



2023

KENTUCKY NATIONAL CORE INDICATORS RECOMMENDATIONS REPORT

Submitted by the NCI Quality Improvement Committee

Cover art by Morgan Crawford.

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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 National Indicators and other data annually. The Kentucky QIC was first convened in 2010 at the request of the Division of Developmental and Intellectual Disabilities (DDID). The committee was established to review available data and provide guidance regarding the quality assurance and improvement elements and activities within Kentucky's waivers. The QIC's broad-based group produces key recommendations to assist the DDID and other organizations in addressing a variety of issues related to quality.

The Kentucky National Core Indicators (NCI) data being reviewed here represent only people on two Kentucky Medicaid waivers—Supports for Community Living and Michele P.—therefore should be interpreted with care as responses cannot be generalized to all Kentuckians with intellectual and other developmental disabilities. Committee recommendations are shared with the DDID, the Kentucky HB144 committee, service provider organizations, and other groups and are used for quality improvement initiatives in all programming and service delivery for people with I/DD. Regulations require that providers utilize NCI data in their quality improvement plans.

NOTE REGARDING RECENT DATA COLLECTION CYCLES

Surveying was halted for the 2019-2020 data collection cycle in early March 2020 due to the COVID-19 pandemic. As a result, the Kentucky data for that cycle are incomplete and we have no national NCI to use for comparison. The Kentucky data for that cycle are included in the tables and charts in the appendix because they provide a pre-pandemic snapshot of relevant items.

All surveys for the 2020-2021 data cycle were completed virtually using the Zoom platform. The decision was made to switch to all virtual surveys to protect the health of survey participants and surveyors due to the COVID-19 pandemic. While this surveying modality was new to the Kentucky project, it had been piloted with other states prior to and during the pandemic.

The 2021-2022 data cycle was the first cycle in which hybrid surveying modalities were used. Survey participants were given the option of completing the survey in-person or via Zoom. It is anticipated that this will be the norm for surveying moving forward.

Surveyors received extensive training on virtual surveys and we believe that the data collected in this manner are as valid and reliable as in-person surveys.

2023 QUALITY IMPROVEMENT COMMITTEE RECOMMENDATIONS

The committee made recommendations in five main areas: employment; health and wellness; relationships and community inclusion, psychotropic medication usage, and rights and respect. The area of rights and respect was added this year by the committee after reviewing the related items in 2021-2022 data. Most recommendation areas have separate recommendations for providers and organizational partners. The recommendations for providers are meant to create individual-level change and the organizational partners' recommendations are meant to create systems-level change. The committee also suggested resources to assist individuals and organizations who attempt to implement the recommendations. This report details each recommendation and accompanying 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 a total of 4 recommendations in the area of employment—two each for providers and for organizational partners. The recommendations are designed to not only increase the number of people who are engaged in paid community employment, but also improve meaningful work opportunities that represent a variety of career pathways.

Employment Recommendations:

For Providers:

1. Case managers engage waiver participants and their teams in discussing community involvement and employment services and ensure that the person-centered service plan accurately reflects the person's aspirations. For individuals who express a desire to work, ensure that a plan to provide employment services is included in their person-centered plan.
2. Ensure practices align with Kentucky Employment First policy as codified in Senate Bill 104 now KRS 151B.211-214.

For Organizational Partners:

1. The Kentucky Division of Developmental and Intellectual Disabilities (DDID), University of Kentucky Human Development institute (HDI), and other partners as appropriate develop an outline of items to include in the employment and community involvement informational sessions, tips for

- including employment goals in person-centered services plans, and information regarding transportation options.
2. University of Kentucky Human Development Institute will provide information about the possibilities of employment for people with disabilities, including how to access help to find and keep a good job and the overall benefits to employment for people with disabilities as part of the Kentucky National Core Indicators contract.

Employment Resources for implementation:

- [Disability Benefits 101](#)
- [Kentucky APSE](#)
- [Kentucky Employment First Council](#)
- [Kentucky Supported Employment Training Project](#)
- [Human Development Institute Employment Resources](#)
- [Customized Employment in Kentucky video](#)
- [Kentucky Office of Vocational Rehabilitation Videos: An Overview, Supported Employment and Pre-Employment Transition Services](#)
- [Employment and Disability data and resources One-Pager](#)
- [Transportation Initiative](#)

NCI-IDD questions used to measure outcomes:

- Do you do any type of job training?
- Person has a paid individual job in a community-based setting. [A person working at an individual job in a local business alongside peers who do not have disabilities. Job is part of the typical labor market (e.g., competitive employment).]
- Is community employment a goal in this person's service plan (also known as an Individual Service Plan, or ISP)]?
- Do you have a paid job in the community?
 - *If No, ask:* Do you want a paid job in the community?
 - *If no job, ask:* What is keeping you from working? (Check all that apply)



Health & Wellness

The QIC recognizes that there are many factors that contribute to a person's overall health and wellness. Research has demonstrated that for people with intellectual and other developmental disabilities, physical exercise can improve general quality of life (Vogt, Schneider, Abeln, Anneken, & Studer, 2012). In addition, mental health concerns

impact many people with I/DD in Kentucky. Outcomes for people with I/DD and mental health concerns are poor, with NCI analyses finding respondents more likely to feel lonely, more likely to want additional support to maintain relationships, and less likely to be employed (Bradley, 2019). A lack of education in mental health fields has led to students and new professionals feeling ill-prepared to diagnose or work with people with mental health and I/DD (MHIDD) (Bean & Hedgpeth, 2014; Dykens, 2016; Graesser, 2014). Direct service providers cite a lack of training that contributes to service gaps for people with MHIDD, which are even more pronounced in rural areas (Kreitzer, et al., 2015). Individuals with MHIDD and their families also report feeling uninformed and frustrated with service providers (Venville, et al., 2015). To address these issues, the QIC makes four provider recommendations and two for organizational partners that address a person's overall well-being.

Health & Wellness Recommendations:

For Providers:

1. Determine and implement activities aimed at increasing the number of people who report their overall health as "good" or better.
2. Determine and implement activities aimed at increasing the number of people who report they are able to do healthy things (exercising, sports, gardening, eating healthy food, etc.).
3. Determine and implement activities to increase the number of people who follow the physical activity guidelines as recommended by the Office of Disease Prevention and Health Promotion.
4. Increase collaboration with organizations invested in improving community health (e.g., local health departments, cooperative extension service, recreational programs) in order to leverage existing local health and wellness programs to improve the overall health and well-being of people with I/DD and their direct support staff.

For Organizational Partners:

1. DDID and partners seek opportunities to collaborate on mental health initiatives aimed at increasing quality mental health services and resources.
2. Use the state training initiative Merge that aims to increase and improve the application of person-centered services and referral systems.

