

INTRODUCTION

Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Intellectual Disability and Other Developmental Disabilities (ID/DD) 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, 2006, through September 30, 2007. 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.¹ The capacity, at the end of FY 07, for comprehensive services to this population was 4271, (3301 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.² 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 continue to focus on the growing number of aging caregivers of individuals with disabilities. The current subcommittees include: Quality and Best Practices Subcommittee and Finance Subcommittee.

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.

² Prevalence rates are based on the federal definition of developmental disabilities under the "Developmental Assistance and Bill of Rights Act of 2000".

The Quality and Best Practice Subcommittee has been meeting quarterly since November 2005. The Quality and Best Practices Subcommittee continues to:

- Review data from prevention activities for ABI and Co-occurring disorders, making 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. (Expanded 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 Finance Subcommittee began meeting again in August 2007. The Finance Subcommittee will focus on funding strategies for projected future needs of services and programs for a continuum of care for individuals with ID/DD.

The SJR85 Aging Caregiver Subcommittee was merged with the Single Point of Entry Subcommittee of the Long Term Living Initiative. The 2006 Legislature awarded \$200,000 for each year of the biennium to the Department for Mental Health and Mental Retardation Services to address the needs of aging caregivers. The Division of Mental Retardation (DMR) contracted with the Department for Aging and Independent Living (DAIL) and the ARC of Kentucky to carry out the intent of the Subcommittee and Senator Harper Angel's legislation. The DAIL hired a project coordinator in spring 2007 and has developed a statewide marketing campaign for the project. The ARC of Kentucky has conducted a series of training programs in each region of the state focusing on services and supports for individuals with ID/DD, supports to assist aging caregivers, future planning (including wills, special needs trusts and letters of intent), services and supports for individuals with acquired brain injuries, and individualized budgeting. As of August 28, 2007, the ARC of Kentucky has conducted 30 trainings throughout the state with over 600 attendees.

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:
 - Project CLIP: Collaboration and Learning in Partnership began in April 2006. The grant continues in operation to strengthen Kentucky's efforts to maximize access for children and adults with brain injuries to existing services delivery systems through the promotion of best practices. The grant produced a conference in September 2007 on co-occurring disorders. An advisory panel was formed to advise in the development of training products. The Brain Injury Services Branch (BISB) contracted with the Brain Injury Association of Kentucky (BIAK) through the grant to implement survey gathering information from brain injury survivors and families regarding services and supports received. This information will be used to define and strengthen best practices in the state.
 - The BISB assisted in the development of emergency regulations for the current Acquired Brain Injury Medicaid Waiver. These regulations are in effect and submitted for public comment.
 - The BISB continues to provide basic training to CHFS staff, waiver providers, and the public regarding brain injury.
 - The BISB is in the process of conducting a yearly Satisfaction Survey of all waiver participants through face to face meetings with participants during home visits or provider certification surveys. Interviews may also be conducted by telephone. If it is not possible to interview the participant, staff will interview the guardian. Findings from this survey are used to provide technical assistance.
 - The BISB was re-organized in December 2006 and moved to the Department of Medicaid Services from the Department for Mental Health and Mental Retardation Services. The BISB along with other Medicaid staff have drafted and submitted a Long Term Care Waiver in July 2007 for individuals with Acquired Brain Injuries in Kentucky.

- The following are current programs on folic acid awareness:
 - The Department for Public Health's statewide folic acid campaign for FY 2007 provided folic acid counseling and supplementation to 77,106 women of child bearing age through local health departments and six contract agencies, including three state universities. The Kentucky Folic Acid Partnership (KFAP) has provided 467 folic acid awareness activities reaching 1,213,893 participants throughout the state. KFAP has increased to 92 individual members representing 56 agencies and organizations.

- 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. The Adult patients are seen in the University specialty clinics for care management, most are seen yearly for evaluation.

- Efforts to increase the ability of First Steps providers to identify and treat mothers who may have a substance abuse problem requiring treatment include:
 - KIDS NOW Plus: Substance Abuse and Pregnancy Initiative
Division of Mental Health and Substance Abuse.

