

**KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR  
INDIVIDUALS WITH INTELLECTUAL  
AND OTHER DEVELOPMENTAL DISABILITIES**

**A G E N D A  
September 5, 2025  
1:00 – 3:00 p.m. Eastern Time**

<b>OPENING REMARKS</b>	Tricia Okeson, Deputy Secretary Cabinet for Health & Family Services
<b>REVIEW MINUTES</b>	Tricia Okeson, Deputy Secretary Cabinet for Health & Family Services
<b>STATUS OF RECOMMENDATIONS</b>	Tricia Okeson, Deputy Secretary Cabinet for Health & Family Services
<b>1915i MEDICAID STATE PLAN AMENDMENT</b>	Derek Vincent, Program Manager 1915i Department for Behavioral Health, Developmental & Intellectual Disabilities
<b>REVIEW OF COMMISSION 2025 ANNUAL REPORT</b>	Tricia Okeson, Deputy Secretary Cabinet for Health & Family Services
<b>DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL &amp; INTELLECTUAL DISABILITIES</b>	Dr. Katie Marks, Commissioner Department for Behavioral Health, Developmental & Intellectual Disabilities
<b>DEPARTMENT OF MEDICAID SERVICES</b>	Carmen Hancock, Director Alisha Clark, Assistant Director Department for Medicaid Services
<b>DISCUSSION OF COMMISSION INITIATIVES</b>	Tricia Okeson, Deputy Secretary Cabinet for Health & Family Services
<b>PUBLIC COMMENTS</b>	<b>As time permits</b>
<b>2025 MEETING DATES</b>	December 5, 2025

**KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS  
WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES  
JUNE 6, 2025  
SUMMARY NOTES**

**MEMBERS PRESENT**

Carrie Banahan  
Dr. Katie Marks  
Alisha Clark  
Cora McNabb  
Johnny Callebs  
Terri Thomas  
Jennifer Laswell  
Megan Brannon  
Kristen Wilcox  
Julie Sweets  
Benna O'Brien  
Kim Zeigler  
Clayton Carroll  
Nicholas Killin  
Kellie Smith

**MEMBERS ABSENT**

Gretta Hylton  
Tina Bojanowski, Representative  
Julie Raque-Adams, Senator  
Kim King, Representative  
Graham Maupin  
Johnny Collett  
Annette Jett

**OPENING REMARKS and ANNOUNCEMENTS**

Deputy Secretary Banahan opened the meeting, welcoming all Commission Members and members of the Public.

Ms. Banahan announced the retirement of Tina Fritz Kennedy effective on July 1, 2025. Tina served as the co-coordinator of the Commission's activities. The Commission thanked Tina for her service to the Commission and wished her well with her retirement.

Ms. Banahan announced her retirement effective on June 30, 2025. The Commission members thanked Deputy Secretary Banahan for her service to the Commission and wished her well in her retirement endeavors.

Ms. Banahan introduced Tricia Okeson, incoming Deputy Secretary of the Cabinet for Health and Family Services. Ms. Okeson will be the new chair of the Commission beginning July 1, 2025.

**WELCOME NEW MEMBERS**

Deputy Secretary Banahan welcomed the new members listed below. Each member provided a brief background as they introduced themselves.

- Terri Thomas

- Jennifer Laswell
- Meagan Brannon
- Benna O'Brien
- Kristin Wilcox
- Nicholas Killin
- Jennifer Tucker

Ms. Banahan thanked those who continue to serve on the Commission.

## **REVIEW OF MINUTES**

Members received an advanced copy of the draft minutes for the December and March meetings.

The minutes were approved as submitted.

## **STATUS OF RECOMMENDATIONS**

There were no outstanding recommendations for status updates.

## **NATIONAL CORE INDICATOR DATA & QUALITY IMPROVEMENT COMMITTEE RECOMMENDATIONS**

Laura Butler from the Human Development Institute reviewed the latest National Core Indicator Data and Recommendations from the NCI Quality Improvement Committee. Laura presented information to the Commission in December; however, with new members we asked that she return and provide us the most recent information.

The website is <https://www.kentuckycq.org/kentucky-national-core-indicators-recommendations-report-2024/>

The information regarding employment is shared in the DDID Case Management Training for new case managers who are required by Regulation to attend. Jeff White with DDID has developed infographics about #1 that can be shared with the Commission.

<https://www.kentuckycq.org/resources-2/>

Laura shared that individuals may petition the Court to modify the orders so an adult self-advocate could vote. Information is located on Protection and Advocacy's website about restoration of rights. (<https://kypa.net/>). There is a video available on their website about a person who went to Court and had their voting rights restored:

<https://www.youtube.com/embed/FXFYu04WSdA>

All information shared with the Commission was contained in the meeting packet, including Ms. Butler's contact information.

## **DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL & INTELLECTUAL DISABILITIES (DBHDID)**

Dr. Katie Marks provided DBHDID updates. The following informational links were shared during the Department update.

<https://dbhdid.ky.gov/documents/kdbhdid/yearinreview2024.pdf>

[Meeting Registration - Zoom](#)

[Kentucky 988 Marketing Materials - Google Drive](#)

## **DEPARTMENT OF MEDICAID SERVICES UPDATES**

Alisha Clark, Assistant Director, Department for Medicaid Services provided the DMS updates which include the following:

New slots are being released on July 1, 2025. There will be 500 slots for Michelle P Waiver, 50 slots for Acquired Brain Injury Waiver, 250 slots for Supports for Community Living, and 25 for Long Term Care.

The Department is also currently working on a children's waiver. Information on the waiver may be found at the following website:

<https://www.chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>

## **COMMONWEALTH COUNCIL ON DEVELOPMENTAL DISABILITIES (CCDD)**

Johnny Callebs, Executive Director of the Commonwealth Council on Developmental Disabilities provided an update on the Council's initiatives and news items. They include:

- The publication, Exceptional Family Magazine, is now available and may be accessed at: [https://issuu.com/lexingtonfamily/docs/exceptional\\_family\\_magazine\\_winter\\_spring\\_2025](https://issuu.com/lexingtonfamily/docs/exceptional_family_magazine_winter_spring_2025)
- <https://hdi.uky.edu/setp/employment-checklists/>
- There is currently no funding in the Federal budget for University Centers of Excellence in the Federal budget. The Human Development Institute (HDI) is Kentucky's University Center of Excellence in Developmental Disabilities (UCEDD). Information may be found at: <https://www.aucd.org/news/aucd-responds-full-budget-that-eliminates-ucedds>
- <https://kentucky Lantern.com/2025/05/14/in-wake-of-new-law-eku-swaps-diversity-inclusion-for-viewpoint>

Information shared by Mr. Callebs was provided in the meeting packet.

## **OFFICE OF VOCATIONAL REHABILITATION (OVR)**

Nanci Howard of the Office of Vocational Rehabilitation provided OVR updates. Ms. Howard included the following links to informational sessions that will be conducted in July, 2025:

Why On Earth Should I Work My Way Off SSDI?

July 8th 9:00am - 11:00am:

[https://us06web.zoom.us/meeting/register/\\_oLDnQGnQwqSp4WFJ1I5Zg](https://us06web.zoom.us/meeting/register/_oLDnQGnQwqSp4WFJ1I5Zg)

HUD Rental Assistance Programs

July 15th 9:00am - 12:00pm:

<https://us06web.zoom.us/meeting/register/qx0WpQIKRNKr4qi3Zr748Q>

Medicaid

July 22nd 9:00am - 12:00pm:

[https://us06web.zoom.us/meeting/register/d7b47iSvRSOuYqDgO\\_bblw](https://us06web.zoom.us/meeting/register/d7b47iSvRSOuYqDgO_bblw)

For more information related to the Office of Vocational Rehabilitation and/or the Employment First Council, please contact Nanci Howard at [Nanci.Howard@ky.gov](mailto:Nanci.Howard@ky.gov).

### **KENTUCKY DEPARTMENT OF EDUCATION UPDATES**

Greta Hylton, Associate Commissioner of the Office of Special Education and Early Learning for KDE was unable to attend. The KDE update will be rescheduled for a future meeting.

### **PUBLIC COMMENTS**

There were no public comments.

### **COMMISSION MEETING REMINDERS / ADJOURN MEETING**

The next quarterly meeting will be September 5, 2025, beginning at 1:00 p.m. Eastern Time via Zoom.

Meeting adjourned.



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## 1915(i) RISE Initiative

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## Agenda

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- Introduction to the Kentucky 1915(i) RISE Initiative
- Requirements and Assessment
- Overview of Services
- Participant Journey
- References
- Q&A and Contact Information

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## Evidence of the Need for the 1915(i) RISE Initiative

### Legislative Directive to Implement a New Medicaid Program:

- Senate Joint Resolution 72 directed the Cabinet for Health and Human Services (The Cabinet) to create a Medicaid program to address current needs for individuals living with serious mental illness (SMI) in Kentucky.
  - The resolution stated the need for supported housing, supported employment, and medical respite.

### Additional Indication of Behavioral Health Needs:

- The Cabinet interviewed multiple behavioral health advocates and stakeholders to identify additional needs for individuals living with SMI and substance use disorder (SUD).
- The Cabinet decided to create a program to support individuals with a primary diagnosis of SMI or individuals with co-occurring SMI and SUD.

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## What is a 1915(i) State Plan Amendment?

### States can develop a 1915(i) State Plan Amendment (SPA) program to do the following:

- Establish a new Medicaid eligibility group to receive home and community-based services (HCBS).
- Define supports and services included in the benefit.
- Tailor a program and its services to one or more populations using needs-based eligibility criteria.
- Offer the benefit statewide to eligible individuals. Services offered within Medicaid state plans are available statewide with no capped slots.
- Offer HCBS to people who do not yet meet the institutional level of care requirements (e.g., qualify for a nursing home).

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## Kentucky's 1915(i) SPA – The RISE Initiative

- RISE stands for recovery, independence, support, and engagement.
- The 1915(i) RISE Initiative provides services to adults with a primary diagnosis of SMI or co-occurring SMI with SUD.
- The 1915(i) RISE initiative is administered jointly by the Department of Medicaid Services (DMS) and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).

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## 1915(i) RISE Initiative Principles

1915(i) RISE reflects the initiative's focus: helping individuals RISE above their challenges through services that promote and support recovery, independence, and community engagement.

**Recovery • Independence • Support • Engagement**



Enhance  
Community-Based  
Supports



Foster Participant  
Independence



Prevent  
Institutionalization



Promote Person-  
Centered Care  
Approach

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## 1915(i) SPA Guidelines

- Independent and unbiased assessments.
- Conflict-free case management.
- Provide appropriate and reasonable provider standards to meet the needs of the target population.
- Ensure services are provided in accordance with a person-centered service plan (PCSP).
- Establish quality assurance, monitoring, and improvement strategy.

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## Eligibility and Assessment Tool

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## 1915(i) RISE Initiative Eligibility Criteria – Medicaid Enrolled



### Age and Diagnosis

18+ with a primary diagnosis of SMI or SMI with co-occurring SUD with specific duration and functional need criteria.



### Assessed Level of Need

Determined by the interRAI Community Mental Health (CMH) functional assessment tool.



### Housing-Related Services

To be eligible for housing-related services, a participant must demonstrate one of the following homelessness risk factors:

- Homeless.
- At risk of homelessness (per 24 CFR § 578.3).
- History of frequent (i.e., more than one per year) stays in nursing home/inpatient settings.
- Experienced homelessness in the past 24 months or formerly homeless; now residing in U.S. Department of Housing and Urban Development assisted housing.

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## Selected Assessment Tool

### interRAI CMH:

- Community-based settings.
- Ages 18 and up.
- Informs PCSP.

### Assessment Cadence:

- Upon initial eligibility.
- At least annually.
- Significant needs change.
- Change in care setting.
- Long-term change in unpaid caregiver capacity.
- Limited progress toward goals and objectives.