Health & Wellness Resources for implementation:

- [Office of Disease Prevention and Health Promotion Nutrition and Physical Activity Guidelines](#)
- [Centers for Disease Control and Prevention \(CDC\) Physical Activity](#)
- [American Heart Association Recommendations for Physical Activity](#)
- [Kentucky Inclusive Health Collaborative](#)

- [Health and Disability data and resources one-pager-](#)
- 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.
- [Mental Health and Developmental Disabilities National Training Center](#)

NCI-IDD questions used to measure outcomes:

- Overall, how would you describe your health?
- How many times a week do you do physical activities for at least 10 minutes at a time? Things like running, stretching, golf, gardening, or walking for exercise.
- How many times a week do you do exercise that makes your muscles work hard? Things like lifting weights, pushups, sit-ups, physical therapy?
- Do you get to do the type of healthy things you like to do?
- Do you get to do those healthy things as often you like?
- Do your doctors talk to you about your healthcare and medicine in a way that is easy for you to understand?



Relationships and Community Inclusion

The general 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 one provider recommendation and one organizational partners recommendation.

Relationships and Community Inclusion Recommendations:

For Providers:

1. Increase involvement in community groups by ensuring that individuals receiving waiver services get information and support to explore existing organizations (e.g., volunteer opportunities, faith communities), other groups, clubs that relate to their interests, registering to vote, as well as information about transportation options.

For Organizational Partners:

1. Encourage the Division of Aging and Independent Living (DAIL) to evaluate all state guardianship clients to determine if restoration of voting and/or other rights

is suitable. Encourage the Kentucky Developmental Disabilities Network to set voting as a “priority”.

Relationships and Community Inclusion Resources for implementation:

- Supported Decision-Making-
 - [National Resource Center on Supported Decision-Making](#)
 - [Center on Youth Voice/Youth Choice](#)
 - [My Choice Kentucky](#)
- [Transportation Initiative](#)
- [National Community of Practice on Supporting Families](#)
- [Relationships and Disability](#) data and resources one-pager
- [Institute on Community Integration- Friends](#) resource
- [KY Protection & Advocacy, Your Voice, Your Vote](#) booklet

NCI-IDD questions used to measure outcomes:

- What activities does the person typically do at least once a week? Where possible, please include the name of the place where this person does each activity.
 - Does things in the community with paid support
 - Volunteers
- How many times did you go out to a religious service or spiritual practice in the past month? (Examples: church, synagogue, study, or other place of worship).
- Are you a part of any groups, organizations, or communities? This can be done in-person or virtually.
- Do you want to be a part of more groups in your community?
- Do people in [*the groups, organizations, or communities the person takes part in*] include you in activities and events?
- Have you ever voted in a local, state, or federal election?



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. Until that is solution is found, the Committee would like to bring awareness to the issue and suggests heightened attention to record keeping and awareness of medication usage among providers, health care professionals, and waiver participants.

Psychotropic Medication Use Recommendations:

For Organizational Partners

1. DDID to continue to review Medicaid and HRST data in order to:
 - Seek to reduce polypharmacy for individuals with numerous psychotropic medications
 - Provide technical assistance to providers regarding conversations with prescribers

For Providers:

- Ensure that medication information is kept up to date in HRST
- Ensure that the purpose of their medication is explained to each person
- Ensure that medication review is done during each person's annual physical
- Ensure that each prescribing physician is provided a listing of all of a person's medications at each appointment

NCI-IDD questions used to measure outcomes:

- Does this person currently take medications to treat mood disorders, anxiety, and/or psychotic disorders?
- If yes, how many medications to treat mood disorders, anxiety, and/or psychotic disorders does this person take?
- Does this person currently take medications for behavioral challenges?
- If yes, how many medications to treat behavioral challenges does this person take?
- If you take medication, do you know what it's for/why you take it?

RIGHTS AND RESPECT

The Committee added this focus area, in part, to measure the degree to which HCBS "final rule" is being implemented. The settings rule is designed to provide waiver participants with access to the community, guarantee privacy and independence, and increase choice and control. Based on the 2021-2022 NCI data, Kentucky is performing well below average in most of these areas.

Rights and Respect Recommendations:

For Providers:

1. Increase the number of people who have a key to their home.
2. Increase the number of people who are able to stay at home when others in the home leave.

3. Decrease the number of people who have others enter their bedrooms without permission.
4. Increase the number of people who participate in or have access to self-advocacy events and activities.
5. Increase the number of people who vote in local, state, and/or national elections.

Rights and Respect resources for implementation:

- [HCBS Final Regulations](#)
- [HCBS Settings Rule from ACL](#)
- [Kentucky Memo regarding Final Settings Rule](#)

NCI-IDD questions used to measure outcomes:

- Does this person have a key to the home?
- Can this person stay at home if other go somewhere (if not living alone)?
- Do people let the person know before entering the bedroom?
- Has this person participated in a self-advocacy event?
- Has this person ever voted in a local, state, and/or national elections?

NEXT STEPS

The Quality Improvement Committee will work throughout the upcoming year to distribute the recommendations report to all interested parties. The information from data cycles will provide important information about pandemic recovery efforts. These data will be scrutinized by the QIC and others to evaluate the response to services changes that were required during the pandemic. This information could help to inform plans for future emergencies or other unanticipated situations.

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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

