

INTRODUCTION

Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Mental Retardation and Other Developmental Disabilities (MR/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, 2007, through September 30, 2008. 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 and other developmental disabilities (I/DD).¹ The capacity, at the end of State Fiscal Year (SFY) 08, for comprehensive services to this population was 4321, (3351 capacity in the Supports for Community Living program and 970 licensed beds in Intermediate Care Facilities for People with Intellectual disabilities).

National prevalence studies note that between 1-3% of the general population will be diagnosed with an intellectual or other developmental 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 to lead full lives.

The Commission supports the provision of services based on best practices. The Department for Mental Health Mental Retardation Services has been renamed the Department for Mental Health, Developmental Disabilities and Addiction Services (DMHDDAS) in keeping with best practices. The Division of Mental Retardation (DMR) intends to recommend a name change to also reflect the current accepted language of intellectual and other developmental disabilities (I/DD).

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 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's subcommittees continue to focus on the growing number of aging caregivers of individuals with disabilities. The current subcommittees include: Quality and Best Practices, Finance and Workforce Development.

The Quality and Best Practice Subcommittee meets quarterly. The Subcommittee continues to:

- Monitor implementation of consumer-direction, self-direction, and self-determination in all waivers;
- 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; and
- Monitor the community transition process.

The Finance Subcommittee is focusing on funding strategies for projected future needs of services and programs for a continuum of care for individuals with I/DD. At the December 2007 meeting, the Finance Subcommittee recommended the following:

- Support the Cabinet's plans for additional programs and opportunities in the coming biennium;
- Concentrate on identification of revenue sources to support funding of all programs serving Kentuckians with intellectual and other developmental disabilities;
- Establish a standing subcommittee focusing on workforce development;
- Move toward a living wage for Direct Support Professionals (DSP); and
- Develop/expand DSP recruitment/retention/training/mentoring programs to at least four additional regions.

During the December 5, 2007 Commission meeting, in response to one of the Finance Subcommittee's recommendations, The Workforce Development Subcommittee was formed. The Workforce Development Subcommittee's first meeting was August 7, 2008. Another meeting is scheduled for October 2008.

In 2008 DMR through the contract with the University of Kentucky Human Development Institute (HDI) added a survey to the Core Indicators to measure Staff Turnover in provider agencies. There was a 90% response rate from SCL providers. Results from this survey will be available by October 2008.

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 June 2008, the Brain Injury Services Branch was re-organized by the Department for Medicaid Services (DMS) and renamed the Acquired Brain Injury (ABI) Branch.

The ABI Branch continues to conduct yearly Satisfaction Surveys of all waiver participants. Each year, survey findings are used to provide technical assistance.

The ABI Branch continues to provide basic training to CHFS staff, waiver providers and the public regarding brain injury.

- Collaboration and Learning in Partnership (CLIP) or Project CLIP began in April 2006. This Health Resources and Services Administration (HRSA) grant continues in operation to 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 2008, the ABI Branch entered into a contractual partnership with the Brain Injury Association of Kentucky (BIAK) to implement year 2008-09 CLIP grant activities which include literature reviews, outreach forums, and a co-occurring disorders conference to be held in conjunction with the annual BIAK Summit.

- The ABI Branch in collaboration with the Department for Mental Health, Developmental Disabilities and Addiction Services (DMHDDAS) created a statewide 40 hour training curriculum for law enforcement. Presented for the first time in May 2008, the training is now part of Kentucky Law Enforcement's continuing education requirements. The training will be offered twice per year.
- The ABI Branch assisted in the development of regulations for the newly approved Acquired Brain Injury Medicaid Long-Term Care Waiver. The regulations have been submitted to the Legislative Research Commission for legislative approval.
- Until June 2008, the ABI Branch continued to provide staff to the Traumatic Brain Injury (TBI) Trust Fund Board of Directors at which time,

staffing for the TBI Trust Fund was reorganized by the Department for Medicaid Services from the ABI branch to the Department for Aging and Independent Living (DAIL).

The Brain Injury Trust Fund Board of Directors meet at least 3-4 times per year and continues its Benefit Management Program, which provides case management and financial supports to individuals with brain injuries throughout the Commonwealth.

