

INTRODUCTION

On April 14, 2000, House Bill 144 was signed into law and codified within KRS 210.570 through 210.577. This bill was the result of multiple efforts throughout the state to bring positive changes to Kentucky's system of services and supports for persons with developmental, intellectual, and other related disabilities. This legislation created the Commission on Services and Supports for Individuals with Mental Retardation and Developmental Disabilities. Commission membership includes self-advocates, family members, legislators, provider organizations, advocacy groups, and leaders from various state agencies. The Commission has served in an advisory capacity to the Governor and General Assembly concerning the needs of persons with developmental and intellectual disabilities for over nine years.

KRS 210.577 directed the Commission to develop a comprehensive 10 year plan for placement of qualified persons in the most integrated setting appropriate to their needs. The Commission submitted Kentucky's Plan: From Dreams to Realities for Quality and Choice for all Individuals with Mental Retardation and Other Developmental Disabilities on April 17, 2001. The plan identifies outcomes in the areas of Prevention, Promoting Choice, Promoting Quality, Promoting Access, and Financing the System. As funding crosses all programs, it will be incorporated into each of the other four outcome areas.

In this ninth year, the following report provides a summary of the Commission's efforts towards accomplishing the outcomes and strategies previously recommended to the Governor and General Assembly.

PREVENTION

The goal of this section of the plan is to enhance public education and prevention efforts to ensure that more children are born healthy. In the last nine years, Kentucky's prevention efforts have grown and developed in several areas.

- ▶ Acquired Brain Injury
 - ◆ The Brain Injury Alliance of Kentucky (BIAK) serves those affected by brain injury through advocacy, education, prevention, service, and support. BIAK has recently embarked on a statewide campaign to raise awareness about brain injury in the Commonwealth using television, radio, print and the internet.
 - ◆ The Acquired Brain Injury (ABI) branch in the Department for Medicaid Services administers two waiver programs:
 - The Acquired Brain Injury Waiver provides community-based intensive rehabilitation services to persons with acquired brain injury. Currently, The ABI Waiver has 151 active participants and 125 on a waiting list.
 - The Acquired Brain Injury Long-Term Care Waiver (ABI LTC) was implemented in 2009 to add to the continuum of care by complementing Kentucky's existing Acquired Brain Injury Waiver program. The ABI-LTC waiver is an alternative to institutional care for individuals that have reached a plateau in their rehabilitation level and require maintenance services to live safely in their community. There have been 99 allocations made to date. There is no waiting list at this time.
 - ◆ The Traumatic Brain Injury Trust Fund (TBI) is administered by the Department for Aging and Independent Living and provides flexible funding and support to people with brain injuries. The TBI Trust Fund is not based on income. During FY 09, the TBI Trust Fund provided supports to 1,592 individuals.

- ▶ Prenatal Care and Newborn Screening
 - ◆ The KIDS NOW PLUS program was created to reduce harm to Kentucky infants from maternal substance abuse during and after pregnancy. In the past nine years, the program has screened approximately 8,000 women per year regarding their risk of substance abuse during pregnancy. On average, a third of these women receive some type of intervention.
 - ◆ The Department for Public Health's campaign for folic acid awareness reached 32,102 people in FY 2003. In FY 08, 76,864 women received folic acid counseling and supplementation.
 - ◆ The 2005 Legislative Session General Assembly enacted legislation (KRS 214.155) that expanded the number of conditions for which newborn screening is completed in Kentucky. Newborns are now screened for 29 conditions. Hospitals are required to have a newborn screening coordinator and provide educational information to parents regarding

screening. Information is also available through the newborn screening website at chfs.ky.gov/dph/mch/e cd/newbornscreening.htm.

▶ Early Intervention

- ◆ The First Steps program provides early intervention services to children from birth to age three in Kentucky who are diagnosed with a developmental disability or who exhibit a developmental delay in an evaluation.
- ◆ Early intervention services can decrease the need for costly services and special education programs later in life by remediating problems early in the child's development.
- ◆ In December 2000, there were approximately 3,500 children receiving services. In FY09 there were approximately 6,000 children receiving services.

