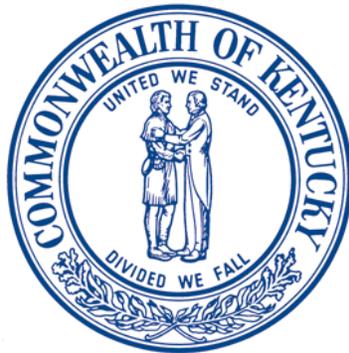


# ANNUAL STATUS REPORT



The Kentucky Commission on Services and Supports for  
Individuals with Intellectual and Other  
Developmental Disabilities

Submitted in Accordance with KRS 210.577 to:

Governor Steven L. Beshear  
and the General Assembly  
October 2015

# **KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES**

**FY15**

## **INTRODUCTION**

The Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities was created and established by KRS 210.575 through the enactment of House Bill 144 by the 2000 General Assembly. The Commission, referred to as the HB 144 Commission, serves in an advisory capacity to the Governor and the General Assembly concerning the service system that impacts the lives of people with intellectual and developmental disabilities.

The Commission's current membership includes 24 individuals, nine of whom are appointed by the Governor. These individuals represent family members, legislators, provider organizations, advocacy groups, and leaders from various state agencies. During FY 15, the following legislators were appointed to serve on the Commission: Senator Julie R. Adams, Representative Joni Jenkins, and Representative David Watkins.

During FY 2012, the Commission formed three subcommittees to address issues and concerns identified from data collected through the National Core Indicator (NCI) project, which Kentucky has participated in since 1999. The NCI survey provides a variety of data that is reported by individuals with intellectual and developmental disabilities, family members, and caregivers about the quality of services and supports received through a variety of funding sources. An NCI Quality Improvement Committee was established to analyze the data and subsequently provide the Commission with information that resulted in the identification of three priority areas and subsequent subcommittees: (1) Health and Wellness; (2) Participant Directed Supports; and (3) Community Integration. These three subcommittees continued to meet throughout FY 15.

## **FY 2015 GOALS, STATUS, and ACTIVITY UPDATES**

In 2012 HB 144 Commission members, in collaboration with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), established five long-term initiatives for the next 5-10 years. The following goals, updates, and subcommittee reports reflect Commission activities in FY2015.

**Goal 1: Community education and outreach must be a combined effort to create an awareness of need and available services for people with intellectual and developmental disabilities (IDD).**

### *Status Update 1*

The Division of Developmental and Intellectual Disabilities (DDID) within DBHDID presented at local, regional, and statewide forums and conferences throughout FY 15. Staff presented information related to services and supports available through the Supports for Community Living (SCL) Medicaid Waiver program, which had been revised and was referred to as SCL2. These forums included topics related to Community Access and Supported Employment. Examples of community forums include the ARC of Kentucky Chapter meetings, Advocates in Action (AIA) meetings, ARC of Kentucky Annual Conference, and the American Association on Intellectual and Developmental Disabilities Conference.

### *Status Update 2*

DBHDID, in conjunction with the Office of Vocational Rehabilitation (OVR) and the Office for the Blind, is moving forward with the process of developing standard policies and procedures for the provision of Supported Employment in Kentucky. These activities have been initiated with the assistance of the Office for Disability Employment Programs through its Community of Practice initiative and the National Association of State Directors of Developmental Disabilities Services' (NASDDDS) Employment Learning Communities. Activities have included:

**Activity:** Asset Management and Economic Self Sufficiency, which incorporates financial education and asset development into the vocational rehabilitation process and SCL Waiver Employment Process:

- Conducted a series of regional asset development summits to start a dialogue between asset builders and the disability community;
- Developed an on-line resource directory on asset development and financial education for individuals with disabilities and service providers;
- Developed specific asset building tools for individuals with disabilities, such as individual development accounts and a benefits planning network; and
- Maintained a dialogue among disability service providers and organizations such as the Office of Vocational Rehabilitation, the Department for Behavioral Health and Developmental and Intellectual Disabilities, the Commonwealth Council on Developmental Disabilities, and the Statewide Independent Living Council (SILC), among others, to encourage asset development and economic self-sufficiency as a policy priority.

