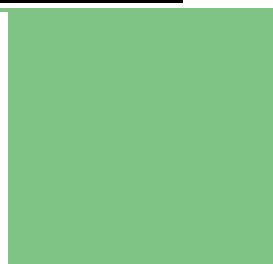


Kentucky National Core Indicators

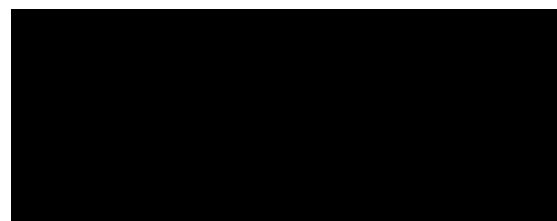
# Recommendations

# Report

Submitted by the NCI Quality  
Improvement Committee



# 2025



## 2025 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. Most recommendation areas have separate recommendations for providers and community 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 attempting 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.

### **Overall Quality Improvement**

Kentucky has a regulation requiring state providers to utilize areas identified in the National Core Indicators annual report; however, the regulation is not specific about how to use them.

#### ***Recommendation:***

1. The Kentucky Division of Development and Intellectual Disabilities (DDID) with assistance from the Human Development Institute (HDI) will provide technical assistance to providers for appropriate utilization of National Core Indicator (NCI) data in the development and implementation of quality improvement plans.

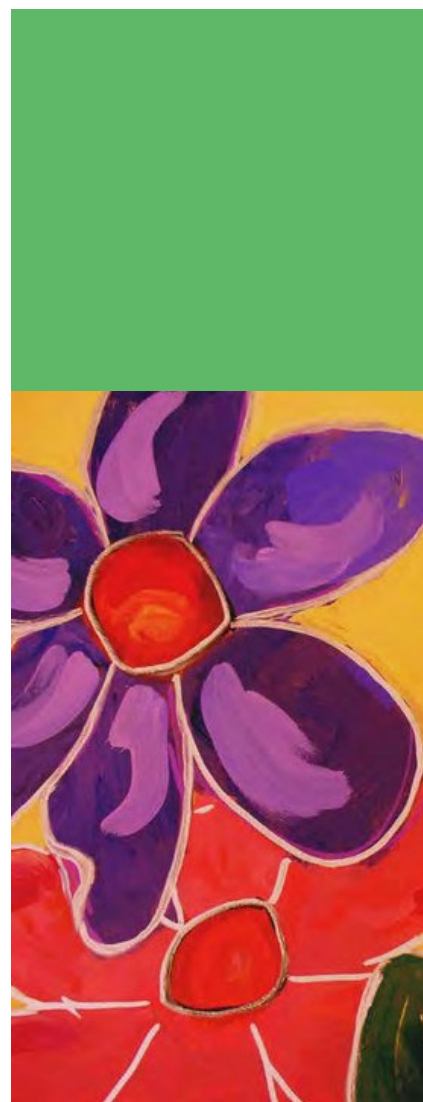
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# Background

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 Core Indicators (NCI) 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.

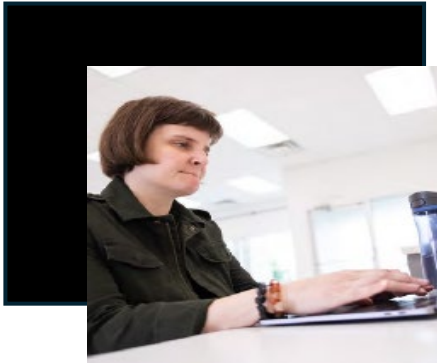
The NCI data reviewed here represent only adults on two Kentucky Medicaid waivers—Supports for Community Living and Michele P.—therefore, these data should be interpreted with care as responses cannot be generalized to all Kentuckians with intellectual and other developmental disabilities. Committee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



Art by Morgan  
Crawford



# Employment



Kentucky is an Employment First state which means that “competitive integrated employment shall be considered the first and primary option for persons with disabilities of working age who desire to become employed.” The NCI data consistently show a gap between the number of people who say they want to work and the number of people who have employment in their service plan. People who do have a job overwhelming report liking their job (90%) and 30% report that they would like to work more hours. The Committee recommendations around employment reflect the need to make sure people are receiving quality information about employment options and that their service plans accurately reflect their goals.



## Recommendations:

### Providers:

1. Case Managers document in case notes discussions regarding community involvement and employment.\*
2. Case Managers ensure that person-centered service plans accurately reflect each person’s aspirations.\*
3. Case Managers ensure that a plan to provide employment services is included in the person-centered service plan for anyone who has expressed a desire to work in alignment with Kentucky Employment First policy as codified in Senate Bill 104, now KRS 151B.211-214.
4. Providers engage with local Chambers of Commerce and Workforce Coalitions to build a network for potential employment opportunities.

### Community Partners:

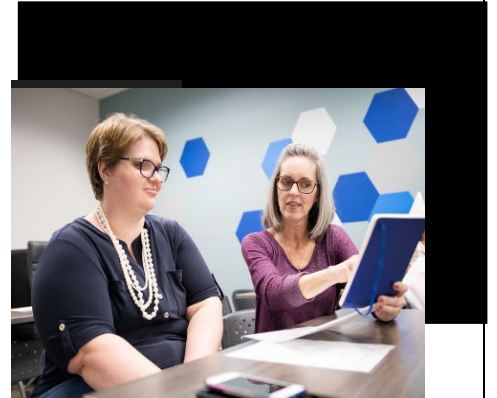
1. DDID to ensure Quality Administrators (QA) monitor case management agency compliance with Kentucky Employment First policy and provide technical assistance as needed.
2. DDID to ensure case management provider recertification includes review of documentation of discussions, aspirations, and person-centered service plans.
3. DDID, HDI, and other relevant partners will encourage dissemination of resources on the possibilities of employment for people with disabilities, including how to access help to find and keep a good job, the overall benefits to employment for people, and more at the [Kentucky Supported Employment Training and Orientation to Employment](#).

\*See 907 [KAR 12:010](#).



# Employment Resources

- [Disability Benefits 101](#)
- [Kentucky APSE](#)
- [Kentucky Employment First Council](#)
- [Kentucky Supported Employment Training Project](#)
- [Human Development Institute Employment Resources](#)
- [Customized Employment in Kentucky video](#)
- [Employment and Disability data and resources One-Pager](#)
- [Supports for Community Living Waiver Supported Employment Forms](#)
- [Kentucky Office of Vocational Rehabilitation Videos: An Overview, Supported Employment and Pre-Employment Transition Services](#)
- [8 Important Points to Share Supplemental Information](#)

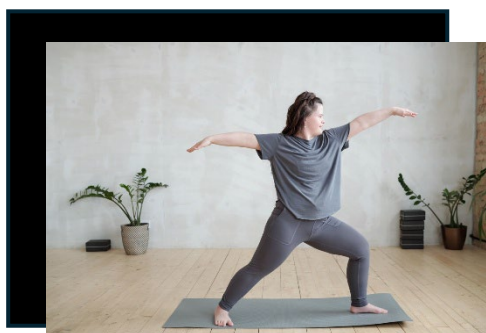


## NCI survey questions used to track progress:

- Do you do any type of job training?
- Person has a paid individual job in a community-based setting. (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 working:* Do you want to work more hours? - Kentucky specific question
- *If not working:* Has your case manager talked to you about finding a job? - Kentucky specific question



# Health & Wellness



While Kentucky ranks higher than the national average in health indicators related to access to medical and dental exams, Kentucky also ranks higher in indicators related to *poorer* health outcomes, including tobacco use and obesity. Kentucky is also below the NCI national average in physical activity.



## Recommendations:

### Providers:

1. Case management providers include activities for health and wellness in their quality improvement plan.
2. Providers access mental health training available to eastern Kentucky through [Rooted & Rising](#) project.
3. Providers determine and implement activities aimed at increasing the percentage of people who report their overall health as “good” or better.
4. Providers determine and implement activities aimed at increasing the percentage of people who report they can do healthy things (exercising, sports, gardening, eating healthy food, etc.).
5. Providers 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](#) and the [National Institutes of Health](#).

### Community Partners:

1. DDID to ensure Quality Administrators (QA) monitor quality improvement plans for inclusion of health and wellness activities.
2. DDID and partners seek opportunities to collaborate on mental health initiatives aimed at increasing quality mental health services and resources.





# Health & Wellness Resources

- [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.](#)
- [Project MERGE](#)
- [Rooted & Rising Project](#)



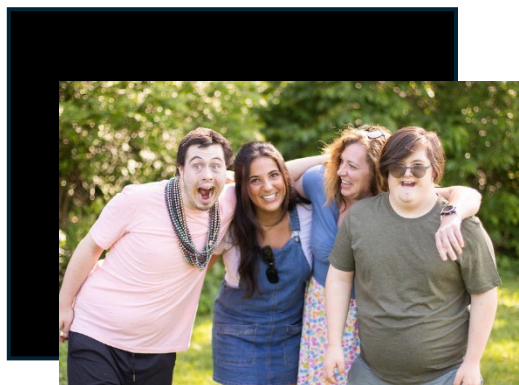
## NCI survey questions used to track progress:

- 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? – Kentucky specific question
- Do you get to do those healthy things as often as you like? – Kentucky specific question





# Relationships and Community Inclusion



While Kentucky has made significant improvement in the number of individuals who report *not* being lonely and also having friends who are not staff or family members, Kentucky lags far behind the nation in the percentage of SCL recipients reporting that they have a way of *doing* things with friends (30% vs. 78% nationally) and a way to get to places outside the home for fun (34% to 80% nationally).



## Recommendations:

### Providers:

1. Providers 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.
2. Providers ensure practices align with the Medicaid Home and Community Based Services Settings Rule.

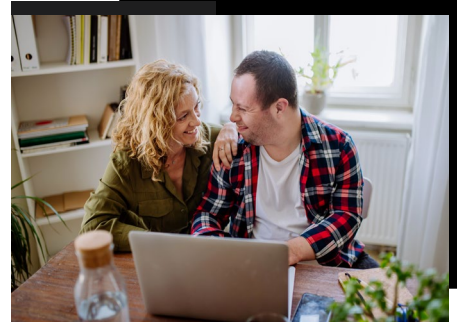
### Community Partners:

1. DDID to convene a stakeholder group of waiver recipients, family members, providers, and community partners to strategize on improving these key relationship indicators. DDID to then disseminate the findings to providers and community partners and ensure that case managers distribute these findings to family members and waiver recipients.