PROMOTING CHOICE

The Commission has recognized the need for increased flexibility in consumer direction and services and supports available to people to meet needs throughout their lifespan. The service array is described in the section titled "Promoting Access." To ensure choice in service delivery, the following have been accomplished:

▶ Consumer Directed Option (CDO)

- ◆ In 2003, HB 501 was passed directing an ad-hoc group to make recommendations to the Department for Medicaid Services for a self-directed model within the Supports for Community Living (SCL) Waiver Program. The recommendations of this subcommittee were delivered to the Commission in December 2003 and resulted in the Consumer Directed Option being offered in all home and community-based service waivers.
- ◆ In 2004, HB 116, the Kentucky Independence Plus through Consumer-Directed Services Program Act of 2004, became effective (KRS 205.5606). It required an option in each of the home and community-based service waivers, based on the principles of consumer choice and control. The Cabinet received a Cash and Counseling grant from the Robert Wood Johnson Foundation on October 1, 2004, which provided \$250,000 over a three year period to provide professional consultation and assist with program implementation.
- ◆ The Consumer Directed Option was implemented in the fall of 2006. In FY09, 2,800 people from the three waivers were enrolled in the Consumer Directed Option.

▶ Public Outreach and Education

- ◆ Since 2001, the Department for Behavioral Health, Developmental and Intellectual Disabilities website, <http://mhmr.ky.gov/kdmhmrs>, has been

enhanced to increase user friendliness and provide timely information and resources to the public and staff. Highlights include:

- Forms for all funding programs used by individuals, families, and provider agencies;
- A searchable Calendar of Events for meetings and trainings coordinated by the department; and
- An online Provider Directory that allows users to search by program, services, region, county, or city.

- ◆ The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) works with advocacy organizations such as the ARC of Kentucky and the Kentucky Self-Advocates for Freedom (KSAFF). Over the past nine years, staff from the Division of Developmental and Intellectual Disabilities (DDID) have presented to self-advocates and family members at ARC training events including the Annual Conference, Advocates in Action training and parent group meetings. From June 2006 through August 2009, DDID staff presented at five KSAFF events
- ◆ DDID has staff based across the state that provide education and technical assistance to provider agencies, consumers, and family members of persons with disabilities.
- ◆ The DDID Training Team partners with SCL staff to conduct four SCL Provider videoconferences each year. These workshops are conducted at more than 20 sites across the state. In the past year, topics have included Overview of Mortality Review Process, Understanding and Preventing H1N1, and an update on the Michele P. Waiver.
- ◆ DDID staff serve on various councils and commissions and share information with providers, individuals, and families.

► Facility Transition

- ◆ Each of the state-owned Intermediate Care Facilities for the Mentally Retarded (ICF/MR) continues efforts to implement the statewide transition process for transitioning individuals into less restrictive community homes. The ICF treatment teams focus on community integration and transition. Each individual that transitions from an ICF/MR facility will participate in a thorough planning process with post-transition monitoring by facility and DBHDID staff for a period of one year.
- ◆ The number of people who reside in state facilities continues to decrease with the implementation of the Statewide Transition process.

ICF Average Annual Census FY07 through YTD FY10:

Facility	FY07	FY 08	FY09	FY 10 YTD
Oakwood	239	227	207	195
Hazelwood*	168	167	162	160
Central State ICF	35	32	34	34
Outwood	68	65	63	61

* Hazelwood Center census includes the three 8-bed ICF community homes which have each maintained a full census of 8.

Transition Statistics as of 8/31/09*:

Facility	Current Census	Active Transition	Discharges	Admissions
<i>Oakwood**</i>				
FY10 to date	188	22	8	0
	FY09		26	0
	FY08		11	0
	FY07		29	0
<i>Hazelwood Center **</i>				
FY 10 YTD	160	6	0	0
	FY09		2	7
	FY08		4	5
	FY07		1	2
<i>Central State ICF**</i>				
FY10 YTD	34	8	1	1
	FY09		7	6
	FY08		2	7
	FY07		11	3
<i>Outwood**</i>				
FY10 YTD	61	2	0	0
	FY09		4	0
	FY08		1	1
	FY07		3	1

*Transitions are tracked from September 1 through August 31 each year. Reporting crosses Fiscal Years per requirements set forth by Federal Court Monitor.