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# Overview of Services

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## 1915(i) RISE Initiative Services



1. Assistive Technology



2. Case Management



3. Housing and Tenancy Supports



4. In-Home Independent Living Supports



5. Medication Management



6. Planned Respite for Caregivers



7. Supervised Residential Care



8. Supported Education



9. Supported Employment



10. Transportation

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## How Case Management Connects to This Initiative



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## Person-Centered Service Planning

- The goal of person-centered service planning is to empower participants to build the life they choose or aspire to at any age across their lifespan.
- The PCSP must reflect both the participant's needs identified through assessments and their preferences for service delivery.
- The setting in which the participant resides is chosen by them, supporting full access to the community, employment opportunities, and control over personal resources.
- Reflects the participant's strengths, preferences, goals, and desired outcomes.
- The participant leads the planning process where possible with support from chosen individuals.



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## Housing-Related Services



### 1. Tenancy Supports

- Pre-tenancy and tenancy sustaining supports.
- Housing model based upon evidence-based practice of permanent supportive housing model.
- Service goal is to assist participants in identifying, obtaining, and sustaining housing in independent community settings.



### 2. In-Home Independent Living Supports

- Independent living supports.
- Housing model based upon evidence-based practice of permanent supportive housing model.
- Service goal is to provide participants with assistance and training related to activities of daily living and instrumental activities of daily living.



### 3. Supervised Residential Care

- 24/7 staffed residential care.
- Housing model based on evidence-based practice of permanent supportive housing model.
- Service goal is to provide participants with residential supports while empowering community transitions, as appropriate.

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## Supported Education and Supported Employment

The 1915(i) RISE Initiative will offer supported education and supported employment, both evidence-based practices, to promote engagement and sustain participation in a community setting.



### Supported Education

**Individualized Placement & Support (IPS) Model:** Promotes engagement and sustained participation and restores a participant's ability to function in the learning environment.



### Supported Employment

**IPS Model:** Offers supports and services to obtain and maintain employment in a competitive environment.

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## Additional Services



**Assistive Technology:** Provides funding and support to obtain equipment, software, and/or products that increase independence and support education, employment, recreation, and activities of daily living.



**Non-Medical Transportation Services:** Provides access to covered, **non-medical transportation** to community services, leisure activities, and resources.



**Medication Management:** Provides support and monitoring for program participants, as well as **education** and **training** to facilitate a participant's adherence to their prescribed medication regimen.



**Planned Respite for Caregivers:** Provides opportunities for primary caregivers to receive **short-term relief** from the duties associated with providing unpaid care for participants that require ongoing supervision.

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## Kentucky 1915(i) RISE Initiative – Participant Journey

A Step-by-Step Guide for New Participants

### Contact Us

502-564-9189

[1915iRISEInitiative@ky.gov](mailto:1915iRISEInitiative@ky.gov)

<https://dbhdid.ky.gov/1915iriseinitiative>

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- 1 Learn About the Opportunity**
  - Discover and understand the 1915(i) RISE Initiative through a peer, provider, or other outreach.
  - Learn about the covered services offered through the 1915(i) RISE Initiative.
- 2 Connect with 1915(i) RISE**
  - You or a family member may reach out to a provider or trusted support network member for help getting connected.
  - You or your support network member reach out to the 1915(i) RISE Initiative via:
    - The 1915(i) RISE Initiative website: [dbhddid.ky.gov/1915riseinitiative](http://dbhddid.ky.gov/1915riseinitiative).
    - The 1915(i) RISE Initiative inbox: [1915IRISEInitiative@ky.gov](mailto:1915IRISEInitiative@ky.gov).
- 3 Complete the Screening Process**
  - You receive help from an intake specialist in completing an initial eligibility screening, including the following:
    - Medicaid enrollment or eligibility.
    - Diagnosed primary SMI or primary SMI with co-occurring SUD.
    - Housing and safety needs.
- 4 Eligibility Assessment**
  - You meet with a trained assessor to complete a personalized assessment to understand your situation better and determine eligibility.
  - You may be asked to provide relevant documentation for the assessment.
  - Assessment discussion includes the following:
    - Mental health and substance use history.
    - What you are able to do in your daily life, such as walking, cooking, working, and taking care of yourself.
    - Housing and hospitalization history.
    - Living environment and educational and/or employment status.
- 5 Approval**
  - Assessment results are reviewed by trained staff.
  - You receive an approval and enrollment notice from 1915(i) RISE Initiative staff.
  - Your intake specialist assists you in choosing a 1915(i) RISE Initiative case manager and scheduling your first meeting.
- 6 Case Management Onboarding and Person-Centered Service Planning with 1915(i) RISE Case Manager**
  - You meet with your case manager and your chosen person-centered planning team.
  - Get to know each other and begin planning services together:
    - Review of assessment results, identified strengths, and service needs.
    - Discuss your preferences and goals.
- 7 Service Matching with 1915(i) RISE Case Manager**
  - Begin building a customized plan that incorporates 1915(i) RISE and other Medicaid services that are important to your unique needs and preferences.
  - Select services and providers.
  - Develop a specific plan for each chosen service and align progression goals with your personal goals.
- 8 Services Begin**
  - You receive a comprehensive wellness plan, a walkthrough on service expectations, and any additional tools or technologies needed to assist you in achieving your goals.
  - Your 1915(i) RISE case manager coordinates the referral process with your selected service providers once your plan is developed and approved.
  - Services Begin!** Providers from the chosen provider agency contact you to begin services.
- 9 Continued Support and Adjustment**
  - Receive monthly support with your 1915(i) RISE case manager.
  - Meet regularly (weekly-monthly) with other service providers.
  - Provide feedback to 1915(i) RISE to help improve services for others.
  - Complete re-assessment every year to continue eligibility and make any needed service plan changes.
  - You are always able to change your plan and join in on new opportunities.

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## References

- [KY 1915\(i\) RISE Initiative Website.](#)
- [KY 1915\(i\) SPA.](#)
- [KY 1915\(i\) Regulations.](#)

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## Questions and Contact Information

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WEBSITE: <https://dbhdid.ky.gov/1915iriseinitiative>

Coming Soon! Hosting Provider “Office Hours” Monday and Wednesdays at 3pm (look for link on website)

General inquiries email:  
[1915iriseinitiative@ky.gov](mailto:1915iriseinitiative@ky.gov)

Provider certification or  
enrollment inquiries email:  
[1915iriseprovider@ky.gov](mailto:1915iriseprovider@ky.gov)

# ANNUAL STATUS REPORT



The Kentucky Commission on Services and Supports for  
Individuals with Intellectual and Other Developmental  
Disabilities

Submitted in Accordance with KRS 210.577 to:

Governor Andy Beshear  
and the General Assembly  
December 2025

# **KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES**

## **Fiscal Year 2025**

### **INTRODUCTION**

In accordance with KRS 210.577(3), the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities respectfully submits the following report for the period of July 1, 2024, through June 30, 2025. The Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities was created and established by KRS 210.575 through the enactment of House Bill 144 by the 2000 General Assembly. This commission, hereafter referred to as the HB 144 Commission, serves in an advisory capacity to the Governor and the General Assembly concerning the service system that affects the lives of people with intellectual and other developmental disabilities (I/DD).

### **MEMBERSHIP**

The commission's membership in 2025 included 24 positions representing an array of agency partners and community members. Thirteen of these positions are appointed by the Governor to serve four-year terms and include representation of family members, provider organizations, advocacy groups, and self-advocates. Four members of the General Assembly are appointed, and the remaining members are stipulated in KRS 210.575 and include representation from the Secretary of the Cabinet for Health and Family Services (CHFS), departments within CHFS, the University Center for Excellence in Disabilities at the University of Kentucky, the Office of Vocational Rehabilitation, the Kentucky Department of Education, and the Commonwealth Council on Developmental Disabilities.

The list of commission members and their term expirations as of June 30, 2025, are included in Appendix A of this report.

### **COMMITTEE ORGANIZATION**

The commission organized committees in September 2019 based on identified areas of need. During fiscal year (FY) 2019, each committee determined 5-year goals respective to the identified area of need. Committee membership is inclusive of agency representation and community members with special interest and/or expertise in the respective committee's goals and objectives.

The committee structure is organized as follows:

- Employment Committee collaborates with the Employment First Council, and other similar initiatives to advance Kentucky as an Employment First state, including a review of transportation needs.

- Community Education/Outreach Committee is responsible for the topical areas of resources and self-advocacy.
- Health/Wellness Committee is responsible for the topical areas of psychotropic medication usage, inclusion of individuals with complex medical needs, increased capacity of specialty clinics, and crisis intervention.

## **COMMITTEE REPORTS**

During FY 2025, it was decided the committees would take a hiatus due to the number of members who were unavailable to participate in or lead committees and committee initiatives.

## **COMMISSION ACTIVITIES**

During the 2025 fiscal year the commission met in September, December, March and June. The project manager from the Human Development Institute presented to the Commission in December and June the National Core Indicator (NCI) Data and the NCI Quality Assurance Advisory Committee's recommendations. All commission members received copies of the presented material.

## **RECOMMENDATIONS**

During the FY 2025 reporting period, the commission did not put forth new recommendations; however, the following recommendations made in FY 2024 remains active.

**2024 RECOMMENDATION 4:** We recommend the Department for Medicaid Services and the appropriate Division within the Kentucky Transportation Cabinet conduct a series of town halls across the commonwealth to inform ongoing policy amendments related to the Non-Emergency Medical Transportation program and other Home and Community Based Waiver programs that include, or may include, transportation services. Future policy amendments should be reflective of information gathered during the town hall forums and address identified concerns and barriers as highlighted by participants' lived experiences. The committee further recommended these town halls be available as in-person events in each of the Kentucky Transportation Cabinet Regions. A minimum of two (2) additional town hall events should be conducted virtually to accommodate Medicaid participants, family members, or participant case managers unable to attend an in-person event.

Town halls occurred across the commonwealth during FY 2024 and FY 2025 providing the Department for Medicaid Services with information regarding desired policy changes to the Non-Emergency Medical Transportation program and other Home and Community Based Waiver programs that include, or may include, transportation services.

The Department for Medicaid Services continues to analyze and utilize information gathered during these town hall meetings to effect policy changes or pursue programmatic changes that will address the concerns of individuals with lived experience. During FY 2025, the commission received quarterly updates from the Department for Medicaid Services of changes within programs that were specific to individuals with intellectual and other developmental disabilities.

## STATUS UPDATES

During FY 2024, recommendations 1 and 2 were accomplished and recommendation 3 was determined to already be in place.

**2024 RECOMMENDATION 1:** We recommend the Division of Developmental and Intellectual Disabilities (DDID) and Department for Medicaid (DMS) incorporate content on the Non-Emergency Medical Transportation (NEMT) Medicaid program in the Case Manager Training materials. Furthermore, we recommend that personnel from the NEMT Medicaid program be invited to present how the NEMT programs works and how case managers may use the program effectively to future Case Manager Training sessions.

**Outcome:** The Case Management Training materials for new case managers now contains content on the NEMT Medicaid program. Case Management Training is provided on a quarterly basis for new case managers. The updated content was included in the training beginning on February 28, 2024, and at that time, personnel familiar with the NEMT Medicaid program began delivering this information to new case managers.

**2024 RECOMMENDATION 2:** We recommend the Non-Emergency Medical Transportation (NEMT) Medicaid program create a printed brochure or fact sheet containing the information recently uploaded on their website. Furthermore, it is recommended that the NEMT program provide printed or printable versions to the following agencies for distribution to individuals, families, and appropriate agencies: Division of Developmental and Intellectual Disabilities (DDID), University of Kentucky's Human Development Institute (UK-HDI), and Commonwealth Council on Developmental Disabilities (CCDD).

**Outcome:** Printed information was and continues to be included in the Case Manager Training that is a regulatory requirement for new case managers providing services through the Supports for Community Living Medicaid waiver program. Furthermore, the Transportation Cabinet continues to make available printable copies of the information on the cabinet's website related to scheduling Non-Emergency Medical Transportation upon request.