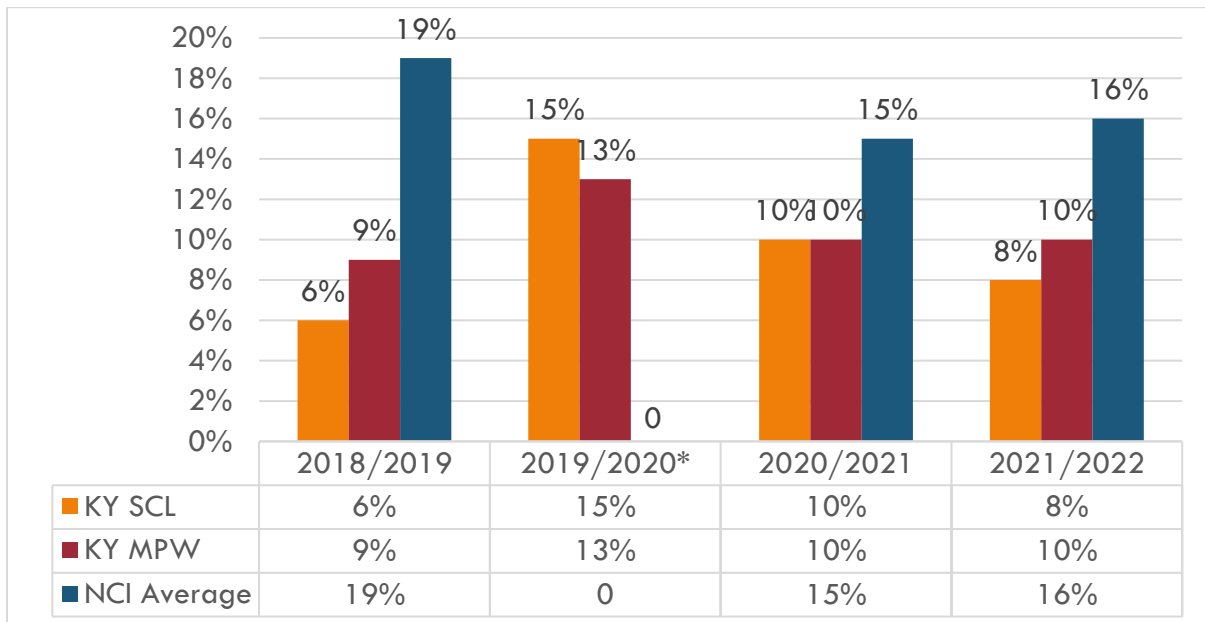
Katie Wolf Whaley

APPENDIX B

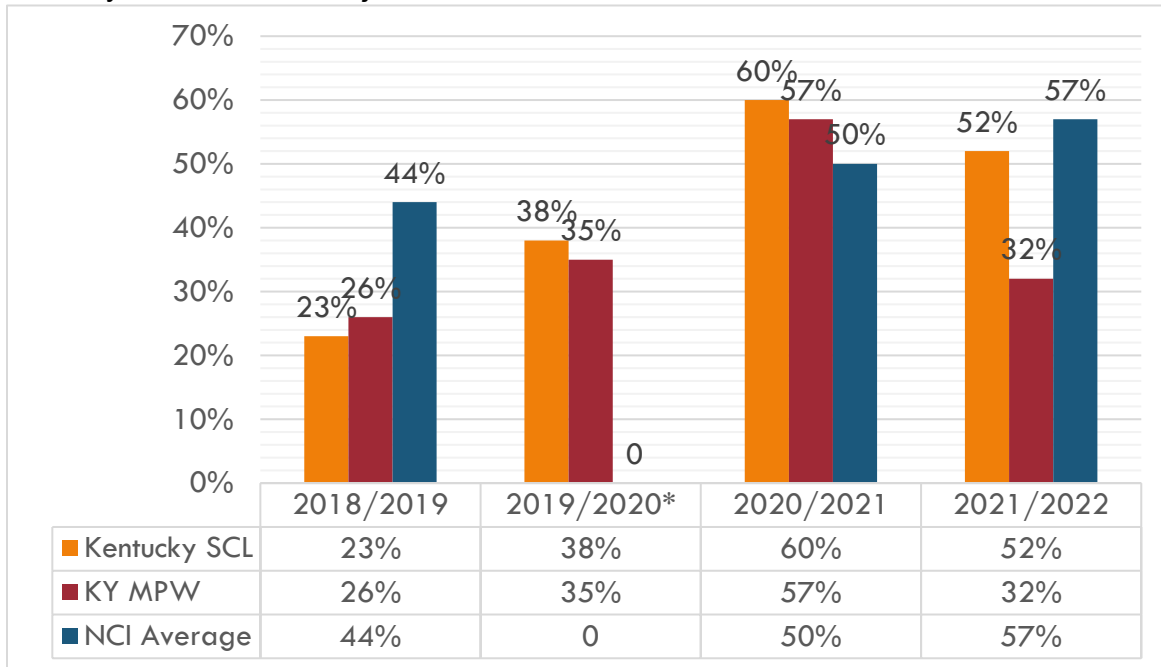
RECOMMENDATIONS DATA

Employment Data

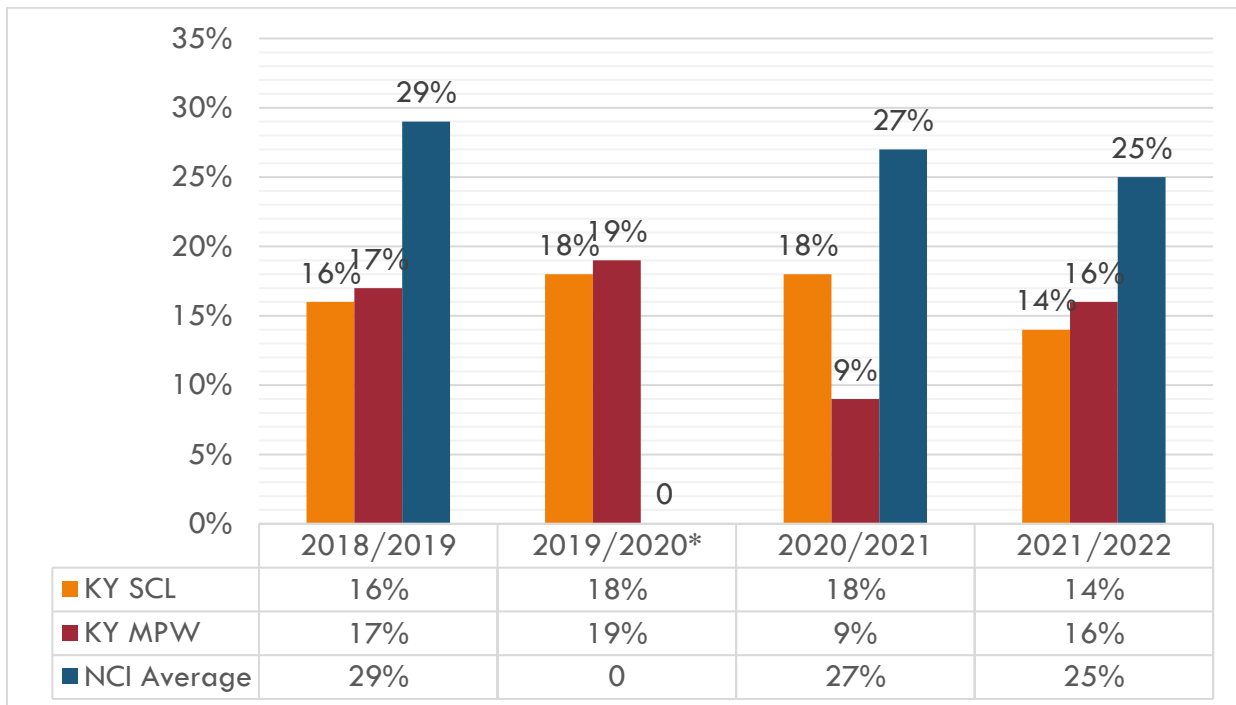
Has paid job in the community; individual, group and/or business that primarily hires people with disabilities



Would you like to have a job?



Community job in service plan (all survey participants)



What keeps you from working? (KY-specific question)