Pregnant women are being screened for use of alcohol, tobacco, and other drugs; mental health problems; and domestic violence. Screening is done in collaboration with local Public Health Departments and private doctors. The goal is to engage high risk women in a relationship in order to involve them in prevention services, case management, and/or treatment services based on her individual needs. Training is provided for Health Departments and other referral programs in screening and brief interventions. Screening tools are utilized to provide outcome measures.

- 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, Undersecretary Emberton and his staff launched a substance abuse prevention and treatment project geared towards coordinating community services, encouraging collaborative partnerships, and promoting community awareness. The Department for Mental Health and Mental Retardation Services (DMHMRS) is part of this collaboration, which began in July 2006. DCBS Commissioner Washington has continued this project in several ways, including initiating Sobriety, Treatment, and Recovery Teams (START) in three communities: Barren County, Jefferson County, and Kenton County. The teams will be comprised of specially trained child protective service workers, family mentors (persons in recovery from addiction who have closed cases with the Cabinet), substance abuse treatment professionals, and other professionals working with the family. DCBS will be funding substance abuse treatment for DCBS clients in several communities, including START communities, through a Memorandum of Agreement with DMHMRS. In addition, DCBS will be directing funds to communities for child abuse prevention initiatives, including supports for fatherhood. DMHMRS has also collaborated with DCBS on a grant application that would expand START to Martin County in eastern Kentucky. Additionally, DMHMRS has provided a designated staff member for this collaborative project.

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.
- Through amendments of existing 1915(c) waivers, the Cash and Counseling Consumer Directed Option was made available to waiver participants in the past year. This option gives participants direct control over non-medical and non-residential services. CDO enrollment began on in September 2006 for the Home and Community Based waiver, November 2006 for the Supports for Community Living waiver, and February 2007 for the Acquired Brain Injury waiver. Support Broker and Financial Management services are provided by the Area Agencies on Aging. Enrollment data as of July 2007 is provided below.

ENROLLMENT IN CASH & COUNSELING, BY REFERRAL PROGRAM as of July 2007

| Enrollment Source | Number of Recipients of Referral Program Services Annually ^{a b} (A) | Cash & Counseling Enrollees ^c | | | |
|--|--|--|--|--|---|
| | | Current Quarter | | Cumulative (through Current Quarter) | |
| | | Number (B) | As a Percentage of Recipients of Referral Program Services (C= B/A x 100) | Number ^e (D) | As a Percentage of Recipients of Referral Program Services (E=D/A x 100) |
| Aged and Disabled | 12,153 | 158 | 1.3% | 600 | 4.9% |
| Supports for Community Living | 2,907 | 10 | .3% | 30 | 1% |
| Acquired Brain Injury | 167 | 0 | 0% | 0 | 0% |
| Non-elderly adults | | | % | | % |
| Elderly adults | | | % | | % |
| Direct Enrollment ^d | Not applicable | | Not applicable | | Not applicable |
| Total (across referral programs and direct enrollment, if applicable) | 15,227 | 168 | 1.1% | 630 | 4.14% |

SOURCE: Medicaid claims or Medicaid claims and Cash & Counseling Consumer Direction Module or alternative program management information system.

- Kentucky's advisory board for the Consumer Directed Option consists of consumers, advocates, and other stakeholders. This board provides recommendations for policies, procedures, and outreach efforts. The CDO Advisory Board met on 3/1/07 and 5/31/07. The next meeting is scheduled for 9/27/07.
 - The Self Directed Option (SDO) pilot draft was submitted to the Centers for Medicare and Medicaid Services in June 2007. SDO will provide more flexibility with the budget for non-medical care and transportation costs. Under SDO an individual can direct their non-medical care. Any medical care needed by an individual may be accessed under the regular Medicaid program utilizing the existing provider network. An individual is free to choose any Medicaid provider who is participating in the program. The Department for Medicaid Services does not limit provider enrollment in the network and accepts all providers who meet program requirements.
- 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 July 2007, the number of Supports for Community Living providers has increased from 63 to 145. 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.
- 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 that case management staff meets core competencies.
 - The latest SCL Emergency Regulation, effective 7-12-07, adds mandatory, DMR approved case management training to be completed within the first three (3) months of hire for new case managers. The first training is scheduled for 9-26-07 in Frankfort. The new training will also include mandatory web-based modules.
- With regard to case management 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 meets core competencies.

