



2018

KENTUCKY NATIONAL CORE INDICATORS
RECOMMENDATIONS REPORT

Submitted by the NCI Quality Improvement Committee

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KENTUCKY NATIONAL CORE INDICATORS RECOMMENDATIONS REPORT

BACKGROUND

In an effort to better understand life outcomes and improve the quality of services for people with intellectual and other developmental disabilities (I/DD) in Kentucky, the National Core Indicators Quality Improvement Committee (QIC) reviews multiple sets of data each year. A list of data sources is included at the end of this report. The Kentucky QIC was convened in 2010 at the request of the DDID. The committee was established to review and make recommendations regarding the quality assurance and improvement elements and activities within Kentucky's waivers. The QIC's broad-based group meets at least annually and produces key recommendations to assist the Division of Developmental and Intellectual Disabilities (DDID) in addressing a variety of issues related to quality. The Kentucky National Core Indicators (NCI) data being reviewed for this report represent only people on two Kentucky Medicaid waivers, 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. Committee recommendations are shared with the DDID and Kentucky HB144, and used for quality improvement initiatives in all programming and service delivery for people with I/DD.

2018 QUALITY IMPROVEMENT COMMITTEE RECOMMENDATIONS

The committee made recommendations in four main areas: employment; health and wellness; relationships and community inclusion; and psychotropic medication usage. The committee also suggested resources to assist individuals and organizations who want to implement the recommendations. This report details each of the four recommendation areas and resources as well as items from the In Person Survey (IPS)-formerly the Adult Consumer Survey (ACS)- that are used to measure changes in each of the areas. The data that were used to inform the committee's recommendations can be found in Appendix A.



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 options that are available. It is the belief of the committee members that the current service structure in Kentucky does not promote best practices in supported employment. Research shows 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), and now includes Kentucky.

Employment Recommendations:

1. Revise SCL waiver regulation to give case managers oversight related to the annual information session explaining employment, the process of supported employment, and what it would mean to think about looking for a job and going to work. Collaborate with Kentucky's statewide systems change grant, KentuckyWorks, to provide additional resources, including information on state vocational rehabilitation services, to case management and other provider agencies to ensure that people are making fully informed decisions about employment.
2. In an effort to encourage quality employment services, we recommend that agencies would receive a new milestone payment based upon quality indicators. These would encourage agencies to assist clients to become independent on the job. In addition, all services to provide Person Centered Job Selection, Job Development, Acquisition & Stabilization would be reimbursed at the current SCL rate. Other Long Term Supports would be reimbursed at the current MPW rate.
3. Ensure that all state regulations and Medicaid waiver agency policies comply with Employment First philosophy and Governor's Executive Order 2018-328 of May 15, 2018. Policies will be outlined by the Kentucky Employment First Council.
4. Encourage Kentucky agencies serving people with disabilities and all waiver providers to develop innovative ideas and explore options for transportation in employment and within the community.
5. In collaboration with the Human Development Institute (HDI) and KentuckyWorks, the Division of Developmental and Intellectual Disabilities will share information with providers and individuals regarding options available for transportation to and from work as new initiatives are developed.
6. Recommend Human Services Research Institute (HSRI) add a new question on NCI regarding access and barriers to employment.

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- www.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

IPS questions used to measure outcomes:

- BI-43- 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-49- 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).

Health & Wellness Recommendations:

1. Increase the number of people who follow the physical activity guidelines as recommended by the Office of Disease Prevention and Health Promotion (see guidelines link in resources section).
 - Ensure that adults 50 years old and older and those with mobility limitations are included in exercise initiatives. These groups tend 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, Poor, Very Poor.'
3. Increase collaboration of provider agencies with organizations invested in improving community health (e.g., local health departments, Cooperative Extension Service) in order to leverage existing local health and wellness programs.
4. HDI will use 2018 HB144 Health & Wellness provider survey results to assess culture around health and wellness of staff and participants and share results in a variety of formats.

Health & Wellness Resources for implementation:

- Physical Activity Guidelines for Americans Guidelines: <https://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.
- Cooperative Extension offices that are providing health and wellness programs:
<https://extension.ca.uky.edu/>
- HDI Health & Wellness projects: <https://www.wellness4ky.org/>
 - WellnessEdge
 - Health Partners
 - Project CHEER

IPS questions used to measure outcomes:

- 97- Overall, how would you describe your health?
- 98- Do you exercise or do physical activity?
- 98a- Does the physical activity last at least 30 minutes?



Relationships and Community Inclusion

The overall goal of the recommendations around relationships and community inclusion is to increase the quality and frequency of people's interactions within their community. 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.

Relationships and Community Inclusion Recommendations:

1. HDI will develop a one-pager with tips on meeting new people and developing relationships. Distribute one-pager to all provider agencies and request that they share it with the people they serve.
2. Increase overall community inclusion through greater utilization of Community Access.
3. Increase involvement in community groups by ensuring that individuals receiving waiver services receive information and support from their case managers and provider agencies to explore existing organizations, groups, and clubs that relate to their interests.
4. Recommend to the Kentucky Department for Medicaid Services that Community Access be an offered service to adults in all 1915c DD waivers.
5. Discuss including an exploration component to the Community Access service, similar to job exploration in supported employment.
6. Request that HB 144 Committee engage providers in discussion of ways to increase community inclusion.

Relationships and Community Inclusion Resources for implementation:

- Utilize Community Access services offered through the SCL waiver.
- Supported Decision-Making- www.supporteddecisionmaking.org & www.mychoiceky.org
- Webinar for providers regarding how to look at NCI data.
- National Community of Practice on Supporting Families- www.supportstofamilies.org
- HDI Community of Sharing project findings and recommendations.
- Community Access training.

IPS questions used to measure outcomes:

- 19- Do you have friends you like to talk to or do things with?
- 24- Do you have other ways of talking, chatting or communicating with your friends when you cannot see them?
- 28- Are you able to go out and do the things you like to do?
- 29- Do you get to do the things you like to do as much as you want to?
- 59- How many times did you go shopping in the past month?
- 62- How many times did you go out on errands or appointments in the past month?
- 64- Do you participate as a member of community groups in your community?
- 67- How many times did you go out for entertainment in the past month?
- 70- How many times did you go to a restaurant or coffee shop in the past month?
- 73- 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, minimal 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. Continue to work with the Division of Developmental and Intellectual Disabilities to access and evaluate all data sources available including Medicaid data.
2. Make additional recommendations based on findings including
 - a. How to reduce polypharmacy.
 - b. How specialty clinics can aid in the reduction of psychotropic medication use.
 - c. Provision of training to provider agencies and health care providers.
3. Recommend to HSRI that the wording in the behavior medication question be changed to avoid any indication that prescribing psychotropic medication for behavioral challenges is an acceptable practice.

