commission has recognized and prioritized services and supports based on best practices using the principles of self-determination. These supports/services needed by persons with mental retardation and other developmental disabilities are as follows: Day/Community Habilitation; Supported Community Residences; Accessible, Affordable, and Accountable Transportation; Employment and Volunteerism; Transition Services from Birth through Entire Life Span; Assistive Technology; Respite Services; Recreation Supports; Behavior Supports, and other Support Services. The Commission supports the concept of self-directed funding such that individuals and families have greater control over the money available for their support.

PREVENTION

OUTCOME: Through public education and prevention efforts, more children will be born healthy and the instances of disabilities will be reduced.

- ▶ In support of existing prevention efforts, public awareness, and data collection regarding brain injury, the following occurred:
 - Staff from the Division of Mental Retardation and the Division of Mental Health and Substance Abuse, including the Brain Injury Services branch, worked together to present the first annual Co-Occurring disorders conference in Louisville in January 2005. The conference was funded through a grant obtained by the Brain Injury Services branch to increase public awareness of brain injury. The Co-Occurring disorders workgroup continues to meet and has formed a subcommittee to study the needs of people with mental retardation, developmental disabilities, acquired brain injury, and/or substance abuse issues.
 - As part of the Traumatic Brain Injury Trust Fund Board of Directors, the Systems Development Committee is composed of providers, families, and state agency staff. This committee works on cross systems issues and has developed a strategic plan submitted to the Governor addressing the education and prevention of brain injury, long-term care, and funding the system.

- ▶ The following are current programs on folic acid awareness:
 - The Department for Public Health's statewide folic acid campaign for Education and Information activities reached 1,062,888 people in FY 05, including 747,623 through media or mass distribution of information and 225,051 through behavioral change education.
 - During the 2005 Legislative Session, Senate Bill 24 was passed to expand the number of conditions for which newborn screening is completed in Kentucky. The complete expansion to a total of 29 conditions is expected to occur by December 31, 2005. Hospitals are required to have a newborn screening coordinator designated with the Department for Public Health Newborn Screening Program. In addition, hospitals will be required to provide educational information to parents regarding screening, which will also be available through the newborn screening website.

- ▶ With regard to Adult Phenylketonuria (PKU), HB 395 was passed by the 2002 General Assembly, which brought the annual insurance coverage of medical formulas to \$25,000 and coverage of medically modified foods to \$4000. Many individuals continue to have difficulty getting items reimbursed. Most insurance companies require payment up front for food and some require a large deductible to be met. Also, reimbursement amounts may vary from person to person and from one insurance company to another. During FY 05, seven new patients were seen at the Adult PKU clinic, bringing the total number of active patients to 49, an increase of 27 since the clinic's inception. A Cabinet staff person continues to contact former patients to inform them of the possibility of regaining skills if they return to the diet. Seventy-nine patients are on the contact list. Those who agree to return to the diet regimen are invited to be patients at the Adult PKU clinic.

- ▶ Efforts to increase the ability of First Steps providers to identify and treat mothers who may have a substance abuse problem requiring treatment include:
 - The KIDS NOW Substance Abuse and Pregnancy Initiative provides support that allows substance abuse programs to be on-site at public health departments and private physician offices. Training for partners includes education about the dangers of substance abuse during pregnancy; screening for substance abuse in a supportive, non-judgmental manner; and how to refer for woman-centered, family friendly substance abuse treatment. As of June 2005, linkages with over 88 community agencies and health departments have been established. In FY 05, \$895,000 was allotted to the Community Mental Health/Mental Retardation Centers for this initiative. KIDS NOW Substance Abuse and Pregnancy Initiative prevention and treatment specialists from each of the community mental health and mental retardation centers visit partner sites to teach about the negative effects of perinatal exposure to alcohol and other drugs to newborns and to provide on-site assessments for women who may require a substance abuse prevention or treatment intervention. In FY 2005, 9,454 pregnant women were screened regarding their risk of substance abuse during pregnancy. Of those screened, 3,518 received a substance abuse prevention or treatment intervention.