- The Division of Mental Retardation training staff provided 2-day case management trainings throughout the state in FY 07. Three Level I (63 participants) and three Level II (60 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. Web-based case management training, “SCL Paperwork Requirements”, was available from August through November 2006, until the Prior Authorization process and applicant enrollment was contracted to a new entity.
- Four SCL Provider Educational Workshops were offered statewide in FY 07 on a quarterly basis through videoconference. These workshops included collaborative presentations involving the Department for Medicaid Services, Division of Mental Retardation, Department for Community Based Services, and the Department for Aging and Independent Living. Topics included KRS 209 training, incident management, best practices in positive behavior supports, recruitment and retention of direct support staff, quality improvement planning, self advocacy, Consumer Directed Option, Project SAFE, psychopharmacology and medical issues for persons with ID/DD, and the Human Development Institute Health Care Training Option. Approximate attendance for the year was 920.

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.

- The final annual report of the Kentucky Core Indicators Survey of individuals receiving services, dated March 2007, reflected that:
 - 92.7% indicated they liked their work or day program
 - 94.9% liked where they lived, and
 - 95.8% said they had people to help them learn new things.

SATISFACTION

| | 2001 – 2 % | 2002 – 3 % | 2003 – 4 % | 2004 – 5 % | 2005 – 6 % |
|---|---------------|---------------|---------------|---------------|---------------|
| Likes work or day program | 90.8 | 89.6 | 95.5 | 95.3 | 92.7 |
| Likes where he or she lives | 91.4 | 89.6 | 91.7 | 94.6 | 94.9 |
| Have people to help learn new things | 72.4 | 70.0 | 67.7 | 84.6 | 95.8 |

- 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. The year 2006 represented the 7th cycle of consumer interviews in Kentucky. As of June 2007, nearly 4000 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 for all waiver providers. The outcomes were first tracked on three pilot reviews during May and June, 2006. As of November 1, 2006, the outcomes are being tracked on each certification review.

- 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 were required to meet outcomes in the areas of:
 - Best Practices
 - Quality Improvement
 - Crisis Stabilization
 - Co-Occurring Disorders
 - Quality Improvement
 - Supported Employment

Approximately 10% of the Community Mental Health Centers' annual contract amount was contingent upon achieving outcomes in these areas. Progress was measured through reports submitted by the Centers and monitored by Department Staff.

The MR/DD component focused on Supported Employment. The goal was 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.

For FY07 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. Timely feedback was provided during the quarterly visits so that ongoing improvements were made immediately.

During development of contracts, performance based outcomes were also generated for group homes directly receiving state general funds. Performance based outcomes focused on both individual and organizational goals.

- The Department is committed to ensuring that services are based on best practices that result in quality outcomes. The Department for 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 FY06/07, significant changes were made to the incident reporting process. In FY07, the Division of Mental Retardation developed and implemented an automated database to improve the management of the following functions:
 - Incident Reports
 - Complaints
 - Medication Error Reporting

This system has enabled Risk Management staff to identify trends quickly and provide timely technical assistance to providers.

- The Department for Mental Health and Mental Retardation Services established the Mortality Review Process in 2007. This process includes reviews by a clinical committee and an advisory committee. The process focuses on unexpected deaths, noted trends, and issues where additional provider education and training is required.

