STATEMENT OF CONSIDERATION RELATING TO
907 KAR 12:010

Department for Medicaid Services
Amended After Comments

(1) A public hearing regarding 907 KAR 12:010 was held on September 21, 2012 at 9:00 a.m. in the Health Services Auditorium of the Health Services Building at 275 East Main Street in Frankfort, KY.

(2) The following individuals spoke at the hearing:

Name and Title	Organization/Agency/Other Entity
Steve Shannon, executive director	The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc. (KARP)
Thomas P. Laurino, provider	Choices Unlimited, Inc.; Paducah, KY
Christopher George, board certified behavior analyst and licensed behavior analyst	Applied Behavior Advancements
Amber Durham, a licensed behavior analyst	Applied Behavioral Advancements
Jerry McDonald, program director	Links of Kentucky; Somerset, KY
Johnny Callebs, executive director	Independent Opportunities; Richmond, KY
Dr. Laura Young, licensed clinical Psychologist	Apple Patch; Crestwood, KY
Steve Zaricki, president	Kentucky Association of Private Providers (KAPP
Shawn Carroll, executive director	New Perceptions; Florence, KY
Evan Charles, lead administrator of the consumer directed option program	Department for Aging and Independent Living (DAIL)
Rosalie Ballard, sister of an SCL participant and President	Nelson County Association for the Handicapped; Bardstown, KY
Lili Lutgens, licensed attorney, licensed clinical social worker and behavior support specialist	

Dr. Adreanna Bartholome Spears, a licensed clinical psychologist	Louisville, KY
Susan Stokes, owner	Access Community Assistance and HMR Associates
Stephanie Sharp, chairperson	The Commonwealth Council on Developmental Disabilities
Oyo Fummilayo, member	The Commonwealth Council on Developmental Disabilities
F. Patrick Reed, CEO	Hugh E. Sandefur Training Center
President-Elect	Kentucky Association for Community Employment Services
Charlotte Sanders, guardian of an SCL participant	
William S. Dolan, staff attorney supervisor	P & A
Cory Kessler, a concerned parent	
Maria Studavent, SCL participant	
Kathy Jo Edwards	
Jean Russell, vice president of developmental services	Seven Counties Services, Inc.; Louisville, KY
Judy Erwin, director of compliance	Zoom Group; Louisville, KY
Gladys Hall, SCL participant	Covington, KY
Eleanor Jones	Elizabethtown/Hardin County constituent
Evelyn Atherton	
Barbara Howard, executive director and CEO	Redwood; Ft. Mitchell, KY
Shirley Patterson, a family home provider	
Daniel Dodd, father of a daughter with disability	
James Cheely, father of a young adult with intellectual/developmental disabilities and member of the Arc of Barren County	The Arc of Barren County; Barren County, KY, KY

(3) The following individuals submitted written comments regarding 907 KAR 12:010:

Name and Title	Organization/Agency/Other Entity
Kelly Miller	
Rebecca Stamm	
Nora Bannesto	
Mary McDaniel	
Karen Brooks	
Stephanie Gordon	
Kelly Corlis	
Kasey Corlis	

Lena Fletcher	
Tammy Dugan	
Amy Henderson	
Dudley Boling	
Evelyn Atherton	
Jackie Griffith	
The guardian of Dorcas Kempf (the name is difficult to read)	
Kathy Osborne	
Michelle Moore	
Michelle Riggs	
Clara Bloemer, mother of an SCL Participant	Florence, KY
Linda Bloemer, SCL participant	Florence, KY
Henry Douglas	consumer (Washington County Industries)
Amy Lewis	consumer (Washington County Industries)
George Thompson	consumer (Washington County Industries)
Imogene Abner	consumer (Washington County Industries)
Jamie Grigsby	consumer (Washington County Industries)
George Cowherd	consumer (Washington County Industries)
Therese Morris	consumer (Washington County Industries
Cathy Spaulding	consumer (Washington County Industries)
Gary Downs	consumer (Washington County Industries)
Ronnie Stevens	consumer (Washington County Industries)
Marilyn Smith	consumer (Washington County Industries)
Kimberly Nally	consumer (Washington County Industries)
Carolyn Hahn	consumer (Washington County Industries)
Demetra L. Sheckles	consumer (Washington County Industries)
Philip Jingle	consumer (Washington County Industries)
Larry Paul Blaine	consumer (Washington County Industries)
James Miller	consumer (Washington County Industries)
Michael Raymond	consumer (Washington County Industries)
Julie M	consumer (Washington County Industries)
Julie Schafer	consumer (Washington County Industries)
Mary Philomena Hagan	consumer (Washington County Industries)
Ricky Smith	consumer (Washington County Industries)
Pam Gilpin	consumer (Nelson County Industries)
William Rommey	consumer (Nelson County Industries)
Travis Bowman	consumer (Nelson County Industries)
Jonathan Lesni	consumer (Nelson County Industries)
Diane Shields	consumer (Nelson County Industries)
Tommy Nix	consumer (Nelson County Industries)
Trevor Hibbs	consumer (Nelson County Industries)
John Kennedy Hamilton	consumer (Nelson County Industries)
Thresa	consumer (Nelson County Industries)
Rhonda Brady	consumer (Nelson County Industries)

Glenna Fryrear	consumer (Nelson County Industries)
Jason McCoy	consumer (Nelson County Industries)
Kameron Jones	consumer (Nelson County Industries)
Jenny Egoratu	consumer (Nelson County Industries)
Carl	consumer (Nelson County Industries)
Joey H	consumer (Nelson County Industries)
Jason McMillen	consumer (Nelson County Industries)
Aleshia Richardson	consumer (Nelson County Industries)
John Cecil	consumer (Nelson County Industries)
Mary Charlene Cecil	consumer (Nelson County Industries)
Jacob Poston	consumer (Nelson County Industries)
Linda Gunter	aunt of a consumer at Nelson County Industries)
Aldene Belden	mother of a consumer at Nelson County Industries)
Richard illegible last name	consumer (Nelson County Industries)
Heather Searcy	consumer (Grayson County Industries)
Pufton Aurelio Emilio	consumer (Grayson County Industries)
Keith Palmer, father of a consumer	Grayson County, KY
Brenda Palmer, father of a consumer	Grayson County, KY
Carol Hall	respite provider (Grayson County)
Tabitha Miller	consumer (Grayson County Industries)
Roger Luews	consumer (Grayson County Industries)
John	consumer (Grayson County Industries)
Dinah	consumer (Grayson County Industries)
Joe Watkins	consumer (Grayson County Industries)
June	consumer (Grayson County Industries)
Candice Ray Decker	consumer (Grayson County Industries)
Bill	consumer (Grayson County Industries)
Patricia Ward	consumer (Grayson County Industries)
Mamau	consumer (Grayson County Industries)
Ashleigh Veeley	consumer (Grayson County Industries)
Evelyn Decker	(mother of consumer of Grayson County Industries)
Gary Logsdon, County Judge/Executive	Grayson County
Jean Curtsinger	Washington County constituent
Thelma Lampkin	Washington County constituent
Cleo Lewis	Washington County constituent
B. Moore	Washington County constituent
Leon Young	Washington County constituent
Jami Adam (illegible name)	Washington County constituent
Carissa Karley	Washington County constituent
L. Goodlett	Washington County constituent
DeAnna Washer (illegible name)	Washington County constituent
Eddie (illegible name)	Washington County constituent
(illegible name)	Washington County constituent

Clinton Thompson	Washington County constituent
Kenny Smith	Washington County constituent
Illegible name	Washington County constituent
Illegible name	Washington County constituent
Illegible name	Washington County constituent
Illegible name	Washington County constituent
Laetitia A. Campbell	Washington County constituent
Ronnie Hooper	Washington County constituent
Nicole Cochran	Washington County constituent
Amber Sagracy	Washington County constituent
Sheila Hourigan	Washington County constituent
Margaret S. (illegible name)	Washington County constituent
Laura Smith	Washington County constituent
Robin Schradel	Washington County constituent
Tressia D. Wright	Washington County constituent
Sue Tyler	Washington County constituent
Carolyn Hardin	Washington County constituent
(Illegible name) Lewis	Washington County constituent
Illegible name	Washington County constituent
Connie Fowler	Washington County constituent
Cheryl H. Yates	Washington County constituent
Lisa Richardson	Washington County constituent
Gloria Graves	Washington County constituent
Darrell (illegible name)	Washington County constituent
Tim Goodwin	Washington County constituent
Rev. Tina Mae Standiford	Washington County constituent
Illegible name	Washington County constituent
Karen Boblitt	Washington County constituent
Tana (illegible name)	Washington County constituent
Billie (illegible name)	Washington County constituent
Nicole Ballard	Washington County constituent
Charles Hayes	Washington County constituent
(Illegible name) Elliott	Washington County constituent
Kathlyn H. Hare	Washington County constituent
Clara Carrico	Washington County constituent
Rachel Klopfenstein	Washington County constituent
Mattingly	Washington County constituent
Illegible name	Washington County constituent
Julie (illegible name)	Washington County constituent
(illegible name)	Washington County constituent
Judy Jewell	Washington County constituent
Pat Grisley	Washington County constituent
Mary K. Hamilton	Washington County constituent
Illegible name	Washington County constituent
Cathy Smith	Washington County constituent
George (illegible name)	Washington County constituent

(illegible) Young	Washington County constituent
Janet Trent	Washington County constituent
Marvin E. Trent	Washington County constituent
Paul & Hazel Howard	Washington County constituent
G. Mattingly	Washington County constituent
Patti Davis	Washington County constituent
Joel Allen	Washington County constituent
Julia Allen	Washington County constituent
Julia Spalding	Washington County constituent
Illegible name	Washington County constituent
Jerry (illegible name)	Washington County constituent
Illegible name	Washington County constituent
Ruby Breeding	Washington County constituent
Gene Breeding	Washington County constituent
Jamie (illegible name)	Washington County constituent
Judy Montgomery	Washington County constituent
Betty Bishop	Washington County constituent
Danny Montgomery	Washington County constituent
John Willie Ellery	Washington County constituent
Sheila D. Smith	Washington County constituent
Jackie Frederick	Washington County constituent
Missy McCarthy	Washington County constituent
April Withron (illegible name)	Washington County constituent
Helen Rigdon	Washington County constituent
Margaret Greenwell (illegible name)	Washington County constituent
Jim Coomes	Washington County constituent
Joey Rigdon	Washington County constituent
Hazel Rigdon	Washington County constituent
Rosemary Goff	Washington County constituent
Krystal Clements	Washington County constituent
Katie Goff	Washington County constituent
Steven (illegible name)	Washington County constituent
Ben Osborne	Washington County constituent
Sarah Jo Riley	Washington County constituent
Holli Camon	Washington County constituent
Derinda Osborne	Washington County constituent
Betty Medley	Washington County constituent
John Morris	Washington County constituent
Joyce Morris	Washington County constituent
Karen Sagracy	Washington County constituent
Nancy Vigl (illegible name)	Washington County constituent
(illegible name) Lewis	Washington County constituent
Rose Coleman	Washington County constituent
Vicky Cheeser	Washington County constituent
Illegible name	Washington County constituent
Illegible name	Washington County constituent

Joe Young Jr	Washington County constituent
Sam (illegible name)	Washington County constituent
Jim Medley	Washington County constituent
Nancy O. Bryan	Washington County constituent
John A Settle	Washington County constituent
Glem Black	Washington County constituent
Brett Barry	Washington County constituent
Teresa C. Morrison	Washington County constituent
Mary Bryan Smith	Washington County constituent
Dewayne Tapscott	Washington County constituent
Katherine H. Smith	Washington County constituent
Jennifer Drury	Washington County constituent
Jeanette Edelen	Washington County constituent
Illegible name	Washington County constituent
Halli Jewell III	Washington County constituent
Candace Jewell	Washington County constituent
Amy Gomer	Washington County constituent
Auquintis Litsey	Washington County constituent
D. Chesser	Washington County constituent
Teresa Chesser	Washington County constituent
David Montgomery	Washington County constituent
Debra Montgomery	Washington County constituent
Kevin Montgomery	Washington County constituent
Judy Garland Montgomery	Washington County constituent
Mike Montgomery	Washington County constituent
Tabitha Montgomery	Washington County constituent
Christy Waldridge	Washington County constituent
Anthony Waldridge	Washington County constituent
Emma Hellard	Washington County constituent
Rick Hellard	Washington County constituent
Judy Curtsinger	Washington County constituent
Dennis Curtsinger	Washington County constituent
Troy Curtsinger	Washington County constituent
Linda Scott	Washington County constituent
Linda Montgomery	Washington County constituent
907 KAR Lisa Chesser	Washington County constituent
Illegible name	Washington County constituent
Melissa Coleman	Washington County constituent
Janet Osborne	Washington County constituent
Sue A. Hill	Washington County constituent
Ana Mudd	Washington County constituent
Wanda Goff	Washington County constituent
Joyce Spalding	Washington County constituent
Melissa Blanford	Washington County constituent
Leigh Winsott	Washington County constituent
Illegible name	Washington County constituent

Nicole Miller (illegible name)	Washington County constituent
Carol Morgeson	Washington County constituent
Betty Royalty	Washington County constituent
Karen Montgomery	Washington County constituent
Ashley Montgomery	Washington County constituent
(illegible name) Montgomery	Washington County constituent
Christine Carrier	Washington County constituent
Illegible name	Washington County constituent
Charles R Carrier	Washington County constituent
Rhonda Singer (illegible name)	Washington County constituent
Terry Tingle	Washington County constituent
Eva Tingle	Washington County constituent
June Spaulding	Washington County constituent
Taylor Spaulding	Washington County constituent
Billy Thompson	Washington County constituent
Myrna Thompson	Washington County constituent
Illegible name	Washington County constituent
Illegible name	Washington County constituent
Teresa Rogers	Washington County constituent
M. Chesser	Washington County constituent
Ray Chesser	Washington County constituent
Ray Chesser	Washington County constituent
Jeremy Chesser	Washington County constituent
Chasity Bell	Washington County constituent
Jerry Abell JR	Washington County constituent
Doris Bell	Washington County constituent
Samantha Bell	Washington County constituent
Laura (illegible name)	Washington County constituent
Kim Humes	Washington County constituent
Jessica Abell	Washington County constituent
Connie Nally	Washington County constituent
Donald R. Bell	Washington County constituent
Joyce Drury	Washington County constituent
Helen Russell	Washington County constituent
Eunice Ballard	Washington County constituent
H. Grigsby	Washington County constituent
Earl Grigsby	Washington County constituent
Joyce Settles	Washington County constituent
Tammy M. Hamilton	Washington County constituent
Kenny Yates	Washington County constituent
Ricky Hamilton	Washington County constituent
Kathy Burton	Washington County constituent
(illegible name) Wells	Washington County constituent
Billy Wells	Washington County constituent
Brittany Wells	Washington County constituent
Brandon Wellls	Washington County constituent

Debbie Barnes	Washington County constituent
Stevie Barnes	Washington County constituent
J.J. Burton	Washington County constituent
Jennifer Smith	Washington County constituent
Casey Smith	Washington County constituent
Todd (illegible name)	Washington County constituent
Kelly Christerson by D. Osborne	Washington County constituent
Illegible name	Washington County constituent
Robert D. Campbell	Washington County constituent
(illegible name) Foster	Washington County constituent
Eunice Nally	Washington County constituent
Mary Jane Burns	Washington County constituent
Debbie Caldwell	Washington County constituent
Illegible name	Washington County constituent
(illegible name) Hahn	Washington County constituent
Debbie Russell	Washington County constituent
Mary (illegible name)	Washington County constituent
Stacey Spaulding	Washington County constituent
B. Riley	Washington County constituent
Jenny Devine	Washington County constituent
Connie Terrell	Washington County constituent
J. Spaulding	Washington County constituent
Illegible name	Washington County constituent
Timothy Smith	Washington County constituent
Issac Sutton	Washington County constituent
Dora Bickett	Washington County constituent
Joshua Walher	Washington County constituent
Dana Carrico	Washington County constituent
Payton (illegible name)	Washington County constituent
Blake Smith	Washington County constituent
(illegible name)Settles	Washington County constituent
Illegible name	Nelson County constituent
Illegible name	Nelson County constituent
Illegible name	Nelson County constituent
Chris Smith	Nelson County constituent
Ronald R. McCullin	Nelson County constituent
Patrick Medley	Nelson County constituent
Illegible name	Nelson County constituent
Darrel Cole	Nelson County constituent
Chris T Ayers	Nelson County constituent
Illegible name	Nelson County constituent
Michael Turner	Nelson County constituent
Rachel Turner	Nelson County constituent
Pam (illegible name)	Nelson County constituent
Nick (illegible name)	Nelson County constituent
Pat Douglas	Nelson County constituent

Cash Sweany	Nelson County constituent
Sherry Reid	Nelson County constituent
(Illegible name) Ayers	Nelson County constituent
D. Ayers	Nelson County constituent
Scott Turner	Nelson County constituent
Wanda Turner	Nelson County constituent
Illegible name	Nelson County constituent
Brenda Brown	Nelson County constituent
Darlene Langley	Nelson County constituent
Adam Wethington	Nelson County constituent
John McDonald	Nelson County constituent
Rick Smith	Nelson County constituent
Bridget Ralston	Nelson County constituent
Wayne Price	Nelson County constituent
Mark Mattingly	Nelson County constituent
Shane Phillips	Nelson County constituent
Gary Wethington	Nelson County constituent
Tom Martin	Nelson County constituent
V. Thompson	Nelson County constituent
Brad Leake	Nelson County constituent
Robert Newton	Nelson County constituent
Cliff Miracle	Nelson County constituent
Josh (illegible name)	Nelson County constituent
Tim (illegible name)	Nelson County constituent
Shawn Newton	Nelson County constituent
Randy Kidwell	Nelson County constituent
Matt Linsley	Nelson County constituent
Bruce Lucas	Nelson County constituent
Illegible name	Nelson County constituent
Dustin Keaton	Nelson County constituent
John Hurst	Nelson County constituent
Marty Lee	Nelson County constituent
Brian Hurst	Nelson County constituent
Matt Ellis	Nelson County constituent
Bryan Humes	Nelson County constituent
Archie Ballash (illegible name)	Nelson County constituent
Tim Barnes	Nelson County constituent
Zeo Hughes	Nelson County constituent
Jeremy (illegible name)	Nelson County constituent
Kurt Ballard	Nelson County constituent
Daniel Clark	Nelson County constituent
John (illegible name)	Nelson County constituent
Illegible name	Nelson County constituent
Chris Hodge	Nelson County constituent
Drew (illegible name)	Nelson County constituent
Steve (illegible name)	Nelson County constituent

Danny Davis	Nelson County constituent
Jerry Burgin	Nelson County constituent
Jamie Blandford	Nelson County constituent
Garry Wethergton	Nelson County constituent
Michael (illegible name)	Nelson County constituent
Ann Rosalie Ballard	Nelson County constituent
Scarlett Hibbs	Nelson County constituent
Illegible name	Nelson County constituent
Cassie Downs	Nelson County constituent
Katie Thompson	Nelson County constituent
Stanley Brady	Nelson County constituent
Tasha Rose	Nelson County constituent
Larry Green	Nelson County constituent
Rosemary Brauch	Nelson County constituent
Charlie Brauch	Nelson County constituent
J.W. Osborne	Nelson County constituent
Illegible name	Nelson County constituent
Jerry (illegible name)	Nelson County constituent
K. (illegible name)	Nelson County constituent
Laura Mudd	Nelson County constituent
Illegible name	Nelson County constituent
M. Mattingly	Nelson County constituent
Illegible name	Nelson County constituent
Gary Ethington	Nelson County constituent
David Murphy	Nelson County constituent
Ronald Osborne	Nelson County constituent
Richard Boone	Nelson County constituent
Illegible name	Nelson County constituent
Illegible name	Nelson County constituent
Timothy (illegible name)	Nelson County constituent
Mayor Bill Sheckles	Nelson County constituent
Jan Megyese	Nelson County constituent
Mildred (illegible name)	Nelson County constituent
Greg (illegible name)	Nelson County constituent
Illegible name	Nelson County constituent
(illegible name) Heaton	Nelson County constituent
Dick Heaton	Nelson County constituent
Illegible name	Nelson County constituent
Michael Boone	Nelson County constituent
LeRay (illegible name)	Nelson County constituent
Illegible name	Nelson County constituent
Illegible name	Nelson County constituent
Kim Rogers	Nelson County constituent
Jan White	Nelson County constituent
Debbie (illegible name)	Nelson County constituent
Illegible name	Nelson County constituent

Peggy Johnson	Nelson County constituent
Karen Ballard	Nelson County constituent
Illegible name	Nelson County constituent
Janet (illegible name)	Nelson County constituent
Vickie Atcher	Nelson County constituent
Shannon Hanson	Nelson County constituent
Chrystal Head	Nelson County constituent
Theresa Hampton	Nelson County constituent
Eddie Greenwell	Nelson County constituent
Margaret Cissell	Nelson County constituent
Carole Raymond	Nelson County constituent
Susie Wheatly	Nelson County constituent
Mary Hellard	Nelson County constituent
Donna Jones	Nelson County constituent
Betty Norris	Nelson County constituent
Shannon (illegible name)	Nelson County constituent
Robyn (illegible name)	Nelson County constituent
Illegible name	Nelson County constituent
Dorene Thomas	Nelson County constituent
Melinda Noris	Nelson County constituent
Jennifer (illegible name)	Nelson County constituent
S. Rogers	Nelson County constituent
(illegible name) Smith	Nelson County constituent
Illegible name	Nelson County constituent
Illegible name	Nelson County constituent
(illegible name) Keerie	Nelson County constituent
Illegible name	Nelson County constituent
Bonnie Lewis	Nelson County constituent
Felicia Litsey	Nelson County constituent
Illegible name	Nelson County constituent
Illegible name	Nelson County constituent
Sherry (illegible name)	Nelson County constituent
Angel Muller	Nelson County constituent
Martin Tingle	Nelson County constituent
Illegible name	Nelson County constituent
Lois Drymun	Nelson County constituent
Sarah (illegible name)	Nelson County constituent
Illegible name	Nelson County constituent
Dorothy Johnson	Nelson County constituent
Barbara Cissell	Nelson County constituent
Linda Spalding	Nelson County constituent
Thomas Linton	Nelson County constituent
William Linton	Nelson County constituent
Tommy Linton	Nelson County constituent
F. Linton	Nelson County constituent
Lora Beth Bland	Nelson County constituent

Dale Belden	Nelson County constituent
George (illegible name)	Nelson County constituent
Aldene (illegible name)	Nelson County constituent
(illegible name) Brady	Nelson County constituent
Felisha Brady	Nelson County constituent
Judy Brady	Nelson County constituent
Sherri Brady	Nelson County constituent
Kristy McCullins	Nelson County constituent
(illegible name) McCoy	Nelson County constituent
Name not provided	
Name not provided	
Linda Vehela, MCCC and FP	Meade County constituent
Barbara Lewis	Meade County constituent
Betty M. Emberton	Meade County constituent
Bobbi Jo Dowell	Meade County constituent
Tammy Quire	Meade County constituent
Danny Carnady	Meade County constituent
Kelly Jones	Meade County constituent
Casey Hicks	Meade County constituent
Melissa Henning	Meade County constituent
Lisa McCubbin	Meade County constituent
Phoebe Wheetams	Meade County constituent
Billy (illegible) MALPA	Meade County constituent
Shelia L. Bennett	Meade County constituent
Phyllis Stinsm, LPPC	Meade County constituent
Pam Veach	Meade County constituent
Bonnie H	Meade County constituent
Illegible name	
Lisa McCubbin	Meade County constituent
Valerie J. Allen	Meade County constituent
Kristin Hibbard	Meade County constituent
Deborah King	Meade County constituent
Donna Short	Meade County constituent
Tammy McIntosh	Meade County constituent
Chris Bueyn	Meade County constituent
Tyler Schonbaechle	Meade County constituent
Amy A	Meade County constituent
Gaye J. Chapman	Meade County constituent
Clara L. McAdams	Meade County constituent
Michelle Thomas	Meade County constituent
Dulnh A M	Meade County constituent
Beth Risen	Meade County constituent
Tony Lewis	Meade County constituent
Illegible name	Meade County constituent
Illegible name	Meade County constituent
Illegible name	Meade County constituent

Kimberly Pence	Meade County constituent
Regina Marhis	Meade County constituent
Loretta Sharp	Meade County constituent
Sue Ellen Stuhl	Meade County constituent
Charles Goodwin	Meade County constituent
Tommy Stivom	Meade County constituent
Stu Dwilu	Meade County constituent
Bonnie Sue Hill	Meade County constituent
Bee Moore	Meade County constituent
Sue Neight	Meade County constituent
Debbie Davelin	Meade County constituent
Therese Self	Meade County constituent
Barbara Redman	Meade County constituent
Janet Kessinger	Meade County constituent
Ann Padgett	Meade County constituent
Larry M. Powell	Meade County constituent
Judy Harper	Meade County constituent
Shannon Bettencourt	Meade County constituent
Bonnie Tucker	Meade County constituent
Frank Lundy, Sr.	Meade County constituent
Phyllis Lundy	Meade County constituent
Elenea Smith	Meade County constituent
Illegible name	Meade County constituent
Ida Mae Singleton	Meade County constituent
Kimberly Gleason	Meade County constituent
Todd Piatt	Meade County constituent
Marcis Balley	Meade County constituent
Gerald L. Payton	Meade County constituent
Jay W. Powell	Meade County constituent
Suzy Jones	Meade County constituent
Mary Greenweld	Meade County constituent
Mary Bandy	Meade County constituent
Jessica S. Me	Meade County constituent
Hope Benham	Meade County constituent
Melody Lach	Meade County constituent
Mary Trentham	Meade County constituent
Gladys Daniels	Meade County constituent
Jeff Cook	Meade County constituent
Illegible	Meade County constituent
Illegible name	Meade County constituent
Nise Abeana	Meade County constituent
Geraldine Solomon	Meade County constituent
Stan (illegible)	Meade County constituent
Jack Bettencourt	Meade County constituent
Sande Brown	Meade County constituent
Janette Kerr	Meade County constituent

Timmy Boyle	Meade County constituent
Josh Jones	Meade County constituent
Gerald Lee Mobley	Meade County constituent
Mary Cnodd	Meade County constituent
Gary	Meade County constituent
Frank Lundy	Meade County constituent
Stephanie Dever	Meade County constituent
Patricia Brown	Meade County constituent
Deborah J. Horton	Meade County constituent
Linda Milam	Meade County constituent
Richard Redmon	Meade County constituent
Kevin Powell	Meade County constituent
Guy Lynn	Meade County constituent
Molly James	Meade County constituent
Amy M. Haynes	Meade County constituent
Shay Dankersley	Meade County constituent
Theresa Sinneth	Meade County constituent
John Shemwell	Meade County constituent
Connor Bruce	Meade County constituent
Pam Bash	Meade County constituent
Rechelle Johnson	Meade County constituent
Timmy Harper	Meade County constituent
Barry Ramsey	Meade County constituent
Joy Ramsey	Meade County constituent
Scott Harper	Meade County constituent
Tammy Juper	Meade County constituent
David W. Pace	Meade County constituent
Scott A	Meade County constituent
Robert E. Stith	Meade County constituent
D. Stith	Meade County constituent
Howard E. Kessinger, Sr.	Meade County constituent
Howard E. Kessinger, Jr.	Meade County constituent
Greg Stith	Meade County constituent
Megan Stith	Meade County constituent
Richard Stith	Meade County constituent
Tina G. Stith	Meade County constituent
Amber Kessinger	Meade County constituent
Eddie Greenwell	Meade County constituent
Doris S. Greenwell	Meade County constituent
Illegible name	Meade County constituent
Bonnie Wade	Meade County constituent
T. McMahan	Meade County constituent
Cole Mays	Meade County constituent
C. Wilson	Meade County constituent
Illegible name	Meade County constituent
Lorena Hardesty	Meade County constituent

Sharon Hardesty	Meade County constituent
Donna G. Sandberg	Meade County constituent
Illegible name	Meade County constituent
C. Wilson	Meade County constituent
Illegible name	Meade County constituent
Ida Singleton	Meade County constituent
Lana Smith	Meade County constituent
Kathy Stith	Meade County constituent
Franklin B. Stith	Meade County constituent
Phillys	Meade County constituent
Verna Allgeier	Meade County constituent
John Allgeier	Meade County constituent
Ben Kessinger	Meade County constituent
Mitzi Allgeier	Meade County constituent
Peggy G. Cox	Meade County constituent
Illegible name	Meade County constituent
Janet Powell	Meade County constituent
Illegible name	Meade County constituent
Illegible name	Meade County constituent
Reeci Hampton	Meade County constituent
Christine Zoeller	Meade County constituent
Michael Rihn	Meade County constituent
Christina Procter	Meade County constituent
Tabitha Clemens	Meade County constituent
Tina Heckman	Meade County constituent
Illegible name	Meade County constituent
David Sul	Meade County constituent
Jennifer Boothe	Meade County constituent
Illegible name	Meade County constituent
Kalishua Rowe	Meade County constituent
Marie Perry	Meade County constituent
William M	Meade County constituent
Illegible name	Meade County constituent
A. Hunt	Meade County constituent
Lois Mattingly	Meade County constituent
Betty Oder	Meade County constituent
Footh Ney	Meade County constituent
Cindie Dowell	Meade County constituent
Leslie Duke	Meade County constituent
Samantha C.	Meade County constituent
Terry Keown	Meade County constituent
Selena Trather	Meade County constituent
Martika Abell	Meade County constituent
Illegible name	Meade County constituent
Kelly Sihu	Meade County constituent
James	Meade County constituent

Teresa Ramey	Meade County constituent
Joe C. Benham	Meade County constituent
Stefanie Huddleston	Meade County constituent
Mario Monaco	Meade County constituent
Kim Barr	Meade County constituent
Donald P.	Meade County constituent
Melanie Rule	Meade County constituent
Andarr Bault	Meade County constituent
Lisa Skaggs	Meade County constituent
Vickie Grant	Meade County constituent
Terry Keown, Jr.	Meade County constituent
William Thorp	Meade County constituent
Amanda Guarnoos	Meade County constituent
Paul Nino	Meade County constituent
Pete Nino	Meade County constituent
Charlene Brown	Meade County constituent
Linda Milams	Meade County constituent
Miss Priscilla King	Meade County constituent
Janet H. Spalding	Marion County constituent
Aaron Spalding	Marion County constituent
Jane Claire Spalding	Marion County constituent
Richard Anderson	Marion County constituent
Angela D. Nalley	Marion County constituent
Carla Waynes	Marion County constituent
Elaine Mull	Marion County constituent
Illegible name	Marion County constituent
Nicole Pinkston	Marion County constituent
Benard Abell .	Marion County constituent
Kathleen Pinkston	Marion County constituent
Virginia Mason	Marion County constituent
Janice P.	Marion County constituent
Phyllis Hardin	Marion County constituent
Illegible name	Marion County constituent
Debbie Higdon	Marion County constituent
Stephanie Pittman	Marion County constituent
Karen Spalding	Marion County constituent
Melissa Goff	Marion County constituent
Amy C. Sandusky	Marion County constituent
Illegible name	Marion County constituent
Sherri Hawkins	Marion County constituent
Flo Lowery	Marion County constituent
John D. Mattingly, C.J. Executive	Marion County constituent
Theresa Wilson	Marion County constituent
Agnes Dup .	Marion County constituent
Charles A. Jin	Marion County constituent
Karen Shewmaker	Marion County constituent

Carroll Kirkland	Marion County constituent
Stephanie Buckman	Marion County constituent
Marilyn Bowen	Marion County constituent
Linda Smith	Marion County constituent
Dana R. Pulliam	Marion County constituent
Linda Reynolds .	Marion County constituent
Julia Briarly	Marion County constituent
Lauren Williams	Marion County constituent
Tim Bundy	Marion County constituent
CamillaEwing	Marion County constituent
Alisha O' Daniel	Marion County constituent
Cathy O'Daniel	Marion County constituent
Dodie Polin	Marion County constituent
Elizabeth Wohner	Marion County constituent
Bonnie Wickes	Marion County constituent
Debbie Debarson	Marion County constituent
Vessia P. Smith	Marion County constituent
Gisele D. West, DVM	Marion County constituent
Dana R. Pulliam	Marion County constituent
Linda Reynolds .	Marion County constituent
Julia Briarly	Marion County constituent
Lauren Williams	Marion County constituent
Tim Bundy	Marion County constituent
CamillaEwing	Marion County constituent
Alisha O' Daniel	Marion County constituent
Cathy O'Daniel	Marion County constituent
Dodie Polin	Marion County constituent
Illegible name	Marion County constituent
Billy M. Osbourne	Marion County constituent
Lynette Osbourne	Marion County constituent
Anita M. Lanham .	Marion County constituent
Burnani Lanham	Marion County constituent
Marguerite Clark	Marion County constituent
Mark Mattingly	Marion County constituent
Billy Mattingly	Marion County constituent
P. Mattingly	Marion County constituent
Malissa Garrett	Marion County constituent
Patti Beavers	Marion County constituent
Tresa Arnel .	Marion County constituent
William Beaus	Marion County constituent
S. Broam	Marion County constituent
Mary Brownie	Marion County constituent
Amanda Ballard	Marion County constituent
Jenny Ritchie	Marion County constituent
Melinda Howard	Marion County constituent
C. Howard	Marion County constituent

Paul Mattingly	Marion County constituent
Barbara Lankin	Marion County constituent
Joe B. Lankin	Marion County constituent
Nick Lankin	Marion County constituent
Donna Keeling	Marion County constituent
Marjorie Bowman	Marion County constituent
Phyllis Helton	Marion County constituent
Lynn Davis	Marion County constituent
Babette B. Chesser	Marion County constituent
Vicki Goodroad	Marion County constituent
Jackie Votaw	Marion County constituent
Steven Votaw	Marion County constituent
Misty Brutto	Marion County constituent
Clement Brutto	Marion County constituent
Trena Baker	Marion County constituent
Justice Holder	Marion County constituent
Trey Holder	Marion County constituent
Timothy Davis	Marion County constituent
Tom Helton	Marion County constituent
EvanKeeling	Marion County constituent
David Goodroad	Marion County constituent
Dan Chesser	Marion County constituent
Fred Ryan	Marion County constituent
Chris Ryan	Marion County constituent
Frida Ryan	Marion County constituent
Moesli Wilson	Marion County constituent
Mary Grace Mattingly	Marion County constituent
Michelle Osbourne	Marion County constituent
Bud Abram	Marion County constituent
Barbara Rafferty	Marion County constituent
Cindy M. Kelty	Marion County constituent
Clarice Norris	Marion County constituent
Jeffrey T. Norris	Marion County constituent
Betty Murphy	Marion County constituent
Connie Adams	Marion County constituent
R. Murphy	Marion County constituent
Chad Spalding	Marion County constituent
Sandra Blanogard or Blandford	Marion County constituent
Larry Norris	Marion County constituent
Terri Norris	Marion County constituent
Jessie Norris	Marion County constituent
Sandra K. Shockney	Marion County constituent
Bettina Cambra	Marion County constituent
Martha Whitehouse	Marion County constituent
Debbie Reed	Marion County constituent
Illegible name	Marion County constituent

Rodney Lanham	Marion County constituent
Lisa Murphy	Marion County constituent
Joanna Johnson	Marion County constituent
Melissa Lee Knight	Marion County constituent
Catherine Mattingly	Marion County constituent
Illegible name	Marion County constituent
Sharon Smith	Marion County constituent
Betty Lou Mudd	Marion County constituent
Leslie P. Dulmage	Marion County constituent
Deirdre Bull	Marion County constituent
Lisa Ashowine	Marion County constituent
Dan Daderty	Marion County constituent
Bell Lauch	Marion County constituent
Connie Blandford	Marion County constituent
Brad Mattingly	Marion County constituent
Stephanie Lee	Marion County constituent
Illegible name	Marion County constituent
Margan Graves	Marion County constituent
Gloria Benningfield	Marion County constituent
Erin Tingle	Marion County constituent
Josh Osbourne	Marion County constituent
Latisha Dye	Marion County constituent
Pat Dye	Marion County constituent
Rickey Padgett	Marion County constituent
Greg Osbourne	Marion County constituent
Jennifer Osbourne	Marion County constituent
Lisa Sandusky	Marion County constituent
Daniel Mattingly	Marion County constituent
Donna Hutchins	Marion County constituent
Michael Cecil	Marion County constituent
Margaret Cessill	Marion County constituent
Libby Myers	Marion County constituent
Lalen Kirkland	Marion County constituent
Beverly Fenwick	Marion County constituent
Sharon Cecil	Marion County constituent
Stephanie Lee	Marion County constituent
Jessica Baker	Marion County constituent
Amanda Bowen	Marion County constituent
Mary Anne Blair	Marion County constituent
Mary May	Marion County constituent
Eva Jo Nugent	Marion County constituent
Betty Blair	Marion County constituent
Ashley Roberts	Marion County constituent
Joe V. Blair	Marion County constituent
Tracie Blair	Marion County constituent
Sarah Blair	Marion County constituent