- The following are current programs on folic acid awareness:
 - The Department for Public Health's statewide folic acid campaign for SFY 2008 provided folic acid counseling and supplementation to 75,962 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 245 folic acid awareness activities reaching participants throughout the state. KFAP has increased to 92 individual members representing 56 agencies and organizations
- 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
Department of Mental Health, Developmental Disabilities and
Addiction Services

The goal of KIDS NOW Plus is to improve birth outcomes for pregnant women who are using alcohol, tobacco, and other drugs, or who are at risk for using. In regions where this program is in effect, pregnant women are screened for substance use, mental health problems, and domestic violence. The screening instrument includes mental health and domestic violence as these issues greatly increase a woman's risk for substance abuse. Screening is done in collaboration with local health departments and private obstetricians.

Women who screen positive are referred for substance abuse prevention services, case management, and/or treatment based on their level of need. If a woman is appropriate for treatment but not ready to accept a referral, the case manager will continue to work with her throughout her pregnancy with the primary goal of motivating her to follow through on the treatment referral. Meanwhile, the case manager will support her to reduce her substance use, encourage attendance at prenatal appointments, and assist with safe housing and other resources. Data are collected at the beginning of case management services and again six

weeks after delivery in order to better understand the clinical conditions of these women and to track program outcomes.

Outcome data have demonstrated that the KIDS NOW Plus program has been successful in identifying high-risk pregnant women and engaging them in case management services. Preliminary service data have also shown success in connecting them with treatment. Of the 238 pregnant women who received KIDS NOW Plus case management services during the first 3 quarters of fiscal year 2007, 150 (or 63%) of these women also received treatment during that period. By year end, birth outcomes will be examined and compared to the birth outcomes for a matched set of women who were not in KIDS NOW Plus.

PROMOTING CHOICE

OUTCOME: Through the principles of self-determination and informed choice, people with intellectual 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 intellectual and other developmental disabilities.
 - Through amendments of the existing 1915(c) waivers the Goods and Services option was made available to Consumer Directed Option (CDO) participants in the past year. This option gives participants the flexibility to choose to buy such items as incontinence supplies, nutritional supplements and/or minor home adaptations or small equipment purchases that assure greater independence. The Goods and Services option became available on February 28, 2008.
 - Kentucky's Robert Wood Johnson (RWJ) advisory board for Cash and Counseling (referred to in KY as the Consumer Directed Option) completed their roles and functions. The board provided recommendations on policies, procedures and outreach efforts.
 - The CDO outreach workers completed all work as described by the RWJ contract to provide training to support brokers and consumers. Consumer surveys were completed by the outreach workers and the results are presently being tabulated.

ENROLLMENT IN CASH & COUNSELING, BY REFERRAL PROGRAM as of July 2008 (As of end of Quarter 3, Year 2008). The RWJ Foundation Grant for the Cash and Counseling Grant for CDO ended July 31, 2008

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	11,622	198	1.7%	1316	11.3%
Supports for Community Living	3101	6	.20%	60	1.9%
Acquired Brain Injury	166	2	1.21%	3	1.81%
Non-elderly adults			%		%
Elderly adults			%		%
Direct Enrollment ^d	Not applicable		Not applicable		Not applicable
Total (across referral programs and direct enrollment, if applicable)	14,889	206	1.39%	1379	9.27%

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

- Through training and information efforts, the number of providers certified to provide SCL services continues to grow. Since March 2001 through September 2008, the number of Supports for Community Living providers has increased from 63 to 160. Additional providers have offered individuals greater choice for supports.
- On January 4, 2008, the SCL emergency regulations officially became ordinary regulations. Several revisions were made in an effort to clarify the regulatory requirements and to ensure best practices in the field.
 - Changes included in the ordinary regulations are:
 - Requirements and new information for Tuberculosis (TB) screening and testing;
 - Requirement for Central registry checks and stronger language regarding drug offenses;
 - Staff qualification requirements regarding administration of medication;
 - Staff qualifications for independent functioning;
 - Case management mandatory training requirements;
 - Goods and Services added as a CDO option; and
 - Incident reporting classification simplified.

