

# **INTRODUCTION**

Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Intellectual Disability 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, 2005, through September 30, 2006. 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 intellectual disability and other developmental disabilities.<sup>1</sup> The capacity, at the end of FY 06, for comprehensive services to this population was 4171, (3201 capacity in the Supports for Community Living program and 970 licensed beds in Intermediate Care Facilities for People with Intellectual disability).

National prevalence studies note that between 1-3% of the general population will be diagnosed with a developmental disability or with intellectual disability. In Kentucky, 1-3% of the population equates to approximately 40,000 to 120,000 people. Most people will need some level of services and supports to ensure inclusion in their communities and lead full lives.

The Commission supports the provision of services based on best practices. Therefore, the Commission continues to recognize and prioritize services and supports using the principles of self-determination, person-centered planning, and family support. To that end, the Commission subcommittees were realigned with the establishment of a new subcommittee focused on the growing number of aging caregivers of individuals with disabilities. The current subcommittees include: Quality and Best Practices Subcommittee, Aging Caregiver Subcommittee, and Finance.

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<sup>1</sup> 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.

The Quality and Best Practice Subcommittee has been meeting since November 2005. The goals of the Quality and Best Practices Subcommittee are as follows:

- Review data from prevention activities for ABI and Co-occurring disorders, make recommendations as needed.
- Monitor implementation of consumer-direction, self-direction, and self-determination in all waivers.
- Develop recommendations on monitoring of core competencies for case management. (Expand to staff competencies of all services)
- Develop recommendations based on best practices for specialized training curriculums.
- Review current survey results from the Core Indicators Project
- Develop recommendations for a comprehensive monitoring system based on best practice.
- Monitor progress of performance-based contracting
- Review data and community transition process

The SJR85 Aging Caregivers Subcommittee has been meeting since December 2005. The goals of the SJR85 Aging Caregivers Subcommittee are as follows:

- Develop a report on:
  - Kentucky's plan under the National Family Caregiver Support Program,
  - Availability of supports and services to older caregivers,
  - Options for continued community care when older caregivers can no longer care for family members,
  - Other issues identified by the Commission
  - Report to Interim Joint Committee on Health and Welfare by 4/15/06
- Monitor implementation of consumer direction and its impact on aging caregivers

The report was submitted to the Interim Joint Committee on Health and Welfare in spring 2006. This subcommittee will be called upon as needed to address ongoing issues and supports for aging caregivers.

The Finance Subcommittee has been meeting since October 2005. The goals of the Finance Subcommittee are as follows:

- Study and recommend tools to measure intensity of need
- Study and recommend possible rate structures and models of reimbursement
- Collaborate with Medicaid, private insurance, providers, and advocates regarding rate structures and reimbursement.
- Develop strategies/reports to document the need and justification for increased funding.
- Develop strategies for supporting persons in the environment of their choice.

Supports and services needed by persons with intellectual disabilities and other developmental disabilities include: 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:
  - In April of 2006, the Brain Injury Services Branch of the Department for Mental Health and Mental Retardation Services received a grant entitled Project CLIP: Collaboration and Learning in Partnership. The purpose of this grant is to continue and strengthen Kentucky's efforts to maximize access for children and adults with brain injuries to existing service delivery systems through the promotion of best practices in a culturally competent system. The goals and objectives of the proposed grant project are:
    - Improve and enhance the capacity of existing service delivery systems to meet the needs of children and adults with brain injuries
    - Develop consensus on the desired outcomes of services to children and adults with brain injuries, that reflect cultural competence
    - Promote the use of promising and evidence based practices in the delivery of services to children and adults with brain injuries.

Kentucky will engage in the following activities to accomplish these goals and objectives:

- Conduct a survey of program administrators to identify training needs (this was completed in August 2006). As a result of this survey, three one-day trainings have been scheduled across the state in October and November 2006.
- Form a group to advise in the development and adaptation of training products
- Pilot and evaluate training products prior to dissemination
- Conduct a two day conference on co-occurring disorders annually
- Contract with an entity to conduct consumer surveys and in-depth interviews
- Conduct public forums to develop consensus statements on desired outcomes
- Conduct a comprehensive literature review of specified topics in community-based rehabilitation in brain injury, utilizing an expert panel
- Contract with an entity to conduct an in-depth study of the administrative practices of four selected community programs