**As part of the Settlement Agreement with the US Department of Justice, each of the state-owned ICFs are in the process of transforming into Centers of Excellence. These Centers will serve as a resource to individuals, families, and community providers and provide specialized supports and services that are not accessible in the community.

- ◆ The state owned ICFs have now partnered with community providers in their individual and family/guardian education efforts. During FY10, each of the ICFs will host quarterly educational events for individuals/families and guardians to attend in areas closest to their homes. Staff from each of the ICFs will be in attendance at each event to answer questions and educate people regarding community support options. Community providers will be invited to provide information regarding their services and respond to questions. Topics to be covered include:
 - Money Follows the Person support options;
 - Michelle P Waiver Services;
 - SCL Waiver Services; and
 - HUD funding and housing opportunities

- ▶ Kentucky Transitions (Money Follows the Person)

- ◆ The Money Follows the Person (MFP) Rebalancing Demonstration Grant was awarded to Kentucky in May 2007 in the amount of \$49,831,530. Grant funds are drawn down as an enhanced Medicaid federal match.
- ◆ As of August 31, 2009 there have been 257 referrals to the program.
 - 26 have completed transition-
 - Elderly: 8
 - ABI: 5
 - Physical Disability: 9
 - Intellectual/Developmental Disability (I/DD): 4
 - 59 are in process
 - Elderly: 19
 - ABI: 5
 - Physical Disability: 20
 - I/DD: 15
 - 83 are pending
 - 41 were ineligible
 - 30 declined participation
 - 18 are on hold due to member's choice or hospitalization

PROMOTING QUALITY

To promote high quality services, the Commission supported the development of a comprehensive monitoring system. Other components of quality services and supports focus on staff recruitment, retention and training, and disability awareness. Highlights of efforts in this area from the last nine years include:

- ▶ National Core Indicators
 - ◆ National Core Indicators (NCI) is a collaborative effort among 27 participating states and the National Association of State Directors of Developmental Disability Services and the Human Services Research Institute. The goal of NCI is to develop a systematic way to measure performance and outcomes. Currently, DBHDID through a contract with University of Kentucky's Human Development Institute (HDI) gathers data for the Consumer Survey, Family Support Survey, and Staff Stability Survey through interviews and surveys with people with disabilities, their families, and others who know the person well. Kentucky has participated since 1999, and 2008 represents the ninth cycle of consumer interviews in Kentucky.
 - According to the Consumer Survey Phase Ten Report of the Kentucky Core Indicators Survey of individuals receiving services dated February 2008:
 - ▶ 96.7% indicated they liked their work or day program;
 - ▶ 95.8% liked where they lived; and
 - ▶ 90.3% said they had people to help them learn new things.
 - Recreation, community integration and inclusion remain as important concerns. The Survey reflected that:

- ▶ 93.7% of those surveyed go out for entertainment;
 - ▶ 12.3% participate in clubs or community meetings;
 - ▶ 17.3% go out to exercise or play sports in integrated activities; and
 - ▶ 32.9% go out to exercise or play sports non-integrated activities.
 - In terms of life decisions and everyday choices, the Survey reflected that:
 - ▶ 58.1% chose where they live;
 - ▶ 46.6% chose who they live with; and
 - ▶ 96.2% chose how to spend their free time

◆ The next phase of data analysis will focus solely on SCL participants to get a better snapshot of community services. A team of staff, consumers and family members will review the data and utilize the results to assist in the development of quality indicators to address identified areas of need throughout the state.