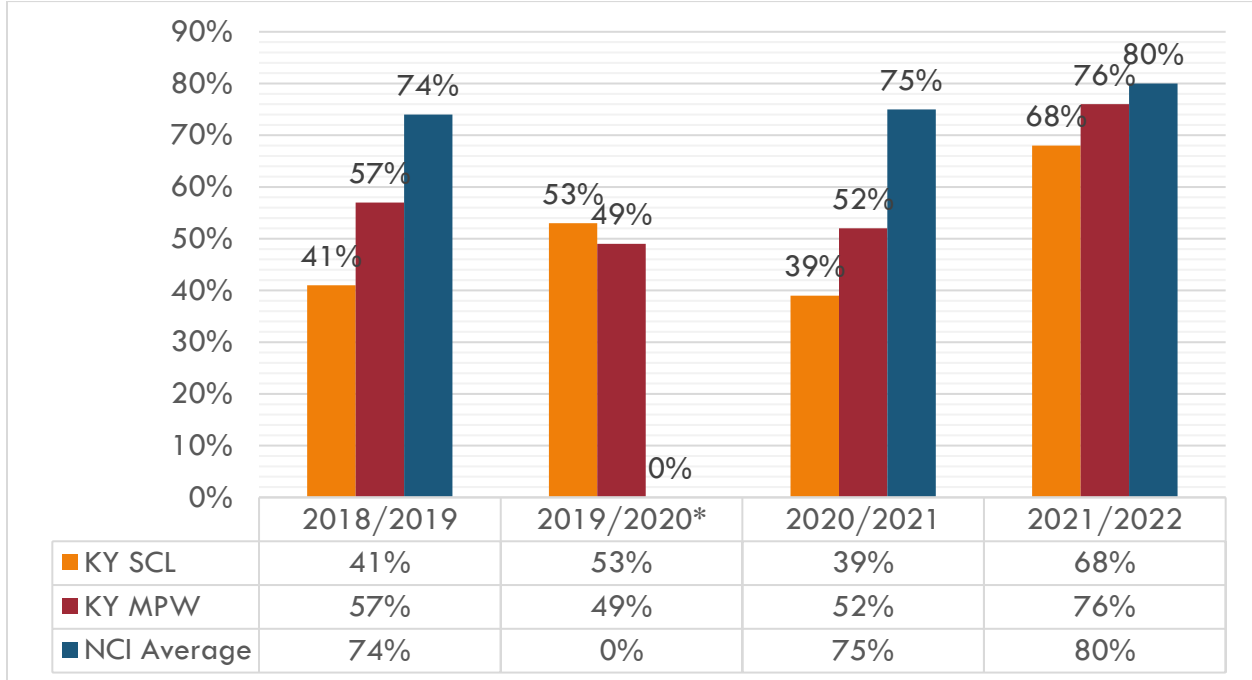
2021/2022	KY	SCL	MPW
Doesn't want to work	16%	15%	19%
Needs assistance finding work	33%	35%	29%
No jobs available in the area	11%	10%	13%
Doesn't want to lose benefits	1%	1%	0%
Transportation issues	3%	3%	4%
Other people don't want them to work	1%	1%	0%
Can't physically work	15%	11%	23%
Other	12%	15%	7%
Was working before COVID	3%	5%	0%

Health & Wellness

How would you describe your overall health? (response options changed in 2021/2022)

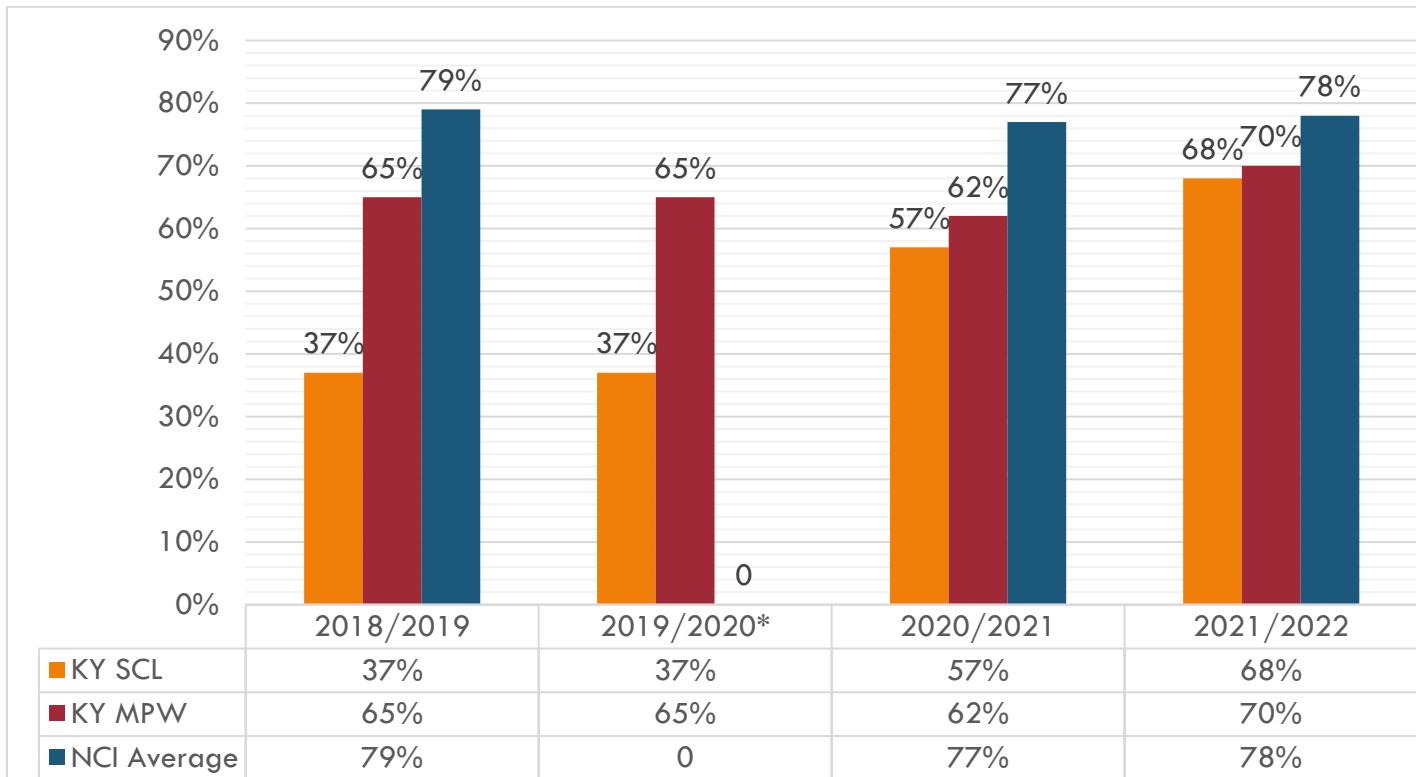
	Excellent	Very Good	Good	Fair	Poor	Valid N
KY	2%	23%	45%	27%	3%	405
KY SCL	1%	20%	42%	33%	4%	255
KY MPW	3%	27%	50%	19%	1%	150

Does moderate physical activity or exercise in which you are active for at least 10 minutes at a time, at least once per week