Justin Price	Marion County constituent
Barbara Battcher	Marion County constituent
Benny Blair	Marion County constituent
Marion V. Blair, Jr.	Marion County constituent
Margaret Cessill	Marion County constituent
Patsy Blandford	Marion County constituent
Marty Blandford	Marion County constituent
Renee Benningfield	Marion County constituent
Stacey Benningfield	Marion County constituent
Beth Battcher	Marion County constituent
Phyllis Crane	Marion County constituent
Bob Crane	Marion County constituent
Margaret Crane	Marion County constituent
John Wiser	Marion County constituent
Nicole Robertson	Marion County constituent
Emily M. Zint	Marion County constituent
Sharon E.	Marion County constituent
Charles Ramey	Marion County constituent
Jessica L. Floyd	Marion County constituent
Krystal N. Leake	Marion County constituent
Mary Leo Wimsatt	Marion County constituent
Allyson Stine	Marion County constituent
Tammy May	Marion County constituent
Ann J. Cheaney	Marion County constituent
Davette Mays	Marion County constituent
McCall Thompson	Marion County constituent
Wendy Brady	Marion County constituent
Tracey Rinehart	Marion County constituent
Joan D. Wood	Marion County constituent
Beverly Thomas	Marion County constituent
Jill Guddie	Marion County constituent
Ashley Green	Marion County constituent
Ray Osbourne	Marion County constituent
Madeleine Farmer	Marion County constituent
Carrie Tuft	Marion County constituent
Diane Raley	Marion County constituent
Renee Spalding	Marion County constituent
Dorothy Wright	Marion County constituent
Holly Buckman	Marion County constituent
Tammy Mully	Marion County constituent
Jan Powers	Marion County constituent
Alex Poke	Marion County constituent
Jeremy McSwain	Marion County constituent
Connie Doddie	Marion County constituent
Elizabeth Bright	Marion County constituent
Stacy May	Marion County constituent

Kim Bright	Marion County constituent
Deborah Wren	Marion County constituent
Raylyn Abell	Marion County constituent
Pete Farmer	Marion County constituent
Missy Spalding	Marion County constituent
Jenny Williams	Marion County constituent
Ila Hilts	Marion County constituent
Christina Holton	Marion County constituent
Krystal Douglas	Marion County constituent
Fred Browning	Marion County constituent
Donna Browning	Marion County constituent
Pat Browning	Marion County constituent
Wayne Browning	Marion County constituent
Melissa Browning	Marion County constituent
Judy Jackson	Marion County constituent
Jeff Jackson	Marion County constituent
Sara Beth Dolley	Marion County constituent
Sandra Nalley	Marion County constituent
Katherine Thompson	Marion County constituent
Peggy Browning	Marion County constituent
Mary Lou Mattingly	Marion County constituent
eraldine Spalding	Marion County constituent
Rita Hamilton	Marion County constituent
Joseph H. Mattingly, Jr.	Marion County constituent
Louise McCarley	Marion County constituent
Donna Smith	Marion County constituent
Gwen Mattingly	Marion County constituent
Andy Mattingly	Marion County constituent
Patty Brady	Marion County constituent
John L. Brady	Marion County constituent
Ashley S. Brady	Marion County constituent
Sheila Buckman Lanham	Marion County constituent
Neal Lanham	Marion County constituent
Wilma Buckman	Marion County constituent
Kenneth Buckman	Marion County constituent
Kathy Thompson	Marion County constituent
Mike Thompson	Marion County constituent
Joyce Spalding	Marion County constituent
Joe Paul Spalding	Marion County constituent
Chad Houd	Marion County constituent
Kim Houd	Marion County constituent
Tommy Mattingly	Marion County constituent
Linda Mattingly	Marion County constituent
Jerry Helm	Marion County constituent
Rita L. Spalding	Marion County constituent
Charles M. Spalding	Marion County constituent

Cecil Belcher	Marion County constituent
Alice Fungate	Marion County constituent
Donna G. Royse	Marion County constituent
Alice Young	Marion County constituent
Judy Tate Blackwell	Marion County constituent
Becky R. Clark	Marion County constituent
Robert Spalding	Marion County constituent
Sandy Drye	Marion County constituent
Patty O'Daniel	Marion County constituent
Crystal L. Edlin	Marion County constituent
Lisa Hall	Marion County constituent
Stacy Hall	Marion County constituent
Krystal Goster	Marion County constituent
Jessica Bagwell	Marion County constituent
Tammy Durham	Marion County constituent
Danny Marks	Marion County constituent
Wanda Walls	Marion County constituent
Kim Ford	Marion County constituent
Karen Brady	Marion County constituent
Sandi Smablis	Marion County constituent
Pence Schooling	Marion County constituent
D. Blandford	Marion County constituent
Betty Sullivan	Marion County constituent
Tina Bickett	Marion County constituent
Amanda Spalding	Marion County constituent
Janice Wheatley	Marion County constituent
Anne Caldwell	Marion County constituent
Lisa Lanham	Marion County constituent
Sherry Bell	Marion County constituent
Billy Caldwell	Marion County constituent
Illegible name	Marion County constituent
Beth Osborne	Marion County constituent
Melissa Russell	Marion County constituent
Erin illegible last name	Marion County constituent
Christie Bruce	Marion County constituent
Lori Whitlock	Marion County constituent
Lisa Alford	Marion County constituent
Margaret Blandford	Marion County constituent
Michelle Pierce	Marion County constituent
Ida L. Spalding	Marion County constituent
Pam Mattingly	Marion County constituent
Mimi Crum	Marion County constituent
Elizabeth Raley	Marion County constituent
Melissa Murphy	Marion County constituent
Semone Bradshaw	Marion County constituent
Kristen Brady	Marion County constituent

Illegible name	Marion County constituent
Illegible name	Marion County constituent
April Brown	Marion County constituent
Jimmie Brown	Marion County constituent
Christie Rakes	Marion County constituent
Doyle Downs	Marion County constituent
Doris Downs	Marion County constituent
Julian Thompson	Marion County constituent
Steve Downs	Marion County constituent
Juan Downs	Marion County constituent
Brenda Edelen	Marion County constituent
Karen Lake	Marion County constituent
Peggy Downs	Marion County constituent
Alex Thompson	Marion County constituent
Rick Downs	Marion County constituent
Sherry Thompson	Marion County constituent
Matthew Mattingly	Marion County constituent
Olivia Mattingly	Marion County constituent
Mark Downs	Marion County constituent
Samantha Downs	Marion County constituent
Amber Clark	Marion County constituent
Jason Clark	Marion County constituent
Jessica Hill	Marion County constituent
Matte Newton	Marion County constituent
Debbie Mattingly	Marion County constituent
Wanda Glasscock	Marion County constituent
Anita Elder	Marion County constituent
Pat Gaddie	Marion County constituent
Faye Browning	Marion County constituent
Mary Ann Blair	Marion County constituent
Estil Gaddie	Marion County constituent
Brian Gaddie	Marion County constituent
Frank Buckler	Marion County constituent
Jan Bradshaw	Marion County constituent
Justin Coyle	Marion County constituent
Misty Thurman	Marion County constituent
Bonnie Snochise	Marion County constituent
Dianna Bardin	Marion County constituent
Bobby Van Dyke	Marion County constituent
Cheryl Mays	Marion County constituent
Kay Coyle	Marion County constituent
Steve Coyle	Marion County constituent
Paige Gaddie	Marion County constituent
Judy Gaddie	Marion County constituent
Judy Lee	Marion County constituent
Donna Montgomery	Marion County constituent

Elaine Hoellemeer	Marion County constituent
Glenna Hunt	Marion County constituent
Terri Osbourne	Marion County constituent
Barbara Rapp	Marion County constituent
Amie Overstreet	Marion County constituent
Pam Vance	Marion County constituent
Cecilia Van Dyke	Marion County constituent
Joyce A. Caldwell	Marion County constituent
Amy Young	Marion County constituent
Leslie Van Why	Marion County constituent
Lindsey Muncie	Marion County constituent
Sara Brady	Marion County constituent
Nettie Brown	Marion County constituent
Joe Brown	Marion County constituent
Michael Gribbins	Marion County constituent
Shelly Gribbins	Marion County constituent
Matt illegible last name	Marion County constituent
Ricky Courtight	Marion County constituent
Ann Lee	Marion County constituent
Joe Buckler	Marion County constituent
Todd Simpson	Marion County constituent
Larry Mattingly	Marion County constituent
Illegible name	Marion County constituent
Carolyn Lynch	Marion County constituent
Michael Pnigh	Marion County constituent
Kenny Wright	Marion County constituent
Debbie Hall	Marion County constituent
Illegible name	Marion County constituent
Carol Thompson	Marion County constituent
Donna Turpin	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
Kay Mills	Marion County constituent
Charles Cambros	Marion County constituent
Gerald O’Daniel	Marion County constituent
Sheliah Buckman	Marion County constituent
Stephen Ballerd	Marion County constituent
James K. Hourigan	Marion County constituent
Tim Spalding	Marion County constituent
Richard Wilson	Marion County constituent
Dennis Whitehouse	Marion County constituent
Harry Thomas	Marion County constituent
Stephanie Brockman	Marion County constituent
Doug Brockman	Marion County constituent

Josh Brockman	Marion County constituent
Paul Brockman	Marion County constituent
Margaret Brockman	Marion County constituent
Steven Brockman	Marion County constituent
Jennifer Jarboe	Marion County constituent
Michael Jarboe	Marion County constituent
Laura Jarboe	Marion County constituent
Daniel Jarboe	Marion County constituent
Ruthie Jackson	Marion County constituent
Dana Jackson	Marion County constituent
Audrey Turner	Marion County constituent
Illegible name	Marion County constituent
Betty Bradshaw	Marion County constituent
Steve Baudistel	Marion County constituent
Dawn Leake	Marion County constituent
Gary Leake	Marion County constituent
Samantha Abell	Marion County constituent
Justine Abell	Marion County constituent
Tommy Lou Thomas	Marion County constituent
James S. Thompson	Marion County constituent
Anthony Mattingly	Marion County constituent
Jessica Mattingly	Marion County constituent
Joe Graves	Marion County constituent
Rita Graves	Marion County constituent
Tiffany Sapp	Marion County constituent
Savannah Graves	Marion County constituent
Angel Graves	Marion County constituent
Bradley Graves	Marion County constituent
Stephanie Graves	Marion County constituent
Mary E. O’Daniel	Marion County constituent
Susan Ballard	Marion County constituent
Eddie Ballard	Marion County constituent
Margaret Cissell	Marion County constituent
Janelle O’Daniel	Marion County constituent
Mike O’Daniel	Marion County constituent
Ann Bright	Marion County constituent
Dylan Bright	Marion County constituent
Elaine Helm	Marion County constituent
Johnny Helm	Marion County constituent
Kelly Pucker	Marion County constituent
Steve Pucker	Marion County constituent
Mary Lou McRay	Marion County constituent
Cyril S. McCauley	Marion County constituent
Loren McRay	Marion County constituent
Illegible name	Grayson County constituent
Bobby Lyons	Grayson County constituent

Randy Weedman	Grayson County constituent
Elizabeth Clemons	Grayson County constituent
Shirlene Fentress	Grayson County constituent
Tina Riggs	Grayson County constituent
Darene	Grayson County constituent
Jennifer Mudd	Grayson County constituent
Stephen Mudd	Grayson County constituent
Lana Lackfield	Grayson County constituent
Darrin Embry	Grayson County constituent
Joyce Pierce	Grayson County constituent
Lillian White	Grayson County constituent
Charles H. White	Grayson County constituent
Veronica Gibson	Grayson County constituent
Henry Basham	Grayson County constituent
Doug Weedman	Grayson County constituent
Andrew Haven	Grayson County constituent
J. Cole	Grayson County constituent
Gerald L. Payton	Grayson County constituent
Michelle Francis	Grayson County constituent
Brenda Palmer	Grayson County constituent
Illegible name	Grayson County constituent
Chris Palmer	Grayson County constituent
Kari Haven	Grayson County constituent
Illegible name	Grayson County constituent
Janice Harrel	Grayson County constituent
Sara Lindsey	Grayson County constituent
Regina Huff	Grayson County constituent
Rickey Stephen	Grayson County constituent
Cathy Nelson	Grayson County constituent
Shannon Ward	Grayson County constituent
Sandra Ward	Grayson County constituent
Samantha Ward	Grayson County constituent
Shawna Ward	Grayson County constituent
Mary Mercer	Grayson County constituent
Charles Mercer	Grayson County constituent
Deborah Bush	Grayson County constituent
Bufford Stafford	Grayson County constituent
Kim Stafford	Grayson County constituent
Philip Probus	Grayson County constituent
Larry Miller	Grayson County constituent
Brianna Cary	Grayson County constituent
Buddy Shorter	Grayson County constituent
Ashley Franklin	Grayson County constituent
Pamela Franklin	Grayson County constituent
Scottie Franklin	Grayson County constituent
Marshall Moutardier	Grayson County constituent

Angel Moutardier	Grayson County constituent
Junior Moutardier	Grayson County constituent
Sherry Moutardier	Grayson County constituent
Rose Lucas	Grayson County constituent
Danny Lucas	Grayson County constituent
Darrell Lucas	Grayson County constituent
LaDawn Lucas	Grayson County constituent
Ruth Ann Young	Grayson County constituent
Howard Young	Grayson County constituent
Robert Moutardier	Grayson County constituent
Cathy Moutardier	Grayson County constituent
Larry Moutardier	Grayson County constituent
Donna Probus	Grayson County constituent
Tina Vanderman	Grayson County constituent
Kim Dowell	Grayson County constituent
Casey Jones	Grayson County constituent
Kristina Puckett	Grayson County constituent
Cheryl Higdon	Grayson County constituent
Daniel Sherodean	Grayson County constituent
Joann Kerr	Grayson County constituent
Lanny Kerr	Grayson County constituent
Devin Kerr	Grayson County constituent
Ed Burchett	Grayson County constituent
Mildred Burchett	Grayson County constituent
Illegible name	Grayson County constituent
Jess illegible last name	Grayson County constituent
Orita illegible last name	Grayson County constituent
Cammy Cordus	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
Sarah illegible last name	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
William illegible last name	Grayson County constituent
Veronica Sanders	Grayson County constituent
Illegible name	Grayson County constituent
Sally Bogdarn	Grayson County constituent
Sandra illegible last name Jones	Grayson County constituent
Illegible name	Grayson County constituent
Patti Parriga	Grayson County constituent
Phyllis Coole	Grayson County constituent
Wanda Van Meter	Grayson County constituent
Amanda Williams	Grayson County constituent
Larry illegible last name	Grayson County constituent
Josh Decker	Grayson County constituent
Robbie illegible last name	Grayson County constituent

Carrie Elder	Grayson County constituent
Thomas Roof	Grayson County constituent
Tim Suttern	Grayson County constituent
Illegible name	Grayson County constituent
Mark Stanton	Grayson County constituent
Pamela Sue Willis	Grayson County constituent
Illegible name	Grayson County constituent
Jeff Clemons	Grayson County constituent
Illegible name	Grayson County constituent
Will illegible last name	Grayson County constituent
Tammy Barton	Grayson County constituent
Samantha Martinez	Grayson County constituent
Jennifer Barton	Grayson County constituent
Alice Simmons	Grayson County constituent
Lorie Williams	Grayson County constituent
Jim Swafford	Grayson County constituent
Scott Raffet	Grayson County constituent
Illegible name	Grayson County constituent
Mark A. Gary	Grayson County constituent
Ilise Johnson	Grayson County constituent
Randall Alvey	Grayson County constituent
Dr, Ar or An Reul	Grayson County constituent
Brendan Rafferty	Grayson County constituent
Barry illegible last name	Grayson County constituent
Amy Hart	Grayson County constituent
Carrie Maye	Grayson County constituent
Alfred Potts	Grayson County constituent
Sabrina Snartzen	Grayson County constituent
Terry Paul	Grayson County constituent
Jeff illegible last name	Grayson County constituent
Larry illegible last name	Grayson County constituent
Paulett Searun	Grayson County constituent
Loretta Moreno	Grayson County constituent
Brendan Rafferty	Grayson County constituent
Barry illegible last name	Grayson County constituent
Amy Hart	Grayson County constituent
Carrie Maye	Grayson County constituent
Alfred Potts	Grayson County constituent
Sabrina Snartzen	Grayson County constituent
Terry Paul	Grayson County constituent
Jeff illegible last name	Grayson County constituent
Larry illegible last name	Grayson County constituent
Paulett Searun	Grayson County constituent
Loretta Moreno	Grayson County constituent
Sunny Fegett	Grayson County constituent
Illegible name	Grayson County constituent

George House, Jr.	Grayson County constituent
Mike Frost	Grayson County constituent
Illegible first name Maltz	Grayson County constituent
Melissa R. Carrell.	Grayson County constituent
Johnny Carrell	Grayson County constituent
Illegible name	Grayson County constituent
Travis Dunn	Grayson County constituent
Melissa Dunn	Grayson County constituent
Danny Dunn	Grayson County constituent
Holly Dunn	Grayson County constituent
Kayla Putton	Grayson County constituent
Tiffany illegible last name	Grayson County constituent
Patricia Kendall.	Grayson County constituent
Ricky Kendall	Grayson County constituent
Patrick Burton	Grayson County constituent
Illegible name	Grayson County constituent
Rachel Hall	Grayson County constituent
Elaine Houchin	Grayson County constituent
Mike Houchin	Grayson County constituent
Christy McMillen	Grayson County constituent
Julie Colmin	Grayson County constituent
Cathy Darst	Grayson County constituent
Valeria Hayes-Hicks	Grayson County constituent
Larry Raley	Grayson County constituent
Lisa Payton	Grayson County constituent
Kelli White	Grayson County constituent
Gayle Parker	Grayson County constituent
Kathleen V. illegible last name	Grayson County constituent
LaNean Davis	Grayson County constituent
Donna White	Grayson County constituent
Angel Collins	Grayson County constituent
Jeanell Bradley	Grayson County constituent
Susan Foote	Grayson County constituent
Tammy Saltsmein.	Grayson County constituent
Diania Decker	Grayson County constituent
Virginia Schultz	Grayson County constituent
Jennifer illegible last name	Grayson County constituent
Sandy Langh	Grayson County constituent
Tammy Bratcher	Grayson County constituent
Illegible name	Grayson County constituent
Kim Curt	Grayson County constituent
Brenda Parks	Grayson County constituent
Debbie Thornton	Grayson County constituent
Illegible name	Grayson County constituent
Hollye R. Bina	Grayson County constituent
Illegible name	Grayson County constituent

Franklin K. Higdon	Grayson County constituent
Debbie Nevitt	Grayson County constituent
Elisha Decker	Grayson County constituent
J. J. Decker	Grayson County constituent
Alicia Hayes	Grayson County constituent
Lisa Roark	Grayson County constituent
Carol Hall	Grayson County constituent
Carroll Aubrey	Grayson County constituent
Bonnie Dodson	Grayson County constituent
Lilian Brashars	Grayson County constituent
Brenda J. Miller	Grayson County constituent
Sallie Dodson	Grayson County constituent
Lois F. Buntain	Grayson County constituent
Bill Buntain	Grayson County constituent
Brandy Sebastian	Grayson County constituent
Todd Bruyer	Grayson County constituent
David Buntain	Grayson County constituent
Charles Willis	Grayson County constituent
Hope Willis	Grayson County constituent
Jessie Blair	Grayson County constituent
Terry Blair	Grayson County constituent
Shirley McNutt	Grayson County constituent
Charly Blair	Grayson County constituent
Linda Wood	Grayson County constituent
Bonnie Dodson	Grayson County constituent
Audrey illegible last name	Grayson County constituent
Adam Sealy	Grayson County constituent
Josh illegible last name	Grayson County constituent
Adam Davenport	Grayson County constituent
Mike Readdy	Grayson County constituent
Illegible first name Goosetree	Grayson County constituent
Samantha Truman	Grayson County constituent
Josh Truman	Grayson County constituent
Keith Lucas	Grayson County constituent
Tracy Miller	Grayson County constituent
Charles illegible last name	Grayson County constituent
Clayton Miller	Grayson County constituent
Joyce Miller	Grayson County constituent
Stacy Miller	Grayson County constituent
Larry Parker	Grayson County constituent
Marlina Parker	Grayson County constituent
Martha Dodson	Grayson County constituent
Illegible first name Sue Van Beeskirk	Grayson County constituent
David L. Saho	Grayson County constituent
Danny Saho	Grayson County constituent
Ronnie L. Aubrey	Grayson County constituent

Lastasha Aubrey	Grayson County constituent
Tonya Kersey Aubrey	Grayson County constituent
Billy Joe Aubrey	Grayson County constituent
Brenda Campbell	Grayson County constituent
Ronnie Willis	Grayson County constituent
Jesse Willis	Grayson County constituent
Gail Butler	Grayson County constituent
Ronnie Dodson	Grayson County constituent
Barbara Higdon	Grayson County constituent
Donnie Higdon	Grayson County constituent
Maggie Decker	Grayson County constituent
Heather Higdon	Grayson County constituent
Monica Houtchens	Grayson County constituent
Vickie Beville	Grayson County constituent
Tim Beville	Grayson County constituent
Andrya Carnes	Grayson County constituent
Andy Carnes	Grayson County constituent
James Houtchens	Grayson County constituent
Megan E. Quackenbush	Grayson County constituent
Luke Smith	Grayson County constituent
Karen Williams	Grayson County constituent
Donna Harrel	Grayson County constituent
Evelyn Decker	Grayson County constituent
Travis Decker	Grayson County constituent
Michael Decker	Grayson County constituent
Linda Wilson	Grayson County constituent
Stacy Beltz	Grayson County constituent
Albert Wilson	Grayson County constituent
Sandie Wilson	Grayson County constituent
Jackie Begley	Grayson County constituent
Alex Begley	Grayson County constituent
Bethany Horning	Grayson County constituent
Janet Brown	Grayson County constituent
Mary Alice Meredith	Grayson County constituent
Tonya Neff Decker	Grayson County constituent
Tamara Mudd	Grayson County constituent
Shannon Ward	Grayson County constituent
Mary Morgan	Grayson County constituent
Illegible name	Grayson County constituent
Deb Bush	Grayson County constituent
Chuck Mercer	Grayson County constituent
Bie Marr	Grayson County constituent
Tammy Anne	Grayson County constituent
Sandra Ward	Grayson County constituent
Torra illegible last name	Grayson County constituent
Deb Marr	Grayson County constituent

Karen Marr	Grayson County constituent
Chrisy Marr	Grayson County constituent
Andie Carol	Grayson County constituent
Shawna Ward	Grayson County constituent
Betty Cary	Grayson County constituent
Ashley Franklin	Grayson County constituent
Pam Franklin	Grayson County constituent
Billie Willis	Grayson County constituent
Scott Franklin	Grayson County constituent
Marsha Moutardier	Grayson County constituent
Angel Moutardier	Grayson County constituent
Junior Moutardier	Grayson County constituent
Nancy Ryan	Grayson County constituent
Tommy Ryan	Grayson County constituent
Marty Ryan, Jr.	Grayson County constituent
Ken Rafferty	Grayson County constituent
Patrick Ryan	Grayson County constituent
Gary Good	Grayson County constituent
Dorothy Good	Grayson County constituent
D. Good	Grayson County constituent
Tony Mudd	Grayson County constituent
Bradley Mudd	Grayson County constituent
William Jutz	Grayson County constituent
Jeremy Holb	Grayson County constituent
Ronnie Baxter	Grayson County constituent
R. illegible last name	Grayson County constituent
Lois Baxter	Grayson County constituent
Sharon Tuckett	Grayson County constituent
Rickie L. Early	Grayson County constituent
Kay P.	Grayson County constituent
Lane Critchelaw	Grayson County constituent
Regina White	Grayson County constituent
Verda V. Paucar	Grayson County constituent
Wanda Terry	Grayson County constituent
Illegible name	Grayson County constituent
Betty Roberts	Grayson County constituent
Bobby Clemons	Grayson County constituent
Brenda Shoptan	Grayson County constituent
Bobbie Jo Butter	Grayson County constituent
Illegible name	Grayson County constituent
Amanda Joyce	Grayson County constituent
Ann Clemsus	Grayson County constituent
Brandie Emmerting	Grayson County constituent
Martha Logsdon	Grayson County constituent
Barbara Slocum	Grayson County constituent
Rose Gibbs	Grayson County constituent

Ola Porter	Grayson County constituent
Patricia Ward	Grayson County constituent
David Logsdon	Grayson County constituent
Jane Tripp	Grayson County constituent
Paul Shoptan	Grayson County constituent
Brittany Huett	Grayson County constituent
Ashley Pryor	Grayson County constituent
Trent Huett	Grayson County constituent
Aaron Miller	Grayson County constituent
Tonya Lutz	Grayson County constituent
Jeff Lutz	Grayson County constituent
Evelyn Mayes	Grayson County constituent
Jimmy Mayes	Grayson County constituent
Darrell Mayes	Grayson County constituent
Martha Mayes	Grayson County constituent
Paul Shoptan, Jr.	Grayson County constituent
Steve Shoptan	Grayson County constituent
Margie Wooten	Grayson County constituent
Sarah Wooten	Grayson County constituent
Joseph Shoptan	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
Wayne Clemons	Grayson County constituent
Kevin Encore	Grayson County constituent
Keith Rafferty	Grayson County constituent
Linda Alley	Grayson County constituent
Martha Duvall	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
Jason illegible last name	Grayson County constituent
K. Brown	Grayson County constituent
Sarah Castleman	Grayson County constituent
Deloris Miller	Grayson County constituent
Todd Bullock	Grayson County constituent
Eddie Bullock	Grayson County constituent
Jill illegible last name	Grayson County constituent
Kathy Bullock	Grayson County constituent
Michelle Shoemaker	Grayson County constituent
Kelly Harris	Grayson County constituent
Julia Foreman	Grayson County constituent
Leslie Shantzer	Grayson County constituent
Angie Esau	Grayson County constituent
Bryan illegible last name	Grayson County constituent
Mary Sims	Grayson County constituent
Joe illegible last name	Grayson County constituent
Brett Harris	Grayson County constituent

Kathy Harris	Grayson County constituent
Sherry Singleton	Grayson County constituent
Brittney Harris	Grayson County constituent
David Starcher	Grayson County constituent
Josie Starcher	Grayson County constituent
Tori Starcher	Grayson County constituent
Joshua Harris	Grayson County constituent
Davey Starcher	Grayson County constituent
Kelli Harris	Grayson County constituent
Illegible name	Grayson County constituent
Hollie Parelle	Grayson County constituent
Karen Smith	Grayson County constituent
Cindy Eades	Grayson County constituent
Terry Decker	Grayson County constituent
Cindy Decker	Grayson County constituent
Paula Kinney	Grayson County constituent
Alden Alley	Grayson County constituent
Brandon Rafferty	Grayson County constituent
Donald Ward	Grayson County constituent
Freda Ward	Grayson County constituent
Jean Ward	Grayson County constituent
Mike Ward	Grayson County constituent
Renee Ward	Grayson County constituent
Tonia illegible last name, VSA	Breckinridge County constituent
Lois Broadbent	Breckinridge County constituent
Valine K. Hughes, MSW/Case Mgr.	Breckinridge County constituent
Shannen Frank, VSA	Breckinridge County constituent
Lisa A. Richardson	Breckinridge County constituent
Jewel Burch	Breckinridge County constituent
Robert Armes	Breckinridge County constituent
Henry Burch	Breckinridge County constituent
Jean Greenwell, VSA	Breckinridge County constituent
Joan Robbins, VSA	Breckinridge County constituent
William B. Sims	Breckinridge County constituent
Sandra Mayer	Breckinridge County constituent
David W. Morgan	Breckinridge County constituent
Connie L. Gillette	Breckinridge County constituent
Jill Green	Breckinridge County constituent
Suzanne L. Tate	Breckinridge County constituent
Anita May	Breckinridge County constituent
Katrina Bell	Breckinridge County constituent
Marshall PVa	Breckinridge County constituent
Maurice illegible last name	Breckinridge County constituent
Sue Midkiff	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Sherry D. Stith	Breckinridge County constituent

Jonathan Boyd	Breckinridge County constituent
Robin Alexander	Breckinridge County constituent
Michelle Carlin	Breckinridge County constituent
Elaine B. Lucas	Breckinridge County constituent
Jeanne Lee	Breckinridge County constituent
David Lec	Breckinridge County constituent
Christy Smith	Breckinridge County constituent
Stephanie Grieser	Breckinridge County constituent
Joyce Woods	Breckinridge County constituent
Sara Lindsey	Breckinridge County constituent
Sandra Weis	Breckinridge County constituent
Harold Ray	Breckinridge County constituent
Mark illegible last name	Breckinridge County constituent
Barney MIngus	Breckinridge County constituent
Mark illegible last name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Stan Wandip	Breckinridge County constituent
Gail Ryan	Breckinridge County constituent
Edward L. Wright	Breckinridge County constituent
Charlene Wright	Breckinridge County constituent
William S. illegible last name	Breckinridge County constituent
Laura illegible last name	Breckinridge County constituent
Dyt Butler	Breckinridge County constituent
Sarah King	Breckinridge County constituent
Jill Clinton	Breckinridge County constituent
Tracie Helen	Breckinridge County constituent
Latish Asllaugh	Breckinridge County constituent
Victoria Mexchan	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Rachel Semmons	Breckinridge County constituent
Monica Ball	Breckinridge County constituent
Brenda Wright	Breckinridge County constituent
Lynne E. Taul	Breckinridge County constituent
John E. Taul	Breckinridge County constituent
Mary Lois Irwin	Breckinridge County constituent
Marilou Claycomb	Breckinridge County constituent
Donald Claycomb	Breckinridge County constituent
Carlos Irwin	Breckinridge County constituent
Marilyn Traxle	Breckinridge County constituent
Sue Puirt	Breckinridge County constituent
Linda Elliott	Breckinridge County constituent
Jean Osborne	Breckinridge County constituent
Paul Osborne	Breckinridge County constituent
Frank Dowell	Breckinridge County constituent

Theresa Dowell	Breckinridge County constituent
Barbara K. Richards	Breckinridge County constituent
Lois L. Morgan	Breckinridge County constituent
Paul Morgan	Breckinridge County constituent
Karen Adkins	Breckinridge County constituent
Darrell Adkins	Breckinridge County constituent
Emily Moornan	Breckinridge County constituent
Ashley Ashcraft	Breckinridge County constituent
Patricia Dyer	Breckinridge County constituent
Jackie Jolly	Breckinridge County constituent
Sandra Tabor	Breckinridge County constituent
Elaine Hinton	Breckinridge County constituent
Lindy Nix	Breckinridge County constituent
Tara Greenwell	Breckinridge County constituent
Randy Greenwell	Breckinridge County constituent
Breanna Arnold	Breckinridge County constituent
Amy Bradley	Breckinridge County constituent
Scott Bradley	Breckinridge County constituent
Tonya Roach	Breckinridge County constituent
Barbara Stevenson	Breckinridge County constituent
Sue Lucas	Breckinridge County constituent
Angela Conner	Breckinridge County constituent
Frances Hardin	Breckinridge County constituent
Sasha Critchelow	Breckinridge County constituent
Angela D. Truitt	Breckinridge County constituent
Shannon Greenwell	Breckinridge County constituent
Robert Kent Greenwell	Breckinridge County constituent
Bonnie Henderson	Breckinridge County constituent
Niccole Ulewitt	Breckinridge County constituent
Melonie Dugan	Breckinridge County constituent
Earl Anthony	Breckinridge County constituent
Shay Medly	Breckinridge County constituent
Shelly Jeffries	Breckinridge County constituent
Illegible first name Jeffries	Breckinridge County constituent
Jennifer Jeffries	Breckinridge County constituent
Jeanette Jeffries	Breckinridge County constituent
Jarrod Brackman	Breckinridge County constituent
Will. T. Illegible last name	Breckinridge County constituent
Elaine Adkins	Breckinridge County constituent
David Adkins	Breckinridge County constituent
Ruth Brown	Breckinridge County constituent
Gary Brown	Breckinridge County constituent
Ashley Brown	Breckinridge County constituent
Linda Haynes	Breckinridge County constituent
Nettie Parker	Breckinridge County constituent
Bert Parker	Breckinridge County constituent

Lesha Embrey	Breckinridge County constituent
William H. Embrey	Breckinridge County constituent
Sandy Carden	Breckinridge County constituent
Riso Carter	Breckinridge County constituent
Joan R. Brown	Breckinridge County constituent
Susan Jo Basham	Breckinridge County constituent
Breanna Arnold	Breckinridge County constituent
M. Arnold	Breckinridge County constituent
Ollie Armes	Breckinridge County constituent
Cate M. Heindar	Breckinridge County constituent
Kimberly Hunt	Breckinridge County constituent
Susan Robinson	Breckinridge County constituent
Loretta French	Breckinridge County constituent
Angela Mingus	Breckinridge County constituent
Leslie Macey	Breckinridge County constituent
Mike Brizius	Breckinridge County constituent
Kacy Eldridge	Breckinridge County constituent
Kari L. Critchelow	Breckinridge County constituent
Dana Carman	Breckinridge County constituent
Cath J. Dowell	Breckinridge County constituent
Margaret Cable	Breckinridge County constituent
A. O'Connell	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Courtney Davis	Breckinridge County constituent
E. Seeger	Breckinridge County constituent
Jody Compton	Breckinridge County constituent
Kristi Pate	Breckinridge County constituent
Bonnie Fontress	Breckinridge County constituent
Cheri Mouland	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Norita Smiley	Breckinridge County constituent
Shelby Neff	Breckinridge County constituent
Joy Neff	Breckinridge County constituent
Timmy Neff	Breckinridge County constituent
Lisa Sutherland	Breckinridge County constituent
Debbie Scott	Breckinridge County constituent
Shelby Moorman	Breckinridge County constituent
Ronnie Tabor	Breckinridge County constituent
Carlisle Arnold	Breckinridge County constituent
Barry D. Shilto	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Michelle Dean	Breckinridge County constituent
Mike Dean	Breckinridge County constituent
R. Paige	Breckinridge County constituent
J. illegible last name	Breckinridge County constituent
David Poole	Breckinridge County constituent

John Poole	Breckinridge County constituent
Jon Jeffries	Breckinridge County constituent
Pat Jeffries	Breckinridge County constituent
Judy illegible last name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
April illegible last name	Breckinridge County constituent
Robin M. Finley	Breckinridge County constituent
Kandi Stubbins	Breckinridge County constituent
Sandi White	Breckinridge County constituent
Dakota illegible last name	Breckinridge County constituent
Brooke Smith	Breckinridge County constituent
Kim Smith	Breckinridge County constituent
Pamela Benitu	Breckinridge County constituent
Caroline Fowler	Breckinridge County constituent
Betty Sandefur	Breckinridge County constituent
Wendell Sandefur	Breckinridge County constituent
Brenda Harpole	Breckinridge County constituent
Josh Cardwell	Breckinridge County constituent
Dr. F. For	Breckinridge County constituent
Dylan Fowler	Breckinridge County constituent
Mont Straight	Breckinridge County constituent
David G. England	Breckinridge County constituent
Linda England	Breckinridge County constituent
Melissa Stevens	Breckinridge County constituent
Tracey Dowell	Breckinridge County constituent
Destiney Dowell	Breckinridge County constituent
Hannah Ball	Breckinridge County constituent
Tammy Milburn	Breckinridge County constituent
Margaret Frymire	Breckinridge County constituent
Tom Frymire	Breckinridge County constituent
Jenny West	Breckinridge County constituent
Brenda Hildenbrandt	Breckinridge County constituent
Joe Terry	Breckinridge County constituent
Latonia Hargrove	Breckinridge County constituent
Dennis Hintch	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Sherrie Sonksen	Breckinridge County constituent
Randall Suchu	Breckinridge County constituent
Renae Allgood	Breckinridge County constituent
Sondra Shrewsbury	Breckinridge County constituent
Denita Wood	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Jaymer Knochel	Breckinridge County constituent
Kim Crist	Breckinridge County constituent
Jay Crist	Breckinridge County constituent