**Activity:** Development of Local and Regional Leadership

- Began the process of educating the Department of Education's Nine Regional Transition Teams about Employment First and their role in the Employment First process;

- Worked to expand the Kentucky Association of People Supporting Employment First (APSE) Communities of Practice which currently include Rehabilitation Counselors, Employment Specialists, and Case Managers; and
- Conducted cross-training between Medicaid Waiver technical Support Staff and OVR Supported Employment Consultants which resulted in OVR and SCL cooperatively conducting reviews and annual visits.

**Activity:** Training and Technical Assistance - including consultation resources to provider organizations to assist in expanding or improving employment outcomes.

- A framework for information sharing has been developed through Communities of Practice (COP). These have occurred in a number of areas including a mass COP event at the KY APSE Conference.
- The “Take Your Legislator to Work” program was initiated and implemented.
- With the assistance of HDI and Kentucky APSE, a new webpage is being initiated to serve as a clearinghouse for information about employment services in Kentucky.
- The SCL waiver regulation established a requirement for an annual orientation to employment and community integration to be provided to all day training participants. A presentation detailing the requirements of this orientation has been completed and distributed statewide.
- A new presentation entitled “The Truth about Working while Disabled” has been developed and utilized with local organizations across Kentucky and at national conferences.
- A revised Supported Employment credentialing program designed to make the process more accessible and streamlined, including making it possible for employment specialists to become credentialed while providing billable services, has been implemented.
- The existing Supported Employment training is in the process of being converted in an effort to take full advantage of available technological resources, training, modeling, and mentoring. This training will result in the attainment of a credential and replace our existing credentialing process.

**Activity:** Transition from School to Work

- Worked to Develop a Memorandum of Agreement, Memorandum of Understanding, or Cooperative Agreement to achieve a centralized, cross-system, collaborative approach to Seamless Transition from high school to employment (at high school and/or postsecondary education exit) that will guide new and existing transition efforts that are in compliance with the Workforce Investment Opportunity Act (WIOA);

- Combined the membership of the Kentucky Interagency Transition Council and Regional Interagency Transition Teams to more effectively advocate for people receiving SCL services; and
- Participated in a revision to the seamless transition framework features in a process being developed by Kentucky's College and Career Readiness for the 1% low incidence Special Education Population Project - State Personal Development Grant (SPDG).

### *Status Update 3*

The Participant Directed Supports Subcommittee seeks to promote the principles and tools of self-determination that are used in the Participant Directed Services Program to assist participants in the creation of meaningful, culturally appropriate lives within their community in which they can develop relationships, learn, work and earn income, and actively participate in the community life. The Participant Directed Supports (PDS) Subcommittee continued to meet during the reporting period to address the following subcommittee goal:

*Participants should be provided information on any new process as early as possible to avoid misunderstanding or lapse in services.*

**Activity:** The Participant Directed Supports Subcommittee met on a regular basis to address the above goal and to address other issues pertaining to services and supports for people with disabilities. The PDS meetings included members of the HB 144 Commission, staff from the Department for Aging and Independent Living, the Division of Developmental and Intellectual Disabilities, other interested participants receiving services, and family members. The meetings included discussion of major issues and opportunities regarding the Supports for Community Living Medicaid Waiver program and how Participant Directed Services applies to those currently receiving services and to new applicants to the program. Discussions included new employment training, pre-employment costs, the MAP 532 form required for immediate family members, owning and living in one's own home, transportation, increased awareness of services, and the availability and need for consistency of Participant Directed Services monitoring throughout the state.

