

## **Report from Kentucky**

**By Karen House, State of Kentucky Coordinator**

On April 14, 2018, the Kentucky State legislature passed HB200, a budget appropriations bill that included a section aimed at closing the state's remaining ICF/IIDs:

***Delivery of Services for Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID):*** *The General Assembly directs the Cabinet for Health and Family Services to transition all qualified individuals from the ICF/ID care model to the community living model demonstrated by the Supports for Community Living Waiver Program as permitted and in compliance with all applicable federal laws. For those qualified individuals who need an additional, higher level of supervision, such as one-on-one staffing and increased behavioral support services, an enhanced rate shall be applied for successful transition to the Supports for Community Living Waiver Program. In continuance of the transitions, from any cost savings realized by the Cabinet for Health and Family Services, 50 percent shall be utilized to increase the reimbursement rates for Supports for Community Living Waiver Program slots and the remaining balance shall be transferred to the Budget Reserve Trust Fund Account (KRS 48.705). The Cabinet shall provide a quarterly report on transition progress, including identification of cost savings, to the Interim Joint Committee on Health and Welfare and Family Services.*

In response, The Department for Health and Family Services has sent out a letter, expressing their commitment to keeping our remaining ICF/IDD's open. In the letter, the Commissioner states, "The Department for Behavioral Health Development and Intellectual Disabilities (DBHDID) understands that a full continuum of care is critical to address the complex needs of individuals. The Department supports the ICF/IDD level of care as an important component of that continuum." In the letter, it states that even if the DBHDID did want to increase the rate of transitions, the community resources to do so are not available. That however, has not stopped all unwanted transitions.

The Cabinet is mandated to complete transitions at a rate of 5% yearly. So, while they do not expect an increase in transitions, they plan on keeping the pace of the 5% they have been meeting for the last several years. I have talked to the Deputy Secretary of Health and Family Services, Judge Tim Feeley. Judge Feeley has stated that he believes in the need for ICF/IDD's, and that it would be illegal to not offer that level of care to those in need of it.

I believe we have the support of the cabinet in keeping the most medically fragile residents in an ICF/IDD. The biggest problem is in giving the option of choice to the individuals and the families that choose to stay in ICF/IDDs, their homes. The majority of these individuals have been in an ICF most of their lives.

The decision to move those that are “qualified” to be moved to community based homes are still being done with little regard to the wishes of the guardian. My family had to go to court last year, and after spending several thousands of dollars, my sister, Patti, was able to stay in the ICF/IDD she had been in for the last 35 years. Sadly, a lot of families cannot afford to go to court and fight to keep their loved ones in the only place they feel safe and at home.

The State of Kentucky has 260 individuals in ICF/IDDs. There are four state owned ICF/IDD's, and one private ICF/IDD. The four state owned ones are being managed by private companies. Admissions to ICF/IDDs are limited to court orders only. Two of the ICF/IDD's, Oakwood and Bingham Gardens, have clinics that are open to individuals with ID/DD living in the community. The Hazelwood Center also has a dental clinic open to those living with ID/DD in the community. There is a waiting list to be seen in these facilities. Depending on the services needed, it can take quite a while to get an appointment.

There are 14,000 Individuals on waiver programs. There is an extensive waiting list for the Supports for Community Living (SCL). In 2017, there were no new slots allotted. The state did pass a bill increasing pay to the SCL providers, but no money to increase the number of slots available. Several SDL providers have left the state, some because of reported abuse and neglect of the individuals in their care. There has also been a murder of a caregiver by a resident.

My sister Cheri Ellis-Reeves, Lillian Basset, and I have been attending the HB144 commission meetings. The focus for us, is working on the federal level. We are working to change the percentage of 5% of mandated transitions down to only those that choose to live in the community.