Donna Pruit	Breckinridge County constituent
Melissa Cannon	Breckinridge County constituent
Hannah J. Dowell	Breckinridge County constituent
Stacy T. Bennett	Breckinridge County constituent
Taylor Henning	Breckinridge County constituent
Racheal Bennett	Breckinridge County constituent
Anita F. Moore	Breckinridge County constituent
Jennie Maiden	Breckinridge County constituent
Pam Puton	Breckinridge County constituent
Emma Mede	Breckinridge County constituent
Debbie Graham	Breckinridge County constituent
Missy Critchelow	Breckinridge County constituent
Lisa Smallwood	Breckinridge County constituent
Sue McCarmise	Breckinridge County constituent
Tabby De Haven	Breckinridge County constituent
Jane Upmeyer	Breckinridge County constituent
Barbara Critchelow	Breckinridge County constituent
Jenny Armes	Breckinridge County constituent
Donna Shartzer	Breckinridge County constituent
Calletta H. Dowell	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Cathy Syn	Breckinridge County constituent
Danielle Segura	Breckinridge County constituent
Jackie Pito	Breckinridge County constituent
Jane Upmeyer	Breckinridge County constituent
Barbara Critchelow	Breckinridge County constituent
Inna G. Snyder	Breckinridge County constituent
Paul D. Tabor	Breckinridge County constituent
Libby Tabor	Breckinridge County constituent
Tomi Sue Smith	Breckinridge County constituent
Mindy Smith	Breckinridge County constituent
Byron Miley	Breckinridge County constituent
John Miley	Breckinridge County constituent
Vickie Whorley	Breckinridge County constituent
Rebecca S. King	Breckinridge County constituent
Stacy King	Breckinridge County constituent
Claudia Maysly	Breckinridge County constituent
Mary Nojoro	Breckinridge County constituent
Pat illegible last name	Breckinridge County constituent
Joe Poe	Breckinridge County constituent
Clara E. Boling	Breckinridge County constituent
Nikki Wooch	Breckinridge County constituent
Loretta Embry	Breckinridge County constituent
Keith Beckett	Breckinridge County constituent
Daffanye McFall	Breckinridge County constituent

Lynda Lamar	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Danny Mitz	Breckinridge County constituent
Lori Mitz	Breckinridge County constituent
Clara E. Boling	Breckinridge County constituent
Steven Dobey, brother of an SCL Participant	Lawrenceburg, KY
Amanda Haynes Dobey, brother of an SCL participant	
Linda Greenhill	
Kimberly Hamilton	
D. O. (illegible)	
Derek O'Neal	
Amy Fainer	
Jimmy Griffith	
Amanda Rock	
Marquita Bailey	Clearfield, KY (Pathways Staff)
Lisa Kestner	West Liberty, KY (Pathways Staff)
Betty Spencer	Clearfield, KY
McKayle Johnson	Morehead, KY (Pathways Staff)
June Swartz	Salt Lick, KY (Pathways Site Supv.)
Dorthy Craft	Clearfield, KY
Bertis Craft	Clearfield, KY
Hallie Griffith	Morehead, KY
Martin Amis	Paducah, KY
Tracey Amis	West Paducah, KY
Jonathan Crittendon	Mayfield, KY
Samantha Crittendon, respite provider	Mayfield, KY
Rebecca Johns, adult foster care provider	Paducah, KY
Jackie Cronon	Mayfield, KY
David K. Zito, adult foster care provider	Paducah, KY
James Matheny	Mayfield, KY
Gwen O'Brien	West Paducah, KY
W.G. O'Brien	West Paducah, KY
LaVanna Taylor	Pathways Respite Center (Worthington, KY)
Samantha Wolfe	Pathways Respite Center (Grayson, KY)
Bryan Dudding	Pathways Respite Center (Grayson, KY)
Mrs. Reva Smith, respite provider	West Liberty, KY
Tami Gill, consumer	
Christy Nowlin	Louisville, KY
Imogene Gulley	Wallingford, KY
Beulah Lambert-Edging, AFCP provider	
Andrea J. Miller, mother of severely challenged son	
John David Brolley, father of an SCL participant	Erlanger, KY
Janice R. Schmidt	Villa Hills, KY

Jeffrey A. Byrne, brother of SCL participant	Louisville, KY
Scott Byrne, brother of SCL participant	Louisville, KY
Kay Alexander, mother of an SCL participant	Marion, KY
Marcia Moore, guardian of SCL participant	West Paducah, KY
Steven A. Schuetz, guardian and brother of an SCL participant	Florence, KY
Andrea J. Miller, mother of an SCL participant	
Orry Miller, SCL participant	
Annelle S. Fulmer, sister of an SCL participant	Lexington, KY
Carol Peak	
Jason Johnson	
Alison Johnson	
Silas C. Simon	Owensboro, KY
Veronica Simon	
Catherine Simon	Owensboro, KY
Susan Mutter	
Patty Newton	
Gail Blair	Owensboro, KY
Robert A. Blair	Owensboro, KY
Matt Simon	
Kimberly Pollard	
Steven Gush	
Doug Newton	
Katie Goldsberry	Owensboro, KY
Cheryl Gabbert	
Jeff Johnson	
Robert Blair, Jr.	
Dustin Blair	
Eddie Newton	
Jennifer Jones	
Andrew Jones	
Allan Wayne Jones	
Darrel Frederick	
Kay Frederick	
Jim Gabbert	
Amy Simon	
Jeff Simon	
Cindy Simon	
Veronica L. Jones	
Natalie Janine Bumm	
Nicholas J. Bumm, Jr.	
Nicholas J. Bumm, III	
Kevin illegible last name	
John illegible last name	
Crystal Jones	
Emma Simon	

Amanda Bumm	
Brittany Gray	
Christina Ralph	
Tierney Barr	
Erica Hoyt	
Illegible name	
Brandon Greenwell	
Kristina Greenwell	
Austin L. illegible last name	
Austin Wood	
Charles illegible last name	
Chace Ling	
Christy Ralph	
Bryon Phillips	
Illegible name	
Jason illegible last name	
Anthony Head	
Tyler illegible last name	
Britney Sampson	
Charles D. Phillips, Jr.	Owensboro, KY
Elizabeth Phillips	Owensboro, KY
Joseph Phillips	
Holly Blair	
Alex Bullangh	
Alan illegible last name	
Tammy Phierson	
Justin Luok	
Evan Phillips	
Illegible name	
Steve Simon	
Judi Simon	
Glenn Darling	
Bessie Feldpausch	
Joey Feldpausch	
Margie Barr	
Michael Peak	Owensboro, KY
Illegible name	Owensboro, KY
Jane Rainey, mother/guardian of an SCL participant	Prospect, KY
Lori Devine	Easter Seals West Kentucky, Inc., Paducah, KY
Orry Miller	
Chasty Doom	
Travis Allcock	
Ann Allcock	
Ricky Allcock	
David illegible last name	

Brandi Rushing
Jeannette Doom
Dwayne Doom
JoAnna Cooper
Michaela Findley
Destiny Todd
Joey Hackney
Beth Hackney
Robbie Hackney
Andrea Hackney
Donita James
Shawn Tera Hackney
Kelsey Threlgeld
Barbara Threlgeld
Owen Threlgeld
David Worley
Jeslyn Worley
David Bayer
Karen Wheeler (guardian of an SCL participant)
Joe Paul Wiggins
Mike illegible last name
Misty Markham
Renee Cirril
Larry Hodge
Don Young
Joe White
K. McNeeley
Amanda Aulds
Carla Belt
Carroll Barry
Russell Hussarv
Jerry Franklin
illegible name
Dad Jasseur
Meagan Brasher
Samantha Soukup
Shannon Millikan
Thomas Millikan
James Millikan
Deanna Parker
Jennifer Millikan
Wayne Faught
Wendy Smith
Kaylee Millan
Pam Steinke
Ray Millikan

Carla Autry	
Stephanie Autry	
Christie L. Hodge	
John illegible last name	
Cap illegible last name	
Lisa Holloman	
Lisa Taler	
Larry illegible last name	
illegible name	
Claudia Lower	
Megan Hodge	
illegible name	
Mistie Rushing	
Tommy Stampes	
Leslie Fox	
Shay Smith	
Laura Givens	
Roy Givens	
Jeannie Curnel	
Donnie Curnel	
Jake Drawdy	
Luke Drawdy	
Joe Drawdy	
Angie Greer	
Leslie Barnes	
illegible name	
Mona Locke	
Yvette Martin	
Shannon Hach	
Diana Wall, executive director	Marshall County Exceptional Center (MCEP)
Shirley Don Haws board member	MCEP
Amy Youk, DSP	
Tammy Dawes	MCEP
Crystal Reid	
Rita McLemore Hicks	
Ramona Kaye McDonald	
Kelley Heiston, DSP	
No name provided	
Illegible name	
Mike Mill, board member	MCEP
Cathy Y. West	
Juainta West, community member	
Jennifer York, consumer	
Cathy Y. York, parent	
Lynda McWaters	
Karlie Stirm	

Kearston Breeden	
Melissa Sumner	
Linda Pogue	
Brad Waddell	
Kim Waddell	
Allen Waddell	
Brian Sams	
Jack Ham	
Jennifer Lane	
Dustin Lane	
Sharon Hamlet	
Janice Pollard	
Joe T. West	
Rose Mary Gamble	
Arlie Ross	
Joetta Ross	
Carla Griggs	
Kelley Bennett	
Larry Wright, consumer	
No name	
Joe. T. illegible last name, director	Marshall County Exceptional School in Benton, KY
Iillegible name	
Justin Lamb	Benton, KY
Melanie Chambers	Benton, KY
Melissa Combs	
Darlene Lynn	
Brenda Edwards	Benton, KY
Donnie Lovett	Benton, KY
Claudia Phelps	Benton, KY
Cindi Taylor	Benton, KY
Franklin Sledd	Benton, KY
Vicki Schwegman	Benton, KY
Flora Darnall	Benton,KY
Wendy Baxter	Benton, KY
Lacey Johnson	
illegible name	
Cody Capps	
Dean Dix	
Tim Poe	
Larry Gardner	
Shawn Henderson	
Robin Gardner	
Lindsey Wall, B.S. Psychology and Counseling	
Desiree Hermosillo	
Kris Williams	

Dan Duke, (board member Marshall County Exception Center	
Tim [illegible last name, board member	Marshall County Exception Center
Donna Jackson, mother of an autistic son	
Rick and Joann Lauer, in-law/sibling of an SCL participant	California, KY
Lara Klar	
Mrs. Kathleen Ashcraft	Erlanger, KY
Kim Hunt, sister of two SCL participants	Louisville, KY
Bethany Perryman, MSW and case manager	Cumberland River Homes; Salem, KY
Darla Drawdy, RN/CM, healthcare coordinator	Cumberland River Homes; Salem, KY
Catherine Rider	
Mrs. Karen Gibson	Edgewood, KY
Daniel O'Brien	Ft. Mitchell, KY
Mrs. Margaret O'Brien	Covington, KY
Mrs. Peggy Jackson	Independence, KY
Barbara Zerhusen	Erlanger, KY
Sharon Mitchell, MSSW	
Illegible name	Nicholasville, KY
Kenny Thomas	Lexington, KY
Illegible name	Grayson, KY
Lisa Bradley	Ashland, KY
Jeffery Fraley	Catlettsburg, KY
Phoebe Fitzgerald	Ashland, KY
Beth Adkins	Huntington, WV
Melanie R. Queen	Ashland, KY
No name provided	
No name provided	
Illegible name	Worthington, KY
Tg. A. illegible last name	Huntington, WV
Kathy Roe	Greenup, KY
Matt illegible last name	Ashland, KY
Illegible first name A. Bradley, Jr.	Ashland, KY
Derek Sizemore	Ashland, KY
Bill illegible last name	
Stephanie Dewitt-Sizemore	Ashland, KY
Amanda S. Preston	Ashland, KY
Illegible name	Ashland, KY
Genetta McClove	Ashland, KY
Joseph D. Coleman	Ashland, KY
Beverly Coleman	Ashland, KY
Sydney Cullup	Ashland, KY
Janet Bradley	Ashland, KY
Rachel Rae Coleman	Ashland, KY
Amanda Leiber	Ashland, KY
Lainey Burgess	Ashland, KY
Amy Acord	Ashland, KY

Jeff Watters	Ashland, KY
Virginia Watters	Ashland, KY
Shannon illegible last name	Lexington, KY
Tim Huff	
Angel L. Silvey	Wheelersburg, OH
Casey Burke	Grayson, KY
Sonya Remy	Ashland, KY
Debbie Whitt	
Illegible name	Wheelersburg, OH
Misty Amytin	Grayson, KY
Illegible name	Ashland, KY
David P. illegible last name	Catlettsburg, KY
Jawana Binion	Grayson, KY
William July	
Lea Acord	Catlettsburg, KY
Myriah Weatherholt	Ashland, KY
H. M. illegible last name	Ashland, KY
Bill Bradley	Ashland, KY
Kyle illegible last name	Ashland, KY
Guy Brislin	Nicholasville, KY
Matthew Brislin	Nicholasville, KY
Becky Brislin	Covington, KY
Robyn A. Shaler	Nicholasville, KY
Ralph Brislin	Covington, KY
Jenny Meade	Flatwoods, KY
Jeff Hale	Flatwoods, KY
Cleta Thompson	Ashland, KY
Dawn Withrow	Ashland, KY
Jennifer and Joshua Roberts	Ashland, KY
Kathryn illegible last name	Ironton, OH
Shawna Dillon	Ashland, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Kevin Crisp	Grayson, KY
David Foster	Ashland, KY
Marvin Sizemore	Ashland, KY
Aaron Wallace	Grayson, KY
Jinny Adams	
Ally illegible last name	Ashland, KY
James Biggs, III	Ashland, KY
Ed Sizemore	Ashland, KY
Debbie Barnett	Catlettsburg, KY
No name	
Marshe Winemor	Ashland, KY
Michelle Tackett	Catlettsburg, KY
Lindsey illegible last name	Ashland, KY
Kimberly Owen	Ashland, KY

Michael Kaye	Ashland, KY
Alex Hamlin	Ashland, KY
Kaylin Gambill	Ashland, KY
Kelly D. Petrie	Ashland, KY
James Sterge	Catlettsburg, KY
Jason Love	Worthington, KY
Duane Hughes	Ashland, KY
Annette Pillow	Mayfield, KY
Charles Cronon	Mayfield, KY
Kristi Cronon	Mayfield, KY
Jon Haynes, SCL participant	Lexington, KY
Gay B. Lang, mother of an SCL participant	Lexington, KY
Virgil Irvin Smith, SCL participant	Lexington, KY
Justin Mallory, SCL participant	Lexington, KY
Billie Mallory, MSW, parent of an SCL Participant	Lexington, KY
Robert L. Turley, SCL participant	Lexington, KY
Celia Pickett, SCL participant	Lexington, KY
James White, SCL participant	Lexington, KY
Richey Vincent, SCL participant	Lexington, KY
Ms. Verna Higgins, mother of an SCL participant	Lexington, KY
Casie Seifert, SCL participant	Lexington, KY
Theresa Seifert, mother of an SCL participant	Lexington, KY
Fran Naylor, mother of two SCL participants	Lexington, KY
James F. Kijek, parent of an SCL participant	Georgetown, KY
Elizabeth L. Kijek, parent of an SCL participant	Georgetown, KY
Melanie A. Lybarger, parent/guardian of a Michelle P. waiver participant	Lexington, KY
Beverly Byrum, SCL participant	Hopkinsville, KY
Delores Pierce, mother of an SCL participant	Louisville, KY
Patricia Keys, mother of an SCL participant	Brandenburg, KY
Lloyd and Jean Allen, parents of an SCL participant	Louisville, KY
Corry Walters, adult foster care provider	Hopkinsville, KY
Roger Feldhaus, SCL participant	Owensboro, KY
Mary Jo Moore, mother of an SCL participant and offered comments on behalf of clients at Redwood adult day training site	Ft. Wright, KY
Ann Beckemeyer	Louisville, KY
Ruth Ann Gans/Mrs. Howell G. Gans, mother of an SCL participant	Louisville, KY
Ms. Collins, mother of an SCL participant	
Lea Anne Hall, SCL participant	
Janice Anderson, parent/guardian of an SCL participant	
Greg W. Legler, SCL participant	
Cheryl Skaggs, mother of an SCL participant	Louisville, KY
Edith Kimberlake, mother/guardian of an SCL	

participant	
F. Patrick Reed, CEO	Hugh E. Sandefur Training Center
President-Elect	Kentucky Association for Community Employment Services
Robert C. Reifsnyder, President	United Way of Greater Cincinnati; Cincinnati, OH
Leshia Lyman, Director of the Northern Kentucky Area Center	United Way of Greater Cincinnati; Cincinnati, OH
Mrs. Joyce Wright, respite provider	West Liberty, KY
Rick Christman, CEO	Employment Solutionsl; Lexington, KY
Yvonne Manning, mother of an SCL participant	Burlington, KY
Samantha Shepherd, sister-in-law of an adult with disabilities	
Danalea Hall, mother of an SCL participant	Covington, KY
Gladys Hall, SCL participant	Covington, KY
Shelly Buntain, President	Independent Industries, Inc.; Louisville, KY
Melany illegible last name	
Sara Brockman, sister of an SCL participant	Erlanger, KY
Kathleen B. Boggs, mother of an SCL participant	Independence, KY
Dorothy M. Marshall, guardian of an SCL participant	Taylor Mill, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Judith and Raymond Miller	Florence, KY
Lillian Blevins, SCL participant	
Paula Provence, SCL participant	Morehead, KY
Kenny Hisle, SCL participant	Morehead, KY
James Lewis, Jr., SCL participant	Morehead, KY
Joe Miller, father of a Michelle P. waiver participant; brother of a man who has severe mental retardation and retired director of LifeSkills Industries;	Bowling Green, KY
Meredith Stith, SCL participant	Hardin County, KY
Jane Ridner, SCL participant	Hardin County, KY
Latoria, SCL participant	Hardin County, KY
Whitney, SCL participant	Hardin County, KY
Melissa L. Williams, SCL participant	Hardin County, KY
Jessica Lee Alvey, SCL participant	Hardin County, KY
Marjorie Reed, SCL participant	Hardin County, KY
Jean White, SCL participant	Hardin County, KY
Gary McIntosh, SCL participant	Hardin County, KY
Jassmine G, SCL participant	Hardin County, KY
Kayla Shapp, SCL participant	Hardin County, KY
Dolores Debuzman, SCL participant	Hardin County, KY

Mary Clair Shockency, SCL participant	Hardin County, KY
Tony Brangers, SCL participant	Hardin County, KY
Debbie Thorpe, SCL participant	Hardin County, KY
Kersey Melvin Charles, SCL participant	Hardin County, KY
Barry Lindsey, SCL participant	Hardin County, KY
Ashley Elizabeth Logsdon, SCL participant	Hardin County, KY
Angela, SCL participant	Hardin County, KY
Markus W. Allen, SCL participant	Hardin County, KY
Tonya Sue DeWitt, SCL participant	Hardin County, KY
Tommy, SCL participant	Hardin County, KY
Christina, SCL participant	Hardin County, KY
James Ray, SCL participant	Hardin County, KY
Lisa Qualls, SCL participant	Hardin County, KY
Kathleen Spearbecker, SCL participant	Hardin County, KY
Becky, SCL participant	Hardin County, KY
Ron (illegible name)	Elizabethtown/Hardin County constituent
Sherry (illegible name)	Elizabethtown/Hardin County constituent
M. Brown	Elizabethtown/Hardin County constituent
Pamela Sullivan	Elizabethtown/Hardin County constituent
Marie Anderson	Elizabethtown/Hardin County constituent
Rhonda Crutcher	Elizabethtown/Hardin County constituent
Kathy Riggs	Elizabethtown/Hardin County constituent
Amy Rattiff	Elizabethtown/Hardin County constituent
Chastity Wise	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Shannon Riggs	Elizabethtown/Hardin County constituent
Beverly (illegible name)	Elizabethtown/Hardin County constituent
Pamela Williams	Elizabethtown/Hardin County constituent
Cynthia Carter	Elizabethtown/Hardin County constituent
Linda Light	Elizabethtown/Hardin County constituent
Jody Milly	Elizabethtown/Hardin County constituent
William Elliott	Elizabethtown/Hardin County constituent
Posey Sue Wise	Elizabethtown/Hardin County constituent
Megan Criss Branham	Elizabethtown/Hardin County constituent
Cecilia Cave	Elizabethtown/Hardin County constituent
Robin Bush	Elizabethtown/Hardin County constituent
Leigh (illegible name)	Elizabethtown/Hardin County constituent
Caroline (illegible name)	Elizabethtown/Hardin County constituent
Karen Stephens	Elizabethtown/Hardin County constituent
Beverly Owen	Elizabethtown/Hardin County constituent
Robert S. Owen	Elizabethtown/Hardin County constituent
Karen Fentress	Elizabethtown/Hardin County constituent
Eddie Sandfer	Elizabethtown/Hardin County constituent
Angela Peters	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent

Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Karen (illegible name)	Elizabethtown/Hardin County constituent
Deborah Stallins	Elizabethtown/Hardin County constituent
Pam Ogden Crum	Elizabethtown/Hardin County constituent
Lisa Lathams	Elizabethtown/Hardin County constituent
Joyce Smith	Elizabethtown/Hardin County constituent
Brent Pohlman	Elizabethtown/Hardin County constituent
Lean Priddy	Elizabethtown/Hardin County constituent
Melissa Bolmas	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
R. Lopey	Elizabethtown/Hardin County constituent
Connie Evans	Elizabethtown/Hardin County constituent
Cathy (illegible name)	Elizabethtown/Hardin County constituent
Sandra Stubb	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
David (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Donald (illegible name)	Elizabethtown/Hardin County constituent
Jennifer (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Melissa Wilkins	Elizabethtown/Hardin County constituent
Debbie Mucker	Elizabethtown/Hardin County constituent
K. Crow	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Pam Lippe	Elizabethtown/Hardin County constituent
Dakota Edwards	Elizabethtown/Hardin County constituent
Earl (illegible name)	Elizabethtown/Hardin County constituent
Jessica (illegible name)	Elizabethtown/Hardin County constituent
Carrie Elliott	Elizabethtown/Hardin County constituent
Thomas (illegible name)	Elizabethtown/Hardin County constituent
Wanda Bryant	Elizabethtown/Hardin County constituent
Katherine Hudspeth	Elizabethtown/Hardin County constituent
Darrel (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Theresa Cook	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
(Illegible name) Coates	Elizabethtown/Hardin County constituent
Tony Smith	Elizabethtown/Hardin County constituent
Ricky (illegible name)	Elizabethtown/Hardin County constituent
Tanya Samtiago	Elizabethtown/Hardin County constituent
Tasha Hallin	Elizabethtown/Hardin County constituent
Connie Jackson	Elizabethtown/Hardin County constituent
Eleanor Jones	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent

Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Kayla (illegible name)	Elizabethtown/Hardin County constituent
Brandy (illegible name)	Elizabethtown/Hardin County constituent
Shandy Seymore	Elizabethtown/Hardin County constituent
Ashley Sweet	Elizabethtown/Hardin County constituent
Mark (illegible name)	Elizabethtown/Hardin County constituent
Meagan Bell	Elizabethtown/Hardin County constituent
Morgan Bell	Elizabethtown/Hardin County constituent
Charlene (illegible name)	Elizabethtown/Hardin County constituent
Tracy (illegible name)	Elizabethtown/Hardin County constituent
(Illegible name) Holmes	Elizabethtown/Hardin County constituent
Chris (illegible name)	Elizabethtown/Hardin County constituent
Ryan Wilkenson	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Rosella Lightfoot	Elizabethtown/Hardin County constituent
James Lightfoot	Elizabethtown/Hardin County constituent
Leslie Lightfoot	Elizabethtown/Hardin County constituent
Gladys Purnell	Elizabethtown/Hardin County constituent
Joyce Chase	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Rhonda Randall	Elizabethtown/Hardin County constituent
Nancy (illegible name) Cox	Elizabethtown/Hardin County constituent
Alex Cox	Elizabethtown/Hardin County constituent
Robert (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Tom Dennis	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
(Illegible name) Edmonds	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
George Lang	Elizabethtown/Hardin County constituent
K. Walker	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Stacy Rogers	Elizabethtown/Hardin County constituent
Ruby (illegible name)	Elizabethtown/Hardin County constituent
Illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Pat (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent

Illegible name	Elizabethtown/Hardin County constituent
(Illegible name) Watts	Elizabethtown/Hardin County constituent
Vickie Caldwell	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Linda Moors	Elizabethtown/Hardin County constituent
Allen Moors Jr	Elizabethtown/Hardin County constituent
David (illegible name)	Elizabethtown/Hardin County constituent
Victoria (illegible name)	Elizabethtown/Hardin County constituent
Rosemary Rice	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Jerry (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Troy (illegible name)	Elizabethtown/Hardin County constituent
Angela (illegible name)	Elizabethtown/Hardin County constituent
Robert (illegible name)	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
John (illegible name)	Elizabethtown/Hardin County constituent
Beth Mattien	Elizabethtown/Hardin County constituent
Tana (illegible name)	Elizabethtown/Hardin County constituent
Gary Hardin	Elizabethtown/Hardin County constituent
Lee Watson	Elizabethtown/Hardin County constituent
(Illegible name) Corhran	Elizabethtown/Hardin County constituent
Sharon McDowell	Elizabethtown/Hardin County constituent
(Illegible name) McDowell	Elizabethtown/Hardin County constituent
Latoya McDowell	Elizabethtown/Hardin County constituent
Lakisa Greatheart	Elizabethtown/Hardin County constituent
Arie Greatheart	Elizabethtown/Hardin County constituent
Brenda Chandler	Elizabethtown/Hardin County constituent
Natalie Chandler	Elizabethtown/Hardin County constituent
Clifford McDowell	Elizabethtown/Hardin County constituent
(Illegible name)	Elizabethtown/Hardin County constituent
Vickie Bell	Elizabethtown/Hardin County constituent
Sis Clark	Elizabethtown/Hardin County constituent
Bro Clark	Elizabethtown/Hardin County constituent
Mrs. Rains	Elizabethtown/Hardin County constituent
Gary Glenn	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Becky (illegible name)	Elizabethtown/Hardin County constituent
Denna Plouch	Elizabethtown/Hardin County constituent
Peter Boughton	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
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Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Renee Damos	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Melanie (illegible name)	Elizabethtown/Hardin County constituent
Ronald Basham	Elizabethtown/Hardin County constituent
Tina (illegible name)	Elizabethtown/Hardin County constituent
Lisa Gunning Padgett	Elizabethtown/Hardin County constituent
Quinn (illegible name)	Elizabethtown/Hardin County constituent
Cassandra Davis	Elizabethtown/Hardin County constituent
Earl John	Elizabethtown/Hardin County constituent
Shaun Barker	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Illegible name	Elizabethtown/Hardin County constituent
Janet (illegible name)	Elizabethtown/Hardin County constituent
Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc.	Owensboro, KY
Dr. Laura Young, licensed clinical psychologist	Appe Patch; Crestwood, KY
Christopher George, a board certified behavior analyst, a licensed behavior analyst and executive director	Applied Behavioral Advancements
Amber Durr, licensed behavior analyst	Applied Behavioral Advancements
Susan Stokes, owner	Access Community Assistance and HMR Associates
Cynthia H. Coomes, CSW, executive director and case manager	
Steve Zaricki, president and executive director	Kentucky Association of Private Providers (KAPP) Community Living; Louisville, KY
Dr. Adreanna Bartholome Spears, a licensed clinical psychologist	Louisville, KY
Dr. Stanley Bittman, licensed psychologist and president	Behavior Associates; Owensboro, KY
Dr. Sheila Cooley-Parker, licensed counseling Psychologist	Hopkinsville, KY
Mary Sue Noel, friend of a mother of a parent of an SCL participant	Burlington, KY
Karen Gardner, executive director	Tri-Generations, LLC

	Campbellsville, KY
Joan Martin, mother of an SCL participant	Florence, KY
Joan Goessling, mother of an SCL participant	Edgewood, KY
Mary Ann Pratt, sister of an SCL participant	Burlington, KY
Thomas W. King, parent of a special needs child	Murray, KY
Patsy McCallon, mother of an SCL participant	
William McCallon, father of an SCL participant	
Mona Petty, sister of an SCL participant	
Jackie Langham, sister of an SCL participant	Mayfield, KY
Melissa Hack, mother of an SCL participant	
Ernestine Sumner, friend or relative of an SCL participant	
Sanford C. Sumner, friend or relative of an SCL participant	
Sandy Hayden, adult foster care giver of an SCL participant	
George Hayden, brother of an SCL participant	Mayfield, KY
Emma Hayden, sister-in-law of an SCL participant	Mayfield, KY
Sharon Hayden, SCL participant	Mayfield, KY
Jerry Dunn, brother-in-law of an SCL participant	Mayfield, KY
Beverley A. Dunn, sister of an SCL participant	Mayfield, KY
Reba Brandon, SCL participant	Mayfield, KY
Vicky Holmes, sister of an SCL participant	Mayfield, KY
David A. Kimbrell, SCL participant	Mayfield, KY
Truman Maxwell (perhaps, name is difficult to read) SCL participant	Mayfield, KY
Debbie Daley, mother of an SCL participant	Florence, KY
Jane Ware, aunt of an SCL participant	
Jonathan Ware (brother of an SCL participant)	
Shanna Garrett, works with SCL participants	
Jean Davenport, SCL participant	Louisville, KY
Mr. Bill Johnson, brother-in-law of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mrs. Margaret Johnson, sister of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Jerry Sabo, nephew of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Lori English, sister of an SCL participant	Florence, KY
Sr. Mary Rabe, aunt and friend of SCL participants	
Jerry Sabo,	
Mrs. Patricia Bunner, sister of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Hency A. Bunner, brother-in-law of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mrs. Linda Riggs, sister of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mr. Norman Riggs, brother-in-law of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Jane Scott Bentley, friend of SCL participants	Lawrenceburg, KY

Mrs. Maretta Collins, mother of an SCL participant	
Janice K. Herrmann, mother of an SCL participant	Ft. Wright, KY
Kevin Thaman, SCL participant	
Linda and Ed Simpson, friend and relative of Kevin Thaman	Ft. Wright, KY
Mary Owsley, parent and caregiver of an SCL participant	Louisville, KY
Dennis Sketch, friend of SCL participants	
Janice R. Schmidt	Villa Hills, KY
Daniel L and Jane F Neiser	Villa Hills, KY
Philip Back, brother and guardian of an SCL participant	Hopkinsville, KY
Carolyn TIngler, mother and guardian of an SCL participant	Worthington, KY
Marie Lauer, sister-in-law of an SCL participant	California, KY
Bob Lauer, loved one of an SCL participant	California, KY
Candis Wood, SCL participant	Union, KY
Douglas Cruce, SCL participant	Covington, KY
William S. Dolan, staff attorney supervisor	P & A
Patty Dempsey, executive director	The Arc of Kentucky
Bobby Davis, an SCL participant	
Clarence Davis, father of Bobby Davis	
Karen Davis, mother of Bobby Davis	
Kathleen Sketch, sister of an SCL participant	Ft. Mitchell, KY
Jim Turbin	
Wayne H. Harvey, vice president and chief operations officer	Independent Opportunities; London, KY
Marcia Ampfer, mother of an SCL participant	Alexandria, KY
David Ampfer, father of an SCL participant	Alexandria, KY
Shirley Bailey, mother of an SCL participant	Louisville, KY
Kerri L. Kraemer, advocate for SCL participants	Villa Hills, KY
Samantha Biehl, SCL participant	Verona, KY
Debbie Hodge, SCL participant	Florence, KY
BoDeeca Eggleston, SCL participant	Williamstown, KY
Ralph (RJ) Vaught, SCL participant	Independence, KY
David Barton, SCL participant	Warsaw, KY
James D. Moore III, SCL participant	Burlington, KY
David Russell, SCL participant	Independence, KY
Marcie Clark, SCL participant	Independence, KY
Donna Rice, SCL participant	Highland Heights, KY
Shelly Daly, SCL participant	Florence, KY
Tiffany Bice, SCL participant	Burlington, KY
Kenny Scherder, SCL participant	Edgewood, KY
David Hicks, SCL participant	Burlington, KY
Shawn Thompson, SCL participant	Burlington, KY
Sterling Barnes, SCL participant	Covington, KY
Steven Weller, SCL participant	Independence, KY

Donnie Gorman, SCL participant	Burlington, KY
Reba Kay Spencer, SCL participant	Florence, KY
Laura Stewart, BA/CM	Aspen Community Living; Florence, KY
Jessika Vance-Morgan, MS BCBA, board certified Behavior analyst	Lexington, KY
Lisa Delany	Paducah, KY
Aaron Record	Paducah, KY
Steve and Melanie Tyner-Wilson	
Autistic Self Advocacy Network	
Mark Riney, friend/loved one of an SCL participant	
Lori Johnson, friend/loved one of an SCL participant	
Dennis Johnson, friend/loved one of an SCL participant	
Louise Johnson, friend/loved one of an SCL participant	
Lasta Hale, friend/loved one of an SCL participant	
Sandi Reed, friend/loved one of an SCL participant	
Vanessa Reed, friend/loved one of an SCL participant	
Susan Johnson, friend/loved one of an SCL participant	
Mike Johnson, friend/loved one of an SCL participant	
Wayne Lowell, friend/loved one of an SCL participant	
Susie Newton, friend/loved one of an SCL participant	
Joe Newton, friend/loved one of an SCL participant	
Leane Riney, friend/loved one of an SCL participant	
Jessica Gish, friend/loved one of an SCL participant	
Stephanie Henson, friend/loved one of an SCL participant	
Jennifer Calhoun, friend/loved one of an SCL participant	
Natalie Johnson, friend/loved one of an SCL participant	
Joshua A. Riggs, friend/loved one of an SCL participant	
Randy Johnson, friend/loved one of an SCL participant	
Lesha Lowell, friend/loved one of an SCL participant	
Sandy Devine, friend/loved one of an SCL participant	
Robert Devine, friend/loved one of an SCL participant	
Tom Peak, friend/loved one of an SCL participant	
Illegible name, friend/loved one of an SCL participant	
John illegible last name, friend/loved one of an SCL participant	
Deborah Cunningham, mother of an SCL participant	
Stephen, consumer of services	
Denise Kadinemann, consumer of services	
Ritchie, consumer of services	
Travis Samuel Hicks, consumer of services	
Jennifer Ann Nubem, consumer of services	
Janice Colin, consumer of services	
Heath mann, consumer of services	
G. Adissin, consumer of services	
Jessica Hale, consumer of services	
Leon Zeitz, consumer of services	