**Activity:** In May 2015 members of the PDS Subcommittee and others testified before the General Assembly's House Informational Committee on Developmental Disabilities. The six member House Committee, chaired by Representative David Watkins, met twice in May of 2015. Subcommittee members also participated in webinars and conference calls with the National Resource Center for Participant Directed Services.

**Activity:** The PDS Subcommittee continued its outreach efforts to ensure that participants would be provided a user-friendly Participant Directed Program Manual.

The manual has been distributed to various state entities, field workers/case managers, individuals with developmental and intellectual disabilities, family members, guardians, local educational agencies, and others as identified throughout the state. Information and resource packets were shared at various venues and exhibits which included The ARC of Kentucky's Annual Best Practices Conference, the Kentucky Self-Advocates for Freedom Annual Conference, the Kentucky Autism Center Regional Conferences, the Regional Parent/Professional Conference, the Down Syndrome Association meetings, and agency-sponsored events.

**Activity:** The PDS Subcommittee requested and received information regarding the number of individuals self-directing supports and services accessed through Medicaid Waiver programs. At the time the statistics were gathered, approximately 10,800 individuals self-directed their support services in the following waiver programs: Acquired Brain Injury, Acquired Brain Injury Long-Term Waiver, Michelle P. Waiver, Supports for Community Living Waiver, and Home and Community Based Waiver program.

#### ***Status Update 4***

A quality assurance program entitled Quality Indicator Tools was designed to encourage the provision of high quality SCL Waiver services. Based upon the Joint Commission "Follow the Person" protocol, the Quality Indicator Tools are currently being tested.

Each support is evaluated in three (3) distinct performance groups:

- Expectation (provider meets basic regulatory requirements);
- Effort (provider demonstrates establishment of systems that give participants the opportunity to be successful); and
- Excellence (the participant is experiencing positive outcomes).

The Quality Indicator Tool utilizes a scoring process on a 4.0 scale for each service. The quality score will be mapped to show progress on the overall SCL outcome model.

**Goal 2: Promote inclusion of citizens with disabilities to increase natural supports in the community and in the workplace.**

#### ***Status Update 1***

The Community Integration Subcommittee identified the following goal for the subcommittee:

*Beating Loneliness through Community Integration – Increase by 10% the overall percentage of people who report having friends who are not staff or family as reported in the next NCI 12-month data cycle.*

**Activity:** An initiative known as, “Endeavor for Excellence,” which included a partnership with the University of Kentucky’s, Human Development Institute (HDI) [a University Center for Excellence in Developmental Disabilities] and the Division of Intellectual and Developmental Disabilities, was implemented. The initiative, a branded curriculum that evolved over a five-year period through the joint efforts of Hope Leet Dittmeir and the Irish entity Genio (see [www.Genio.ie](http://www.Genio.ie)), was implemented in FY2015. The lead trainer of the course, Hope Leet Dittmeir, was accompanied by facilitator Milton Tyree from HDI. The partnership entities invited SCL providers to apply to participate in an extensive eight-month training and mentoring course designed to enhance the capacity of providers to impact the lives of the individuals they support in significant and meaningful ways through community relationships. The course focused on the information, ideology, strategy, and skill necessary to design and provide high quality human services in partnership with individuals with I/DD and their families. The initiative emphasized implementation and was consistent with the provision of Community Access services in the SCL Medicaid waiver program. The following are results of the initiative:

- Seven applications from SCL provider agencies (from a total of 235 SCL certified provider agencies) were submitted and accepted.
- Five of the SCL providers and one non-SCL agency participated in the eight-month initiative. Each agency had a team of four people comprised of one individual with I/DD receiving supports from the agency [referred to as Learning Partner] and three team members who represented implementers, managers, and executive leadership of the agency.
- At the conclusion of the training in February 2015, 18 of 24 team members completed the training.
- Evaluation information collected at the conclusion of the training indicated on a scale of 1 to 4, with 4 being highest, that 83% of the 18 respondents had increased their knowledge, understanding, and ability in the integration of individuals with I/DD in their communities.