PROMOTING CHOICE

OUTCOME: Through the principles of self-determination and informed choice, people with mental retardation and other developmental disabilities will have access to services and supports throughout their lifespan.

- ▶ Significant progress has occurred on the implementation of self-directed funding so that individuals and families control the money available for their supports:
 - HB 116, the Kentucky Independence Plus through Consumer-Directed Services Program Act of 2004, was passed by the 2004 General Assembly. This landmark legislation, widely supported by Governor Fletcher and the General Assembly, required the establishment of the Kentucky Independence Plus through Consumer-Directed Services Program to provide an option within each of the home and community-based services waivers based on the principles of consumer choice and control. The Independence Plus program envisions a new model of delivery of Medicaid funded home and community-based services to support increased consumer choice, expand the flexibility of dollars utilized, improve access to services, and provide for improved cost management.
 - Kentucky received two grants to aid in the implementation of HB 116. In October 2004, Kentucky was among eleven new states to receive a grant through the Robert Wood Johnson Foundation. This grant will provide \$250,000 over a three year period, allowing Kentucky to implement consumer direction of certain Medicaid funded home and community based, including the cost of temporary staff. Kentucky has access to valuable technical assistance through consultants and other states that have operational consumer-directed programs. Kentucky also received a grant through the Foundation for Healthy Kentucky that includes funding to cover the costs of outreach efforts and initial start up costs for providing financial management services not covered by federal funding.
 - Staff at the Division of Mental Retardation work in collaboration with staff from the Department for Medicaid Services, attending national conferences in Boston and Florida and participating in regular conference calls with the Centers for Medicare and Medicaid Services (CMS) and the Robert Wood Johnson Foundation.
 - Kentucky has an Advisory Board consisting of consumers, advocates, and other stakeholders. This board assists with the development of outreach efforts across the state. As of September 1, 2005, seven informational workshops have been conducted across the state in Owensboro, Louisville, Northern Kentucky,

Prestonsburg, Williamsburg, Lexington, and Hardin. Each workshop included two sessions, one designed for consumers, families, and advocates, and the other for providers.

- Through amendments of existing 1915(c) waivers, the Cabinet intends to make available to waiver participants direct control over non-medical and non-residential services. A blended package of consumer-directed and traditional services will be provided, thus allowing individuals to pick and choose the options that work best for them. Dollars allocated for supportive services will be seamlessly shifted among needed supports and services. By allowing consumers the ability to recruit, hire, and supervise their own employees (including family members in some cases), the available labor pool for services will be expanded. The presence of support brokerage and financial management services is expected to give participants the information they need to efficiently manage allocated dollars resulting in increased levels of service for similar funding allocation. The amendment to the Home and Community Based Services waiver has been approved by CMS. The amendment to the Supports for Community Living waiver was submitted in May 2005 with approval pending. The Acquired Brain Injury waiver is due for renewal in January.

- ▮ Because of a historical lack of funding, service providers have been limited. Through training and information efforts, the number of providers continues to grow. Since March 2001 through August 2005, the number of Supports for Community Living providers has increased from 63 to 147. Two additional provider applications are in process. The presence of additional providers has given people more choice in available supports and in who will provide them.

- ▮ With regard to a support coordination system that supports the principles of self-determination provided by staff who meet core competencies:
 - Regulatory requirements and on-going monitoring for competencies through the certification review process conducted by the Division of Mental Retardation, under contract with the Department for Medicaid Services, ensure support coordination staff meet core competencies.
 - The Division of Mental Retardation training staff continue to provide 2-day support coordination trainings throughout the state. In FY 05 three Level I (71 participants) and Level II (73 participants) trainings were offered on a regional basis. Agencies also have access to a list of basic competencies for support coordination staff. These can be used in interviewing new support coordinators, developing work plans, and evaluating job performance. Principles of Self-Determination have been incorporated into the training.