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 over 65 events with approximately 1200 participants in FY 07. Workshops included: Case Management Level I and Level II; Dignity and Respect; Coping with Grief and Loss; Learning about Menopause in Women with Intellectual Disabilities, Cultural Competency; and Training of Trainer topics including Crisis Intervention and Prevention, Core Training, and Introduction to Supported Employment Training. DMR training staff and SCL staff collaborated with the Department for Medicaid Services and the Department for Aging and Independent Living to provide cross training to staff from the Area Agencies on Aging about intellectual disabilities and consumer direction. Staff collaborated with the Brain Injury Services Branch to provide two Co-Occurring Disorders Conference in the fall of 2006.
- The Cabinet for Health and Family Services/Department for Mental Health and Mental Retardation Services provided \$125,000 in FY08 funding for the inception of the SPEAK project at Central State ICF/MR. This workforce development project is designed to provide pre-service training, employment incentives, education and support to Direct Support Professionals. The project is a collaboration between Seven Counties Services and The Council on Mental Retardation.
- Seven modules have been developed for students in programs for physicians, physician assistants, dentists, nurses and nurse practitioners through the Preservice Health Training Project, administered through the Human Development Institute—University of Kentucky and funded by the Kentucky Council on Developmental Disabilities. Approximately 1,000 students have been through the training. The modules have also been used in Great Britain. The training is interactive, including virtual patient technology to educate students regarding various needs of patients with developmental disabilities and to increase students' comfort level in caring and communicating with children and adults with developmental disabilities. Journal articles have been completed noting the benefit and

- value of these modules for student health care providers. Preservice Health modules have been approved as continuing education units for

current providers, with the dental modules now on the American Dental Association's website and the physician assistant modules to be placed on the American Academy of Physician Assistant website as of October 1. All of the modules will soon be available for web-based training.

PROMOTING ACCESS

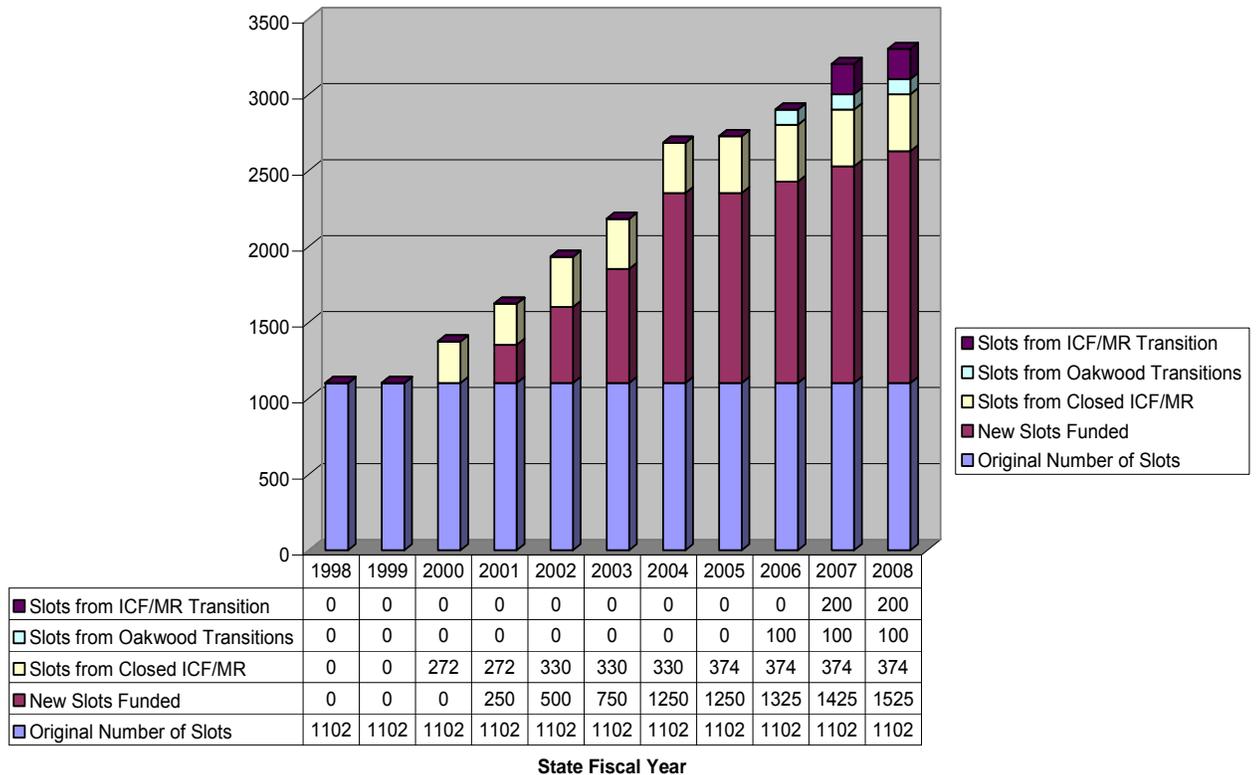
OUTCOME: People with developmental disabilities and their families have access to services and supports that meet their needs and expectations.