- Disseminate training products, consensus statement, and recommendations for best practice to decision makers and other stakeholders
- ▶ 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 1,013,073 people in FY 06, including 980,940 through media or mass distribution of information and 32133 through behavioral change education, community education and promotional activities, and technical assistance.
  - Senate Bill 24 was passed in the 2005 Legislative Session to expand the number of conditions for which newborn screening is completed in Kentucky. The complete expansion was effective December 31, 2005. At that time a total of 29 conditions were included on the screen which puts Kentucky in line with the national recommendation from the March of Dimes. The Department for Public Health provides fact sheets for parents and medical personnel regarding all the conditions included in the screening. These facts sheets describe the particular condition and offer treatment and intervention options.
- ▶ 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. A Cabinet staff person continues to contact former patients to inform them of the possibility of regaining skills if they return to the diet. Over eighty 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.

- The Department of Community Based Services (DCBS) recognizes that substance abuse greatly impacts the lives of the individuals that they serve by placing children at risk for abuse and neglect and impairing the ability of many families to find and maintain employment. As part of Secretary Mark Birdwhistell's Framework for Change initiative, DCBS Commissioner Emberton and his staff have launched a substance abuse prevention project geared towards coordinating community services, encouraging collaborative partnerships, and promoting community awareness. The Department for Mental Health and Mental Retardation Services is part of this collaboration, which began in July 2006.

# PROMOTING CHOICE

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

- ▶ Work continues on the implementation of self-directed funding for individuals with disabilities.
  - Staff at the Division of Mental Retardation worked in collaboration with staff from the Department for Medicaid Services, attending national conferences in Baltimore and Annapolis and participating in regular conference calls with the Centers for Medicare and Medicaid Services (CMS) and the Robert Wood Johnson Foundation. Staff from RWJ visited Kentucky in June 2006 for an on-site review of grant activities and progress towards implementation of the Cash and Counseling model. During this visit, RWJ staff met with Secretary Birdwhistell and was assured of Kentucky's commitment to the project. RWJ staff provided technical assistance and guidance to DMR and DMS staff on the fiscal intermediary and support broker functions. They also met with our outreach staff to discuss outreach efforts. It was a very productive visit.
  - Kentucky has an Advisory Board consisting of consumers, advocates, and other stakeholders. This board assists with the development of outreach efforts across the state. The CDO advisory board reconvened in August, 2006, after a period of inactivity as many of the members were involved in Kentucky's Medicaid system transformation initiative.
  - 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 allocations. The amendment to the Home and Community Based Services waiver had been approved by CMS.

- The amendment to the Supports for Community Living waiver was approved in August 2005. Work continues on the amendment to the Acquired Brain Injury waiver which will be submitted to CMS for a January renewal.
  - DMS is now working with the Area Agencies on Aging to provide the support brokerage function. The Area ADD Districts will perform the financial management function. Projected timeline for CDO enrollment to begin is as follows: HCB Waiver 9-30-06; the SCL Waiver 11-30-06; and ABI Waiver 1-30-07. Staff from DMS and DMR provided support broker training on 8-30-06, 8-31-06, and 9-13-06.
- ▮ 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 2006, the number of Supports for Community Living providers has increased from 63 to 136. The Division of Mental Retardation now offers Level I and Level II New Provider Orientations to assist potential providers with the enrollment process. The presence of additional providers has given people more choice in available supports and in who will provide them.
  - ▮ The Cabinet received approval from the CMS for expansion of the Medicaid Supports for Community Living Waiver program to allow individuals to transition from facility to community settings if they so choose. To encourage providers to support the transition of individuals with more difficult support needs into the community, the DMS developed and implemented an enhanced reimbursement rate for any individual transitioning from an ICF/MR facility effective September 1, 2006. In addition, the DMHMR is making available start up funds up to a total of \$5,000 one time per individual to further encourage and assist providers in the transition of individuals into community settings.
  - ▮ With regard to a support coordination (support coordination is now referred to as case management in the 2006 SCL regulation) 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 case management staff meet core competencies.
    - The Division of Mental Retardation training staff continue to provide 2-day case management trainings throughout the state. In FY 06, seven Level I (115 participants) and Level II (102 participants) trainings were offered on a regional basis. Agencies also have access to a list of basic competencies for case management staff. These can be used in interviewing new case managers, developing

work plans, and evaluating job performance. Principles of Self-Determination have been incorporated into the training. In addition, new web-based case management training, "SCL Paperwork Requirements", was launched in August. The web-based format enables learners statewide to enroll for the course and learn at their own pace, and includes a concluding competency test.