- ▶ Supports for Community Living outcome measures
 - ◆ SCL outcomes were developed in 2005 by the SCL Provider Focus Group comprised of many SCL providers across the state and DDID staff in an effort to ensure people received quality services. Outcomes and progress are listed below:

Supports for Community Living Outcomes - Percentage of Community Agencies that Achieved Benchmarks			
	FY 2007	FY 2008	FY 2009
Individual Outcomes			
People participate in the life of the community.	95%	99%	97%
People realize personal goals.	93%	99%	95%
People have the best possible health.	83%	97%	91%
People are free from abuse, neglect and exploitation. *	69%	88%	85%
* The percentages reflect the percentage of people supported who received training about identifying abuse, neglect and exploitation. Efforts to improve this statistic have been addressed through technical assistance and risk management quality improvement requirements of providers.			
Organizational Outcomes			
The organization implements a system for recruitment and retention of staff.	93%	95%	96%
The organization has implemented at least two of their identified strategies for recruitment/retention of staff.	89%	93%	81%
<i>Data from certification surveys conducted FY07 through FY09</i>			

- ▶ Supports for Community Living Certification Process
 - ◆ In January 2008, the SCL Certification process was reorganized to create two teams of Area Administrators (AA). The roles of the AA were designed in order to provide more frequent contact with SCL providers and to separate compliance and review duties from the technical assistance and training duties.
 - The Certification Review Team conducts unannounced provider certification/recertification reviews and utilization reviews statewide. All providers are reviewed at least annually to ensure that they adhere to the requirements as identified in the SCL regulations.
 - The Technical Assistance Team staff are each assigned specific SCL providers in a region. Area Administrators provide timely technical assistance and training individually or as a part of a group. In addition to AAs, the group may include staff from the DDID Training Team, Department for Community Based Services (DCBS) local personnel, and/or other agencies.

- ▶ Risk Management and Mortality Review Process
 - ◆ The Division of Developmental and Intellectual Disabilities (DIDD) Risk Management staff review incident reports received by DDID and identify trends and issues that require further investigation or technical assistance.
 - ◆ Risk Management staff work with Registered Nurses and compile a review of all reported community medication errors, including trends and recommendations to prevent future errors. This information is distributed to field staff to provide technical assistance to Community Mental Health Centers (CMHCs) and provider agencies.
 - ◆ The Risk Management staff work closely with DCBS, and provider agencies on cases of alleged caretaker abuse or neglect of individuals.
 - ◆ For the SCL program, the Risk Management Team compiles a Monthly Risk Management Profile containing the following:
 - Provider Risk Overview;
 - Provider Level of Risk;
 - Identification of At-Risk Individuals;
 - Analysis of Incidents; and
 - Analysis of Medication Administration Errors.
 - ◆ The department expanded the Mortality Review Process in 2007. This process includes reviews by a clinical committee and an advisory committee. It focuses on unexpected deaths and identifies trends and issues where additional provider education and training may be required. Presently, the Mortality Review Committee is in the process of generating a protocol for agencies to follow when an individual transitions from a medical facility to the community.

- ▶ Staff Recruitment, Retention, and Training

- ◆ The SPEAK Program (Support Providing Employees' Association of Kentucky) began in 2005 with a three-year grant from the Centers for Medicare and Medicaid Services. The department provided \$125,000 to sustain the program in FY08 and the SPEAK Program received funding from the Kentucky Council on Developmental Disabilities (KCDD) for FY 09.
- ◆ The overall mission of SPEAK is to enhance the recruitment and retention of Direct Support Professionals (DSPs) to enhance the quality of life for citizens with disabilities. The strategies appear to have been effective. Nationally, the turnover rate for DSPs is frequently quoted between 40-70%. The combined turnover rate for 10 of 12 SPEAK partner agencies in January, 2009, was 15.7%. The combined turnover rate for 8 of 12 SPEAK partner agencies in March, 2009, was 8.2%. The combined turnover rate for 9 of 12 SPEAK partner agencies in May, 2009, was 4.4%. This data, combined with more than 97% retention of new DSPs for the initial 90 days of employment, demonstrate the achievement of the SPEAK mission.
- ▶ Statewide Training Efforts
 - ◆ In 2007, the DIDD Training Team created case management training that includes one day of live training and four online modules. Case Management training is designed to develop core competencies for case managers from all funding sources and is an SCL required training. The four online modules are:
 - Overview of Services and Supports for People with Intellectual/Developmental Disabilities;
 - KRS209 Identifying Abuse, Neglect, and Exploitation;
 - Risk Management, and
 - SCL Documentation.
 - Since 2007, approximately 418 case managers have completed this training.
 - ◆ DDID has partnered with the Kentucky Department for Public Health to utilize the Kentucky Training Finder Real-time Affiliate Integrated Network (TRAIN) system for registration and web-based training. This has resulted in greater efficiency for the Division and provider agencies.
 - ◆ The DDID Training Team provides several trainings using a "Training of Trainer" model to increase provider capacity, including Core Training, Crisis Prevention and Intervention, and Sexuality Education. These trainings have the principles of self-determination built into each curriculum. The team also provides specialized training based on best practices upon request and offers a variety of training curricula available for agency use.
 - ◆ DDID has increased its utilization of videoconferencing to enhance communication with providers and decrease staff time and travel expenses.