**2024 RECOMMENDATION 3:** We recommend the Department for Medicaid Services, Division of Program Operations (DPO) allocate a position to serve as a transportation help desk position to assist individuals with disabilities, or their representatives including case managers, locate appropriate funding and/or services within the Non-Emergency Medical Transportation (NEMT) program or other Medicaid waiver programs that provides access to the individual's community. Transportation needs for community access include, but are not limited to, activities such as employment, procurement of food or other items of necessity, access to religious activities, and access to recreational events.

**Outcome:** It was determined that both the Department for Medicaid Services and the Transportation Cabinet's Office of Transportation Delivery had and continue to have personnel available during normal business hours to answer questions or address concerns of Medicaid participants related to the Non-Emergency Medical Transportation Program.

## **CLOSING THOUGHTS**

It has been a privilege for the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities (I/DD) to serve in an advisory capacity to the Governor and the General Assembly regarding the needs of persons with I/DD. Commission members extend their gratitude to Governor Beshear for his continued support of programs related to I/DD supporting their decisions to live, work, and thrive in their local communities. The commission also extend our appreciation to the members of the General Assembly for their continued support of quality services across the lifespan for individuals with I/DD. Along with the Department for Behavioral Health, Developmental and Intellectual Disabilities, the commission looks forward to meeting its goals to improve the quality of supports for the citizens of Kentucky.

The Cabinet for Health and Family Services and the Department for Behavioral Health, Developmental and Intellectual Disabilities extends it appreciation to the members of the commission for their advocacy on behalf of Kentucky's citizens with I/DD. Their continued advocacy has positively produced change in such efforts as competitive and integrated employment, community inclusion, and improving the health and wellness of people with disabilities across the lifespan.

**APPENDIX A**  
**KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH**  
**INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES**  
**MEMBERS**  
**June 30, 2025**

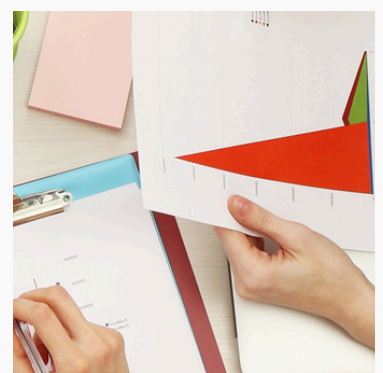
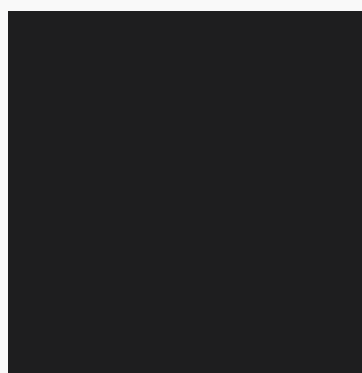
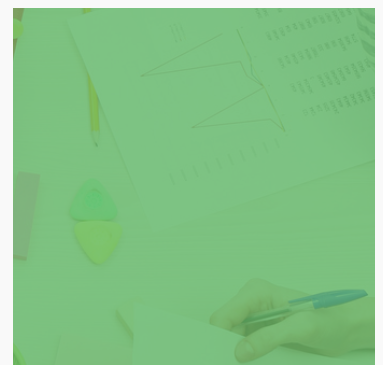
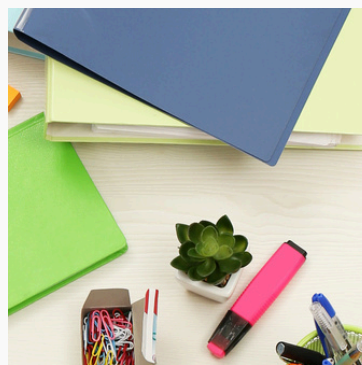
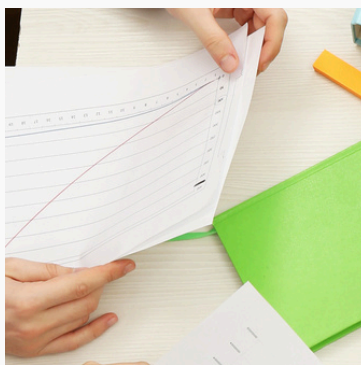
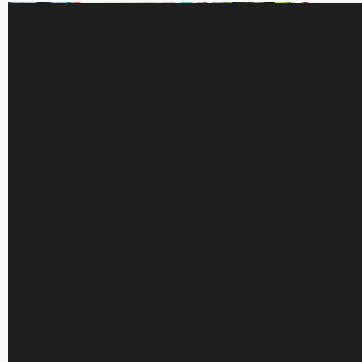
Cabinet for Health and Family Services Secretary or Designee	Carrie Banahan Deputy Secretary (502) 564-7042 <a href="mailto:Carrie.Banahan@ky.gov">Carrie.Banahan@ky.gov</a>	Direct Service Provider Term Expires 3/16/2029	Jennifer Laswell (859) 358-1722 <a href="mailto:Jenkat1487@gmail.com">Jenkat1487@gmail.com</a>
Department for DBHDID Commissioner or Designee	Dr. Katie Marks Commissioner (502) 564-4527 <a href="mailto:Katie.Marks@ky.gov">Katie.Marks@ky.gov</a>	Direct Service Provider Term Expires 3/16/2029	Meagan Brannon 606-759-3803 <a href="mailto:meaganbrannon@yahoo.com">meaganbrannon@yahoo.com</a>
Department for Medicaid Services Commissioner or Designee	Alisha Clark (502) 564-4321 <a href="mailto:Alisha.Clark@ky.gov">Alisha.Clark@ky.gov</a>	Family Member Term Expires 3/16/2029	Kristin Wilcox 270-783-5353 <a href="mailto:Kristinnicolewilcox@yahoo.com">Kristinnicolewilcox@yahoo.com</a>
Office of Vocational Rehabilitation Executive Director	Nanci Howard (502) 782-3421 <a href="mailto:Nanci.Howard@ky.gov">Nanci.Howard@ky.gov</a>	Family Member Term Expired 7/15/2023	Julie Sweets (270) 782-2132 <a href="mailto:juliebakersweets@gmail.com">juliebakersweets@gmail.com</a>
University Center for Excellence in Developmental Disabilities- Human Development Institute Director	Johnny Collett (859) 257-3045 <a href="mailto:Johnny.Collett@uky.edu">Johnny.Collett@uky.edu</a>	Family Member Term Expires 3/16/2029	Benna O'Brien 270-28-7341 <a href="mailto:Benna1957@hotmail.com">Benna1957@hotmail.com</a>
Commonwealth Council on Developmental Disabilities Director	Johnny Callebs, Director (502) 564-7841 <a href="mailto:Johnny.Callebs@ky.gov">Johnny.Callebs@ky.gov</a>	Family Member Term Expired 11/22/2024	Kim Zeigler (502) 418-8189 <a href="mailto:KZeigler1@msn.com">KZeigler1@msn.com</a>
Kentucky Department of Education Commissioner or Designee	Gretta Hylton Associate Commissioner Office of Special Education & Early Learning (502) 564-4970 Ext. 4109 <a href="mailto:Gretta.Hylton@education.ky.gov">Gretta.Hylton@education.ky.gov</a>	Self-Advocate Term Expired 7/15/2023	Clayton R. Carroll (270) 566-8009 <a href="mailto:ClaytonCarrollSpeaks@gmail.com">ClaytonCarrollSpeaks@gmail.com</a>
Representative	Tina Bojanowski (502) 564-8100 ext. 626 <a href="mailto:Tina.Bojanowski@lrc.ky.gov">Tina.Bojanowski@lrc.ky.gov</a>	Self-Advocate Term Expired 11/24/24	Graham J. Maupin (502) 681-8348 <a href="mailto:graham.j.maupin@gmail.com">graham.j.maupin@gmail.com</a>
Representative	Kim King (502) 564-8100 ext. 763 <a href="mailto:Kim.King@lrc.ky.gov">Kim.King@lrc.ky.gov</a>	Self-Advocate Term Expires 3/16/2029	Nicholas Killin 859-358-4866 <a href="mailto:Nkillin1992@gmail.com">Nkillin1992@gmail.com</a> <a href="mailto:TerriKillin@gmail.com">TerriKillin@gmail.com</a>
Senator	VACANT	Business Leader Term Expires 3/16/2029	Jennifer Tucker 502-580-1000 <a href="mailto:jadamstucker@yahoo.com">jadamstucker@yahoo.com</a>
Senator	Julie R. Adams (502) 564-8100 <a href="mailto:julie.adams@lrc.ky.gov">julie.adams@lrc.ky.gov</a>	Business Leader Term Expired 11/24/2024	Annette Jett (859) 221-6689 <a href="mailto:annette@buildinclusion.org">annette@buildinclusion.org</a>
Direct Service Provider Term Expires 3/16/2029	Terri Thomas (502) 690-5765 <a href="mailto:tthomascafe@gmail.com">tthomascafe@gmail.com</a>	Statewide Advocacy Group Representative Term Expires 3/16/2029	Kellie Smith KY-SPIN, Inc. (270) 937-6894 <a href="mailto:kellie@kyspin.com">kellie@kyspin.com</a>

# Kentucky National Core Indicators Recommendations Report

Submitted by the NCI  
Quality Improvement  
Committee



2024



## 2024 Quality Improvement Committee Recommendations

The committee made recommendations in five main areas:

- employment
- health and wellness
- relationships and community inclusion
- psychotropic medication usage
- rights and respect

### Rights and respect

- The area of rights and respect was added last year by the committee after reviewing the related items in the full 2022-2023 data report as well as preliminary Kentucky data from the 2023-2024 survey cycle.

### Providers vs. partners

- Most recommendation areas include separate recommendations for providers and organizational partners.
- The recommendations for providers are meant to promote individual-level change and the organizational partners' recommendations are meant to promote systems-level change.

### Resources

- The committee also suggested resources to assist individuals and organizations who implement changes based on 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.

### Data

- The data used to inform the committee's recommendations can be found in Appendix B.

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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 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.

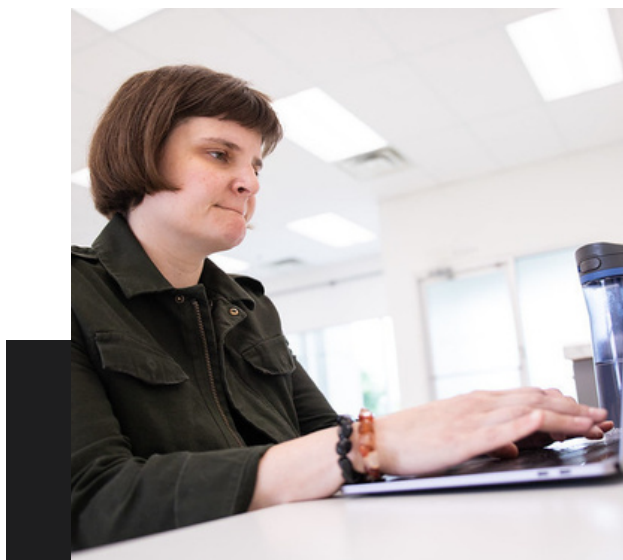
The Kentucky National Core Indicators (NCI) data being reviewed here represent only people on two Kentucky Medicaid waivers—Supports for Community Living and Michele P.—therefore should be interpreted with care as responses cannot be generalized to all Kentuckians with intellectual and other developmental 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 adults with I/DD. Regulations require that providers utilize NCI data in their quality improvement plans.



Art by Morgan  
Crawford



# Employment



The committee made a total of five recommendations in the area of employment—three for providers and two 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.

## 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.
2. For individuals who express a desire to work, ensure that a plan to provide employment services is included in their person-centered plan.
3. 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 [kydb101.org](http://kydb101.org)

Kentucky APSE [kyapse.org](http://kyapse.org)

Kentucky Employment First Council [kcc.ky.gov](http://kcc.ky.gov)

Kentucky Supported Employment Training Project  
<https://hdi.uky.edu/setp/>

Human Development Institute Employment Resources [hdi.uky.edu/category/priority-area/employment/](http://hdi.uky.edu/category/priority-area/employment/)

Customized Employment in Kentucky video  
[hdi-l.com/2c](http://hdi-l.com/2c)

Kentucky Office of Vocational Rehabilitation Videos:  
An Overview of Supported Employment and Pre-Employment Transition Services [hdi-l.com/2d](http://hdi-l.com/2d)

Employment and Disability data and other resources One Pager [kentuckycq.org/employment/](http://kentuckycq.org/employment/)

Transportation Initiative [transportation.hdiuky.org/](http://transportation.hdiuky.org/)



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)
- *If working*: Do you want to work more hours?
- *If not working*: Does case manager has talk to you about finding a job?



