

Kentucky National Core Indicators Quality Improvement Committee



2017

RECOMMENDATIONS REPORT

The Kentucky National Core Indicators Quality Improvement Committee (QIC) was convened in 2010 at the request of the Kentucky Division of Developmental and Intellectual Disabilities (DDID). The committee was established to review and make recommendations regarding the quality assurance and improvement elements and activities within the Supports for Community Living (SCL) waiver. The QIC's broad-based membership met on several occasions and produced key recommendations to assist the DDID in addressing a variety of issues related to quality.

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RECOMMENDATIONS REPORT

BACKGROUND

Although the committee incorporated and reviewed multiple sets of data during deliberation, the body of this report only includes reference to National Core Indicators (NCI) data and Kentucky General Population Survey data. A list of data sources incorporated during collaboration is included as an appendix to this report (Appendix A). It is also important to note that the Kentucky National Core Indicators data being reviewed represent only people on the SCL waiver, and therefore should be interpreted with care when comparing against other NCI participating states as responses cannot be generalized to all Kentuckians with intellectual and developmental disabilities receiving state funded supports and services.

After careful deliberation, the QI Committee submitted the following recommendations to DDID in 2010:

Goal 1: Employment - Increase the overall percentage of SCL recipients with jobs in the community by 5% as reported in the next NCI 12 month data cycle.

Goal 2: Health & Exercise - Increase the overall percentage of SCL recipients who engage in moderate physical activity for thirty minutes a day at least three times a week by at least 5%, as reported in the next NCI 12 month data cycle.

Goal 3: Medications - Decrease the overall percentage of psychotropic medications used by SCL recipients in residential settings by 10%, as reported in the next NCI 12 month data cycle.

Goal 4: Loneliness - Increase the overall percentage of SCL recipients who report having friends who are not staff or family by 10%, as reported in the next NCI 12 month data cycle.

Data for each recommendations cycle can be found in Appendix B. The charts include the NCI averages as well as the Kentucky SCL percentages.

POLICY AND SYSTEMIC RESPONSES TO 2010 RECOMMENDATIONS

Recommendation 1 – Employment

In response to this recommendation, several changes were implemented. The SCL waiver was revised and approved to reflect: 1) a nearly 100% increase for the supported employment rate and, 2) a decrease in the day activity services rate of 11%. Additionally, Kentucky Division of Developmental and Intellectual Disabilities collaboration with the Kentucky Office of Vocational Rehabilitation was increased, with a full-time DDID Quality Assurance Coordinator Jeff White focusing on employment services.

Recommendation 2 - Health and Exercise

The SCL waiver was revised and approved to include a new service: community access. This service is intended to empower people with disabilities to fully engage in community life. This service was created to involve people with developmental disabilities in churches, groups, associations, clubs and other organizations along with others who share similar interests. This will provide opportunities to experience and enjoy varied health and wellness offerings in communities around the Commonwealth.

Additionally, collaboration with the Human Development Institute at the University of Kentucky and the University of Illinois-Chicago have resulted in pilot projects around an evidence based health and wellness curriculum, and a pilot self-advocate led program at 14 provider agencies, impacting over 100 individuals on the SCL waiver. The Human Development Institute has established a new Health and Wellness initiative in collaboration with the Kentucky Division of Developmental and Intellectual Disabilities, with full-time coordinator, Lindsey Mullis. Twelve SCL provider agencies will participate in a statewide rollout of the 12 week curriculum, starting in February, 2015. Additionally, a statewide wellness committee is being developed, with assistance from the HB144 Committee on Health. Resources developed by the initiative are available at www.wellness4ky.org

Recommendation 3 – Medications

The SCL waiver was revised and approved to: 1) implement a Health Risk Screening Tool and the Kentucky Board of Nursing approved Medication Administration training curriculum, 2) identify an exceptional rate protocol based upon severity of need, 3) redefine Behavior Supports as clinical consultation to include nursing, psychology and other appropriate professional supports with significant rate adjustments (thus encouraging the use of behavioral supports whenever possible), 4) add a new service: Person Centered Coach to increase one's life connections, and 5) implement the Supports Intensity Scale, Conflict-Free Case Management and Community Guide (Community Guide is for those who consumer direct their supports).

Recommendation 4 – Loneliness

The SCL waiver was revised and approved to: 1) increase supported employment rates by nearly 100%, 2) decrease the day activity services rate by 11% (this was anticipated to get people out of day activity centers and provide employment opportunities in the community), and 3) create a new service: community access. These rates and services are intended to better support Kentuckians with disabilities to work and enjoy community life with community members, and concurrently decreasing rates for those services that isolate people.

2016 RECOMMENDATIONS AND PROGRESS

Following a review of the 2014/15 data, the QIC decided to move away from making quantitative recommendations and move toward making policy and practice related recommendations. The result is a group of recommendations in four focus areas: employment; health and wellness; relationships and community inclusion; and psychotropic medication usage. The committee also suggested resources to assist individuals and organizations who attempt to implement the recommendations. The recommendations and progress made toward each are discussed below.

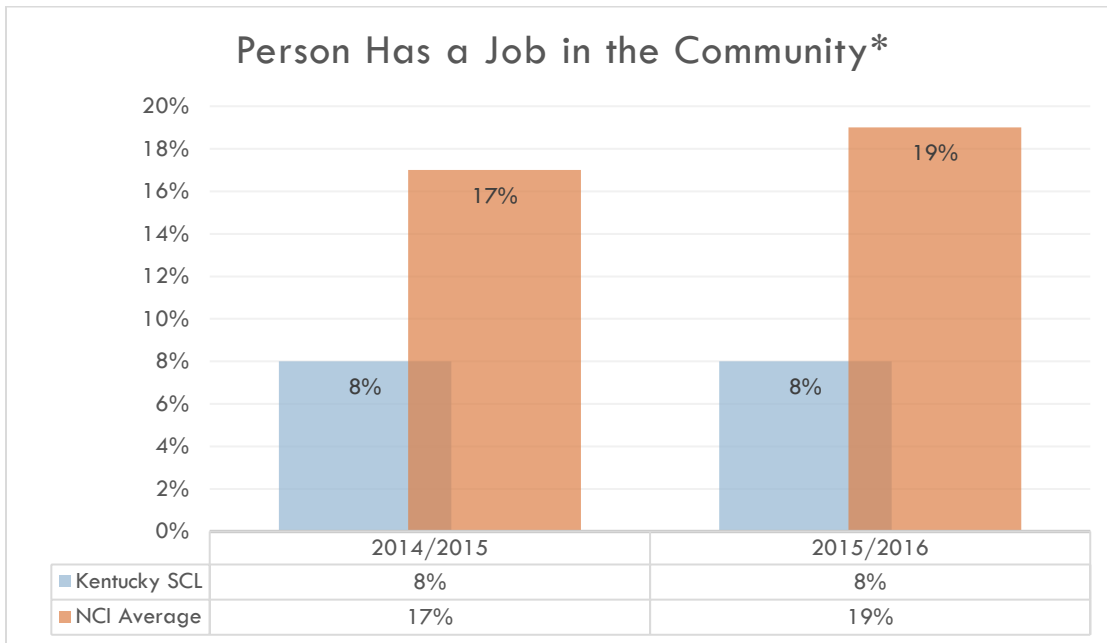
Full reports can be found at www.kentuckycq.org. These reports include the full NCI Adult Consumer Survey Report, the Kentucky Adult Consumer Survey Report, the Kentucky User-Friendly Report, and the NCI and Kentucky Family Survey reports. Additional information about the NCI surveys can be found at www.nationalcoreindicators.org.

