



2020

KENTUCKY NATIONAL CORE INDICATORS RECOMMENDATIONS REPORT

Submitted by the NCI Quality Improvement
Committee

Contents

BACKGROUND	- 2 -
2020 QUALITY IMPROVEMENT COMMITTEE RECOMMENDATIONS	- 2 -
NEXT STEPS	- 7 -
REFERENCES	- 8 -
DATA SOURCES	- 8 -
APPENDIX A	- 9 -
2019 NCI QUALITY IMPROVEMENT COMMITTEE MEMBERS	- 9 -
APPENDIX B	- 10 -
RECOMMENDATIONS DATA OVER TIME	- 10 -
Employment Data	- 10 -
Health & Wellness.....	- 11 -
Relationships.....	- 13 -
Psychotropic Medication	- 16 -

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 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 Kentucky's waivers. The QIC's broad-based group meets at least annually and produces key recommendations to assist the DDID in addressing a variety of issues related to quality.

The Kentucky National Core Indicators (NCI) data being reviewed 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.

2020 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 attempt to implement the recommendations. This report details each recommendation and resources as well as items from the In Person Survey that will be used to measure changes in each of the areas. The data used to inform the committee's recommendations can be found in Appendix B.



Employment

The committee made seven 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, Kentucky is one of many of

states that now have formal employment first policies or legislation is growing significantly each year (Nord & Hoff, 2014).

Employment Recommendations:

1. Revise SCL and MPW waiver regulations to give case managers oversight related to the annual information session, required for anyone attending day training, explaining employment, the process of supported employment, and what it would mean to think about looking for a job and going to work.
2. Collaborate with KentuckyWorks to provide additional resources, including information pertaining to vocational rehabilitation services, to case management and other provider agencies in order to ensure that people are making fully informed decisions regarding employment.
3. Ensure that all individuals who express a desire to work have an employment goal in their individualized plan.
4. Recommend to KY Department for Medicaid Services a restructuring of 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. Recommend all Medicaid waiver payment rates follow this same plan for supported employment. Milestone payments should be applicable to Long-Term supports only. All services preceding Long-Term Supports (Person Centered Job Selection, Job Development, and Job Acquisition & Stabilization) should be reimbursed at the current SCL waiver rate.
5. Ensure that all state regulations and Medicaid waiver agency policies comply with Kentucky Employment First philosophy and Governor's Executive Order 2020-557 of June 29, 2020.
6. Continue to share information regarding transportation options for employment from the HDI Transportation Initiative and other sources. Resources will be shared with all Kentucky Division of Developmental and Intellectual Disabilities partner organizations and provider agencies.
7. The Kentucky Division of Developmental and Intellectual Disabilities will recommend Human Services Research Institute (HSRI) add a new question on NCI regarding access and barriers to employment. Ex- "What is keeping you from working? –Doesn't want to work, - Need assistance finding work, - Transportation issues..."

Employment Resources for implementation:

- Customized Employment in Kentucky video- www.youtube.com/watch?v=UIkaHkQKukQ
- KentuckyWorks project for transition age youth with disabilities- www.kentuckyworks.org
- Ruderman Foundation paper regarding restructuring of waiver rates- http://thecpsd.org/wp-content/uploads/2017/03/Policy-Brief_Can-Supported-Employment-Flourish-in-a-Medicaid-Fee-for-Service-System.pdf
- APSE web resources regarding Employment First- www.apse.org/employment-first/
- Ohio Employment First- www.ohioemploymentfirst.org/
- Kentucky Employment First www.employmentfirstky.org
- Kentucky Office of Vocational Rehabilitation Videos: An Overview, Supported Employment and Pre-Employment Transition Services: <https://bit.ly/36sOF5E>

- 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
- Employment and Disability data and resources One-Pager- http://www.kentuckycq.org/wp-content/uploads/2019/06/NCIemployment_Final_5.31.19.pdf

ACS 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?
- KY1- What is keeping you from working?
- BI-49- Is community employment a goal in this person's service plan?



Health & Wellness

Exercise and healthy living are 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 measureable 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, including those over 50 and with mobility limitations, who follow the physical activity guidelines as recommended by the Office of Disease Prevention and Health Promotion (see guidelines link in resources section).
2. Encourage provider agencies to increase collaboration 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.
3. The Kentucky Division of Developmental and Intellectual Disabilities will recommend to HSRI that the response options for overall health question be changed to- 'Excellent, Very Good, Good, Poor, Very Poor' in order to compare to national and international populations.

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/>
- Kentucky Inclusive Health Collaborative: <https://www.wellness4ky.org/>
- Health and Disability data and resources one-pager- http://www.kentuckycq.org/wp-content/uploads/2019/06/NCIhealth_1pager_final-5.31.19.pdf

ACS questions used to measure outcomes:

- 97- Overall, how would you describe your health?
- 98- How many times per week do you do moderate physical activity or exercise in which you are active for at least 10 minutes at a time?
- 98a- Does the physical activity last at least 30 minutes?
- 99- How many times per week do you do physical activity or exercise that makes the muscles in your arms, legs, back, and/or chest work hard – like lifting weights, pushups, sit-ups, manual labor, physical therapy, etc.?



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. Distribute updated one-page resource document that was created by HDI to all provider agencies and request that they share it with the people they serve.
2. Increase involvement in community groups by ensuring that individuals receiving waiver services get information and support from their case managers and provider agencies to explore existing organizations (e.g., volunteer opportunities, faith communities), other groups, and clubs that relate to their interests, as well as information about transportation options.
3. Recommend to the Kentucky Department for Medicaid Services that Community Access be an offered service to adults in all 1915c DD waivers with a clear definition of the service that stresses inclusion/participation rather than merely being taken to community sites.
4. Recommend to the Kentucky Department for Medicaid Services to include a billable exploration component to the Community Access service, similar to job exploration in supported employment.
5. Request that HB 144 Committee engage providers in discussion of ways to increase community inclusion (especially in those NCI indicators in which KY is doing poorly, such as having friends, participating in community groups, and attending religious services). This

discussion should include education regarding what Community Access can and should include to increase both relationships and community inclusion. Share NCI data regarding Kentucky's involvement in community-based activities.

Relationships and Community Inclusion Resources for implementation:

- Utilize Community Access services.
- 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.
- Relationships and Disability data and resources one-pager- http://www.kentuckycq.org/wp-content/uploads/2019/06/NCIrelationship_1pager_draft5-002.pdf

ACS 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, 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 continuing the work of the HB 144 Health and Wellness committee 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:

- How to reduce polypharmacy.
- Provision of training to provider agencies and health care providers.