Steve Armstrong, consumer of services	
Chris Caons, consumer of services	
Brenda Short, consumer of services	
Tracey Jenkins, consumer of services	
Illegible name	Nicholasville, KY
Ambrose Zmurk, father of an SCL participant	Newport, KY
Bernice L. Zmurk, mother of an SCL participant	Newport, KY
Rebecca Zmurk, sister of an SCL participant	Newport, KY
Carla Talley, mother of an SCL participant	Almo, KY
Ross Talley, father of an SCL participant	Almo, KY
Janice K. Hermann, mother of an SCL participant	Ft. Wright, KY
Shanolette Pierce	
Sheila Barrett	
W. Edward Barker	
Kim Johnson	
Mark Riney	
Guardian Community Living	Morehead, KY
David Back, EdS., LPCA	Homeplace Support Services
Garry Hanson, grandfather of an SCL participant	Florence, KY
Mary Anne Hanson, aunt of an SCL participant	Taylor Mill, KY
David Hanson, uncle of an SCL participant	Taylor Mill, KY
Leonard Hegna, father of an SCL participant	Florence, KY
Andrea Hegna, mother of an SCL participant	Florence, KY
Jennifer Hegna, sister of an SCL participant	Florence, KY
Greg R. Romes	Fort Mitchell, KY
Valeeta Fitzgerald, mother of two individuals with disability	Edgewood, KY
Jim Couch, father of an SCL participant	Burlington, KY
Marian McCoy, mother of an SCL participant	Ft. Mitchell, KY
Loretta Martin, mother/guardian of an SCL participant	Baxter, KY
Michelle Johnson	Edgewood, KY
Michael Johnson	Edgewood, KY
John Johnson	Edgewood, KY
Marvin Wischer	Edgewood, KY
Karen Wischer	Edgewood, KY
Heather K. Mullins	Ft. Mitchell, KY
Michael Kiernan	
Martha A. Barnes	
Dana Kennedy, BSW	
Jo Ann Kennedy	Walton, KY
Brenda Kennedy	Warsaw, KY
Kevin Kennedy	Warsaw, KY
Judy Pascarella	Ft. Mitchell, KY
Mike Allison	Independence, KY
Jessica Allision	Independence, KY

Hallie Smith	Ft. Thomas, KY
Julie A. Goddard	
Guy Linnemann	
Amy W. Beck	
Michael B. Stottman	Fort Mitchell, KY
Loretta Sullivan	Fort Mitchell, KY
Linda Rechtin	
G. Steven Holbrook	Edgewood, KY
Tracy Stamper	Silver Grove, KY
Glenna Marsh, volunteer at an adult day training site on behalf of Dee Holt (or Hall)	
Jenifer Frommeyer, parent of a son with Down syndrome and executive director	Dreams With Wings; Louisville, KY
Judy Erwin, director of regulatory compliance	Zoom Group; Louisville, KY
Lili Lutgens, licensed attorney, licensed clinical social worker and behavior support specialist	
Barbara Howard, executive director and CEO	Redwood; Ft. Mitchell, KY
Dr. Sheila Schuster	Kentucky Psychological Association; Louisville, KY
Steve Shannon, executive director	The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc. (KARP)
Shannon Ware, president and CEO	Bluegrass Regional Mental Health-Mental Retardation Board, Inc.; Lexington, KY
Tara Sorgi Pelfrey, board certified behavior analyst	Louisville, KY
Pamela Millay	Redwood; Ft. Mitchell, KY
Wade T. Mullins, father of a daughter with autism	Lexington, KY
Wendy Wheeler-Mullins, mother of a daughter With autism	Lexington, KY
Patti Parsons, mother of a son with autism spectrum disorder	Lexington, KY
Vicky Roark grandmother of an individual with autism spectrum disorder	Lexington, KY
Dorothy Cook, mother of a son with Down syndrome	Hopkinsville, KY
Dawn Saturley, sister and guardian of a man with Down syndrome	Hopkinsville, KY
Mary Varley, SCL participant	Owensboro, KY
Bill Francis, loved one of an SCL participant	
Liz Francis, loved one of an SCL participant	

Jennifer Francis, loved one of an SCL participant	
Wander Sanders, mother of an SCL participant	
Brian Veach, father and legal guardian of an SCL participant	
Regina Veach, mother and legal guardian of an SCL participant	
Joseph Morris, father of an SCL participant	Owensboro, KY
Gail Northern, sister of an SCL participant	Owensboro, KY
Jill Burns, mother of an SCL participant	Erlanger, KY
Eddie Mane	Paducah, KY
Phyllis Anderson	
Jennifer Dillworth	West Paducah, KY
Illegible name	
Lisa Hall	Benton, KY
Thomas Apple	
Chuck Smith	
Rick White	
Cory McMeus	
Illegible name	
Tim White	
D. Hold or Hall	
Lrabeola Walker	
Beverly McKinley	
Keith Petssities	
Leann Schnamke	Paducah, KY
Tammy Hunt	Ledbetter, KY
Marcie Moore, guardian of an SCL participant	West Paducah, KY
Rhonda Beach	
Illegible name	
Richard Hundley	Paducah, KY
Cindy Goodin, sister, mother, and friend to many individuals with developmental and/or intellectual disabilities	
Matthew Goodin, brother, nephew,coach and friend to many of those disabled	
Daniel Adams, brother of an SCL participant	Highland Heights, KY
Cadi Schultz, niece of an SCL participant	Ft. Thomas, KY
Angela Kohrs, niece of an SCL participant	Ft. Thomas, KY
Peg Schultz, sister of an SCL participant	Ft. Thomas, KY
Stephen Schultz, brother of an SCL participant	Ft. Thomas, KY
Claudia Schultz, sister of an SCL participant	Ft. Thomas, KY
Lynne Schultz, sister of an SCL participant	Ft. Thomas, KY
Steve Stratford, SCL provider	REACH of Louisville, KY
Anita Townsend, family home care provider	Ashland, KY
Sharon Allsup, family home care provider	Ashland, KY
David Sinkfeld, SCL participant	

Larry Colwell, SCL participant	
Maryellen Waynan, sister of an SCL participant	Walton, KY
Doug Alexander, father of an SCL participant	Lexington, KY
Phyllis Alexander, mother of an SCL participant	Lexington, KY
Carolyn J. Thorpe, primary caregiver of an SCL Participant	
Roger Feldhaus, SCL participant	Owensboro, KY
Ms. Marjorie Wheeler, mother of an SCL participant	Scottsville, KY
Mary Sherer	
Edith Harris	
Beth Rogers	
Illegible name	
Glynn Barns	
Lisa Arens, SCL participant	Florence, KY
James Gambrel, SCL participant	Covington, KY
Gregg Austing, SCL participant	Park Hills, KY
Karen Zurborg, SCL participant	Erlanger, KY
Mary Rettig, SCL participant	Burlington, KY
Hannah Russell, student of clinical mental health counseling	Alexandria, KY
Jeff Plank, client program manager	BAWAC
Cheryl D. Bryan, mother of an SCL participant	
Kim Hayes, mother of an SCL participant	
Bobbi Bradley, parent of three SCL participants and board member	Arc of Kentucky
Brian S. Ray/illegible last name	MCEP
Shawn Michelle Dietzel, sister of an SCL participant	
Mary Boyd, works with individuals who access services through waiver programs	
Carol Repovick	
Jessica Repovick	
Marle Repovick	
Myra Fassell	
Edna James	
Jerry Jones	
Margo Tullos	
Randall (illegible name)	
Gene Tully	
Karin Kent	
Leo (illegible name)	
Paula (illegible name)	
Mary Alice Kowalkyk(illegible name)	
Rose Logsdon	
R. Douglas Logsdon	
Diane (illegible name)	
R J Witowski	

Marilyn Brooks	
John Brooks	
Jeanette Hayes	
(illegible name) Hayes	
M H Lewellyn	
Roberta Lewellyn	
(illegible name)	Louisa, KY
Anthony (illegible name)	Louisa, KY
Nancy Goetz,parent of an SCL participant	
Cory Goetz, parent of an SCL participant	
Phyllis Brian/illegible, sister of an SCL participant	Cold Springs, KY
Dana Walters, case manager	Pennryile Center; Hopkinsville, KY
Leslie Grogan, friend of SCL participants	
Linda Smith, friend of SCL participants	Allen County KY
Linda Boehler, friend of SCL participants	Allen County KY
Jamie Gregory, friend of SCL participants	
Larue Crittenden	Mayfield, KY
Krista Gilpin, RN	
Kent Williams, AFCP/guardian of an SCL participant	Wingo, KY
David Kambrell, SCL participant	Mayfield, KY
Illegible name	
Carrie E Metcalf-Powell, niece of an SCL participant	
Lauren Klar, niece of an SCL participant	
Karen Klar, loved one of an SCL participant	
Fred Klar, brother of an SCL participant	
Jim Klar, brother of an SCL participant	
Sue Ann Metcalf, sister of an SCL participant	
Mary Moll, sister of an SCL participant	Lexington, KY
Sharon K. Miller, sister of an SCL participant	Louisville KY
Cindy Elam, niece of am SCL participant	
Christine (Chris) Klar, SCL participant	
Lara Klar	
Ruth Arnett, employee at an SCL provider agency and advocate for an SCL participant	
Janet Cormney, employee at an SCL provider agency and advocate for an SCL participant	
Debbie Miller, employee at an SCL provider agency and advocate for an SCL participant	
Gail Fisher, employee at an SCL provider agency and advocate for an SCL participant	
Lynn Huckleberry, employee at an SCL provider agency and advocate for an SCL participant	
Dick Bradford, employee at an SCL provider agency and advocate for an SCL participant	
Rita Bradford, employee at an SCL provider agency and	

advocate for an SCL participant	
Paul Probst, grandparent of an SCL participant	
Donna Probst, grandparent of an SCL participant	
Mrs. Phyllis Bean, sister of a Michelle P. waiver participant	
Mr. Gerald Uslander, parent of an SCL participant	Louisville, KY
Mrs. Gerald Uslander, parent of an SCL participant	Louisville, KY
Adrian T. White, Independent Industries Work Program participant	
Debbie Stanger	Adolphus, KY
James Cornwell	
Jamie Gregory,	
Dawn Canill	
Eugene Colin	Scottsville, KY
Lena Williams	Scottsville, KY
Brenda Pearson	Scottsville, KY
Jan S. Centers	Scottsville, KY
(illegible name)	
(illegible name)	Scottsville, KY
(illegible name)	
Sandra Meador	
Debbie Meador	
Tracy Ward	
(illegible name)	
(illegible name)	Scottsville, KY
(illegible name)	Scottsville, KY
Richie Sanders	Franklin, KY
Greg & Debbie Wilson	Scottsville, KY
(illegible name)	
T.J. Lohorn	Scottsville, KY
Linda Smith	Scottsville, KY
Rick (illegible name) Smith	Scottsville, KY
Nicole Givens	
Jennifer Chappell	Scottsville, KY
Rodney Owens	Scottsville, KY
Leslie D. (illegible name)	Scottsville, KY
Deshaie Hart	Scottsville, KY
Leslie Hammer	Scottsville, KY
Jamie Cline	
Billy (illegible name)	
Lowell (illegible name)	
Casey (illegible name)	
(illegible name)	Scottsville, KY
(illegible name)	
(illegible name)	
(illegible name)	
Cheryl Wilkerson	Glasgow, KY

Kristie Webb	Scottsville, KY
Janet Keen	Scottsville, KY
Luther Tuttle	Adolphus, KY
(illegible name)	
(illegible name)	
Robert Jones	Scottsville, KY
Sandra Johnson	Scottsville, KY
Don Hurt (illegible name)	Scottsville, KY
Minnie Garrison	Scottsville, KY
(illegible name) Wheeler	Scottsville, KY
(illegible name)	
Donna Cunnings	Adolphus, KY
Candice Goodwin	Scottsville, KY
Shelia Carter	Scottsville, KY
Kenneth Melton	Scottsville, KY
Kim Hibbard & (illegible name)	
Helen Pedigo	Scottsville, KY
Beth Adams	Scottsville, KY
D. Ann Bradley	Scottsville, KY
(illegible name)	Adolphus, KY
Jane (illegible name)	Scottsville, KY
Donald (illegible name)	Scottsville, KY
Thema Taylor	Scottsville, KY
Betty Fouler	Scottsville, KY
Matt Carter & Family	Scottsville, KY
Carolyn (illegible name)	Scottsville, KY
Glada Hasting(illegible name)	
Albert Hasting (illegible name)	TN
Joyce Carver	Scottsville, KY
Charlotte Perry	Scottsville, KY
Charlie A. Cook	Adolphus, KY
Melissa Perry	Scottsville, KY
James Cook	Adolphus, KY
(illegible name) Basham	Bowling Green, KY
(illegible name)	Bowling Green, KY
Alan King	
(illegible name)	
Charlotte Sanders, guardian of an SCL participant	
Edward Ward, parent of an SCL participant	
Kathy Ward, parent of an SCL participant	
Robert Ward, SCL participant	
Elizabeth McDaniel, parent of an SCL participant	Mayslick, KY
Orville McDaniel, parent of an SCL participant	Mayslick, KY
James Floyd, father of an SCL participant	
Jacqueline Arnette, SCL participant	
Jason, SCL participant	

Missy Gamble, SCL participant	
Tammy Endicott, direct support professional	
Kathryn Nicole Cook, direct support professional	
Jennifer Perry, director support professional	
Jamie Hardy, direct support professional	
Beverly Mills, director support professional	
Janet Weinel, sister of an SCL participant	Fort Thomas, KY
Illegible name, site supervisor at a comp care agency	
Jack Schultz, parent of an SCL participant	Fort Thomas, KY
Margaret Schultz, parent of an SCL participant	Fort Thomas, KY
Unsigned	
Mrs. Betty Gregory	Fort Mitchell, KY
Curt Tweddell, parent of an SCL participant	Lakeside Park, KY
Leslie H. Carroll, consumer/parent/guardian	
Illegible name, concerned regarding an SCL participant	Florence, KY
Betty Dodson	
Edward Enda, brother of an SCL participant	Verona, KY
Kiana Kaelin, friend of several SCL participants	Batavia, OH
Chesley Dunn, Jr. parent/guardian of an SCL participant	Hopkinsville, KY
Debbie S. Dunn, parent/guardian of an SCL participant	Hopkinsville, KY
Andrea Hulett	Russell, KY
Roger Church, parent of an SCL participant	Alexandria, KY
Juanita Church, parent of an SCL participant	Alexandria, KY
Carrie Thompson, parent of an SCL participant	
Cecelia Jane Vogelpohl, sister of an SCL participant	Covington, KY
Mrs. Tamera Herd, sister of an SCL participant	Florence, KY
Connie Kremer, works with individuals with intellectual or developmental disabilities	Fort Thomas, KY
Drew Hollenkamp, board member	Redwood Rehabiliation Center
Elora Hurt, Site Supervisor for a Comp Care Agency	
Brooke Howswell/(not legible), direct support professional DSP	
Robie Carlos/(not legible) sister of an SCL participant	Hopkinsville, KY;
Penny Lou Oneal, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Lynn Timmerding, cousin of an SCL participant and board member	Redwood; Florence, KY
Patrick Timmerding, relative of an SCL participant	
Bebe Smith	Fort Mitchell, KY
Jack Lenihan, DMD	Crittenden, KY
No Name	
Della Adams, sister of an SCL participant	Edgewood, KY;
Carlos Laws; sister of an SCL participant	Florence, KY;

Mark Green, father of an SCL participant	Louisville, KY
Diane Green, mother of an SCL participant	Louisville, KY
Alice Herron, concerned on behalf of SCL participant	Union, KY
Joan Morgan, concerned on behalf of SCL participant	Florence, KY
Cindy L. Foster, concerned on behalf of SCL participant	Florence, KY
Linda L. Ackley, concerned on behalf of SCL participant	Burlington, KY
John Morgan, concerned on behalf of SCL participant	Florence, KY
Darrell Herron, concerned on behalf of SCL participant	Union, KY
William Schrand	
Raymond P. Wilt father of an SCL participant	
Marcia Kreke, mother of an SCL participant I	Verona, KY
Sherry Williams, friend of an SCL participant	
Julie Guifoyle, child and family therapist	Sharonville, OH
Marlene Britt, mother of an SCL participant	
Elizabeth S. Burden, mother of an SCL participant	Louisville, KY;
Anthony Bracke, parent of an SCL participant	
Colleen Bracke, parent of an SCL participant	
Jessica Wilson, direct support professional	
Betty West, direct support professional	
Helen Bodkin, parent of an SCL participant	
Glenda Saxon, friend of/concerned for an SCL participant	
Frances Owens, friend of/concerned for an SCL participant	
Michelle Morgan, sister of an SCL participant	
Christy Tomes, parent of an SCL participant	Mayfield, KY
Joseph F. Hayden, brother of an SCL participant	Mayfield, KY
Lorine Mays, works at J.U. Kevil Center	
Cheryl Dunn, parent of an SCL participant	Dexter, KY
Rachel, SCL participant	
Dallas N. Horn, certified financial planner	Christopher Financial Group; Crestview Hills, KY
Charity Walters, SCL participant	
Chris Carman, SCL participant	
Patrick Lueken, SCL participant	Ashland, KY
Brent Lueken, SCL participant	Ashland, KY
Mary Anne Lueken, mother of an SCL participant	Ashland, KY
Patty McGlone, SCL participant	
Eric Ston, friend of an SCL participant on behalf of an SCL participant	
Jackie Arnett, SCL participant	
Heran Fugitt, SCL participant	
Jason Gillum, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Whitney Chilbres, SCL participant	

Lori Martin, BSN/RN	
Todd Martin, MSN/APRN	Lexington, KY
Thomas P. Laurino, provider	Choices Unlimited, Inc.; Paducah, KY
The Arc of Owensboro	The Arc of Owensboro; Owensboro, KY
Erin Lowell	Ashland, KY
Laura Nue	Ashland, KY
Misty Patton	Coal Grove, OH
Illegible name	Ashland, KY
Reety Rumh/illegible	
Patricia Mills, SCL participant	
Katharine A. Gum, SCL participant	
Cassidy Marie Hall, SCL participant	
Susan Moon, SCL participant	
Amelia Lee Gamble, SCL participant	
Susan Lens, GDN	
D/illegible Easterling, GDN	
Louisa Hughes, SCL participant	
Joe Tingler, SCL participant	
Elmer Mills, SCL participant	
Darrell Wayne Tipton, SCL participant	
Illegible name	Paducah, KY
Betty Powell, direct support professional	
Natasha L. Widd/illegible, direct support professional	
Shannon Nichols	Olive Hill, KY
Mark Cottrell, SCL participant	
Bell Gash, mother of an SCL participant	
Noah West	Louisa, KY
Bobbi Thompson	Louisa, KY
Connie Horn	Louisa, KY
Jack A. Hindde, adult case manager	Louisa, KY
Peggy Fitzpatrick	Louisa, KY
Phil Manilla, MS/LDLL, outpatient therapist	Louisa, KY
Hope Setser	Louisa, KY
Charlotte Williamson, BA, service coordinator	Kentucky Impact; Louisa, KY
William Hurt	Louisa, KY
Connie Fairchild	Louisa, KY
Ray Maynard	Louisa, KY
Lillie B. Maynard	Louisa, KY
Jason Mills	Louisa, KY
Shanna Newsome	Louisa, KY
Helen Mills	Louisa, KY
Justin Mills	Louisa, KY
Mae Bircher	Louisa, KY

Larry Horn	Louisa, KY
Tracey Horn	Louisa, KY
Truman Endicott	Louisa, KY
Paula McIntosh, board member	Redwood Board of Trustees; Cincinnati, OH
Juanita Z. Hanna	Fort Mitchell, KY
Nancy Sanders, mother of an SCL participant	Louisville, KY
Northern Kentucky	Northern Kentucky
Janice Qualls/illegible	Taylor Hill, KY
Brenda Kelly, mother of an SCL participant	
Richard A. Kelly, Jr. SCL participant	
Mary D. Sharp, grandparent of an SCL participant	Erlanger, KY
John D. Sharp, grandparent of an SCL participant	Erlanger, KY
Wilanne Stangel, parent of an SCL participant	Erlanger, KY
Glenn Lauer, loved one of an SCL participant	California, KY
Maria Lauer, loved one of an SCL participant	California, KY
Ed Lauer, brother-in-law of an SCL participant	Melbourne, KY
Marilyn Lauer, sister of an SCL participant	Melbourne, KY
Kathy Moore, mother of an SCL participant	Edgewood, KY
Joe Moore, father of an SCL participant	Edgewood, KY
Mary Lou Ellis/illegible, mother of an SCL participant	Hopkinsville, KY
Christine Tilley, cousin of an SCL participant	
Jenette Shunnarah/illegible, mother of an SCL participant	Oldham County KY
Yvonne Manning, mother of an SCL participant	Burlington, KY
Randall Bohmfalk, SCL participant	Mayfield, KY
Karen Puckett	
Luke Puckett	
Gregory Spees, father of an SCL participant	Salem, KY
Robbie Spees, mother of an SCL participant	Salem, KY
Terry Ellis	Smithland, KY
Amie Lyons, RP	
Charlene Phillips, SCL participant	
Joe Bayer, SCL participant	
George Marshall/illegible, Jr., SCL particpant	
David Wheeler, SCL participant	
Kenneth, SCL participant	
Corey, SCL participant	
Illegible name, SCL participant	
Harvey Puckett	
Teresa McDowell, DSC	
Debbie Ahart, foster care provider	
Beau Holmes, SCL participant	
Sandy Barnes, parent of a child with disabilities and president	Cumberland River Homes,Inc.; Salem, KY

Marie Burkhart, executive director	Cumberland River Homes, Inc.; Salem, KY
Dennis illegible last name, board member	MCEP
Steven H. Buchanan, II, guardian of an SCL participant	Salem, KY
David DeWeese	
Jimmie Yates/illegible	
Mildred Lewis, SCL participant	
Dolores Ehlman, aunt of an SCL participant	Edgewood, KY
Joe Ehlman, uncle of an SCL participant	Edgewood, KY
James Miller, employee at a facility	
L. Givens, DSC, worker at a facility	
Neka Whitley, SCL participant	
Norma Treon	
Kandy Smith, mother of an SCL participant	
Amber Baker, SCL participant	
Rick Pratt, MSW, nephew of an SCL participant	Erlanger, KY
Miss Jane Seger, mother of an SCL participant	Louisville, KY
Peggy Maines	Hebron, KY
James Goins, father of an SCL participant	
Stephen Hoffman, Brother of an SCL participant	Florence, KY
John McCoy, Team Leader	Redwood Rehabilitation Center; Ft. Mitchell, KY
Sarah Gray, sister of an SCL participant	Florence, KY
Paul Fiehrer, SCL participant	Covington KY
Robert Ward, SCL participant	Crittenden KY
Larry Mynes, SCL participant	Butler KY
Gerri Klette, SCL participant	Covington KY
Jeremiah Parr, SCL participant	Burlington KY
Pat Hoffman, SCL participant	Florence KY
Alex Kuhl	Florence KY
Charles Biery, board member	Redwood Rehabilitation Center; Newport KY
Alma Brown, friend of an SCL participant	
Mark Baker, co-guardian and brother of an SCL participant	Ft. Mitchell, KY
Shirley Bailey, mother of an SCL participant	Louisville, KY
John Dunn, Business Development Manager,	Redwood Rehabilitation Center; Villa Hills, KY
Mary B. Smith, sister of an SCL participant	Taylor Mill, KY
Pamela Thompson	Florence KY
Glenna Rice, mother of an SCL participant	
Marian McCoy, mother of an SCL participant	Ft Mitchell KY
Thomas Rettig, SCL participant	
Lisa Fields, mother of an SCL participant	Hebron KY
W Michael Hall/illegible	

Judy Arthur	
Dr. Jeffrey Lederer, father of an SCL participant	Louisville, KY
Mrs. Jeffrey Lederer, mother of an SCL participant	Louisville, KY
Deborah G./illegible last name, mother of an SCL participant	
Missy Bruns, SCL participant	Villa Hills, KY
Carole Lonneman, friend/concerned for SCL participants	Covington, KY
Fern Parlier, parent and guardian of an SCL participant	Louisville, KY
Cindy Smith	
Jeremy Padgett, SCL participant	Marion County, KY
Darren Sloan, SCL participant	Marion County, KY
Margaret Moore, SCL participant	Marion County, KY
Betty Porter, SCL participant	Marion County, KY
Dewey Lunsford, SCL participant	Marion County, KY
Lisa Mattingly, SCL participant	Marion County, KY
Karen Michelle Gnibbins, SCL participant	Marion County, KY
Terry Ewing, SCL participant	Marion County, KY
Joseph Ball, Jr., SCL participant	Marion County, KY
Tina Brown, SCL participant	Marion County, KY
Mary Beam, SCL participant	Marion County, KY
Janie Johnson, SCL participant	Marion County, KY
Martha O'Bryan, SCL participant	Marion County, KY
Calvin Taylor, SCL participant	Marion County, KY
Samantha Gail Newton, SCL participant	Marion County, KY
Latashia Jewell, SCL participant	Marion County, KY
Rita C. Brown, SCL participant	Marion County, KY
Timmy Ewing, SCL participant	Marion County, KY
Barbara Foster, SCL participant	Marion County, KY
Richard Lee Clark, SCL participant	Marion County, KY
Joanna Marie Mattingly, SCL participant	Marion County, KY
Tammy Downs, SCL participant	Marion County, KY
Michelle Moore, sister or sister-in-law of an SCL participant	
Mary Moore, sister or sister-in-law of an SCL participant	
Dana Sibling, sibling of an SCL participant	Bardstown, KY
Billy M. Osborne, president	Marion County Association for the Handicapped; Lebanon, KY
Rosalie Ballard, sister of an SCL participant and President	Nelson County Association for the Handicapped; Bardstown, KY
Mrs. Susan V. Smith, mother of an SCL participant	Florence, KY
Mr. Robert E. Smith, father of an SCL participant	Florence, KY
Lonnie E. Fields, father of an SCL participant	Hebron, KY

Lisa M. Fields, mother of an SCL participant	Hebron, KY
Charles Holland, uncle of an SCL participant	Florence, KY
Diane Holland, aunt of an SCL participant	Florence, KY
Dixie L. Riegler, aunt of an SCL participant	Burlington, KY
Sherry Hodge, aunt of an SCL participant	
Marian Carl, parent of an SCL participant	
Roland R. Blairnik, president and CEO	Goodwill Industries of Kentucky
Lisa Elstun, consumer/parent/guardian/service provider	Walton, KY
Unsigned/no name provided	
Debbie Dunn, parent/guardian of a son with intellectual developmental disabilities	Hopkinsville, KY
Chesley Dunn, Jr., parent/guardian of a son with intellectual developmental disabilities	Hopkinsville, KY
Betty S. Meacham, consumer/parent/guardian/ service provider	Hopkinsville, KY
Amanda Rupert, behavior analyst and concerned citizen	
Jean Russell, vice president of developmental services	Seven Counties Services, Inc.; Louisville, KY
Dan Simpson, chief executive officer	Communicare; Elizabethtown, KY
Joe Brothers, chairman	Communicare Board of Directors; Elizabethtown, KY
Glenn Black, board member	Communicare Board of Directors; Elizabethtown, KY
Arthur Young, board member	Communicare Board of Directors; Elizabethtown, KY
Charles J. Branch, board member	Communicare Board of Directors; Elizabethtown, KY
Chuck R. Cox/illegible name, board member	Communicare Board of Directors; Elizabethtown, KY
John. A. Elan/illegible, board member	Communicare Board of Directors; Elizabethtown, KY
P.O./illegible name, board member	Communicare Board of Directors; Elizabethtown, KY
Donna illegible last name, board member	Communicare Board of Directors; Elizabethtown, KY
Mark Grimes, board member	Communicare Board of Directors; Elizabethtown, KY
Joy Weeslmen, board member	Communicare Board of Directors; Elizabethtown, KY
Roz Hill, board member	Communicare Board of Directors; Elizabethtown, KY

Peggy Snow, board member	Communicare Board of Directors; Elizabethtown, KY
John L. Rogers, board member	Communicare Board of Directors; Elizabethtown, KY
T.L.Mabrey, board member	Communicare Board of Directors; Elizabethtown, KY
Koinu Nealey, board member	Communicare Board of Directors; Elizabethtown, KY
Lloyd E. Henderson, board member	Communicare Board of Directors; Elizabethtown, KY
Fred V. Smith, board member	Communicare Board of Directors; Elizabethtown, KY
Kelley Miller, board member	Communicare Board of Directors; Elizabethtown, KY
Eleanor Jones, mother of an SCL participant	Radcliff, KY
Dee Corkran, mother of of an SCL participant	Radlicff, KY
Jeffrey Martin, SCL participant	
Michelle Del B./illegible name, SCL participant	
Illegible name, SCL participant	
Jeffrey M./illegible, SCL participant	
Nick Ryan, SCL participant	
Illegible first name Woods, SCL participant	
Matthew, SCL participant	
Illegible name, SCL participant	
Christian R. illegible last name, SCL participant	
Michael Surguine, SCL participant	
Scott Surguine, SCL participant or loved one	
Ruth Sorguine, SCL participant or loved one	
Barbara Purnell, SCL participant	
Illegible name, SCL participant	
Carl Jones, SCL participant	
Karl Flory, SCL participant	
Robert Anson, SCL participant	
Chad Sims, SCL participant	
Willie Little, SCL participant	
Josh illegible last name, SCL participant	
Pam Tyler, SCL participant	
Melissa Reardon, SCL participant	
Lynn Rice, SCL participant	
Reggie Key, SCL participant	
Hopey Grubbs, SCL participant	
Louis illegible last name, SCL participant	
Sheila Drake, SCL participant	Hardin County, KY
Betty Nunn , SCL participant	Hardin County, KY
Lona Noblin, SCL participant	Hardin County, KY
Chuck Lockwood, SCL participant	Hardin County, KY

Kimberly Leeds, SCL participant	Hardin County, KY
Nick Anderson, SCL participant	Hardin County, KY
Peggy Downs, SCL participant	Hardin County, KY
James Mudd, SCL participant	Hardin County, KY
Ellen Eckhard , SCL participant	Hardin County, KY
Keiona Williams, SCL participant	Hardin County, KY
Thomas Linton, SCL participant	Hardin County, KY
Robert Perkins, SCL participant	Hardin County, KY
Andrea Lee, SCL participant	Hardin County, KY
Rebecca Simons , SCL participant	Hardin County, KY
David Dudgeon, SCL participant	Hardin County, KY
Bonnie Nunn, SCL participant	Hardin County, KY
Christopher Anderson, SCL participant	Hardin County, KY
Wesley Wilson, SCL participant	Hardin County, KY
Sharon Ashbaugh, SCL participant	Hardin County, KY
Ricky Orberson, SCL participant	Hardin County, KY
Tommie Quisenberry, SCL participant	Hardin County, KY
Dorothy Campbell, SCL participant	Hardin County, KY
Chasity Wise, SCL participant	Hardin County, KY
Shana Frakes, SCL participant	Hardin County, KY
Keith Fuqua, SCL participant	Hardin County, KY
Tony Fox, SCL participant	Hardin County, KY
Skylar Holt, SCL participant	Hardin County Industries
Danny Ward, SCL participant	Hardin County Industries
Lewis Burns, SCL participant	Hardin County Industries
Janice Elder, sister of an SCL participant and MSN/RN/CNOR, director of surgery	Twin Lakes Regional Medical Center
Laura Guillotte, SCL participant	Breckinridge County, KY
Monica, SCL participant	Breckinridge County, KY
Latina Woods, SCL participant	Breckinridge County, KY
Pam, employee of Communicare/friend of and concerned for SCL participants	
Christie illegible last name, SCL participant	Breckinridge County, KY
Edward Morris, SCL participant	Breckinridge County, KY
Jonathan Muncrief, SCL participant	Breckinridge County, KY
Derrick Morton, SCL participant	Breckinridge County, KY
John Logsdon, SCL participant	Breckinridge County, KY
Donnie, SCL participant	Breckinridge County, KY
Matt Aichey/Richey, SCL participant	Breckinridge County, KY
T. Wright/illegible name, SCL participant	Breckinridge County, KY
Libby Tabor, SCL participant	Breckinridge County, KY
Tonia N. Henning, VSA/advocate/taxpayer and a voice for those that no one cares to listen to	Breckinridge County, KY
Lynne Taul, Breckinridge County constituent	Breckinridge County, KY
John Taul, Breckinridge County constituent	Breckinridge County, KY

Johnny Compton, Breckinridge County constituent	Breckinridge County, KY
Stephanie Sharp, chairperson	The Commonwealth Council on Developmental Disabilities
Oyo Fummilayo, member	The Commonwealth Council on Developmental Disabilities
Cory Kessler, a concerned parent	
Maria Studavent, SCL participant	
Kathy Jo Edwards	
Shawn Carroll, executive director	New Perceptions; Florence, KY
Jerry McDonald, program director	Links of Kentucky; Somerset, KY
Johnny Callebs, executive director	Independent Opportunities; Richmond, KY
James Cheely, father of a young adult with intellectual/developmental disabilities and member of the Arc of Barren County	The Arc of Barren County; Barren County, KY, KY
Shirley Patterson, a family home provider	
Daniel Dodd, father of a daughter with disability	

(4) The following individuals from the promulgating administrative body responded to the comments received regarding 907 KAR 12:010:

Name and Title	Organization/Agency/Other Entity
Dr. Stephen Hall, commissioner	Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
Claudia Johnson, director	DBHDID, Division of Developmental and Intellectual Disabilities
Stuart Owen, Regulation Coordinator	Department for Medicaid Services

SUMMARY OF COMMENTS AND AGENCY'S RESPONSES

(1) Subject: Case Management

(a) Comment: Kelly Miller; Rebecca Stamm; Nora Bannesto; Mary McDaniel; Karen Brooks; Stephanie Gordon; Kelly Corlis; Kasey Corlis; Lena Fletcher; Tammy Dugan; Amy Henderson; Dudley Boling; Evelyn Atherton; Jackie Griffith; the guardian of Dorcas Kempf; Kathy Osborne; Michelle Moore; Michelle Riggs; Betty S. Meacham; and Melany illegible last name; Bobby Davis, an SCL participant; Clarence Davis, father of Bobby Davis; Karen Davis, mother of Bobby Davis; unsigned/no name provided; Lisa Elstun (consumer/parent/guardian/service provider); Mary B. Smith; Debbie Dunn, parent/guardian of a son with intellectual developmental disabilities; Chesley Dunn, Jr., parent/guardian of a son with intellectual developmental disabilities; Jim Turbin; Dan Simpson, chief executive officer, Communicare; Joe Brothers, chairman Communicare Board of Directors; Glenn Black, board member, Communicare Board of

Directors; Arthur Young, board member, Communicare Board of Directors; Charles J. Branch, board member, Communicare Board of Directors; Chuck R. Cox/illegible name, board member, Communicare Board of Directors; John. A. Elan/illegible, board member, Communicare Board of Directors; P.O./illegible name, board member, Communicare Board of Directors; Donna illegible last name, board member, Communicare Board of Directors; Mark Grimes, board member, Communicare Board of Directors; Joy Weeslmen, board member, Communicare Board of Directors; Roz Hill, board member, Communicare Board of Directors; Peggy Snow, board member, Communicare Board of Directors; John L. Rogers, board member, Communicare Board of Directors; T.L.Mabrey, board member, Communicare Board of Directors; Koinu Nealey, board member, Communicare Board of Directors; Lloyd E. Henderson, board member, Communicare Board of Directors; Fred V. Smith, board member, Communicare Board of Directors; Kelley Miller, board member, Communicare Board of Directors; Leslie H. Carroll, consumer/parent/guardian; the Meade County, Marion County, Grayson County, Breckinridge County, Nelson County, Washington County and Elizabethtown/Hardin County constituents listed in subsection (3) as individuals who submitted written comments on this regulation requested that independent case management be optional rather than mandatory and requested that those who have worked with SCL consumers for many years be recognized as knowing what is best for the consumers and be given a choice in services and providers. They referred to the independent case management requirement in the regulation and noted that an exemption could be granted but stated "we are unsure how this exemption will work or if it will be granted." They stated, "Our concern is the availability of the independent case manager and their involvement with the consumers and their actual knowledge of the individual. We have experienced independent case management and the outcome was not positive for the consumer, family or agency providing residential care. Being in a rural area, if this is like other service we have experienced who come into the area believing they will make money, independent case managers will have an office located here, but not be available, especially in emergencies. Our current case managers live and work in our communities and are aware of the resources individuals can partake of and know how to access those. We acknowledge independent case management may work for some consumers, but it should be an option and not mandatory. We ask this regulation be amended to include independent case management as an option and not as a mandatory regulation. We ask that individuals, family members, and providers who have worked with these consumers for many years be recognized as knowing what is best for the individuals and that they be given a choice in their services and service providers."