- Four SCL Provider Educational Workshops were offered quarterly in FY 05 through teleconference with sites throughout the state. These workshops included collaborative presentations involving the Department for Medicaid Services, Division of Mental Retardation training staff, Division of Mental Health and Substance Abuse, and the Office of Vocational Rehabilitation. Topics addressed included incident management, building positive and restraint-free supports, building natural supports, change management, and supported employment.
- Upon implementation, individuals who choose to consumer-direct some of their Medicaid services will receive services from a support broker independent of the provision of other services.

OUTCOME: An array of services and supports designed to meet the unique needs of individuals will be available in local communities.

- ▶ The progress on this Outcome is reflected in the Access and Financing the System sections of this report. Please refer to those sections for a complete response.
- ▶ The proposed subcommittee structure for FY 06 includes a Quality and Best Practices subcommittee which will address this outcome and monitor the provision of individually designed person-centered supports to persons throughout the state.

PROMOTING QUALITY

OUTCOME: Through a comprehensive monitoring system, we will know that individuals with mental retardation and other developmental disabilities live in settings of their choice, where their health and safety are assured and their strengths and dreams are supported and encouraged.

- ▶ In the Kentucky Core Indicators Survey of individuals receiving services dated June, 2005:
 - 98.2% indicated they liked their work or day program
 - 97.6% liked where they lived, and
 - 82.3% said they had friends who were not staff or family.

- ▶ The Cabinet for Health Services received a \$2 million grant from the Centers for Medicare and Medicaid Services (CMS) to aid Kentucky in making long-lasting changes in the delivery of community supports to persons with disabilities and long term health care needs. The grant focused on improving housing, quality services, and workforce development. A component of the grant was to work with persons with disabilities and their families to develop and implement effective quality outcomes from the consumer standpoint. The Cabinet partnered with three core advocacy groups to help develop a consumer voice in evaluating the quality of services based on the belief that the consumers and family members know best what services they need and whether or not the services are meeting their needs. These efforts reached out to consumers and family members to assist the state in determining what consumers and family members consider quality services.

These efforts included:

- A consumer-led monitoring system developed with the goal of integrating consumers and family members into the monitoring system for provider organizations who provide services under the Supports for Community Living waiver program. A stakeholder group convened by the ARC of Kentucky developed the monitoring system after review of state and federal requirements and consumer involvement in quality monitoring from other states. Several pilot-tests of the system were carried out during FY 04, and one provider organization in each of the state's 14 regions was monitored by consumers and family members during the 2005 state fiscal year. A six –month follow-up interview was also conducted. The results will be included in the final report upon the completion of the grant on September 27, 2005.
- The Commission recommended that family members, persons with mental retardation, and advocates be included in quality initiatives and

monitoring activities at the state and local/regional levels. Core Indicators in Kentucky is seen as the centerpiece of quality assurance in that it measures outcomes for people receiving services across quality of life domains, including community participation, well-being, satisfaction, relationships, autonomy, rights, and health/safety. Kentucky's participation in this effort began in 1999. 2005 represented the 6th cycle of consumer interviews in Kentucky. As of June 2005, nearly 3000 interviews of people receiving services through the Division of Mental Retardation have been conducted. This project utilizes a national instrument in assessing client satisfaction, safety, and quality of life. Rather than relying on a professional surveyor, the Commission recommended a survey team, which includes a professional and a consumer or family member. The project has exceeded its goals in training and creating teams consisting of at least one person with a disability as an interviewer. Eight consultants with disabilities joined the list of statewide interviewers in FY 05. In the past year, the project expanded to interview a sample of 400 individuals receiving mental health services.

- National Core Indicators is collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Through the collaboration, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, work out comparable data collection strategies, and share results. This multi-state collaborative effort to improve performance is unprecedented.
 - Volunteer personal advocates for consumers have been recruited by the Council on Mental Retardation to help assure individual choice, participation, competence enhancement, and respect. Forty (40) advocates have been matched with consumers. During the final year of the project, the Council promoted the development of volunteer personal advocacy programs in other areas of the state (outside of the Louisville area), and with other consumer populations (mental health, aging, etc.).
- The Division of Mental Retardation conducts annual interviews with people who are receiving supports for the purposes of determining the outcomes of those services. The Department of Mental Health and Mental Retardation Services monitors its contractors for outcomes and monitors Supports for Community Living providers for certification purposes and relative to reports of critical incidents. Each of these efforts includes monitoring of outcomes for individuals.