PROMOTING ACCESS

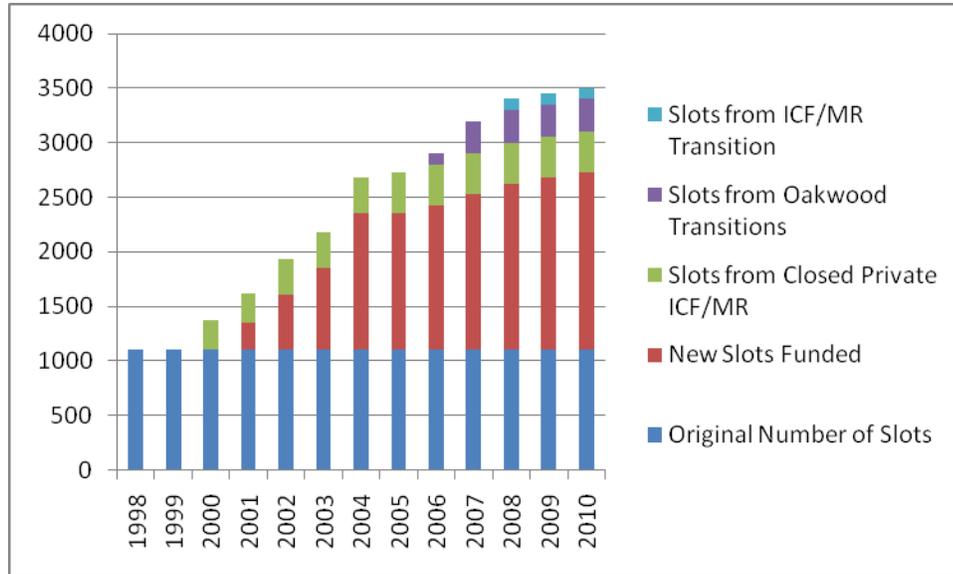
In 2000 the unmet need for services was estimated at 8,000-10,000 individuals. The issue of access to an array of services for people with intellectual/developmental disabilities is critical and the need continues to grow. The Commission recognizes the need for additional funding to broaden the service array and to make information about programs and resources accessible to all. To these ends, the following have been accomplished in the last nine years:

- D SCL Waiting List and Funding Allocations
 - ◆ A total of 1,877 new allocations have been funded over the past nine fiscal years, 344 of these were targeted to individuals transitioning from ICF/MR facilities.
 - ◆ The waiting list for services continues to grow due to the need for long term residential support services as the population of individuals and caregivers age and also due to the outreach and education efforts supported by the work of the Commission.
 - ◆ In FY00, there were 1931 people on the SCL Waiting List compared to 2,734 on the waiting list in FY09.