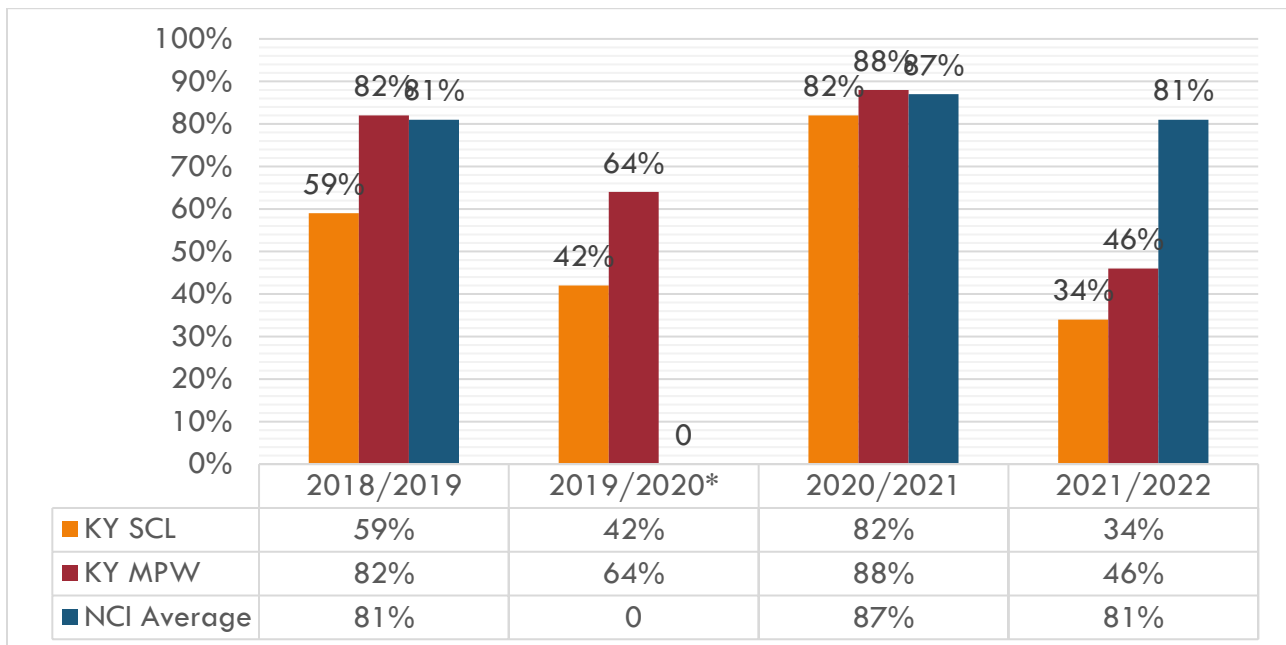


Relationships and Community Inclusion

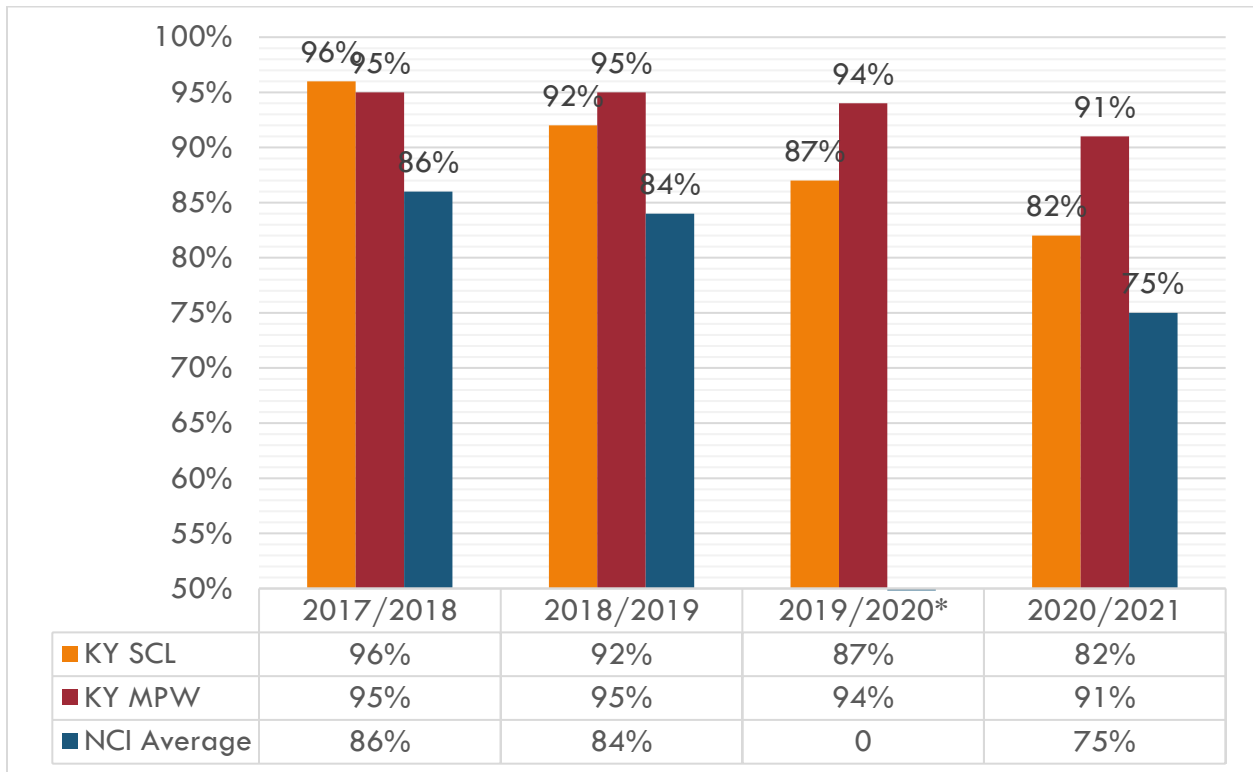
Has friends who are not staff or family



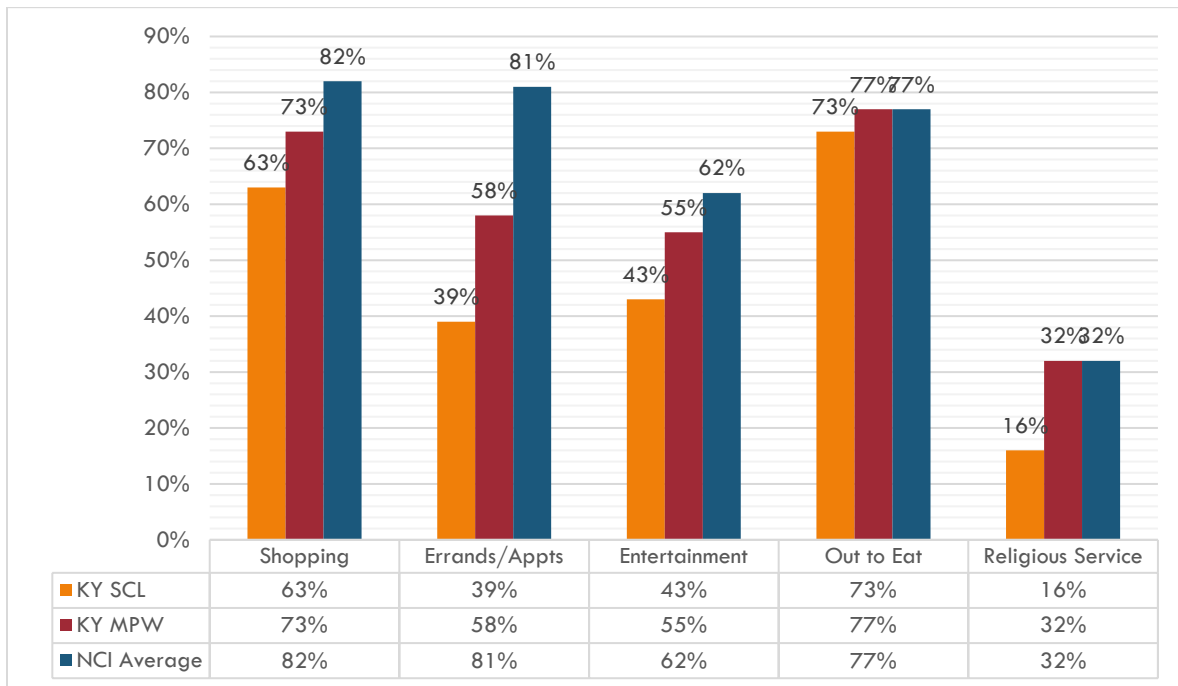