**Goal 3: Advocate for adequate funding for a system of services and supports throughout the individual’s lifespan.**

***Status Update 1***

The Commission advocated for additional SCL waiver appropriations. The legislature approved 300 additional slots for FY13 and 300 additional slots for FY14, bringing the total appropriated slots to 4,501. During those two fiscal years, 221 individuals from the urgent category were allocated funding, and all 778 who met emergency criteria were allocated funding. The legislature approved additional slots to be phased in over the Fiscal Years 2015 and 2016 as noted in Table 1.

| Fiscal Year                | SCL Waiver | Michelle P Waiver |
|----------------------------|------------|-------------------|
| July 1, 2014-June 30, 2015 | 200        | 250               |
| July 1, 2015-June 30, 2016 | 240        | 250               |

**Table 1: Legislature approved additional slots**

**Goal 4: People with disabilities and their families will have continued access to services and supports that meet their needs and expectations.**

***Status Update 1***

DBHDID continued its focus on continuity of care in FY15 by emphasizing timely access to an appropriate level of quality care. DDID liaisons are assigned to each state Intermediate Care Facility (ICF) and psychiatric hospital to provide technical assistance and promote networking designed to lead to a successful transition to community based supports. Liaisons provide guidance to individual teams concerning support options, discharge planning, and exceptional support request development.

The Olmstead Act is a federal mandate ensuring that individuals do not reside in institutions longer than is necessary for treatment to take place. An individual included in the Olmstead Act once he/she has surpassed a 90-day stay in a psychiatric hospital, has had frequent psychiatric admissions within the past 12 months, and/or who are at risk of institutionalization. During each Olmstead meeting, particular individuals’ progress needs and barriers to community placement are discussed with the goal being community integration as soon as the person’s team deems it appropriate. Therefore, each liaison participates in Olmstead meetings and meetings concerning transitions from Personal Care Homes.

***Status Update 2***

The Supports Intensity Scale (SIS) assessment was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) and measures the supports an individual needs to be successful in a variety of life domains. As of June 30, 2015, there have been a total of 8,974 SIS assessments completed.

A Supports Intensity Scale assessment is conducted for each SCL participant at the time of entry to the SCL program and again every other year. All areas of typical adult life are evaluated through the SIS process. The SIS assessment also considers extraordinary supports that may be necessary in regard to a participant’s medical and behavioral support needs, as well as a supplemental section regarding protection and advocacy items. As of June 30, 2015, a total of 159 Exceptional Support Decisions had been determined:

- Approved – All Services 106 (70.65%)
- Denied – All Services 45 (29.3%)
- Partial Deny/Approve 8 (0.05%)
- 1 appeal was made and was dismissed without hearing

The SIS assessment report is available to the case manager and the interdisciplinary team for use during the person centered plan of care development process and helps to identify the supports that are most likely to be needed in order for the participant to achieve his/her identified outcomes.

### *Status Update 3*

The Community Integrations Subcommittee focused their efforts during FY15 on the continued access to services and supports that meet their needs and expectations.

On the federal level, The Centers for Medicare & Medicaid Services (CMS) implemented new regulations for Medicaid’s 1915(c) Home and Community-Based Services (HCBS) waivers on March 17, 2014, “to ensure waiver participants have full access to the benefits of community and services in the most integrated settings  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2014-Press-releases-items/2014-01-10-2.html>.

Key elements include:

- ***Person-centered planning*** requirements, such as the individual should lead the process to the maximum extent possible and be provided with information and support to make informed choices regarding his/her services, including providers of those services.
- ***Person-centered service plan*** requirements that establish key elements of the service plan, including the participant’s needs identified through an assessment, as well as the individual’s strengths, preferences, identified goals, and desired outcomes.
- ***Conflict-free Case Management*** which means that a provider of HCBS for the individual is not allowed to also provide case management or develop the person-centered service plan to that same individual, unless the provider is the only willing and qualified provider within 30 miles of the participant’s residence.
- ***Residential and non-residential setting*** requirements, such as the setting must be integrated in and support full access of individuals receiving HCBS to the greater community, giving the individual initiative and independence in making life choices.