# 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.

## For Providers

1. Determine and implement activities aimed at increasing the percentage of people who report their overall health as "good" or better.
2. 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.).
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 and the National Institutes of Health.
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 [odphp.health.gov/our-work/nutrition-physical-activity](https://odphp.health.gov/our-work/nutrition-physical-activity)

Centers for Disease Control and Prevention (CDC) Physical Activity  
[cdc.gov/physical-activity-basics/guidelines/adults.html](https://cdc.gov/physical-activity-basics/guidelines/adults.html)

American Heart Association Recommendations for Physical Activity  
[heart.org](https://heart.org)

Kentucky Inclusive Health Collaborative [wellness4ky.org/](https://wellness4ky.org/)

Health and Disability data and resources one-pager  
[kentuckycq.org/health-wellness/](https://kentuckycq.org/health-wellness/)

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 [extension.ca.uky.edu/](https://extension.ca.uky.edu/)

Project MERGE [hdi.uky.edu/merge/](https://hdi.uky.edu/merge/)



## 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 & 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 two provider recommendations and one organizational partners recommendation.

## 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.
2. Ensure practices align with the Medicaid Home and Community Based Services Settings Rule.

## For Organizational Partners

1. Encourage the Kentucky Division of Adult Guardianship 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 [supporteddecisionmaking.org](https://supporteddecisionmaking.org)

Center on Youth Voice/Youth Choice [youth-voice.org/](https://youth-voice.org/)

My Choice Kentucky [mychoiceky.org](https://mychoiceky.org)

Transportation Initiative [transportation.hdiuky.org](https://transportation.hdiuky.org)

National Community of Practice on Supporting Families [supportstofamilies.org](https://supportstofamilies.org)

Institute on Community Integration- Friends resource [ici.umn.edu/products/579](https://ici.umn.edu/products/579)

KY Protection & Advocacy, Your Voice, Your Vote booklet [nebula.wsimg.com/cece2f4996acf728fc0cc9e04d059aa0](https://nebula.wsimg.com/cece2f4996acf728fc0cc9e04d059aa0)



## 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, little 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.

## For Providers

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

## For Organizational Partners

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

# Psychotropic Medication Use



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 & Respect



The Committee added this focus area, in part, to measure the degree to which HCBS “final rule” is being implemented. The setting rule is designed to provide waiver participants with access to the community, guarantee privacy and independence, and increase choice and control. According to the NCI data Kentucky is performing well below average in several of these areas.

## For Providers

1. Increase the percentage of people who have access to their home (key, code for a keypad lock, app to unlock door, etc.) to their home.
2. Increase the percentage 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, in part by providing information and access to early voting and absentee voting options.
6. Ensure practices align with the Medicaid Home and Community Based Services Settings Rule.



# Rights & Respect Resources for Implementation

**Home and Community Based Services Final Regulations**  
[medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html](https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html)

**HCBS Settings Rule from ACL** [acl.gov/programs/hcbs-settings-rule](https://acl.gov/programs/hcbs-settings-rule)

**Kentucky Memo regarding Final Settings Rule**  
[chfs.ky.gov/agencies/dms/ProviderLetters/1915cFinalRuleReminder.pdf](https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cFinalRuleReminder.pdf)



NCI-IDD  
questions used to  
measure  
outcomes



- Does this person have a key to the home?
- Can this person stay at home if others 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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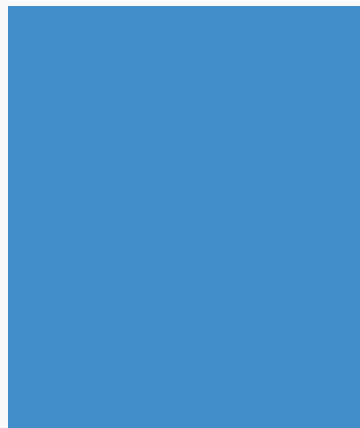
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# Appendix A

## 2024 NCI Quality Improvement Committee Members

Laura Butler  
Harold Kleinert  
Kelly Knoop  
Cathy Lerza  
Tony Lobianco  
Philip Rumrill  
Kathy Sheppard-Jones  
Meg Steinman  
Arline Wilson  
Jeff White  
Katie Wolf Whaley



# Appendix B

## Recommendations Data





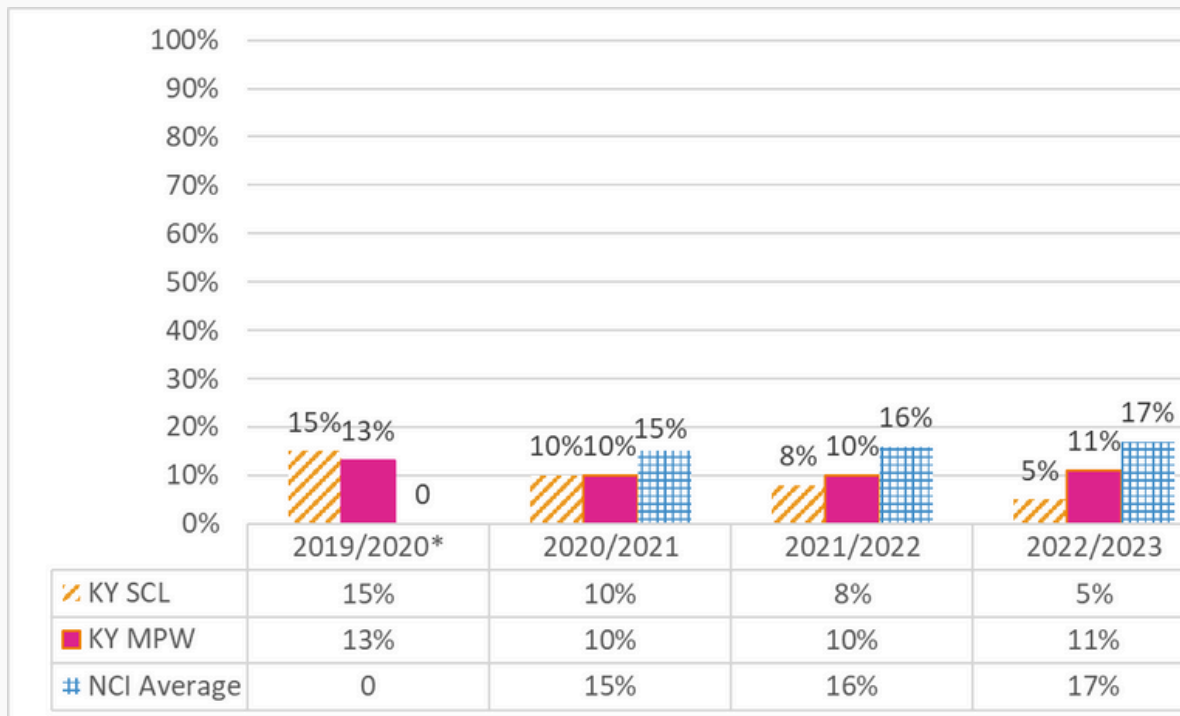
## Employment



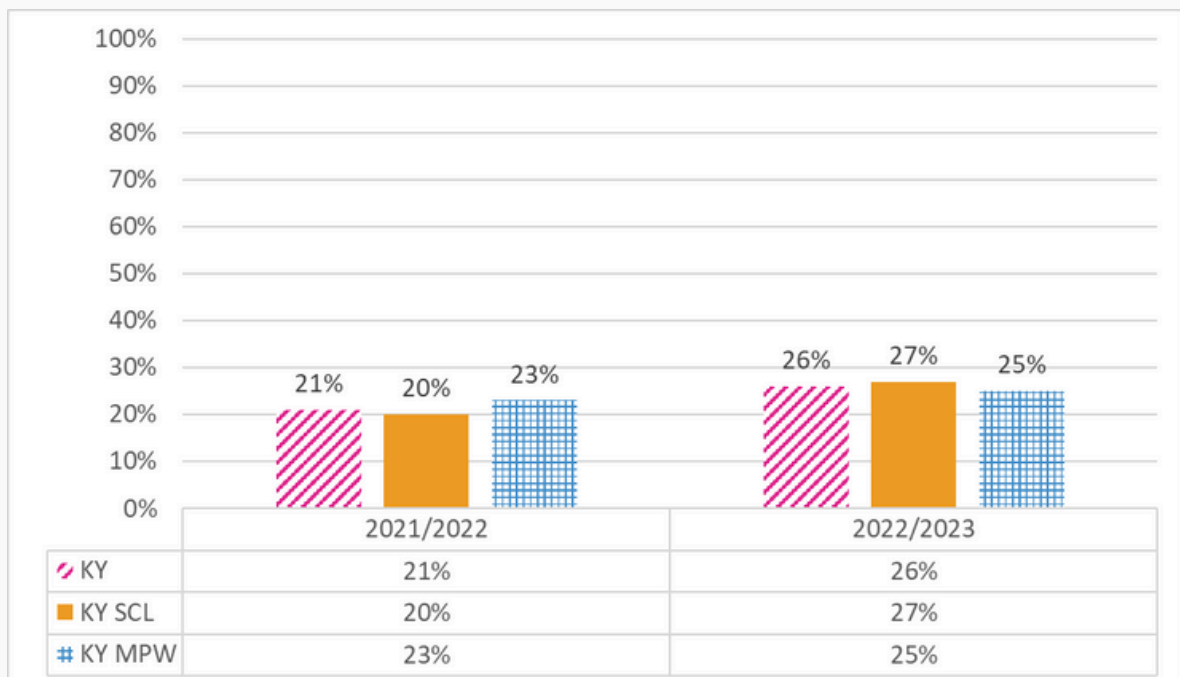
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Has paid job in the community; individual, group and/or business that primarily hires people with disabilities.