Psychotropic Medication Use Resources:

- DBHDID Medical Director, Dr. Allen Brenzel (Allen.Brenzel@ky.gov)
- DBHDID nurses and pharmacists
- HRST vendor (via request to DDID)
- Medicaid diagnostic data, if available

IPS 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. Additionally, At a Glance resources will be shared around health, employment and relationships/inclusion. Each In-Person Survey (IPS) item listed will be reviewed when the data for the 2016/17 cycle are 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.
- Nord, D. & Hoff, D. (2014). Employment First across the nation: Progress on the policy front. *Policy Research Brief*, *24*(1), Minneapolis, MN: Research & Training Center on Community Living at the University of Minnesota.
- Scott, M., Foley, K., Bourke, J., Leonard, H., & Girdler, S. (2014). "I have a good life": the meaning of well-being from the perspective of young adults with Down syndrome. *Disability and Rehabilitation*, *36*(15), 1290-1298. doi: 10.3109/09638288.2013.854843
- Vogt, T., Schneider, S., Abeln, V., Anneden, V., & Studer, H. (2012). Exercise, mood and cognitive performance in intellectual disability- a neurophysiological approach. *Behavioral Brain Research*, *226*(2), 473-480. doi: 10.1016/j.bbr.2011.10.015
- 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)
9. National Core Indicators Adult Consumer Survey Data (2016-2017)

APPENDIX A

2018 NCI QUALITY IMPROVEMENT COMMITTEE MEMBERS

Malachy Bishop

Laura Butler

Harold Kleinert

Kelly Knoop

Cathy Lerza

Tony LoBianco

Heather McClure

Kathy Sheppard-Jones

Meg Steinman

Arline Wilson

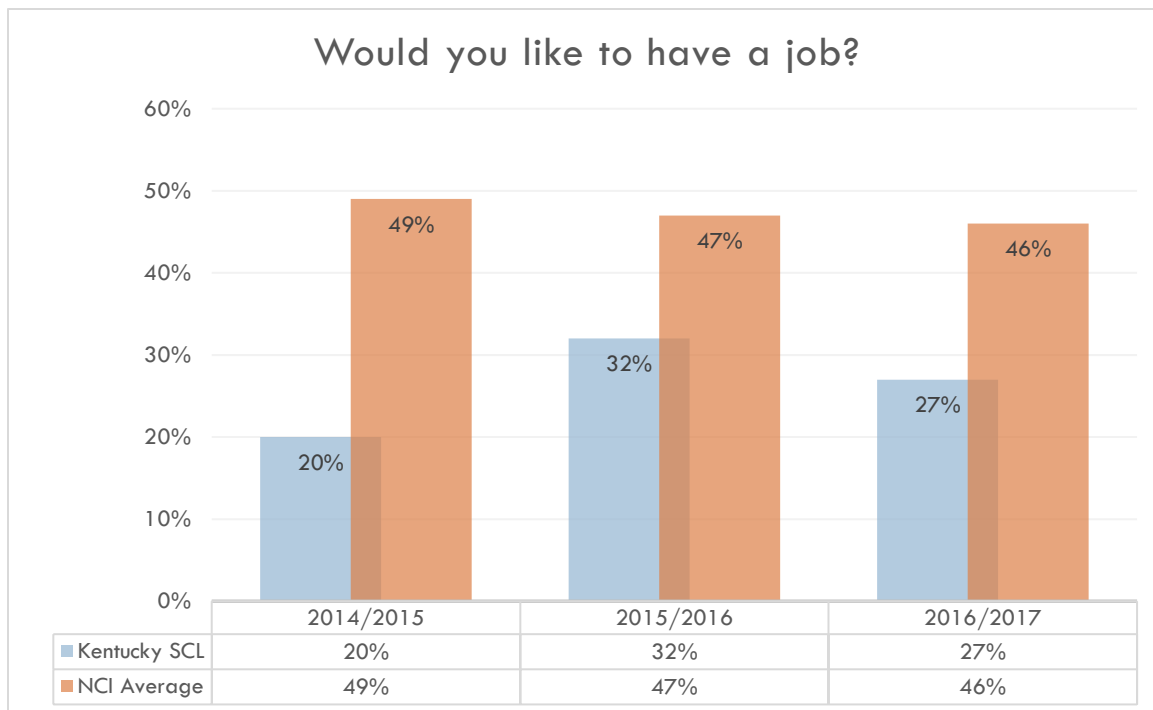
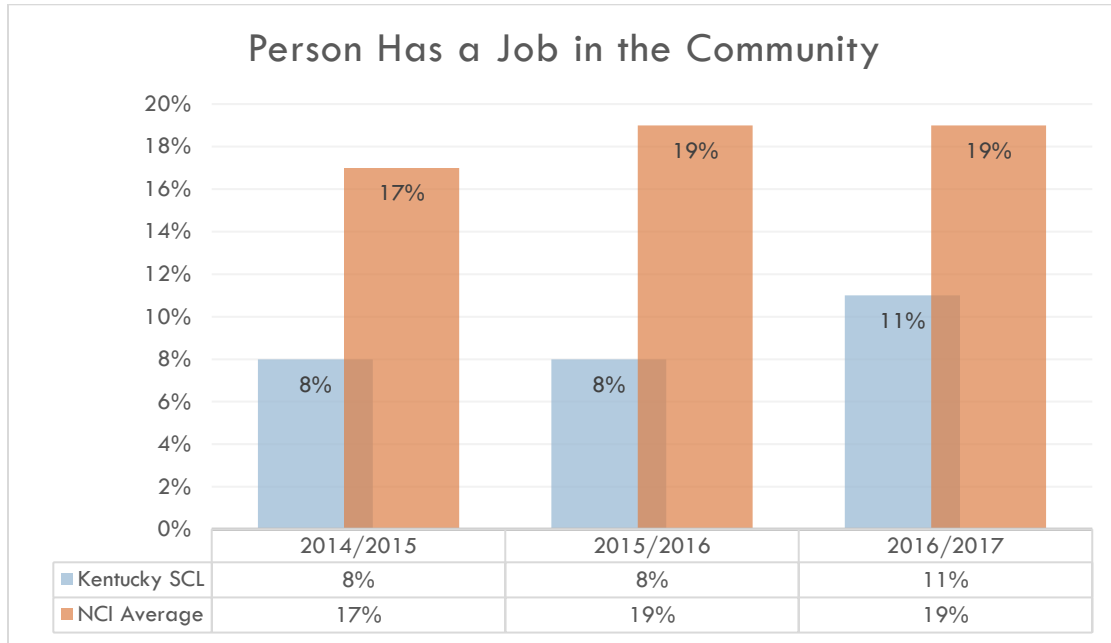
Jeff White