- Four SCL Provider Educational Workshops were offered quarterly in FY 06 through videoconference 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, Brain Injury Services Branch and the Office of Vocational Rehabilitation. Topics addressed included incident management, best practices in positive behavior supports; person centered planning, quality improvement planning, self advocacy and assistive technology.
- Individuals who choose to utilize and blend some consumer-directed services will receive case management supports from a support broker, not an SCL case manager.

**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 Quality and Best Practices subcommittee addresses this outcome and monitors 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 intellectual disability 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 preliminary results, the preliminary report of the Kentucky Core Indicators Survey of individuals receiving services dated July, 2006:
  - 95.7% indicated they liked their work or day program
  - 95.3% liked where they lived, and
  - 82.3% said they had friends who were not staff or family.
  
- 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.
- The Commission recommended that family members, persons with intellectual disability, 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 6<sup>th</sup> 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.

- ▶ Supports for Community Living (SCL) outcomes were developed in 2005 by the SCL Provider Focus Group, comprised of many SCL providers across the state as well as DMR staff. The purpose of the outcomes is to provide a set of benchmark information to families and individuals to assist them in comparing provider information and make an informed choice. These outcomes are only one of several pieces of information that will be posted on the DMR website as part of the provider profiles. The SCL outcomes, as well as a quality improvement plan (QIP), are included in the regulation as required elements. DMR requires providers to submit information on the SCL outcomes as part of their pre-survey packet prior to their scheduled certification review.

The outcomes were first tracked on three pilot reviews during May and June, 2006. As of July 1, 2006, the outcomes are being tracked on each certification review.

An outcome tracking form was created for the survey team that lists the outcome, sources of information that will be examined and benchmark criteria. For the four individual outcomes, a percentage of the sample size will be examined to determine if the benchmarks have been met. While the survey team only looks at a sample of individuals for the four individual outcomes, the provider is expected to collect information for these outcomes on all individuals supported by the provider. The benchmarks for the two organizational outcomes will be based upon the agency's quality improvement plan strategies. The survey results section includes areas to mark whether or not benchmarks were met, to indicate the sample size and to identify items that were utilized to evaluate the outcomes.

- ▶ The Division of Mental Retardation conducts annual interviews with people who are receiving supports for the purposes of determining the outcomes of those services. Beginning in July 2005, the Department for Mental Health and Mental Retardation Services implemented performance based contracting for FY 06 with the 14 Community Mental Health Centers. The Centers are required to meet outcomes in the areas of Best Practices, Quality Improvement, Crisis Stabilization, Co-Occurring Disorders, Supported Employment, and Quality Improvement. Approximately 10% of their annual contract amount is contingent upon achieving outcomes in these areas. Progress is measured through reports submitted by the Centers and monitored by Department Staff. The MR/DD component focuses on Supported Employment. The goal is to ensure that the number of individuals with intellectual disability and developmental disability who are employed shall increase by the same amount of the increase in employment in the general population for the respective region. During development of contracts for group homes directly receiving state general funds, performance based outcomes were

developed which focus on both individual and organizational goals. For FY06 all Centers met this outcome. Similar outcomes have been established for group homes which will also be tied to reimbursement. Outcome data will be reviewed during quarterly visits. Immediate feedback is provided during the quarterly visits so that ongoing improvements can be made.

- ▶ The Department is committed to ensuring that services are based on best practices that result in quality outcomes. 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 2006, changes were made to the incident reporting process and the database that tracks incidents and investigations. Flow charts are in use to assist providers in determining the Incident Class for medication errors and other incidents. The report is now two pages long and organized to show all the various codes on the first page (notifications, time frames, and notifications. Reports are now scanned in to the database to aid in timely entry. The system generates emails to expedite the follow-up to the incident.