- ▶ In March 2005, the incident report/investigation was revised to include a field to track the date findings by the Department for Community Based Services Adult Protection staff were received. An internal Quality Assurance committee has been formed and SCL staff meet as part of the Department's Risk Management Committee.

OUTCOME: The services and support needs for persons with disabilities will be met by competent and adequately trained staff.

- ▶ The Education and Resource Development Team in the Division of Mental Retardation has conducted a total of 44 events with 742 participants in FY 05. Workshops include: abuse prevention, leadership, crisis intervention and management, person centered planning, community inclusion, dignity and respect, abuse and neglect, support coordination, rights and advocacy, values, working with families, health and wellness, learning to listen, building positive relationships, grief and loss, mental health/mental illness, and cultural and generational diversity.

In addition, training staff developed focused on developing the training capacity of providers by offering general training of trainers' events and focused training of trainers in abuse prevention, crisis intervention, and supported employment.

- ▶ The Workforce Development Project within the Real Choices Systems Change grant has worked with the Kentucky Community and Technical College System to develop an academic certificate program for Direct Support Work. This certificate program received final approval in the spring of 2005, and became available to students starting with the spring 2005 semester. The certificate is a 15-hour curriculum which was developed based upon job profiling carried out with people working in the Direct Support field. The coursework includes some of the required training content for people who work in mental retardation programs in the state. Anyone who successfully completes the Direct Support Work Certificate may apply the coursework towards earning an Associate in Applied Science degree in Human Services. The courses for the certificate program have been developed for offering on-line through the Kentucky Virtual University, so are accessible statewide. Profiling was completed with case managers who work with various consumer populations (i.e., mental retardation, mental illness, severely emotionally disturbed children and youth, etc.) with the aim in mind of improving the quality of training.

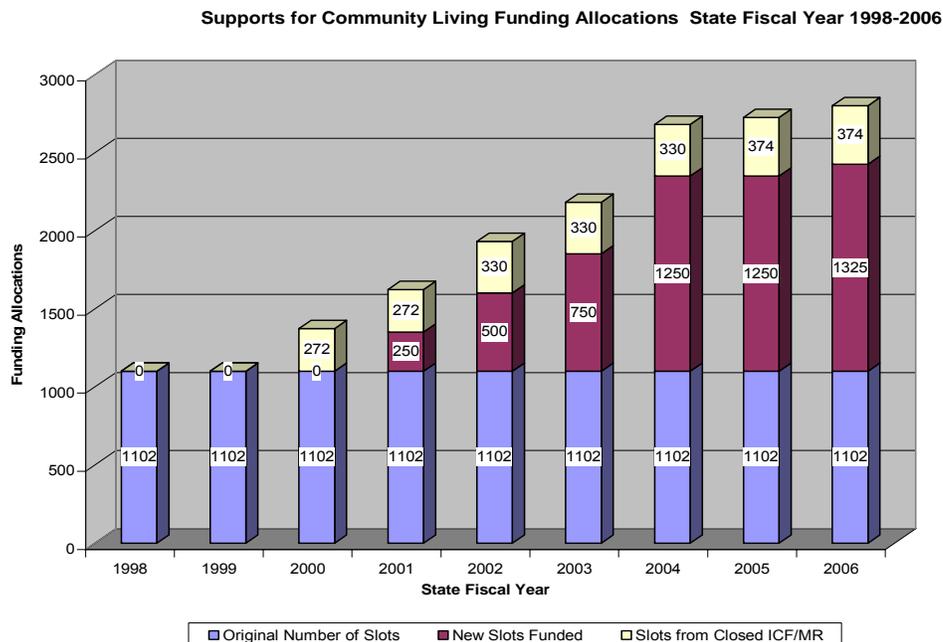
PROMOTING ACCESS

OUTCOME: People with developmental disabilities and their families have access to services and supports that meet their needs and expectations.