SCL Waiting List – August 31, 2009

Region	Active on Waiting list	# emergency	# urgent	# future/planning
1	169	0	8	161
2	109	0	17	92
3	201	0	30	171
4	246	0	23	223
5	202	0	34	168
6	771	0	114	657
7	267	0	33	234
8	4	0	1	3
10	56	0	4	52
11	46	0	9	37
12	35	0	7	28
13	89	0	14	75
14	111	0	28	83
15	376	0	51	325
Total	2682	0	373	2309

SCL Funding Allocations since 1998



- ▶ Supports for Community Living Provider Development
 - ◆ In 2006, the Division for Developmental and Intellectual Disabilities implemented a new Provider Development process. There are two Provider Development Specialists who work with potential providers across the state to support the development of qualified provider agencies. Each potential provider must attend two New Provider Orientation trainings prior to pre-service reviews. Through these recruitment and training efforts, the number of providers certified to provide SCL services continues to grow.

SCL Waiver Certified Providers	
FY	Number
2001	66
2002	79
2003	88
2004	99
2005	108
2006	124
2007	139
2008	155
2009	162

- ▶ Michelle P. Waiver
 - ◆ The Michelle P. Waiver is a lower cost, non-residential home and community based waiver to support people with intellectual or developmental disabilities to remain in their homes with needed services.
 - ◆ The waiver was initially approved by the Centers for Medicare and Medicaid Services in August 2007 and implemented in August 2008.
 - ◆ Persons on the Michelle P. Waiver can choose to receive services from SCL providers, Home Health agencies, or Adult Day Health Centers.
 - ◆ The Michelle P. waiver celebrated its one year anniversary August 1, 2009.
 - ◆ By June 30, 2009, everyone on the SCL waiting list had been offered an assessment for the Michelle P. waiver.
 - ◆ As of August 31, 2009, 1479 individuals were approved for Level of Care (LOC), and ready to request needed services.

- ▶ State General Fund Services
 - ◆ State General Fund services are primarily provided by the 14 regional Community Mental Health Centers (CMHC). In FY09 the CMHCs utilized approximately \$24 million state general fund dollars to provide supports to a total of 5,349 people with intellectual disabilities.

- ▶ Expansion of the Hart-Supported Living Program
 - ◆ The Hart-Supported Living program began in 1992 and provides funds to access services for persons with a disability as defined by the Americans with Disabilities Act. Services are individualized and requested in grant form and may be ongoing services, such as personal assistance, community resource development, and respite; or may be one-time expenditures such as ramps and assistive technology.
 - In FY 02, the Hart-Supported Living program funded 529 grants totaling \$4.2 million.
 - The Legislature appropriated an additional \$1 million for FY07 and \$2 million for FY08 to support program expansion and to comply with the Michelle P. settlement agreement. This funding increase allowed an additional 53 people to receive supports in FY08 and an additional 68 in FY09.
 - In FY 09, 626 applications were funded totaling \$8 million.
 - Unmet need has increased from 479 applications in FY02 to 517 unfunded applications in FY09.

- ▶ Kentucky's Crisis Prevention and Response System
 - ◆ As a result of a Settlement Agreement between the cabinet and the Department for Public Advocacy, Division of Protection and Advocacy (P&A), the cabinet pursued funding for Crisis Services for adults age 18

years or older with I/DD. As outlined in the Settlement Agreement, the intent of these services is to provide supports in the least restrictive/most integrated setting appropriate to meet the needs of referred individuals.

- ◆ To develop crisis services and to train CMHC Crisis Services staff, DDID partnered with P&A and the Kentucky Council on Developmental Disabilities (KCDD) and contracted with the nationally known group, Community Resource Alliance, Inc. (CRA) for consultation and training. DDID staff revised their Crisis Prevention and Intervention training based on CRA recommendations and established a required two-day training of trainers for all SCL providers.
- ◆ CMHC Crisis Response staff are provided ongoing support and technical assistance from DDID staff. Initially, DDID staff held bi-weekly conference calls with CMHC crisis staff and CRA, Inc. Over time, these were reduced to monthly calls. Staff now hold quarterly videoconferences with Crisis Response staff.
- ◆ In FY09, 564 individuals received services from CMHC Crisis Services at a cost of \$1.9 million. Based upon these figures, an average of \$3,369 was spent per individual on crisis services. The same amount of money per person would cover four days of admission in an ICF/MR. Thus; CMHC crisis services are proving to be cost effective.