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





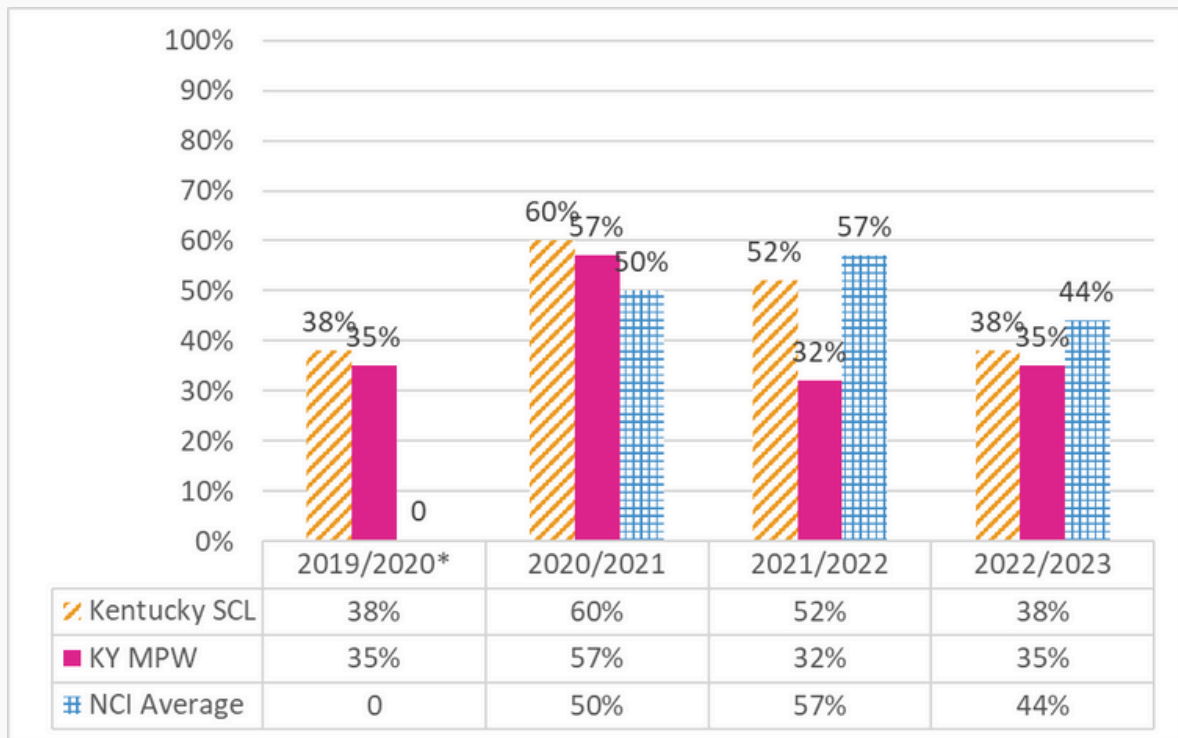
## Employment



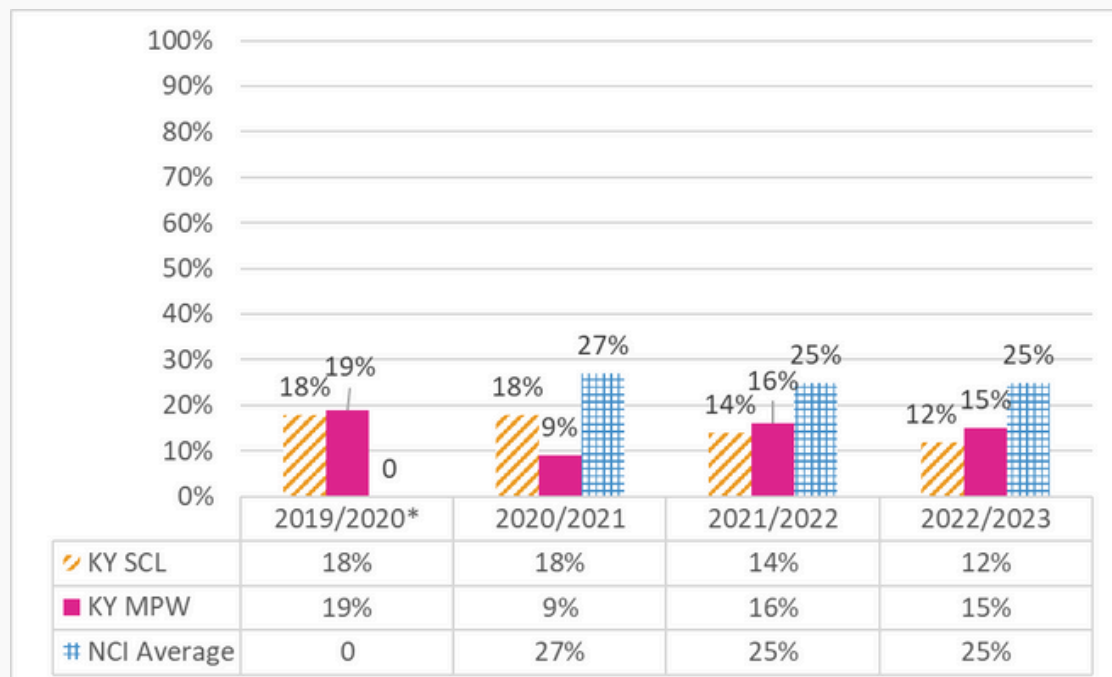
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Would you like to have a job?



Community job in service plan (all survey participants)





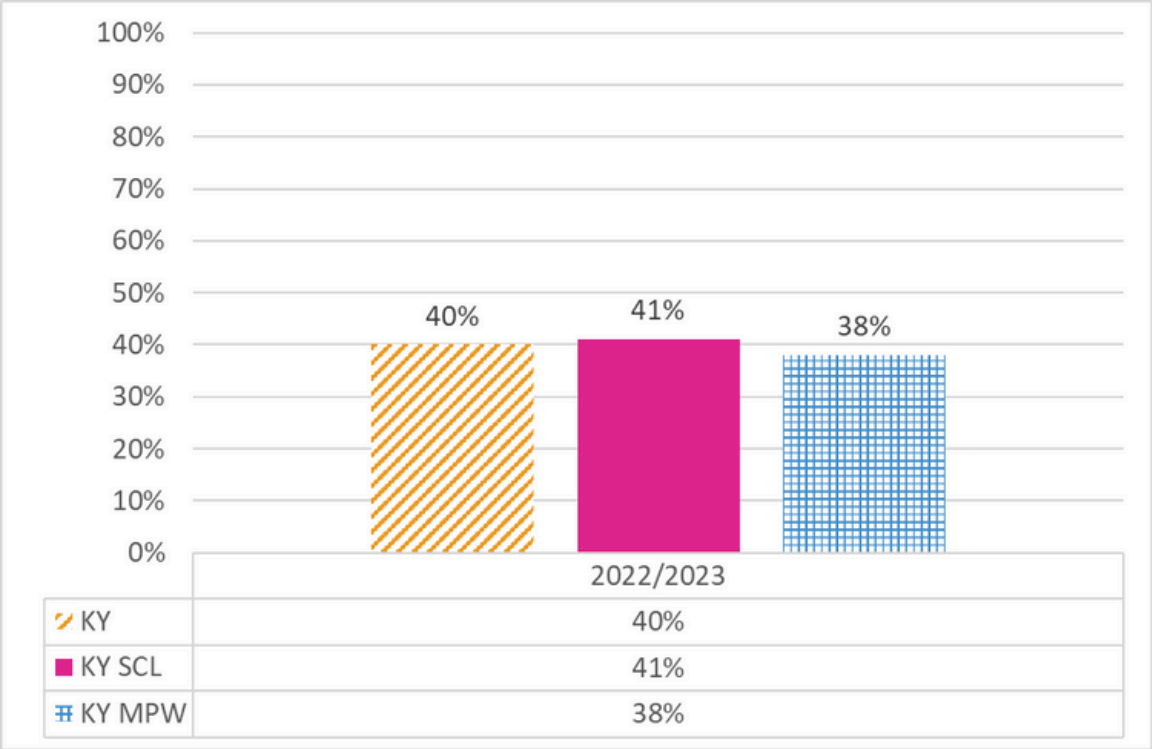
# Employment



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





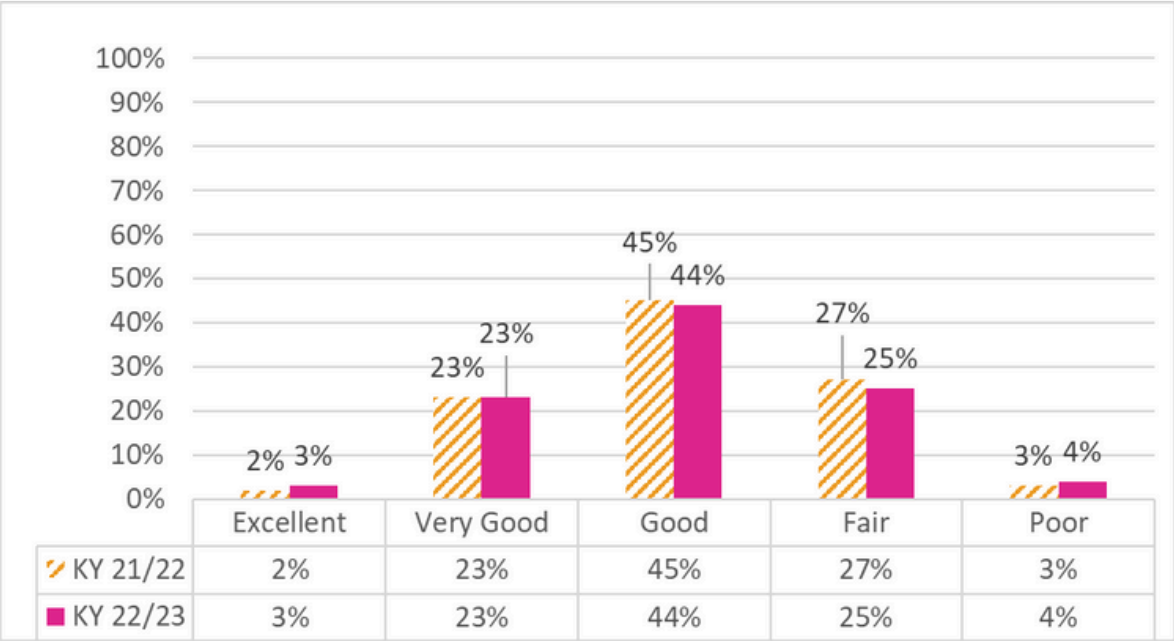
# Health & Wellness



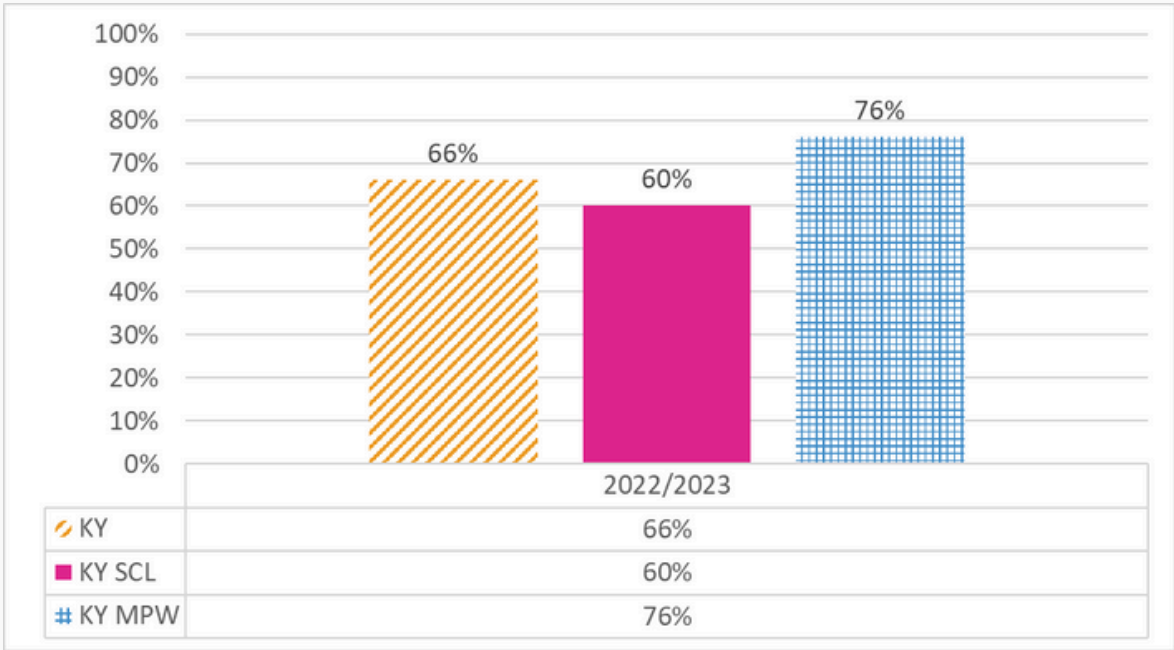
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How would you describe your overall health? (response options changed in 2021/2022)