- Because of increased funding, the number of individuals receiving services through the Supports for Community Living Waiver (SCL) has doubled since FY 98. The following chart reflects the increase in the number of funding allocations in SCL over the years.

Fiscal Year	Funding Allocations	Source
FY 98	1102	
FY 99	1102	
FY 00	1374	272 from ICF/MR Closure
FY 01	1624	250 from HB 144
FY 02	1932	250 from HB 144, and 58 from ICF/MR Closure
FY 03	2182	250 from HB 144
FY 04	2682	500 from HB 144
FY 05	2736	CMS approval for an additional 44 from the closure of Higgins ICF/MR
FY 06	2811	75 from HB144

- Following is a graphic representation of funding allocations since 1998:



- D Collaborative linkages have been established with other state Cabinets, programs and community associations to build their capacity for supporting citizens with mental retardation and other developmental disabilities. Some of these are:
 - The Division of Mental Retardation, the Division of Mental Health and Substance Abuse, and provider groups collaborated to plan the first Co-Occurring disorders Conference. The workgroup continues to meet on an ongoing basis.
 - The Division of Mental Retardation and the Department for Medicaid Services collaborate on the planning and outreach of Consumer Direction. The Advisory Committee for the Robert Wood Johnson Foundation Grant consists of staff and representatives from Division of Mental Retardation, Department for Medicaid Services, AARP, Center for Accessible Living, Office of Aging, Brain Injury Services Unit, and ARC of Kentucky, as well as family and self-advocates.
 - The Division of Mental Retardation and the Office of Vocational Rehabilitation collaborate on education and expansion efforts for Supported Employment.
 - The State Interagency Council, Regional Interagency Councils, and the Division of Mental Retardation work to identify children who are difficult to support, and are a risk to themselves and the community, with the goal of diversion from the juvenile justice system.
 - The Division of Mental Retardation and the Department for Community Based Services collaborate on education regarding the abuse, neglect, and exploitation of vulnerable adults.
 - The Brain Injury Services Unit and the Division of Mental Retardation collaborate on transition for individuals from intense therapeutic environments to community environments using the SCL Waiver. Consultation and supports are given to providers.
 - The Department for Mental Health and Mental Retardation Services and the Department for Medicaid Services collaborate on Olmstead issues.

- D It is the goal of the Commission to develop, increase and improve access to services and supports. The following activities detail progress in specific areas:
 - Transportation: The Human Service Transportation Delivery Branch coordinates transportation services for the Department for Medicaid Services, Department for the Blind, and the Office of Vocational Rehabilitation. The program is administered by regional brokers and provides nearly 2 million one way trips each year. Drivers are required to complete First Aid, CPR, and passenger assistance training and are subject to pre-employment and random drug testing, criminal

background checks, and driving record checks. Broker assessments and rider surveys are conducted to ensure efficient and safe transportation. In FY05, The Office of Transportation Delivery (OTD) received a new "United We Ride" grant in the amount of \$35,000 issued by the federal government under President Bush's new "United We Ride" coordinated Human Service Transportation initiative. This grant will support, enhance, and expand the Human Service Delivery program.