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

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. The 2019/2020 data cycle was cut short due to the COVID-19 pandemic. The committee will review the data, but it will be not be reliable at the same level as in previous years. HDI staff will monitor incoming data for the 2020/2021 regularly, in particular the COVID-specific questions.

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 (2018-2019)
2. National Core Indicators Adult Consumer Survey Data (2017-2018)
3. National Core Indicators Adult Consumer Survey Data (2016-2017)

APPENDIX A

2019 NCI QUALITY IMPROVEMENT COMMITTEE MEMBERS

Laura Butler

Harold Kleinert

Kelly Knoop

Cathy Lerza

Tony Lobianco

Heather McClure

Philip Rumrill

Kathy Sheppard-Jones

Meg Steinman

Arline Wilson

Jeff White

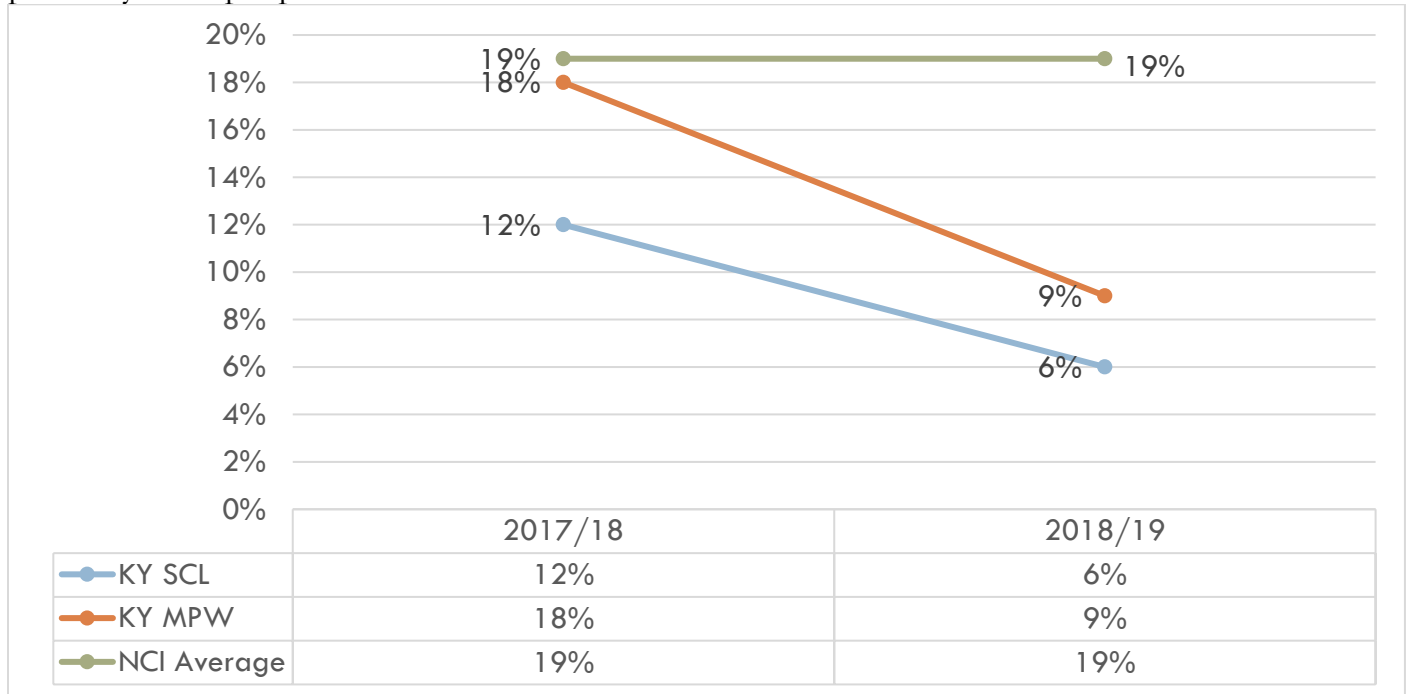
Katie Wolf Whaley

APPENDIX B

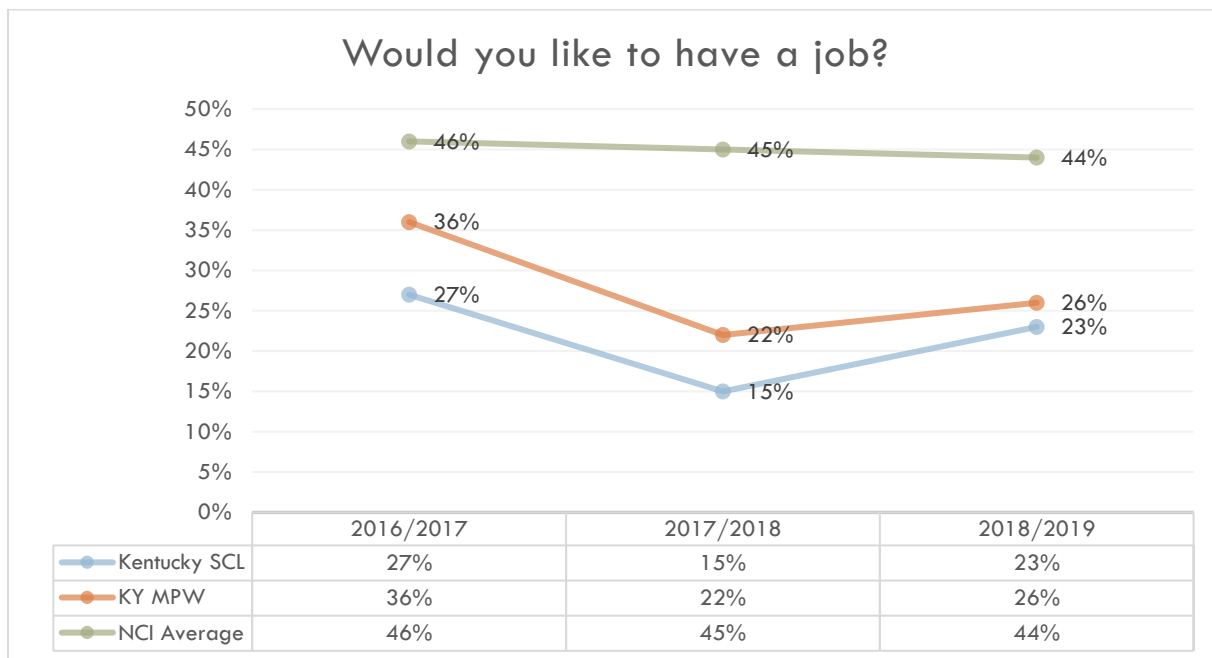
RECOMMENDATIONS DATA OVER TIME

Employment Data

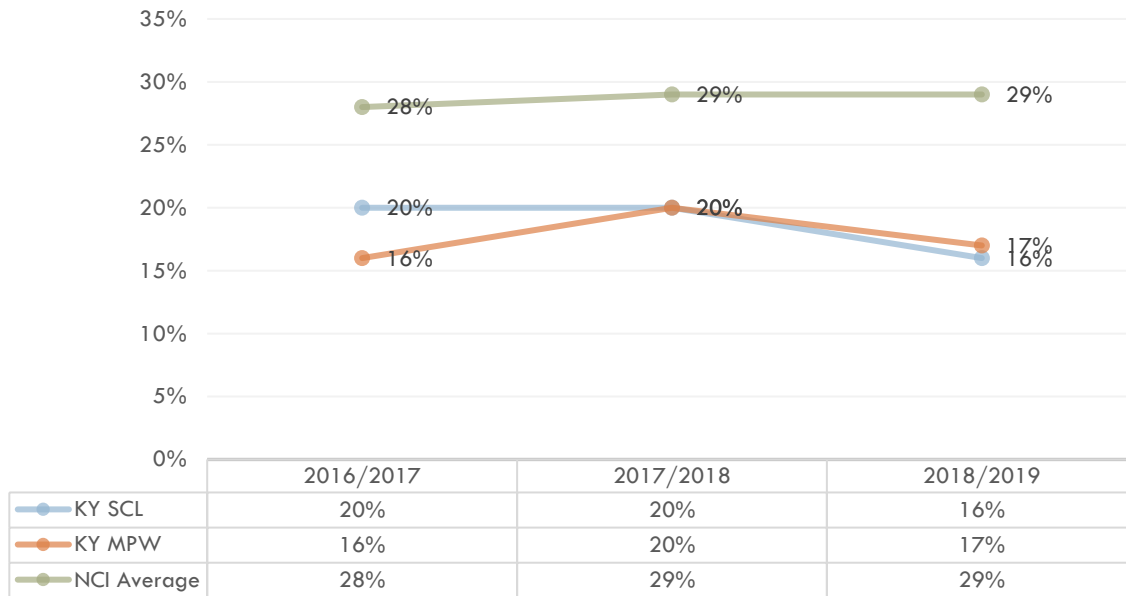
HAS A PAID JOB IN THE COMMUNITY; individual, group and/or business that primarily hires people with disabilities*