- 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 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 |
| FY 08 | 3301 | 100 new allocations appropriated |

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

Supports for Community Living Funding Allocations 1998-2008



- **Community Mental Health Centers (CMHC)
Crisis Prevention & Stabilization**

As a result of a Settlement Agreement with Protection and Advocacy, the Cabinet pursued funding for Crisis Services for adults 18 years or older with ID/DD. As outlined in the settlement agreement, one intent of these services is to provide supports in the least restrictive/most integrated setting appropriate to meet the needs of the referred individuals. Therefore, the current target population is those at risk of losing their homes or community supports due to a behavioral or psychiatric emergency. The newly created supports are extraordinary and intended to be used when all other supports are exhausted.

In the 2006 Biennium Budget, the Cabinet was allocated \$5,700,000 for FY07 and \$9,500,000 for FY08 for the administration and development of crisis supports for adults with intellectual/developmental disabilities (I/DD). In the first year, \$1,000,000 was distributed to the 14 regional Community Mental Health Centers (CMHC) (3/1/07-6/30/07) and \$1,900,000 will be distributed to them in the second year (7/1/07-6/08). Within FY07, each center was awarded \$20,000

base funding with the remaining amount (\$720,000) distributed based on percent of population served. For FY08, each center was awarded \$20,000 base with \$1,620,000 distributed based on percent of population served. Within FY07 a portion of the state general funds were utilized for consultation and training from the nationally know group of Community Resource Alliance, Inc. (CRA). The remaining amount of the budgeted allocation went to Medicaid Services for the expansion of SCL services to address crisis supports for those within this waiver program.

During 2006, a workgroup consisting of advocates, private providers and staff from each CMHC, the Cabinet and Protection and Advocacy formed to develop the current framework for crisis prevention and intervention supports. The supports were developed in unison with P&A to ensure fulfillment of the settlement agreement. Information was gathered from 16 other states providing these services. A vast majority of these states have incorporated similar service elements into their crisis supports: these supports happened to mirror those considered essential for KY's targeted population. Again the intent was not to erect more buildings to take people to so they could be "fixed" but to develop supports that will help the person remain where they live, work and socialize.

Some of the primary elements of KY's Framework are as follows:

- Establish working relationships with emergency responders (Police, EMS, Fire Fighters) within region as well as health care professionals.
- Train staff in risk assessment and mitigation, and identify a Crisis Coordinator for each region.
- Prevention – which includes training and technical assistance (TA) as well as a 24 hour crisis line in each region with access to a professional in the field of I/DD to provide TA and triage/assessment of intensity of response needed.
- Pre-Crisis Supports – Intensive Case Management which brings together interested and relevant persons to assess the situation and guide him/her out of their current high risk situation.
- Crisis Response - which can include 24 hour mobile response if necessary.
- Post Crisis Activities – Debriefing; data collection and analysis.

Training, technical assistance and consultation with Community Resource Alliance, Inc (CRA) was obtained to assist in final development and implementation. This training was partially funded by the Kentucky Council on Developmental Disabilities Six (6) training sessions were held with CMHC staff designated as key staff for crisis programs. This training has been used to revise the Crisis Prevention and Intervention training for SCL providers. Nine (9)

training sessions have been held for SCL providers since May 2007. The emphasis of this training is person centered crisis prevention, introduction of the new crisis supports, and building collaboration between SCL providers and their regional CMHC.

Implementation of the Crisis Support System through the 14 Regional Community Mental Health Centers began in April 2007. From April 1 through June 30, 2007 seventy (70) crisis calls were received by the centers resulting hospitalizations being diverted through the provision of emergency respite and other emergency crisis stabilization services provided.

As FY08 begins, the regional centers have the majority of crisis personnel in place and they continue to fine tune the program in collaboration with the Division of Mental Retardation and stakeholders.