- Respite: Respite remains one of the most sought after services, yet remains under-funded and understaffed. The consumer directed option in the waivers will offer families and individuals the choice to hire their own providers for this service.
- Recreation: Recreation as a part of community integration and inclusion remains an important concern. The Kentucky Core Indicators Survey of individuals receiving services, dated June 2005, reflected that:
 - 87.1% of those surveyed go out for entertainment
 - 12.% participate in clubs or community meetings
 - 64.1% go out to exercise or play sports in integrated activities
 - 31.8% go out to exercise or play sports in non-integrated activities
- Behavior: The Department for Mental Health and Mental Retardation Services redirected approximately \$1 million of state general funds for crisis funding to the Community Mental Health and Mental Retardation centers for FY 06. Training regarding the provision of restraint-free was offered at the SCL Provider Workshop in September 2004. An overview of Positive Behavior Supports was presented at the November 2004 provider workshop. In July 2005, the Department for Mental Health and Mental Retardation brought in Dr. John McGee for two days to present on the concept of Gentle Teaching.
- Employment: The Kentucky Business Leaders Network (KYBLN) is a statewide, business led organization that promotes employment for Kentuckians with disabilities. The KYBLN Business Leaders Board is comprised of 14 business leaders, with the lead employer for Kentucky being Chase, Lexington. The Kentucky Employment Action Network (KEAN), which represents non-profit state and local agencies as well as individuals with disabilities, serves as an advisory council to the Business Leaders Board. The KYBLN has four chapters, each with a lead local employer. The Paducah Chapter is lead by Jackson Purchase Energy; Louisville Chapter, UPS; the Bluegrass chapter, Lexmark International, Inc; and the Northern Kentucky Chapter, the NKY Chamber of Commerce. Each chapter mirrors the structure of the statewide Board. Elizabethtown, Bowling Green, Somerset, Owensboro, and Eastern KY have all expressed interest in developing local chapters in the near future. The KYBLN and KYBLN chapters

each hold bi-monthly or quarterly forums for area employers and an annual state conference which is targeted toward Kentucky employers. Forum attendance averages 15 – 35 people depending upon the region. The fall 2004 conference had 85 people in attendance. On-site trainings and technical assistance are provided to businesses as requested. The Northern Kentucky BLN has had extensive media exposure with several newspaper articles and appearances on local cable shows. The KYBLN creates and disseminates *DiversAbility News*, an e-newsletter, to over 430 businesses, professionals and people with disabilities across the state on a regular basis. The KYBLN regularly presents and/or exhibits at conferences across the Commonwealth to reach employers statewide with information about employing individuals with disabilities. The KYBLN created and produced a video for (and by) Kentucky employers related to the benefits of hiring people with disabilities. This video continues to be widely viewed across Kentucky as well as other states. We are pleased to continue Kentucky's representation at the national level, as Nancy Spivey, Chair of the Northern Kentucky Business Leadership Network, was elected to the USBLN Board of Directors in 2004.

The Supported Employment Training Project provides seven days of core training for Kentucky supported employment professionals covering the following primary content areas: (a) history, values and principles that underlie supported employment, (b) person centered job selection, (c) job development, (d) job analysis, (d) instruction, and (e) social security work incentives. Related concepts are explored such as: (a) discovering a person's competencies, interests, and related vocations — including types of work previously unconsidered; (b) accommodating to the culture of participating businesses, including the utilization of existing employee training and orientation methods to the fullest extent possible; and (c) strategies for developing personalizing jobs – using customized employment approaches rather than relying on exclusively on existing job descriptions. Attendance at these workshops is required for professionals working under a Kentucky Office of Vocational Rehabilitation supported employment vendor agreement. Additionally, optional and/or advanced events are held including: (a) Developing Public Relations Materials, (b) Systematic Instruction, (c) Presentation Portfolios, and (d) Impact of Disability workshops. 146 people attended SETP events during FY 05.

Transition: The Statewide Facility Transition Committee (first known as the Community Placement Team) approved and implemented the Kentucky Transition Plan, which is being used by every state facility, and includes a standardized Transition Profile of the person being placed, identifies a circle of support, and details planning and transition meetings for the individual/family and provider with a follow-up

mechanism after the individual is placed in the community. The Statewide Transition Plan was created to include every aspect of a person's life with the goal of having a smooth, seamless transition from the facility to the community. This committee did not meet in FY 05 but will be reconvened in fall 2005.

OUTCOME: Access to services and supports will be equitable, and will be based on criteria that take into consideration both timeliness and service needs.