Has ways of communicating with friends



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

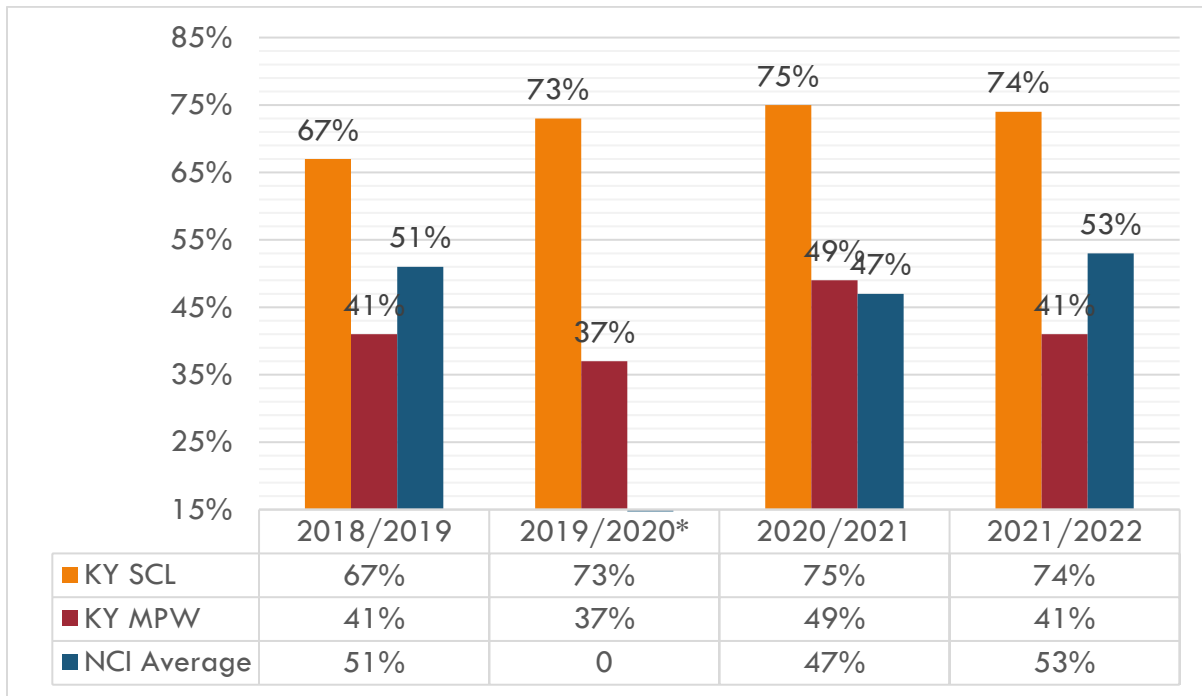


Community Inclusion (at least once in the past month)