# Relationships and Community Inclusion Resources

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

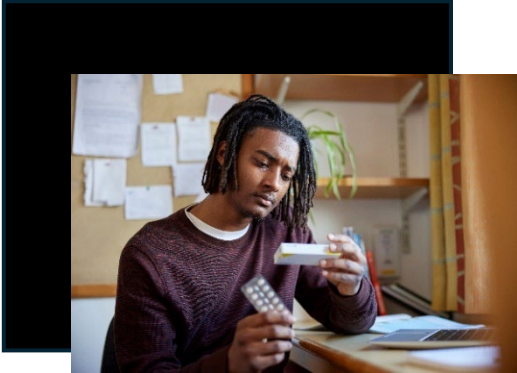


## NCI survey questions used to track progress:

- 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 have a way to get places you want to go outside of the home for fun?



# Psychotropic Medication Use



Kentucky has had a slight decrease in use of medication for behavior challenges, bringing Kentucky closer to the NCI average. However, Kentucky's use of medication for mood, anxiety, or psychotic disorders continues to be significantly above the NCI national average.



## Recommendations:

### Providers:

1. Residential and Case Management providers follow the Health Risk Screening Tool (HRST) protocol to ensure medication information is kept up to date in HRST.
2. Residential providers access, utilize, and discuss the following reports from HRST with their QA during monitoring:
  1. Clinical Reviews with outstanding Disagreements
  2. Scoring alerts
  3. Meds and Diagnoses with no end date
  4. Health care level (HCL) change over time (last 3 months)
  5. Persons with no health care level.
3. Case management providers access, utilize, and discuss the Change Over Time report from HRST with their QA during monitoring.
4. Providers ensure the purpose of medication is explained to each person and all staff administering that medication.
5. Providers ensure medication review is done during each annual physical.
6. Providers ensure each prescribing physician is provided a listing of all medications for each person.

### Community Partners:

1. DDID to ensure Quality Administrators (QA) review and discuss the HRST reports during their monitoring.



# Psychotropic Medication Use Resources

- **Kentucky HRST Protocol:**

- The HRST shall be **updated** by the residential provider **within 10 business days of any significant change** in a person's health, functional or behavioral status including but not limited to:
  - a) Medication or Diagnosis change
  - b) Hospitalization
  - c) Emergency room/critical care visit
  - d) Significant behavioral change
  - e) Communication by person of changes to how they feel
  - f) Applicable changes to any of the 22 rating items
  - g) The residential provider shall **upload** each completed HRST into MWMA **within 7**



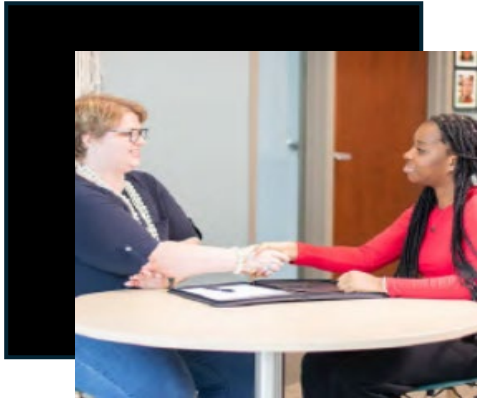
## NCI survey questions used to track progress:



- 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? - Kentucky specific question



# Rights & Respect



While Kentucky has made an improvement in the percentage of individuals who report that others always let them know before they enter the individual's bedroom and Kentucky is actually above the national average in the percentage of individuals who can lock their bedroom door, Kentucky lags significantly behind the nation in the number of individuals who report having a key to their own home or who can stay at home if others go somewhere else.



## Recommendations:

### Providers:

1. Residential providers will include federal settings rule compliance in their quality improvement plans.
2. Case management providers ensure that the federal settings rule is being adhered to.

### Community Partners:

1. DDID to work with providers, Waiver recipients, and family members to improve these important life indicators:
  - a. Increase the percentage of people who have access to their home (key, code for a keypad lock, app to unlock door, etc.).
  - b. Increase the percentage of people who are able to stay at home when others in their home go out.
  - c. Decrease the number of people who have others enter their homes without permission.
  - d. Increase the number of people who participate in or have access to self-advocacy events and activities.
  - e. Increase the number of people who vote in local, state, and/or national elections, in part by providing information and access to early voting and absentee voting options.
  - f. Ensure practices align with the Medicaid Home and Community Based Services Settings Rule.



# Rights & Respect Resources

- [Home and Community Based Services Final Regulations](#)
- [HCBS Settings Rule from ACL](#)
- [Kentucky Memo regarding Final Settings Rule](#)
- [HDI Housing Futures project](#)
- [Code of Federal Regulations- Home and Community Based Setting](#)
- [Home and Community Based Settings Requirements Compliance Toolkit](#)



## NCI survey questions used to track progress:

- 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 your home?
- Has this person participated in a self-advocacy event?
- Do you know about any self-advocacy groups in your area? - Kentucky specific question
- Has this person ever voted in a local, state, and/or national election?