*Reporting of item changed in 2017/18

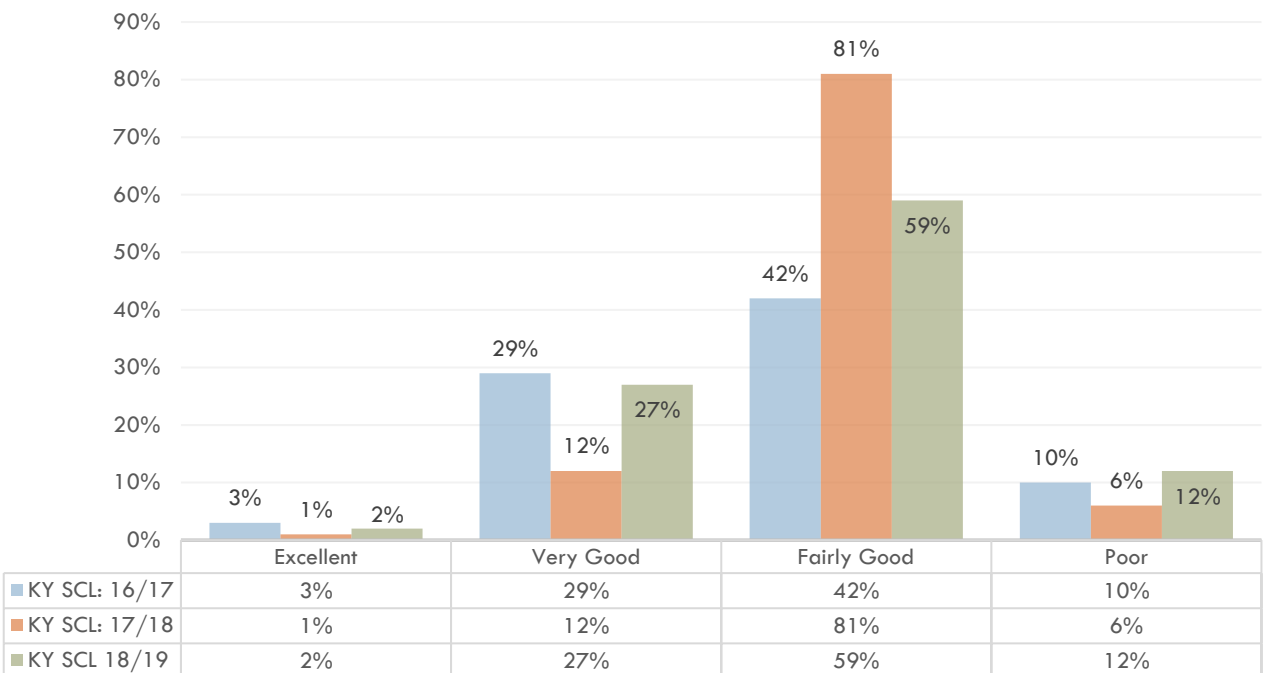


Community job is in service plan

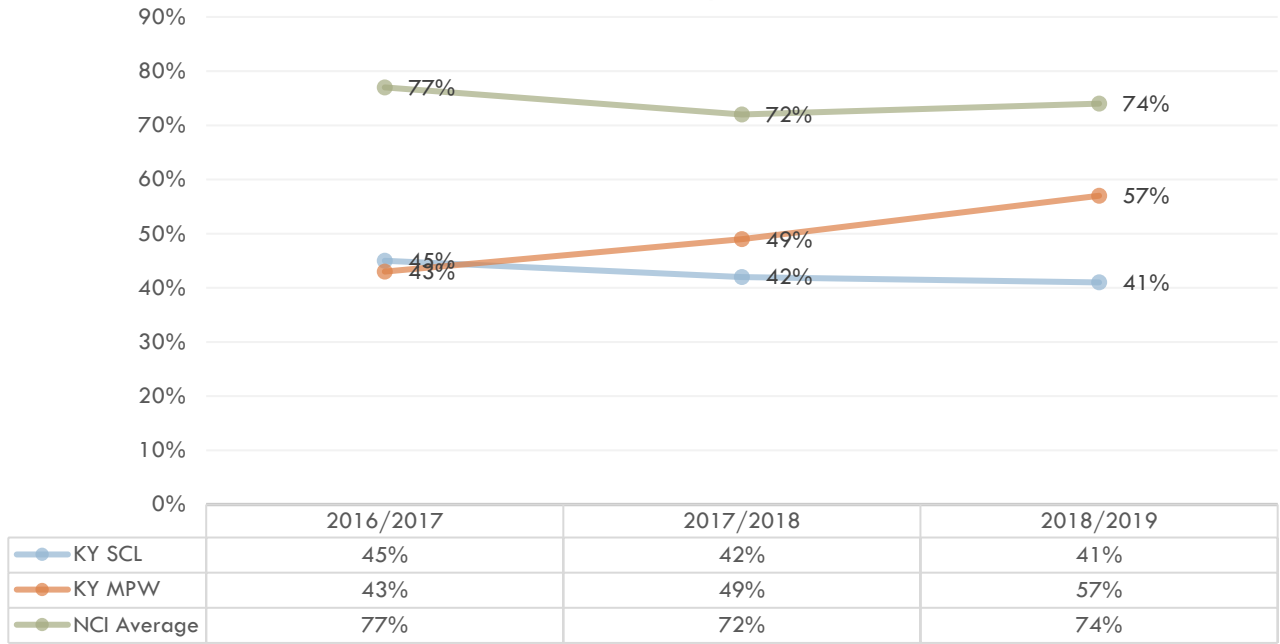


Health & Wellness

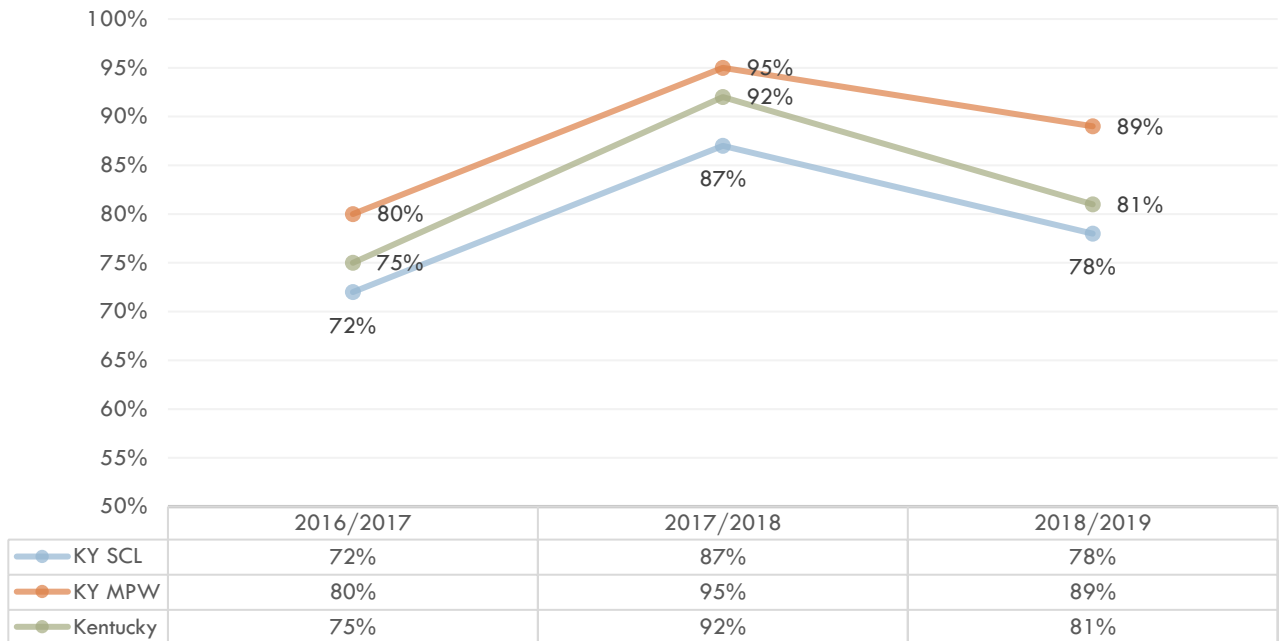