A Risk Management subcommittee was established as part of the internal Quality Assurance committee that meets monthly. The work of this subcommittee has had a positive impact on the Division's ability to monitor the health, safety, and welfare of individuals receiving services and supports. The new Risk Management system emphasizes the following:

- An opportunity to make improvements
- A complaint system in place to capture issues not reported through incident reports.
- Monitoring of providers by DMR risk management staff and Area Administrators to ensure mistakes are not repeated.
- Formalized technical assistance follow-up by regional Area Administrators to minimize mistakes from recurring as well as consistent dissemination of information.
- Medication reports for all medication errors to generate a monthly medication error rate.
- Medication error trends reviewed by a DMR team of registered nurses
- Class II and III incidents monitored throughout entire process
- The structure of the new database will be shared with providers to enable them to generate their own data.

**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 conducted a total of 53 events with 1068 participants in FY 06. Workshops include: Case Management level I and level II, coping with grief and loss, dignity and respect, and several Training of Trainer topics including crisis intervention and management, restraint reduction, Core Training, and Introduction to Supported Employment Training of person centered planning. In addition, training staff focused on developing the training capacity of providers by offering general training of trainers' events.
  
- ▶ The Workforce Development Project within the Real Choices Systems Change grant worked with the Kentucky Community and Technical College System to develop an academic certificate program for Direct Support Work. This certificate program 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 intellectual disability 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., intellectual disability, mental illness, severely emotionally disturbed children and youth, etc.) with the aim in mind of improving the quality of training.

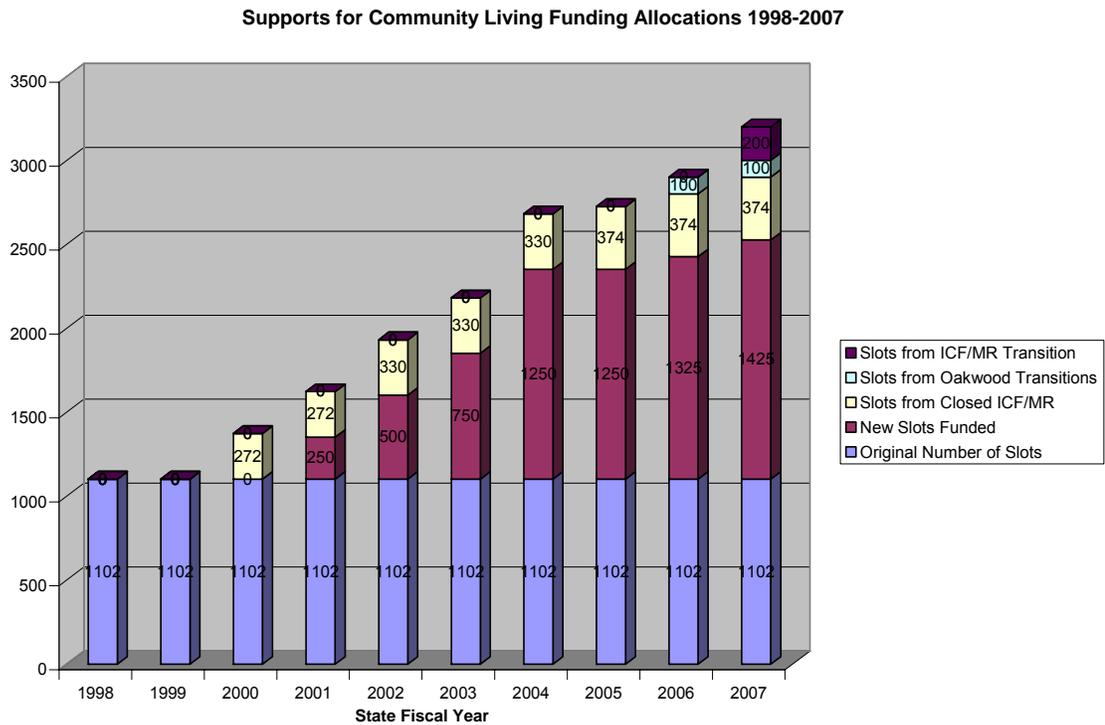
# PROMOTING ACCESS

**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.

<b>Fiscal Year</b>	<b>Funding Allocations</b>	<b>Source</b>
FY 98	1102	
FY 99	1102	
FY 00	1374	272 from ICF/MR Closure
FY 01	1624	250 from HB 144 initiative
FY 02	1932	250 from HB 144 initiative 58 from ICF/MR Closure
FY 03	2182	250 from HB 144 initiative
FY 04	2682	500 from HB 144 initiative
FY 05	2726	CMS approval for an additional 44 from the closure of Higgins ICF/MR
FY 06	2901	75 from HB144 initiative 100 from transitions from Oakwood
FY 07	3201	100 new allocations appropriated 200 allocations for transitions from ICF/MR facilities