# Appendix A

## 2024 NCI Quality Improvement Committee Members

Laura Butler

Blair Close

Harold Kleinert

Kelly Knoop

Cathy Lerza

Tony Lobianco

Kathy Sheppard-Jones

Meg Steinman

Arline Wilson

Jeff White

Katie Wolf Whaley





# Appendix B

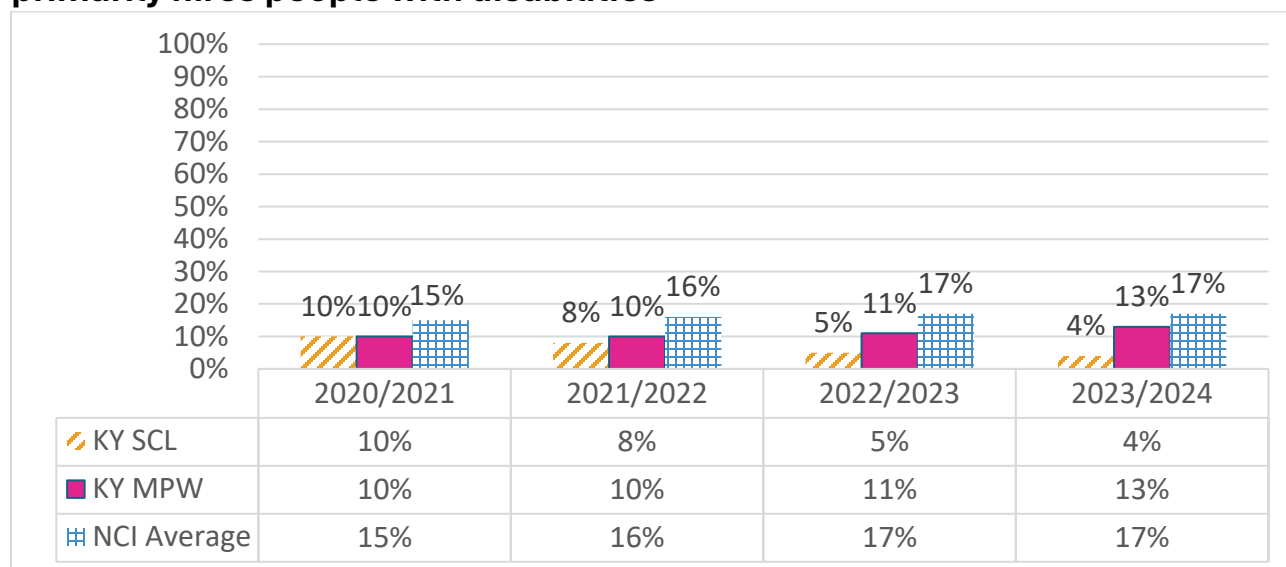
## Recommendations Data



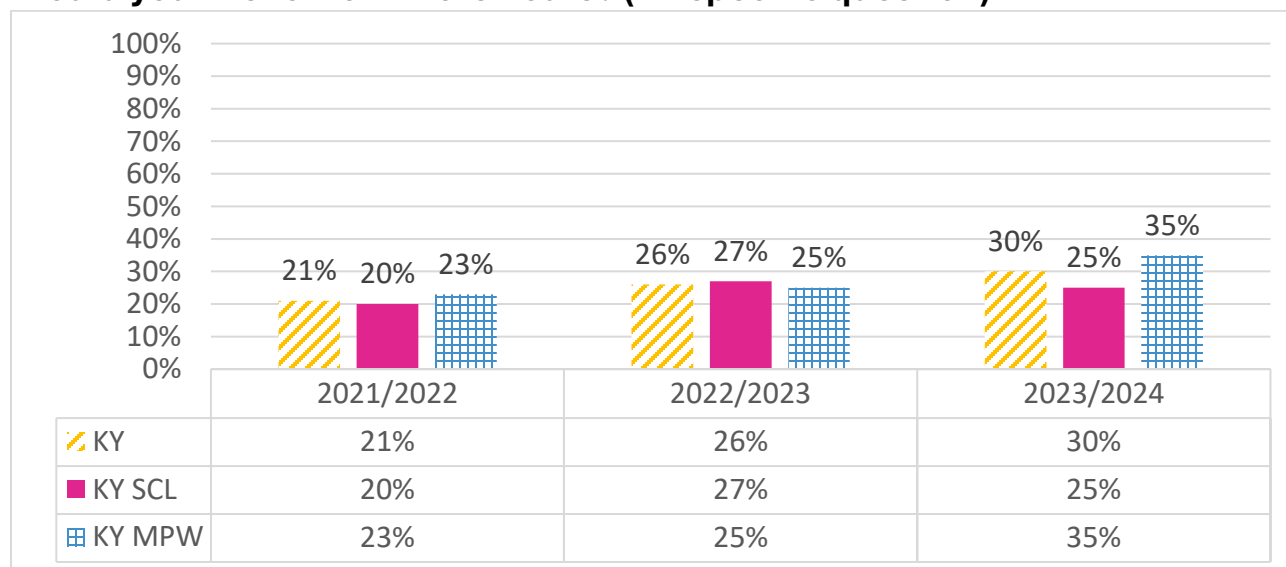


## Employment

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



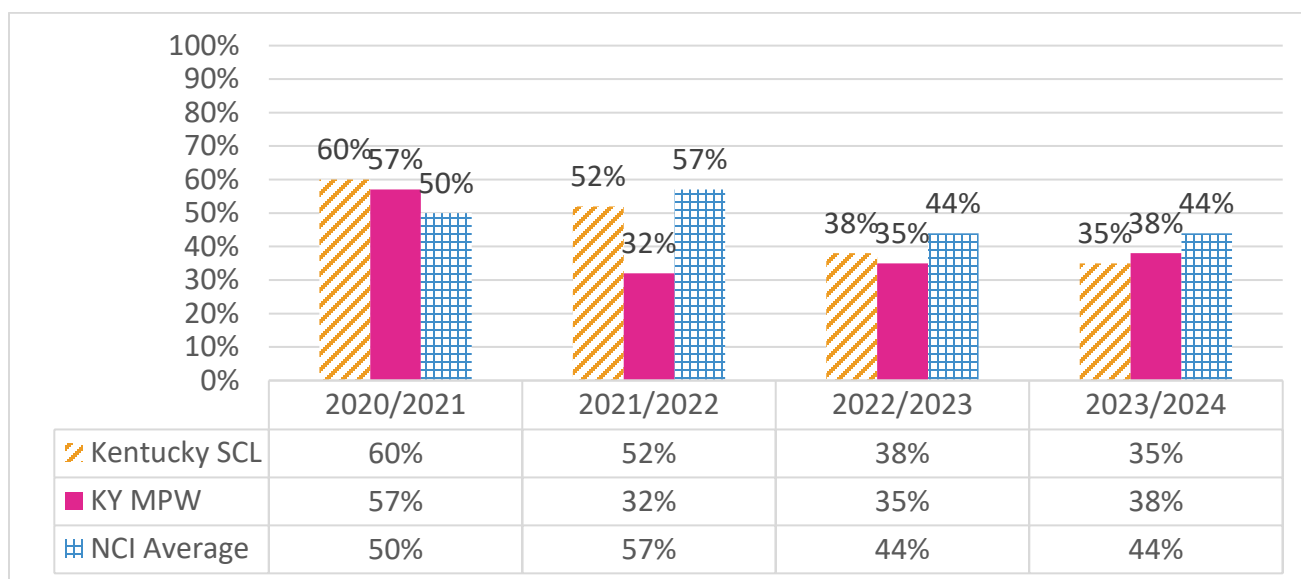
**Would you like to work more hours? (KY specific question)**



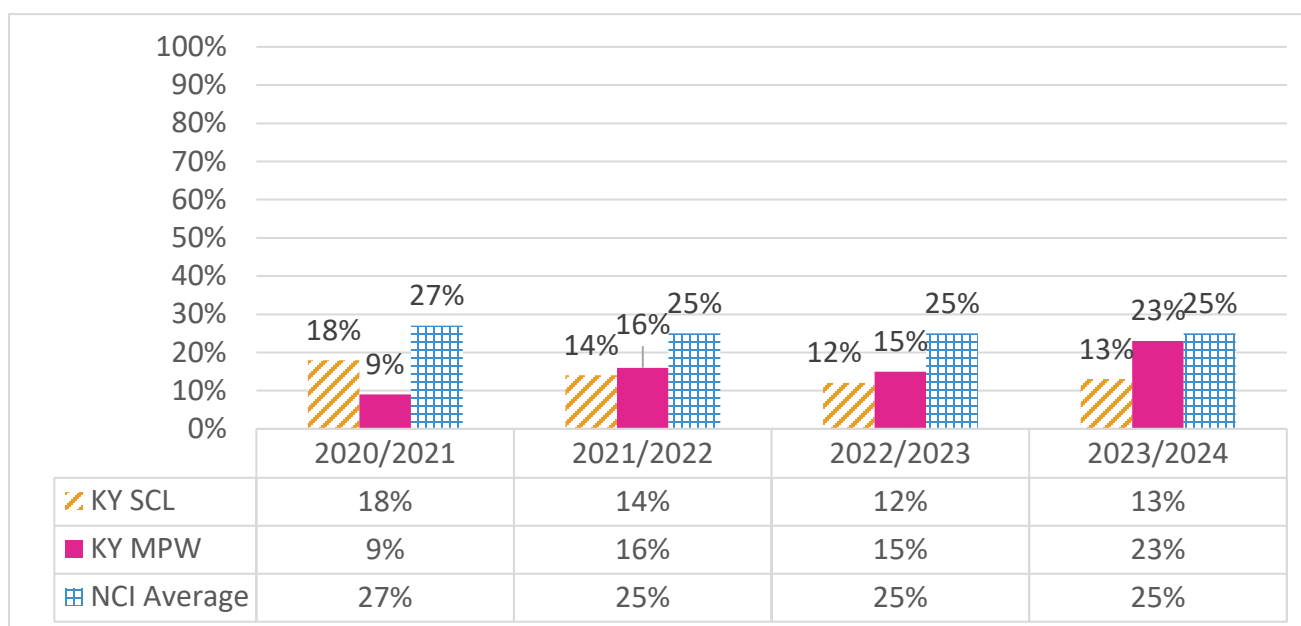


## Employment

### Would you like to have a job?



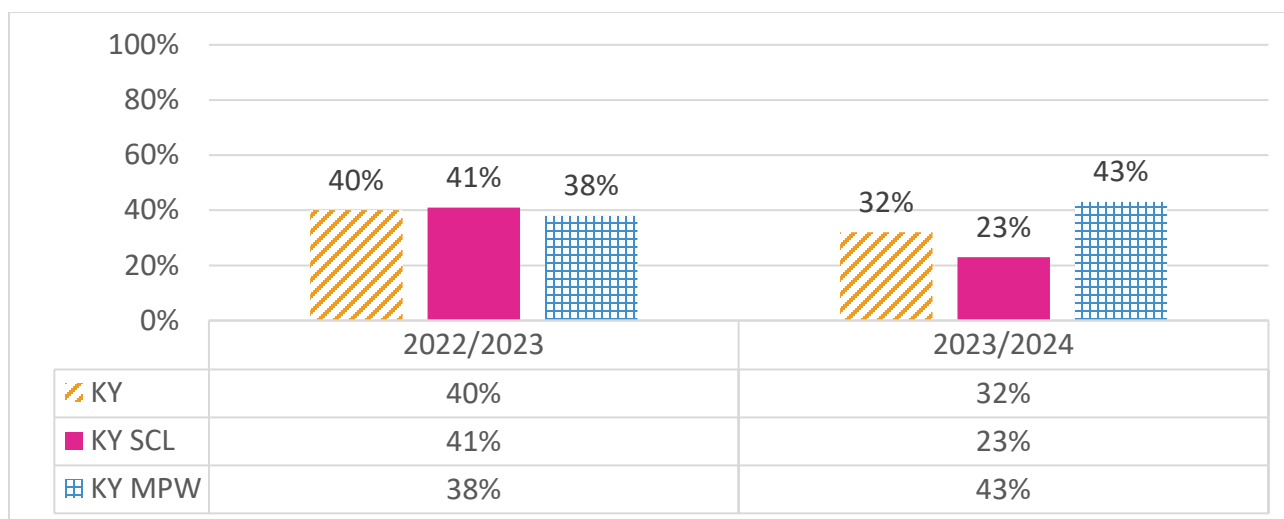
### Community job in service plan (all survey participants)