How would you describe your overall health? (KY)



Exercises at least 3x(1x) per week

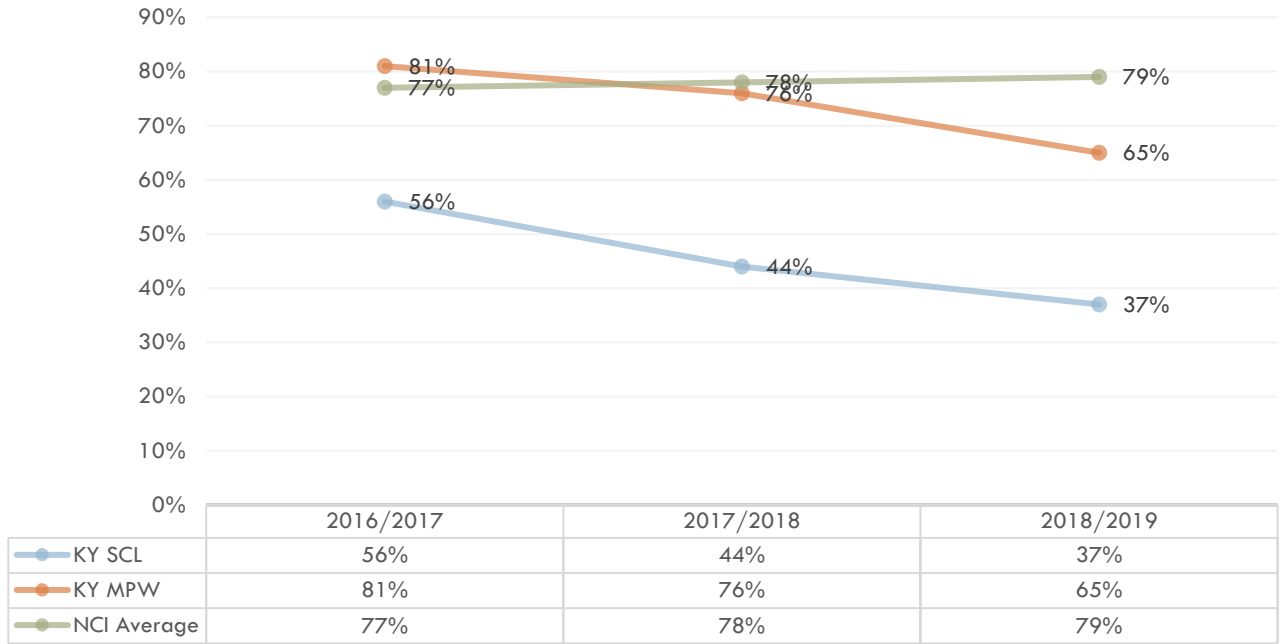


Exercises lasts at least 30 minutes (KY-specific question)