Katie Wolf Whaley

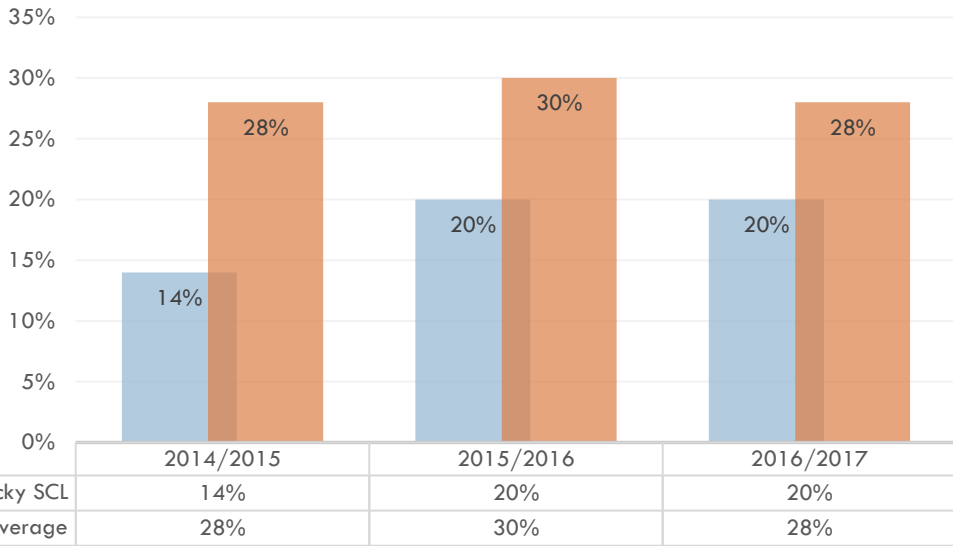
APPENDIX B

RECOMMENDATIONS DATA OVER TIME

Employment Data

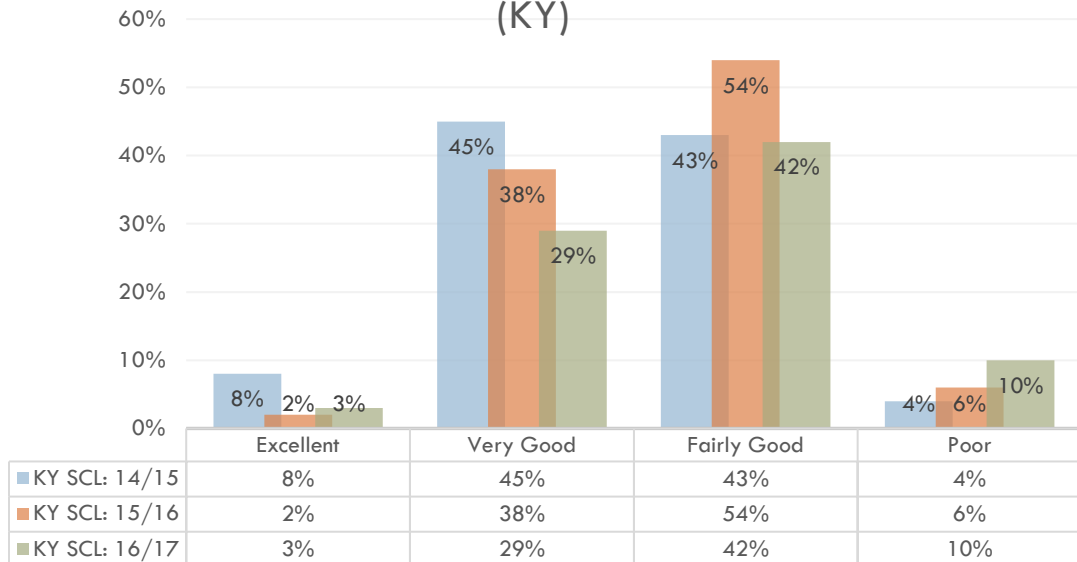


Community employment is in service plan

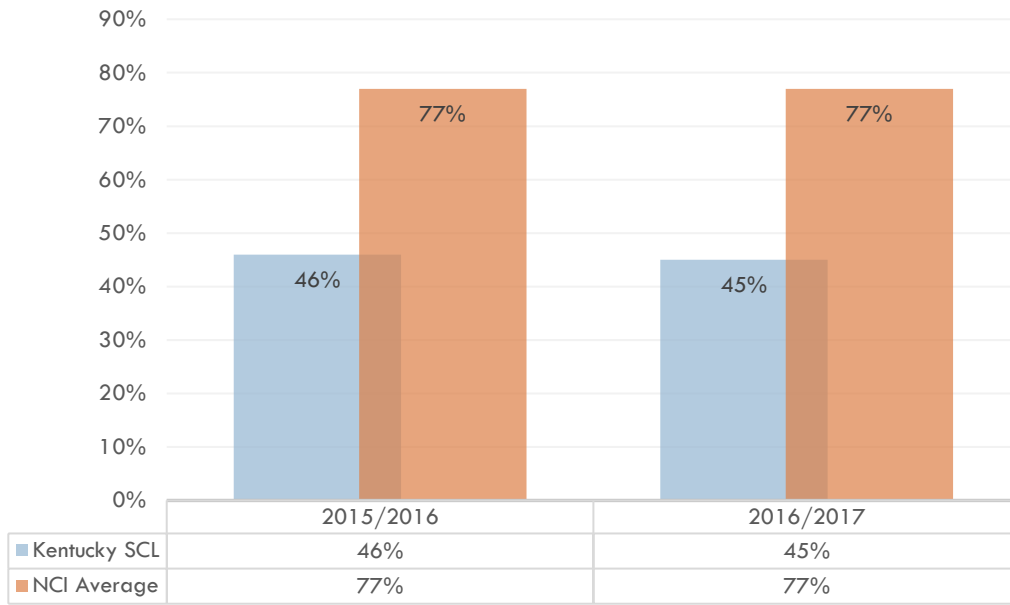


Health & Wellness

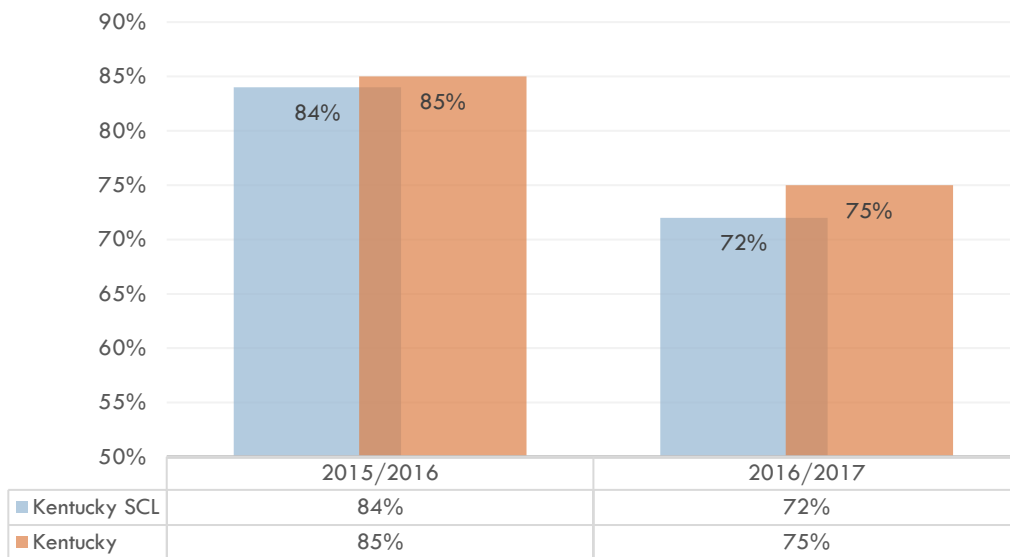
How would you describe your overall health? (KY)