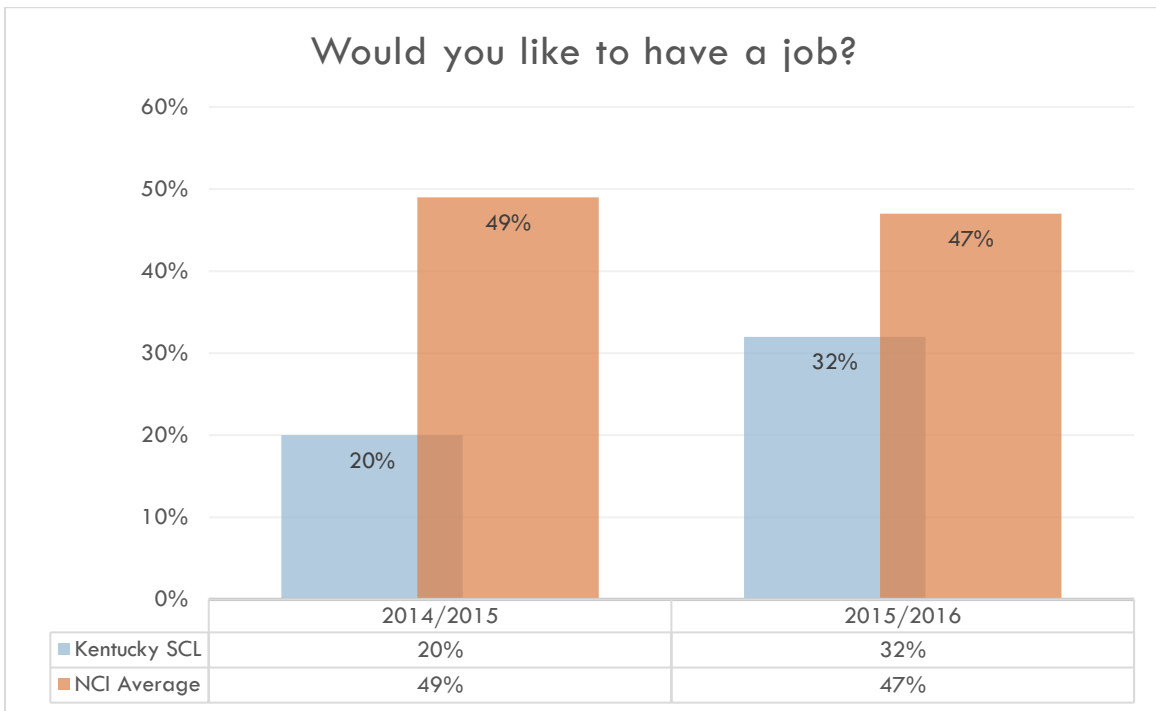
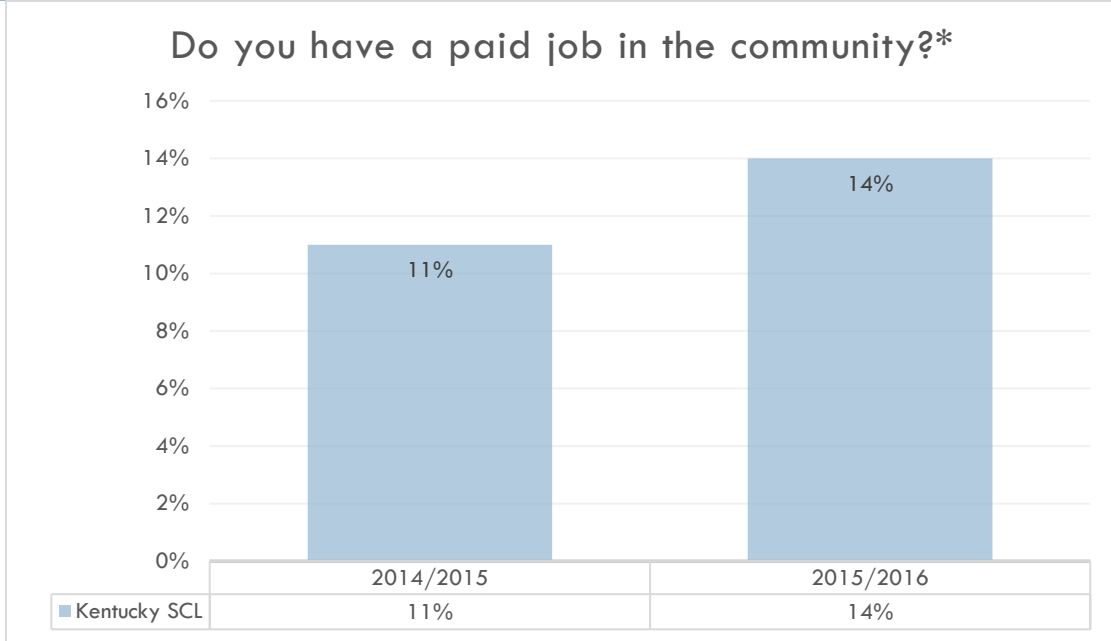
EMPLOYMENT

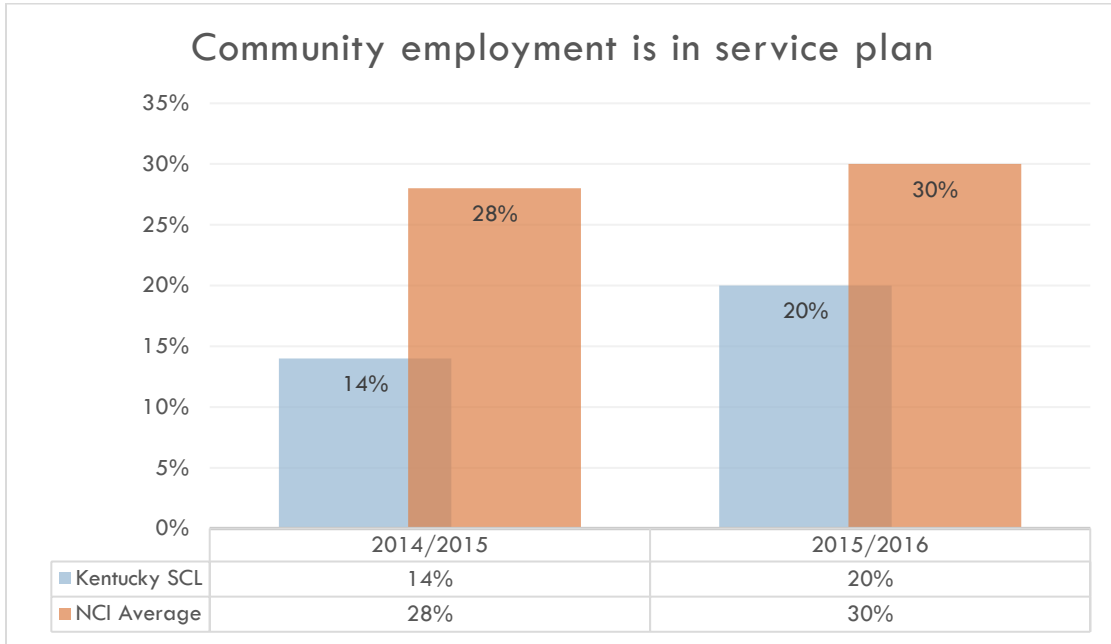
Recommendation	Progress
1. Enforce regulation related to the annual information session explaining employment, the process of supported employment and what it would mean to think about going to work and looking for a job. Provide additional materials to agencies in order to ensure that people are making fully informed decisions regarding employment.	Providers have received information regarding facilitating employment discussions.
2. Restructure Supported Employment Medicaid waiver rates to offer effective outcome based payments, which incentivize best practice in service delivery rather than strict fee-for-service reimbursement. Have all Medicaid waiver payment rates follow this same plan for supported employment. Milestone payments should be applicable to Long-Term supports (Supported Employment) only. All services preceding Long-Term Supports (Customized Employment) should be reimbursed at the current SCL waiver rate.	All Medicare waivers are currently being redesigned.
3. Make Kentucky an Employment-First state. Working definition of Employment First: Competitive integrated	Draft of Employment First Executive Order crafted by the

<p>employment is the first and preferred outcome for all working age citizens with disabilities who receive publically funded services.</p>	<p>Kentucky Works policy committee.</p>
<p>4. Ensure that if a person expresses an interest in employment that such interest is reflected in the Person Centered Service Plan. Reasons for the absence of employment in the Service Plan should be documented as well as perceived barriers to the person pursuing employment.</p>	<p>Percentage of people with community employment in their service plans increased from 14% to 20% during the 2015/16 data cycle.</p>
<p>5. Investigate all forms of transportation and ensure that transportation services provided by Medicaid waivers are being maximized to enable employment.</p>	<p>Direct support professionals are able to become Medicaid transport providers, which would allow them to transport people to work.</p>

Supporting Data:

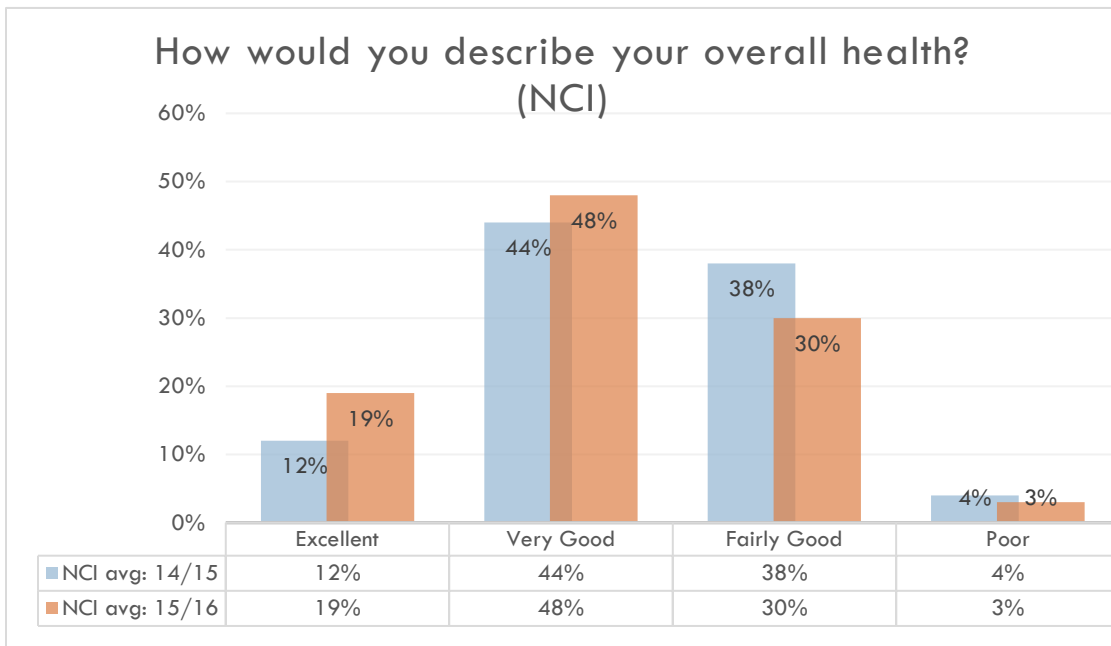
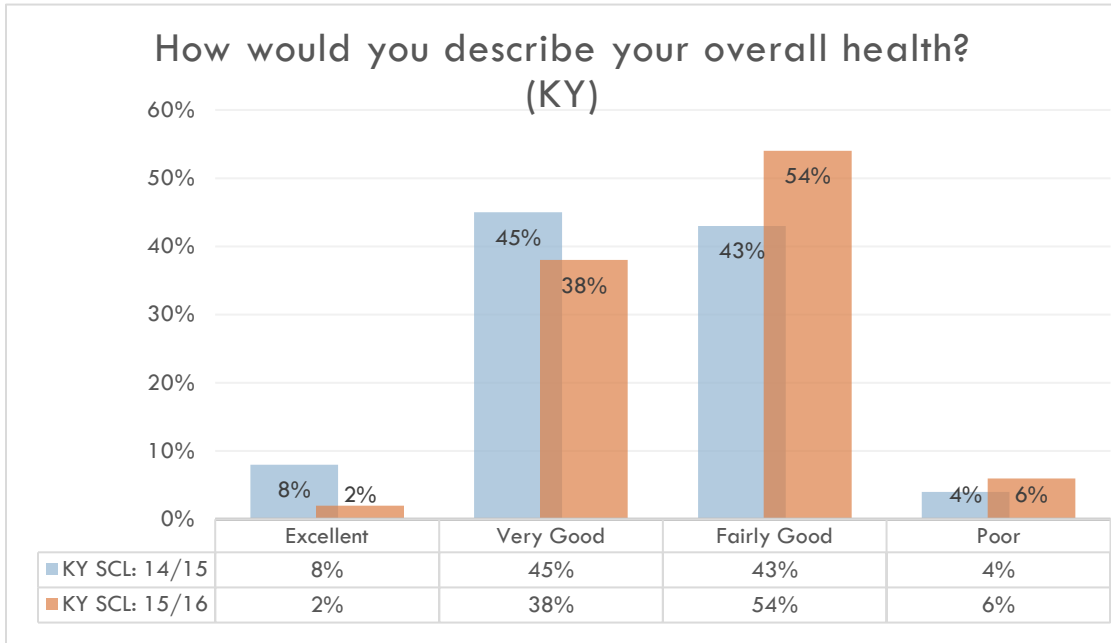


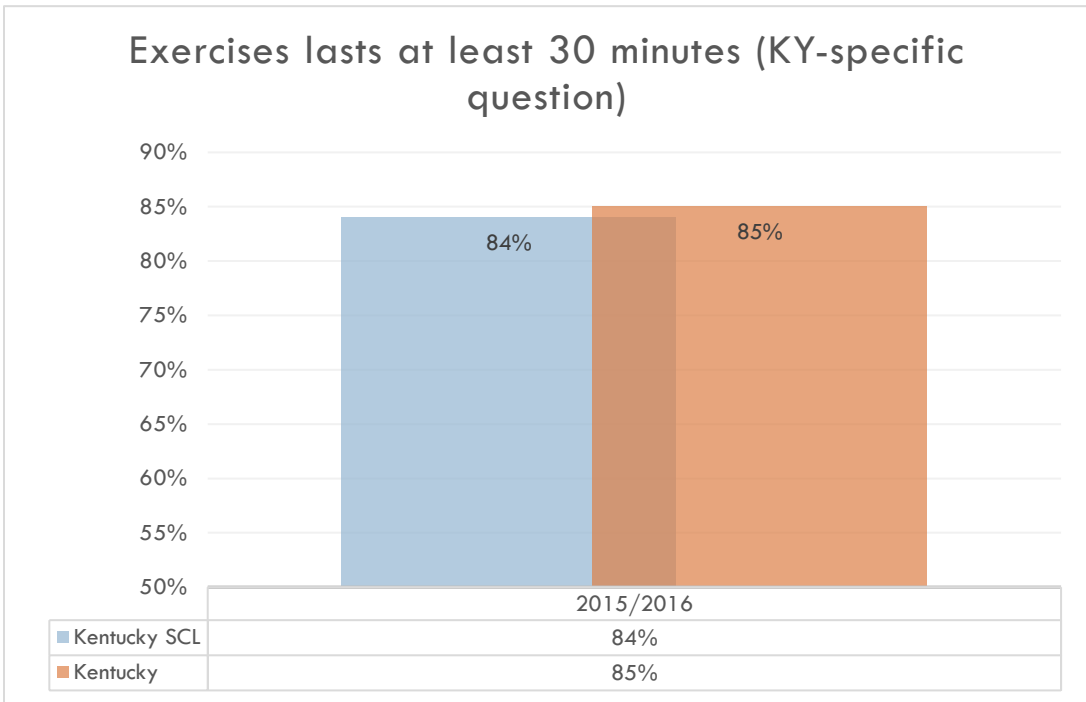
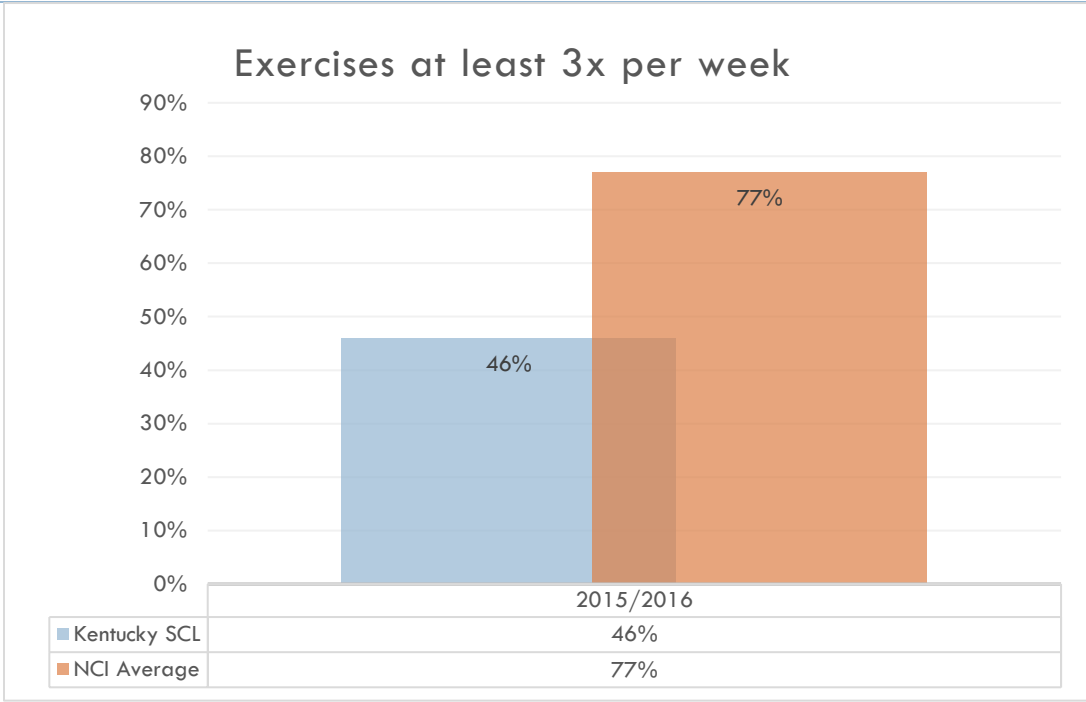