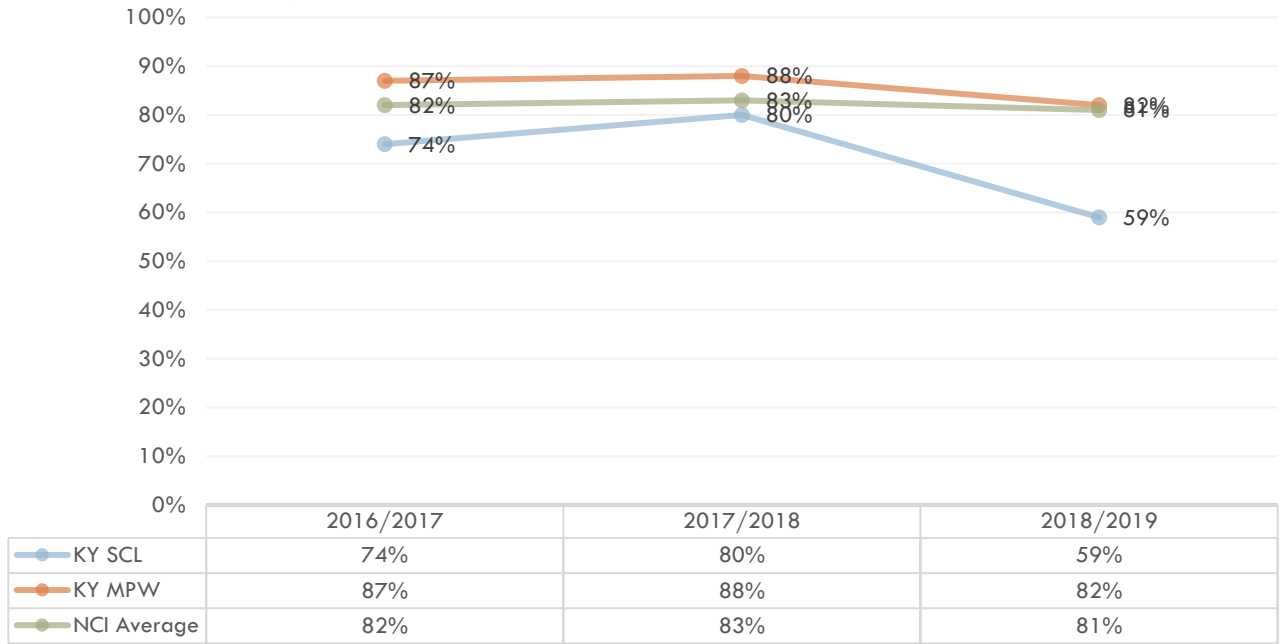


Relationships

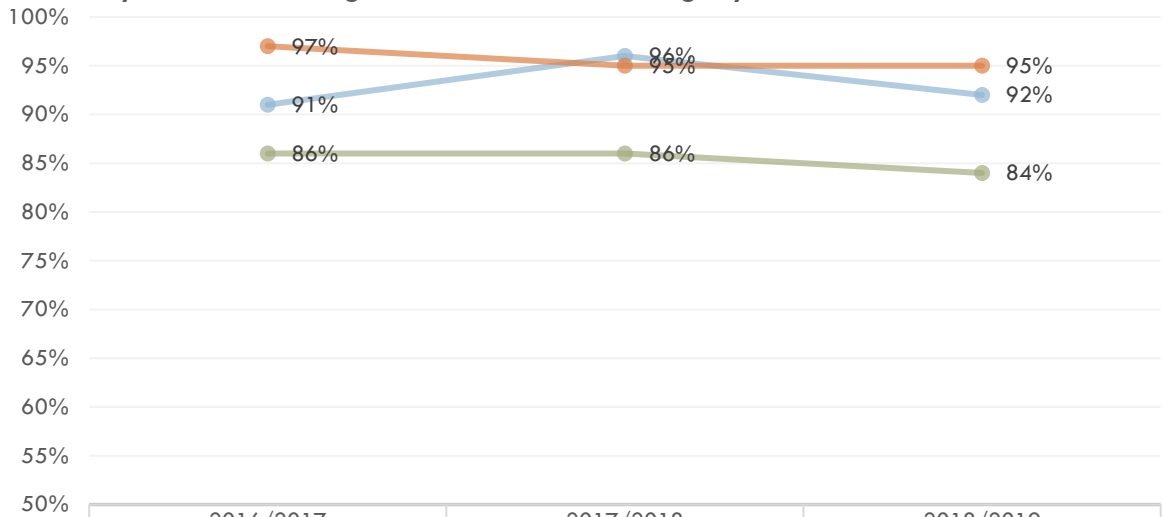
Has friends who are not staff or family



Has ways of communicating with friends

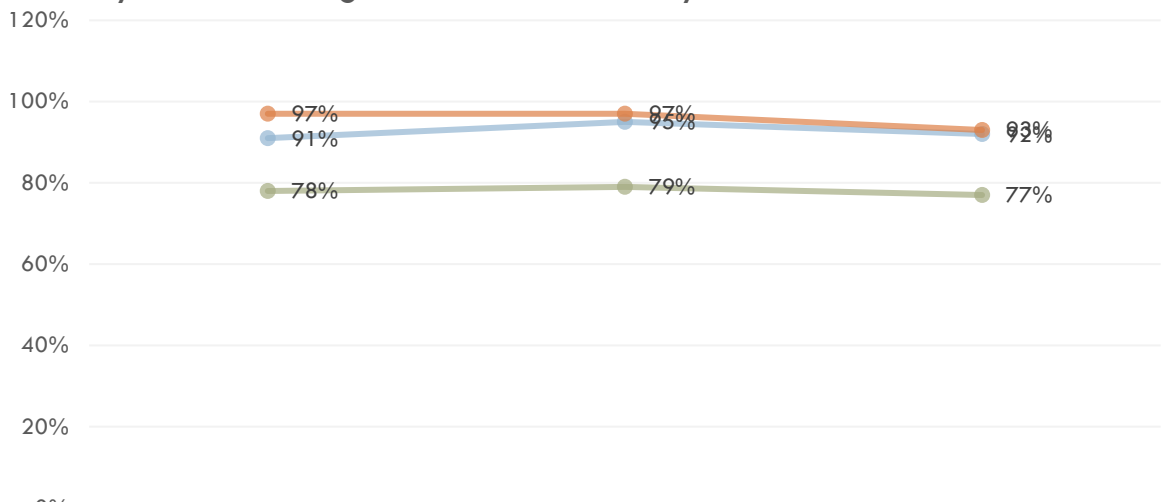


Are you able to go out and do things you like?