- Collaborative linkages continue 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 Department for Medicaid Services (DMS) and the Department for Aging and Independent Living (DAIL) collaborated on the planning and outreach of Consumer Direction. Consumer Direction is now under the auspices of DAIL and staff from DMR continues 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:

- Respite: Respite remains one of the most sought after services, yet remains under-funded and understaffed. The Consumer Directed Option is now available in all three Home and Community Based Medicaid Waivers. Respite is now more accessible since families and individuals can hire their own providers for this service. Providers may include friends, family members or others chosen by the individual.
- Transition: Each of the state ICF/MR facilities is adding a focus on community integration and transition into each individual's treatment team meeting and treatment planning process. This includes educating the individual and their family/guardian regarding community support options, incorporating community activities into the individual's treatment plan and assisting the individual to gain the necessary skills to have the opportunity to reside in a community setting when they chose to do so. Each individual that transitions from an ICF/MR facility will have a thorough transition planning process with post-transition monitoring by facility and DMHMR staff for a period of one year post transition. The facilities continue to use the Kentucky Transition Plan process as approved of the U.S. Department of Justice.

Since implementation of the Statewide Transition Process in 2006 a total of eighty-four (84) individuals have received funding for Supports for Community Living Waiver services and have either transitioned or are in the process of transitioning from an ICF/MR facility into a community home.

- Recreation: Recreation as a part of community integration and inclusion remains an important concern. The final annual report of the Kentucky Core Indicators Survey of Individuals receiving services, dated March 2007, reflected:
 - 93.8% of those surveyed go out for entertainment
 - 6.3% participate in clubs or community meetings
 - 18.8% go out to exercise or play sports in integrated activities
 - 20.9% go out to exercise or play sports in non-integrated activities

RECREATION

| | 2001 – 2 % | 2002 – 3 % | 2003 – 4 % | 2004 – 5 % | 2005 – 6 % |
|---|---------------|---------------|---------------|---------------|---------------|
| Go out for entertainment | 81.4 | 88.4 | 86.9 | 87.7 | 93.8 |
| Participate in clubs or community meetings | 27.1 | 16.5 | 21.1 | 14.4 | 6.3 |
| Exercise or play sports-integrated setting | 25.1 | 32.3 | 39.6 | 28.9 | 18.8 |
| Exercise or play sports – non integrated setting | 32.8 | 31.9 | 34.3 | 34.7 | 20.9 |

- **Employment Network:** The Kentucky Business Leadership Network (KYBLN) is a coalition of businesses who understand the business imperative to include people with disabilities in the workplace and marketplace. The KYBLN members use this network of likeminded employers to share best practices and work to change the negative attitudes persons with disabilities often face as employees and customers. The KYBLN conducts outreach, education, and training activities at a state level and at community levels through chapters. Currently, the State lead employer is JP Morgan Chase Bank and there are three active chapters. The lead employer for the Lexington area is Lexmark International; for Louisville it is CITIcards; and for the Northern KY area it is Northern Kentucky University. Currently, 100 companies participate in KYBLN activities.

Over the 2006-2007 year the KYBLN has hired a full time Director, conducted a year long evaluation to examine its outcomes and impact, is developing a chapter in northeast Appalachian region of Kentucky, and had over 600 participants in 95 hours of activities focusing on capacity building and systems change. The KYBLN has developed and implemented a diversified sustainability plan that includes funding requests to Toyota Manufacturing for a mentoring program, KY Office of Vocational Rehabilitation for a continuation of its Outreach, Education & Training services, and to JP Morgan Chase for a diversity leadership academy focusing on job readiness skills. In addition to

these efforts, the KYBLN partnered with several other community agencies and businesses applied for a US Department of Special Education Services disabled migrant farm worker grant. The grant provides a total of \$1 million grant over a five year period to identify to develop and implement an innovative continuum-of-service system for the identification, assessment and job placement of migrant and seasonal farm workers with disabilities and their family members using existing community resources and employers.

- **Supported Employment:** 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 (OVR) 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. FY '07 107 people attended the OVR required training.
- **Supported Self Employment:** Project ASSET (Advancing Supported Self-Employment Techniques) is Kentucky's pilot project on supported self-employment. Funded with dollars from the KY Council on Developmental Disabilities and with matching dollars from the Office of Vocational Rehabilitation, the project has assisted 22 individuals who have significant developmental disabilities in the exploration, development, and operation of their own businesses over a five year period.