HEALTH & EXERCISE

Recommendations	Progress
<p>1. Increase the number of people who follow the physical activity guidelines for Americans.</p> <p style="padding-left: 20px;">a. Ensure that adults 50 years old and older and those with mobility limitations are included in exercise initiatives. These groups tends to have poorer health and wellness outcomes.</p>	<p>During the 2015/16 data cycle, 32% of those over 50 reported exercising at least three times per week while 51% of those under 50 reported exercising at least three times per week. Additionally, 11% of those over 50 reported being in poor health and 5% of those under 50 reported being in poor health.</p>
<p>2. Committee will recommend to HSRI that the ACS revise the questions regarding exercise to reflect the physical activity guidelines for Americans.</p>	<p>Questions regarding exercise in the 2017/18 In-Person Survey do more closely reflect guidelines for Americans.</p>
<p>3. Recommend new NCI questions regarding access to exercise.</p>	<p>No question regarding access to exercise has been added to-date.</p>

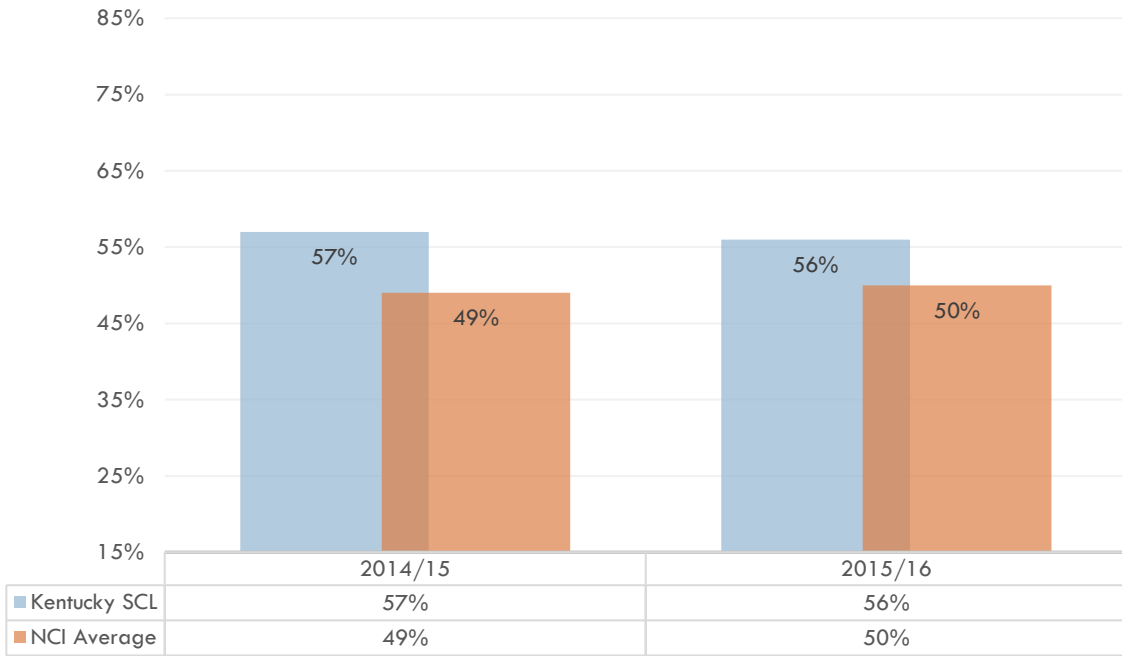




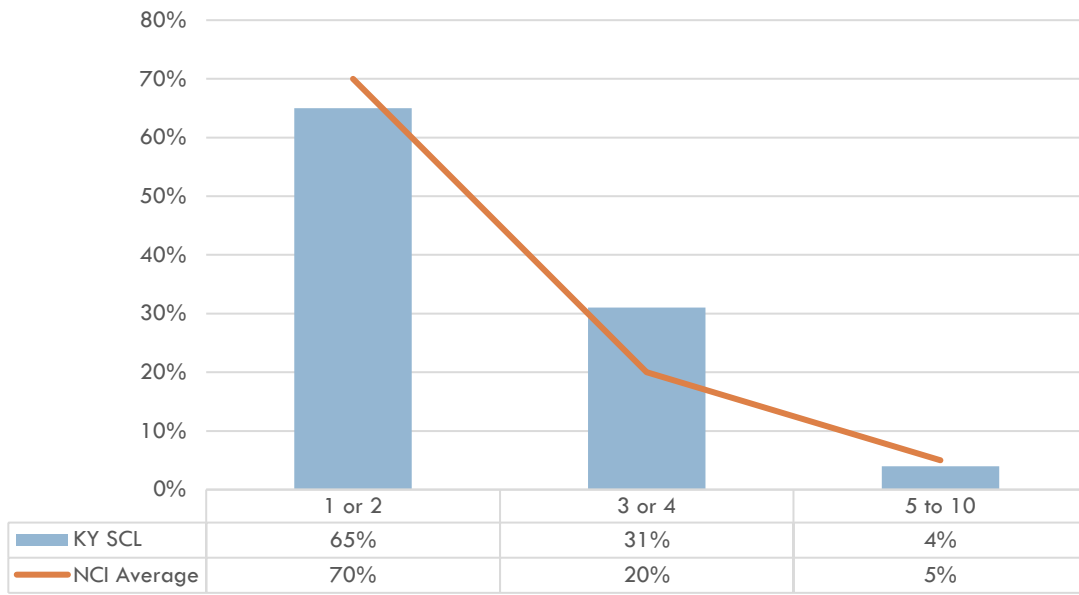
MEDICATIONS

Recommendations	Progress
1. Conduct a review of state Health Risk Screening Tool medication use data.	HRST administrators have been contacted about creating a report with this data.
2. Compare HRST data to NCI results.	Comparison will be made when report from HRST is received.
3. Provide a report synthesizing the two data sources.	To be completed after data comparison.
4. Make additional recommendations based on findings including: <ul style="list-style-type: none"> a. How to reduce polypharmacy; b. How specialty clinics can aid in the reduction of psychotropic medication use. 	Will be made after review of reports.