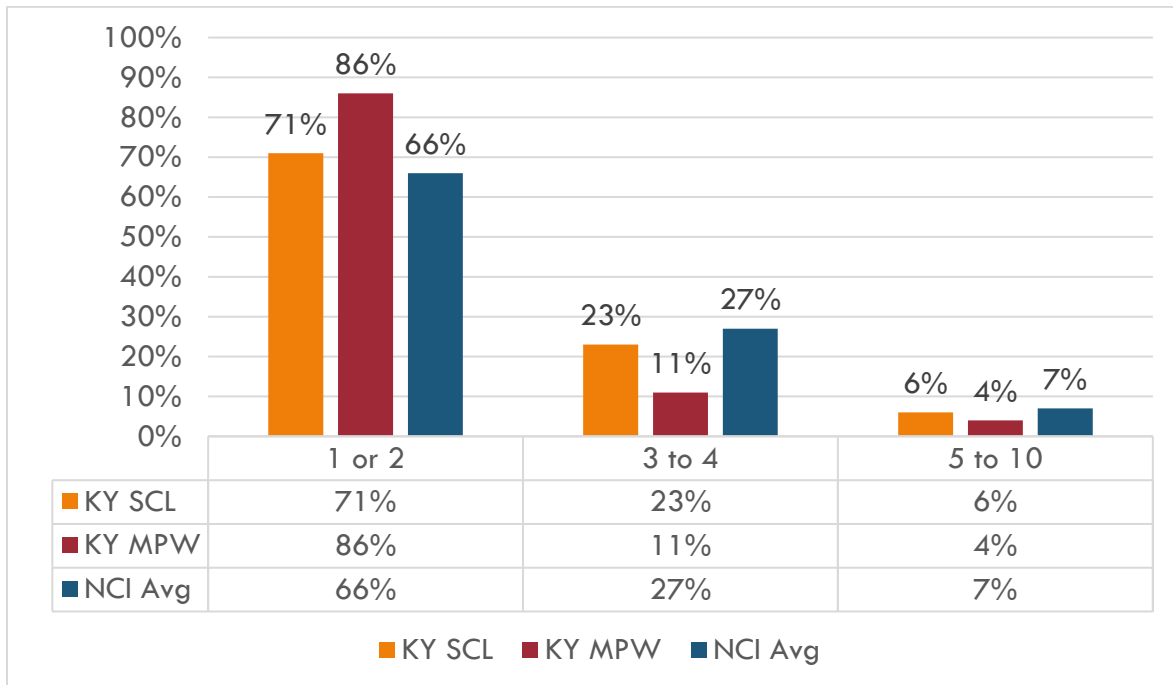


Psychotropic Medication

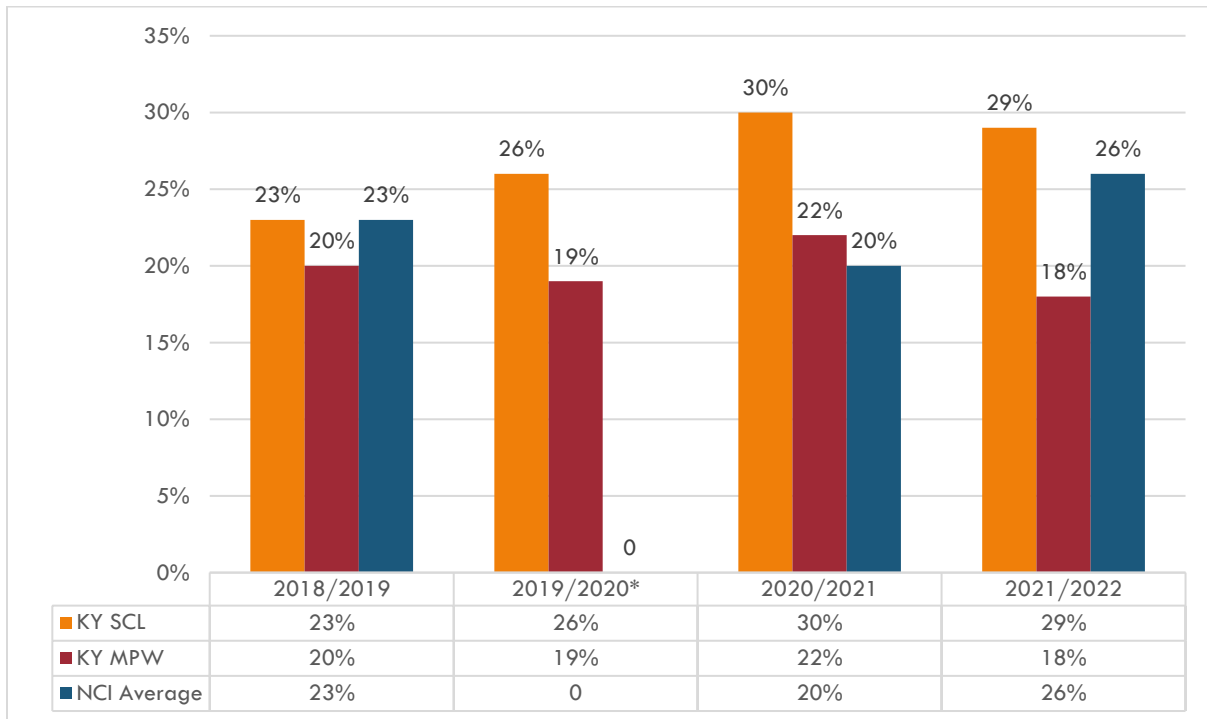
Medication for mood, anxiety, and/or psychotic disorders



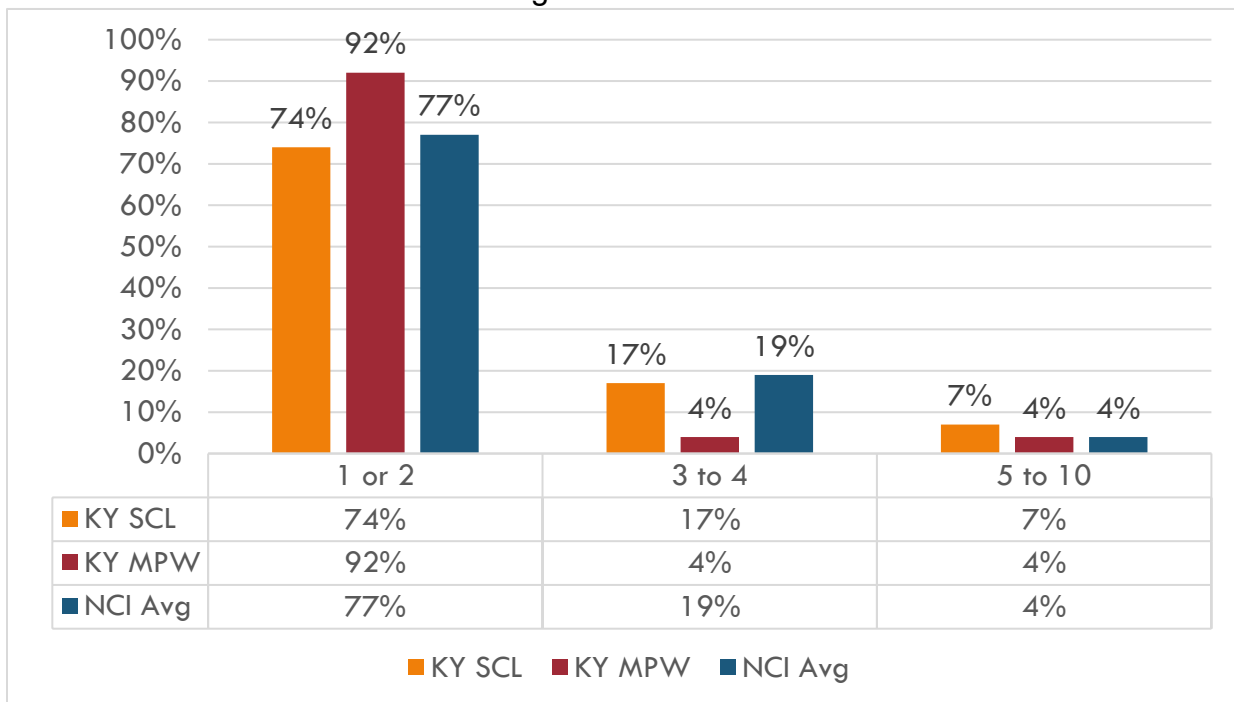
Number of meds for mood, anxiety, and/or psychotic disorders