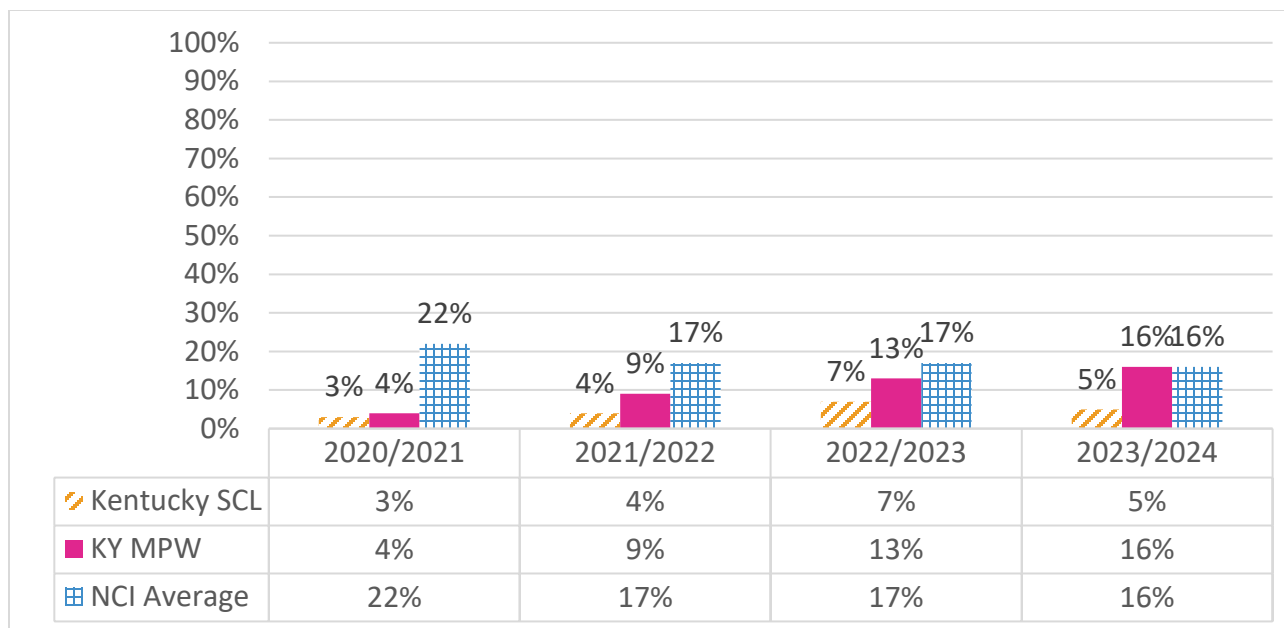


## Employment

**If not working, case manager has talked about finding a job (KY specific question)**



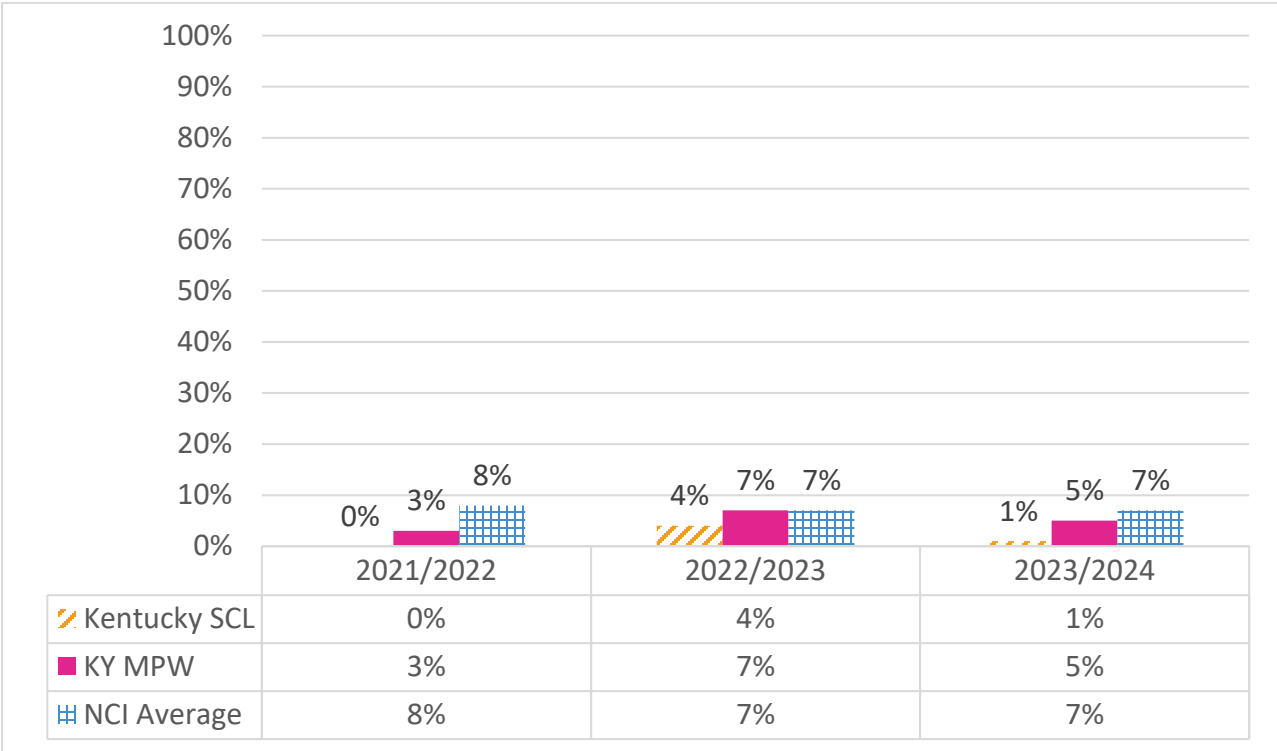
**Take classes, training, or skills building to help get a job/get a different job**





# Employment

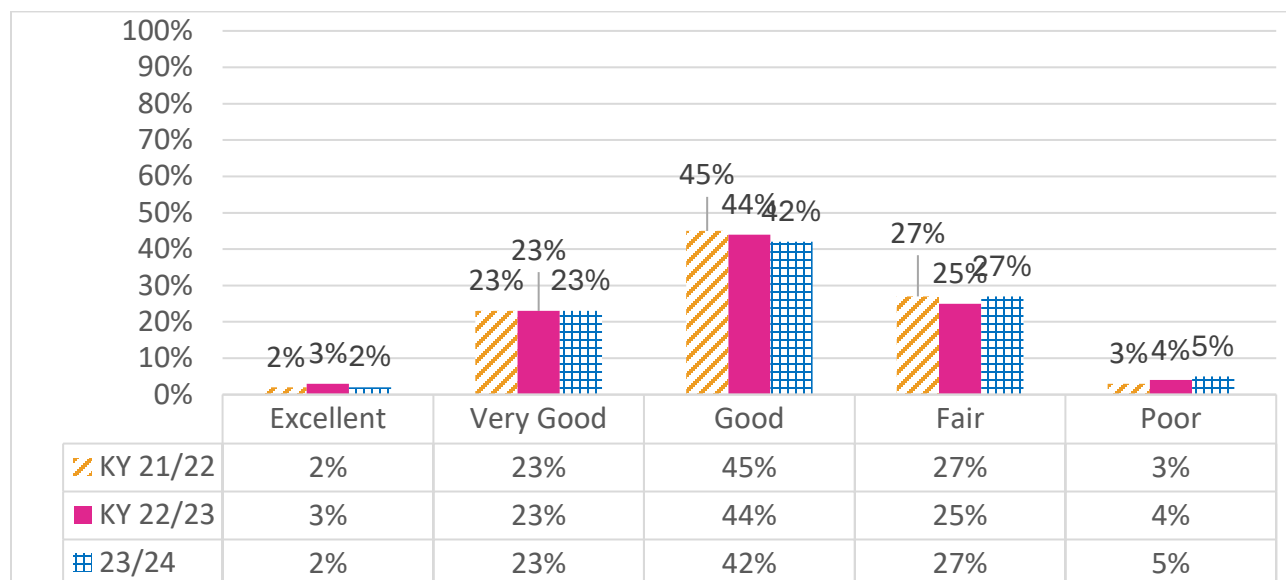
Does job training at least once per week



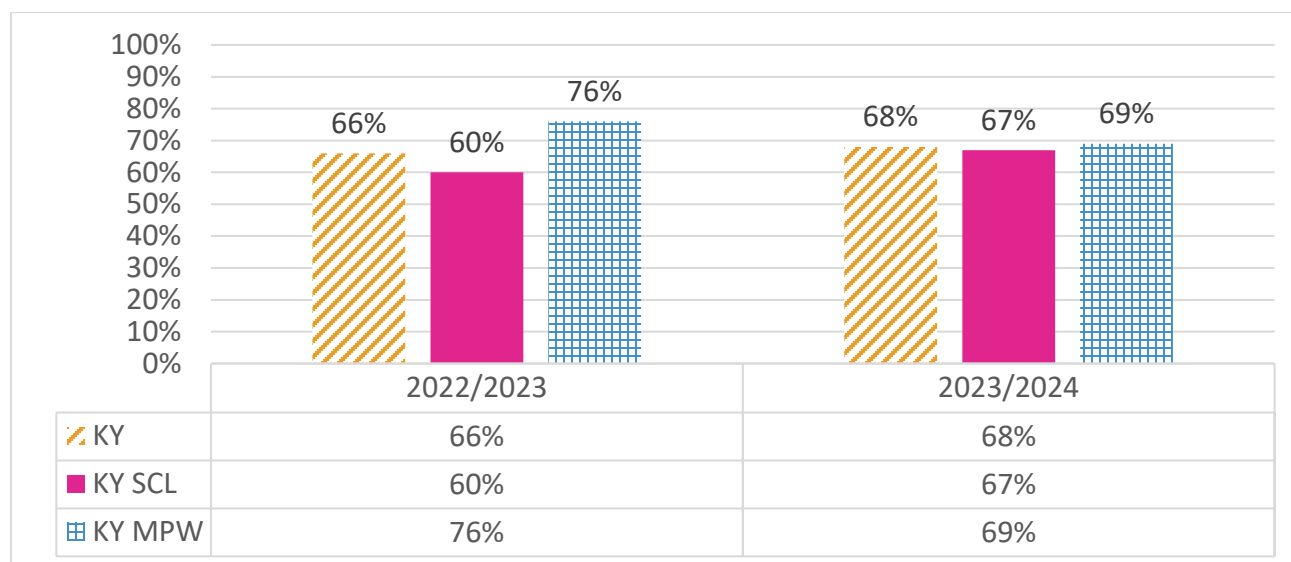


## Health & Wellness

### How would you describe your overall health?



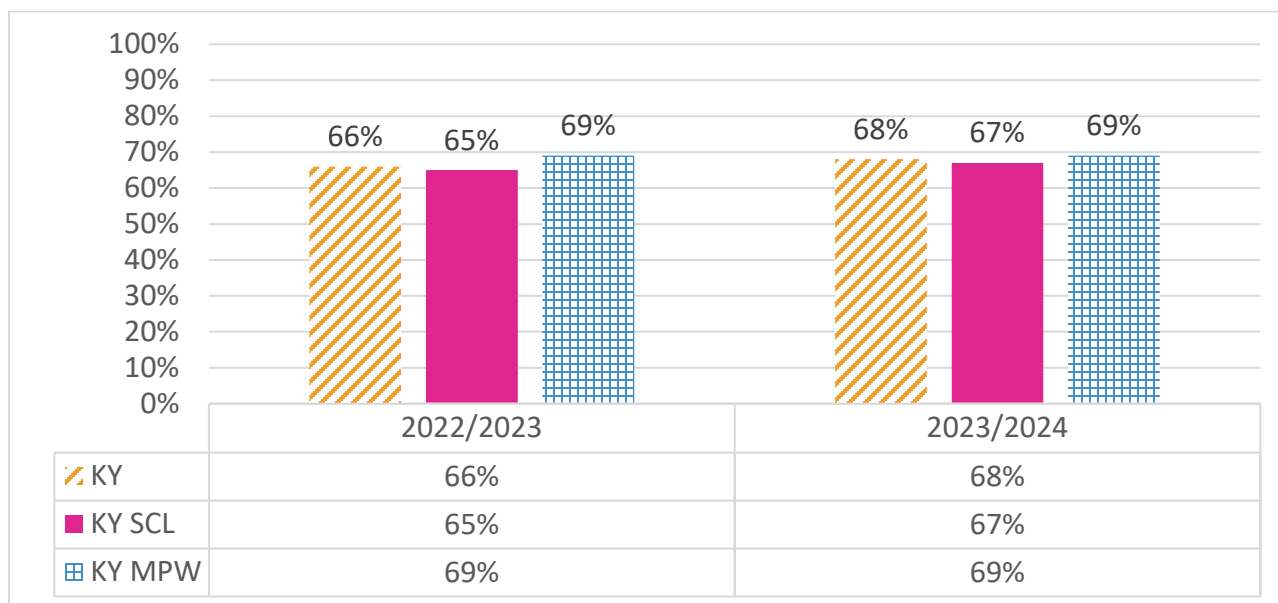
### Able to do healthy things they like to do (KY specific question)