Person-centered planning, person-centered service plan, and conflict-free case management must be implemented by states as soon as possible, but CMS is allowing five years for states to implement residential and non-residential setting requirements.

States were required to submit a waiver-specific transition plan detailing their plans to implement the setting requirements at the time of the first waiver renewal or amendment to CMS. Kentucky submitted a Michelle P. waiver amendment to CMS on August 28, 2014, which included the Michelle P. waiver-specific transition plan. After that submission, Kentucky had 120 days to submit its statewide transition plan for all waivers, which details the Commonwealth's plan to bring all waiver settings into compliance with the HCBS federal final rules within the five year timeframe. Kentucky submitted this statewide transition plan to CMS on December 19, 2014. Kentucky's statewide transition plan gives providers the maximum time allowable to implement the most complex and potentially challenging aspects of the HCBS setting requirements.

The Commission has worked closely with the Cabinet for Health and Family Services and others to ensure that changes are made in a manner that supports continued access to services and supports that meet the needs and expectations of individuals and families.

The Community Integration Committee partnered with the cabinet to host a series of forums to ensure that individuals and families:

- 1) Have basic information about the "New Final Rules"; and
- 2) Have an opportunity to give input about how these changes should be implemented in Kentucky.

Four forums were provided throughout Kentucky, and over 250 people participated, with more than half representing individuals and family members. Using materials developed for the forums, CHFS personnel presented information to other organizations and family groups throughout the year.

#### ***Status Update 4***

During FY15, the waiting list for Michelle P. waiver services, which provide services for individuals who reside in the community increased significantly from its inception on March 15, 2014 to 4395 individuals as of September, 2015.

The waiting list for SCL waiver services has remained fairly steady with 1,947 on the waiting list as of September 2015. The majority of those people are receiving services and all people in crisis that have submitted applications to date have been funded.

Because the Michelle P. waiver program waiting list presents tremendous barriers for individuals and their families seeking access to services and supports, the Community Integration Subcommittee studied the operation of the Michelle P. Waiver Program and submitted the following findings and recommendations in January 2015:

"The operation of the Michelle P Waiver Program has been negatively impacted by problems with access, unclear criteria for certification and an unclear process for

addressing its future. First, the certification process entails coordination between multiple state agencies which often requires persistent monitoring by the applicant, and in some cases requires the assistance of personnel from KY Protection and Advocacy. Second, denials are issued with no substantive explanation. Third, nearly half of the 10,000 individuals participating in the Michelle P. Waiver are children and young adults with Autism who need Community Living Supports (CLS) services, but do not fit the original eligibility criteria. Despite this, no clear plan has emerged to address the needs of these individuals or ensure that services continue to be available to those for whom the waiver was developed.

Our overarching concern is that problems with the Michelle P. Waiver process may prevent some individuals who are both eligible and needing Michelle P. Waiver services from accessing the services needed. To help address this situation, we recommend the following five (5) steps and offer the assistance of the Community Integration Committee in addressing them:

**First**, we recommend that letters of denial should provide substantive reasons for denial and be written in easily understood language. Also, the appeal process and timeline should be outlined in the denial letter. The denial letter should be sent to the individual applicant, family members as appropriate and any provider or organization which assisted the individual with the application process.

**Second**, we recommend that a statement of the criteria for certification with an outline of the process be developed. In addition, this document should be written in clear language and should be made available to clients, their parents, and caseworkers involved in the certification process. Furthermore, a tool appropriate for assessing children should be developed to reflect these criteria.