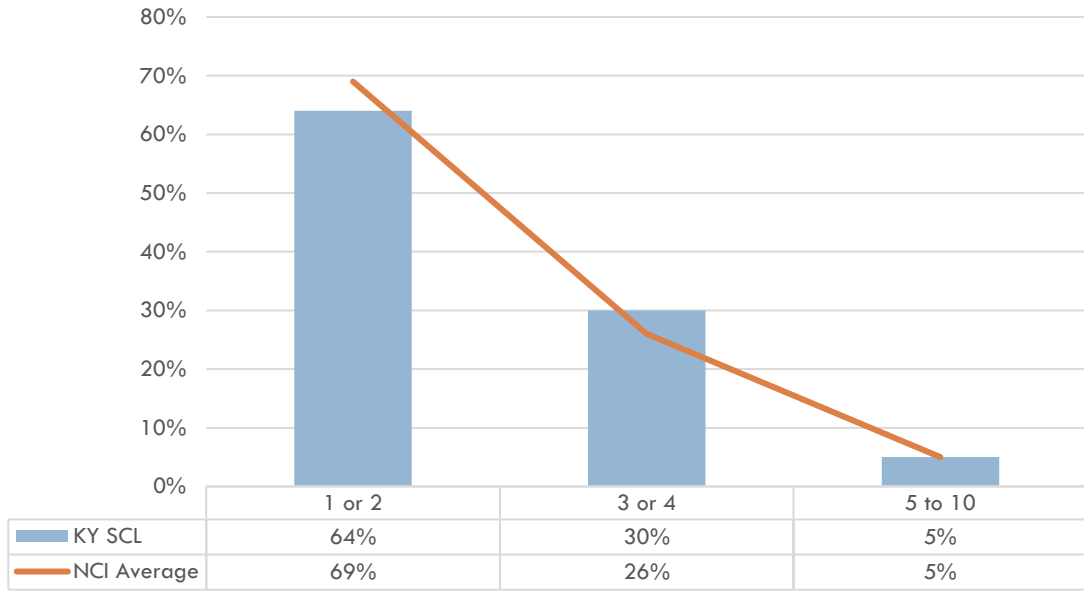
Medication- Mood, Anxiety, and/or Psychotic Disorders



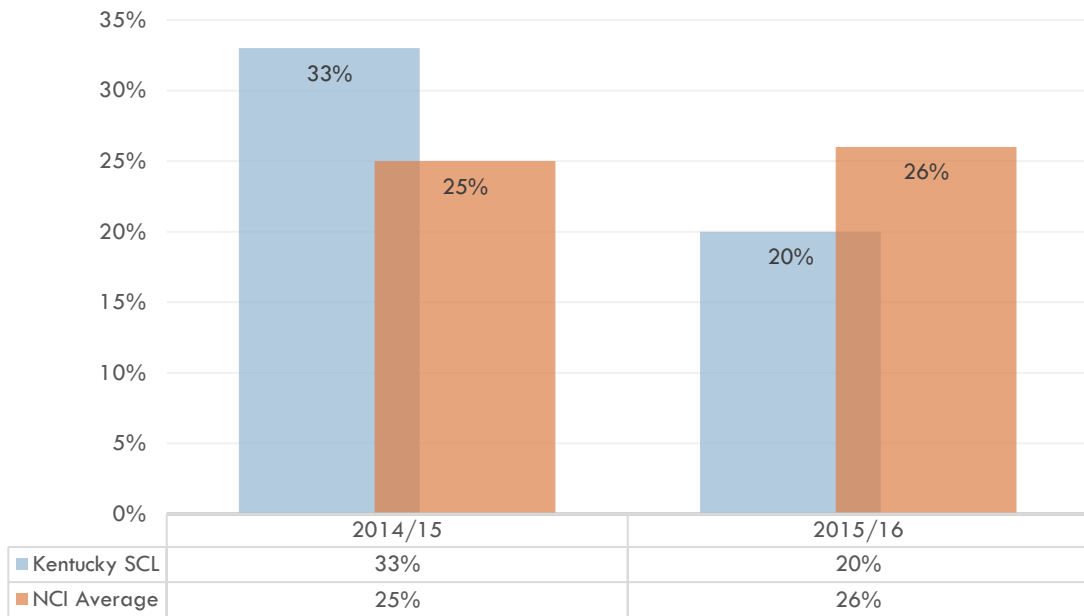
Mood Disorders, Anxiety, Psychotic Disorders- 2014/15



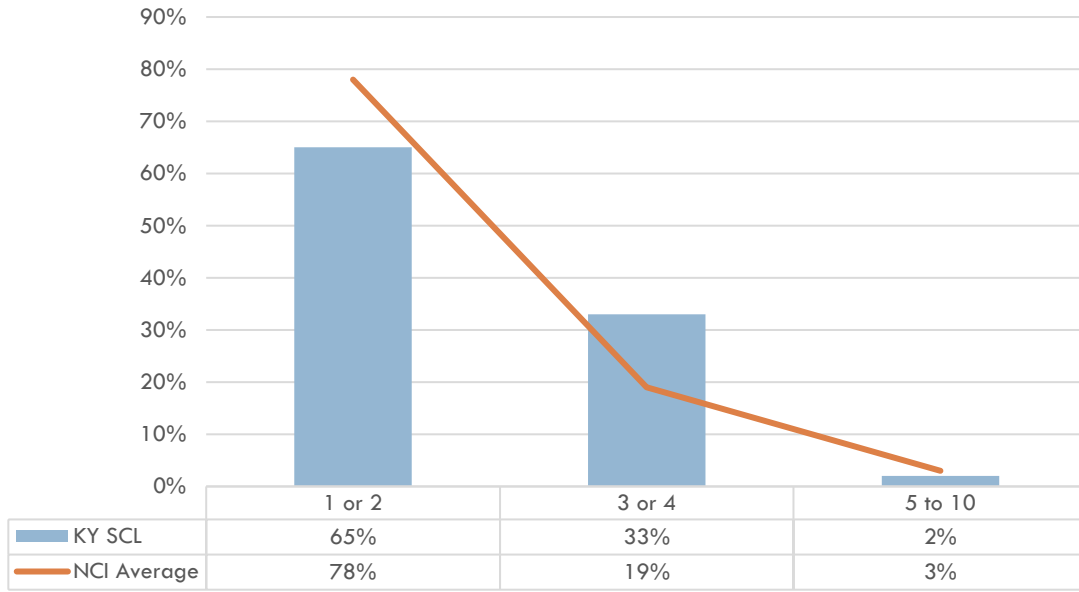
Mood Disorders, Anxiety, Psychotic Disorders- 2015/16