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



- Collaborative linkages have been established with other state Cabinets, programs and community associations to build their capacity for supporting citizens with intellectual disability and other developmental disabilities. Some of these are:

- The Division of Mental Retardation, the Division of Mental Health and Substance Abuse, and provider groups serve on a Co-Occurring Advisory Council. This Council meets on an ongoing basis and is working on screening, diagnosis, and access to services for persons with co-occurring disorders.
- The Division of Mental Retardation and the Department for Medicaid Services (DMS) collaborated on the planning and outreach of Consumer Direction. Consumer Direction is now under the auspices of DMS and staff from DMR continue to serve on the Advisory Board.
- The Division of Mental Retardation, the Office of Vocational Rehabilitation, and the University of Kentucky Human Development Institute (HDI) 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 Branch 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.
- 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.
  - **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 which may include friends, family members or others chosen by the individual.
  - **Transition:** Every state facility uses the Kentucky Transition Plan process amended in FY06 with the input and approval of the U.S. Department of Justice. This plan 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, staff cross training between facility and community staff, transition visits to the community home, and provider with a follow-up monitoring 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.
  - **Recreation:** Recreation as a part of community integration and inclusion remains an important concern. The preliminary report of the Kentucky Core Indicators Survey of individuals receiving services, dated July 2006, reflected that:
    - 87.1% of those surveyed go out for entertainment
    - 11.9% participate in clubs or community meetings
    - 24.6% go out to exercise or play sports in integrated activities

- 39.6% go out to exercise or play sports in non-integrated activities
- Behavior: Training regarding best practices in positive behavior supports was provided during the second day of each Quarterly SCL Provider Workshop during 2006. Topics of the workshops included medications and behavior, risk management assessments and interventions, crisis services across populations, and recommended standards for positive behavior supports.
- 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 JPMorgan Chase, Lexington. The Kentucky Employment Action Network (KEAN), which represents nonprofit 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 is temporarily led by The Point, a nonprofit provider agency. Each chapter mirrors the structure of the statewide Board. Owensboro and Eastern KY have expressed interest in developing local chapters in the near future. The KYBLN and its chapters each hold quarterly forums for area employers and there is an annual state conference which is targeted toward Kentucky employers. Forum attendance averages 15 – 35 people depending upon the region. There were 70 businesses and nonprofits who attended KYBLN's annual meeting at Lexmark in 2005. On-site trainings and technical assistance are provided to businesses as requested. The Northern Kentucky BLN continues to lead the state in its outstanding forums and networking. The KYBLN 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. The State Director was invited to conduct a presentation on best practices for new BLN's across the country at the USBLN 2005 National Conference in Pittsburgh. The KYBLN currently has 100 members statewide. The President of the University of Kentucky has underwritten a full time research assistant (who will report to the Human Development Institute's Evaluation Director) to conduct research focused on ascertaining employer needs and KYBLN's

outcomes in response to those needs. A scholarly paper will be developed as a result of this study.

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.

**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 September 2006, 2791 people were active on the waiting list; 277 in the urgent category and 2514 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.