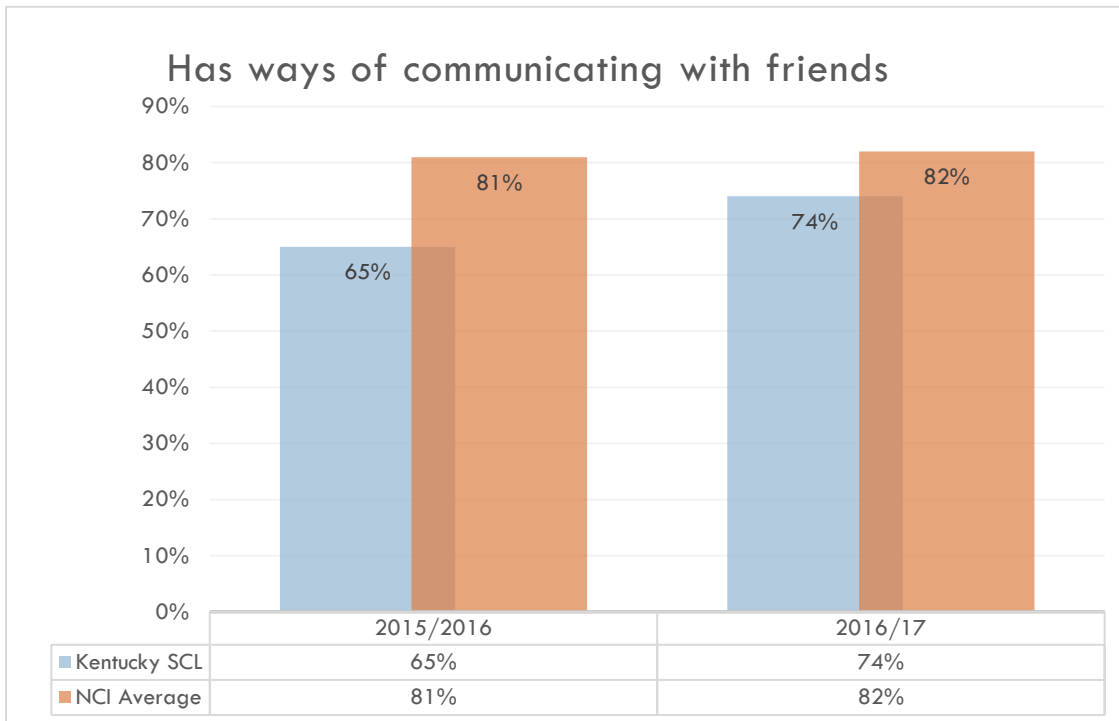
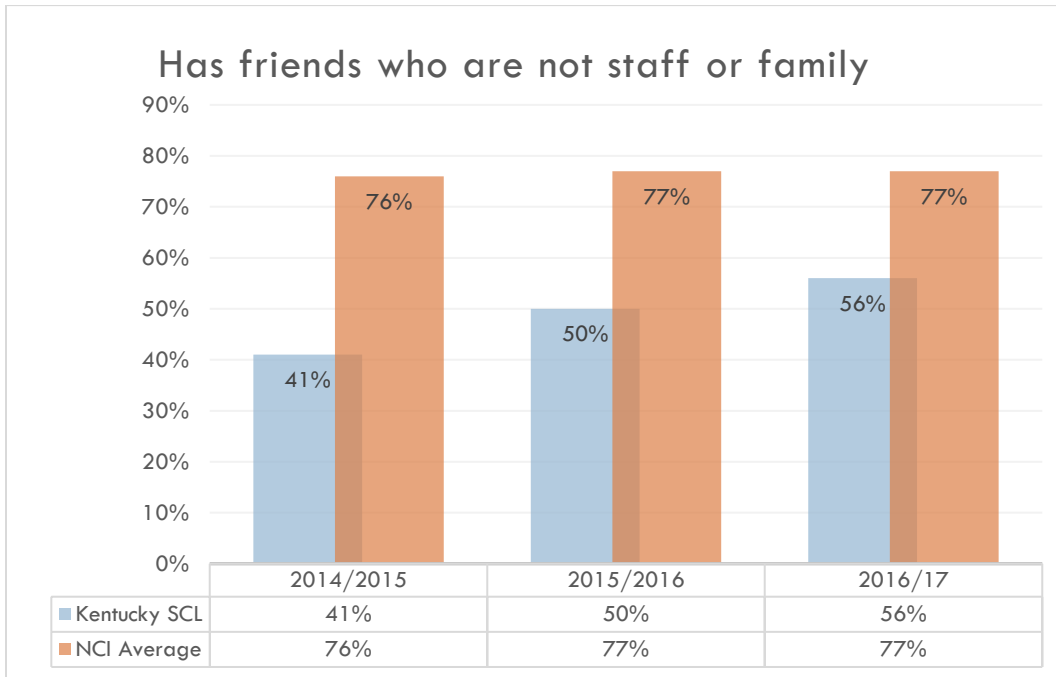
Exercises at least 3x per week



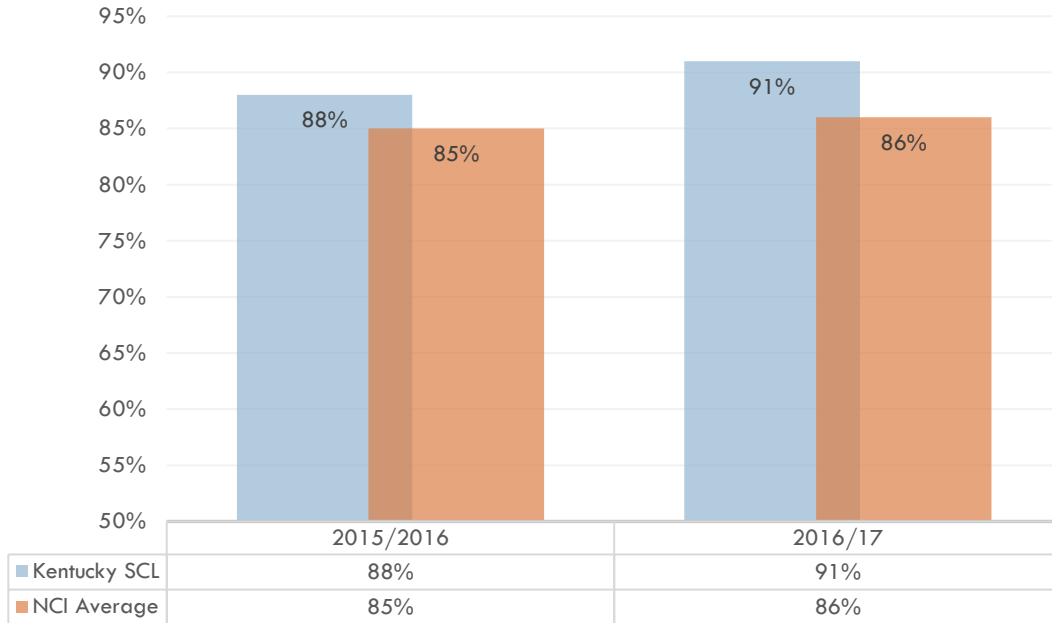
Exercises lasts at least 30 minutes (KY-specific question)