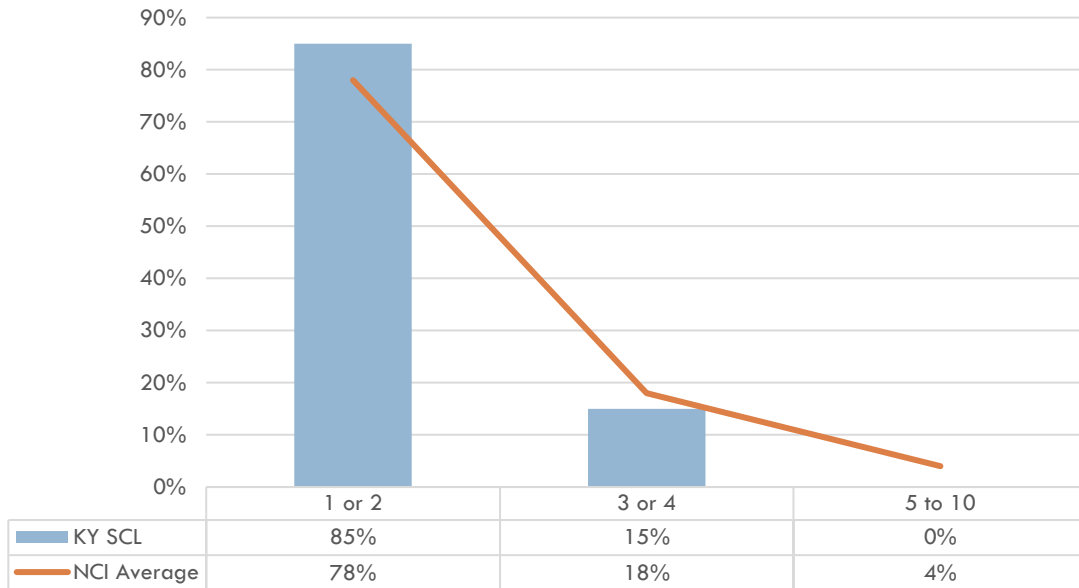
Medication- Behavior Challenges



Behavior Challenges- 2014/15



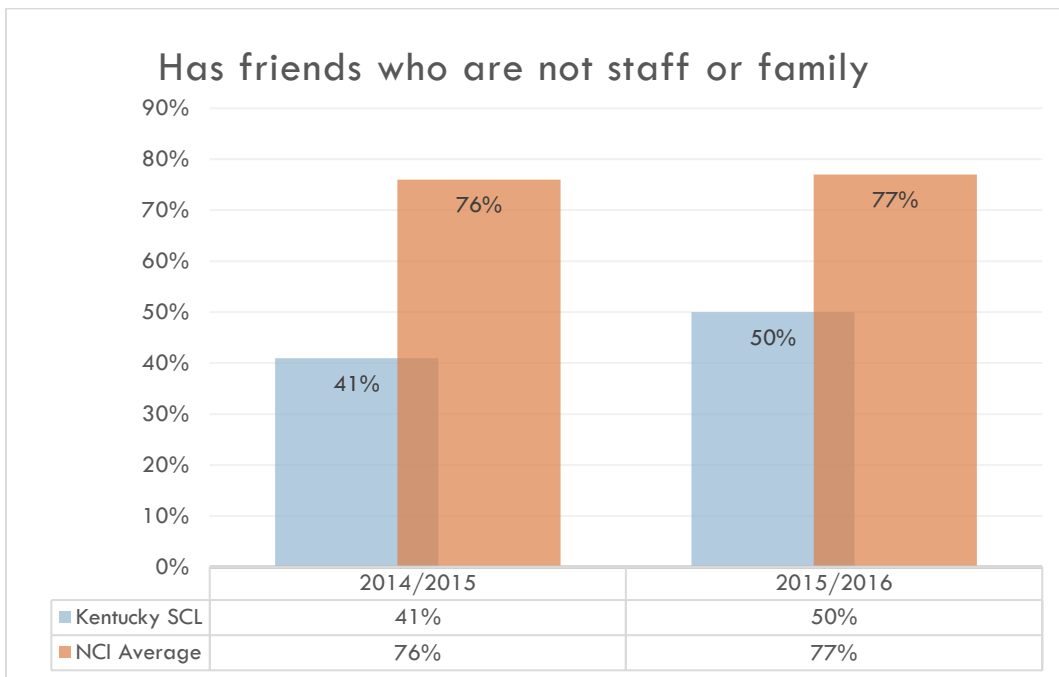
Behavior Challenges- 2015/16

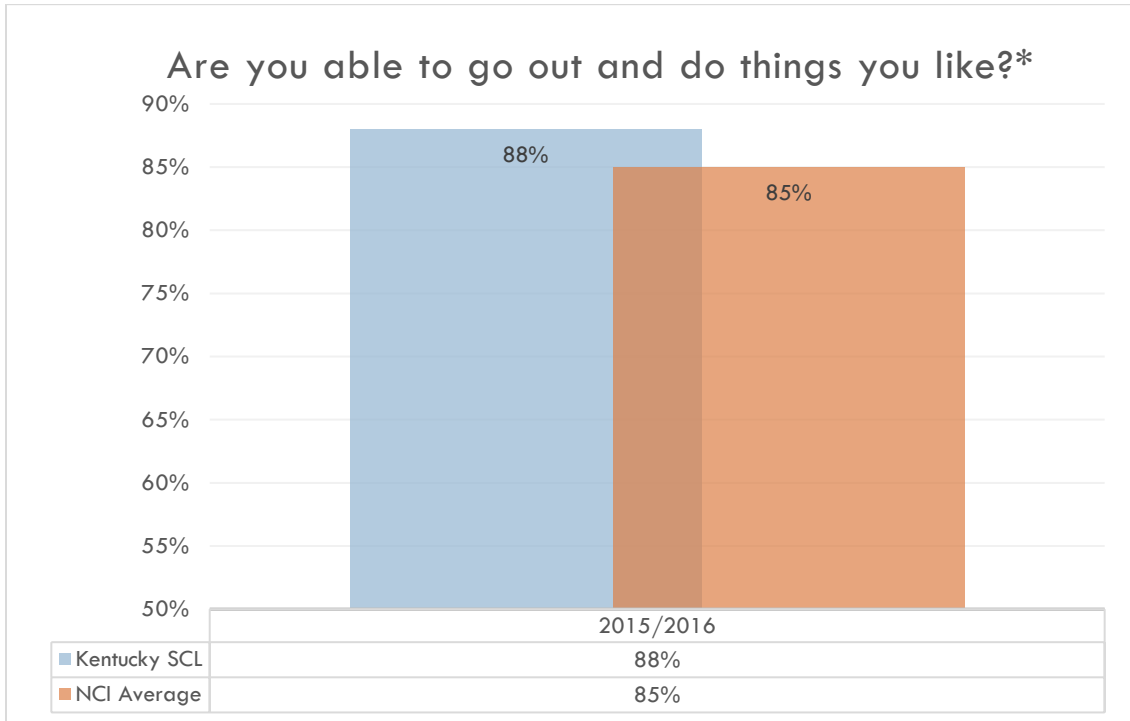
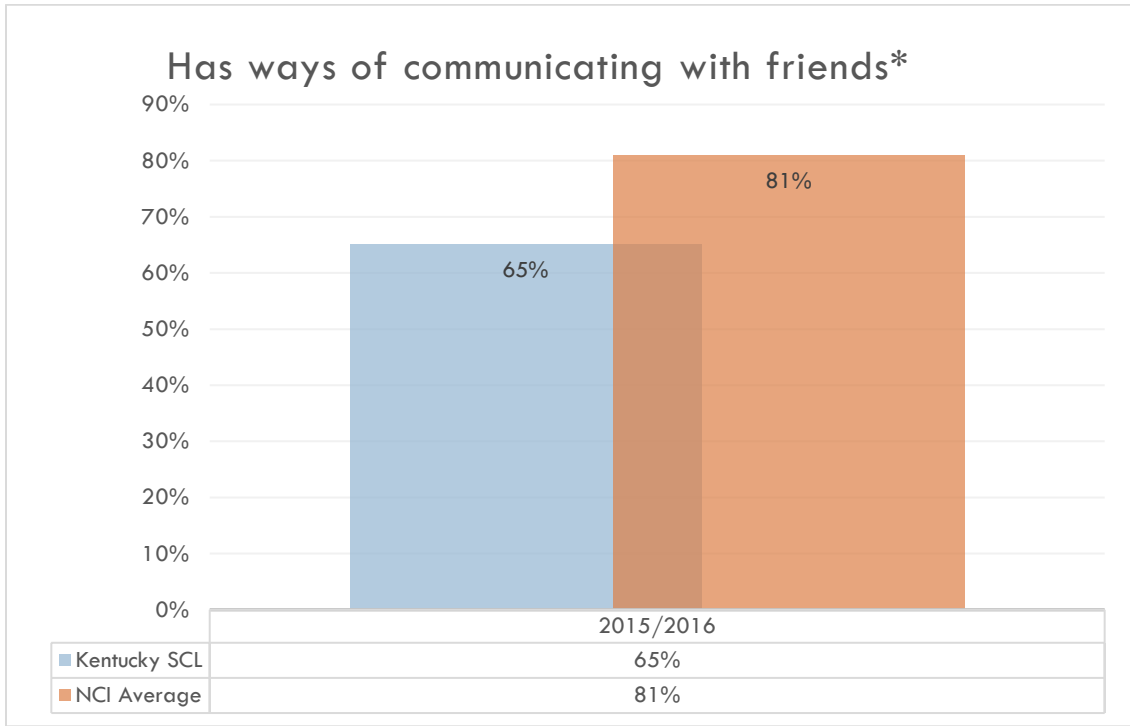