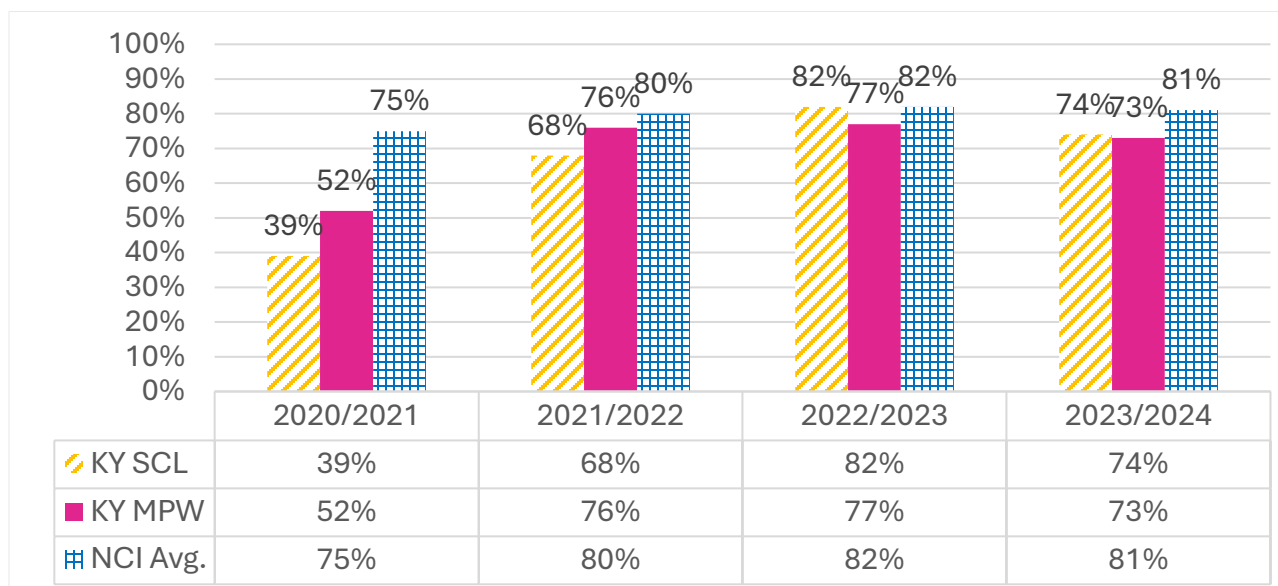


## Health & Wellness

### Able to do healthy things as often as they like (KY specific question)



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

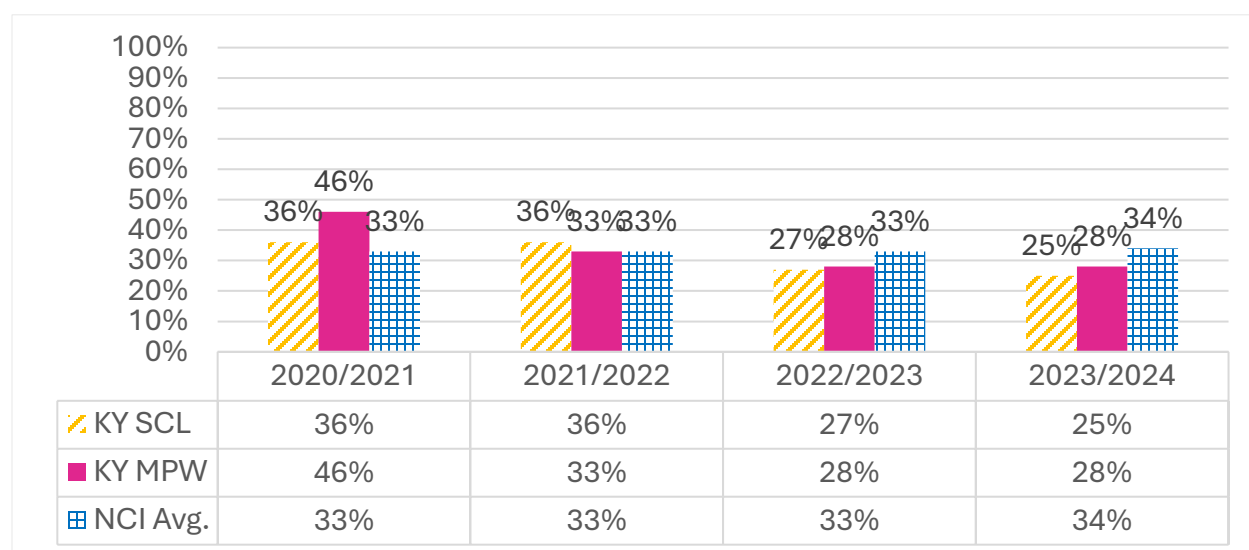




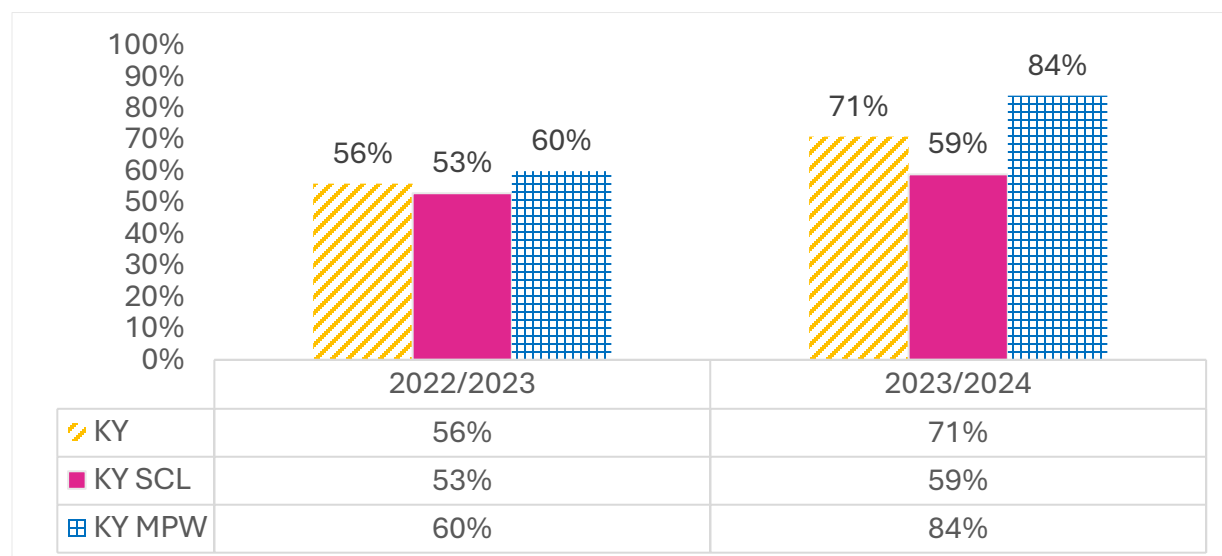


## Health & Wellness

**Does physical activity or exercise that works muscles hard at least 10 minutes at a time, at least once per week?**



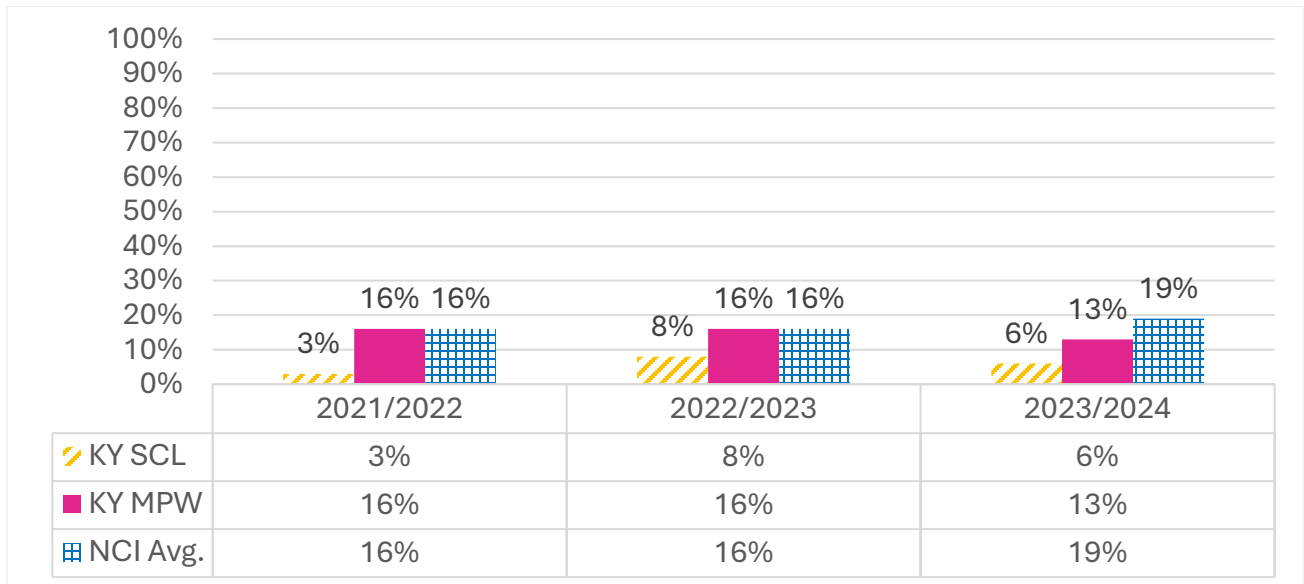
**Doctors talk to you about healthcare and medicine in a way that is easy to understand**