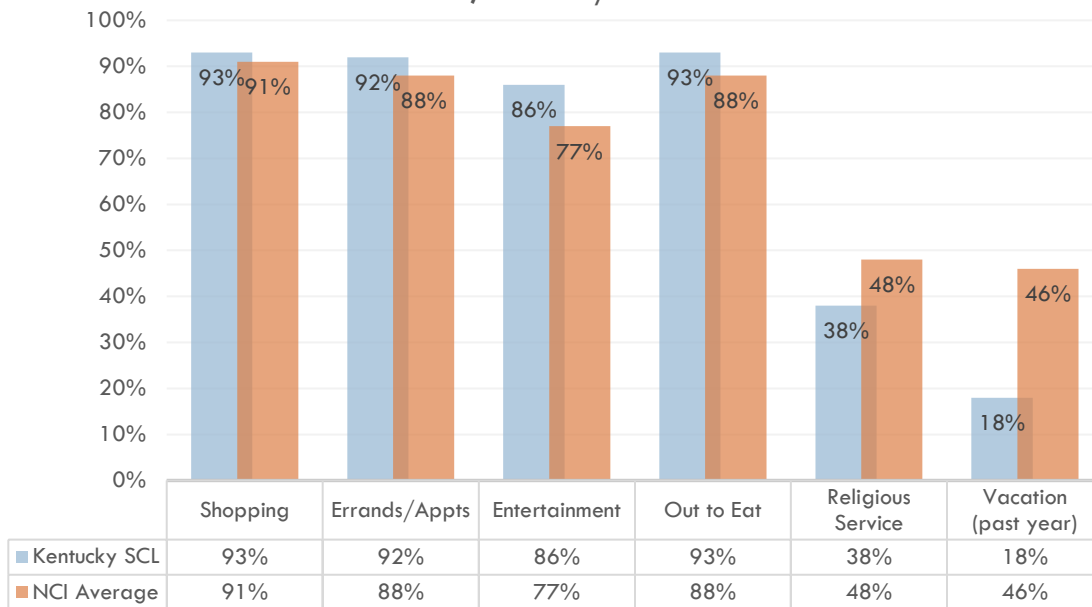
Relationships



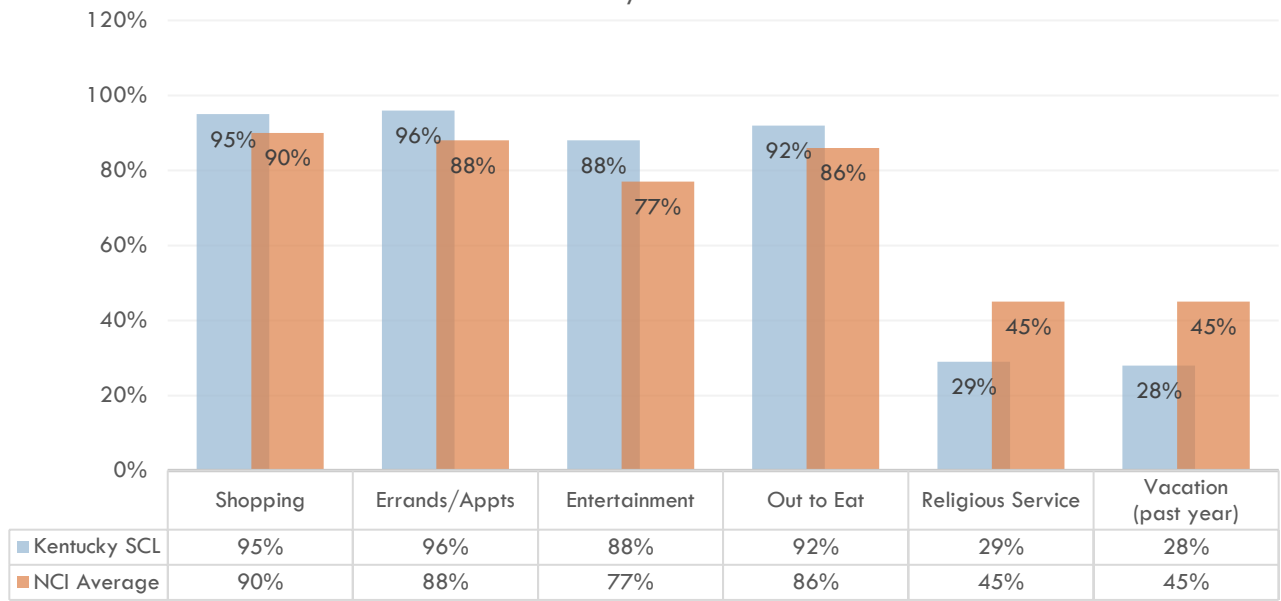
Are you able to go out and do things you like?



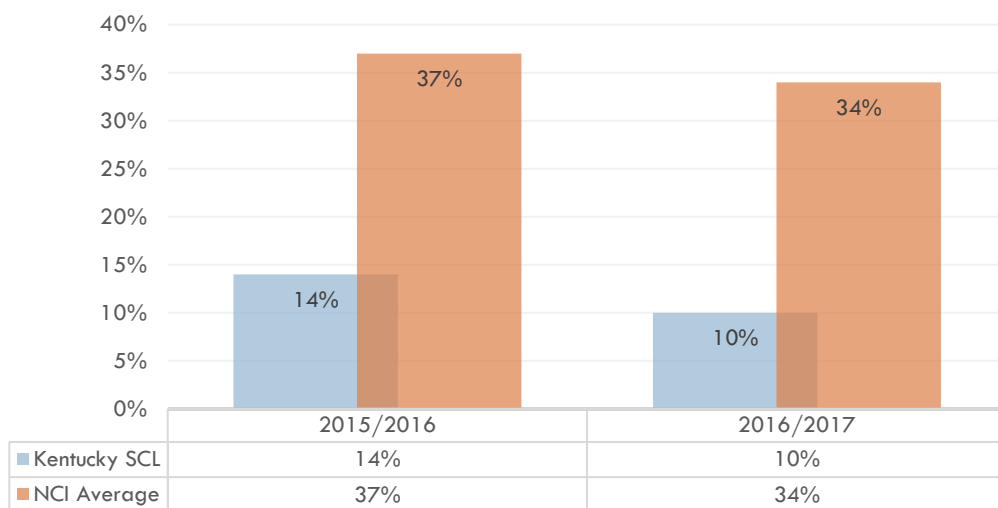
Community Inclusion (at least once in the past month) 2015/2016