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



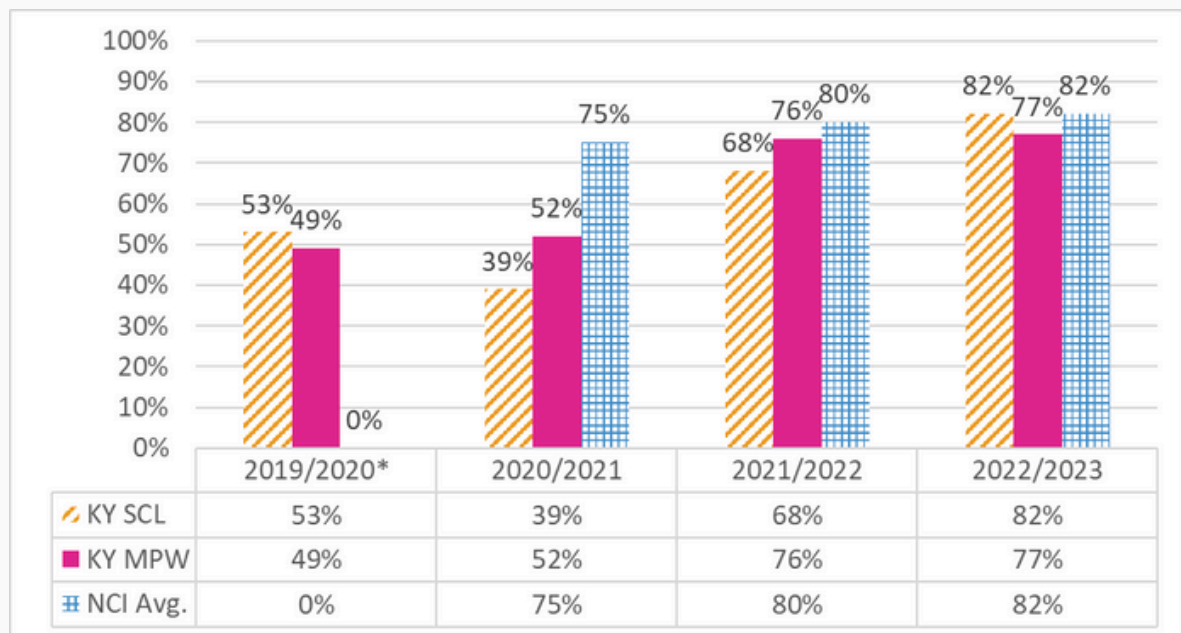


## Health & Wellness



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





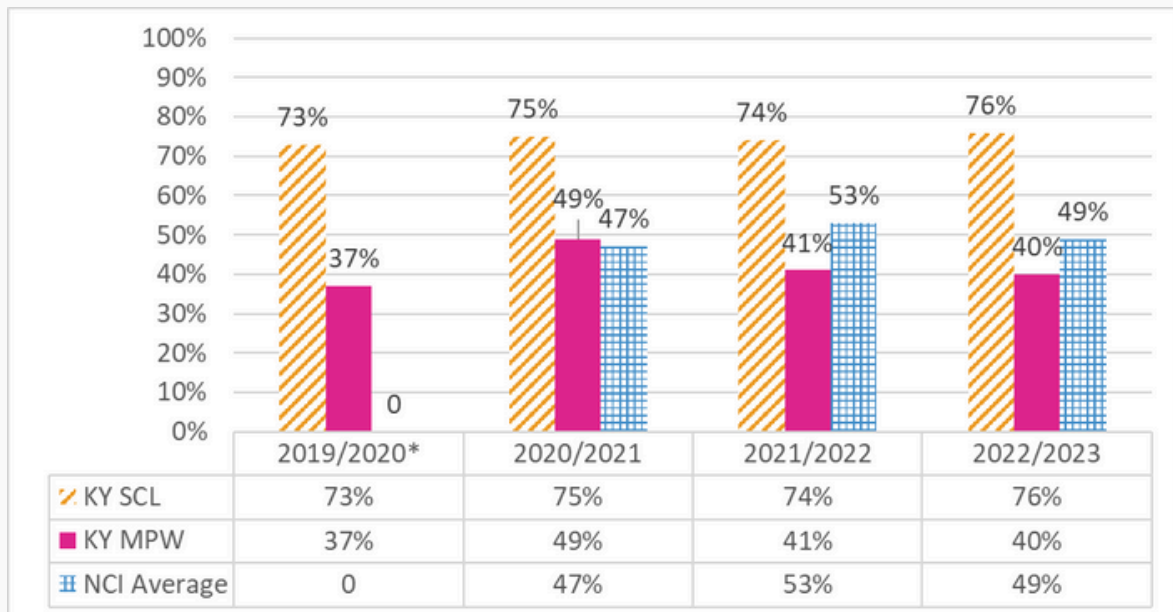
## Psychotropic Medication



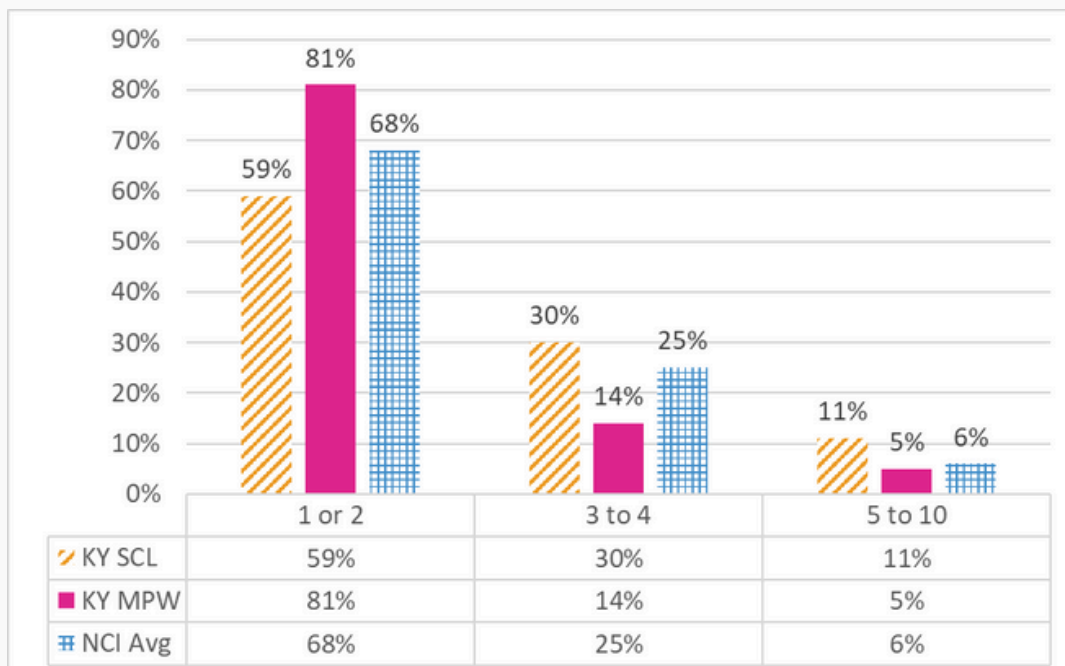
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### Medication for mood, anxiety, and/or psychotic disorders



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





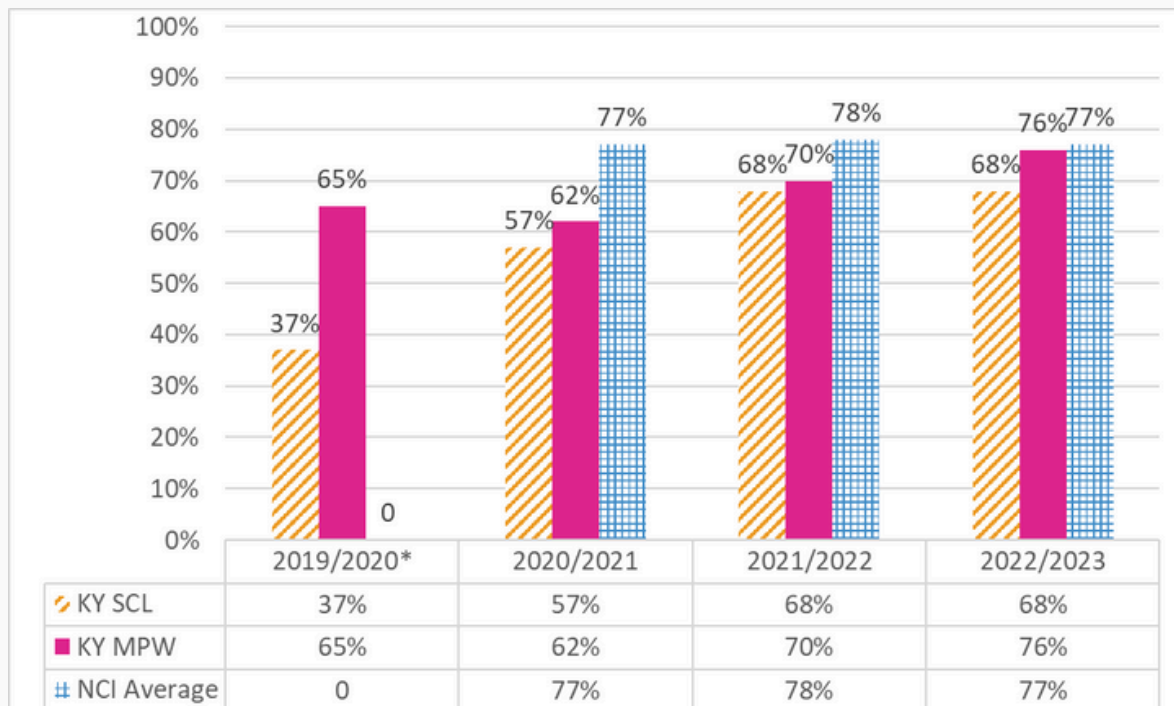
## Relationships & Community Inclusion



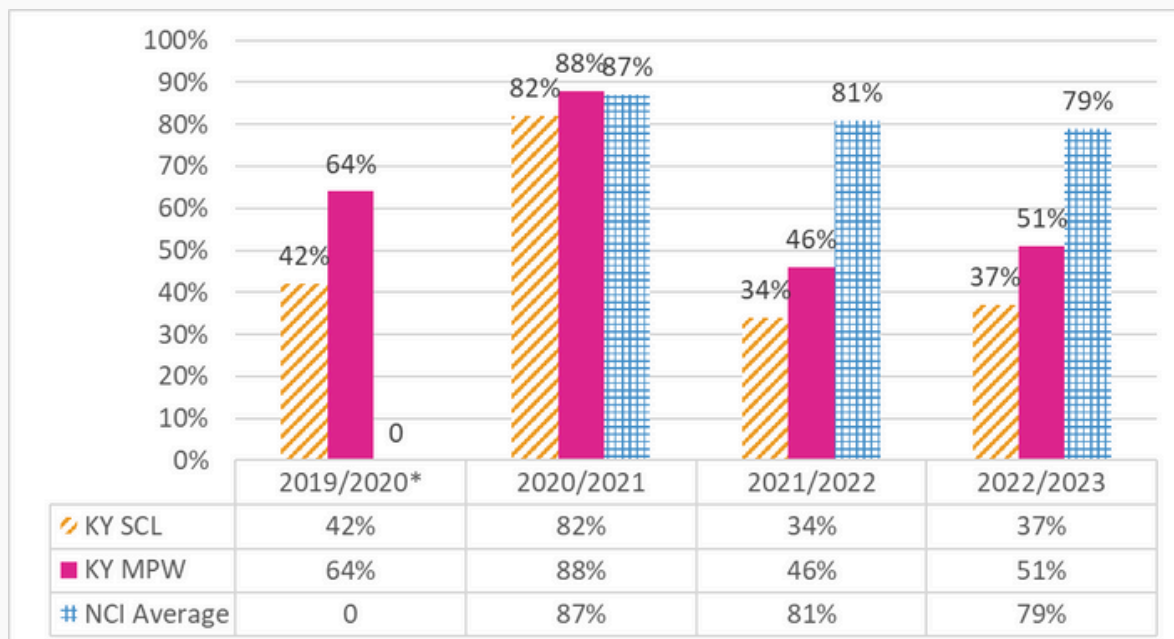
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Has friends who are not staff or family