Medication for behavior challenges

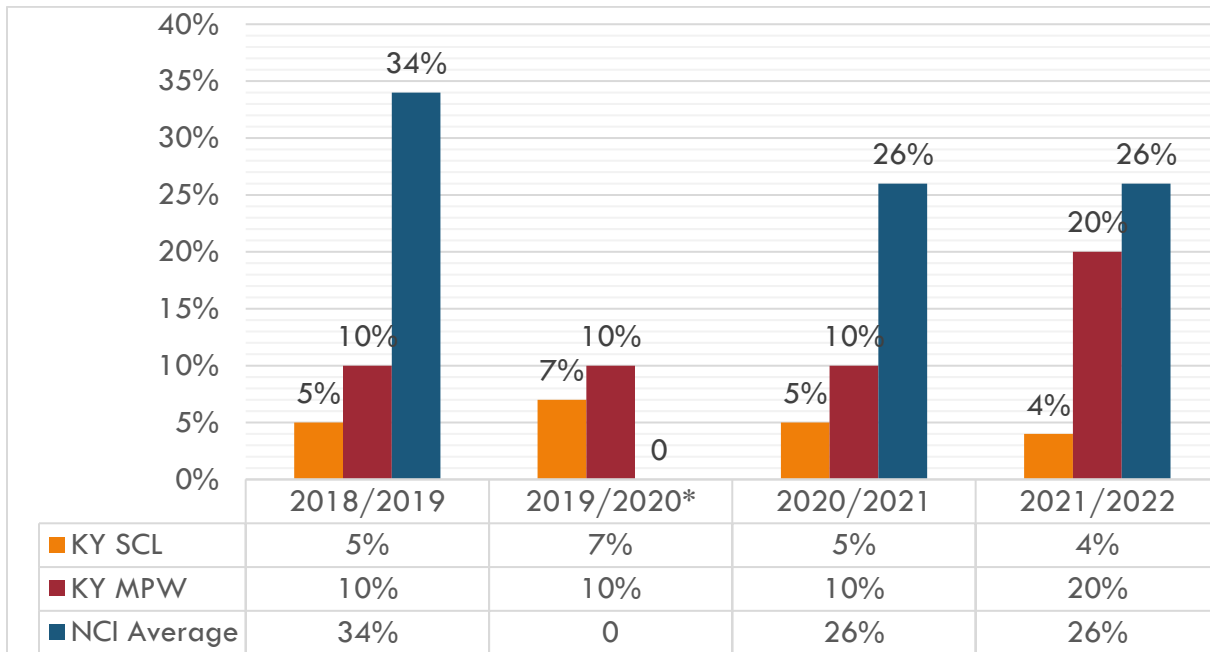


Number of meds for behavior challenges

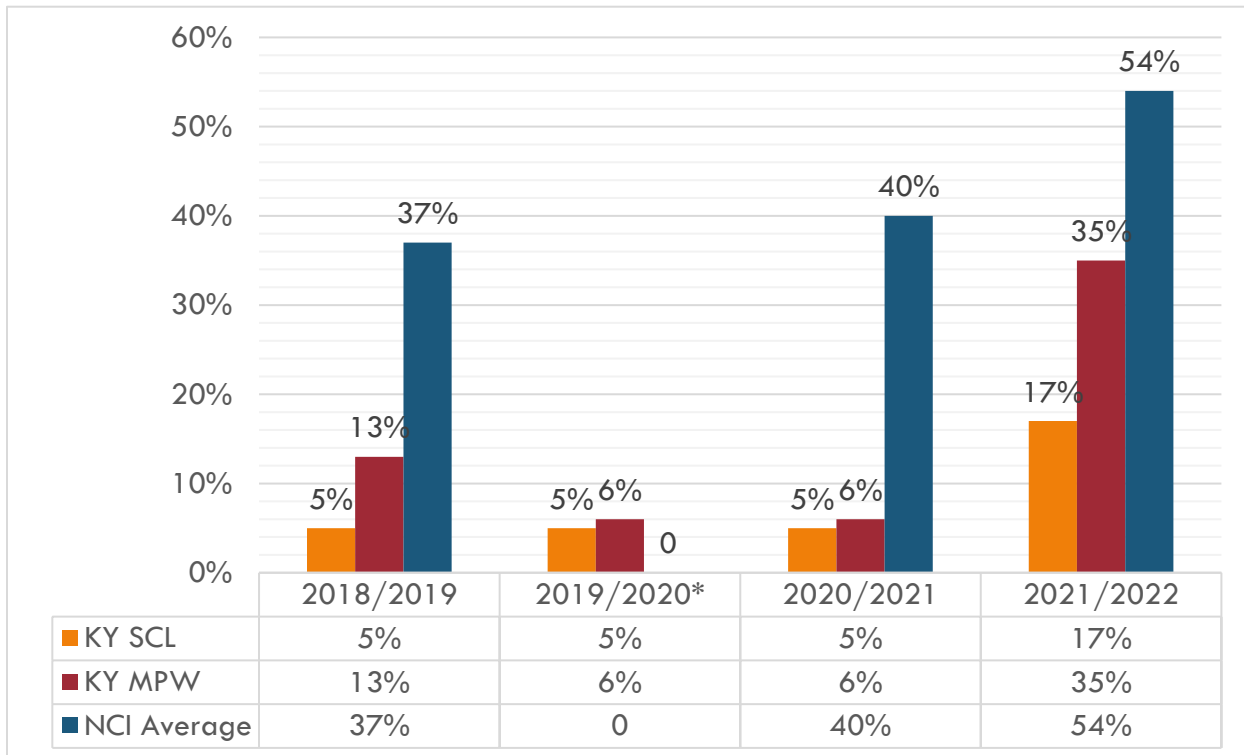


Rights and Respect

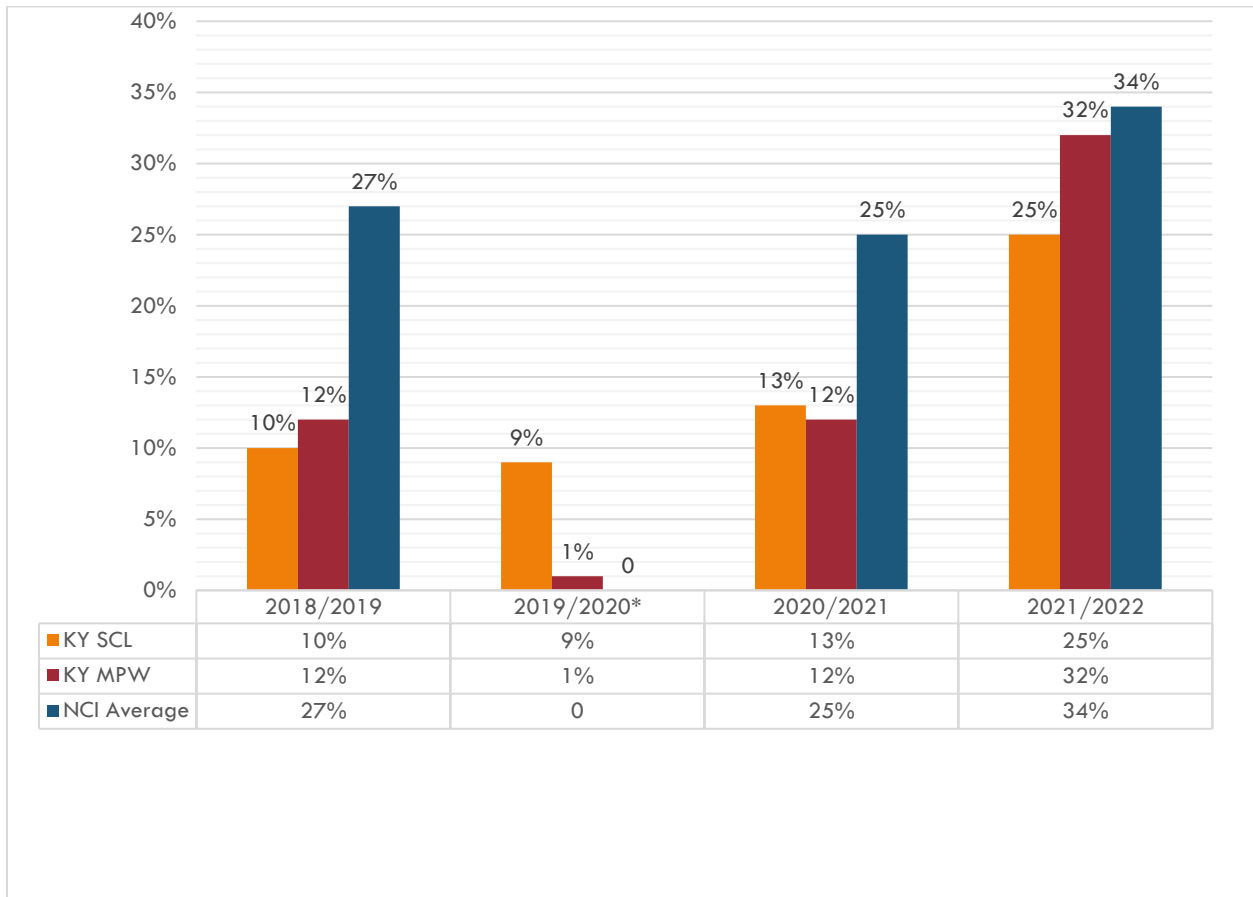
Participated in a community group in the past month



Have ever voted



Participated in a self-advocacy event or organization



*Incomplete data cycle due to COVID-19.