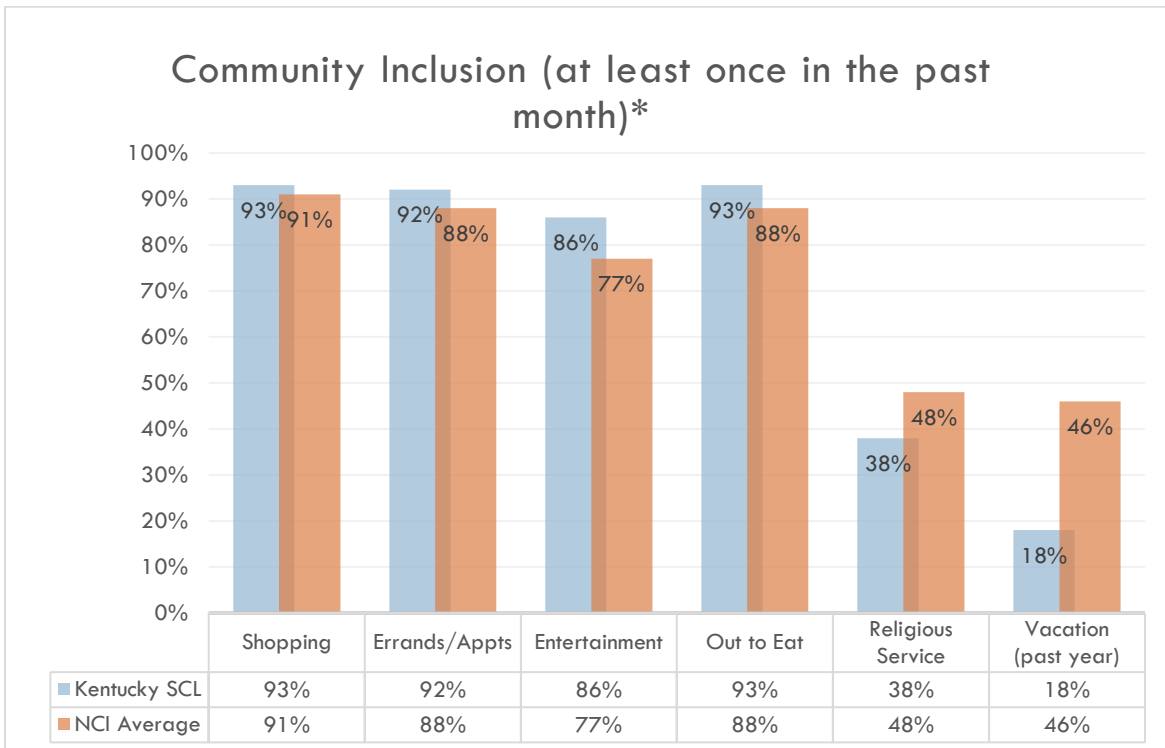
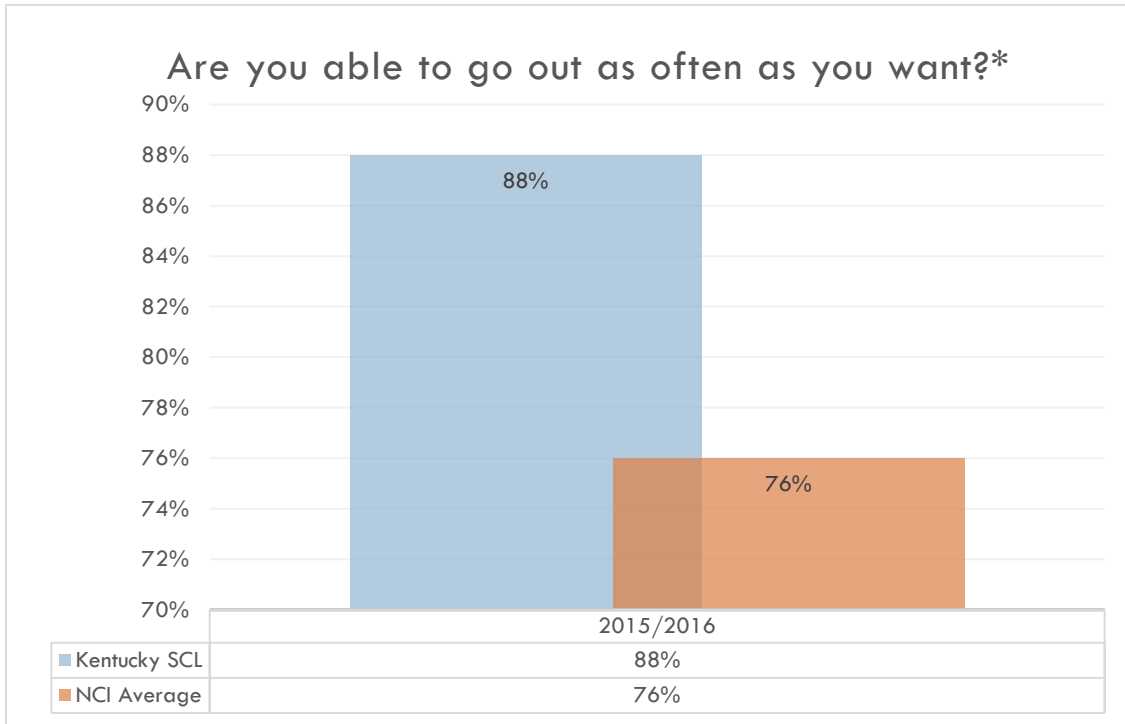
RELATIONSHIPS

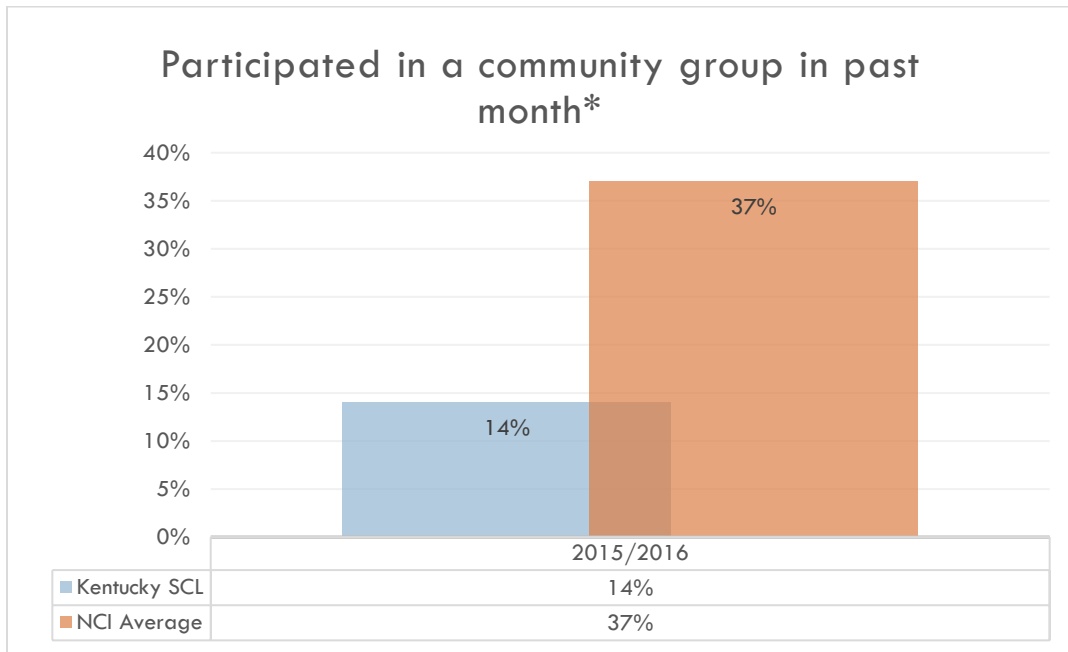
Recommendations	Progress
1. Increase the frequency of people surveyed who report having friends who are not staff or family.	The percentage of people who reported having friends who are not staff or family members increased from 41% to 50% during the 2015/16 data cycle.
2. Increase overall community inclusion.	
3. Increase involvement in community groups.	Data for participation in community events is not available prior to the 2015/16 data cycle.
4. Include Community Access as a service to adults in all of the waivers and include exploration of interests.	Waiver redesign is currently in progress.
5. Discuss option of including an exploration component to the Community Access service, similar to job exploration in supported employment.	No exploration component currently exists in Community Access.

Related Data:









2017 QUALITY IMPROVEMENT COMMITTEE RECOMMENDATIONS

The QIC made only minor revisions to the 2016 recommendations. The four focus areas: employment; health and wellness; relationships and community inclusion; and psychotropic medication usage- remain the same. The committee has also suggested resources to assist individuals and organizations who attempt to implement the recommendations. This report details each recommendation and resource as well as items from the Adult Consumer Survey that will be used to measure changes in each of the areas.

Employment

The committee made six recommendations in the area of employment. The recommendations are designed to not only increase the number of people who are engaged in paid community employment, but also improve the quality of the work being performed. It is the belief of the committee members that the current structure for supported employment in Kentucky does not promote agreed upon best practices. This belief is supported by research. It has been shown that supported employment is especially beneficial for transition-aged youth with intellectual or developmental disabilities (Wehman, Chan, Ditchman, & Kang, 2014). Supported employment provides longer-term positive employment outcomes than other types of employment services (Hoffmann, Jackel, Glauser, Mueser, & Kupper, 2014). Additionally, the number of states that now have formal employment first policies or legislation is growing significantly each year (Nord & Hoff, 2014).