Has ways of communicating with friends





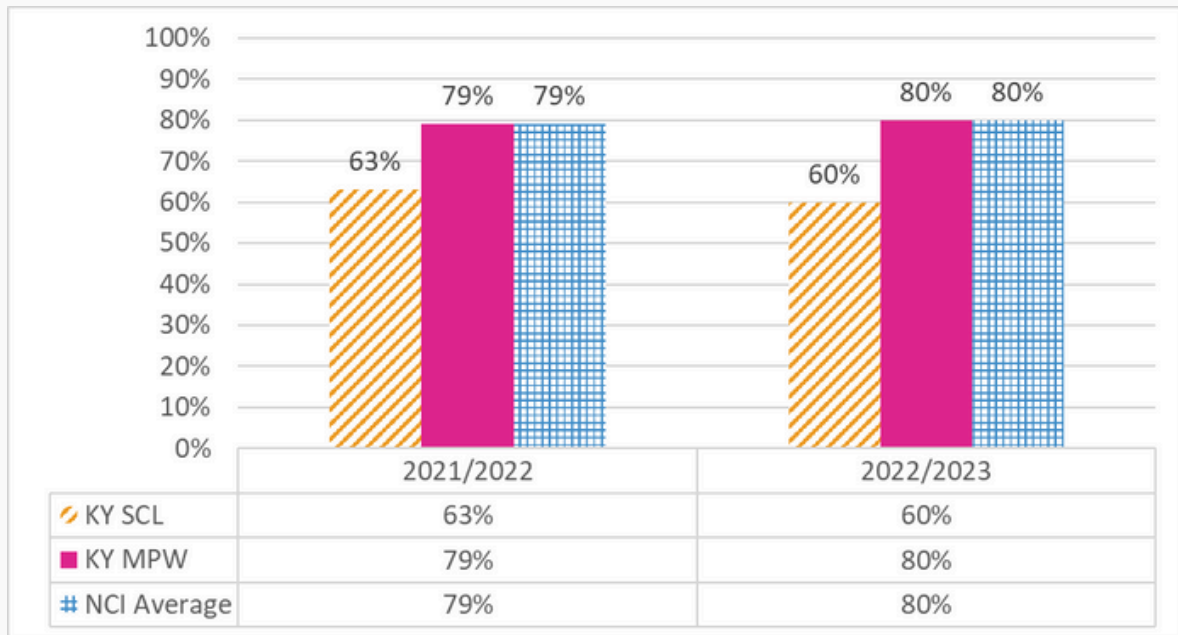
## Relationships & Community Inclusion



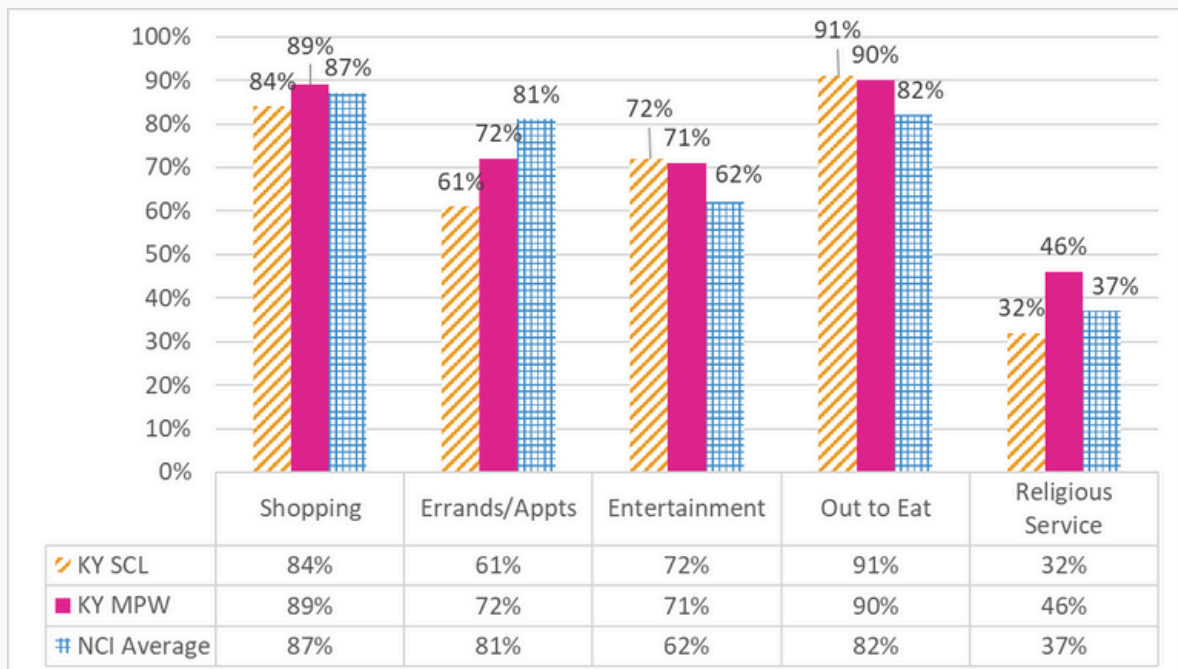
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Has a way to get places wants to go outside of the home for fun



Community Inclusion (at least once in the past month)





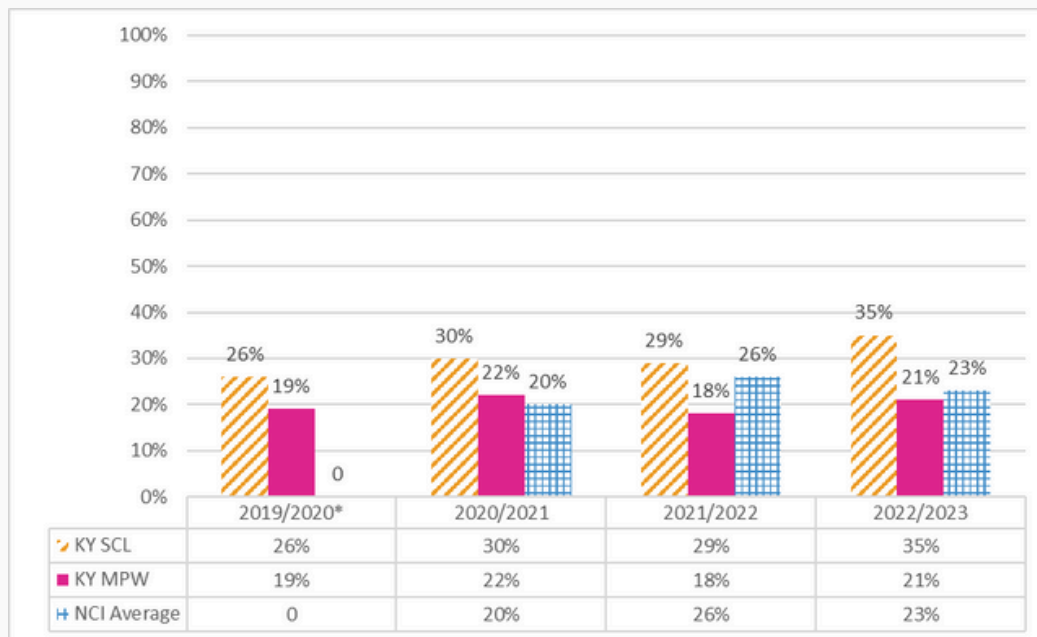
# Psychotropic Medication



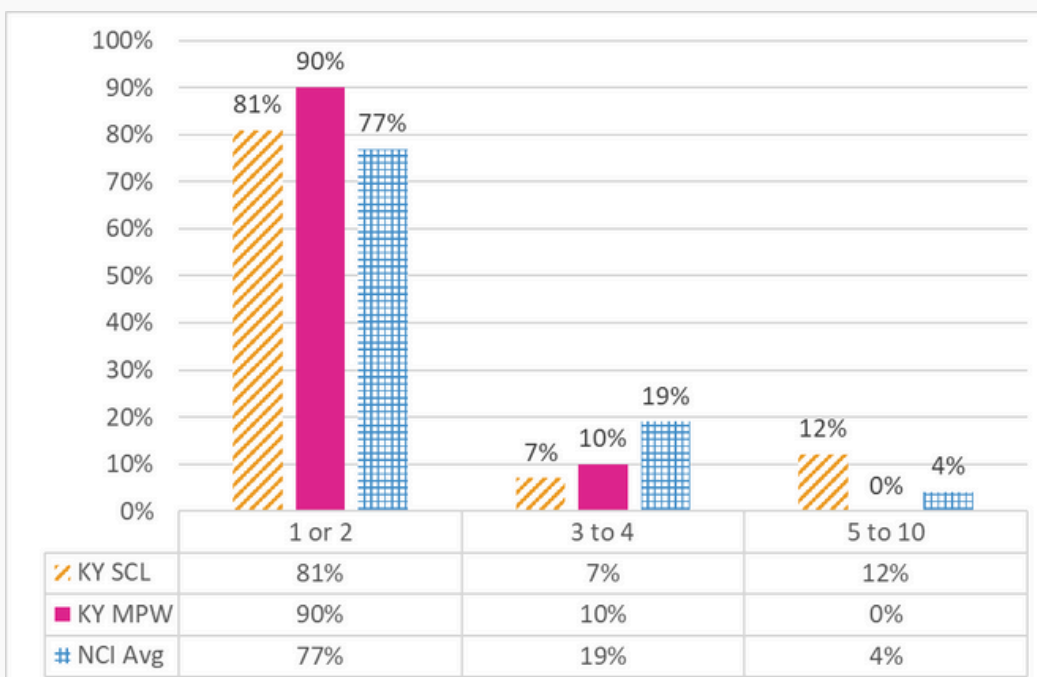
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## Medication for behavior challenges