- With regard to case management that supports the principles of self-determination provided by staff who meet core competencies:
 - As of August 2007, all case managers in the SCL Waiver program and state general fund (SGF) programs are required to complete Case Management Training through the Division of Mental Retardation within six months of hire.
 - The new Case Management training includes one day of live training and four online modules offered on the Kentucky TRAIN Website. The live training includes person centered planning, roles and responsibilities of case management, Supports for Community Living (SCL) and State General Fund (SGF) processes and procedures, ethical considerations, and guardianship alternatives. The online topics are Overview of Supports and Services, Risk Management, Identifying and Reporting Abuse and Neglect, and SCL Documentation. Since September 2007 the Division of Mental Retardation training staff provided nine trainings across the state. Approximately 175 case managers have completed this training.
 - Four quarterly SCL Provider Educational Workshops were offered in SFY 08 through videoconference sites throughout the state. 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 psychopharmacology, mental health issues, trauma informed care, guardianship, earned income Social Security issues, Michelle P. Waiver, Diabetes management, Fetal Alcohol Spectrum Disorder, Methicillin Resistant Staphylococcus Aureas (MRSA) infections, and special needs trust. Approximate attendance for the year was 900.
 - Individuals who choose to utilize and blend some consumer-directed services receive case management supports from a support broker through the Area Agencies on Aging. As of July 1, 2008, individuals in the SCL Waiver who choose Consumer Directed Option (CDO) will receive support broker services through their local CMHC.

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 also 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 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 for Fiscal Year 2007 was issued in February 2008. The report contained the following:
 - A total of 436 people were surveyed. Of these participants:
 - 91.4% indicated they liked their work or day program,
 - 85.2% liked where they lived, and
 - 93.2% said they had people to help them learn new things.

National Core Indicators is a 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 this collaboration, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, develop 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 2007 represented the eighth cycle of consumer interviews in Kentucky. As of June 2008, 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 interview teams which include at least one person with a disability.

- DMHDDAS is committed to ensuring that quality of services and supports provided to individuals in the SCL program are based on best practice standards. The Division of Mental Retardation continues to develop mechanisms to gather data and monitor providers.
 - 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 as an effort to assure quality as required by SCL regulation.

The following four outcomes must be addressed:

1. People participate in the life of the community;
2. People realize personal goals;
3. People have the best possible health; and
4. People are free from abuse, neglect and exploitation.

Providers must also report information for the following two organizational outcomes:

1. The organization implements a system for recruitment and retention of staff; and
2. The organization has implemented at least two of their identified strategies.

The Outcomes data provide information regarding how services provided to individuals allowed achievement of self identified goals. Individuals with I/DD and their families may use the data to decide and compare each agency's effectiveness in delivering services and supports.

Outcome results from the surveys were incorporated in November, 2006.

SCL-wide benchmark percentages for SFY 2007 and SFY 2008

SUPPORTS FOR COMMUNITY LIVING OUTCOMES PERCENTAGE OF AGENCIES THAT ACHIEVED BENCHMARKS		
INDIVIDUAL OUTCOMES	FY 2007	FY 2008
People participate in the life of the community.	95%	99%
People realize personal goals.	93%	99%
People have the best possible health.	83%	97%
People are free from abuse, neglect and exploitation.	69%	88%
ORGANIZATIONAL OUTCOMES		
The organization implements a system for recruitment and retention of staff.	93%	95%
The organization has implemented at least two of their identified strategies	89%	93%

FY 07: surveys conducted starting from 11/1/06

Total certification surveys: FY 07 = 75; FY 08 = 157

- The Division's risk management and quality assurance database system has been undergoing a major redesign. The ongoing effort provides improved tracking of SCL program data gathered from SCL providers. Information is compiled from incident and medication management reports, investigations, certification and billing review, complaints, and technical assistance efforts by SCL field staff. The database enhancements generate trend analyses utilized by the SCL field staff resulting in effective technical assistance to providers. Furthermore, improvements have increased the overall quality of SCL services and supports by targeting specific issues and needs in the following areas: crisis referrals, incident trends, hospitalizations, restraint usage,

medication errors, overall systems issues as well as the identification of presentation topics for quarterly SCL provider video conferences.

- SCL has reorganized the field staff into two teams of area administrators: Certification Review Team and Provider Education Team.

The Certification Review Team conducts all provider certification/recertification reviews and utilization reviews statewide. The team members conduct unannounced reviews to ensure that SCL providers adhere to the requirements as identified in the SCL regulations. There are currently 160 SCL providers and these reviews are conducted at least annually. A revision of the certification tool and findings report enables providers to send a plan of correction electronically.

