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State Report Shows Drastic Increase in Disability Recipients
Experts speak at Gov. Bevin’s Work Matters Task Force meeting

FRANKFORT, Ky. (Oct. 10, 2017) – A new report issued today shows an increase of staggering proportions in the number of Kentucky adults and children receiving disability benefits. The report was prepared by Kentucky’s Disability Determination Services (DDS), within the Cabinet for Health and Family Services (CHFS) and presented at the Kentucky Work Matters task force meeting in Frankfort.

The groundbreaking study of outcomes covers a 35-year timeframe between 1980-2015. During that time, Kentucky’s population grew by 21 percent while its combined disability enrollment grew exponentially – by 249 percent. Childhood enrollment growth was an astounding 449 percent.

In 2015, 11.2 percent of Kentuckians were receiving some form of disability benefit payment, which is the second highest percentage in the country. Since 2002, the percentage of Kentucky’s population receiving disability payments has never fallen below second among the 50 states.^[1] The top 12 counties receiving benefits in 2015 were:

Top 12 Disability Counties (2015)

Rank	County	% Receiving Disability Benefits
1	Wolfe	24.92%
2	Owsley	24.64%
3	Breathitt	23.80%
4	Clay	22.88%
5	Magoffin	22.30%
6	Floyd	20.97%
7	Lee	20.21%
8	Leslie	20.07%
9	Martin	19.29%
10	Harlan	18.91%
11	Perry	18.81%
12	Bell	18.40%



Seven counties housed the highest benefit enrollment in 2001, 2005, 2010 and 2015. They are:

Highest Disability Counties (2001, 2005, 2010 and 2015)

County
Breathitt
Clay
Harlan
Leslie
Martin
Owsley
Wolfe

As the rolls have increased, so has the rate of controlled substance prescriptions. Per capita opioid prescriptions for SSI/Medicaid adult recipients have increased from 47.58 doses in 2000 to 147.29 doses in 2015, a 210 percent increase. Per capita psychotropic prescriptions SSI/Medicaid children have increased from 272.61 doses in 2000 to 456.87 doses in 2015, an increase of 168 percent. According to the report, these counties were in the top 12 in both disability enrollment and per capita opioid prescriptions⁽ⁱⁱⁱ⁾:

Counties in Top 12 in Both Disability and Opioid Usage

2001	2005	2010	2015
Bell	Bell	Breathitt	Bell
Clay	Breathitt	Clay	Breathitt
Leslie	Clay	Floyd	Clay
Martin	Floyd	Knott	Floyd
Owsley	Owsley	Leslie	Lee
Perry		Owsley	Leslie
			Owsley
			Perry
			Wolfe

“The explosive growth of benefit dependence over the past 35 years has been fueled by a multitude of factors which are completely unrelated to the mitigation or treatment of hardship borne of genuine disability,” said Bryan Hubbard, Acting Commissioner of the Department for Income Support, which oversees DDS. “Armed with the grim statistical reality of the past 35 years, we can seek better outcomes over the next 35 as we work to fix a broken system that must be preserved for individuals who can neither care nor provide for themselves.”

The report also provides information on the physical and mental conditions that lead to disability awards.

Top 5 Overall Title II Conditions, Kentucky (2015)

Condition	Percentage of Beneficiaries
Diseases of the Musculoskeletal System and Connective Tissue	33.4%
Mental Disorders	32.8%
Diseases of the Circulatory System	7.8%
Diseases of the Nervous System and Sense Organs	7.8%
Diseases of the Respiratory System	3.5%

The report states “Social Security disability benefit dependence should be created by genuinely disabling conditions which permanently preclude individuals from ever performing remunerative work. For people so afflicted, the integrity and solvency of the system must be preserved. Tragically, some individuals in Kentucky have never experienced life without public assistance.” The culture within the Social Security Administration (SSA) is described “as a bureaucratic institution, the SSA is motivated to protect and, if possible, expand the scope of its activities across the full horizon of its operational domain. For the SSA, claims and beneficiaries equal budget. This simple equation drives the SSA’s internal culture thereby making it a significant obstacle to long-term change.”

An outline for SSA reforms is laid out in the report and includes a recommendation for an overhaul of the SSA Program Operations Manual System (POMS) to include:

- 1) Mandate the use of objective medical evidence using best practices in forensic evaluation to determine benefit eligibility. Objective evidence of injury or illness must be paired with objective functional capacity evaluations that include cross-validation and intra-test reliability protocols which measure the legitimacy of demonstrated physical effort and limitation.
- 2) Mandate the use of best practices in forensic psychological evaluation to include symptom and performance validity tests such as the Miller Forensic Assessment of Symptoms Test (M-FAST), the Structured Inventory of Malingered Symptomatology (SIMS), the Test of Memory and Malingered (TOMM), and the Rey 15 Item Memory Test. These tests should be accompanied with the application of clinical thresholds of benefit eligibility.
- 3) Remove all subjective non-severe conditions from the listing of eligible conditions and require mandatory termination reviews for all recoupable conditions based on clinically accepted recovery timelines.
- 4) Eliminate the SSA’s “Medical Improvement” evidentiary standard of continuing disability review in favor of an “Objective Functionality” review founded upon objective forensic evaluation standards.
- 5) Cease payment of benefits upon CDR termination pending the outcome of an appeal to an ALJ.
- 6) Eliminate the SSA’s “Lost Folder” policy which restricts the re-evaluation of a beneficiary whose file has been lost. This policy is referred to as the “Golden Ticket” because the individual whose file is lost will likely receive benefits for the rest of his/her life without any prospect of termination.

“This report is the first of its kind to have ever been issued by an individual state,” concluded CHFS Secretary Vickie Yates Brown Glisson. “Its findings shed new light on the misuse and abuse of a vital program intended to help disabled citizens. It also illuminates one of the main drivers of our prescription drug abuse epidemic while offering solutions as to how we stem the tide of prescription and public assistance dependence. The good news from grim findings is that we can re-assert control of our future and make it better for all Kentuckians.”

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Note: Photo attached shows Bryan Hubbard, Acting Commissioner of the Department for Income Support, presenting at the Work Matters Task Force meeting Tuesday.

The Cabinet for Health and Family Services is home to most of the state's human services and healthcare programs, including the Department for Medicaid Services, the Department for Community Based Services the Department for Public Health, the Department for Aging and Independent Living and the Department for Behavioral Health, Developmental and Intellectual Disabilities. CHFS is one of the largest agencies in state government, with nearly 8,000 full- and part-time employees located across the Commonwealth focused on improving the lives and health of Kentuckians.