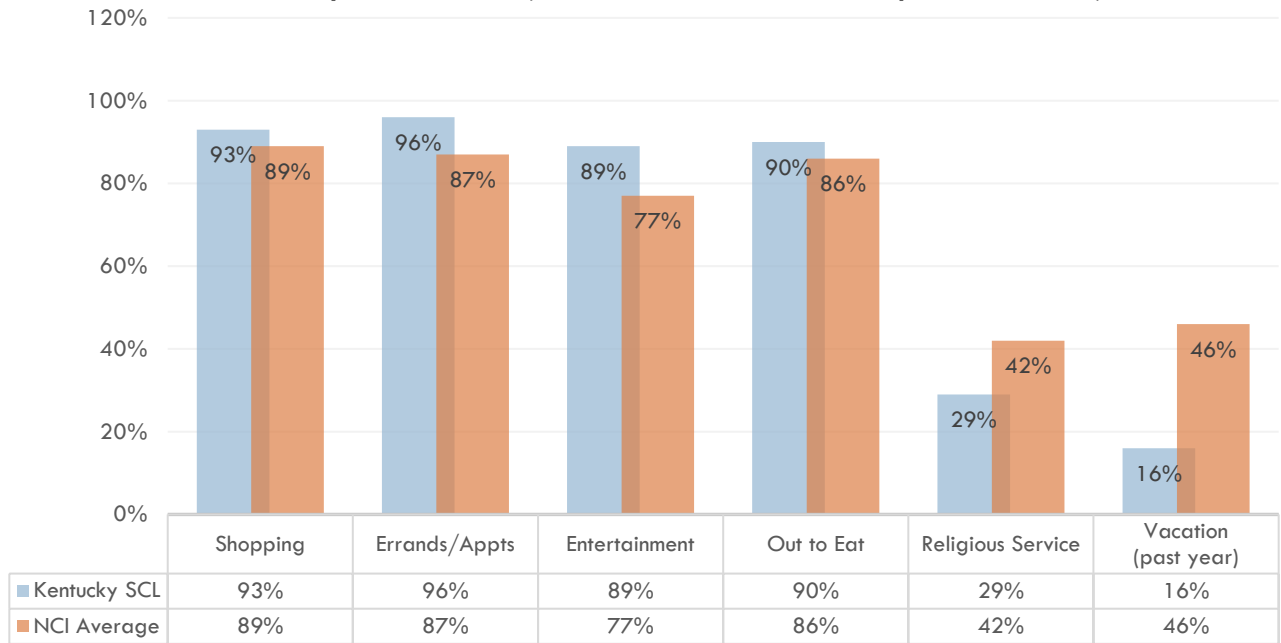
	2016/2017	2017/2018	2018/2019
KY SCL	91%	96%	92%
KY MPW	97%	95%	95%
NCI Average	86%	86%	84%

Are you able to go out as often as you want?

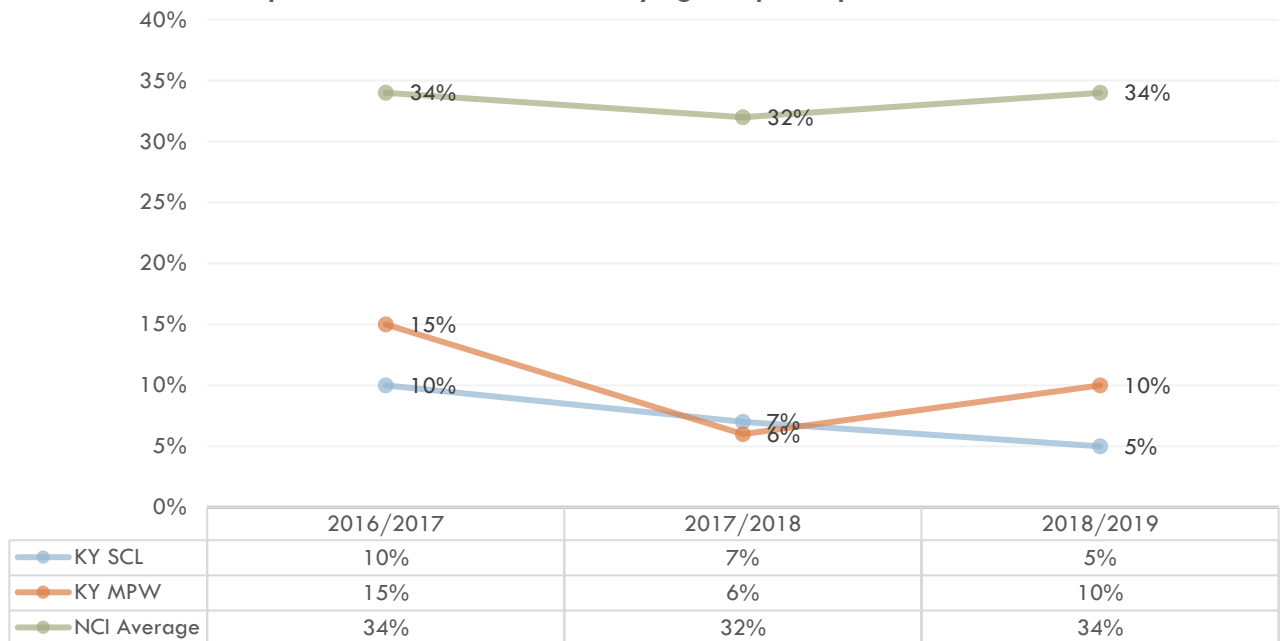


	2016/2017	2017/2018	2018/2019
KY SCL	91%	95%	92%
KY MPW	97%	97%	93%
NCI Average	78%	79%	77%

Community Inclusion (at least once in the past month)