A complete report, with findings, recommendations, and business profiles will be completed by December, 2007.

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 July 31, 2007, 2693 people were active on the waiting list; 249 in the urgent category and 2446 in future planning.

The Michelle P waiver, (1915c) was approved August 29, 2007. The 1915(c) will provide services to individuals who are currently on the waiting list. (See section on Michelle P.).

- 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 for Mental Health and Mental Retardation Services website, <http://mhmr.ky.gov> now has provider profiles available online. These profiles provide information about each Supports for Community Living provider so that individuals and family members can make more informed choices regarding provider selection.
- The Department for Aging and Independent Living has implemented the Kentucky Resource Market, the one-stop shop for aging and disability resources, including needs of the aging caregiver. This program provides a toll-free number that can be used to learn more about resources at the local and state level. DAIL is also implementing a website that allows individuals to search for resources throughout the state. The Kentucky Resource Market has also partnered with The ARC of Kentucky and the Brain Injury Association of Kentucky to provide 30 trainings across the state to providers, consumers and family members on resources and estate planning.

- The National Family Caregiver Support Program, which is administered by the Department for Aging and Independent Living, has expanded the service definition to include relative caregivers of those with severe disabilities. Services to caregivers include: information, assistance, counseling, support groups, respite and supplemental services. The caregiver program is implemented across the state through the Area Agencies on Aging and Independent Living. Each AAA has a caregiver coordinator that is available to caregivers to discuss needs, available services and to develop plans of care.
- The Department for Aging and Independent Living has also begun a new program entitled the Kentucky Family Caregiver Program. This is a state funded program that provides assistance to grandparents caring for grandchildren under the age of 18. Assistance may come in the form of information, assistance, counseling, support groups, respite and supplemental services.

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 on the campus of Hazelwood ICF/MR in Louisville. The services of the Underwood and Lee Clinic are made available to individuals with neurodevelopment disorders and/or intellectual disabilities (ND/ID), 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 students, dental residents, and for dentists interested in continuing education. The clinic's fellowship trains post-graduate dentists for an entire year in the care of people with ND/ID. The clinic's dental services include general dentistry, digital x-ray, periodontal and oral surgery, denture fabrication, dental implants, biopsy and emergency dental care.
- The clinic has been in operation since November 2002, and by June 30, 2007 has accomplished the following:
 - 582 patients of record from 37 counties, growing by 10 -11 patients per month.
 - Averages 141 patient visits per month.
 - The clinic offers outpatient OR services for patient's requiring general anesthesia to complete comprehensive dental treatment, however, only utilizes this expensive and medically risky service in

approximately 2% of cases (the national average OR referral rate for the ID population is 25%). Based on conservative estimates, the savings from this alone pays for half of the cost of the program.

- 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.
- Four dentists have now graduated from the Developmental Dentistry fellowship program. Though this program had historically enrolled one dentist, two dentists are enrolled in the program this 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 Underwood and Lee Clinic was the 2007 recipient of the KY Association of Healthcare Underwriters, Dr. Shaw award. Previous recipients of this award have included Dr. Jarvic for his work on the artificial heart, Drs. Kutz and Kleinert for their work on the world's first hand transplant and former Surgeon General C. Everett Koop. 2007 marked the first year that the award had ever been given for dentistry.
- The quality of the training and service available at the Underwood and Lee clinic has been recognized internationally. In 2007 the clinic will host and train dentists from England and Barbados.

➤ The final annual report of the Kentucky Core Indicators Survey of individuals receiving services, dated March 2007, reflected that:

- 93.5% of the individuals surveyed said they had had a physical exam within the past year
- 55% reported they had an OB/GYN visit within the past year
- 41% indicated they had visited the dentist in the past six months.