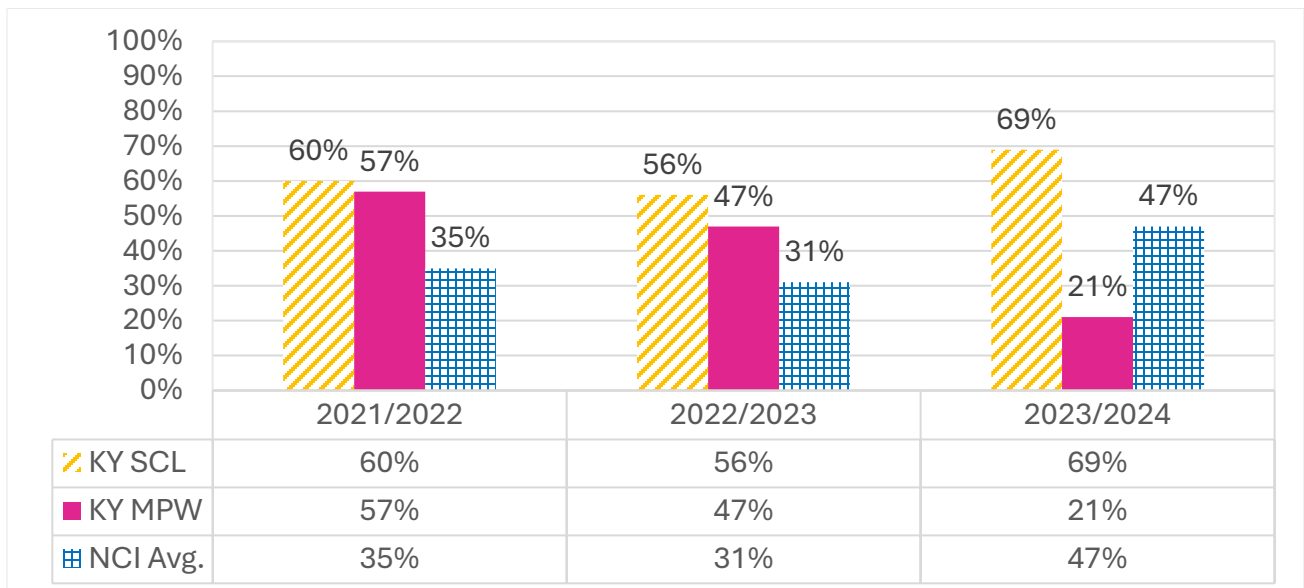


## Relationships and Community Inclusion

### Volunteers at least once a week



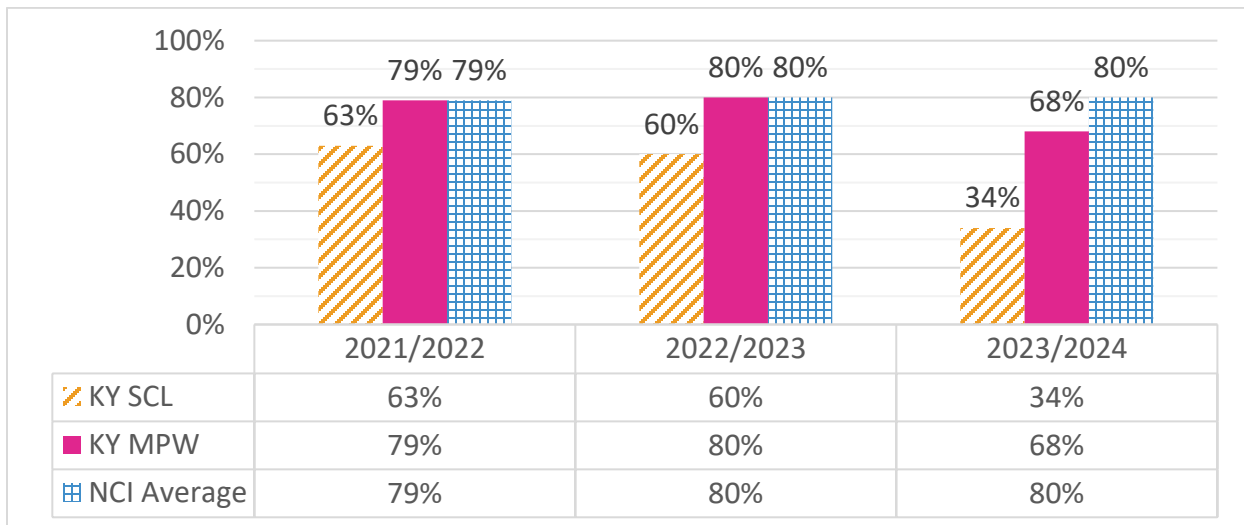
### Participates in community activities with support at least once a week



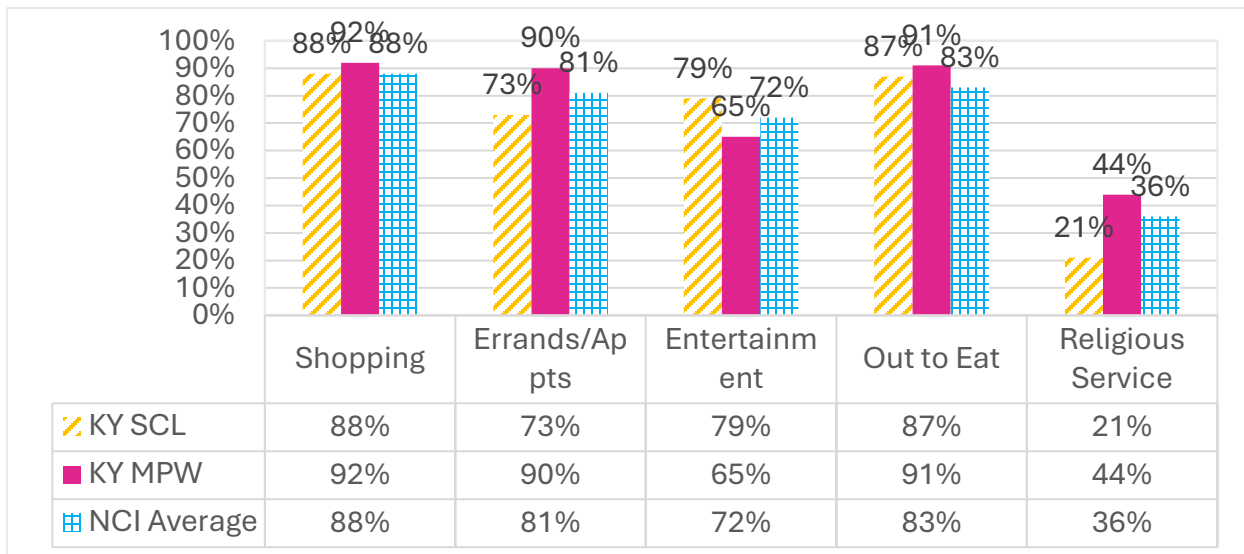


## Relationships and Community Inclusion

### Has a way to get places wants to go outside of the home for fun



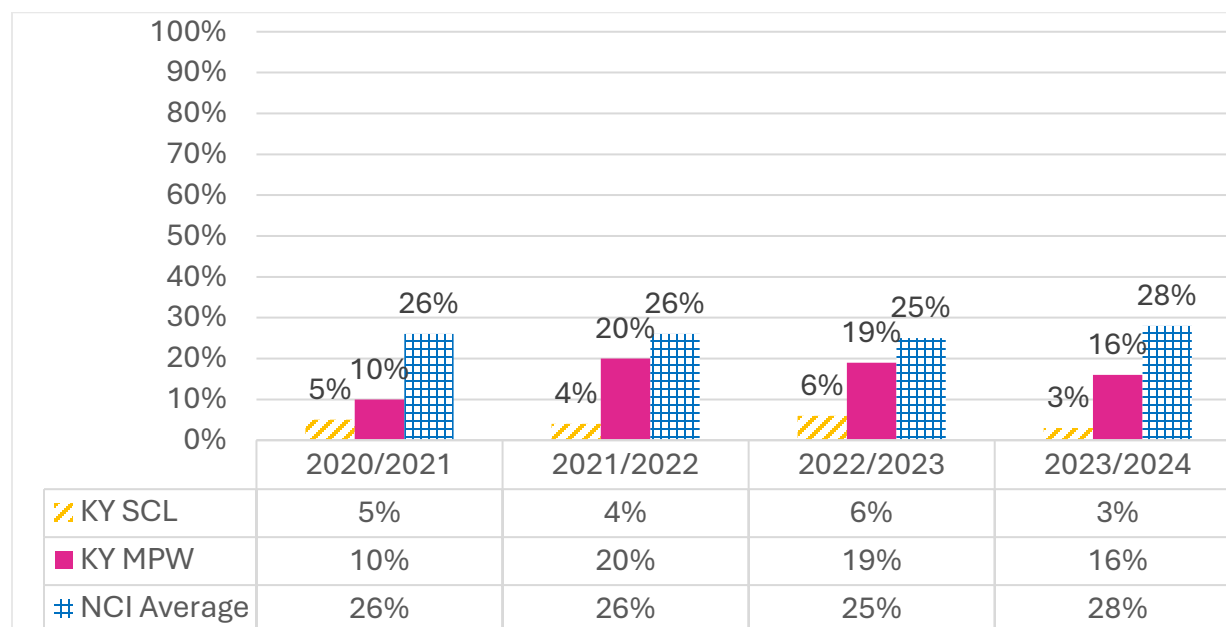
### Community Inclusion (at least once in the past month)





## Relationships and Community Inclusion

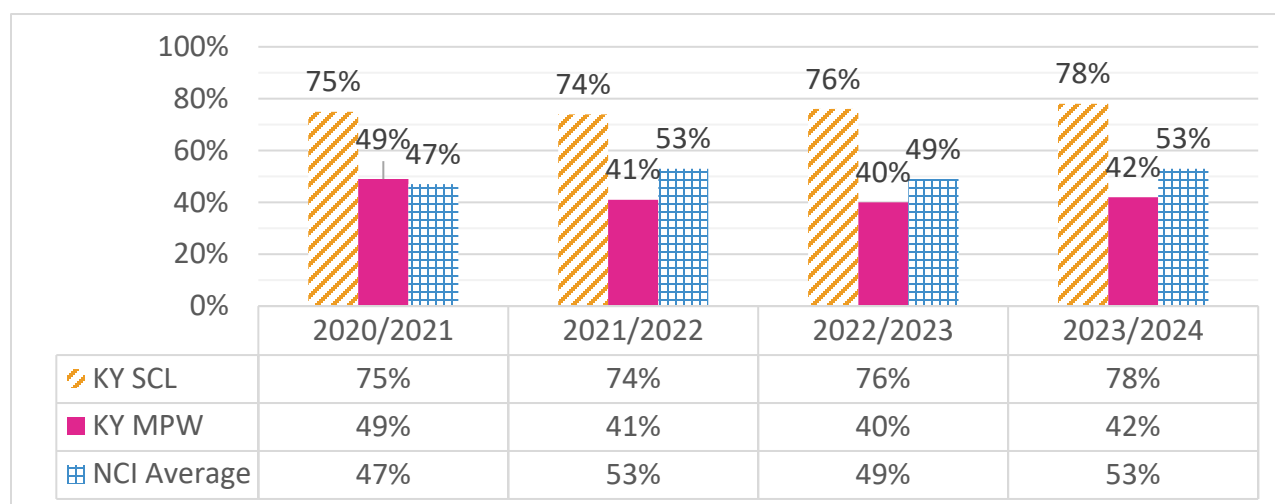
### Participated in community group in the past month