## Number of meds for behavior challenges





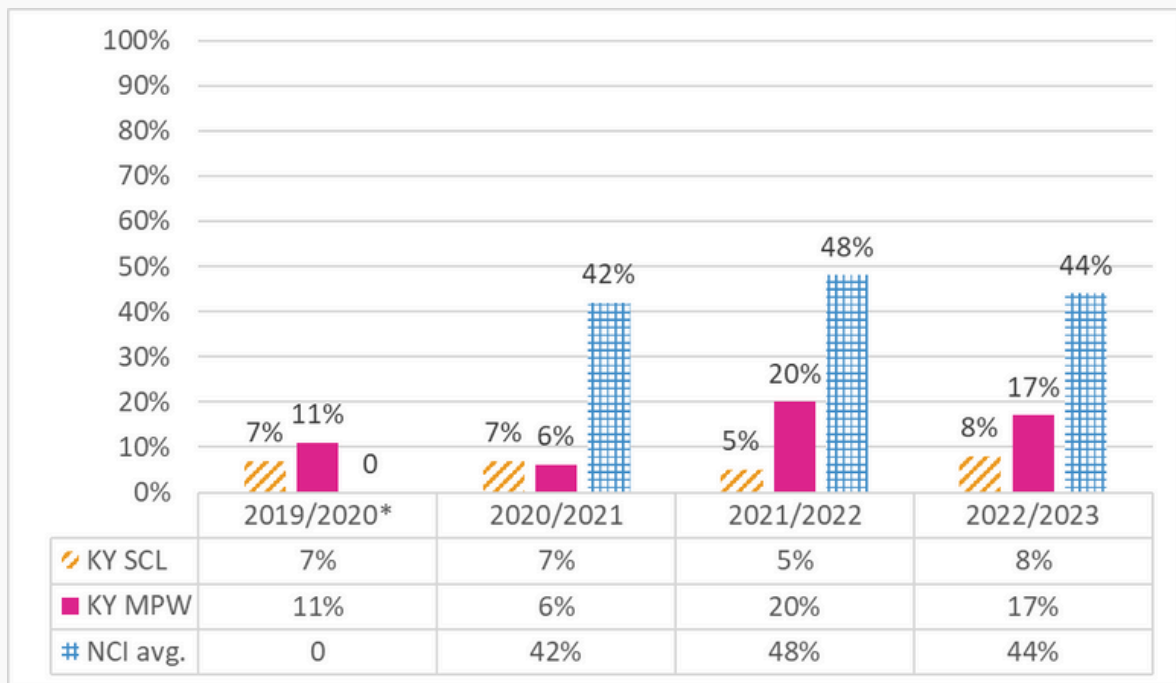
## Rights & Respect



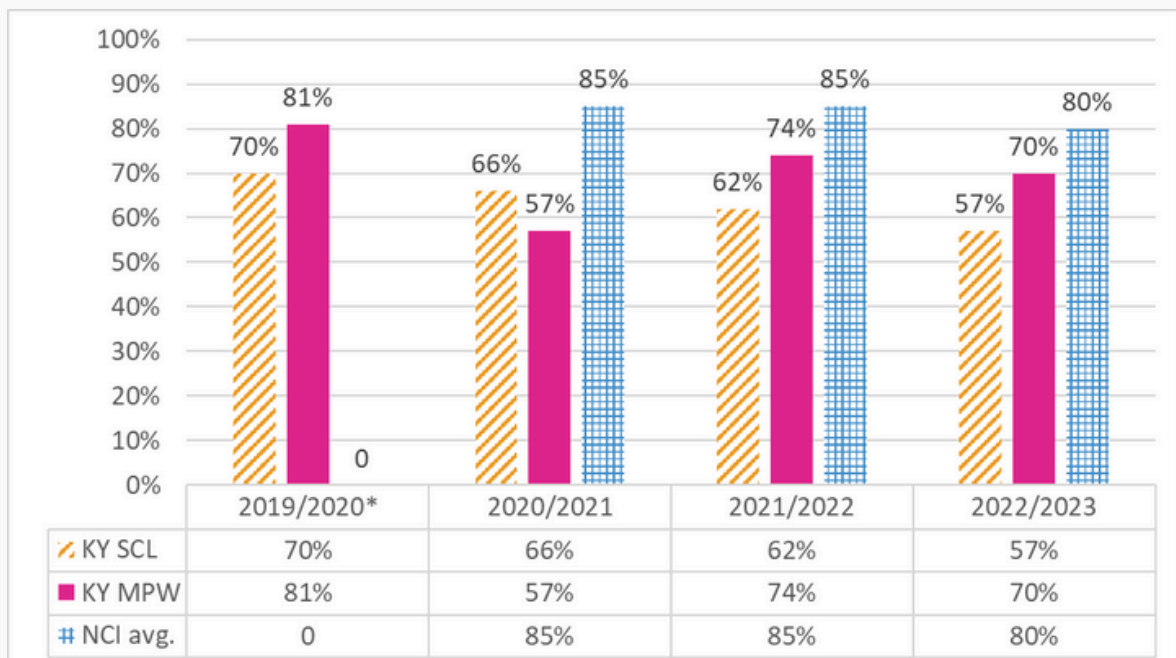
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Can stay at home if others go somewhere



People always let them know before entering bedroom



\*Incomplete data cycle due to COVID-19.

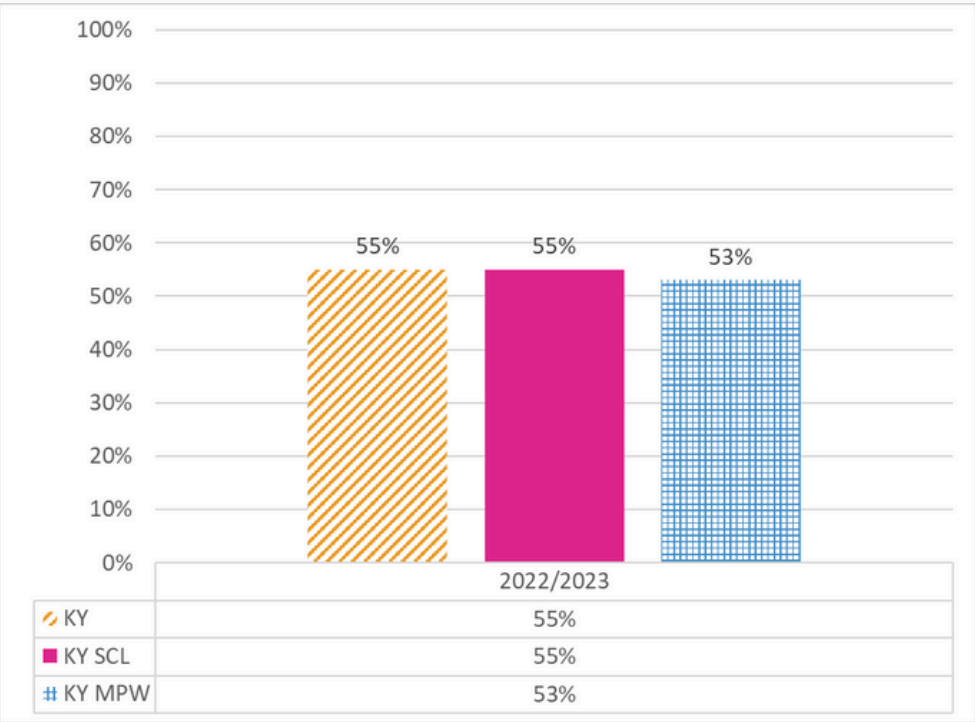
# Psychotropic Medication



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





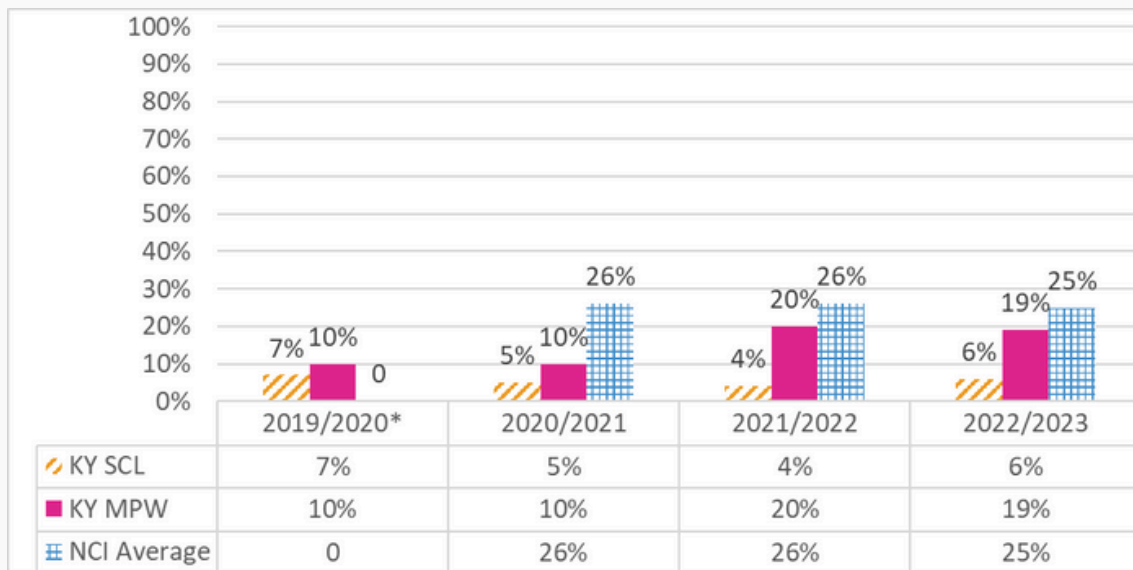
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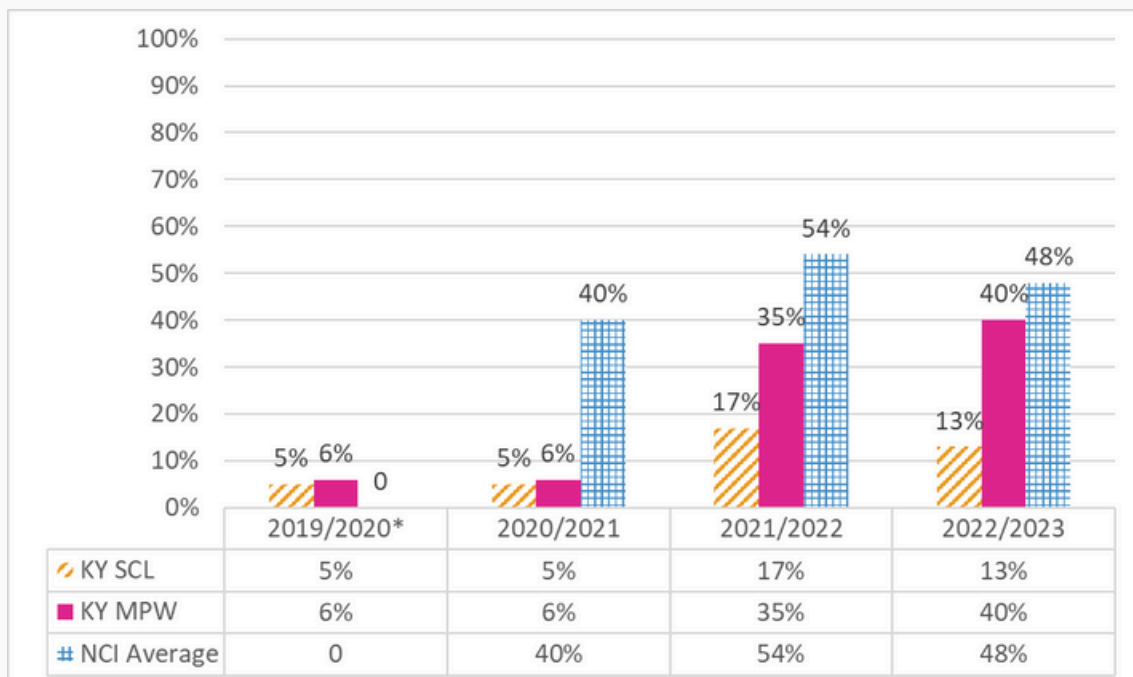
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Participated in a community group in the past month



Have ever (or had opportunity to vote) voted





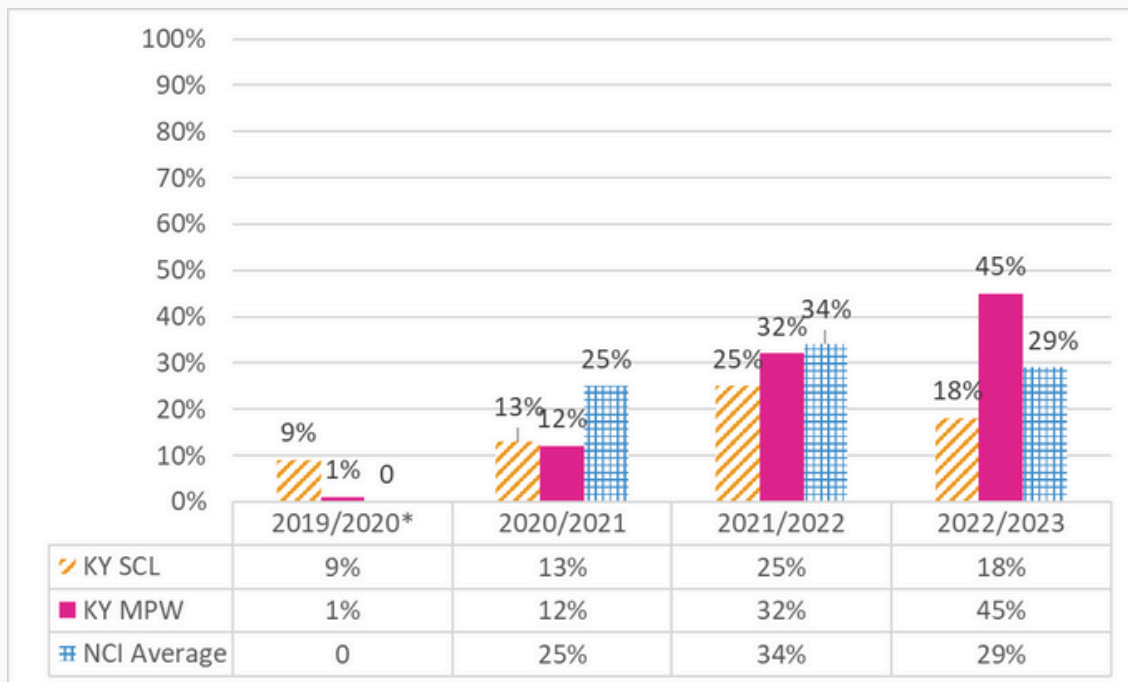
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Participated (or had opportunity to participate) in a self-advocacy event or organization



Has a key to the home