**Third**, we recommend that the Cabinet for Health and Family Services (CHFS) provide on its website a “dashboard” of current waiver allocations similar to what has been distributed to the HB 144 Commission so that everyone – individuals with disabilities, parents, and providers – understands the availability of waiver services.

**Fourth**, we recommend that the website should provide clear recommendations for alternative supports, given that most or all of the waiver slots are currently allocated. In addition, the electronic case management system being developed by CHFS should incorporate all available supports appropriate for individual applicants.

**Fifth**, and most importantly – we recommend that CHFS in collaboration with individuals with disabilities, family members, advocates and providers should initiate a process with a well-defined timeline to address the future of the

Michelle P. Waiver and the development of possible alternatives for children and young adults with Autism Spectrum Disorders. This initiative could be incorporated into KY’s effort in addressing the HCBS Federal Final Rules.”

Some progress has been reported by the Department for Medicaid Services regarding Recommendations 1 through 4. However, it does not appear that any progress has been made related to Recommendation 5. The Community Integration Subcommittee will continue to prioritize the need for a plan to address the needs of the nearly 6,000 Kentuckians who have been placed on the Michelle P and SCL waiting lists for waiver services.

**Status Update 5**

The Commission’s Health and Wellness Subcommittee continued to meet and make advances toward the following subcommittee goal:

*Increase the overall percentage of SCL recipients who engage in moderate physical activity for 30 minutes a day at least three times a week by 5%, as reported in the next NCI 12-month data cycle.*

The 2013-2014 National Core Indicators (NCI) data indicated that 19% of all Kentuckians with I/DD and 18% of individuals receiving SCL supports engaged in moderate physical activity for 30 minutes a day at least three times a week, which remains below the national average of 22%. The 2013-2014 breakdown by setting was:

| SETTING                 | KENTUCKY | NATIONAL |
|-------------------------|----------|----------|
| Community Based Setting | 13%      | 21%      |
| Individual Homes        | 7%       | 26%      |
| Parent’s Homes          | 23%      | 24%      |

**Activity:** In partnership with the University of Illinois-Chicago, the Human Development Institute at the University of Kentucky, and the Division of Developmental and Intellectual Disabilities, the statewide Health and Wellness Coordinator became a certified master trainer for the Health Matters program.

**Activity:** Twelve provider agencies applied for participation in a statewide pilot: HealthMatters, Kentucky Scale-Up Research Project. This was one a one-year study evaluating the usefulness of an interactive webinar HealthMatters Program: Train the Trainer online course aimed at Direct Support Professionals (DSPs) working in the provider agencies. The following are associated with this pilot project:

- Three 90-minute online webinars were offered in January and February of 2015 with accompanying surveys on health promotion advocacy, confidence, and

benefits before and after both the training and implementation of the 12-week HealthMatters curriculum. The Health and Wellness Coordinator participates in online webinar trainings to offer support and answer questions.

- Participating organizations are required to have an on-site wellness committee and conduct monthly meetings. The organizations were to devote a minimum of three staff to receive training and implement the curriculum, which required 4-6 hours per week to teach the 12-week personalized health promotion program that was required to begin within two weeks of the final webinar.

Out of the initial 12 agencies, 10 completed the program in its entirety.

**Activity:** The Health and Wellness Coordinator, through the Human Development Institute, submitted three separate grant applications to further the statewide network.

**Activity:** The Health and Wellness Coordinator continues to update wellness website: [www.wellness4ky.org](http://www.wellness4ky.org). Included in the website updates are:

- Lesson summaries and supplemental HealthMatters information;
- Community health resources;
- Links to adaptive exercises; and
- Links to videos produced through the Human Development Institute.

**Goal 5: The primary focus for public intermediate care facilities will shift to expand networks providing a continuum of health care within the individual's community.**

***Status Update 1:***

As individuals transition from facility to community supports, the state ICF's continue to focus on becoming Centers of Excellence to serve as a resource to, and increase the capacity of, the community.