Diana Wall, executive director of the Marshall County Exceptional Center (MCEP); Shirley Don Haws, an MCEP board member, Tammy Dawes (MCEP), Brian S. Ray/illegible last name (MCEP), Amy You, DSP; Crystal Reid, Rita McLemore Hicks, Ramona Kaye McDonald, Kelley Heiston, DSP; no name provided; illegible name; Mike Mill, an MCEP board member; Cathy Y. West; Juainta West, community member; Jennifer York, consumer; Cathy Y. York, parent; Lynda McWaters; Karlie Stirm; Kearston Breeden; Melissa Sumner; Linda Pogue; Brad Waddell; Kim Waddell; Allen Waddell; Brian Sams; Jack Ham; Jennifer Lane; Dustin Lane; illegible name, Justin

Lamb (Benton, KY), Melanie Chambers (Benton, KY), Melissa Combs, Darlene Lynn, Brenda Edwards (Benton, KY), Donnie Lovett (Benton, KY), Claudia Phelps (Benton, KY), Cindi Taylor (Benton, KY), Franklin Sledd (Benton, KY), Vicki Schwegman (Benton, KY), Flora Darnall (Benton,KY), Wendy Baxter (Benton, KY), Lacey Johnson, illegible name, Cody Capps, Dean Dix, Tim Poe, Larry Gardner, Shawn Henderson, Robin Gardner, Lindsey Wall (B.s. Psychology and Counseling), Desiree Hermosillo, Kris Williams, Dan Duke (board member Marshall County Exception Center), Tim [illegible last name – board member –Marshall County Exception Center]; Sharon Hamlet; Janice Pollard; Joe T. West; Rose Mary Gamble; Arlie Ross; Joetta Ross; Carla Griggs; Kelley Bennett; Larry Wright, consumer; no name; and Joe. T. illegible last name, director of the Marshall County Exceptional School in Benton, KY stated, "This new regulation is vague and we are unsure how any such exemptions would work for individuals with current case management. We believe our individuals should have the right to choose case management that they are comfortable with, regardless of distance or time of service with a specific case manager. In these new regulations, the individual receiving services would follow the case manager from agency to agency if the case manager were to move, the option of remaining with an agency would be removed. While the concept is not a bad one in theory, the practicality of this is minimal. Living in rural areas fosters relationships with not only the case manager themselves, but with the agency itself as well. Several of our individuals would most likely choose to maintain case management services with an established agency as opposed to following a specific case manager from agency to agency, if such option were available. Unfortunately, the new regulations do not allow for such maintenance of services, the person would be forced to change case management agencies or follow the current case manager in such an event, this is intended to keep services 'conflict free'. Independent case management could possibly work for some individuals receiving such services, however we feel that this should be an option, not requirement."

The following expressed opposition to the case management changes; expressed that the changes would have an adverse or very harmful effect; and want individuals to have a choice regarding case management, some of whom requested the case management exceptions (no case manager within 30 minutes and a one year relationship with the case manager) be changed from "and" to "or." In addition, their comments harmonized with those stated above:

All of the individuals listed as a Meade County constituent, Marion County constituent, Grayson County constituent, Nelson County constituent; Washington County constituent, Breckinridge County constituent or Elizbaethtown/Hardin County constituent in subsection (3) which lists individuals who submitted written comments on this regulation;

Lillian Blevins, SCL participant	
Paula Provence, SCL participant	Morehead, KY
Carla Talley, mother of an SCL participant	Almo, KY
Mary Varley, SCL participant	Owensboro, KY
Ross Talley, father of an SCL participant	Almo, KY
Elora Hurt, Site Supervisor for a Comp Care Agency	

Brooke Howswell/(not legible), direct support professional DSP	
Billy M. Osborne, president	Marion County Association for the Handicapped; Lebanon, KY
Kandy Smith, mother of an SCL participant	
Amber Baker, SCL participant	
Neka Whitley, SCL participant	
Norma Treon	
Mildred Lewis, SCL participant	
Robie Carlos/(not legible) sister of an SCL participant	Hopkinsville, KY;
Randall Bohmfalk, SCL participant	Mayfield, KY
Karen Puckett	
Luke Puckett	
Gregory Spees, father of an SCL participant	Salem, KY
Robbie Spees, mother of an SCL participant	Salem, KY
Terry Ellis	Smithland, KY
Amie Lyons, RP	
Charlene Phillips, SCL participant	
Joe Bayer, SCL participant	
George Marshall/illegible, Jr., SCL particpant	
David Wheeler, SCL participant	
Kenneth, SCL participant	
Corey, SCL participant	
Illegible name, SCL participant	
Harvey Puckett	
Teresa McDowell, DSC	
Debbie Ahart, foster care provider	
Beau Holmes, SCL participant	
Mary B. Smith, sister of an SCL participant	Taylor Mill, KY
Sandy Barnes, parent of a child with disabilities and president	Cumberland River Homes,Inc., Salem, KY
Marie Burkhart, executive director	Cumberland River Homes, Inc.; Salem, KY
Dennis illegible last name, board member	MCEP
Erin Lowell	Ashland, KY
Laura Nue	Ashland, KY
Misty Patton	Coal Grove, OH
Illegible name	Ashland, KY
Reety Rumh/illegible	
Shelly Bozarth, SCL participant	Owensboro, KY
Patricia Mills, SCL participant	
Katharine A. Gum, SCL participant	
Cassidy Marie Hall, SCL participant	
Susan Moon, SCL participant	

Amelia Lee Gamble, SCL participant	
Susan Lens, GDN	
D/illegible Easterling, GDN	
Louisa Hughes, SCL participant	
Joe Tingler, SCL participant	
Elmer Mills, SCL participant	
Darrell Wayne Tipton, SCL participant	
Illegible name	Paducah, KY
Betty Powell, direct support professional	
Natasha L. Widd/illegible, direct support professional	
Shannon Nichols	Olive Hill, KY
Mark Cottrell, SCL participant	
Bell Gash, mother of an SCL participant	
Anthony Bracke, parent of an SCL participant	
Colleen Bracke, parent of an SCL participant	
Jessica Wilson, direct support professional	
Betty West, direct support professional	
Helen Bodkin, parent of an SCL participant	
Glenda Saxon, friend of/concerned for an SCL participant	
Frances Owens, friend of/concerned for an SCL participant	
Michelle Morgan, sister of an SCL participant	
Christy Tomes, parent of an SCL participant	Mayfield, KY
Joseph F. Hayden, brother of an SCL participant	Mayfield, KY
Lorine Mays, works at J.U. Kevil Center	
Cheryl Dunn, parent of an SCL participant	Dexter, KY
Rachel, SCL participant	
Dallas N. Horn, certified financial planner	Christopher Financial Group; Crestview Hills, KY
Charity Walters, SCL participant	
Chris Carman, SCL participant	
Patrick Lueken, SCL participant	Ashland, KY
Brent Lueken, SCL participant	Ashland, KY
Mary Anne Lueken, mother of an SCL participant	Ashland, KY
Patty McGlone, SCL participant	
Eric Ston, friend of an SCL participant on behalf of an SCL participant	
Jackie Arnett, SCL participant	
Heran Fugitt, SCL participant	
Jason Gillum, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Whitney Chilbres, SCL participant	
Penny Lou Oneal, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	

Tammy Endicott, direct support professional
Kathryn Nicole Cook, direct support professional
Jennifer Perry, director support professional
Jamie Hardy, direct support professional
Beverly Mills, director support professional
Mary Sherer
Edith Harris
Beth Rogers
Illegible name
Glynn Barns
Shanna Garrett, works with SCL participants
Bobbi Bradley, parent of three SCL participants and
board member Arc of Kentucky
illegible name, site supervisor of a comp care agency
Chesley Dunn, Jr., parent/guardian of an SCL participant
Debbie S. Dunn, parent/guardian of an SCL participant
Andrea Hulett
Leslie H. Carroll, consumer/parent/guardian
Jacqueline Arnett, SCL participant
Jason, SCL participant
Missy Gamble, SCL participant
Carol Repovick
Jessica Repovick
Marle Repovick
Myra Fassell
Edna James
Jerry Jones
Margo Tullos
Randall (illegible name)
Gene Tully
Karin Kent
Leo (illegible name)
Paula (illegible name)
Mary Alice Kowalkyk(illegible name)
Rose Logsdon
R. Douglas Logsdon
Diane (illegible name)
R J Witowski
Marilyn Brooks
John Brooks
Jeanette Hayes
(illegible name) Hayes
M H Lewellyn
Roberta Lewellyn
Bill Francis, loved one of an SCL participant
Liz Francis, loved one of an SCL participant

Joseph Morris, father of an SCL participant	Owensboro, KY
Gail Northern, sister of an SCL participant	Owensboro, KY
Eddie Mane	Paducah, KY
Phyllis Anderson	
Jennifer Dillworth	West Paducah, KY
Illegible name	
Lisa Hall	Benton, KY
Thomas Apple	
Chuck Smith	
Rick White	
Cory McMeus	
Illegible name	
Tim White	
D. Hold or Hall	
Lrabeola Walker	
Beverly McKinley	
Keith Petssities	
Leann Schnamke	Paducah, KY
Tammy Hunt	Ledbetter, KY
Marcie Moore, guardian of an SCL participant	West Paducah, KY
Rhonda Beach	
Illegible name	
Richard Hundley	Paducah, KY
Jennifer Francis, loved one of an SCL participant	
Brian Veach, father and legal guardian of an SCL participant	
Regina Veach, mother and legal guardian of an SCL participant	
Wander Sanders, mother of an SCL participant	
Kim Johnson, friend/loved one of an SCL participant	
Mark Riney, friend/loved one of an SCL participant	
Lori Johnson, friend/loved one of an SCL participant	
Dennis Johnson, friend/loved one of an SCL participant	
Louise Johnson, friend/loved one of an SCL participant	
Sandy Devine, friend/loved one of an SCL participant	
Robert Devine, friend/loved one of an SCL participant	
Tom Peak, friend/loved one of an SCL participant	
Jessica Gish, friend/loved one of an SCL participant	
Stephanie Henson, friend/loved one of an SCL participant	
Jennifer Calhoun, friend/loved one of an SCL participant	
Natalie Johnson, friend/loved one of an SCL participant	
Lasta Hale, friend/loved one of an SCL participant	
Sandi Reed, friend/loved one of an SCL participant	
Vanessa Reed, friend/loved one of an SCL participant	
Susan Johnson, friend/loved one of an SCL participant	
Mike Johnson, friend/loved one of an SCL participant	

Wayne Lowell, friend/loved one of an SCL participant	
Susie Newton, friend/loved one of an SCL participant	
Joe Newton, friend/loved one of an SCL participant	
Leane Riney, friend/loved one of an SCL participant	
Joshua A. Riggs, friend/loved one of an SCL participant	
Randy Johnson, friend/loved one of an SCL participant	
Lesha Lowell, friend/loved one of an SCL participant	
Illegible name, friend/loved one of an SCL participant	
John illegible last name, friend/loved one of an SCL participant	
Kenny Hisle, SCL participant	Morehead, KY
James Lewis, Jr., SCL participant	Morehead, KY
Roger Feldhaus, SCL participant	Owensboro, KY
Carolyn J. Thorpe, primary caregiver of an SCL participant	
Deborah Cunningham, mother of an SCL participant	
Mrs. Joyce Wright, respite provider	West Liberty, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Delores Pierce, mother of an SCL participant	Louisville, KY
Patricia Keys, sister of an SCL participant	Brandenburg, KY
Lloyd Allen, father of an SCL participant	Louisville, KY
Jean Allen, mother of an SCL participant	Louisville, KY
Shanolette Pierce	
W. Edward Barker	
Sheila Barrett	
Illegible name	Nicholasville, KY
Jeffrey A. Byrne, brother of an SCL participant	Louisville, KY
Scott Byrne, brother of an SCL participant	Louisville, KY
Kay Alexander, mother of an SCL participant	Marion, KY
Andrea J. Miller, mother of an SCL participant	
Steven A. Schuetz, guardian and brother of an SCL participant	Elsmere, KY
Orry Miller, SCL participant	
Annelle S. Fulmer, sister of an SCL participant	Lexington, KY
Lori Devine	Easter Seals West Kentucky, Inc., Paducah, KY
Beverly Byrum, SCL participant	Hopkinsville, KY
Bethany Perryman, MSW and case manager	Cumberland River Homes; Salem, KY
Darla Drawdy, RN/CM, healthcare coordinator	Cumberland River Homes; Salem, KY
Donna Jackson, mother of an autistic son	
Dr. Mary Reina Arlinghaus, age 95	Notre Dame Academy in Covington, KY

Carol Peak	
Jason Johnson	
Alison Johnson	
Silas C. Simon	Owensboro, KY
Veronica Simon	
Catherine Simon	Owensboro, KY
Susan Mutter	
Patty Newton	
Gail Blair	Owensboro, KY
Robert A. Blair	Owensboro, KY
Matt Simon	
Kimberly Pollard	
Steven Gush	
Doug Newton	
Katie Goldsberry	Owensboro, KY
Cheryl Gabbert	
Jeff Johnson	
Robert Blair, Jr.	
Dustin Blair	
Eddie Newton	
Jennifer Jones	
Andrew Jones	
Allan Wayne Jones	
Darrel Frederick	
Kay Frederick	
Jim Gabbert	
Amy Simon	
Jeff Simon	
Cindy Simon	
Veronica L. Jones	
Natalie Janine Bumm	
Nicholas J. Bumm, Jr.	
Nicholas J. Bumm, III	
Kevin illegible last name	
John illegible last name	
Crystal Jones	
Emma Simon	
Amanda Bumm	
Brittany Gray	
Christina Ralph	
Tierney Barr	
Erica Hoyt	
Illegible name	
Brandon Greenwell	
Kristina Greenwell	
Austin L. illegible last name	

Austin Wood	
Charles illegible last name	
Chace Ling	
Christy Ralph	
Bryon Phillips	
Illegible name	
Jason illegible last name	
Anthony Head	
Tyler illegible last name	
Britney Sampson	
Charles D. Phillips, Jr.	Owensboro, KY
Elizabeth Phillips	Owensboro, KY
Joseph Phillips	
Holly Blair	
Alex Bullangh	
Alan illegible last name	
Tammy Phierson	
Justin Luok	
Evan Phillips	
Illegible name	
Steve Simon	
Judi Simon	
Glenn Darling	
Bessie Feldpausch	
Joey Feldpausch	
Margie Barr	
Michael Peak	Owensboro, KY
Illegible name	Owensboro, KY
Illegible name	Nicholasville, KY
Kenny Thomas	Lexington, KY
Illegible name	Grayson, KY
Lisa Bradley	Ashland, KY
Jeffery Fraley	Catlettsburg, KY
Phoebe Fitzgerald	Ashland, KY
Beth Adkins	Huntington, WV
Melanie R. Queen	Ashland, KY
No name provided	
No name provided	
Illegible name	Worthington, KY
Tg. A. illegible last name	Huntington, WV
Kathy Roe	Greenup, KY
Matt illegible last name	Ashland, KY
Illegible first name A. Bradley, Jr.	Ashland, KY
Derek Sizemore	Ashland, KY
Bill illegible last name	
Stephanie Dewitt-Sizemore	Ashland, KY

Amanda S. Preston	Ashland, KY
Illegible name	Ashland, KY
Genetta McClove	Ashland, KY
Joseph D. Coleman	Ashland, KY
Beverly Coleman	Ashland, KY
Sydney Cullup	Ashland, KY
Janet Bradley	Ashland, KY
Rachel Rae Coleman	Ashland, KY
Amanda Leiber	Ashland, KY
Lainey Burgess	Ashland, KY
Amy Acord	Ashland, KY
Jeff Watters	Ashland, KY
Virginia Watters	Ashland, KY
Shannon illegible last name	Lexington, KY
Tim Huff	
Angel L. Silvey	Wheelersburg, OH
Casey Burke	Grayson, KY
Sonya Remy	Ashland, KY
Debbie Whitt	
Illegible name	Wheelersburg, OH
Misty Amytin	Grayson, KY
Illegible name	Ashland, KY
David P. illegible last name	Catlettsburg, KY
Jawana Binion	Grayson, KY
William July	
Lea Acord	Catlettsburg, KY
Myriah Weatherholt	Ashland, KY
H. M. illegible last name	Ashland, KY
Bill Bradley	Ashland, KY
Kyle illegible last name	Ashland, KY
Guy Brislin	Nicholasville, KY
Matthew Brislin	Nicholasville, KY
Becky Brislin	Covington, KY
Robyn A. Shaler	Nicholasville, KY
Ralph Brislin	Covington, KY
Jenny Meade	Flatwoods, KY
Jeff Hale	Flatwoods, KY
Cleta Thompson	Ashland, KY
Dawn Withrow	Ashland, KY
Jennifer and Joshua Roberts	Ashland, KY
Kathryn illegible last name	Ironton, OH
Shawna Dillon	Ashland, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Kevin Crisp	Grayson, KY
David Foster	Ashland, KY
Marvin Sizemore	Ashland, KY

Aaron Wallace	Grayson, KY
Jinny Adams	
Ally illegible last name	Ashland, KY
James Biggs, III	Ashland, KY
Ed Sizemore	Ashland, KY
Debbie Barnett	Catlettsburg, KY
No name	
Marshe Winemor	Ashland, KY
Michelle Tackett	Catlettsburg, KY
Lindsey illegible last name	Ashland, KY
Kimberly Owen	Ashland, KY
Michael Kaye	Ashland, KY
Alex Hamlin	Ashland, KY
Kaylin Gambill	Ashland, KY
Kelly D. Petrie	Ashland, KY
James Sterge	Catlettsburg, KY
Jason Love	Worthington, KY
Duane Hughes	Ashland, KY
Linda Greenhill	
Kimberly Hamilton	
D. O. (illegible)	
Derek O'Neal	
Amy Fainer	
Jimmy Griffith	
Amanda Rock	
Marquita Bailey	Clearfield, KY (Pathways Staff)
Lisa Kestner	West Liberty, KY (Pathways Staff)
Betty Spencer	Clearfield, KY
McKayle Johnson	Morehead, KY (Pathways Staff)
June Swartz	Salt Lick, KY (Pathways Site Supv.)
Dorthy Craft	Clearfield, KY
Bertis Craft	Clearfield, KY
Hallie Griffith	Morehead, KY
Laura Stewart, BA/CM	Aspen Community Living; Florence, KY

Lavanna Taylor, Samantha Wolfe, Bryan Dudding, John Willis (friend of SCL participant) and DeeDee Willis (friend of SCL participants) expressed similar comments or comments in harmony with those stated above and stated, "There is no evidence that 'conflict free' case managers provide better services than internal case managers . . . . many who receive waiver services would tell you that they believe the opposite is true. They have internal case managers who understand the workings of their agencies and advocate within those frameworks to ensure they receive the best possible supports."

Gary Logsdon, Grayson County Judge/Executive, stated "the changes proposed by BHDID would put a hardship on families and regulation changes mentioned." He also requested that the conflict free case management requirement "be amended because

we feel it should be an option and not mandatory."

(b) Response: Conflict free case management allows citizens of Kentucky to choose from the full array of new waiver services. The conflict free case managers' role is to serve as an advocate to safeguard the person's choices among many potential providers paid by state and federal funds. In the 1915 (c) application version 3.5 Jnuary 2008, CMS states "When an entity that is permitted to provide other waiver services is responsible for service plan development, the described safeguards assure that the service providers' influence on the planning process (exercising free choice of providers, controlling the content of the plan, including assessment of risk, services, frequency and duration, and informing the participant of their rights) is fully disclosed to the participant and procedures are in place to mitigate that influence." CMS approved the waiver that requires conflict free case management. CMS also approved exceptions to this requirement for those who meet the following criteria: There is a lack of qualified case managers within 30 miles of the participant's residence or there is a relationship of at least one year between the participant and the participant's case manager. A conflict free case manager system assists individuals and their family members to make informed choices about their services and supports without the conflict of interest that exists when the case manager is employed by the same agency that is receiving money to provide those services to that person. An SCL case manager is tasked with assessing the individual's needs, assisting with developing a care plan for meeting his/her needs in the community and then providing ongoing oversight to ensure that the supports are provided. These case management services must be provided by an approved Medicaid provider. The medical and non-medical direct care services must also be provided by approved Medicaid providers. Under provisions of the Affordable Care Act, federal SCL guidelines now require that recipients receive conflict free case management services. Those guidelines prohibit case management agencies from providing other services to waiver recipients. To comply with the new federal standard, Kentucky developed a conflict free Waiver provision that states, "Case management shall not include direct services. Agencies providing case management services to a person may not also provide other Waiver services to that same person. This prohibition applies to subsidiaries, partnerships, not-for-profits or other business entities that are under the control of the same umbrella agency." Kentucky Application for a §1915(c) Home and Community-Based Services Waiver; Appendix C, C-1/C-3 page 26. The exemption to this requirement for conflict free case management is included in the proposed regulation section 4 (3) and the form to be submitted to BHDDID for consideration is included in the policy manual incorporated by reference.

DMS is revising the language in an "amended after comments" regulation to read as follows:

"a. Provides evidence that there is a lack of a qualified case manager within thirty (30) **miles[~~minutes~~]** of the participant's residence; **or[~~and~~]**
b. There is a relationship of at least one (1) year between the participant and the participant's case manager."

Additionally, there is an error in the regulation and policy manual that has been corrected to read thirty miles, not minutes.

Requests for such exemptions to the requirement for conflict free case management will be submitted to the Department using the MAP 4102 Freedom of Choice form in the SCL provider manual incorporated by reference to 907 KAR 12:010.

(c) Comment: Martin Amis, Tracey Amis, Jonathan Crittendon, Samantha Crittendon, Renee Johns, Jackie Cronon, David K. Zito, James Matheny, Gwen O'Brien, W.G. O'Brien, Annette Pillow, Charles Cronon, Kristi Cronon commented regarding Section 4(4)(a) language and stated, "Please change section A. to read or instead of and. Also please change Section B to read case manager agency instead of case manager.

2. The participant's case manager provides documentation DBHDID, accordance with Supports for Community Living Policy Manual, that:
a. Provides evidence that there is a lack of a qualified case manager within 30 minutes of the participant's residence **OR**
b. There is a relationship of at least one year between the participant and the participant's case manager **AGENCY.**"

Sandy Barnes, parent of a child with disabilities and president of Cumberland River Homes, Inc. and Marie Burkart, executive director of Cumberland River Homes, Inc., offered comments which echoed the above listed suggested changes.

Jeffrey A. Bryne and Scott Bryne, brothers of an individual receiving SCL services; Kay Alexander, mother of an individual receiving SCL services; Lori Devine; Delores Pierce, mother of an individual receiving SCL services; Patricia Keys, sister of an individual receiving SCL services; Lloyd Allen, father of an individual receiving SCL services; Jean Allen, mother of an individual receiving SCL services; Lisa Delany, Aaron Record and Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., also requested that "and" be changed to "or" as stated above. Delores Pierce and Patricia Keys also requested that "the new waiver include language that provides one an exemption for not only the person in conflict free case management but the provider as well."

William S. Dolan, staff attorney supervisor at P & A, stated, "Sub-section (4)(b) 2. a. allows an exemption to the conflict free requirement when there is a lack of qualified case managers within a thirty minutes of the participant's residence and there is a relationship of at least one year. While we generally welcome conflict free case management, the 'and' should be changed to an 'or.' Some recipients and their current case managers live less than 30 minutes apart and have known one another for years. Also, Section 6.1 of the SCL Manual indicates it should be either one or the other, not both—'if one of the following criteria is met.'

Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated the following:

“Exception Process: KAPP appreciates that a mechanism for exceptions to the conflict-free case management model was incorporated into the waiver draft, but there are still concerns. The prior draft allowed a possible exception for a 1 year relationship between participant and case manager OR lack of conflict-free case manageerse in their geographic area. The official draft stipulates the exemption to be requested under the following circumstances:

a. Provides evidence that there is a lack of a qualified case manager within thirty (30) minutes of the participant’s residence; **and** b. There is a relationship of at least one (1) year between the participant and the participant’s case manager. This obviously makes the exemption much more difficult to get approved, as many case management providers are offering services in all areas of the state.”

(d) Response: DMS is revising the language in an “amended after comments” regulation to read as follows:

“a. Provides evidence that there is a lack of a qualified case manager within thirty (30) **miles[~~minutes~~]** of the participant’s residence; **or[~~and~~]**
b. There is a relationship of at least one (1) year between the participant and the participant’s case manager.”

Additionally, there is an error in the regulation and policy manual that has been corrected to read thirty miles, not minutes.

Changing case manager to case management agency will not ensure conflict of interest is ameliorated.

(e) Comment: Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., stated, “**Case Management** – In Section 1, on page 7, item (18), the term “conflict-free” is introduced for definition. The words “conflict free” are presented here as if they are a noun and not an adjective, when in reality they are used to modify and describe the work of a case manager under these regulations. It would be more accurate to title this item “Conflict free case management” so that it is clear that the intent is of the item is to describe case management under these regulations, and not to offer a thorough understanding of what the term “conflict free” could mean. If the intent of this item is indeed to define the concept of “conflict free,” then it fails to do so. **Question: Will the Cabinet clarify that definition?**”

(f) Response: The following definition of “conflict free” has been added to the regulation:
~~“(18)~~] “Conflict free” means a scenario in which an agency, also including any subsidiary, partnership, not-for-profit, or other business entity under control of the agency, providing case management to an individual does not also provide another waiver service to the individual.
(18)[~~participant’s case manager does not work for an agency which is responsible for~~

~~providing services that are not-case management services to the participant.~~"

(g) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "The proposed regulations, taken as a whole, strongly support the notion of participant directed services based on their informed choice. However, the restrictions that this item places on case manager selection appear to be in conflict with this philosophy. Instead, it limits freedom of choice for the individual and reflects an attitude or belief that a professional case manager is unable to grasp the concept of "conflict-of-interest" and that the state must therefore restrict a case manager's ability to work with participants to make judgments based on participant understanding and choice.

It is generally accepted and expected practice of professionals in all fields that they have an awareness and understanding of potential conflicts-of-interest in their work and of their professional obligation to be transparent and divulge any potential conflicts they might have to their clients. In this way, the service recipient may make an informed choice as to how they wish to proceed. The assumption in this proposed regulation, i.e. that a case manager who works for an agency that also provides other SCL services is unable to practice in such a professional manner, is insulting to the case management profession, just as it would be if applied to any other health or human service professionals. For example, can you imagine the uproar if our state government was to say that a doctor who works at a community hospital cannot refer a person to that hospital for an appendectomy, if an attorney working in a firm has a client who needs a will and the attorney cannot refer them to an estate planning specialist within her firm, or if a licensed minister of a church could not let a couple in his congregation wishing to get married to be united within the church? Besides reflecting an unjustified paranoia on the part of the state, the regulation also, in spite of some limited exceptions, denies to the participant the services of the potentially best case manager available to them, considering their desires and needs. **Question: Will the Cabinet be further modifying the language regarding case manager selection to assure that a participant truly has freedom of choice of their case manager based on their personal preferences and desires?**"

(h) Response: participants will have the option to remain with their current case manager if they have had a one year relationship with that case manager. If that case manager leaves the agency the participant will have the choice of any other agency that provides case management.

(i) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "A final point I would like to make on this particular issue is that the interpretation that an agency cannot provide both case management as well as other services <u>without</u> any evidence or finding that they have failed to act professionally in the past, might also be considered a "restraint of trade." **Question: Has the issue of denying a provider the opportunity to continue to provide a service for which it is qualified, and for which it has never been found deficient, been explored by CHFS legal counsel to assure that it does not potentially violate any laws or**

rights?"

(j) Response: Cabinet for Health and Family Services legal counsel has considered the matter and does not view the policy as violating any law or right.

(k) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "I would suggest that the most obvious way for the state to address any concerns in the case management area is through the process of educating, credentialing and monitoring case manager performance, supporting the continued creation of a legion of professional practitioners that are expected to operate similar to those in the nursing, medical, psychology, social work, etc. professions. Other states have created regulations that deal with this concern, such as requiring case managers to be supervised separately, or even to be in an organizationally separate unit of an agency that provides both services. Such an approach would seem far more reasonable. **Question: What is CHFS's plan for monitoring case manager performance and for providing consumer access to such evaluation?**"

(l) Response: The conflict free case managers will use the Kentucky Focus Tool (KFT). The KFT is used by case managers to rate the overall health, safety, and welfare of an individual in SCL and the person's satisfaction with services. The KFT evaluates the key indicators of what is important to and important for the person. The results of this monitoring tool will be used by the department, along with quality indicators for each service, including case management. The quality indicator ratings for each service a person receives will be made available to the person.

(m) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "While KAPP acknowledges the conflict free case management model requirement in the new waiver, the need to insure freedom of choice, including maintenance of existing established relationships with a case manager, is greater than ever.

KAPP maintains that the choice of the case manager, while the agency and the outside agency has always been a choice, the decision to require conflict free case management actually limits choice.

There's an area about exception, which we've been working on with the Commissioner and his staff that we believe the exception now does allow for either an exception, if there is not a case management within thirty miles or there's been a significant relationship established between the case manager and the individual."

Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome stated, "Families want and need a relationship with their case manager and need stability. As a parent, my son receives services from the case management agency I think can very best meet his needs. This happens to be an agency that provides other supports for my son.

The real focus needs to be upon the case management provider as opposed to the case manager. I believe there are two primary reasons for this (1) case managers could make demands of case management providers; essentially, “raise my salary, smaller caseload . . . or I’m leaving and you’ll lose my caseload” and (2) case managers may want to pursue other opportunities within their organization and the current language most likely will greatly restrict their ability to accept other jobs within their organization.

Request: It is recommended subsection (4)(a) be amended to indicate that if either of the two conditions identified in subsection (4)(a)2. are met the participant is automatically granted an exemption and will be permitted to maintain their current case management relationship. This can be accomplished by changing the ‘and’ at the end of subsection (4)(a)2.a. to an ‘or’. A second change to this subsection involves changing the relationship from the case manager to the case management provider. It should noted this change results in this subsection being consistent with language in subsection (4)(a) and subsection (l) both of which reference the case management provider and not the case manager. Therefore, subsection (4)(a)2. should be amended to the following:

a. a. Provides evidence that there is a lack of a qualified case manager within thirty (30) minutes of the participants residence; ~~and~~ or
b. There is a relationship of at least one (1) year between the participant and the participant’s ~~case manager~~ case management provider .

subsection (4)(a) and subsection (l) both of which reference the case management provider and not the case manager. Therefore, subsection (4)(a)2. should be amended to the following:

c. a. Provides evidence that there is a lack of a qualified case manager within thirty (30) minutes of the participants residence; ~~and~~ or
d. There is a relationship of at least one (1) year between the participant and the participant’s ~~case manager~~ case management provider.”

(n) Response: That is correct, regulation does allow for either, an exception if there is not a case management within thirty miles or there's been a significant relationship established between the case manager and the individual.” Conflict free case management allows citizens of Kentucky to choose from the full array of new waiver services. The conflict free case managers’ role is to serve as an advocate to safeguard the person’s choices among many potential providers paid by state and federal funds. In the 1915 (c) application version 3.5 January 2008, CMS states “When an entity that is permitted to provide other waiver services is responsible for service plan development, the described safeguards assure that the service providers’ influence on the planning process (exercising free choice of providers, controlling the content of the plan, including assessment of risk, services, frequency and duration, and informing the participant of their rights) is fully disclosed to the participant and procedures are in place to mitigate that influence.” CMS approved the waiver that requires conflict free case management. CMS also approved exceptions to this requirement for those who meet

the following criteria: There is a lack of qualified case managers within 30 miles of the participant's residence or there is a relationship of at least one year between the participant and the participant's case manager. A conflict free case manager system assists individuals and their family members to make informed choices about their services and supports without the conflict of interest that exists when the case manager is employed by the same agency that is receiving money to provide those services to that person. An SCL case manager is tasked with assessing the individual's needs, assisting with developing a care plan for meeting his/her needs in the community and then providing ongoing oversight to ensure that the supports are provided. These case management services must be provided by an approved Medicaid provider. The medical and non-medical direct care services must also be provided by approved Medicaid providers. Under provisions of the Affordable Care Act, federal SCL guidelines now require that recipients receive conflict free case management services. Those guidelines prohibit case management agencies from providing other services to waiver recipients. To comply with the new federal standard, Kentucky developed a conflict free Waiver provision that states, "Case management shall not include direct services. Agencies providing case management services to a person may not also provide other Waiver services to that same person. This prohibition applies to subsidiaries, partnerships, not-for-profits or other business entities that are under the control of the same umbrella agency." Kentucky Application for a §1915(c) Home and Community-Based Services Waiver; Appendix C, C-1/C-3 page 26.
The exemption to this requirement for conflict free case management is included in the proposed regulation section 4 (3) and the form to be submitted to BHDDID for consideration is included in the policy manual incorporated by reference.

DMS is revising the language in an "amended after comments" regulation to read as follows:

"a. Provides evidence that there is a lack of a qualified case manager within thirty (30) **miles[~~minutes~~]** of the participant's residence; **or[~~and~~]**
b. There is a relationship of at least one (1) year between the participant and the participant's case manager."

Additionally, there is an error in the regulation and policy manual that has been corrected to read thirty miles, not minutes.

Requests for such exemptions to the requirement for conflict free case management will be submitted to the Department using the MAP 4102 Freedom of Choice form in the SCL provider manual incorporated by reference to 907 KAR 12:010.

(o) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Conflict-free Case Management – is certainly welcomed and applauded. Suggest though consideration to those individuals who have built long term relationships with employees. There is some concern regarding the Exemptions – specifically the qualified case manager located within 30 minutes of participant's residence. Many participants live in a rural area of the Commonwealth and this rule would certainly exempt them for

reasons beyond their control. The use of technology and other means of communication should be considered when determining accessibility and management of cases.

Also, there is concern about the level of advocacy and being able to exercise free choice when only accountability for provider is to document and demonstrate. (Section 4, 2 (4)(a) 1.2.) Broad use of Department when determining exemption leaves open door for possible misuse of power. A concern would be broad use of term without accountability."

(p) Response: participants will have the option to remain with their current case manager if they have had a one year relationship with that case manager. If that case manager leaves the agency the participant will have the choice of any other agency that provides case management. Case managers will use the Kentucky Focus Tool (KFT). The KFT is used by case managers to rate the overall health, safety, and welfare of an individual in SCL and the person's satisfaction with services. The KFT evaluates the key indicators of what is important to and important for the person. The results of this monitoring tool will be used by the department, along with quality indicators for each service, including case management. The quality indicator ratings for each service a person receives will be made available to the person. These tools will be used to by the Department to monitor the level of advocacy by case management providers.

(q) Comment: Steve and Melanie Tyner-Wilson expressed support for the independent case management requirement and expressed that the requirement will help ensure that individuals with disabilities will receive services from the providers who can best meet their needs and they indicated a concern of making sure that new agencies would be truly independent.

Stephanie Sharp, chair person of the Commonwealth Council on Developmental Disabilities, stated the following on behalf of the Council:

"Conflict and the case management. We believe that case management will help insure that individuals with disabilities receive services from providers who can best meet their needs. Common sense, once again, dictates that it can be very difficult for an employee to make an independent evaluation of services provided by their own employer, compared to the services provided by another employers. Taking this potential conflict of interest out of the mix helps insure that case manager's only focus is on connecting each client with the providers and services that can best serve that client.

We do think exceptions to conflict for the case management are perfect and important. We appreciate the Department's creation of these exceptions in response to the concerns of families who have long term relationships with their case managers or who live in areas that face a lack of providers."

(r) Response: Thank you

(s) Comment: Steve Shannon, executive director of The Kentucky Association of

Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated (and Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., supported Mr. Shanon's comments), "We believe conflict-free or independent case management is currently available in the SCL waiver and the additional language included in 907 KAR 12:010 making it a requirement without an exemption is more restrictive of individual choice and does not does guarantee the service and support system will be more person centered. Therefore, we are recommending some changes to Section 4 subsection (3), the case management section of the proposed 907 KAR 12:010.

1. It is recommended item (3) (c) be amended to meeting the exemption criteria as opposed to the department granting the exemption. The rationale for this change is when the participant's desires to keep the same case management agency and either condition is met it becomes unnecessary to have the department grant the exemption, it should happen automatically.