- ▶ In response to recommendations of the HB 144 Commission, the Cabinet continues to ensure that those most in need receive services in a timely manner through management of the waiting list which includes a priority ranking for services. The regulation provides for emergency, urgent, and future planning categories of need. The "emergency" category includes individuals who need services immediately; the "urgent" category includes those who need services within one year, and the "future planning" category includes those who do not anticipate needing services within one year. As of 9/2/05, 2556 people were active on the waiting list; 287 in the urgent category and 2269 in future planning.

In order to be placed on the waiting list, an application for services must be completed which provides information to enable the Cabinet to determine the appropriate category on the waiting list. These applications are then validated for accuracy to determine the category of need. With the implementation of this process of prioritization for placement on the waiting list, available funding has supported individuals prior to a crisis situation occurring.

OUTCOME: Information is available and easily accessed.

- ▶ The Department of Mental Health and Mental Retardation Services has a dedicated website for the Supports for Community Living waiver and other services supported by the Division of Mental Retardation, such as Supported Living. These can be found at <http://mhmr.ky.gov/>. In March 2005, the Department launched a new website, redesigned to improve accessibility to individuals, families, and providers seeking information. Projects in development for FY 06 include an online provider directory and online Department training calendar.
- ▶ The outreach efforts conducted by the state have been mirrored by public and private providers for the people within their communities.

OUTCOME: Health care is available, accessible, and delivered by quality personnel.

- ▶ Funds within the Department for Mental Health and Mental Retardation Services have been redirected to support an outpatient dental clinic and Center of Excellence in dental education. The services of the Underwood and Lee Clinic are made available to individuals with mental retardation and other developmental disabilities who, because of their disability, have had limited access to dental services. The clinic includes a strong educational component. In affiliation with the University of Louisville, it is a teaching/training center for dental residents and for dentists interested in continuing education. The clinic's dental services include general dentistry, periodontal and oral surgery, biopsy and emergency dental care.

- ▶ The clinic has been in operation since November 2002, and by August 1, 2005 has accomplished the following:
 - Has 367 patients of record, with growth of about 10 per month.
 - Averages 115 patient visits per month.
 - Performs over 313 procedures every month at an estimated value of \$30,000.
 - The clinic offers outpatient OR services for patient's requiring general anesthesia to complete comprehensive dental treatment, with a plan to offer IV sedation when needed.
 - Procedures performed: examinations, x-rays, prophylaxis (cleanings), quadrant scales (deep cleaning), restorations, extractions, dentures, partials, and crowns.
 - Patients have come from the following counties: Barren, Bullitt, Campbell, Clark, Daviess, Fayette, Franklin, Grayson, Green, Floyd, Hardin, Jackson, Jefferson, Jessamine, Larue, Magoffin, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Todd.
 - Two dentists have graduated from the Developmental Disabilities Dentistry fellowship program. One of these dentists is now the inpatient dental clinic director at Hazelwood Center ICF/MR. One dentist is in the program currently with two more planned for next year.
 - The staff dentists at the Underwood and Lee Clinic serve as adjunct professors at the University Of Louisville School Of Dentistry and participate in teaching the Special Needs Dentistry course.
 - Undergraduate dental students continue to win awards and are recognized nationally each year for their research projects e conducted at the Underwood and Lee Clinic, including innovative digital radiography. The clinic has been awarded a total of seven research awards, including the 2005 International Association of Dental Research Award.

- In June 2003 the Underwood and Lee Clinic won the Center for Medicare and Medicaid Services “Beneficiary Services Certificate of Merit for 2003”.
 - The clinic conducts ongoing patient satisfaction surveys asking about appointment time, staff, dentists, and overall services. A survey conducted in June 2005 indicated a 97.2% satisfaction rate. When asked about their ability to find a dentist in their communities, only 2.7% indicated that the process was easy or very easy, while for physicians, 11% reported the process as easy or very easy. About 61% of the respondents reported that transportation was a barrier, especially for outlying counties.
- ▶ The Kentucky Core Indicators Survey of individuals receiving services, dated June 2005, reflected that:
- 94.8% of the individuals surveyed said they had had a physical exam within the past year
 - 78.7% reported they had an OB/GYN visit within the past year
 - 54.7% indicated they had visited the dentist in the past six months.