***Status Update 2:***

DBHDID partnered with the Department for Medicaid Services to submit an amendment to the Medicaid State Plan requesting approval from the Center for Medicare and Medicaid Services for specialty clinics providing medical, dental, and other therapeutic services for individuals with I/DD residing in the community. The departments received CMS approval for the state plan amendment; regulations have been promulgated; Hazelwood and Oakwood Specialty Clinics are now operational; and the Lee Specialty Clinic became fully operational on July 1, 2014.

The Oakwood, Hazelwood, and Lee Specialty Clinics provide core services such as primary care, psychiatry, epilepsy, and dental services in accordance with the administrative regulation. Specialists also provide onsite services in physical,

occupational, and speech therapy; nutritional counseling; behavior therapy; pharmacological counseling; lab services; and wound and foot care. These clinics have reached out to their respective communities by providing information and referral services to current and potential patients.

The Lee Specialty Clinic is working on maximizing outreach and marketing, expanding service capacity, and expanding the identification of undiagnosed neurodevelopmental syndromes. It has also created the first-ever continuing education course focused on the interdisciplinary care of adult patients with I/DD, co-sponsored by a medical school and a dental school. The Lee Specialty Clinic was the focus of an article printed by The New York Times, December 31, 2014, entitled “An Oasis of Care and Caring for People with Intellectual Disability.”

## **STATISTICS**

Following is the status of programs providing supports to individuals with intellectual and/or developmental disabilities through FY15.

### **CMHC State General Fund Service Provision FY 2015**

- Based upon data reported by the Community Mental Health Centers, 9291 people with intellectual or other developmental disabilities were supported with State General Fund dollars.
- DBHDID staff work with CMHC staff on an ongoing basis to address issues related to data accuracy.
- CMHC adult I/DD crisis services were utilized by 565 individuals.

### **ICF Average Census FY 2008 through FY 2015**

The number of people who reside in state Intermediate Care Facilities for individuals with Intellectual/Developmental Disabilities (ICFs/IID) has decreased significantly with the implementation of a statewide transition process designed to transition individuals into the community.

| Facility        | FY08 | FY09 | FY10 | FY11 | FY12 | FY13 | FY14 | FY15 |
|-----------------|------|------|------|------|------|------|------|------|
| Oakwood         | 226  | 205  | 173  | 133  | 120  | 121  | 119  | 114  |
| Hazelwood*      | 168  | 162  | 161  | 158  | 146  | 135  | 123  | 116  |
| Bingham Gardens | 32   | 34   | 32   | 28   | 24   | 23   | 21   | 21   |
| Outwood         | 65   | 63   | 59   | 50   | 46   | 42   | 40   | 38   |
| Total           | 491  | 464  | 425  | 369  | 336  | 321  | 303  | 289  |

\*Hazelwood Center census includes the three 8-bed ICF community homes.

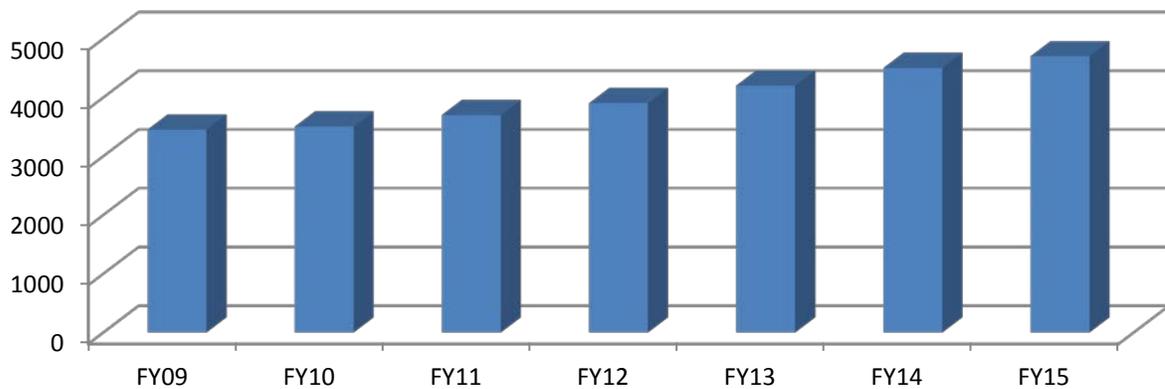
As part of the settlement agreement with the US Department of Justice, each of the state-owned ICFs/IID is in the process of transforming into a Center of Excellence. These centers serve as a resource to individuals, families, and community providers by offering specialized supports and services that otherwise are not accessible in the community.