Recommendations:

1. Enforce regulation related to the annual information session explaining employment, the process of supported employment and what it would mean to think about going to work and looking for a job. Provide additional materials to agencies in order to ensure that people are making fully informed decisions regarding employment.
2. Restructure Supported Employment Medicaid waiver rates to offer effective outcome based payments, which incentivize best practice in service delivery rather than strict fee-for-service reimbursement. Have all Medicaid waiver payment rates follow this same plan for supported employment. Milestone payments should be applicable to Long-Term supports (Supported Employment) only. All services preceding Long-Term Supports (Customized Employment) should be reimbursed at the current SCL waiver rate.
3. Make Kentucky an Employment-First state. Encourage House Bill 144 Commission and Work Matters Task Force to forward draft Executive Order to the governor.
4. Ensure that if a person expresses an interest in employment that such interest is reflected in the Person Centered Service Plan. Reasons for the absence of employment in the Service Plan should be documented as well as perceived barriers to the person pursuing employment.
5. Disseminate information to providers and individuals regarding options available for transportation of people to and from work.
6. Recommend a new question on NCI regarding access and barriers to employment

Resources for implementation:

- Customized Employment in Kentucky video- www.youtube.com/watch?v=UIkaHkQKukQ
- Kentucky Works project- www.kentuckyworks.org
- Ruderman Foundation paper regarding restructuring of waiver rates- www.rudermanfoundation.org/wp-content/uploads/2015/02/CPSD-Can-Supported-Employment-Flourish-in-a-Medicaid-Fee-for-Service-System.pdf
- APSE web resources regarding Employment First- apse.org/employment-first/
- Ohio web resources regarding Employment First- www.ohioemploymentfirst.org/
- Oklahoma payment structure-http://www.ohioemploymentfirst.org/up_doc/CWO_Oklahoma_4-1-14.pdf
- Creating a Culture of Coordinated Support video- www.mychoiceky.org

ACS questions used to measure outcomes:

- BI-45- Paid individual job in a community-based setting.
- 7- Do you have a paid job in the community?
- 8- Would you like to have a job in the community?
- BI-50- Is community employment a goal in this person's service plan?

Health & Wellness

Exercise is the current focus of the health and wellness recommendations made by the committee. The QIC recognizes that there are many factors that contribute to a person’s overall health and wellness, and decided to focus on the measurable item of exercise. Research has demonstrated that for people with developmental and intellectual disabilities, physical exercise can improve overall quality of life (Vogt, Schneider, Abeln, Anneken, & Studer, 2012).

Recommendations:

1. Increase the number of people who follow the physical activity guidelines for Americans.
 - a. Ensure that adults 50 years old and older and those with mobility limitations are included in exercise initiatives. These groups tends to have poorer health and wellness outcomes.
2. Recommend to HSRI that the response options for overall health question (#77) be changed to- ‘Excellent, Very Good, Good, Fair, Poor’.
3. Increase collaboration with public health centers in order to leverage existing local health and wellness programs.

Resources for implementation:

- Physical Activity Guidelines for Americans health.gov/paguidelines/guidelines/
- 2008 Physical Activity Guidelines for Americans
www.cdc.gov/physicalactivity/downloads/pa_fact_sheet_adults.pdf
- Connect providers with local resources (e.g.; Extension offices, Parks and Recreation, county health departments) that are providing health and wellness programs.
- UK Co-ops that are providing health and wellness programs.
- HDI Health & Wellness projects:
 - Health Matters
 - Health Partners
 - Project CHEER

ACS questions used to measure outcomes:

- 77- Overall, how would you describe your health?
- 78- Do you exercise or do physical activity?
- 78a- Does the physical activity last at least 30 minutes?

Relationships and Community Inclusion

The overall goals of the recommendations around relationships and community inclusion are to increase the quality and frequency of people’s interactions with the community in which they live as well their interactions with other people within that community and beyond. Themes contributing to having a “good life” have been described as: relationships, community participation, independence, and hopefulness (Scott,

Foley, Bourke, Leonard, & Girdler, 2014). All of these themes could be addressed by the committee's recommendations.

Recommendations:

1. Increase the frequency of people surveyed who report having friends who are not staff or family to 65%.
2. Increase overall community inclusion.
3. Increase involvement in community groups.
4. Include Community Access as a service to adults in all of the waivers and include exploration of interests.
5. Discuss option of including an exploration component to the Community Access service, similar to job exploration in supported employment.

Resources for implementation:

- Utilize Community Access services.
- Investigate all forms of transportation and ensure that transportation services provided by Medicaid waivers are being maximized.
- Supported Decision-Making- supporteddecisionmaking.org & mychoiceky.org
- Webinar for providers regarding how to look at NCI data.
- Request that HB 144 sub-committee engage providers in discussion of ways to increase community inclusion.
- Share strategies of agencies that have used CA successfully.
- National Community of Practice on Supporting Families- supportstofamilies.org
- HDI Community of Sharing project findings and recommendations.
- Community Access training

ACS questions used to measure outcomes:

- 17- Do you have friends you like to talk to or do things with?
- 22- Do you have other ways of talking, chatting or communicating with your friends when you cannot see them?
- 26- Are you able to go out and do the things you like to do?
- 27- Do you get to do the things you like to do as much as you want to?
- 48- How many times did you go shopping in the past month?
- 50- How many times did you go out on errands or appointments in the past month?
- 52- Do you participate as a member of community groups in your community?
- 54- How many times did you go out for entertainment in the past month?
- 56- How many times did you go to a restaurant or coffee shop in the past month?
- 58- How many times did you go out to a religious service or spiritual practice in the past month?

Psychotropic Medication Use

Despite ongoing recommendations to decrease psychotropic medication use, no progress has been made in this area. Therefore, it is prudent to find other ways to further examine this issue. Therefore the committee recommends convening a workgroup to:

1. Conduct a review of state Health Risk Screening Tool medication use data
2. Compare HRST data to NCI results
3. Provide a report synthesizing the two data sources.
4. Make additional recommendations based on findings including
 - c. How to reduce polypharmacy.
 - d. How specialty clinics can aid in the reduction of psychotropic medication use

Resources:

- Dr. Allen Brenzel
- Department nurses and pharmacists
- HRST vendor (via request to DDID)
- Medicaid diagnostic data, if available

ACS questions used to measure outcomes:

- BI-30- Does this person currently take medications to treat mood disorders, anxiety, and/or psychotic disorders?
- BI- 31- If yes, how many medications to treat mood disorders, anxiety, and/or psychotic disorders does this person take?
- BI-32- Does this person currently take medications for behavioral challenges?
- BI-33- If yes, how many medications to treat behavioral challenges does this person take?

NEXT STEPS

The Quality Improvement Committee will work throughout the upcoming year to distribute the recommendations report to all interested parties. A separate report for each recommendation area will be created for easier dissemination to specialized groups or organizations. Each ACS item listed will be reviewed when the data for the 2016/17 cycle is released; however, any shift in outcomes due to policy or practice changes made as a result of these recommendations will be reflected in the 2017/18 data cycle, at the earliest.

REFERENCES

- Hoffmann, H., Jackel, D., Glauser, S., Mueser, K., & Kupper, Z. (2014). Long-term effectiveness of supported employment: 5-year follow-up of a randomized controlled trial. *American Journal of Psychiatry*, *171*(11), 1183-1190.
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- Wehman, P., Chan, F., Ditchman, N., & Kang, H. (2014). Effect of supported employment on vocational rehabilitation outcomes of transition-age youth with intellectual and developmental disabilities: A case control study. *Intellectual and Developmental Disabilities*, *52*(4), 296-310. doi: 10.1352/1934-9556-52.4.296

DATA SOURCES

1. National Core Indicators Adult Consumer Survey Data (2008-2009)
2. National Core Indicators Adult Consumer Survey Data (2009-2010)
3. National Core Indicators Adult Consumer Survey Data (2010-2011)
4. National Core Indicators Adult Consumer Survey Data (2011-2012)
5. National Core Indicators Adult Consumer Survey Data(2012-2013)
6. National Core Indicators Adult Consumer Survey Data (2013-2014)
7. National Core Indicators Adult Consumer Survey Data (2014-2015)
8. National Core Indicators Adult Consumer Survey Data (2015-2016)

2016 NCI QUALITY IMPROVEMENT COMMITTEE MEMBERS

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