**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/>. This website undergoes regular updates and is accessible. The online provider directory is now operational. Projects in development for FY 06 include an online provider profiles 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 continue 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 intellectual disability 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 30, 2006 has accomplished the following:
  - Has 498 patients of record, with growth of about 11 per month.
  - Averages 138 patient visits per month.
  - 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. Staff at the clinic also facilitate for patients to receive implants when needed.
  - Patients have come from the 34 counties throughout Kentucky.
  - Three 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 one to two 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.
  - The clinic conducts ongoing patient satisfaction surveys asking about appointment time, staff, dentists, and overall services. They continue to receive over a 95% satisfaction rate.
- ▶ The preliminary report of the Kentucky Core Indicators Survey of individuals receiving services, dated July 2006, 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
  - 54.9% indicated they had visited the dentist in the past six months.
- ▶ Kentucky Health Choices is Kentucky's plan for Medicaid transformation. The goals of this plan are to improve the health status of Kentuckians enrolled in the program; ensure people receive the right care, in the right setting, at the right time; and ensure the solvency of Kentucky Medicaid for future generations of Kentuckians. Kentucky Health Choices incorporates best practices from the commercial market and involves the consumer in prevention and care management. As of September 2006, the Supports for Community Living program will be included through the Optimum Choices benefit package under Kentucky Health Choices.
- ▶ In October 2005 the Cabinet for Health and Family Services, Division of Aging was awarded an \$800,000 three year Aging and Disability Resource Center demonstration grant targeting services for the elderly and individuals with mental retardation and developmental disabilities. The Northern Kentucky Area Development District/Area Agency on Aging was designated as the ADRC pilot site for the state. In March 2005 the pilot site sponsored the formation of the Northern Kentucky Aging and Disability Coalition which has been meeting monthly. The ADRC opened on September 25, 2006 and provides information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients and individuals planning for their future long-term care needs or the needs of their loved ones. The ADRC serves as a one-stop program at the community level that will help people make informed decisions about their service and support options and serve as the entry point to the long-term support system. The pilot site will serve as a model as the Cabinet works towards a coordinated system of Long Term Living across service populations.

**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. SCL regulations require the case manager (in conjunction with the provider) must continue to provide supports until alternative services or another placement is secured and provide assistance to ensure a safe and effective service transition.

# 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.

- ▶ SCL allocations that are declined or 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 06, the budget included funding for 75 new SCL allocations. For FY 06, of the total of 290 funding allocations, 186 people from the community in emergency situations received funding, 26 people received funding resulting from the PASRR process, 58 received funding transitioning from Oakwood and Central ICF/MR, and 18 people aging out of DCBS support received funds. The status of these 290 allocations is as follows: 223 have completed the process to receive SCL supports, 61 have received extensions to identify a provider, 2 have declined, and 4 allocations were terminated.
- ▶ As of September 2006, there were 2,804 individuals being supported with funding made available through initiatives of the Governor and General Assembly.
- ▶ 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.
- ▶ Several legislative initiatives resulted in increased funding for people with intellectual/developmental disabilities. These successful initiatives included the following:
  - *Hart-Supported Living Program* – The budget bill, HB380, allocated an additional \$1,000,000 in state FY07 and \$2,000,000 in state FY08 to support program expansion.
  - *Aging Caregivers One-Stop Shop* – HB380 allocated an additional \$200,000 in state FY07 and state FY08 to support this program.
  - *Supports for Community Living* – HB380 allocated an additional \$1,856,300 in state FY07 and \$6,393,800 in state FY08 to Medicaid to support program expansion.

- *MR/DD* – HB380 allocated \$5,700,000 in state FY07 and \$9,500,000 in state FY08 to support the development of MR/DD crisis stabilization services.
- ▶ On March 28, 2006, the Cabinet for Health and Family Services reached a settlement agreement on a class-action lawsuit known as the Michelle P. lawsuit. In 2002 four individuals with disabilities who lived at home with aging caregivers filed a lawsuit in federal court. The plaintiffs wanted services in community, home-like settings. They had been waiting for services for several years. The plaintiffs were represented by attorneys from Protection & Advocacy. The settlement calls for the following:
- A substantial increase in funding for Medicaid services for people with developmental disabilities over the next 5 years;
  - Crisis Intervention services;
  - New dollars for the state Hart Supported Living program;
  - That the Cabinet will adopt the “money follows the person” concept;
  - That the Cabinet agree to no backfilling of beds as people leave institutions;
  - An increase in the kinds of services people might want in order to stay with their families or in the community;
  - Any savings realized from the Optimum Choices benefit plan will stay in that plan;
  - The court will keep jurisdiction in the Michelle P. case for 2 years;
  - For the next two years, P&A will be at the table when any regulations are being developed that concern people with intellectual/developmental disabilities;
  - If there is substantial deviation for the agreement, it is null and void; and
  - P&A will not seek attorney fees.

# **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 the Home and Community Based waiver in September 2006 and the planned implementation for SCL in November 2006, 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 are 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.

Members of the Commission gratefully acknowledge the support of the Governor and the General Assembly in making people with intellectual disability 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.