Therefore, this subsection is proposed to be amended to the following:

e. (c) Be conflict free unless the exemption criteria outlined in subsection (4)(b) are met.

2. It is recommended subsection (4)(a) be amended to indicate that if either of the two conditions identified in subsection (4)(a)2. are met, the participant is automatically granted an exemption and will be permitted to maintain their current case management relationship. This can be accomplished by changing the 'and' at the end of subsection (4)(a)2.a. to an 'or'. A second change to this subsection involves changing the relationship from the case manager to the case management provider. It should noted this change results in this subsection being consistent with language in subsection (4)(a) and subsection (l) both of which reference the case management provider and not the case manager.

   This change empowers each SCL participant who is well satisfied with their respective case management agency to decide to maintain a relationship with their case management agency. While we acknowledge case management agency alternatives within 30 minutes of a participant's residence may be an indicator of choice, it does not automatically mean greater choice is better choice. Participants who currently have an integrated case management and service delivery model should not be forced to change their current plan of care and array of services.

   The two conditions are still necessary since the first condition (30 minutes from the participant's residence) ensures individuals enrolled within the last 12 months and future SCL participants can access case management and the array of SCL services. The second condition (12 month history) is necessary to ensure SCL participants with more than 12 month of SCL services and supports do not have their respective case management and SCL services relationships disrupted.

   In addition, the proposed change from case manager to case management agency is beneficial to the participant, the case manager and the agency. The participant

benefits because the real long term stable relationship which ensures continued quality supports and services is primarily associated with the case management agency and not the case manager. The case manager benefits from this proposed change since the individual case manager will be permitted to pursue other opportunities and career advancement within their agency without the agency being concerned with having to transition the participants supported by the respective case manager to another case management agency. Finally, the case management agency benefits from this proposed language since it maintains accountability for services and supports and can implement innovative changes without fear of having to transition participants to other case management agencies. The outcome of the proposed language is individual participants will not be forced to change case management agencies against their expressed service and support preferences.

Therefore, subsection (4)(a)2. is proposed to be amended to the following:

a. Provides evidence that there is a lack of a qualified case manager within thirty (30) minutes of the participants residence; ~~and~~ or

b. There is a relationship of at least one (1) year between the participant and the participant's ~~case manager~~ case management provider."

Mr. Shannon also offered the following comments:
"I have spoken against conflict free case management for most of the last five or six years. I have repeatedly asked for the evidence that this better outcomes for people. CMS has set it's requirement as one program's incentive in enhanced manage rate, if you do it that way. This is not that case. But, conflict free case management is a concern, 'cause it's forcing individuals to make a decision between their case management entity and their service entity. And, I think that's--is going to be hard for individuals and could disrupt their service package that they're getting. Therefore, what can we do about that? You know, we want to offer an alternative. There two conditions for an exemption, thirty minutes or less and a one year experience with case managers. Pretty simple solution. Changing and to an or so there's two conditions independent of each other, not having to meet both. If you must meet both conditions, essentially either one can trump the process. So, you make it an or, so there's thirty minutes or a one year relationship with the case manager. And, then you change it to the organization. If you talk to family members, if you talk to individuals served, they like their case manager is an important piece, but they're really linked to that organization, that's who they want to hold accountable, the organization. So, you make that language the organization. So, there's two conditions, it's an or, not an and. And, you change it from the case manager to the organization. Benefits the person and links the organization. It also benefits the case manager. Met with a group of case managers a couple weeks ago. All relatively young, eager folks. They are fearful their career is charted for them. They must be a case manager for the rest of their career or the organization will loose access to those services they support, therefore it's a real concern. So, you're locked in under case manager. I think that's a problem. Make it an or for those two--sorry, an or, not an and. And, you make it the organization, not the case manager. Also organization doesn't perform well, staff doesn't perform well, the organization's on moratorium, not the case manager. Staff is never put on moratorium, so it goes back to the

organization, when there's a problem. So, clearly that's one piece, the conflict free case management."

(t) Response: Conflict free case management allows citizens of Kentucky to choose from the full array of new waiver services. The conflict free case managers' role is to serve as an advocate to safeguard the person's choices among many potential providers paid by state and federal funds. In the 1915 (c) application version 3.5 January 2008, CMS states "When an entity that is permitted to provide other waiver services is responsible for service plan development, the described safeguards assure that the service providers' influence on the planning process (exercising free choice of providers, controlling the content of the plan, including assessment of risk, services, frequency and duration, and informing the participant of their rights) is fully disclosed to the participant and procedures are in place to mitigate that influence." CMS approved the waiver that requires conflict free case management. CMS also approved exceptions to this requirement for those who meet the following criteria: There is a lack of qualified case managers within 30 miles of the participant's residence or there is a relationship of at least one year between the participant and the participant's case manager. A conflict free case manager system assists individuals and their family members to make informed choices about their services and supports without the conflict of interest that exists when the case manager is employed by the same agency that is receiving money to provide those services to that person. An SCL case manager is tasked with assessing the individual's needs, assisting with developing a care plan for meeting his/her needs in the community and then providing ongoing oversight to ensure that the supports are provided. These case management services must be provided by an approved Medicaid provider. The medical and non-medical direct care services must also be provided by approved Medicaid providers. Under provisions of the Affordable Care Act, federal SCL guidelines now require that recipients receive conflict free case management services. Those guidelines prohibit case management agencies from providing other services to waiver recipients. To comply with the new federal standard, Kentucky developed a conflict free Waiver provision that states, "Case management shall not include direct services. Agencies providing case management services to a person may not also provide other Waiver services to that same person. This prohibition applies to subsidiaries, partnerships, not-for-profits or other business entities that are under the control of the same umbrella agency." Kentucky Application for a §1915(c) Home and Community-Based Services Waiver; Appendix C, C-1/C-3 page 26. The exemption to this requirement for conflict free case management is included in the proposed regulation section 4 (3) and the form to be submitted to BHDDID for consideration is included in the policy manual incorporated by reference.
DMS is revising the language in an "amended after comments" regulation. The revision reads as follows:

"a. Provides evidence that there is a lack of a qualified case manager within thirty (30) **miles[~~minutes~~]** of the participant's residence; **or[~~and~~]**
b. There is a relationship of at least one (1) year between the participant and the participant's case manager."

Additionally, there is an error in the regulation and policy manual that is being corrected in an “amended after comments” regulation to read thirty miles rather than thirty minutes.

Requests for such exemptions to the requirement for conflict free case management will be submitted to the Department using the MAP 4102 Freedom of Choice form in the SCL provider manual incorporated by reference to 907 KAR 12:010.

(u) Comment: Steve Shannon, executive director of The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated (and Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., supported Mr. Shanon’s comments),, “Subsections (h) 3. details the case manager’s responsibility and duties when assisting a participant who has selected the participant directed services option of the SCL program. It appears the duties of the case manager may impact the participant’s ability to direct services. The participant and their representative should recruit and manage employees, determine what modules are appropriate and submit the required documentation to the agency providing financial management services.

It appears the case manager is given the authority in the regulation to require immediate remediation of identified deficiencies however it is unclear what specific actions a case manager may take in participant directed services and from whom can the case manager demand action. We concur that the health, safety and welfare of all SCL participants is paramount but we are concerned the language included in subsection (h)4. holds the case manager accountable but does not provide any concrete action items for the case manager to implement.

Therefore, it is recommended this subsection be amended to reflect that participants who are electing participant directed services are directing their respective services and supports in conjunction with a community guide and representative when appropriate. The case management agency should be accountable for case management functions but should not be accountable for duties which are the purview of the participant in conjunction with the community guide and representative.”

Steve Stratford, an SCL provider with REACH, stated, “. . . the regulations provide case manager the ‘authority to require immediate remediation of identified deficiencies . . . ‘ without there being a clear establishment of standards or appeal, should this not be the states responsibility. There is also no recourse for service providers if a case manager fails to complete their task as outlined in this regulation, especially with an MOU having limited legal authority.”

(v) Response: It means that in situations where imminent risk to the health, safety, and welfare of a participant is observed the case manager may compel the agency to take immediate steps to address the risk. Implicit in this action is immediate notification of BHDDID staff and appropriate regulatory action. The conflict free case managers will

use the Kentucky Focus Tool (KFT). The KFT is used by case managers to rate the overall health, safety, and welfare of an individual in SCL and the person's satisfaction with services. The KFT evaluates the key indicators of what is important to and important for the person. The results of this monitoring tool will be used by the department, along with quality indicators for each service, including case management. The quality indicator ratings for each service a person receives will be made available to the person. Recourse for the service provider is to make a complaint to the Department for follow up.

(w) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, "We understand that many providers were upset with the rules regarding conflict-free-case management. This proposed change to conflict-free-case management is a very good proposal. This will help make sure that the case managers are serving the real needs of the individual and not feeling beholden to serve the needs of some home health agency for whom they are working. Hopefully this will help individuals to get better services based on their true needs."

(x) Response: Thank you.

(y) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, "Conflict free case management on the surface sounds wonderful; however, it poses its own problems. The biggest issue concerning this approach is the constraints it places on freedom of choice. As the regulations are currently written an individual with a long term relationship with both a direct care provider and a case manager would have to choose one or the other. 1 would think Medicaid would want to highly support freedom of choice in all regards. Again the problem has not been presented as real with any concrete proof, yet Medicaid wants to impose its determination over the free will of individuals and/or their guardians."

Mr. Laurino also stated, "My name is Tom Lorino and I'm the program director of a small SCL agency in Paducah, Kentucky called Choices Unlimited. We do participate in the SCL and Michelle P waiver program. I'm here today because we have a lot of cheering about the new regulations. I mean, I think it's really wonderful that they finally have produced them. And, I do think they've done a seriously excellent job in many areas. I'm not here to criticize everything about the regulations. But, unfortunately, there are a few areas that I do think they need to, at least, reexamine or, at least, you know, reconsider. I know it's difficult sometimes to be in an office and viewing what, you know, you have to do as far as, you know, these regulations and not be on the front lines and not actually know how these things are going to actually work in the real world. We know how they're going to work in the real world and some of them, I don't think, are going to work all that well. For starters, I want to read something from a document that every individual or their guardian that has to be in the SCL program has to sign. I'm sure many of you are familiar with what's called the MAP 350. On the second page of that under Item No. 3 they list what's called the freedom of choice provider and I'll read this very briefly. I apologize for those of you who know what it says. It says, I understand that the waiver--that under the waiver programs I may request services from

any Medicaid provider qualified to provide service and that a listing of currently enrolled Medicaid providers may be attained from Medicaid Services. What it doesn't say is, unless Medicaid decides that I--that they can choose better than I can. And, what I'm really referring to is the freedom of choice of picking your own case management agency. I'm kind of at a toss up. I respect the fact that they change the reg from--initially they changed it to allow those individuals that have had a relationship with somebody for years or over a year and that they are allowed to, you know, continue to have case management as long as--and other services as long as it's their choice. But, isn't that telling the other people that they don't have freedom of choice anymore? I mean, we're in this program telling people that they have freedom of choice. We're acknowledging it, we're supporting it and then turning around and saying, but guess what, you don't, if this is their true freedom of choice. Now, I understand the nature of conflict--conflict free case management, it's a wonderful concept. And, under ideal settings it will probably work very well. But, I also know what's happening. What we have done is we've created a new market. We've created a new need for independent case management agencies and they're cropping up all over the place, because they see what's coming down the pike. And, what are they going to do? They're going to take the individuals and they're--oh--I mean, they're not going to do what the other agencies used to do and kind of favor certain services for certain agencies, they're not going to say, well, I know Sally down at that agency and they do a good job, so that's where I'm going to send these people. Instead they're going to give them complete freedom of choice. I don't think so. I think the same abuses that are going to happen--that are happening will probably continue to happen. What needs to be done is better monitoring of the agencies that are doing case management. And, make sure that these individuals have a choice. And, I'll give you the prime example. There are a lot of agencies that have individuals that have state guardianship. Those state guardians know what agencies are out there, 'cause they visit them all. They know where their people can go, but yet, they still choose to keep them in the same agency where they're doing the case management. So, something's not right with the picture. But, anyway, I think the main point of this is that if you're going to tell them they have freedom of choice, you need to give it to them, not just a select few, but everybody."

Mr. Laurino offered the following recommendation:
"Recommendation: Eliminate the Conflict Free Case Management provision or at the very least allow those individuals who want the choice to avoid it, the right to do so in all cases including individuals without long term relationships if they so choose."

(z) Response: Conflict free case management allows citizens of Kentucky to choose from the full array of new waiver services. The conflict free case managers' role is to serve as an advocate to safeguard the person's choices among many potential providers paid by state and federal funds. In the 1915 (c) application version 3.5 January 2008, CMS states "When an entity that is permitted to provide other waiver services is responsible for service plan development, the described safeguards assure that the service providers' influence on the planning process (exercising free choice of providers, controlling the content of the plan, including assessment of risk, services, frequency and duration, and informing the participant of their rights) is fully disclosed to

the participant and procedures are in place to mitigate that influence." CMS approved the waiver that requires conflict free case management. CMS also approved exceptions to this requirement for those who meet the following criteria: There is a lack of qualified case managers within 30 miles of the participant's residence or there is a relationship of at least one year between the participant and the participant's case manager. A conflict free case manager system assists individuals and their family members to make informed choices about their services and supports without the conflict of interest that exists when the case manager is employed by the same agency that is receiving money to provide those services to that person. An SCL case manager is tasked with assessing the individual's needs, assisting with developing a care plan for meeting his/her needs in the community and then providing ongoing oversight to ensure that the supports are provided. These case management services must be provided by an approved Medicaid provider. The medical and non-medical direct care services must also be provided by approved Medicaid providers. Under provisions of the Affordable Care Act, federal SCL guidelines now require that recipients receive conflict free case management services. Those guidelines prohibit case management agencies from providing other services to waiver recipients. To comply with the new federal standard, Kentucky developed a conflict free Waiver provision that states, "Case management shall not include direct services. Agencies providing case management services to a person may not also provide other Waiver services to that same person. This prohibition applies to subsidiaries, partnerships, not-for-profits or other business entities that are under the control of the same umbrella agency." Kentucky Application for a §1915(c) Home and Community-Based Services Waiver; Appendix C, C-1/C-3 page 26. The exemption to this requirement for conflict free case management is included in the proposed regulation section 4 (3) and the form to be submitted to DDID for consideration is included in the policy manual incorporated by reference.

DMS is revising the language in an "amended after comments" regulation to read as follows:

"a. Provides evidence that there is a lack of a qualified case manager within thirty (30) **miles[~~minutes~~]** of the participant's residence; **or[~~and~~]**
b. There is a relationship of at least one (1) year between the participant and the participant's case manager."

Additionally, there is an error in the regulation and policy manual that has been corrected to read thirty miles, not minutes.

Requests for such exemptions to the requirement for conflict free case management will be submitted to the Department using the MAP 4102 Freedom of Choice form in the SCL provider manual incorporated by reference to 907 KAR 12:010.

(aa) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "SCS commends the efforts of the Division in their efforts to promote assurances of the avoidance of conflict in their supports. SCS would like to request clarification from the state how they will prevent providers from

‘coordinating agreements’ with independent case managers to avoid the restriction of providing other services to a specific consumer.”

(bb) Response: The person centered process that a person’s team follows should reflect the opportunities a person has when selecting service providers. Through the use of the Supports Intensity Scale assessment which identifies the level of support a person needs to achieve their goals in life, the HRST and the KY Focus Tool, the team and the person should have clear direction about how satisfied the person is with their services, and whether or not they meet the health, safety, and welfare needs of the person. BHDDID quality administrators will continue to monitor service provision, providing technical assistance about the quality of those services to the providers. BHDDID is also developing quality indicator tools that will be used by providers and BHDDID to assess and measure the effectiveness of the services provided.

(2) Subject: Adult Day Training

(a) Comment: Kelly Miller; Rebecca Stamm; Nora Bannesto; Mary McDaniel; Karen Brooks; Stephanie Gordon; Kelly Corlis; Kasey Corlis; Lena Fletcher; Tammy Dugan; Amy Henderson; Dudley Boling; Evelyn Atherton; Jackie Griffith; the guardian of Dorcas Kempf; Kathy Osborne; Michelle Moore; Michelle Riggs; Betty S. Meacham; Melany illegible last name; Bobby Davis, an SCL participant; Clarence Davis, father of Bobby Davis; Karen Davis, mother of Bobby Davis; unsigned/no name provided/; Lisa Elstun (consumer/parent/guardian/service provider); Debbie Dunn, parent/guardian of a son with intellectual developmental disabilities; Chesley Dunn, Jr., parent/guardian of a son with intellectual developmental disabilities; Mary B. Smith, sister of an SCL participant; Leslie H. Carroll (consumer/parent/guardian); Dan Simpson, chief executive officer, Communicare; Joe Brothers, chairman Communicare Board of Directors; Glenn Black, board member, Communicare Board of Directors; Arthur Young, board member, Communicare Board of Directors; Charles J. Branch, board member, Communicare Board of Directors; Chuck R. Cox/illegible name, board member, Communicare Board of Directors; John. A. Elan/illegible, board member, Communicare Board of Directors; P.O./illegible name, board member, Communicare Board of Directors; Donna illegible last name, board member, Communicare Board of Directors; Mark Grimes, board member, Communicare Board of Directors; Joy Weeslmen, board member, Communicare Board of Directors; Roz Hill, board member, Communicare Board of Directors; Peggy Snow, board member, Communicare Board of Directors; John L. Rogers, board member, Communicare Board of Directors; T.L.Mabrey, board member, Communicare Board of Directors; Koinu Nealey, board member, Communicare Board of Directors; Lloyd E. Henderson, board member, Communicare Board of Directors; Fred V. Smith, board member, Communicare Board of Directors; Kelley Miller, board member, Communicare Board of Directors; Jim Turbin; the Meade County, Marion County, Grayson County, Nelson County, Washington County, Elizabethtown/Hardin County, and Breckinridge County constituents stated, “This regulation states that day training programs will have a distinct start and end, with time limitations. Also, shall not be reimbursable if consumers attend for the primary purpose of producing goods or services in a segregated setting. Many consumers are at risk of losing their day

programs and even the jobs they love. Agencies would not be able to continue day programs due to lack of revenue due to consumers not being reimbursable while they work. Yes, the supported employment rate was increased, which is great for those consumers who wish to seek that option, but not every consumer wishes to pursue supported employment nor is physically or intellectually capable of doing so. They believe they already work in the day program and are very proud of their jobs. This regulation takes their choices away. We ask this regulation be amended so consumers who wish to keep their day program or work in a segregated setting, be allowed that option or choice. Also, some consumers do not want to work, but attend day training for socialization and to obtain or maintain other skills. This regulation needs to be amended to allow for choices."

Diana Wall, executive director of the Marshall County Exceptional Center (MCEP); Shirley Don Haws, an MCEP board member; Brian S. Ray/illegible last name (MCEP); Amy You, DSP; Crystal Reid, Rita McLemore Hicks, Ramona Kaye McDonald, Kelley Heiston, DSP; no name provided; illegible name; Mike Mill, an MCEP board member; Tammy Dawes (MCEP), Cathy Y. West; Juainta West, community member; Jennifer York, consumer; Cathy Y. York, parent; Lynda McWaters; Karlie Stirm; Kearston Breeden; Melissa Sumner; Linda Pogue; Brad Waddell; Kim Waddell; Allen Waddell; Brian Sams; Jack Ham; Jennifer Lane; Dustin Lane; Sharon Hamlet; Janice Pollard; Joe T. West; Rose Mary Gamble; Arlie Ross; Joetta Ross; Carla Griggs; illegible name; illegible name, Justin Lamb (Benton, KY), Melanie Chambers (Benton, KY), Melissa Combs, Darlene Lynn, Brenda Edwards (Benton, KY), Donnie Lovett (Benton, KY), Claudia Phelps (Benton, KY), Cindi Taylor (Benton, KY), Franklin Sledd (Benton, KY), Vicki Schwegman (Benton, KY), Flora Darnall (Benton,KY), Wendy Baxter (Benton, KY), Lacey Johnson, illegible name, Cody Capps, Dean Dix, Tim Poe, Larry Gardner, Shawn Henderson, Robin Gardner, Lindsey Wall (B.s. Psychology and Counseling), Desiree Hermosillo, Kris Williams, Dan Duke (board member Marshall County Exception Center), Tim [illegible last name – board member –Marshall County Exception Center]; Kelley Bennett; Larry Wright, consumer; no name; and Joe. T. illegible last name, director of the Marshall County Exceptional School in Benton, KY stated, "This regulation states that day training programs will have a distinct start and end date, with time limitations. Also, the new regulations focus on training that revolves around career planning and such activities. This particular proposed change is upsetting for many reasons. First and foremost, our individuals are at risk to lose their day training and programs or even jobs that they love and have enjoyed for many years. The concept of distinct start and end dates for day training services encompasses some major issues. Several of the individuals that attend MCEC's day training program have attended since the day we opened our doors in 1963. We would not be able to continue to offer our program if this new proposal passes due to lack of revenue because individuals could not attend for longer time periods, and would more than likely be pulled from our program to begin careers. Intellectual and Developmental Disabilities are long-term disabilities that require on-going attention and addressing. It is unfair to assume that individuals could attend a training program for only short amount of time and have the knowledge and skills needed to sustain themselves for the rest of their lives. All individuals progress at their own pace and occasionally need refreshing on

skills and knowledge previously learned, this is a component of the ID/DD disability. On-going training that focuses on each person individually is what we currently practice and want to see continue. The push to get our individuals into the workforce rapidly could stand to be harmful. Individuals without a diagnosed Intellectual or Developmental Disability often seek training through varying avenues throughout their lives, why should our individuals be lmited more than anyone else? While we completely agree that individuals should be given the opportunity and right to a career, we also would like to stress that not everyone wants a career. We have several individuals that are perfectly happy attending our program, getting involved in the community, and participating in other fulfilling activities. We encourage anyone who would like a career and help them develop skills that are necessary for such a career, however we feel that this should not be our primary focus as a day training program. The skills that we currently foster range from things such as healthy lifestyles, community involvement, realization of personal goals, independence, utilization of community resources and individual rights, and financial education and training. These skills, among others taught, are essential to any person hoping to sustain a level of identity within today's world. If a person is not ready, or does not want to actively participate in the workforce, why should they be forced to do so? These individuals have access to funding and services that could greatly improve their lives, however this new regulation stands to take some of those things away."

Catherine Rider expressed similar comments and added, "Let's not add to the already high unemployment rate by eliminating these jobs."

The following expressed the necessity or benefits of adult day training/sheltered workshops as a choice/option for individuals and/or expressed opposition to the adult day training changes, expressed that working in a mainstream environment is not appropriate for some individuals, expressed that the changes would have very adverse or very harmful or devastating effects on individuals, and expressed very strong opposition to losing adult day training sites/sheltered workshops as a choice/option. In addition, their comments harmonized with those stated above:

Joe Miller, father of a Michelle P. waiver participant; brother of a man who has severe mental retardation and retired director of LifeSkills Industries;	Bowling Green, KY
Kathleen Sketch, sister of an SCL participant	Ft. Mitchell, KY
Lillian Blevins, SCL participant	
Dorothy Cook, mother of a son with Down syndrome	Hopkinsville, KY
Dawn Saturley, sister and guardian of a man with Down syndrome	Hopkinsville, KY
John Willis, friend of SCL participants	Morehead, KY
Dee Dee Willis, friend of SCL participants	Morehead, KY
Shanna Garrett, works with SCL participants	
Elora Hurt, Site Supervisor for a Comp Care Agency	
Mrs. Susan V. Smith, mother of an SCL participant	Florence, KY
Mr. Robert E. Smith, father of an SCL participant	Florence, KY

Lonnie E. Fields, father of an SCL participant	Hebron, KY
Lisa M. Fields, mother of an SCL participant	Hebron, KY
Charles Holland, uncle of an SCL participant	Florence, KY
Diane Holland, aunt of an SCL participant	Florence, KY
Dixie L. Riegler, aunt of an SCL participant	Burlington, KY
Sherry Hodge, aunt of an SCL participant	
Marian Carl, parent of an SCL participant	
Billy M. Osborne, president	Marion County Association for the Handicapped; Lebanon, KY
Jeremy Padgett, SCL participant	Marion County, KY
Darren Sloan, SCL participant	Marion County, KY
Margaret Moore, SCL participant	Marion County, KY
Betty Porter, SCL participant	Marion County, KY
Dewey Lunsford, SCL participant	Marion County, KY
Lisa Mattingly, SCL participant	Marion County, KY
Karen Michelle Gnibbins, SCL participant	Marion County, KY
Terry Ewing, SCL participant	Marion County, KY
Joseph Ball, Jr., SCL participant	Marion County, KY
Tina Brown, SCL participant	Marion County, KY
Mary Beam, SCL participant	Marion County, KY
Janie Johnson, SCL participant	Marion County, KY
Martha O'Bryan, SCL participant	Marion County, KY
Calvin Taylor, SCL participant	Marion County, KY
Samantha Gail Newton, SCL participant	Marion County, KY
Latashia Jewell, SCL participant	Marion County, KY
Rita C. Brown, SCL participant	Marion County, KY
Timmy Ewing, SCL participant	Marion County, KY
Barbara Foster, SCL participant	Marion County, KY
Richard Lee Clark, SCL participant	Marion County, KY
Joanna Marie Mattingly, SCL participant	Marion County, KY
Tammy Downs, SCL participant	Marion County, KY
Janice Elder, sister of an SCL participant and MSN/RN/CNOR, director of surgery	Twin Lakes Regional Medical Center
Laura Guillotte, SCL participant	Breckinridge County, KY
Monica, SCL participant	Breckinridge County, KY
Latina Woods, SCL participant	Breckinridge County, KY
Pam, employee of Communicare/friend of and concerned for SCL participants	
Christie illegible last name, SCL participant	Breckinridge County, KY
Edward Morris, SCL participant	Breckinridge County, KY
Jonathan Muncrief, SCL participant	Breckinridge County, KY
Derrick Morton, SCL participant	Breckinridge County, KY
John Logsdon, SCL participant	Breckinridge County, KY
Donnie, SCL participant	Breckinridge County, KY

Matt Aichey/Richey, SCL participant	Breckinridge County, KY
T. Wright/illegible name, SCL participant	Breckinridge County, KY
Libby Tabor, SCL participant	Breckinridge County, KY
Tonia N. Henning, VSA/advocate/taxpayer and a voice for those that no one cares to listen to	Breckinridge County, KY
Eleanor Jones, mother of an SCL participant	Radcliff, KY
Dee Corkran, mother of of an SCL participant	Radlicff, KY
Jeffrey Martin, SCL participant	
Michelle Del B./illegible name, SCL participant	
Illegible name, SCL participant	
Jeffrey M./illegible, SCL participant	
Nick Ryan, SCL participant	
Illegible first name Woods, SCL participant	
Matthew, SCL participant	
Illegible name, SCL participant	
Christian R. illegible last name, SCL participant	
Michael Surguine, SCL participant	
Scott Surguine, SCL participant or loved one	
Ruth Sorguine, SCL participant or loved one	
Barbara Purnell, SCL participant	
Illegible name, SCL participant	
Carl Jones, SCL participant	
Karl Flory, SCL participant	
Robert Anson, SCL participant	
Chad Sims, SCL participant	
Willie Little, SCL participant	
Josh illegible last name, SCL participant	
Pam Tyler, SCL participant	
Melissa Reardon, SCL participant	
Lynn Rice, SCL participant	
Reggie Key, SCL participant	
Hopey Grubbs, SCL participant	
Louis illegible last name, SCL participant	
Sheila Drake, SCL participant	Hardin County, KY
Betty Nunn , SCL participant	Hardin County, KY
Lona Noblin, SCL participant	Hardin County, KY
Chuck Lockwood, SCL participant	Hardin County, KY
Kimberly Leeds, SCL participant	Hardin County, KY
Nick Anderson, SCL participant	Hardin County, KY
Peggy Downs, SCL participant	Hardin County, KY
James Mudd, SCL participant	Hardin County, KY
Ellen Eckhard , SCL participant	Hardin County, KY
Keiona Williams, SCL participant	Hardin County, KY
Thomas Linton, SCL participant	Hardin County, KY
Robert Perkins, SCL participant	Hardin County, KY

Andrea Lee, SCL participant	Hardin County, KY
Rebecca Simons , SCL participant	Hardin County, KY
David Dudgeon, SCL participant	Hardin County, KY
Bonnie Nunn, SCL participant	Hardin County, KY
Christopher Anderson, SCL participant	Hardin County, KY
Wesley Wilson, SCL participant	Hardin County, KY
Sharon Ashbaugh, SCL participant	Hardin County, KY
Ricky Orberson, SCL participant	Hardin County, KY
Tommie Quisenberry, SCL participant	Hardin County, KY
Dorothy Campbell, SCL participant	Hardin County, KY
Chasity Wise, SCL participant	Hardin County, KY
Shana Frakes, SCL participant	Hardin County, KY
Keith Fuqua, SCL participant	Hardin County, KY
Tony Fox, SCL participant	Hardin County, KY
Skylar Holt, SCL participant	Hardin County Industries
Danny Ward, SCL participant	Hardin County Industries
Lewis Burns, SCL participant	Hardin County Industries
Lynne Taul, Breckinridge County constituent	Breckinridge County, KY
John Taul, Breckinridge County constituent	Breckinridge County, KY
Johnny Compton, Breckinridge County constituent	Breckinridge County, KY
Michelle Moore, sister or sister-in-law of an SCL participant	
Mary Moore, sister or sister-in-law of an SCL participant	
Dana Sibling, sibling of an SCL participant	Bardstown, KY
Deborah G./illegible last name, mother of an SCL participant	
Missy Bruns, SCL participant	Villa Hills, KY
Carole Lonneman, friend/concerned for SCL participants	Covington, KY
Fern Parlier, parent and guardian of an SCL participant	Louisville, KY
Brooke Howswell/(not legible), direct support professional DSP	
Rick Pratt, MSW, nephew of an SCL participant	Erlanger, KY
Miss Jane Seger, mother of an SCL participant	Louisville, KY
Peggy Maines	Hebron, KY
James Goins, father of an SCL participant	
Stephen Hoffman, Brother of an SCL participant	Florence, KY
John McCoy, Team Leader	Redwood Rehabilitation Center; Ft. Mitchell, KY
Sarah Gray, sister of an SCL participant	Florence, KY
Paul Fiehrer, SCL participant	Covington KY
Robert Ward, SCL participant	Crittenden KY
Larry Mynes, SCL participant	Butler KY
Gerri Klette, SCL participant	Covington KY
Jeremiah Parr, SCL participant	Burlington KY
Pat Hoffman, SCL participant	Florence KY

Alex Kuhl	Florence KY
Charles Biery, board member	Redwood Rehabilitation Center; Newport KY
Alma Brown, friend of an SCL participant	
Mark Baker, co-guardian and brother of an SCL participant	Ft. Mitchell, KY
Shirley Bailey, mother of an SCL participant	Louisville, KY
John Dunn, Business Development Manager,	Redwood Rehabilitation Center; Villa Hills, KY
Mary B. Smith, sister of an SCL participant	Taylor Mill, KY
Pamela Thompson	Florence KY
Glenna Rice, mother of an SCL participant	
Marian McCoy, mother of an SCL participant	Ft Mitchell KY
Thomas Rettig, SCL participant	
Lisa Fields, mother of an SCL participant	Hebron KY
W Michael Hall/illegible	
Judy Arthur	
Steven H. Buchanan, II, guardian of an SCL participant	Salem, KY
David DeWeese	
Jimmie Yates/illegible	
Mildred Lewis, SCL participant	
Dolores Ehlman, aunt of an SCL participant	Edgewood, KY
Joe Ehlman, uncle of an SCL participant	Edgewood, KY
James Miller, employee at a facility	
L. Givens, DSC, worker at a facility	
Robie Carlos/(not legible) sister of an SCL participant	Hopkinsville, KY;
Shelly Bozarth, SCL participant	Owenboro, KY
Randall Bohmfalk, SCL participant	Mayfield, KY
Karen Puckett	
Luke Puckett	
Gregory Spees, father of an SCL participant	Salem, KY
Robbie Spees, mother of an SCL participant	Salem, KY
Terry Ellis	Smithland, KY
Amie Lyons, RP	
Charlene Phillips, SCL participant	
Joe Bayer, SCL participant	
George Marshall/illegible, Jr., SCL particpant	
David Wheeler, SCL participant	
Kenneth, SCL participant	
Corey, SCL participant	
Illegible name, SCL participant	
Harvey Puckett	
Teresa McDowell, DSC	
Debbie Ahart, foster care provider	
Beau Holmes, SCL participant	
Sandy Barnes, parent of a child with disabilities and	

president	Cumberland River Homes,Inc., Salem, KY
Marie Burkhart, executive director	Cumberland River Homes, Inc.; Salem, KY
Dennis illegible last name, board member	MCEP
Noah West	Louisa, KY
Bobbi Thompson	Louisa, KY
Connie Horn	Louisa, KY
Jack A. Hindde, adult case manager	Louisa, KY
Peggy Fitzpatrick	Louisa, KY
Phil Manilla, MS/LDLL, outpatient therapist	Louisa, KY
Hope Setser	Louisa, KY
Charlotte Williamson, BA, service coordinator	Kentucky Impact; Louisa, KY
William Hurt	Louisa, KY
Connie Fairchild	Louisa, KY
Ray Maynard	Louisa, KY
Lillie B. Maynard	Louisa, KY
Jason Mills	Louisa, KY
Shanna Newsome	Louisa, KY
Helen Mills	Louisa, KY
Justin Mills	Louisa, KY
Mae Bircher	Louisa, KY
Larry Horn	Louisa, KY
Tracey Horn	Louisa, KY
Truman Endicott	Louisa, KY
Erin Lowell	Ashland, KY
Laura Nue	Ashland, KY
Misty Patton	Coal Grove, OH
Illegible name	Ashland, KY
Reety Rumh/illegible	
Patricia Mills, SCL participant	
Katharine A. Gum, SCL participant	
Cassidy Marie Hall, SCL participant	
Susan Moon, SCL participant	
Amelia Lee Gamble, SCL participant	
Susan Lens, GDN	
D/illegible Easterling, GDN	
Louisa Hughes, SCL participant	
Joe Tingler, SCL participant	
Elmer Mills, SCL participant	
Darrell Wayne Tipton, SCL participant	
Illegible name	Paducah, KY
Betty Powell, direct support professional	
Natasha L. Widd/illegible, direct support professional	
Shannon Nichols	Olive Hill, KY

Mark Cottrell, SCL participant	
Bell Gash, mother of an SCL participant	
Anthony Bracke, parent of an SCL participant	
Colleen Bracke, parent of an SCL participant	
Jessica Wilson, direct support professional	
Betty West, direct support professional	
Paula McIntosh, board member	Redwood Board of Trustees; Cincinnati, OH
Juanita Z. Hanna	Fort Mitchell, KY
Nancy Sanders, mother of an SCL participant	Louisville, KY
Northern Kentucky	Northern Kentucky
Janice Qualls/illegible	Taylor Hill, KY
Brenda Kelly, mother of an SCL participant	
Richard A. Kelly, Jr. SCL participant	
Mary D. Sharp, grandparent of an SCL participant	Erlanger, KY
John D. Sharp, grandparent of an SCL participant	Erlanger, KY
Wilanne Stangel, parent of an SCL participant	Erlanger, KY
Glenn Lauer, loved one of an SCL participant	California, KY
Maria Lauer, loved one of an SCL participant	California, KY
Ed Lauer, brother-in-law of an SCL participant	Melbourne, KY
Marilyn Lauer, sister of an SCL participant	Melbourne, KY
Kathy Moore, mother of an SCL participant	Edgewood, KY
Joe Moore, father of an SCL participant	Edgewood, KY
Mary Lou Ellis/illegible, mother of an SCL participant	Hopkinsville, KY
Christine Tilley, cousin of an SCL participant	
Jenette Shunnarah/illegible, mother of an SCL participant	Oldham County, KY
Yvonne Manning, mother of an SCL participant	Burlington, KY
Helen Bodkin, parent of an SCL participant	
Glenda Saxon, friend of/concerned for an SCL participant	
Frances Owens, friend of/concerned for an SCL participant	
Michelle Morgan, sister of an SCL participant	
Christy Tomes, parent of an SCL participant	Mayfield, KY
Joseph F. Hayden, brother of an SCL participant	Mayfield, KY
Lorine Mays, works at J.U. Kevil Center	
Cheryl Dunn, parent of an SCL participant	Dexter, KY
Rachel, SCL participant	
Dallas N. Horn, certified financial planner	Christopher Financial Group; Crestview Hills, KY
Charity Walters, SCL participant	
Chris Carman, SCL participant	
Patrick Lueken, SCL participant	Ashland, KY
Brent Lueken, SCL participant	Ashland, KY
Mary Anne Lueken, mother of an SCL participant	Ashland, KY
Patty McGlone, SCL participant	