◆ Crisis Contact Data:

	Total number of contacts	Total number able to remain in community	Utilization of Mobile Response	Diversion from higher level of care
FY08	424	Not collected	212	76
FY09	564	468	222	190

◆ Supported Employment Services

- ◆ The Supported Employment Training Project (SETP) continues to partner with DBHDID and the Office of Vocational Rehabilitation (OVR) to address employment services for people served through the SCL, ABI and Home and Community Based (HCB) waivers. SETP also works with the Roles Initiative, a partnership funded by the KCDD. In addition, customized employment has received increasing attention nationally and in Kentucky.
- ◆ The Supported Employment Stakeholders Group was created to promote improvement in supported employment services through education, advocacy, collaboration, policy change, elimination of barriers, empowerment, and community participation for persons with significant disabilities experiencing barriers to employment. The group consists of members from DBHDID, OVR, the University of Kentucky, the Human Development Institute, and provider agencies.

◆ OVR funded Supported Employment

	Supported Employment	Supported Self Employment
Federal	213	5

FY08		
Federal FY09	129	6

- D Underwood-Lee Clinic
 - ◆ DBHDID continues to fund and support the Underwood-Lee Clinic, an outpatient dental clinic and Center of Excellence in dental education. Dental services are made available to individuals with disabilities from facilities and other settings who, because of their disability, have limited access to dental services. The clinic includes a strong educational component and dental services include 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 as of June 30, 2009, has served 860 patients from 44 counties. The clinic averages 211 patient visits per month.

CLOSING THOUGHTS

The Commission is honored to be able to share the continued progress on Kentucky’s plan. Much has been accomplished since the plan was submitted to the Governor and General Assembly on April 17, 2001. The Commission recognizes the progress attained in the last nine years and is working to update the Ten Year plan, building on past accomplishments and utilizing best practices. Members have identified focus areas which include:

- D All people will have the opportunity to “age in place” and receive the needed services and supports throughout their lifespan.
- D Redesign the service delivery and funding system to ensure that flexible funding is available to provide needed supports and services.
- D Develop and support a workforce for all aspects of the system of care in Kentucky.

We want to take this opportunity to thank the Governor and General Assembly for its continued support of the work of the Commission. As leaders in The Commonwealth in the development of policy and budget, your role is critical as we work to achieve these and other outcomes for all Kentucky citizens. Our task ahead will be difficult with a continued revenue shortfall, but by working together, we believe significant progress can be made for persons with intellectual and developmental disabilities.

Addendum
Joint Subcommittee Meeting Statement and Recommendations

Kentucky Medicaid has experienced a loss of \$383 million. Funds earmarked for Medicaid services have been transferred out of the Cabinet for Health and Family Services to other agencies experiencing budget shortfalls. This decision, while addressing an immediate crisis, illustrates a short-sighted view of future Medicaid needs.

It is the intent of this Commission to express a warning regarding the implications of this practice. In order to maintain the current level of services to impoverished, disabled and elderly Kentuckians, these funds must be restored. The erosion of base funding for Medicaid services (Kentucky's Medicaid Match) places our most vulnerable citizens at risk.

The Quality and Best Practices, Workforce Development and Funding Sources Subcommittees recommend the following to the Full Commission to submit to the Cabinet, Governor and General Assembly:

- ❖ Fund an additional 200 SCL slots in each of the next 2 years;
- ❖ Move toward a living wage for Direct Support Professionals (DSPs) within community base waiver programs. Funding to provide for an 8% total compensation cost increase for DSPs in each of the next two years;
 - FY '11: \$14,600,000
 - FY '12: \$30,300,000
\$44,900,000
- ❖ Expand DSP recruitment/retention/training/mentoring through the Support Providing Employees Association of Kentucky (SPEAK) program to at least four additional regions by 2012. Fund \$822,000 over the next biennium;
- ❖ Flexible and individualized waiver funding for people to stay in their residence of choice as they age (age in place);
- ❖ Two State-funded Registries be developed: 1) availability of employment and 2.) adult abuse and neglect registry;
- ❖ Expand Provider Profile to include all funding sources.