### SCL Waiver

| SCL Waiting List as of June 30, 2015 |           |        |                 |
|--------------------------------------|-----------|--------|-----------------|
| Total                                | Emergency | Urgent | Future/Planning |
| 1974                                 | 0         | 40     | 1924            |

As of June 30, 2015 there were 1,964 people on the SCL waiting list. Only 3% reported receiving no paid supports. Over half (58.8%) received services through the Michelle P Waiver.

### SCL Slots Appropriated



| <b>SCL Slots</b> | <b>FY09</b> | <b>FY10</b> | <b>FY11</b> | <b>FY12</b> | <b>FY13</b> | <b>FY14</b> | <b>FY15</b> |
|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Total # Slots    | 3451        | 3501        | 3701        | 3901        | 4201        | 4501        | 4701        |
| New Slots Funded | 50          | 50          | 200         | 200         | 300         | 300         | 200         |

## **Michelle P, Home and Community Based, and Acquired Brain Injury Waivers**

### **Acquired Brain Injury (ABI) Waivers as of June 30, 2015 (all over age 18)**

#### **ABI Rehab Waiver**

Individuals meeting Level of Care without receiving services = 7

Individuals prior authorized for 'Blended Services' (traditional and participant directed) = 13

Individuals prior authorized for 'Traditional Services' = 152

Individuals prior authorized for participant directed services only = 15

**Total = 185**

#### **ABI Long Term Care Waiver**

Individuals meeting Level of Care without receiving services = 7

Individuals prior authorized for 'Blended Services' (traditional and participant directed) = 16

Individuals prior authorized for 'Traditional Services' = 159

Individuals prior authorized for participant directed services only = 40

**Total = 222**

### **Michelle P Waiver (MPW) Summary as of June 30, 2015**

47.9% (4,747) are younger than 18 and 52.1% (5,161) are older than 18

Individuals meeting Level of Care without requesting services = 172

Individuals prior authorized for "Blended Services" (traditional and participant directed) = 2,432

Individuals prior authorized for "Traditional Services" = 2,560

Individuals prior authorized for participant directed services only = 4,745

**Total = 9,909**

### **Home and Community Based Waiver (HCB) Summary as of June 30, 2015**

11.1% (1,059) are younger than 18 and 88.9% (8,467) are older than 18

Individuals meeting Level of Care without requesting services = 406

Individuals prior authorized for "Blended Services" (traditional and participant directed) = 199

Individuals prior authorized for "Traditional Services" = 5,792

Individuals prior authorized for participant directed services only = 3,129  
**Total = 9,526**

### **Money Follows the Person (MFP)/Kentucky Transition**

Kentucky no longer utilizes MFP for transitioning those with an intellectual disability. People with intellectual or other developmental disabilities residing in facilities who wish to move to the community apply directly to the SCL waiver program.

### **CLOSING THOUGHTS**

It has been a privilege for the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities to serve in an advisory capacity to the Governor and the General Assembly regarding the needs of persons with Intellectual and Developmental Disabilities. Commission members extend their gratitude to the Governor and the General Assembly for their continued support. Along with the Department for Behavior Health, Developmental, and Intellectual Disabilities, we look forward to meeting our goals to improve the quality of supports for citizens of Kentucky.