The Provider Education Team Area Administrators (AAs) are each assigned specific SCL providers in a region. AAs provide technical assistance and training individually or as a part of a group. In addition to AAs the group may also consist of staff from DMR's training team, local DCBS personnel, and/or other agencies.

Training needs may come from the provider, the results of a certification review or investigation and/or through risk management data.

As a result of the separation of responsibilities, provider site visits have increased from one visit per quarter to one visit per month. In addition, the quality and effectiveness of the visits have resulted in increased reports of agency satisfaction.

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 53 events with approximately 1600 participants from 7/1/07 through 7/31/08. Workshops included: Case Management; Dignity and Respect; Coping with Grief and Loss; Person Centered Planning; Cultural Competency; Rights and Advocacy; Identifying and Reporting Abuse and Neglect; and Training of Trainer topics including Crisis Response and Prevention, Core Training, Introduction to Supported Employment Training, and Sexuality and People with Intellectual Disabilities. In addition, DMR training and program staff participated in the following conferences as presenters and exhibitors: ARC of Kentucky Annual Conference, Autism Institute, Cultural Competency, Aging Conference, and the Commission on Children with Special Health Care Needs Annual Conference.

- DMR training staff collaborated with the Department for Aging and Independent Living to provide Person Centered Planning training to Support Brokers from the Area Agencies on Aging and Community Mental Health Centers (CMHC). Two trainings were provided to approximately 45 staff. DMR staff also worked jointly with the Department for Medicaid Services to provide informational training on the Michelle P. Waiver in July 2008. The training was targeted to SCL providers, Home Health agencies, Adult Day Health Centers, and Area Agencies on Aging. Approximately 450 people attended the trainings.
- In 2008, DMR created and now offers four online modules: Overview of Services and Supports (completed by 300 people), Identifying and Reporting Abuse and Neglect (completed by 220 people), Risk Management (completed by 265 people), and SCL Documentation (completed by 410 people).

PROMOTING ACCESS

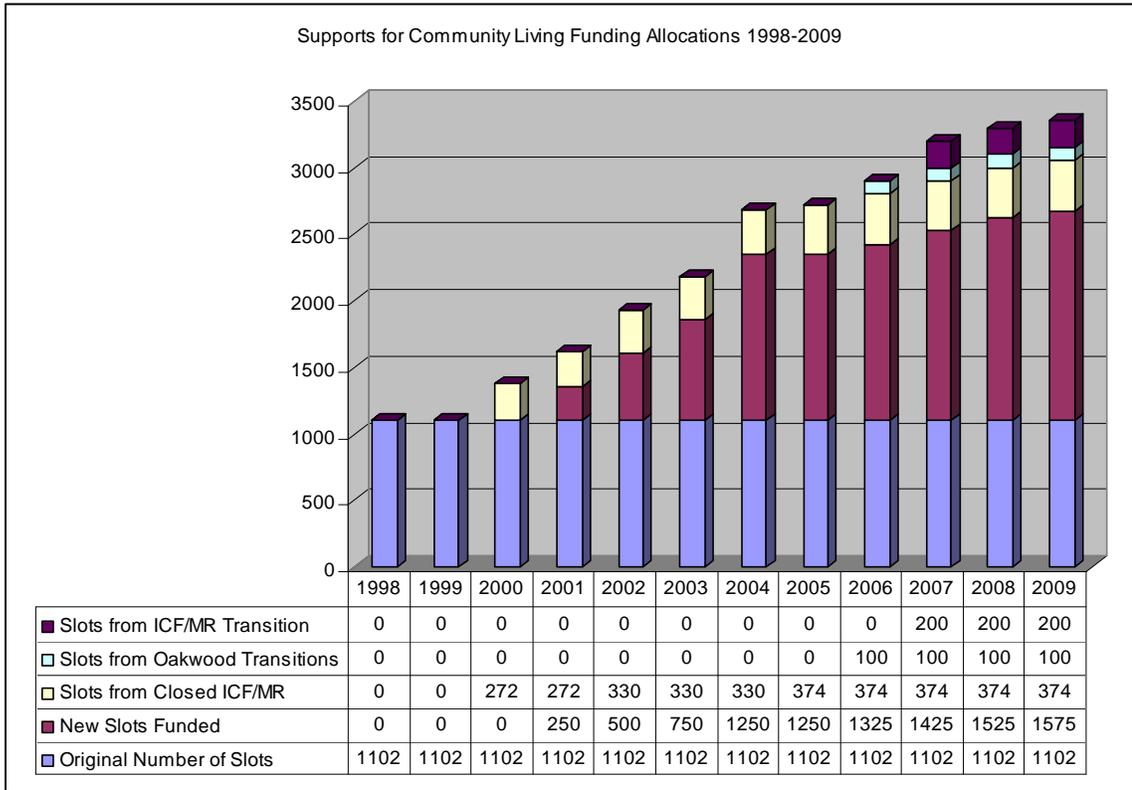
OUTCOME: People with developmental disabilities and their families have access to services and supports that meet their needs and expectations.