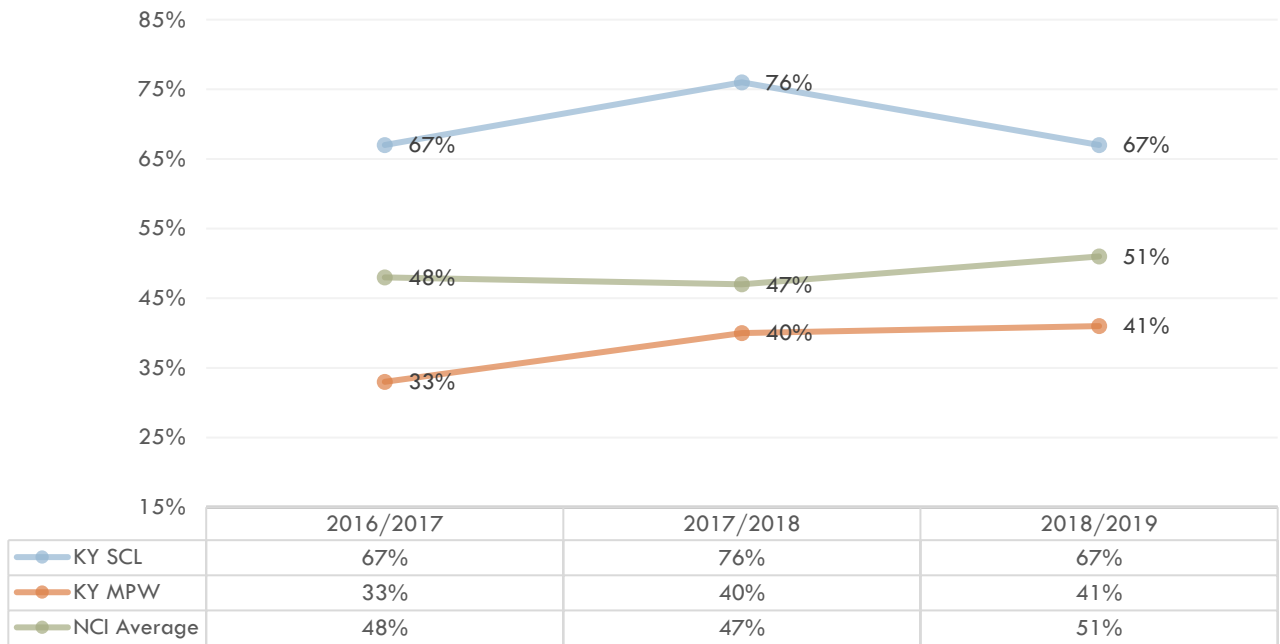


Participated in a community group in past month

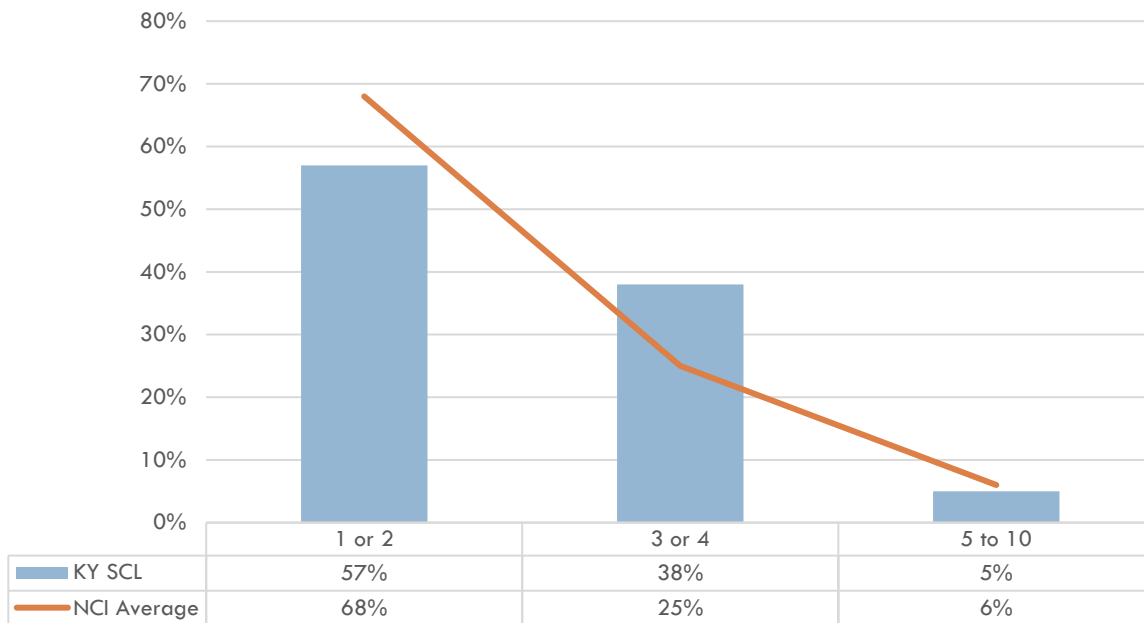


Psychotropic Medication

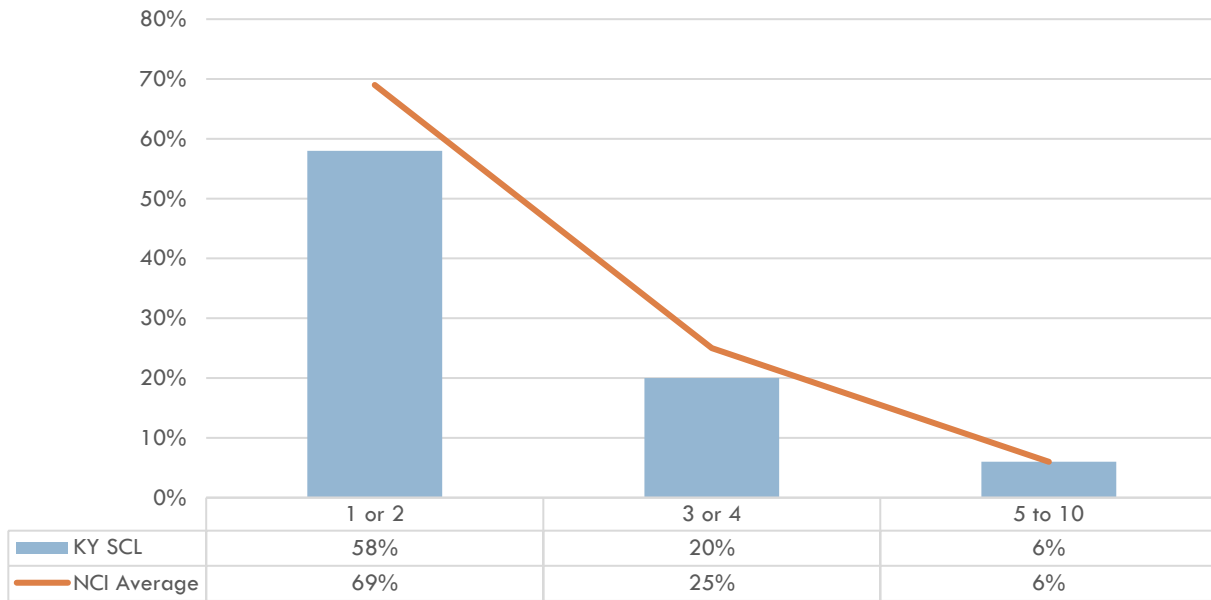
Medication- Mood, Anxiety, and/or Psychotic Disorders