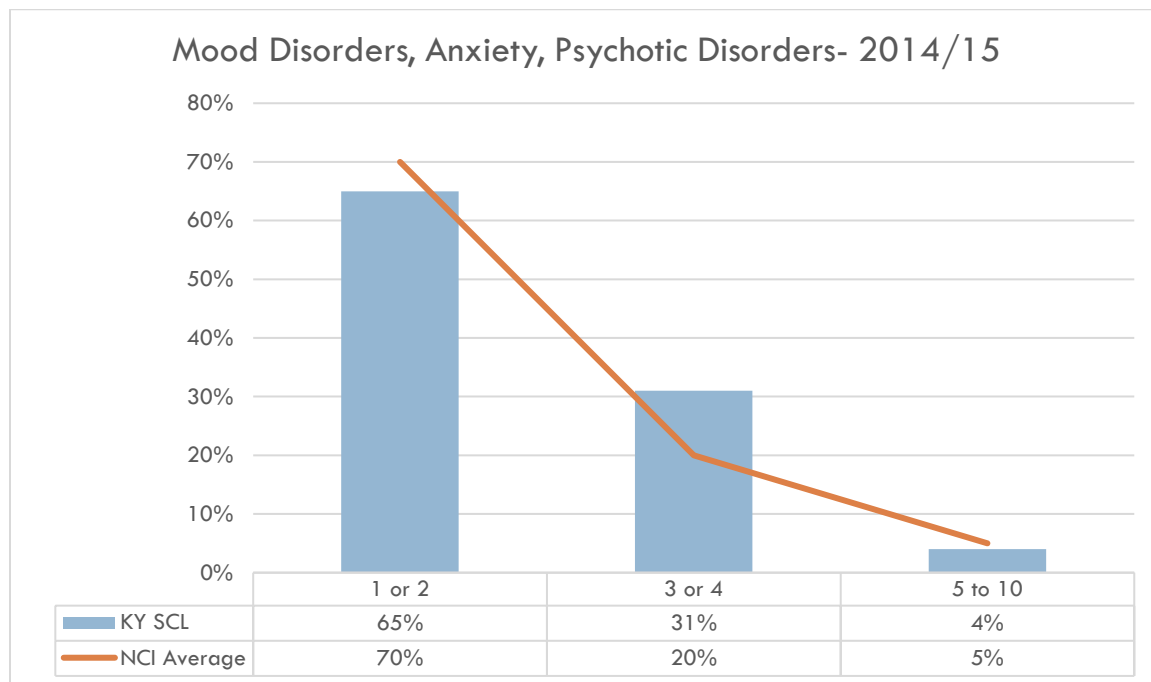
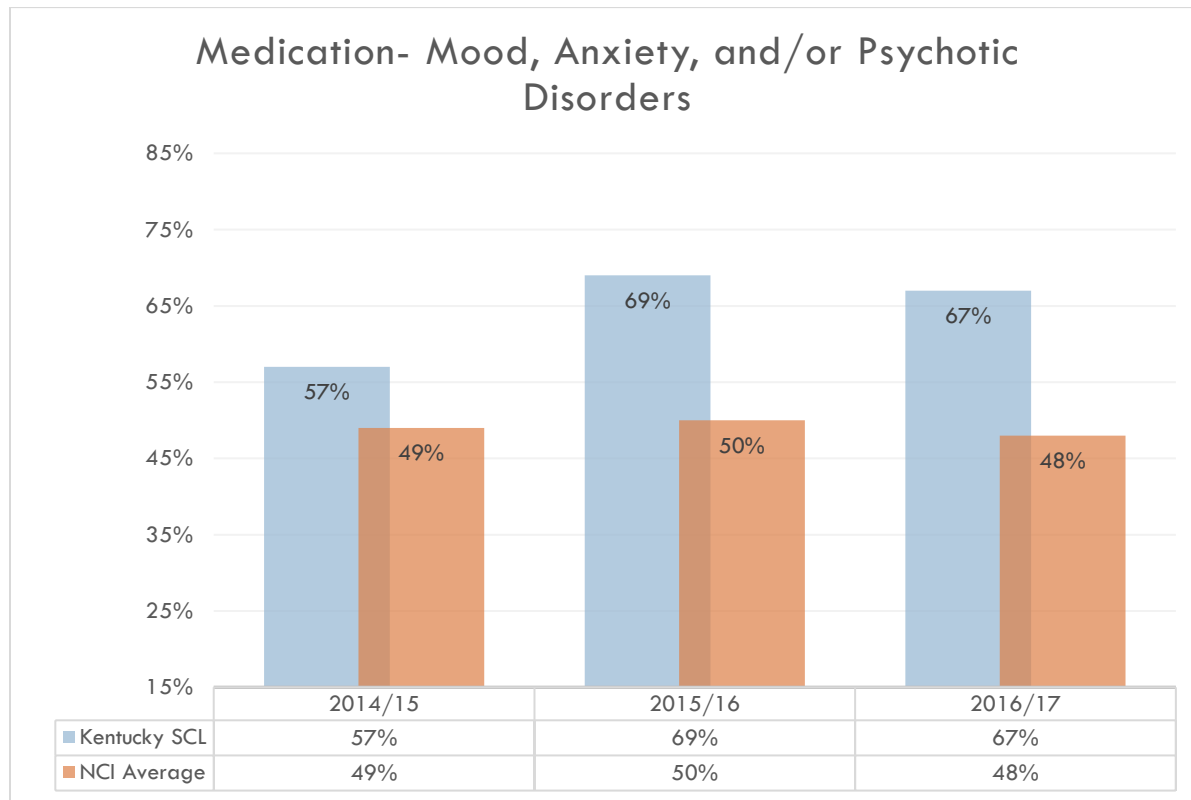
Community Inclusion (at least once in the past month)- 16/17



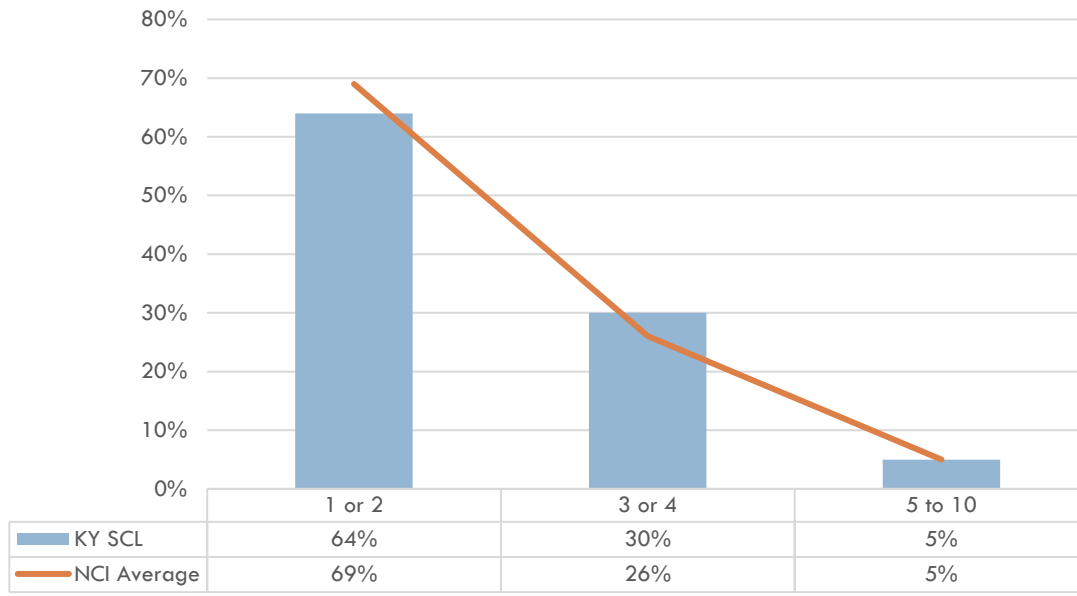
Participated in a community group in past month