Eric Ston, friend of an SCL participant on behalf of an SCL participant	
Jackie Arnett, SCL participant	
Heran Fugitt, SCL participant	
Jason Gillum, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Whitney Chilbres, SCL participant	
Lori Martin, BSN/RN	
Todd Martin, MSN/APRN	Lexington, KY
Penny Lou Oneal, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Lynn Timmerding, cousin of an SCL participant and board member	Redwood; Florence, KY
Patrick Timmerding, relative of an SCL participant	
Bebe Smith	Fort Mitchell, KY
Jack Lenihan, DMD	Crittenden, KY
No Name	
Della Adams, sister of an SCL participant	Edgewood, KY;
Carlos Laws; sister of an SCL participant	Florence, KY;
Mark Green, father of an SCL participant	Louisville, KY
Diane Green, mother of an SCL participant	Louisville, KY
Alice Herron, concerned on behalf of SCL participant	Union, KY
Joan Morgan, concerned on behalf of SCL participant	Florence, KY
Cindy L. Foster, concerned on behalf of SCL participant	Florence, KY
Linda L. Ackley, concerned on behalf of SCL participant	Burlington, KY
John Morgan, concerned on behalf of SCL participant	Florence, KY
Darrell Herron, concerned on behalf of SCL participant	Union, KY
William Schrand	
Raymond P. Wilt father of an SCL participant	
Marcia Kreke, mother of an SCL participant I	Verona, KY
Sherry Williams, friend of an SCL participant	
Julie Guifoyle, child and family therapist	Sharonville, OH
Marlene Britt, mother of an SCL participant	
Elizabeth S. Burden, mother of an SCL participant	Louisville, KY;
Brian Veach, father and legal guardian of an SCL participant	
Regina Veach, mother and legal guardian of an SCL participant	
Edward Ward, parent of an SCL participant	
Kathy Ward, parent of an SCL participant	
Robert Ward, SCL participant	
Elizabeth McDaniel, parent of an SCL participant	Mayslick, KY
Orville McDaniel, parent of an SCL participant	Mayslick, KY
James Floyd, father of an SCL participant	

Jacqueline Arnette, SCL participant	
Jason, SCL participant	
Missy Gamble, SCL participant	
Janet Weinel, sister of an SCL participant	Fort Thomas, KY
Illegible name, site supervisor at a comp care agency	
Jack Schultz, parent of an SCL participant	Fort Thomas, KY
Margaret Schultz, parent of an SCL participant	Fort Thomas, KY
Unsigned	
Mrs. Betty Gregory	Fort Mitchell, KY
Curt Tweddell, parent of an SCL participant	Lakeside Park, KY
Leslie H. Carroll, consumer/parent/guardian	
Illegible name, concerned regarding an SCL participant	Florence, KY
Betty Dodson	
Edward Enda, brother of an SCL participant	Verona, KY
Kiana Kaelin, friend of several SCL participants	Batavia, OH
Chesley Dunn, Jr. consumer/parent/guardian	Hopkinsville, KY
Debbie Dunn	Hopkinsville, KY
Andrea Hulett	Russell, KY
Roger Church, parent of an SCL participant	Alexandria, KY
Juanita Church, parent of an SCL participant	Alexandria, KY
Carrie Thompson, parent of an SCL participant	
Cecelia Jane Vogelpohl, sister of an SCL participant	Covington, KY
Mrs. Tamera Herd, sister of an SCL participant	Florence, KY
Connie Kremer, works with individuals with intellectual or developmental disabilities	Fort Thomas, KY
Drew Hollenkamp, board member	Redwood Rehabiliation Center
Mary Varley, SCL participant	Owensboro, KY
Carla Talley, mother of an SCL participant	Almo, KY
Bill Francis, loved one of an SCL participant	
Liz Francis, loved one of an SCL participant	
Jennifer Francis, loved one of an SCL participant	
Steve Stratford, SCL provider	REACH of Louisville, KY
David Sinkfeld, SCL participant	
Larry Colwell, SCL participant	
Maryellen Waynan, sister of an SCL participant	Walton, KY
Doug Alexander, father of an SCL participant	Lexington, KY
Phyllis Alexander, mother of an SCL participant	Lexington, KY
Carolyn J. Thorpe, primary caregiver of an SCL Participant	
Ms. Marjorie Wheeler, mother of an SCL participant	Scottsville, KY
Mary Sherer	
Edith Harris	
Beth Rogers	
Illegible name	
Kim Hayes, mother of an SCL participant	

Bobbi Bradley, parent of three SCL participants and board member	Arc of Kentucky
Brian S. Ray/illegible last name	MCEP
Shawn Michelle Dietzel, sister of an SCL participant	
Mary Boyd, works with individuals who access services through waiver programs	
Carol Repovick	
Jessica Repovick	
Marle Repovick	
Myra Fassell	
Edna James	
Jerry Jones	
Margo Tullos	
Randall (illegible name)	
Gene Tully	
Karin Kent	
Leo (illegible name)	
Paula (illegible name)	
Mary Alice Kowalkyk(illegible name)	
Rose Logsdon	
R. Douglas Logsdon	
Diane (illegible name)	
R J Witowski	
Marilyn Brooks	
John Brooks	
Jeanette Hayes	
(illegible name) Hayes	
M H Lewellyn	
Roberta Lewellyn	
(illegible name)	Louisa, KY
Anthony (illegible name)	Louisa, KY
Nancy Goetz,parent of an SCL participant	
Cory Goetz, parent of an SCL participant	
Phyllis Brian/illegible, sister of an SCL participant	Cold Springs, KY
Dana Walters, case manager	Pennryile Center; Hopkinsville, KY
Leslie Grogan, friend of SCL participants	
Linda Smith, friend of SCL participants	Allen County KY
Linda Boehler, friend of SCL participants	Allen County KY
Jamie Gregory, friend of SCL participants	
Carrie E Metcalf-Powell, niece of an SCL participant	
Lauren Klar, niece of an SCL participant	
Karen Klar, loved one of an SCL participant	
Fred Klar, brother of an SCL participant	
Jim Klar, brother of an SCL participant	

Sue Ann Metcalf, sister of an SCL participant	
Mary Moll, sister of an SCL participant	Lexington, KY
Sharon K. Miller, sister of an SCL participant	Louisville KY
Cindy Elam, niece of an SCL participant	
Christine (Chris) Klar, SCL participant	
Lara Klar	
Ruth Arnett, employee at an SCL provider agency and advocate for an SCL participant	
Janet Cormney, employee at an SCL provider agency and advocate for an SCL participant	
Debbie Miller, employee at an SCL provider agency and advocate for an SCL participant	
Gail Fisher, employee at an SCL provider agency and advocate for an SCL participant	
Lynn Huckleberry, employee at an SCL provider agency and advocate for an SCL participant	
Dick Bradford, employee at an SCL provider agency and advocate for an SCL participant	
Rita Bradford, employee at an SCL provider agency and advocate for an SCL participant	
Shanna Garrett, works with SCL participants	
Paul Probst, grandparent of an SCL participant	
Donna Probst, grandparent of an SCL participant	
Mrs. Phyllis Bean, sister of a Michelle P. waiver participant	
Mr. Gerald Uslander, parent of an SCL participant	Louisville, KY
Mrs. Gerald Uslander, parent of an SCL participant	Louisville, KY
Adrian T. White, Independent Industries Work Program participant	
Debbie Stanger	Adolphus, KY
James Cornwell	
Jamie Gregory,	
Dawn Canill	
Eugene Colin	Scottsville, KY
Lena Williams	Scottsville, KY
Brenda Pearson	Scottsville, KY
Jan S. Centers	Scottsville, KY
(illegible name)	
(illegible name)	Scottsville, KY
(illegible name)	
Sandra Meador	
Debbie Meador	
Tracy Ward	
(illegible name)	
(illegible name)	Scottsville, KY
(illegible name)	Scottsville, KY
Richie Sanders	Franklin, KY

Greg & Debbie Wilson	Scottsville, KY
(illegible name)	
T.J. Lohorn	Scottsville, KY
Linda Smith	Scottsville, KY
Rick (illegible name) Smith	Scottsville, KY
Nicole Givens	
Jennifer Chappell	Scottsville, KY
Rodney Owens	Scottsville, KY
Leslie D. (illegible name)	Scottsville, KY
Deshaie Hart	Scottsville, KY
Leslie Hammer	Scottsville, KY
Jamie Cline	
Billy (illegible name)	
Lowell (illegible name)	
Casey (illegible name)	
(illegible name)	Scottsville, KY
(illegible name)	
(illegible name)	
(illegible name)	
Cheryl Wilkerson	Glasgow, KY
Kristie Webb	Scottsville, KY
Janet Keen	Scottsville, KY
Luther Tuttle	Adolphus, KY
(illegible name)	
(illegible name)	
Robert Jones	Scottsville, KY
Sandra Johnson	Scottsville, KY
Don Hurt (illegible name)	Scottsville, KY
Minnie Garrison	Scottsville, KY
(illegible name) Wheeler	Scottsville, KY
(illegible name)	
Donna Cunnings	Adolphus, KY
Candice Goodwin	Scottsville, KY
Shelia Carter	Scottsville, KY
Kenneth Melton	Scottsville, KY
Kim Hibbard & (illegible name)	
Helen Pedigo	Scottsville, KY
Beth Adams	Scottsville, KY
D. Ann Bradley	Scottsville, KY
(illegible name)	Adolphus, KY
Jane (illegible name)	Scottsville, KY
Donald (illegible name)	Scottsville, KY
Thema Taylor	Scottsville, KY
Betty Fouler	Scottsville, KY
Matt Carter & Family	Scottsville, KY
Carolyn (illegible name)	Scottsville, KY

Glada Hasting(illegible name)	
Albert Hasting (illegible name)	TN
Joyce Carver	Scottsville, KY
Charlotte Perry	Scottsville, KY
Charlie A. Cook	Adolphus, KY
Melissa Perry	Scottsville, KY
James Cook	Adolphus, KY
(illegible name) Basham	Bowling Green, KY
(illegible name)	Bowling Green, KY
Alan King	
(illegible name)	
Glynn Barns	
Lisa Arens, SCL participant	Florence, KY
James Gambrel, SCL participant	Covington, KY
Gregg Austing, SCL participant	Park Hills, KY
Karen Zurborg, SCL participant	Erlanger, KY
Mary Rettig, SCL participant	Burlington, KY
Hannah Russell, student of clinical mental health counseling	Alexandria, KY
Jeff Plank, client program manager	BAWAC
Cheryl D. Bryan, mother of an SCL participant	
Cindy Goodin, sister, mother, and friend to many individuals with developmental and/or intellectual disabilities	
Matthew Goodin, brother, nephew,coach and friend to many of those disabled disabilities	
Daniel Adams, brother of an SCL participant	Highland Heights, KY
Cadi Schultz, niece of an SCL participant	Ft. Thomas, KY
Angela Kohrs, niece of an SCL participant	Ft. Thomas, KY
Peg Schultz, sister of an SCL participant	Ft. Thomas, KY
Stephen Schultz, brother of an SCL participant	Ft. Thomas, KY
Claudia Schultz, sister of an SCL participant	Ft. Thomas, KY
Lynne Schultz, sister of an SCL participant	Ft. Thomas, KY
Wander Sanders, mother of an SCL participant	
Ross Talley, father of an SCL participant	Almo, KY
Ambrose Zmurk, father of an SCL participant	Newport, KY
Bernice L. Zmurk, mother of an SCL participant	Newport, KY
Randy Zmurk, sister of an SCL participant	Newport, KY
Janice K. Herrmann, mother of an SCL participant	Ft. Wright, KY
Kim Johnson, friend/loved one of an SCL participant	
Mark Riney, friend/loved one of an SCL participant	
Shanolette Pierce	
Joseph Morris, father of an SCL participant	Owensboro, KY
Gail Northern, sister of an SCL participant	Owensboro, KY
Jill Burns, mother of an SCL participant	Erlanger, KY

Eddie Mane	Paducah, KY
Phyllis Anderson	
Jennifer Dillworth	West Paducah, KY
Illegible name	
Lisa Hall	Benton, KY
Thomas Apple	
Chuck Smith	
Rick White	
Cory McMeus	
Illegible name	
Tim White	
D. Hold or Hall	
Lrabeola Walker	
Beverly McKinley	
Keith Petssities	
Leann Schnamke	Paducah, KY
Tammy Hunt	Ledbetter, KY
Marcie Moore, guardian of an SCL participant	West Paducah, KY
Rhonda Beach	
Illegible name	
Richard Hundley	Paducah, KY
W. Edward Barker	
Sheila Barrett	
Glenna Marsh, volunteer at an adult day training site on behalf of Dee Holt (or Hall)	
Dennis Sketch, friend of SCL participants	
Candis Wood, SCL participant	Union, KY
Douglas Cruce, SCL participant	Covington, KY
Samantha Biehl, SCL participant	Verona, KY
Debbie Hodge, SCL participant	Florence, KY
BoDeeca Eggleston, SCL participant	Williamstown, KY
Ralph (RJ) Vaught, SCL participant	Independence, KY
David Barton, SCL participant	Warsaw, KY
James D. Moore III, SCL participant	Burlington, KY
David Russell, SCL participant	Independence, KY
Marcie Clark, SCL participant	Independence, KY
Donna Rice, SCL participant	Highland Heights, KY
Shelly Daley, SCL participant	Florence, KY
Tiffany Bice, SCL participant	Burlington, KY
Kenny Scherder, SCL participant	Edgewood, KY
David Hicks, SCL participant	Burlington, KY
Shawn Thompson, SCL participant	Burlington, KY
Sterling Barnes, SCL participant	Covington, KY
Steven Well, SCL participant	Independence, KY
Donnie Gorman, SCL participant	Burlington, KY
Reba Kay Spencer, SCL participant	Florence, KY

Carolyn Tingler, mother and guardian of an SCL participant	
Marcia Ampfer, mother of an SCL participant	Alexandria, KY
Laura Stewart, BA/CM	Aspen Community Living; Florence, KY
Kerri L. Kraemer, advocate for SCL participants	Villa Hills, KY
David Ampfer, father of an SCL participant	Alexandria, KY
Shirley Bailey, mother of an SCL participant	Louisville, KY
Clara Bloemer, mother of an SCL participant	Florence, KY
Linda Bloemer, SCL participant	Florence, KY
Mary Sue Noel, friend of a parent of an SCL participant	Burlington, KY
Joan Martin, mother of an SCL participant	Florence, KY
Joan Goessling, mother of an SCL participant	Edgewood, KY
Mary Ann Pratt, sister of an SCL participant	Burlington, KY
Lonnie E. Fields, father of an SCL participant	Hebron, KY
Lisa M. Fields, father of an SCL participant	Hebron, KY
Illegible name	Nicholasville, KY
Lori Johnson, friend/loved one of an SCL participant	
Dennis Johnson, friend/loved one of an SCL participant	
Louise Johnson, friend/loved one of an SCL participant	
Jessica Gish, friend/loved one of an SCL participant	
Stephanie Henson, friend/loved one of an SCL participant	
Jennifer Calhoun, friend/loved one of an SCL participant	
Natalie Johnson, friend/loved one of an SCL participant	
Lasta Hale, friend/loved one of an SCL participant	
Sandi Reed, friend/loved one of an SCL participant	
Vanessa Reed, friend/loved one of an SCL participant	
Susan Johnson, friend/loved one of an SCL participant	
Mike Johnson, friend/loved one of an SCL participant	
Wayne Lowell, friend/loved one of an SCL participant	
Susie Newton, friend/loved one of an SCL participant	
Joe Newton, friend/loved one of an SCL participant	
Leane Riney, friend/loved one of an SCL participant	
Joshua A. Riggs, friend/loved one of an SCL participant	
Randy Johnson, friend/loved one of an SCL participant	
Lesha Lowell, friend/loved one of an SCL participant	
Sandy Devine, friend/loved one of an SCL participant	
Illegible name, friend/loved one of an SCL participant	
Robert Devine, friend/loved one of an SCL participant	
Tom Peak, friend/loved one of an SCL participant	
John illegible last name, friend/loved one of an SCL participant	
Deborah Cunningham, mother of an SCL participant	
Thomas W. King, parent of a special needs child	Murray, KY
Patsy McCallon, mother of an SCL participant	
William McCallon, father of an SCL participant	

Mona Petty, sister of an SCL participant	
Jackie Langham, sister of an SCL participant	Mayfield, KY
Nancy Hack, mother of an SCL participant	
Ernestine Sumner, friend or relative of an SCL participant	
Sanford C. Sumner, friend or relative of an SCL participant	
Sandy Hayden, adult foster care giver of an SCL participant	
George Hayden, brother of an SCL participant	Mayfield, KY
Emma Hayden, sister-in-law of an SCL participant	Mayfield, KY
Sharon Hayden, SCL participant	Mayfield, KY
Jerry Dunn, brother-in-law of an SCL participant	Mayfield, KY
Beverley A. Dunn, sister of an SCL participant	Mayfield, KY
Reba Brandon, SCL participant	Mayfield, KY
Vicky Holmes, sister of an SCL participant	Mayfield, KY
David A. Kimbrell, SCL participant	Mayfield, KY
Truman Maxwell (perhaps, name is difficult to read) SCL participant	Mayfield, KY
Debbie Daley, mother of an SCL participant	Florence, KY
Jane Ware, aunt of an SCL participant	
Jonathan Ware (brother of an SCL participant)	
Jean Davenport, SCL participant	Louisville, KY
Mr. Bill Johnson, brother-in-law of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mrs. Margaret Johnson, sister of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Jerry Sabo, nephew of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mrs. Patricia Bunner, sister of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Hency A. Bunner, brother-in-law of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mrs. Linda Riggs, sister of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Mr. Norman Riggs, brother-in-law of an SCL participant, on behalf of Jean Davenport	Louisville, KY
Janice K. Herrmann, mother of an SCL participant	Ft. Wright, KY
Kevin Thaman, SCL participant	
Linda and Ed Simpson, friend and relative of Kevin Thaman	Ft. Wright, KY
Mary Owsley, parent and caregiver of an SCL participant	Louisville, KY
Garry Hanson, grandfather of an SCL participant	Florence, KY
Mary Anne Hanson, aunt of an SCL participant	Taylor Mill, KY
David Hanson, uncle of an SCL participant	Taylor Mill, KY
Leonard Hegna, father of an SCL participant	Florence, KY
Andrea Hegna, mother of an SCL participant	Florence, KY
Jennifer Hegna, father of an SCL participant	Florence, KY
Greg R. Romes	Fort Mitchell, KY

Valeeta Fitzgerald, mother of two individuals with disability	Edgewood, KY
Michelle Johnson	Edgewood, KY
Michael Johnson	Edgewood, KY
John Johnson	Edgewood, KY
Marvin Wischer	Edgewood, KY
Karen Wischer	Edgewood, KY
Heather K. Mullins	Ft. Mitchell, KY
Susan Kearn	
Michael Kiernan	
Martha A. Barnes	
Dana Kennedy, BSW	
Jo Ann Kennedy	Walton, KY
Brenda Kennedy	Warsaw, KY
Kevin Kennedy	Warsaw, KY
Judy Pascarella	Ft. Mitchell, KY
Mike Allison	Independence, KY
Jessica Allision	Independence, KY
Hallie Smith	Ft. Thomas, KY
Julie A. Goddard	
Guy Linnemann	
Amy W. Beck	
Michael B. Stottman	Fort Mitchell, KY
Loretta Sullivan	Fort Mitchell, KY
Linda Rechtin	
G. Steven Holbrook	Edgewood, KY
Tracy Stamper	Silver Grove, KY
Jim Couch, father of an SCL participant	Burlington, KY
Marian McCoy, mother of an SCL participant	Ft. Mitchell, KY
Loretta Martin, mother/guardian of an SCL participant	Baxter, KY
Janice R. Schmidt	Villa Hills, KY
Daniel L and Jane F Neiser	Villa Hills, KY
Philip Back, brother and guardian of an SCL participant	Hopkinsville, KY
Marie Lauer, sister-in-law of an SCL participant	California, KY
Bob Lauer, loved one of an SCL participant	California, KY
Jane Scott Bentley, friend of SCL participants	Lawrenceburg, KY
Lori English, sister of an SCL participant	Florence, KY
Sr. Mary Rabe, aunt and friend of SCL participants	
Mrs. Maretta Collins, mother of an SCL participant	
Paula Provence, SCL participant	Morehead, KY
Kenny Hisle, SCL participant	Morehead, KY
James Lewis, Jr., SCL participant	Morehead, KY
Danalea Hall, mother of an SCL participant	Covington, KY
Gladys Hall, SCL participant	Covington, KY
Meredith Stith, SCL participant	Hardin County
Jane Ridner, SCL participant	Hardin County

Latoria, SCL participant	Hardin County
Whitney, SCL participant	Hardin County
Melissa L. Williams, SCL participant	Hardin County
Jessica Lee Alvery, SCL participant	Hardin County
Marjorie Reed, SCL participant	Hardin County
Jean White, SCL participant	Hardin County
Gary McIntosh, SCL participant	Hardin County
Jassmine G, SCL participant	Hardin County
Kayla Shapp, SCL participant	Hardin County
Dolores Debuzman, SCL participant	Hardin County
Mary Clair Shockency, SCL participant	Hardin County
Tony Brangers, SCL participant	Hardin County
Debbie Thorpe, SCL participant	Hardin County
Kersey Melvin Charles, SCL participant	Hardin County
Barry Lindsey, SCL participant	Hardin County
Ashley Elizabeth Logsdon, SCL participant	Hardin County
Angela, SCL participant	Hardin County
Markus W. Allen, SCL participant	Hardin County
Tonya Sue DeWitt, SCL participant	Hardin County
Dorothy M. Marshall, guardian of an SCL participant	Taylor Mill, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Sara Brockman, sister of an SCL participant	Erlanger, KY
Judith and Raymond Miller, parents of an SCL participant	Florence, KY
Yvonne Manning, mother of an SCL participant	Burlington, KY
Kathleen B. Boggs, mother of an SCL participant	Independence, KY
Samantha Shepherd, sister-in-law of an adult with disabilities	
Mary Jo Moore, mother of an SCL participant and offered comments on behalf of clients at Redwood adult day training site	Ft. Wright, KY
Ann Beckemeyer	Louisville, KY
Ruth Ann Gans/Mrs. Howell G. Gans, mother of an SCL participant	Louisville, KY
Ms. Collins, mother of an SCL participant	
Lea Anne Hall, SCL participant	
Janice Anderson, parent/guardian of an SCL participant	
Greg W. Legler, SCL participant	
Cheryl Skaggs, mother of an SCL participant	Louisville, KY
Edith Kimberlake, mother/guardian of an SCL participant	
F. Patrick Reed, CEO of Hugh E. Sandefur Training Center, Inc. and President-Elect of the Kentucy Association of Community Employment Solutions	
Robert C. Reifsnyder, President	United Way of Greater Cincinnati; Cincinnati, OH
Leshia Lyman, Director of the Northern Kentucky Area Center	United Way of Greater

	Cincinnati; Cincinnati, OH
Shelly Buntain, President	Independent Industries, Inc.; Louisville, KY
Jon Haynes	Lexington, KY
Gay B. Lang, mother of an SCL participant	Lexington, KY
Virgil Irvin Smith, SCL participant	Lexington, KY
Billie Mallory, MSW and parent of an SCL participant	Lexington, KY
Justin Mallory, SCL participant	Lexington, KY
Robert L. Turley	Lexington, KY
Celia Pickett, SCL participant	Lexington, KY
James White, SCL participant	Lexington, KY
Richey Vincent, SCL participant	Lexington, KY
Ms. Verna Higgins, mother of an SCL participant	Lexington, KY
Casie Seifert, SCL participant	Lexington, KY
Theresa Seifert, mother of an SCL participant	Lexington, KY
Fran Naylor, mother of two SCL participants	Lexington, KY
James F. Kijek, parent of an SCL participant	Georgetown, KY
Elizabeth L. Kijek, parent of an SCL participant	Georgetown, KY
Melanie A. Lybarger, parent/guardian of a Michelle P. waiver participant who receives adult day training	Lexington, KY
Beverly Byrum, SCL participant	Hopkinsville, KY
Corry Walters, adult foster care provider	Hopkinsville, KY
Steven A. Schuetz, guardian and brother of An SCL participant	Elsmere, KY
Marcia Moore, guardian of SCL participant	Louisville, KY
Kay Alexander, mother of an SCL participant	Marion, KY
Jane Rainey, mother/guardian of an SCL participant	Prospect, KY
Andrea J. Miller, mother of an SCL participant	
Orry Miller, SCL participant	
Bethany Perryman, MSW and case manager	Cumberland River Homes; Salem, KY
Darla Drawdy, RN/CM, healthcare coordinator	Cumberland River Homes; Salem, KY
Karen Gibson (who's deceased brother-in-law Bert Gibson worked at an ADT site (Redwood) for years	Edgewood, KY
Daniel O'Brien	Ft. Mitchell, KY
Mrs. Margaret O'Brien	Covington, KY
Mrs. Peggy Jackson	Independence, KY
Barbara R. Zerhusen	Erlanger, KY
Annelle S. Fulmer, sister of an SCL Participant	Lexington, KY
John David Brolley, father of an SCL participant	Erlanger, KY
Christy Nowlin	Louisville, KY
Lori Devine	Easter Seals West

	Kentucky, Inc., Paducah, KY
Catherine Rider	
Sharon Mitchell, MSSW	
Mrs. Kathleen Ashcraft	Erlanger, KY
Kim Hunt, sister of two SCL participants	Louisville, KY
Donna Jackson, mother of an autistic son	
Linda Greenhill	
Kimberly Hamilton	
D. O. (illegible)	
Derek O'Neal	
Amy Fainer	
Jimmy Griffith	
Amanda Rock	
Carol Peak	
Jason Johnson	
Alison Johnson	
Silas C. Simon	Owensboro, KY
Veronica Simon	
Catherine Simon	Owensboro, KY
Susan Mutter	
Patty Newton	
Gail Blair	Owensboro, KY
Robert A. Blair	Owensboro, KY
Matt Simon	
Kimberly Pollard	
Steven Gush	
Doug Newton	
Katie Goldsberry	Owensboro, KY
Cheryl Gabbert	
Jeff Johnson	
Robert Blair, Jr.	
Dustin Blair	
Eddie Newton	
Jennifer Jones	
Andrew Jones	
Allan Wayne Jones	
Darrel Frederick	
Kay Frederick	
Jim Gabbert	
Amy Simon	
Jeff Simon	
Cindy Simon	
Veronica L. Jones	
Natalie Janine Bumm	
Nicholas J. Bumm, Jr.	

Nicholas J. Bumm, III	
Kevin illegible last name	
John illegible last name	
Crystal Jones	
Emma Simon	
Amanda Bumm	
Brittany Gray	
Christina Ralph	
Tierney Barr	
Erica Hoyt	
Illegible name	
Brandon Greenwell	
Kristina Greenwell	
Austin L. illegible last name	
Austin Wood	
Charles illegible last name	
Chace Ling	
Christy Ralph	
Bryon Phillips	
Illegible name	
Jason illegible last name	
Anthony Head	
Tyler illegible last name	
Britney Sampson	
Charles D. Phillips, Jr.	Owensboro, KY
Elizabeth Phillips	Owensboro, KY
Joseph Phillips	
Holly Blair	
Alex Bullangh	
Alan illegible last name	
Tammy Phierson	
Justin Luok	
Evan Phillips	
Illegible name	
Steve Simon	
Judi Simon	
Glenn Darling	
Bessie Feldpausch	
Joey Feldpausch	
Margie Barr	
Michael Peak	Owensboro, KY
Illegible name	Owensboro, KY
Marquita Bailey	Clearfield, KY (Pathways Staff)
Lisa Kestner	West Liberty, KY (Pathways Staff)
Betty Spencer	Clearfield, KY
McKayle Johnson	Morehead, KY (Pathways Staff)

June Swartz	Salt Lick, KY (Pathways Site Supv.)
Dorthy Craft	Clearfield, KY
Bertis Craft	Clearfield, KY
Hallie Griffith	Morehead, KY
Tami Gill, consumer	
Dr. Mary Reina Arlinghaus, age 95	Notre Dame Academy in Covington, KY
Rick and Joann Lauer, in-law/sibling of an SCL participant	California, KY
Illegible name	Nicholasville, KY
Kenny Thomas	Lexington, KY
Illegible name	Grayson, KY
Lisa Bradley	Ashland, KY
Jeffery Fraley	Catlettsburg, KY
Phoebe Fitzgerald	Ashland, KY
Beth Adkins	Huntington, WV
Melanie R. Queen	Ashland, KY
No name provided	
No name provided	
Illegible name	Worthington, KY
Tg. A. illegible last name	Huntington, WV
Kathy Roe	Greenup, KY
Matt illegible last name	Ashland, KY
Illegible first name A. Bradley, Jr.	Ashland, KY
Derek Sizemore	Ashland, KY
Bill illegible last name	
Stephanie Dewitt-Sizemore	Ashland, KY
Amanda S. Preston	Ashland, KY
Illegible name	Ashland, KY
Genetta McClove	Ashland, KY
Joseph D. Coleman	Ashland, KY
Beverly Coleman	Ashland, KY
Sydney Cullup	Ashland, KY
Janet Bradley	Ashland, KY
Rachel Rae Coleman	Ashland, KY
Amanda Leiber	Ashland, KY
Lainey Burgess	Ashland, KY
Amy Acord	Ashland, KY
Jeff Watters	Ashland, KY
Virginia Watters	Ashland, KY
Shannon illegible last name	Lexington, KY
Tim Huff	
Angel L. Silvey	Wheelersburg, OH
Casey Burke	Grayson, KY
Sonya Remy	Ashland, KY
Debbie Whitt	

Illegible name	Wheelersburg, OH
Misty Amytin	Grayson, KY
Illegible name	Ashland, KY
David P. illegible last name	Catlettsburg, KY
Jawana Binion	Grayson, KY
William July	
Lea Acord	Catlettsburg, KY
Myriah Weatherholt	Ashland, KY
H. M. illegible last name	Ashland, KY
Bill Bradley	Ashland, KY
Kyle illegible last name	Ashland, KY
Guy Brislin	Nicholasville, KY
Matthew Brislin	Nicholasville, KY
Becky Brislin	Covington, KY
Robyn A. Shaler	Nicholasville, KY
Ralph Brislin	Covington, KY
Jenny Meade	Flatwoods, KY
Jeff Hale	Flatwoods, KY
Cleta Thompson	Ashland, KY
Dawn Withrow	Ashland, KY
Jennifer and Joshua Roberts	Ashland, KY
Kathryn illegible last name	Ironton, OH
Shawna Dillon	Ashland, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Kevin Crisp	Grayson, KY
David Foster	Ashland, KY
Marvin Sizemore	Ashland, KY
Aaron Wallace	Grayson, KY
Jinny Adams	
Ally illegible last name	Ashland, KY
James Biggs, III	Ashland, KY
Ed Sizemore	Ashland, KY
Debbie Barnett	Catlettsburg, KY
No name	
Marshe Winemor	Ashland, KY
Michelle Tackett	Catlettsburg, KY
Lindsey illegible last name	Ashland, KY
Kimberly Owen	Ashland, KY
Michael Kaye	Ashland, KY
Alex Hamlin	Ashland, KY
Kaylin Gambill	Ashland, KY
Kelly D. Petrie	Ashland, KY
James Sterge	Catlettsburg, KY
Jason Love	Worthington, KY
Duane Hughes	Ashland, KY

The Meade County, Marion County, Grayson County and Breckinridge County constituents listed below offered the comments which follow the list of names:

Linda Vehela, MCCC and FP	Meade County constituent
Barbara Lewis	Meade County constituent
Betty M. Emberton	Meade County constituent
Bobbi Jo Dowell	Meade County constituent
Tammy Quire	Meade County constituent
Danny Carnady	Meade County constituent
Kelly Jones	Meade County constituent
Casey Hicks	Meade County constituent
Melissa Henning	Meade County constituent
Lisa McCubbin	Meade County constituent
Phoebe Wheetams	Meade County constituent
Billy (illegible) MALPA	Meade County constituent
Shelia L. Bennett	Meade County constituent
Phyllis Stinsm, LPPC	Meade County constituent
Pam Veach	Meade County constituent
Bonnie H	Meade County constituent
Illegible name	
Lisa McCubbin	Meade County constituent
Valerie J. Allen	Meade County constituent
Kristin Hibbard	Meade County constituent
Deborah King	Meade County constituent
Donna Short	Meade County constituent
Tammy McIntosh	Meade County constituent
Chris Bueyn	Meade County constituent
Tyler Schonbaechle	Meade County constituent
Amy A	Meade County constituent
Gaye J. Chapman	Meade County constituent
Clara L. McAdams	Meade County constituent
Michelle Thomas	Meade County constituent
Dulnh A M	Meade County constituent
Beth Risen	Meade County constituent
Tony Lewis	Meade County constituent
Illegible name	Meade County constituent
Illegible name	Meade County constituent
Illegible name	Meade County constituent
Kimberly Pence	Meade County constituent
Regina Marhis	Meade County constituent
Loretta Sharp	Meade County constituent
Sue Ellen Stuhl	Meade County constituent
Charles Goodwin	Meade County constituent
Tommy Stivom	Meade County constituent
Stu Dwilu	Meade County constituent
Bonnie Sue Hill	Meade County constituent
Bee Moore	Meade County constituent

Sue Neight	Meade County constituent
Debbie Davelin	Meade County constituent
Therese Self	Meade County constituent
Barbara Redman	Meade County constituent
Janet Kessinger	Meade County constituent
Ann Padgett	Meade County constituent
Larry M. Powell	Meade County constituent
Judy Harper	Meade County constituent
Shannon Bettencourt	Meade County constituent
Bonnie Tucker	Meade County constituent
Frank Lundy, Sr.	Meade County constituent
Phyllis Lundy	Meade County constituent
Elenea Smith	Meade County constituent
Illegible name	Meade County constituent
Ida Mae Singleton	Meade County constituent
Kimberly Gleason	Meade County constituent
Todd Piatt	Meade County constituent
Marcis Balley	Meade County constituent
Gerald L. Payton	Meade County constituent
Jay W. Powell	Meade County constituent
Suzy Jones	Meade County constituent
Mary Greenweld	Meade County constituent
Mary Bandy	Meade County constituent
Jessica S. Me	Meade County constituent
Hope Benham	Meade County constituent
Melody Lach	Meade County constituent
Mary Trentham	Meade County constituent
Gladys Daniels	Meade County constituent
Jeff Cook	Meade County constituent
Illegible	Meade County constituent
Illegible name	Meade County constituent
Nise Abeana	Meade County constituent
Geraldine Solomon	Meade County constituent
Stan (illegible)	Meade County constituent
Jack Bettencourt	Meade County constituent
Sande Brown	Meade County constituent
Janette Kerr	Meade County constituent
Timmy Boyle	Meade County constituent
Josh Jones	Meade County constituent
Gerald Lee Mobley	Meade County constituent
Mary Cnodd	Meade County constituent
Gary	Meade County constituent
Frank Lundy	Meade County constituent
Stephanie Dever	Meade County constituent
Patricia Brown	Meade County constituent
Deborah J. Horton	Meade County constituent