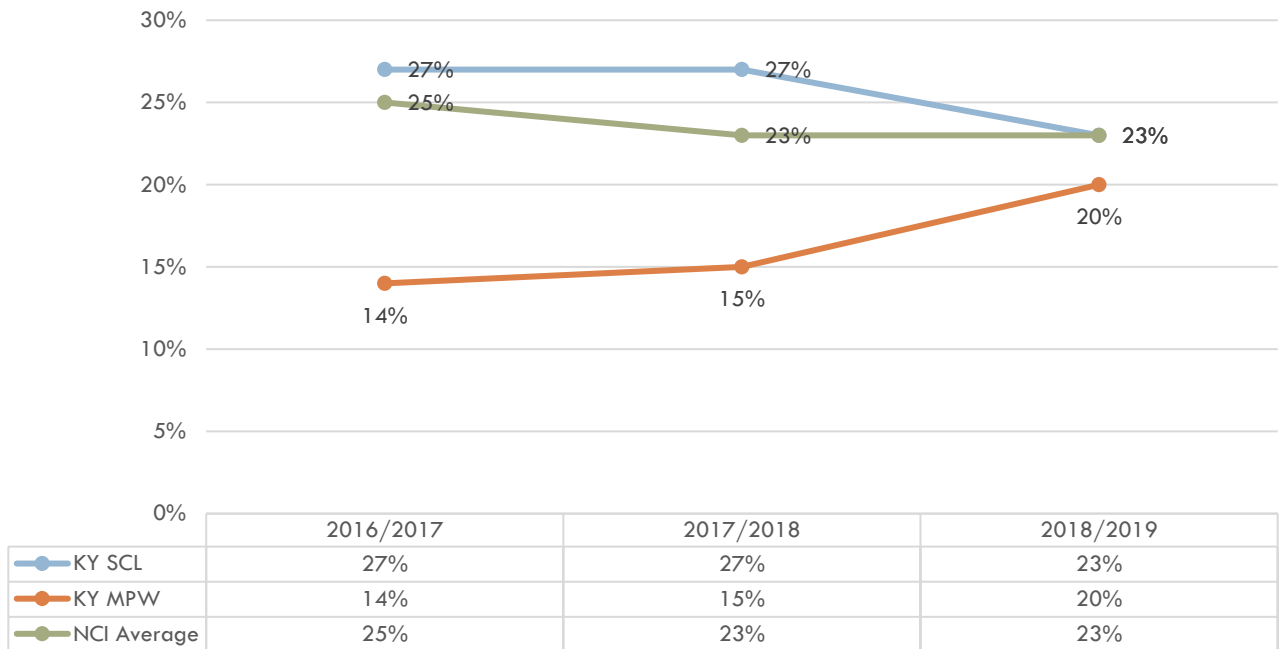
Mood Disorders, Anxiety, Psychotic Disorders- 2017/18



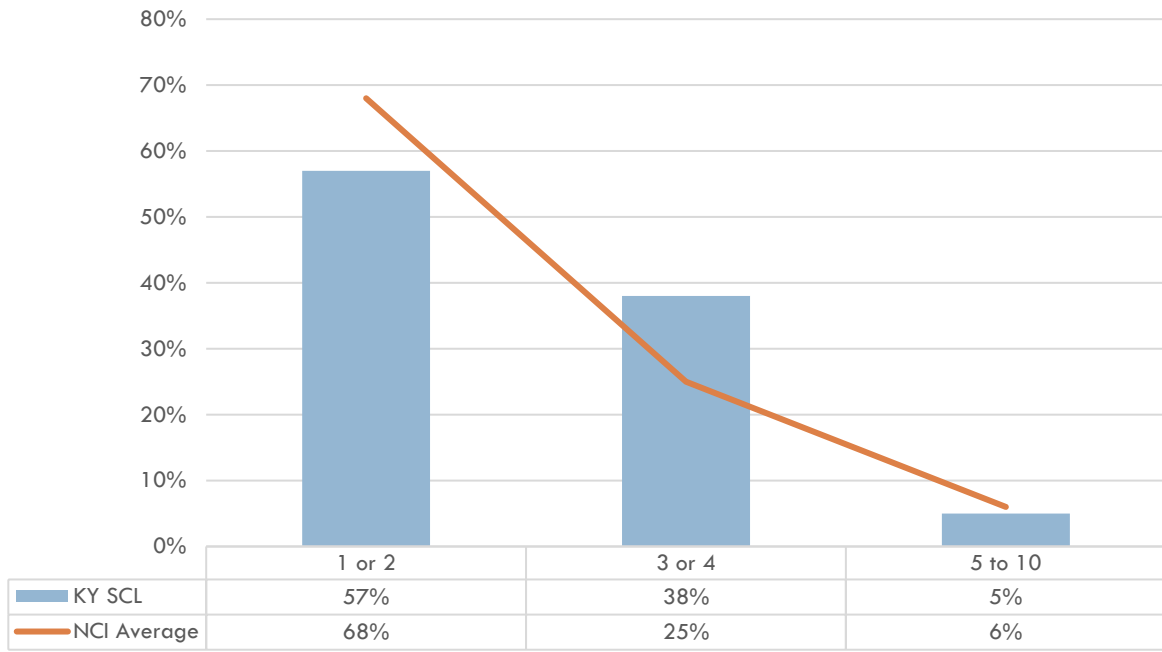
Mood Disorders, Anxiety, Psychotic Disorders- 2018/19



Medication- Behavior Challenges



Mood Disorders, Anxiety, Psychotic Disorders- 2017/18



Behavior Challenges- 2018/19