HEALTH

| | 2001 – 2 % | 2002 – 3 % | 2003 – 4 % | 2004 – 5 % | 2005 – 6 % |
|---|---------------|---------------|---------------|---------------|---------------|
| Had a physical exam in the past year | 78.8 | 88.1 | 89.5 | 94.8 | 93.5% |
| Had an ob/gyn exam in the past year | 39.9 | 57.2 | 61.2 | 78.1 | 55% |
| Visited the dentist in the past six months | 43.0 | 46.9 | 45.3 | 54.9 | 41% |

- The ADRC Grant Project Pilot in Northern Kentucky opened for business on September 25, 2006. The project is now fielding an average of 100 calls or on site visits per month. There is great variation in both the reported disabilities and age of the clients requesting services. An average of 20% of the calls is from local professionals looking for additional information for the clients they are serving. A database of almost 500 resources has been completed for the Northern Kentucky area. All of the other 14 area Agencies on Aging are currently gathering their local resources for inclusion in the database.

- In tandem with the development of the Pilot Project, the Department for Aging and Independent Living has implemented SB 234, the Aging Caregiver Resource Center. As an important part of this project, Arc of Kentucky has completed 6 trainings for 118 attendees on “Over View of Available Services and Supports---Planning Future Supports and Services for a Loved One with an Intellectual and /or Developmental Disability.” Eleven additional trainings are scheduled for 2007. Resources for entry into the database that are specific to the needs of aging caregivers and individuals with mental retardation will be entered into the database. Once completed, the database will be statewide and will be published as a web site at www.resourcemarket@ky.gov. Marketing materials have been developed and the Kentucky Resource Market branding will provide Kentuckians a one stop shop for information and assistance, referral to resources, and eligibility screening for all public services and supports.

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 simultaneous notice to the SCL recipient or legal representative and the case manager or support broker at least twenty (20) days prior to the effective date of the action, which shall include a statement of the intended action; the basis for the intended action; the authority by which the action is taken, and the SCL recipient's right to appeal the intended action through the provider's appeal or grievance process. 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) to provide the SCL recipient with the name, address, and telephone number of each current SCL provider, arrange transportation for a requested visit to an SCL provider site, provide a copy of pertinent information to the SCL recipient or legal representative, ensure the health, safety and welfare of the SCL recipient until an appropriate placement is secured, 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.

- For FY 07, of the total of 237 funding allocations, 149 people from the community in emergency situations received funding, 31 people received funding resulting from the PASRR process, 37 received funding transitioning from Oakwood and Central ICF/MR, and 20 people aging out of DCBS support received funds. The status of these 237 allocations is as follows: 175 have completed the process to receive SCL supports, 53 are in the process of identifying a provider, 2 have declined, and 7 allocations were terminated.
- As of August 2007, there were 2,970 individuals being supported with SCL 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 Consumer Directed Option is now an option implemented through the Home and Community Based, Supports for Community Living and Brain Injury waivers.

- Several legislative initiatives resulted in increased funding for people with intellectual/developmental disabilities. These successful initiatives included the following:
 - Hart-Supported Living Program – The expanded funding of an additional \$1,000,000 for FY '07 permitted over 155 new or increased grants in the Hart-Supported Living program, for a total served in FY '07 of over 550 individuals with any disability.

Amended regulations were promulgated in 2007 to implement the 2006 amendments to the statute which included revised procedures by review teams for review of applications and funding recommendations, revised appeal procedures, and a name change for the program.

Effective July, 2007, the Department for Mental Health/Mental Retardation Services began working with DAIL to transition the administration of the Hart-Supported Living program will be administered through the Department for Aging and Independent Living.-

- MR/DD – The Division of Mental Retardation through State General Funds received \$1,140,000 for FY '07 and \$1,900,000 for FY '08 for crisis stabilization (Refer to crisis stabilization section).

➤ Michelle P. Lawsuit

- Michelle P. waiver will offer up to 50 hours of service per week for persons who live in their own home or with family. This waiver does not include a residential component.
- Crisis Prevention and Intervention money was dispensed to Community Mental Health Centers (Refer to crisis stabilization section).
- The Money Follows the Person grant is intended to move people from institutional settings (ICF/MR or NF) to community settings.

CLOSING THOUGHTS

We are honored to be able to share with you the continued progress on Kentucky's plan. With the implementation of the consumer directed option to the Home and Community Based, Supports for Community Living and Brain Injury 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 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.