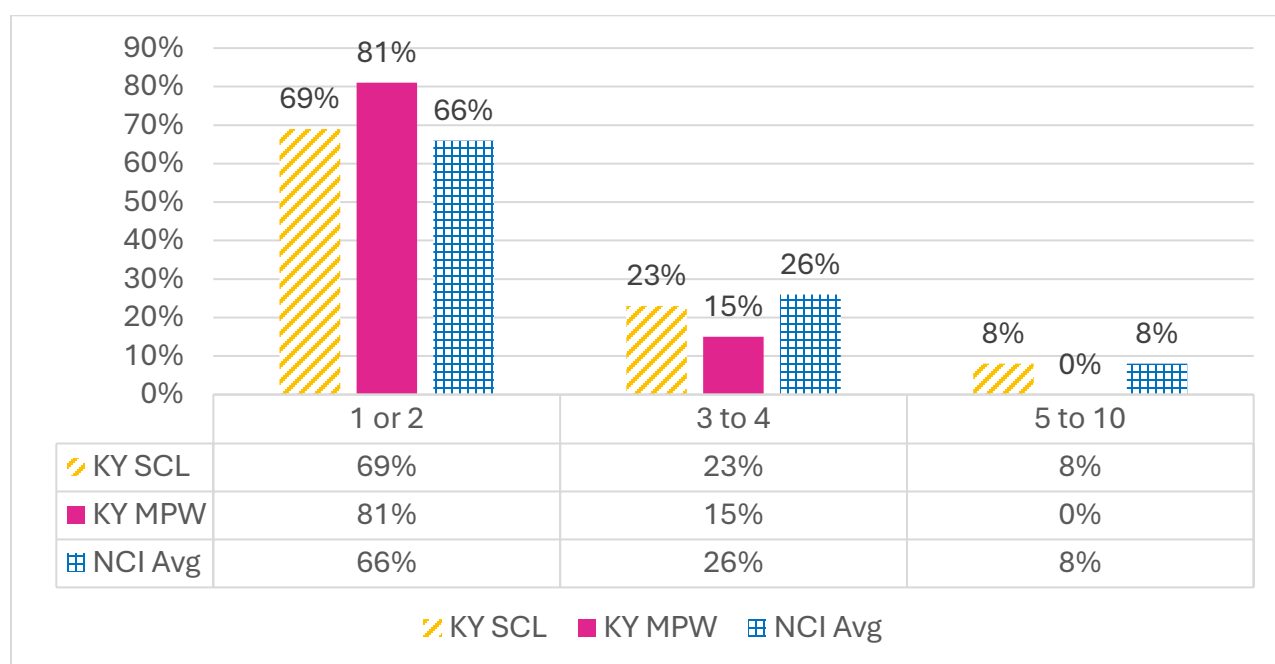


## Psychotropic Medication Use

### Medication for mood, anxiety, and/or psychotic disorders



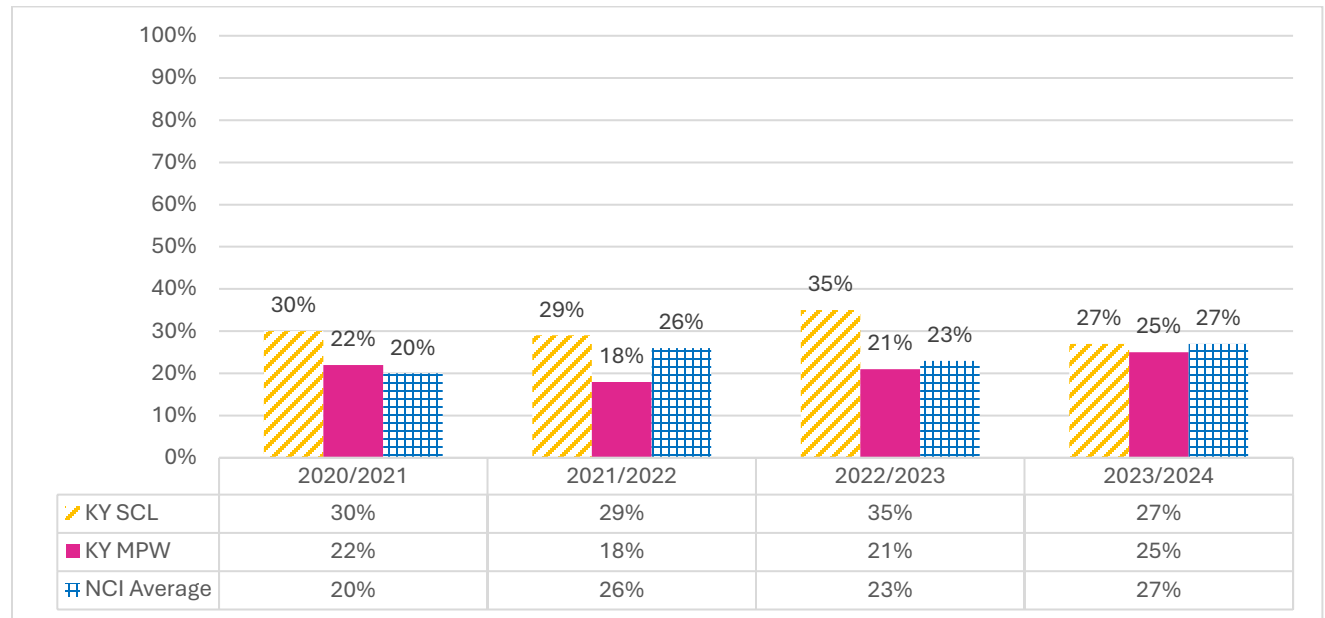
### Number of meds for mood, anxiety, and/or psychotic disorders



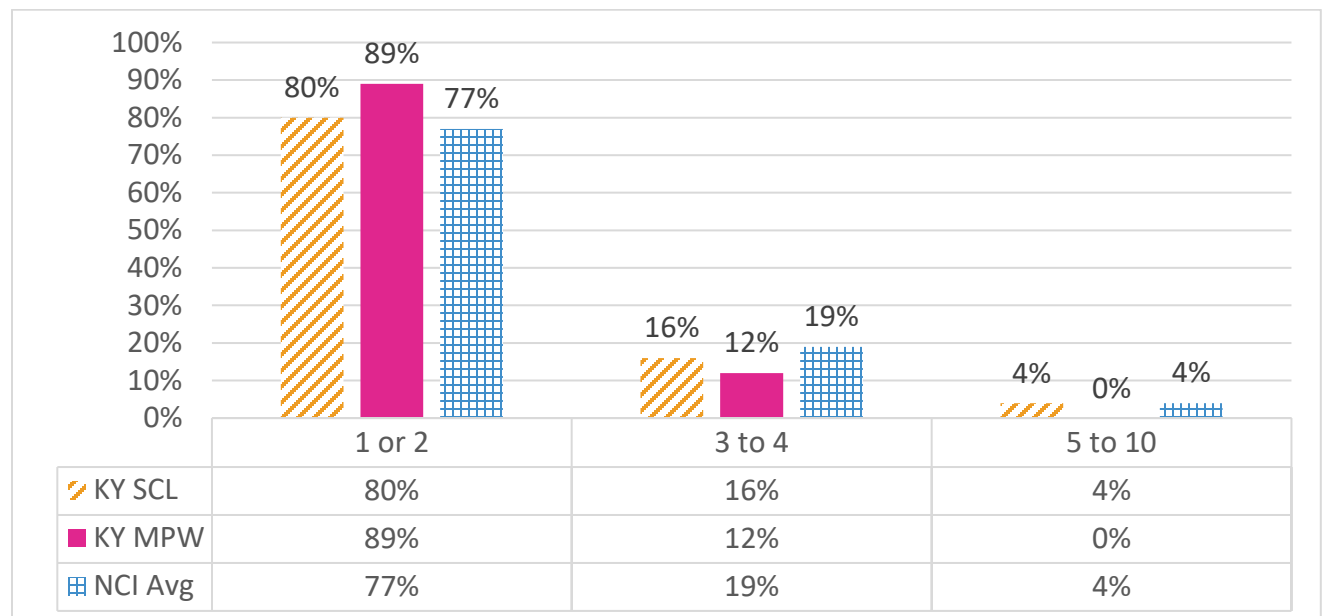


## Psychotropic Medication Use

### Medication for behavior challenges



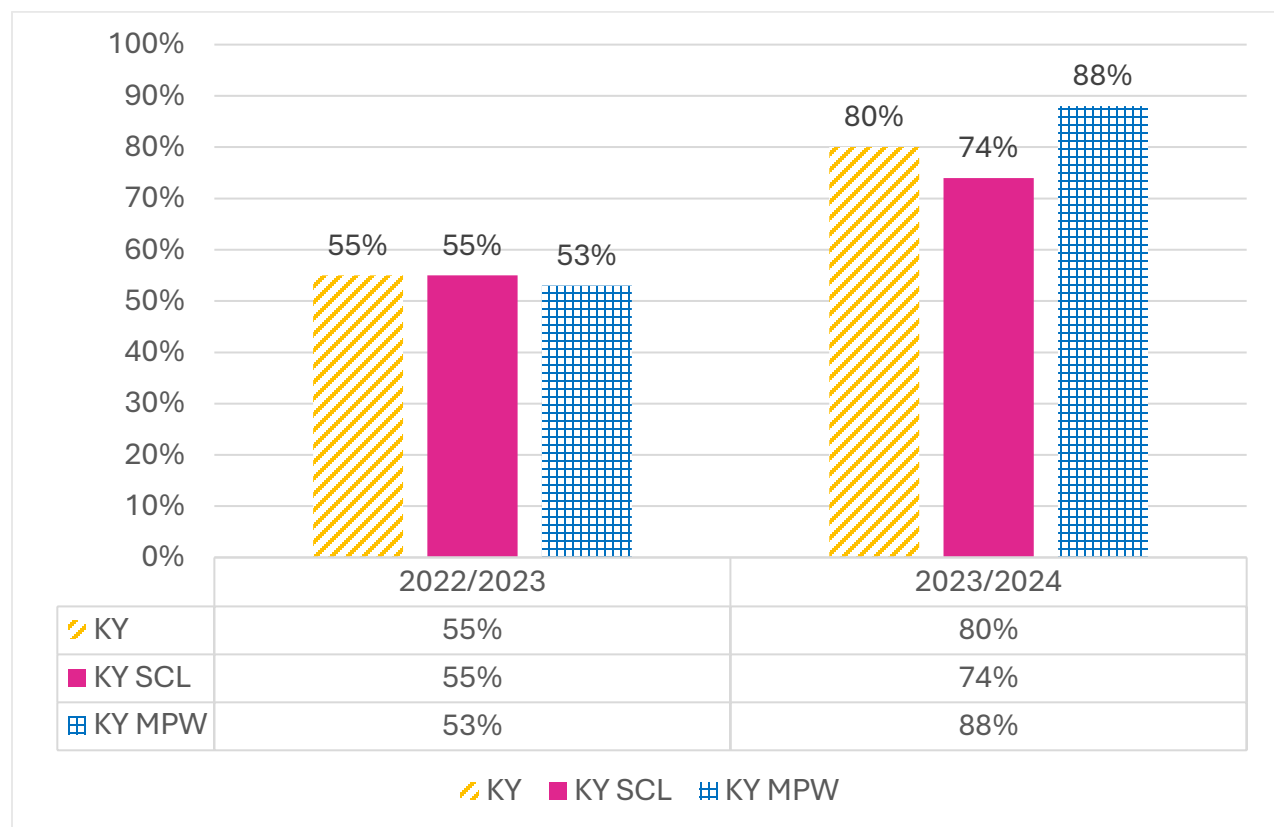
### Number of meds for behavior challenges