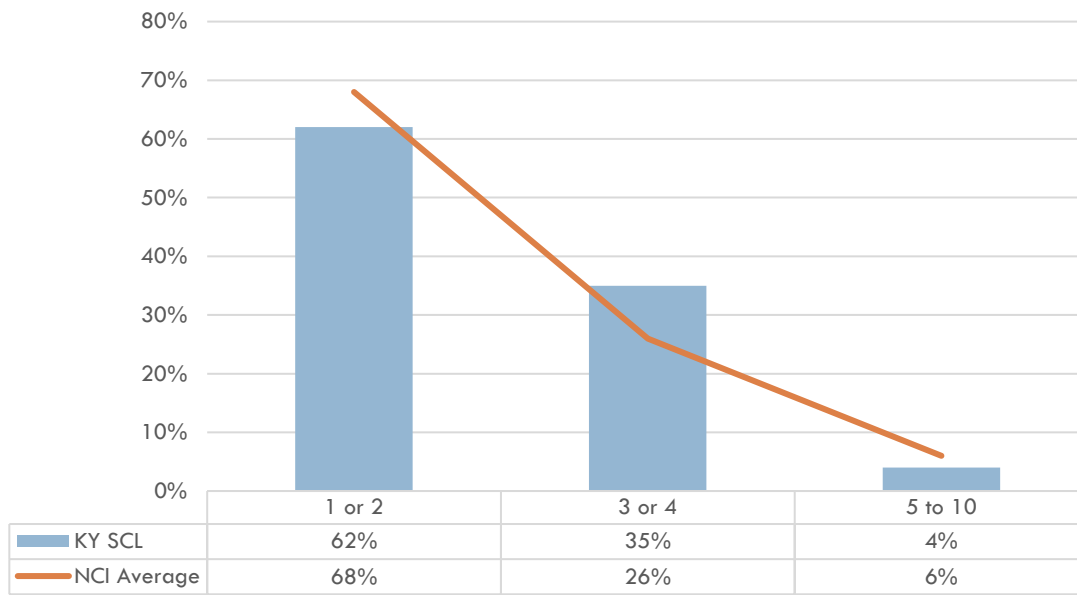
Psychotropic Medication



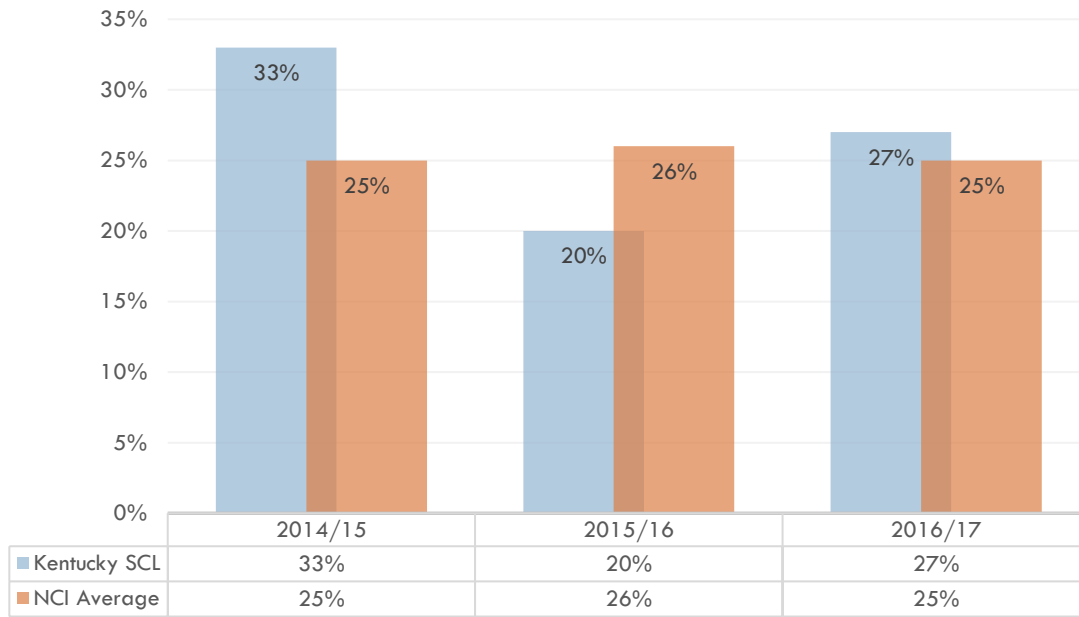
Mood Disorders, Anxiety, Psychotic Disorders- 2015/16



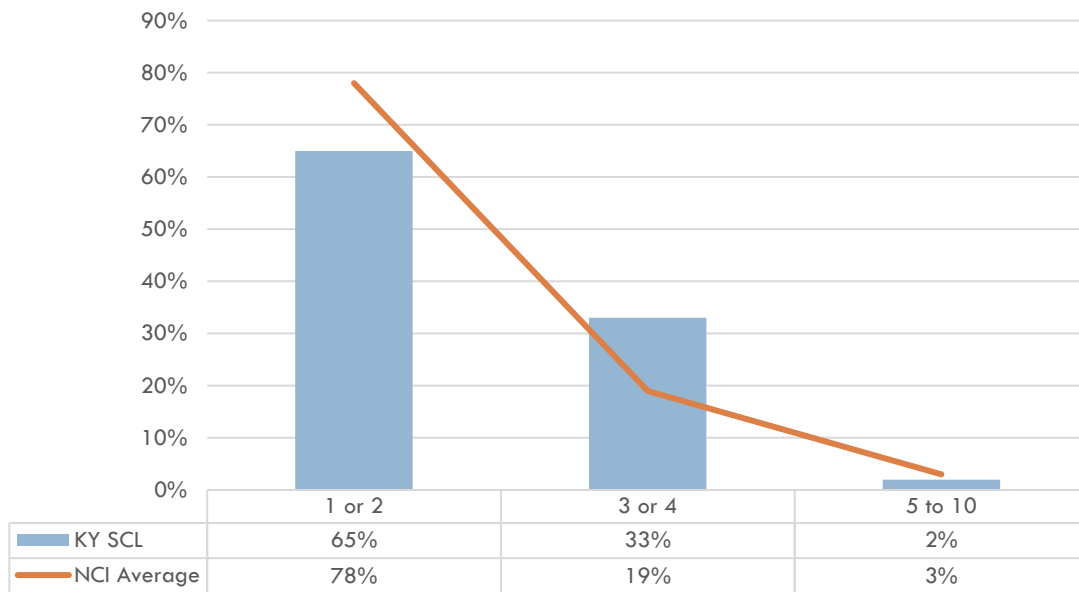
Mood Disorders, Anxiety, Psychotic Disorders- 2016/17