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

Fiscal Year	Funding Allocations	Source
SFY 98	1102	
SFY 99	1102	
SFY 00	1374	272 from ICF/MR Closure
SFY 01	1624	250 from HB 144 initiative
SFY 02	1932	250 from HB 144 initiative 58 from ICF/MR Closure
SFY 03	2182	250 from HB 144 initiative
SFY 04	2682	500 from HB 144 initiative
SFY 05	2726	CMS approval for an additional 44 from the closure of Higgins ICF/MR
SFY 06	2901	75 from HB144 initiative 100 from transitions from Oakwood
SFY 07	3201	100 new allocations appropriated 200 allocations for transitions from ICFs/MR
SFY 08	3301	100 new allocations appropriated
SFY 09	3351	50 new allocations appropriated

Note: Intermediate Care Facility for persons with Mental Retardation (ICF/MR)

Following is a graphic representation of funding allocations since 1998:



- In the 2006 Biennium Budget, the Cabinet was allocated \$9,500,000 for SFY08 for the administration and development of crisis supports for adults with intellectual and other developmental disabilities (I/DD).
 - A total of \$1,900,000 was distributed to the 14 regional Community Mental Health Centers (CMHC) to implement a Crisis Response and Prevention Program. For SFY09, each center was awarded \$20,000 base funding with an additional \$1,620,000 distributed based on percent of population served.

Prior to implementation of the services in 2007, identified CMHC staff attended 7 days of training with Community Resource Alliance, Inc., (CRA), a company that provides both national and international consultation regarding support for individuals with disabilities, to learn about provision of crisis services. The training enhanced staff's ability to prevent, intervene and properly assess crisis situations.

DMR staff generated a 2-day Crisis Response and Prevention Training of Trainer module for all SCL providers based on material and information provided by CRA. The module emphasized the Division's person centered crisis supports philosophy and presented a community based

services delivery model. Participation in the 2-day training improved SCL staff's ability to prevent crisis and deescalate individuals during critical events.

Initially, nine training sessions were held within a two month period in 2007. Since that time, the training has been provided at least quarterly. Two specialized trainings were presented regionally as requested by staff in the field; another specialized training was conducted for a provider having difficulty with repeated crises. In addition, DMR staff facilitated 3 meetings between CMHC regional centers and SCL providers to address issues related to the delivery of crisis services.

During late 2007 and early 2008, four regional forums were held to further discuss any issues related to the implementation of KY's crisis supports services.

In addition to the training, monthly conference calls were held with crisis staff from all fourteen centers to discuss issues, present case studies for discussion and review information as requested.

- Each quarter, the CMHCs submit progress reports on Kentucky's three performance based outcomes listed below.
 1. Individuals with I/DD phoning the crisis line that meet criteria on the DMHDDAS crisis rating scale and were linked to an on call staff within 15 minutes. Annual Target is 90%. Thirteen of the fourteen centers met this outcome. The one center that did not meet the target achieved a rate of 86%.
 2. Number of individuals receiving crisis supports whose revised crisis prevention plans reflect outcome of debriefing meetings. Annual Target is 90%. Twelve of the fourteen centers met this outcome. One Center reported a rate of 50% and the other a rate of 65%. Technical assistance is on-going. In addition, a Debriefing Overview was created, made available to all providers, and integrated into a training program.
 3. Number of I/DD staff who have demonstrated competency in crisis prevention, de-escalation and management. Annual Target is 100%. Thirteen of the fourteen centers met this outcome. One center reported a rate of 78%. This Center experienced crisis staff turnover. In 2008, three of their crisis staff attended the DMR Crisis Prevention and Intervention Training of Trainers session. As mentioned above, technical assistance is on-going.