## Psychotropic Medication Use

If takes medication, understands what it is for/why they take it (KY specific question)

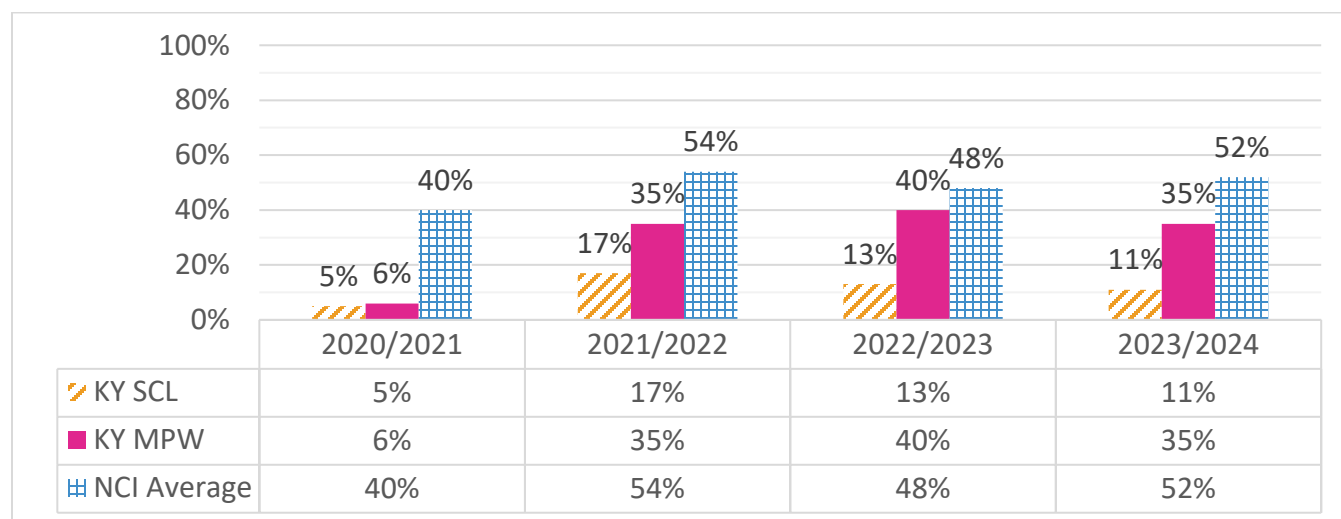




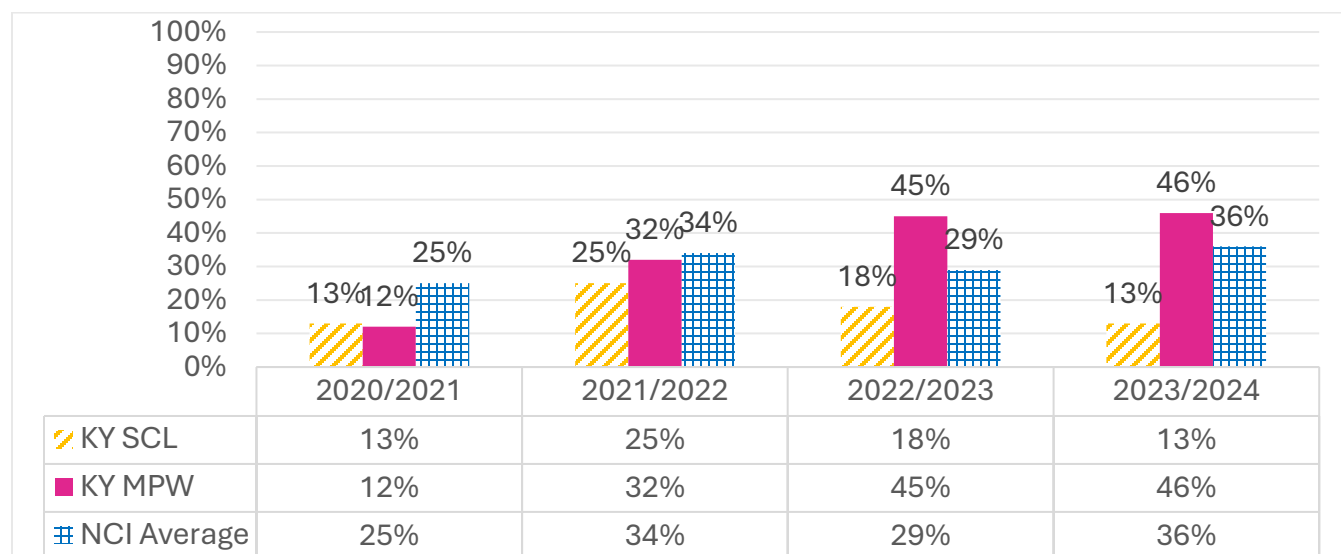


## Rights & Respect

### Have ever (or had opportunity to vote) voted



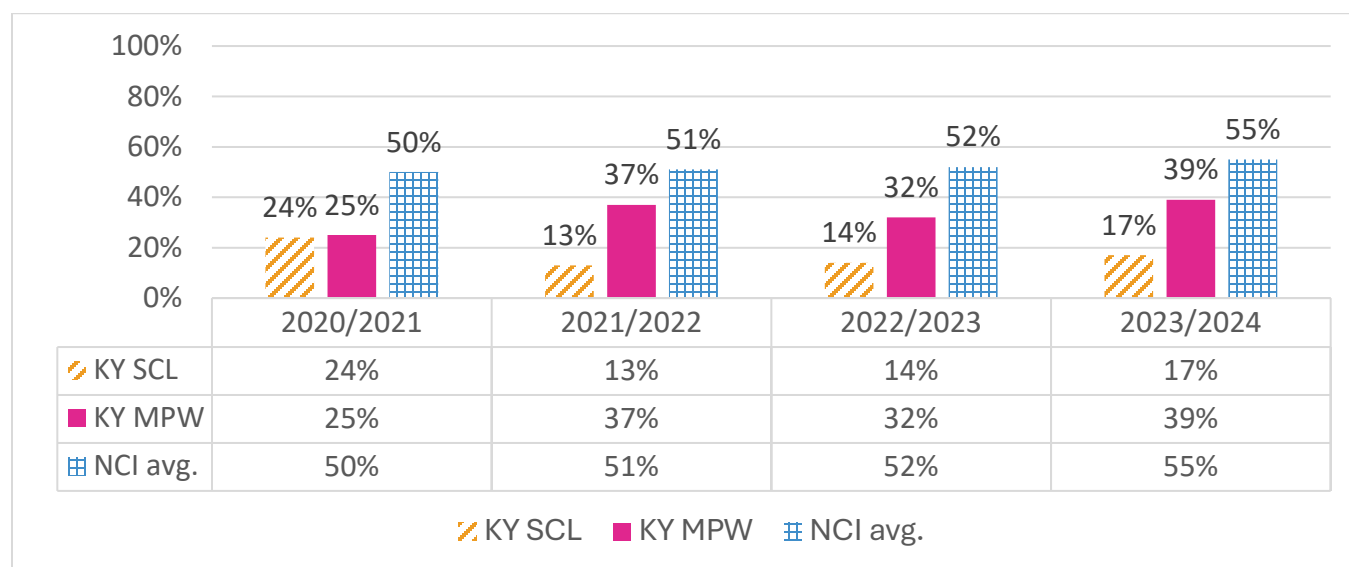
### Participated (or had opportunity to participate) in a self-advocacy event or organization



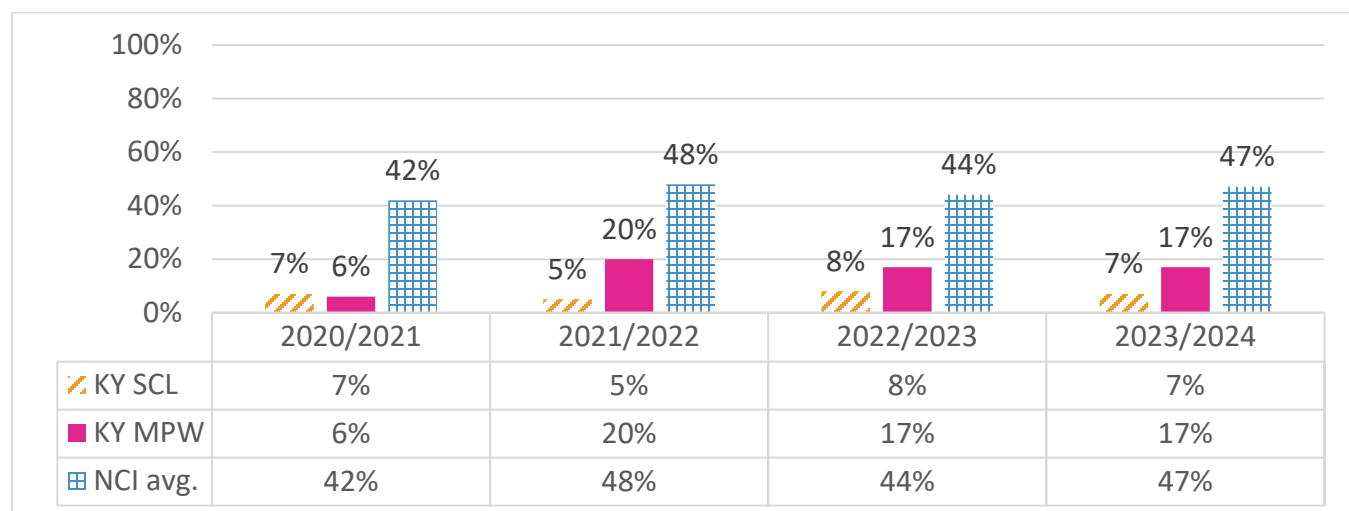


## Rights & Respect

### Has a key to the home



### Can stay at home if others go somewhere





## Rights & Respect

People always let them know before entering home