These statistics reflect increases in each of these health care access areas from the previous years.

OUTCOME: Continued services and supports are available to individuals when agencies choose to involuntarily terminate services and supports to them.

- ▶ The Division of Mental Retardation requires a provider agency considering termination of services to provide a summary to the Division of what supports have been provided to the individual, what actions they have taken to prevent termination, and why the actions have not been effective. The Division provides technical expertise to providers to assist them in supporting individuals in order to avoid termination.

FINANCING THE SYSTEM

OUTCOME: The waiting period for services and supports will be reduced and ultimately eliminated. Paid supports will be seamless, integrated, and driven by the individual.

- ▶ For FY 05, there was no new funding for the Supports for Community Living waiver program, as a budget did not get enacted. Due to the closure of Higgins ICF/MR, 44 new placement allocations were funded for the individuals residing there. Allocations that are declined and terminated, or when the individual is deceased, are reallocated to those inappropriately placed in a nursing facility, aging out of services from the Department for Community Based Services, or in the emergency category of the waiting list. For FY 05, this amount was 137. Of the total of 181 funding allocations, 174 have completed the process to receive SCL supports, 4 have received extensions to identify a provider, 1 has declined, 1 allocation was terminated, and 1 individual died after receiving funding.
- ▶ For FY 06, the budget includes funding for 75 new SCL allocations.
- ▶ As of June 30, 2005, there were 2,619 individuals being supported with funding made available through initiatives of the Governor and General Assembly.
- ▶ The following chart reflects the new funding actually provided for the SCL program since the landmark HB 144 legislation was passed.

Fiscal Year	Benefits		Number of New Funding Allocations
	SGF	Total (Federal and State)	
FY 01	\$4,977,600	\$16,590,300	250
FY 02	\$9,955,300	\$33,181,000	250
FY 03	\$1,970,300	\$6,545,800	250
FY 04	\$10,490,900	\$34,842,000	500
FY 05	0	0	0
FY 06	\$2,500,000	\$8,223,700	75
TOTAL			1325

- ▶ During the coming year, Kentucky will continue to make great strides in moving toward the Plan outcome of seamless, integrated, paid supports that are driven by the individual. The implementation of the Kentucky Independence Plus Program will occur over the coming year, and will impact Kentucky's three home and community based waivers. For more information about this initiative, see the Promoting Choice section of this report.

CLOSING THOUGHTS

We are honored to be able to share with you the continued progress on Kentucky's plan. With the upcoming implementation of the consumer directed option to SCL and the other home and community based waivers, we hope to improve access to quality services driven by the individual's choices. We remain mindful of those who continue to wait for services and those who are in need but not connected to the service delivery system.

With the use of waiver funding that has been declined or not been accessed, we continue to be able to respond immediately to people who have been declared to be in an emergency situation as a result of the loss of their home and caregiver. However, much remains to be done as the number of individuals on the waiting list continues to increase. In addition to SCL, many other services are in need of enhanced funding; including basic support and crisis services provided by the Regional Boards, and Supported Living services.

During the 2005 General Assembly, Senate Joint Resolution 85 was passed directing the Commission to form a subcommittee to address the needs of aging caregivers; including the availability of supports and services to older caregivers and options for continued community care when older caregivers can no longer care for family members. The Commission will submit a report to the Interim Joint Committee on Health and Welfare by April 2006.

Members of the Commission gratefully acknowledge the support of the Governor and the General Assembly in making people with mental retardation and other developmental disabilities a priority. And, we implore our future leaders to continue to support the pursuit of alternatives to assure improvements in the service delivery system and the movement of people off the waiting list into services over which the individual has independence and control. This will be difficult with the continued revenue shortfall; however, the needs of these individuals and the mandate of the Supreme Court's Olmstead decision make it a moral and legal imperative.

In closing, we thank you for your past support and we ask for your help in continuing to fulfill the promise.