- In addition, a Contact Sheet approved by DMHDDAS is completed for each individual requesting/referred for crisis supports. All calls made to the crisis line regarding individuals with I/DD and contact with CMHC I/DD Department. DMR utilizes these data to address issues, provide technical assistance and make changes as needed.
- Collaborative linkages continue with other state Cabinets, programs and community associations to build their capacity for supporting citizens with intellectual and other developmental disabilities.
 - 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 serves on the Advisory Board.
 - The Division of Mental Retardation, the Office of Vocational Rehabilitation, and the University of Kentucky Human Development Institute (HDI) continue to collaborate on education and expansion efforts for Supported Employment.
 - DMR staff participate in and collaborate with many other state agencies with the goal of improving the transition process for youth aging out and entering the adult service system. The Kentucky Interagency Transition Committee, KY Partners in Youth Transition, and the P&A/DCBS aging out workgroup are some of the current groups working on this issue.
 - The Division of Mental Retardation and the Department for Community Based Services collaborate to address difficult to support children and to ensure a seamless system of services for children aging out of the DCBS system. These two agencies also collaborate to provide 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 continues to be a service in high demand. The Consumer Directed Option has been available since 2007 in all three homes and community based Medicaid Waivers. With continued enrollment in CDO it is anticipated that respite will be 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.

On August 1, 2008, the Department for Medicaid Services launched the Michele P. Waiver. Michele P. offers a variety of non-residential supports and is available to persons who live in their own homes or with family members. Respite is one of the services offered in this waiver.

The Michele P. Waiver will serve up to 3000 persons in the first year.

- Transition: Each of the state ICFs/MR have added 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 reside in a community setting when they chose to do so. Each individual that transitions from an ICF/MR participates in a thorough transition planning process with post-transition monitoring by facility and DMHDDAS staff for a period of one year post transition. The facilities continue to use the Kentucky Transition Plan process approved by the U.S. Department of Justice.

As part of the transition process, ICFs/MR are working to develop the capacity to provide specialized supports and services that may not be accessible in the community, (i.e., epileptology and seizure management services) and temporary medical or behavioral crisis stabilization.

Since implementation of the Statewide Transition Process in 2006 a total of one hundred and three (103) 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 part of community integration and inclusion remains important. The final annual report of the Kentucky Core Indicators Survey of Individuals receiving services, dated February 2008, reflected that 92.9% of those surveyed go out for entertainment.
- Employment Network: One of the barriers that job seekers encounter is negative attitudes regarding their employability. 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's lead employer is JP Morgan Chase Bank and there are four active chapters: Louisville, Northern Kentucky, Ashland, and Lexington. The lead employer for the Louisville chapter is Citi. Frisch's Restaurants replaced Northern Kentucky University as the Lead Employer for the Northern KY chapter in January 2008. The Ashland Alliance is the Lead Employer for the Ashland chapter. In August 2008, ACS, Inc. assumed the leadership role from Lexmark for the Lexington Chapter.

Over the 2007-2008 year the KYBLN began a new chapter in Ashland and implemented a marketing campaign based on 2006-2007's evaluation results. Statewide, 1000 individuals participated in 110 hours of training that focused on capacity building and systems change. The participants were from 50 different businesses and 20 service agencies across the state of Kentucky.

The KYBLN network began implementing the Migrant farm workers with Disabilities Employment Partnership (MDEP) grant. The grant is from the US Department of Education Office of Special Education and Rehabilitative Services for approximately \$1 million dollars over five years. The Migrant farm workers with Disabilities Employment Partnership (MDEP) seeks to identify and connect migrant and seasonal farm workers with disabilities or their family members with disabilities to the Kentucky Office of Vocational Rehabilitation and other community resources for employment training and opportunities. Implementation of the MDEP grant is an example of how the KYBLN builds on existing connections, including individuals who are both knowledgeable and trusted within their local communities, to reach out to underserved individuals.