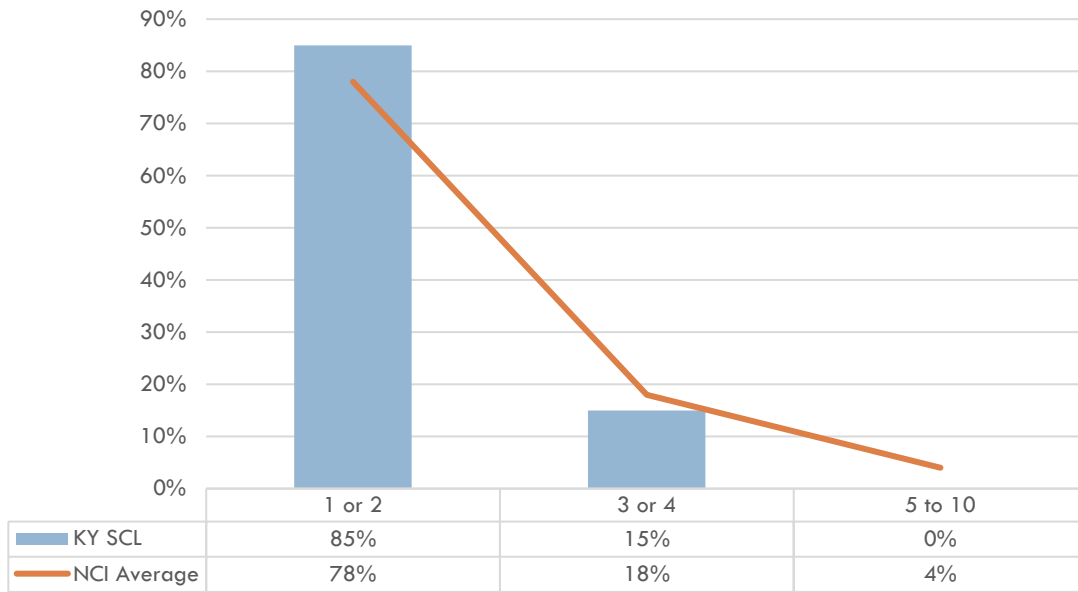
Medication- Behavior Challenges



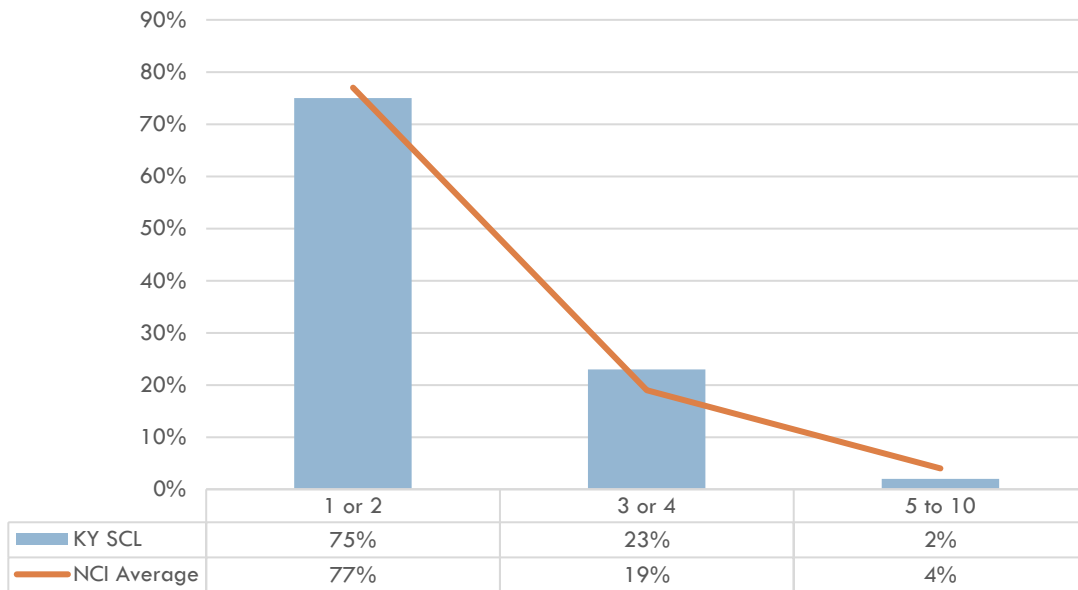
Behavior Challenges- 2014/15



Behavior Challenges- 2015/16



Behavior Challenges- 2016/17



APPENDIX C

2017 RECOMMENDATIONS AND PROGRESS UPDATE

Employment

Recommendation	Progress as of 2018
<p>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.</p>	<p>Providers have received information regarding facilitating employment discussions.</p>
<p>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.</p>	<p>All Medicaid waivers are currently being redesigned. This recommendation has been provided to Medicaid and the redesign consultant, Navigant.</p>
<p>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.</p>	<p>Governor signed an Executive Order on Employment-First in May, 2018.</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 employed increased from 8% to 11%; however the percentage of people with community employment in their service plans decreased from 32% to 27% during the 2016/17 data cycle.</p>
<p>5. Disseminate information to providers and individuals regarding options available for transportation of people to and from work.</p>	<p>Ongoing effort.</p>
<p>6. Recommend a new question on NCI regarding access and barriers to employment.</p>	<p>Q9 on the IPS now asks, “Why don’t you want a job?”</p>

Health & Wellness

Recommendations	Progress
<p>1. Increase the number of people who follow the physical activity guidelines for Americans.</p> <ul style="list-style-type: none"> • 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>No significant statistical change in data. Kentucky Project CHEER (CDC grant) is developing health and exercise resources for people with cognitive and mobility limitations through capacity building of systems providing community based services, including DD providers and public health.</p>
<p>2. Recommend to HSRI that the response options for overall health question (#77) be changed to- ‘Excellent, Very Good, Good, Fair, Poor’.</p>	<p>Recommendation was made, but the response options remain the same.</p>
<p>3. Increase collaboration with public health centers in order to leverage existing local health and wellness programs.</p>	<p>Unknown</p>

Relationships

Recommendations	Progress
<p>1. Increase the frequency of people surveyed who report having friends who are not staff or family to 65%.</p>	<p>The percentage of people who reported having friends who are not staff or family members increased from 50% to 55% during the 2016/17 data cycle.</p>
<p>2. Increase overall community inclusion.</p>	<p>The percentage of people who report they visit the community increased or remained steady for most areas (see Appendix A for details).</p>
<p>3. Increase involvement in community groups.</p>	<p>The percentage of people who reported participating in community groups decreased from 14% to 10%.</p>
<p>4. Include Community Access as a service to adults in all of the waivers and include exploration of interests.</p>	<p>Waiver redesign is currently in progress.</p>

<p>5. Discuss option of including an exploration component to the Community Access service, similar to job exploration in supported employment.</p>	<p>No exploration component currently exists in Community Access.</p>
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Medication

<p>Recommendations</p>	<p>Progress</p>
<p>1. Conduct a review of state Health Risk Screening Tool medication use data.</p>	<p>HRST was reviewed.</p>
<p>2. Compare HRST data to NCI results.</p>	<p>HRST did not provide needed data in most areas reviewed.</p>
<p>3. Provide a report synthesizing the two data sources.</p>	<p>Not completed.</p>
<p>4. Make additional recommendations based on findings including:</p> <ul style="list-style-type: none"> d. How to reduce polypharmacy; e. How specialty clinics can aid in the reduction of psychotropic medication use. 	<p>Will be made after review of additional data sources.</p>