- The Supported Employment Training Project (SETP) through HDI; provides six 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, and (e) impact of wages on benefits. Examples of optional and/or advanced events during the last year included: (a) Systematic Instruction, (b) Supported Employment Updates (for seasoned SE personnel), (c) Creative & Effective Strategies for Supported Employment Administrators, (d) The Social & Functional Impact of Autism & Practical Strategies to Support Employment, and (e) marketing Supported Employment to families and supported employment program staff. Project personnel provide follow-up technical assistance for individuals served by their

families and supported employment program staff. Also proposed for the coming fiscal year is requirement for continuing education for SE personnel through events offered by the SETP or other approved seminars or conferences.

- Work continues with the Department for Mental Health, Developmental Disabilities and Addiction Services (DMHDDAS), UK's Human Development Institute (HDI) and the Office of Vocational Rehabilitation (OVR), to address employment services for people served through the three waiver programs: Supports for Community Living (SCL), Acquired Brain Injury (ABI), and Home and Community Based (HCB) Waivers. As a result LifeSkills, a large regional disability service organization, working in partnership with Realizations, LLC and the Human Development Institute (HDI)-SETP, received a grant through the Kentucky Council on Developmental Disabilities to establish THE ROLES Initiative (Real Opportunities for Lifestyles Enriched through valued Social roles), focusing on serving Kentuckians who receive resources through one of the Medicaid waivers. Personal social integration and valued social participation serve as foundational principles---exploring and negotiating the role of employee, as well as other valued social roles. Each organizational entity has a distinct component of the work scope:
 - LifeSkills will demonstrate how a large mental health/mental retardation board can develop personalized and innovative services through a set-aside or "hosted" program that has operational latitude to do things differently than the larger parent organization.
 - Building a new service from a clean sheet of paper that is devoted to personalized services is the part that Realizations, LLC will illustrate.
 - The HDI-SETP will work in conjunction with LifeSkills and Realizations to pilot competency-based training for direct support professionals.
- Supported Self Employment: Through a collaborative effort of the Council on Developmental Disabilities and the Office of Vocational Rehabilitation, Project ASSET (Advancing Supported Self-Employment Techniques) has assisted 20 individuals with developmental disabilities who need supported employment services to investigate possibilities for owning and operating their own businesses. Eighteen businesses were started as a result, and policies and procedures for continuing this vocational option are being developed by the Office of Vocational Rehabilitation. Outgrowth from Project ASSET includes pilot projects now underway for supported self-employment opportunities for individuals with acquired brain injuries and mental illness.
- Web-based Statewide Supported Employment Data Collection: A web-based data collection system that will provide annual data to Kentucky's legislators, policymakers, consumers, family members and others is in the

final stages of development. Twenty SE Providers have agreed to pilot the system, which is under the direction of the Supported Employment Training Project at the UK's Human Development Institute. Initial testing/refinement will begin soon.

- **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 4, 2008, 2732 people were active on the waiting list; 274 in the urgent category and 2458 in future planning.
- The Michelle P. lawsuit, filed in 2002, reached its final settlement in July 2008 with the court’s approval of the Michelle P. waiver, with a start date of August 1, 2008. This waiver offers a variety of non-residential services and supports for persons with intellectual or other developmental disability who live in their own home or with a family member. Services may be provided by home health agencies, SCL providers, or Adult Day Health Centers and services are limited to 40 hours per week with the exception of case management, respite and environmental and minor home adaptations.
 - The following services are available through the Michelle P. waiver:
 - Case management
 - Homemaker
 - Personal Care
 - Adult Day Health Care
 - Supported Employment
 - Respite
 - Attendant Care
 - Environmental and minor home adaptations
 - Behavior supports
 - Community living supports
 - Assessment/Reassessment
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Adult Day Training

The Michelle P. waiver regulation outlines a priority enrollment process. The waiver will be offered first to persons who have an urgent need as defined by the SCL regulations. These persons may or may not be on the SCL Waiting List. The Department for Medicaid Services (DMS) will then enroll persons remaining on the SCL Waiting List who meet the eligibility criteria in chronological order by date placed on the waiting list.

The Michelle P. waiver's goal is to have 3000 people enrolled in the first year, 4500 in the second year, and 6000 by the end of the third year.

OUTCOME: Information is available and easily accessed.

- The Department for Mental Health, Developmental Disabilities and Addiction 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 (DAIL) administers 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 as well as a website that allows individuals to search for resources throughout the state. The Kentucky Resource Market has received more than 6000 calls. DAIL has provided information on the resource market at almost 20 events reaching over 4500 individuals.

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

- Funds within the Department for Mental Health, Developmental Disabilities and Addiction 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 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, 2008 has accomplished the following:
 - 790 patients of record (a growth of 36% from the previous year) from 38 counties, growing by 10-11 patients per month.
 - Averages 201 patient visits per month (a growth of 43%).
 - The clinic offers outpatient OR services for patient's requiring general anesthesia to complete comprehensive dental treatment; however, the clinic 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.
 - Six dentists have now graduated from the Developmental Dentistry fellowship program.
 - 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.
 - During 2008, it is estimated that over 200 dental and dental hygiene students will rotate through the clinic in order to learn how to care for this population.
 - The Underwood and Lee Clinic also provides dental services to all inpatients of the Bingham /Central State ICF/MR.

- During the recent legislative session, as part of the construction project to build 3 eight (8) bed ICF/MR group homes on the grounds of the Hazelwood campus funds were authorized for the construction of a new building to expand the services of the Underwood and Lee Clinic. The new clinic will expand services to include outpatient medical, dental and psychiatric/behavioral services. Initial estimates state that the clinic may be able to serve up to 4000 people in the community. The earliest that construction could begin is fall of 2009 given bonds must be sold to finance the project. The Department's SFY 2009 operating budget includes \$400,000 in site preparation funding for this project.

- The final annual report of the Kentucky Core Indicators Survey of individuals receiving services, dated February 2008, found that:
 - 93.1% of the individuals surveyed said they had had a physical exam within the past year
 - 56% reported they had an OB/GYN visit within the past year
 - 47.5% indicated they had visited the dentist in the past six months.

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

- The Department for Medicaid Services SCL regulation 907 KAR 1:145 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 thirty (30) 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 of Mental Retardation 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 08, of the total of 281 funding allocations, 188 people from the community in emergency situations received funding, 33 people received funding resulting from the PASRR process, 27 received funding transitioning from ICFs/MR, and 33 people aging out of DCBS support received funds. The status of these 281 allocations is as follows: 232 have completed the process to receive SCL supports, 41 are in the process of identifying a provider, 3 have declined, and 5 allocations were terminated.
- As of August 2008, there were 3140 individuals being supported with SCL funding made available through initiatives of the Governor and General Assembly.
- Several legislative initiatives resulted in increased funding for people with intellectual and other developmental disabilities. These successful initiatives included the following:
 - Hart-Supported Living Program – For FY 08, an additional one million was added to the program. No increase in funding for FY 09.
 - Michelle P. Lawsuit (See Promoting Access Section)
 - Crisis Response and Prevention money was dispensed to Community Mental Health Centers (Refer to Promoting Access Section).
 - The Money Follows the Person Rebalancing Demonstration Grant awarded in May of 2007 in the amount of \$49,831,530 is intended to move people from institutional settings (ICF/MR or Nursing Facility) to community settings. The Department of Medicaid Services continues to work towards implementation. The Operational Protocol was approved by Centers for Medicare and Medicaid Services (CMS) on August 13, 2008.

CLOSING THOUGHTS

We are honored to be able to share with you the continued progress on Kentucky's plan. With the implementation of the state general fund Crisis Prevention and Response program, the Michele P. waiver and the approval of the new long term acquired brain injury waiver, 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.

In the past, with the use of waiver funding that has been declined or not been accessed, we responded immediately to people who were in an emergency situation as a result of the loss of their home and caregiver. Recently, for a brief period of time, we had exhausted all community slots in the SCL waiver. Applicants meeting emergency criteria were placed on an emergency waiting list and referred for an assessment for the Michelle P. waiver. When the additional 50 slots were approved by the Centers for Medicare and Medicaid services (CMS) on August 27, 2008 persons on the emergency waiting list were allocated funding. With continuing requests for emergency funding for people in crisis, aging out of children's services and transitioning from NFs and ICFs we anticipate that an emergency waiting list may again be necessary. 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 and other developmental disabilities a priority. 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 flexible and individualized supports. A difficult task with the continued revenue shortfall; however, the needs of 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.