Linda Milam	Meade County constituent
Richard Redmon	Meade County constituent
Kevin Powell	Meade County constituent
Guy Lynn	Meade County constituent
Molly James	Meade County constituent
Amy M. Haynes	Meade County constituent
Shay Dankersley	Meade County constituent
Theresa Sinneth	Meade County constituent
John Shemwell	Meade County constituent
Connor Bruce	Meade County constituent
Pam Bash	Meade County constituent
Rechelle Johnson	Meade County constituent
Timmy Harper	Meade County constituent
Barry Ramsey	Meade County constituent
Joy Ramsey	Meade County constituent
Scott Harper	Meade County constituent
Tammy Juper	Meade County constituent
David W. Pace	Meade County constituent
Scott A	Meade County constituent
Robert E. Stith	Meade County constituent
D. Stith	Meade County constituent
Howard E. Kessinger, Sr.	Meade County constituent
Howard E. Kessinger, Jr.	Meade County constituent
Greg Stith	Meade County constituent
Megan Stith	Meade County constituent
Richard Stith	Meade County constituent
Tina G. Stith	Meade County constituent
Amber Kessinger	Meade County constituent
Eddie Greenwell	Meade County constituent
Doris S. Greenwell	Meade County constituent
Illegible name	Meade County constituent
Bonnie Wade	Meade County constituent
T. McMahan	Meade County constituent
Cole Mays	Meade County constituent
C. Wilson	Meade County constituent
Illegible name	Meade County constituent
Lorena Hardesty	Meade County constituent
Sharon Hardesty	Meade County constituent
Donna G. Sandberg	Meade County constituent
Illegible name	Meade County constituent
C. Wilson	Meade County constituent
Illegible name	Meade County constituent
Ida Singleton	Meade County constituent
Lana Smith	Meade County constituent
Kathy Stith	Meade County constituent
Franklin B. Stith	Meade County constituent

Phillys	Meade County constituent
Verna Allgeier	Meade County constituent
John Allgeier	Meade County constituent
Ben Kessinger	Meade County constituent
Mitzi Allgeier	Meade County constituent
Peggy G. Cox	Meade County constituent
Illegible name	Meade County constituent
Janet Powell	Meade County constituent
Illegible name	Meade County constituent
Illegible name	Meade County constituent
Reeci Hampton	Meade County constituent
Christine Zoeller	Meade County constituent
Michael Rihn	Meade County constituent
Christina Procter	Meade County constituent
Tabitha Clemens	Meade County constituent
Tina Heckman	Meade County constituent
Illegible name	Meade County constituent
David Sul	Meade County constituent
Jennifer Boothe	Meade County constituent
Illegible name	Meade County constituent
Kalishua Rowe	Meade County constituent
Marie Perry	Meade County constituent
William M	Meade County constituent
Illegible name	Meade County constituent
A. Hunt	Meade County constituent
Lois Mattingly	Meade County constituent
Betty Oder	Meade County constituent
Footh Ney	Meade County constituent
Cindie Dowell	Meade County constituent
Leslie Duke	Meade County constituent
Samantha C.	Meade County constituent
Terry Keown	Meade County constituent
Selena Trather	Meade County constituent
Martika Abell	Meade County constituent
Illegible name	Meade County constituent
Kelly Sihu	Meade County constituent
James	Meade County constituent
Teresa Ramey	Meade County constituent
Joe C. Benham	Meade County constituent
Stefanie Huddleston	Meade County constituent
Mario Monaco	Meade County constituent
Kim Barr	Meade County constituent
Donald P.	Meade County constituent
Melanie Rule	Meade County constituent
Andarr Bault	Meade County constituent
Lisa Skaggs	Meade County constituent

Vickie Grant	Meade County constituent
Terry Keown, Jr.	Meade County constituent
William Thorp	Meade County constituent
Amanda Guarnoos	Meade County constituent
Paul Nino	Meade County constituent
Pete Nino	Meade County constituent
LaDonna Ridnour	Meade County constituent
Janet H. Spalding	Marion County constituent
Aaron Spalding	Marion County constituent
Jane Claire Spalding	Marion County constituent
Richard Anderson	Marion County constituent
Angela D. Nalley	Marion County constituent
Carla Waynes	Marion County constituent
Elaine Mull	Marion County constituent
Illegible name	Marion County constituent
Nicole Pinkston	Marion County constituent
Benard Abell .	Marion County constituent
Kathleen Pinkston	Marion County constituent
Virginia Mason	Marion County constituent
Janice P.	Marion County constituent
Phyllis Hardin	Marion County constituent
Illegible name	Marion County constituent
Debbie Higdon	Marion County constituent
Stephanie Pittman	Marion County constituent
Karen Spalding	Marion County constituent
Melissa Goff	Marion County constituent
Amy C. Sandusky	Marion County constituent
Illegible name	Marion County constituent
Sherri Hawkins	Marion County constituent
Flo Lowery	Marion County constituent
John D. Mattingly, C.J. Executive	Marion County constituent
Theresa Wilson	Marion County constituent
Agnes Dup .	Marion County constituent
Charles A. Jin	Marion County constituent
Karen Shewmaker	Marion County constituent
Carroll Kirkland	Marion County constituent
Stephanie Buckman	Marion County constituent
Marilyn Bowen	Marion County constituent
Linda Smith	Marion County constituent
Dana R. Pulliam	Marion County constituent
Linda Reynolds .	Marion County constituent
Julia Briarly	Marion County constituent
Lauren Williams	Marion County constituent
Tim Bundy	Marion County constituent
CamillaEwing	Marion County constituent
Alisha O' Daniel	Marion County constituent

Cathy O'Daniel	Marion County constituent
Dodie Polin	Marion County constituent
Elizabeth Wohner	Marion County constituent
Bonnie Wickes	Marion County constituent
Debbie Debarson	Marion County constituent
Vessia P. Smith	Marion County constituent
Gisele D. West, DVM	Marion County constituent
Dana R. Pulliam	Marion County constituent
Linda Reynolds .	Marion County constituent
Julia Briarly	Marion County constituent
Lauren Williams	Marion County constituent
Tim Bundy	Marion County constituent
CamillaEwing	Marion County constituent
Alisha O' Daniel	Marion County constituent
Cathy O'Daniel	Marion County constituent
Dodie Polin	Marion County constituent
Illegible name	Marion County constituent
Billy M. Osbourne	Marion County constituent
Lynette Osbourne	Marion County constituent
Anita M. Lanham .	Marion County constituent
Burnani Lanham	Marion County constituent
Marguerite Clark	Marion County constituent
Mark Mattingly	Marion County constituent
Billy Mattingly	Marion County constituent
P. Mattingly	Marion County constituent
Malissa Garrett	Marion County constituent
Patti Beavers	Marion County constituent
Tresa Arnel .	Marion County constituent
William Beaus	Marion County constituent
S. Broam	Marion County constituent
Mary Brownie	Marion County constituent
Amanda Ballard	Marion County constituent
Jenny Ritchie	Marion County constituent
Melinda Howard	Marion County constituent
C. Howard	Marion County constituent
Paul Mattingly	Marion County constituent
Barbara Lankin	Marion County constituent
Joe B. Lankin	Marion County constituent
Nick Lankin	Marion County constituent
Donna Keeling	Marion County constituent
Marjorie Bowman	Marion County constituent
Phyllis Helton	Marion County constituent
Lynn Davis	Marion County constituent
Babette B. Chesser	Marion County constituent
Vicki Goodroad	Marion County constituent
Jackie Votaw	Marion County constituent

Steven Votaw	Marion County constituent
Misty Brutto	Marion County constituent
Clement Brutto	Marion County constituent
Trena Baker	Marion County constituent
Justice Holder	Marion County constituent
Trey Holder	Marion County constituent
Timothy Davis	Marion County constituent
Tom Helton	Marion County constituent
EvanKeeling	Marion County constituent
David Goodroad	Marion County constituent
Dan Chesser	Marion County constituent
Fred Ryan	Marion County constituent
Chris Ryan	Marion County constituent
Frida Ryan	Marion County constituent
Moesli Wilson	Marion County constituent
Mary Grace Mattingly	Marion County constituent
Michelle Osbourne	Marion County constituent
Bud Abram	Marion County constituent
Barbara Rafferty	Marion County constituent
Cindy M. Kelty	Marion County constituent
Clarice Norris	Marion County constituent
Jeffrey T. Norris	Marion County constituent
Betty Murphy	Marion County constituent
Connie Adams	Marion County constituent
R. Murphy	Marion County constituent
Chad Spalding	Marion County constituent
Sandra Blanogard or Blandford	Marion County constituent
Larry Norris	Marion County constituent
Terri Norris	Marion County constituent
Jessie Norris	Marion County constituent
Sandra K. Shockney	Marion County constituent
Bettina Cambra	Marion County constituent
Martha Whitehouse	Marion County constituent
Debbie Reed	Marion County constituent
Illegible name	Marion County constituent
Rodney Lanham	Marion County constituent
Lisa Murphy	Marion County constituent
Joanna Johnson	Marion County constituent
Melissa Lee Knight	Marion County constituent
Catherine Mattingly	Marion County constituent
Illegible name	Marion County constituent
Sharon Smith	Marion County constituent
Betty Lou Mudd	Marion County constituent
Leslie P. Dulmage	Marion County constituent
Deirdre Bull	Marion County constituent
Lisa Ashowine	Marion County constituent

Dan Daderty	Marion County constituent
Bell Lauch	Marion County constituent
Connie Blandford	Marion County constituent
Brad Mattingly	Marion County constituent
Stephanie Lee	Marion County constituent
Illegible name	Marion County constituent
Margan Graves	Marion County constituent
Gloria Benningfield	Marion County constituent
Erin Tingle	Marion County constituent
Josh Osbourne	Marion County constituent
Latisha Dye	Marion County constituent
Pat Dye	Marion County constituent
Rickey Padgett	Marion County constituent
Greg Osbourne	Marion County constituent
Jennifer Osbourne	Marion County constituent
Lisa Sandusky	Marion County constituent
Daniel Mattingly	Marion County constituent
Donna Hutchins	Marion County constituent
Michael Cecil	Marion County constituent
Margaret Cessill	Marion County constituent
Libby Myers	Marion County constituent
Lalen Kirkland	Marion County constituent
Beverly Fenwick	Marion County constituent
Sharon Cecil	Marion County constituent
Stephanie Lee	Marion County constituent
Jessica Baker	Marion County constituent
Amanda Bowen	Marion County constituent
Mary Anne Blair	Marion County constituent
Mary May	Marion County constituent
Eva Jo Nugent	Marion County constituent
Betty Blair	Marion County constituent
Ashley Roberts	Marion County constituent
Joe V. Blair	Marion County constituent
Tracie Blair	Marion County constituent
Sarah Blair	Marion County constituent
Justin Price	Marion County constituent
Barbara Battcher	Marion County constituent
Benny Blair	Marion County constituent
Marion V. Blair, Jr.	Marion County constituent
Margaret Cessill	Marion County constituent
Patsy Blandford	Marion County constituent
Marty Blandford	Marion County constituent
Renee Benningfield	Marion County constituent
Stacey Benningfield	Marion County constituent
Beth Battcher	Marion County constituent
Phyllis Crane	Marion County constituent

Bob Crane	Marion County constituent
Margaret Crane	Marion County constituent
John Wiser	Marion County constituent
Nicole Robertson	Marion County constituent
Emily M. Zint	Marion County constituent
Sharon E.	Marion County constituent
Charles Ramey	Marion County constituent
Jessica L. Floyd	Marion County constituent
Krystal N. Leake	Marion County constituent
Mary Leo Wimsatt	Marion County constituent
Allyson Stine	Marion County constituent
Tammy May	Marion County constituent
Ann J. Cheaney	Marion County constituent
Davette Mays	Marion County constituent
McCall Thompson	Marion County constituent
Wendy Brady	Marion County constituent
Tracey Rinehart	Marion County constituent
Joan D. Wood	Marion County constituent
Beverly Thomas	Marion County constituent
Jill Guddie	Marion County constituent
Ashley Green	Marion County constituent
Ray Osbourne	Marion County constituent
Madeleine Farmer	Marion County constituent
Carrie Tuft	Marion County constituent
Diane Raley	Marion County constituent
Renee Spalding	Marion County constituent
Dorothy Wright	Marion County constituent
Holly Buckman	Marion County constituent
Tammy Mully	Marion County constituent
Jan Powers	Marion County constituent
Alex Poke	Marion County constituent
Jeremy Mc	Marion County constituent
Connie Doddie	Marion County constituent
Elizabeth Bright	Marion County constituent
Stacy May	Marion County constituent
Kim Bright	Marion County constituent
Deborah Wren	Marion County constituent
Raylyn Abell	Marion County constituent
Pete Farmer	Marion County constituent
Missy Spalding	Marion County constituent
Jenny Williams	Marion County constituent
Ila Hilts	Marion County constituent
Christina Holton	Marion County constituent
Krystal Douglas	Marion County constituent
Fred Browning	Marion County constituent
Donna Browning	Marion County constituent

Pat Browning	Marion County constituent
Wayne Browning	Marion County constituent
Melissa Browning	Marion County constituent
Judy Jackson	Marion County constituent
Jeff Jackson	Marion County constituent
Sara Beth Dolley	Marion County constituent
Sandra Nalley	Marion County constituent
Katherine Thompson	Marion County constituent
Peggy Browning	Marion County constituent
Mary Lou Mattingly	Marion County constituent
eraldine Spalding	Marion County constituent
Rita Hamilton	Marion County constituent
Joseph H. Mattingly, Jr.	Marion County constituent
Louise McCarley	Marion County constituent
Donna Smith	Marion County constituent
Gwen Mattingly	Marion County constituent
Andy Mattingly	Marion County constituent
Patty Brady	Marion County constituent
John L. Brady	Marion County constituent
Ashley S. Brady	Marion County constituent
Sheila Buckman Lanham	Marion County constituent
Neal Lanham	Marion County constituent
Wilma Buckman	Marion County constituent
Kenneth Buckman	Marion County constituent
Kathy Thompson	Marion County constituent
Mike Thompson	Marion County constituent
Joyce Spalding	Marion County constituent
Joe Paul Spalding	Marion County constituent
Chad Houd	Marion County constituent
Kim Houd	Marion County constituent
Tommy Mattingly	Marion County constituent
Linda Mattingly	Marion County constituent
Jerry Helm	Marion County constituent
Rita L. Spalding	Marion County constituent
Charles M. Spalding	Marion County constituent
Cecil Belcher	Marion County constituent
Alice Fungate	Marion County constituent
Donna G. Royse	Marion County constituent
Alice Young	Marion County constituent
Judy Tate Blackwell	Marion County constituent
Becky R. Clark	Marion County constituent
Robert Spalding	Marion County constituent
Sandy Drye	Marion County constituent
Patty O’Daniel	Marion County constituent
Crystal L. Edlin	Marion County constituent
Lisa Hall	Marion County constituent

Stacy Hall	Marion County constituent
Krystal Goster	Marion County constituent
Jessica Bagwell	Marion County constituent
Tammy Durham	Marion County constituent
Danny Marks	Marion County constituent
Wanda Walls	Marion County constituent
Kim Ford	Marion County constituent
Karen Brady	Marion County constituent
Sandi Smablis	Marion County constituent
Pence Schooling	Marion County constituent
D. Blandford	Marion County constituent
Betty Sullivan	Marion County constituent
Tina Bickett	Marion County constituent
Amanda Spalding	Marion County constituent
Janice Wheatley	Marion County constituent
Anne Caldwell	Marion County constituent
Lisa Lanham	Marion County constituent
Sherry Bell	Marion County constituent
Billy Caldwell	Marion County constituent
Illegible name	Marion County constituent
Beth Osborne	Marion County constituent
Melissa Russell	Marion County constituent
Erin illegible last name	Marion County constituent
Christie Bruce	Marion County constituent
Lori Whitlock	Marion County constituent
Lisa Alford	Marion County constituent
Margaret Blandford	Marion County constituent
Michelle Pierce	Marion County constituent
Ida L. Spalding	Marion County constituent
Pam Mattingly	Marion County constituent
Mimi Crum	Marion County constituent
Elizabeth Raley	Marion County constituent
Melissa Murphy	Marion County constituent
Semone Bradshaw	Marion County constituent
Kristen Brady	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
April Brown	Marion County constituent
Jimmie Brown	Marion County constituent
Christie Rakes	Marion County constituent
Doyle Downs	Marion County constituent
Doris Downs	Marion County constituent
Julian Thompson	Marion County constituent
Steve Downs	Marion County constituent
Juan Downs	Marion County constituent
Brenda Edelen	Marion County constituent

Karen Lake	Marion County constituent
Peggy Downs	Marion County constituent
Alex Thompson	Marion County constituent
Rick Downs	Marion County constituent
Sherry Thompson	Marion County constituent
Matthew Mattingly	Marion County constituent
Olivia Mattingly	Marion County constituent
Mark Downs	Marion County constituent
Samantha Downs	Marion County constituent
Amber Clark	Marion County constituent
Jason Clark	Marion County constituent
Jessica Hill	Marion County constituent
Matte Newton	Marion County constituent
Debbie Mattingly	Marion County constituent
Wanda Glasscock	Marion County constituent
Anita Elder	Marion County constituent
Pat Gaddie	Marion County constituent
Faye Browning	Marion County constituent
Mary Ann Blair	Marion County constituent
Estil Gaddie	Marion County constituent
Brian Gaddie	Marion County constituent
Frank Buckler	Marion County constituent
Jan Bradshaw	Marion County constituent
Justin Coyle	Marion County constituent
Misty Thurman	Marion County constituent
Bonnie Snochise	Marion County constituent
Dianna Bardin	Marion County constituent
Bobby Van Dyke	Marion County constituent
Cheryl Mays	Marion County constituent
Kay Coyle	Marion County constituent
Steve Coyle	Marion County constituent
Paige Gaddie	Marion County constituent
Judy Gaddie	Marion County constituent
Judy Lee	Marion County constituent
Donna Montgomery	Marion County constituent
Elaine Hoellemeer	Marion County constituent
Glenna Hunt	Marion County constituent
Terri Osbourne	Marion County constituent
Barbara Rapp	Marion County constituent
Amie Overstreet	Marion County constituent
Pam Vance	Marion County constituent
Cecilia Van Dyke	Marion County constituent
Joyce A. Caldwell	Marion County constituent
Amy Young	Marion County constituent
Leslie Van Why	Marion County constituent
Lindsey Muncie	Marion County constituent

Sara Brady	Marion County constituent
Nettie Brown	Marion County constituent
Joe Brown	Marion County constituent
Michael Gribbins	Marion County constituent
Shelly Gribbins	Marion County constituent
Matt illegible last name	Marion County constituent
Ricky Courtight	Marion County constituent
Ann Lee	Marion County constituent
Joe Buckler	Marion County constituent
Todd Simpson	Marion County constituent
Larry Mattingly	Marion County constituent
Illegible name	Marion County constituent
Carolyn Lynch	Marion County constituent
Michael Pnigh	Marion County constituent
Kenny Wright	Marion County constituent
Debbie Hall	Marion County constituent
Illegible name	Marion County constituent
Carol Thompson	Marion County constituent
Donna Turpin	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
Illegible name	Marion County constituent
Kay Mills	Marion County constituent
Charles Cambros	Marion County constituent
Gerald O’Daniel	Marion County constituent
Sheliah Buckman	Marion County constituent
Stephen Ballerd	Marion County constituent
James K. Hourigan	Marion County constituent
Tim Spalding	Marion County constituent
Richard Wilson	Marion County constituent
Dennis Whitehouse	Marion County constituent
Harry Thomas	Marion County constituent
Stephanie Brockman	Marion County constituent
Doug Brockman	Marion County constituent
Josh Brockman	Marion County constituent
Paul Brockman	Marion County constituent
Margaret Brockman	Marion County constituent
Steven Brockman	Marion County constituent
Jennifer Jarboe	Marion County constituent
Michael Jarboe	Marion County constituent
Laura Jarboe	Marion County constituent
Daniel Jarboe	Marion County constituent
Ruthie Jackson	Marion County constituent
Dana Jackson	Marion County constituent
Audrey Turner	Marion County constituent

Illegible name	Marion County constituent
Betty Bradshaw	Marion County constituent
Steve Baudistel	Marion County constituent
Dawn Leake	Marion County constituent
Gary Leake	Marion County constituent
Samantha Abell	Marion County constituent
Justine Abell	Marion County constituent
Tommy Lou Thomas	Marion County constituent
James S. Thompson	Marion County constituent
Anthony Mattingly	Marion County constituent
Jessica Mattingly	Marion County constituent
Joe Graves	Marion County constituent
Rita Graves	Marion County constituent
Tiffany Sapp	Marion County constituent
Savannah Graves	Marion County constituent
Angel Graves	Marion County constituent
Bradley Graves	Marion County constituent
Stephanie Graves	Marion County constituent
Mary E. O'Daniel	Marion County constituent
Susan Ballard	Marion County constituent
Eddie Ballard	Marion County constituent
Margaret Cissell	Marion County constituent
Janelle O'Daniel	Marion County constituent
Mike O'Daniel	Marion County constituent
Ann Bright	Marion County constituent
Dylan Bright	Marion County constituent
Elaine Helm	Marion County constituent
Johnny Helm	Marion County constituent
Kelly Pucker	Marion County constituent
Steve Pucker	Marion County constituent
Mary Lou McRay	Marion County constituent
Cyril S. McCauley	Marion County constituent
Loren McRay	Marion County constituent
Illegible name	Grayson County constituent
Bobby Lyons	Grayson County constituent
Randy Weedman	Grayson County constituent
Elizabeth Clemons	Grayson County constituent
Shirlene Fentress	Grayson County constituent
Tina Riggs	Grayson County constituent
Darene	Grayson County constituent
Jennifer Mudd	Grayson County constituent
Stephen Mudd	Grayson County constituent
Lana Lackfield	Grayson County constituent
Darrin Embry	Grayson County constituent
Joyce Pierce	Grayson County constituent
Lillian White	Grayson County constituent

Charles H. White	Grayson County constituent
Veronica Gibson	Grayson County constituent
Henry Basham	Grayson County constituent
Doug Weedman	Grayson County constituent
Andrew Haven	Grayson County constituent
J. Cole	Grayson County constituent
Gerald L. Payton	Grayson County constituent
Michelle Francis	Grayson County constituent
Brenda Palmer	Grayson County constituent
Illegible name	Grayson County constituent
Chris Palmer	Grayson County constituent
Kari Haven	Grayson County constituent
Illegible name	Grayson County constituent
Janice Harrel	Grayson County constituent
Sara Lindsey	Grayson County constituent
Regina Huff	Grayson County constituent
Rickey Stephen	Grayson County constituent
Cathy Nelson	Grayson County constituent
Shannon Ward	Grayson County constituent
Sandra Ward	Grayson County constituent
Samantha Ward	Grayson County constituent
Shawna Ward	Grayson County constituent
Mary Mercer	Grayson County constituent
Charles Mercer	Grayson County constituent
Deborah Bush	Grayson County constituent
Bufford Stafford	Grayson County constituent
Kim Stafford	Grayson County constituent
Philip Probus	Grayson County constituent
Larry Miller	Grayson County constituent
Brianna Cary	Grayson County constituent
Buddy Shorter	Grayson County constituent
Ashley Franklin	Grayson County constituent
Pamela Franklin	Grayson County constituent
Scottie Franklin	Grayson County constituent
Marshall Moutardier	Grayson County constituent
Angel Moutardier	Grayson County constituent
Junior Moutardier	Grayson County constituent
Sherry Moutardier	Grayson County constituent
Rose Lucas	Grayson County constituent
Danny Lucas	Grayson County constituent
Darrell Lucas	Grayson County constituent
LaDawn Lucas	Grayson County constituent
Ruth Ann Young	Grayson County constituent
Howard Young	Grayson County constituent
Robert Moutardier	Grayson County constituent
Cathy Moutardier	Grayson County constituent

Larry Moutardier	Grayson County constituent
Donna Probus	Grayson County constituent
Tina Vanderman	Grayson County constituent
Kim Dowell	Grayson County constituent
Casey Jones	Grayson County constituent
Kristina Puckett	Grayson County constituent
Cheryl Higdon	Grayson County constituent
Daniel Sherodean	Grayson County constituent
Joann Kerr	Grayson County constituent
Lanny Kerr	Grayson County constituent
Devin Kerr	Grayson County constituent
Ed Burchett	Grayson County constituent
Mildred Burchett	Grayson County constituent
Illegible name	Grayson County constituent
Jess illegible last name	Grayson County constituent
Orita illegible last name	Grayson County constituent
Cammy Cordus	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
Sarah illegible last name	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
William illegible last name	Grayson County constituent
Veronica Sanders	Grayson County constituent
Illegible name	Grayson County constituent
Sally Bogdarn	Grayson County constituent
Sandra illegible last name Jones	Grayson County constituent
Illegible name	Grayson County constituent
Patti Parriga	Grayson County constituent
Phyllis Coole	Grayson County constituent
Wanda Van Meter	Grayson County constituent
Amanda Williams	Grayson County constituent
Larry illegible last name	Grayson County constituent
Josh Decker	Grayson County constituent
Robbie illegible last name	Grayson County constituent
Carrie Elder	Grayson County constituent
Thomas Roof	Grayson County constituent
Tim Suttern	Grayson County constituent
Illegible name	Grayson County constituent
Mark Stanton	Grayson County constituent
Pamela Sue Willis	Grayson County constituent
Illegible name	Grayson County constituent
Jeff Clemons	Grayson County constituent
Illegible name	Grayson County constituent
Will illegible last name	Grayson County constituent
Tammy Barton	Grayson County constituent

Samantha Martinez	Grayson County constituent
Jennifer Barton	Grayson County constituent
Alice Simmons	Grayson County constituent
Lorie Williams	Grayson County constituent
Jim Swafford	Grayson County constituent
Scott Raffet	Grayson County constituent
Illegible name	Grayson County constituent
Mark A. Gary	Grayson County constituent
Ilise Johnson	Grayson County constituent
Randall Alvey	Grayson County constituent
Dr, Ar or An Reul	Grayson County constituent
Brendan Rafferty	Grayson County constituent
Barry illegible last name	Grayson County constituent
Amy Hart	Grayson County constituent
Carrie Maye	Grayson County constituent
Alfred Potts	Grayson County constituent
Sabrina Snartzen	Grayson County constituent
Terry Paul	Grayson County constituent
Jeff illegible last name	Grayson County constituent
Larry illegible last name	Grayson County constituent
Paulett Searun	Grayson County constituent
Loretta Moreno	Grayson County constituent
Brendan Rafferty	Grayson County constituent
Barry illegible last name	Grayson County constituent
Amy Hart	Grayson County constituent
Carrie Maye	Grayson County constituent
Alfred Potts	Grayson County constituent
Sabrina Snartzen	Grayson County constituent
Terry Paul	Grayson County constituent
Jeff illegible last name	Grayson County constituent
Larry illegible last name	Grayson County constituent
Paulett Searun	Grayson County constituent
Loretta Moreno	Grayson County constituent
Sunny Fegett	Grayson County constituent
Illegible name	Grayson County constituent
George House, Jr.	Grayson County constituent
Mike Frost	Grayson County constituent
Illegible first name Maltz	Grayson County constituent
Melissa R. Carrell.	Grayson County constituent
Johnny Carrell	Grayson County constituent
Illegible name	Grayson County constituent
Travis Dunn	Grayson County constituent
Melissa Dunn	Grayson County constituent
Danny Dunn	Grayson County constituent
Holly Dunn	Grayson County constituent
Kayla Putton	Grayson County constituent

Tiffany illegible last name	Grayson County constituent
Patricia Kendall.	Grayson County constituent
Ricky Kendall	Grayson County constituent
Patrick Burton	Grayson County constituent
Illegible name	Grayson County constituent
Rachel Hall	Grayson County constituent
Elaine Houchin	Grayson County constituent
Mike Houchin	Grayson County constituent
Christy McMillen	Grayson County constituent
Julie Colmin	Grayson County constituent
Cathy Darst	Grayson County constituent
Valeria Hayes-Hicks	Grayson County constituent
Larry Raley	Grayson County constituent
Lisa Payton	Grayson County constituent
Kelli White	Grayson County constituent
Gayle Parker	Grayson County constituent
Kathleen V. illegible last name	Grayson County constituent
LaNean Davis	Grayson County constituent
Donna White	Grayson County constituent
Angel Collins	Grayson County constituent
Jeanell Bradley	Grayson County constituent
Susan Foote	Grayson County constituent
Tammy Saltsmein.	Grayson County constituent
Diania Decker	Grayson County constituent
Virginia Schultz	Grayson County constituent
Jennifer illegible last name	Grayson County constituent
Sandy Langh	Grayson County constituent
Tammy Bratcher	Grayson County constituent
Illegible name	Grayson County constituent
Kim Curt	Grayson County constituent
Brenda Parks	Grayson County constituent
Debbie Thornton	Grayson County constituent
Illegible name	Grayson County constituent
Hollye R. Bina	Grayson County constituent
Illegible name	Grayson County constituent
Franklin K. Higdon	Grayson County constituent
Debbie Nevitt	Grayson County constituent
Elisha Decker	Grayson County constituent
J. J. Decker	Grayson County constituent
Alicia Hayes	Grayson County constituent
Lisa Roark	Grayson County constituent
Carol Hall	Grayson County constituent
Carroll Aubrey	Grayson County constituent
Bonnie Dodson	Grayson County constituent
Lilian Brashars	Grayson County constituent
Brenda J. Miller	Grayson County constituent

Sallie Dodson	Grayson County constituent
Lois F. Buntain	Grayson County constituent
Bill Buntain	Grayson County constituent
Brandy Sebastian	Grayson County constituent
Todd Bruyer	Grayson County constituent
David Buntain	Grayson County constituent
Charles Willis	Grayson County constituent
Hope Willis	Grayson County constituent
Jessie Blair	Grayson County constituent
Terry Blair	Grayson County constituent
Shirley McNutt	Grayson County constituent
Charly Blair	Grayson County constituent
Linda Wood	Grayson County constituent
Bonnie Dodson	Grayson County constituent
Audrey illegible last name	Grayson County constituent
Adam Sealy	Grayson County constituent
Josh illegible last name	Grayson County constituent
Adam Davenport	Grayson County constituent
Mike Readdy	Grayson County constituent
Illegible first name Goosetree	Grayson County constituent
Samantha Truman	Grayson County constituent
Josh Truman	Grayson County constituent
Keith Lucas	Grayson County constituent
Tracy Miller	Grayson County constituent
Charles illegible last name	Grayson County constituent
Clayton Miller	Grayson County constituent
Joyce Miller	Grayson County constituent
Stacy Miller	Grayson County constituent
Larry Parker	Grayson County constituent
Marlina Parker	Grayson County constituent
Martha Dodson	Grayson County constituent
Illegible first name Sue Van Beeskirk	Grayson County constituent
David L. Saho	Grayson County constituent
Danny Saho	Grayson County constituent
Ronnie L. Aubrey	Grayson County constituent
Lastasha Aubrey	Grayson County constituent
Tonya Kersey Aubrey	Grayson County constituent
Billy Joe Aubrey	Grayson County constituent
Brenda Campbell	Grayson County constituent
Ronnie Willis	Grayson County constituent
Jesse Willis	Grayson County constituent
Gail Butler	Grayson County constituent
Ronnie Dodson	Grayson County constituent
Barbara Higdon	Grayson County constituent
Donnie Higdon	Grayson County constituent
Maggie Decker	Grayson County constituent

Heather Higdon	Grayson County constituent
Monica Houtchens	Grayson County constituent
Vickie Beville	Grayson County constituent
Tim Beville	Grayson County constituent
Andrya Carnes	Grayson County constituent
Andy Carnes	Grayson County constituent
James Houtchens	Grayson County constituent
Megan E. Quackenbush	Grayson County constituent
Luke Smith	Grayson County constituent
Karen Williams	Grayson County constituent
Donna Harrel	Grayson County constituent
Evelyn Decker	Grayson County constituent
Travis Decker	Grayson County constituent
Michael Decker	Grayson County constituent
Linda Wilson	Grayson County constituent
Stacy Beltz	Grayson County constituent
Albert Wilson	Grayson County constituent
Sandie Wilson	Grayson County constituent
Jackie Begley	Grayson County constituent
Alex Begley	Grayson County constituent
Bethany Horning	Grayson County constituent
Janet Brown	Grayson County constituent
Mary Alice Meredith	Grayson County constituent
Tonya Neff Decker	Grayson County constituent
Tamara Mudd	Grayson County constituent
Shannon Ward	Grayson County constituent
Mary Morgan	Grayson County constituent
Illegible name	Grayson County constituent
Deb Bush	Grayson County constituent
Chuck Mercer	Grayson County constituent
Bie Marr	Grayson County constituent
Tammy Anne	Grayson County constituent
Sandra Ward	Grayson County constituent
Torra illegible last name	Grayson County constituent
Deb Marr	Grayson County constituent
Karen Marr	Grayson County constituent
Chrisy Marr	Grayson County constituent
Andie Carol	Grayson County constituent
Shawna Ward	Grayson County constituent
Betty Cary	Grayson County constituent
Ashley Franklin	Grayson County constituent
Pam Franklin	Grayson County constituent
Billie Willis	Grayson County constituent
Scott Franklin	Grayson County constituent
Marsha Moutardier	Grayson County constituent
Angel Moutardier	Grayson County constituent

Junior Moutardier	Grayson County constituent
Nancy Ryan	Grayson County constituent
Tommy Ryan	Grayson County constituent
Marty Ryan, Jr.	Grayson County constituent
Ken Rafferty	Grayson County constituent
Patrick Ryan	Grayson County constituent
Gary Good	Grayson County constituent
Dorothy Good	Grayson County constituent
D. Good	Grayson County constituent
Tony Mudd	Grayson County constituent
Bradley Mudd	Grayson County constituent
William Jutz	Grayson County constituent
Jeremy Holb	Grayson County constituent
Ronnie Baxter	Grayson County constituent
R. illegible last name	Grayson County constituent
Lois Baxter	Grayson County constituent
Sharon Tuckett	Grayson County constituent
Rickie L. Early	Grayson County constituent
Kay P.	Grayson County constituent
Lane Critchelaw	Grayson County constituent
Regina White	Grayson County constituent
Verda V. Paucar	Grayson County constituent
Wanda Terry	Grayson County constituent
Illegible name	Grayson County constituent
Betty Roberts	Grayson County constituent
Bobby Clemons	Grayson County constituent
Brenda Shoptan	Grayson County constituent
Bobbie Jo Butter	Grayson County constituent
Illegible name	Grayson County constituent
Amanda Joyce	Grayson County constituent
Ann Clemsus	Grayson County constituent
Brandie Emmerting	Grayson County constituent
Martha Logsdon	Grayson County constituent
Barbara Slocum	Grayson County constituent
Rose Gibbs	Grayson County constituent
Ola Porter	Grayson County constituent
Patricia Ward	Grayson County constituent
David Logsdon	Grayson County constituent
Jane Tripp	Grayson County constituent
Paul Shoptan	Grayson County constituent
Brittany Huett	Grayson County constituent
Ashley Pryor	Grayson County constituent
Trent Huett	Grayson County constituent
Aaron Miller	Grayson County constituent
Tonya Lutz	Grayson County constituent
Jeff Lutz	Grayson County constituent

Evelyn Mayes	Grayson County constituent
Jimmy Mayes	Grayson County constituent
Darrell Mayes	Grayson County constituent
Martha Mayes	Grayson County constituent
Paul Shoptan, Jr.	Grayson County constituent
Steve Shoptan	Grayson County constituent
Margie Wooten	Grayson County constituent
Sarah Wooten	Grayson County constituent
Joseph Shoptan	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
Wayne Clemons	Grayson County constituent
Kevin Encore	Grayson County constituent
Keith Rafferty	Grayson County constituent
Linda Alley	Grayson County constituent
Martha Duvall	Grayson County constituent
Illegible name	Grayson County constituent
Illegible name	Grayson County constituent
Jason illegible last name	Grayson County constituent
K. Brown	Grayson County constituent
Sarah Castleman	Grayson County constituent
Deloris Miller	Grayson County constituent
Todd Bullock	Grayson County constituent
Eddie Bullock	Grayson County constituent
Jill illegible last name	Grayson County constituent
Kathy Bullock	Grayson County constituent
Michelle Shoemaker	Grayson County constituent
Kelly Harris	Grayson County constituent
Julia Foreman `	Grayson County constituent
Leslie Shantzer	Grayson County constituent
Angie Esau	Grayson County constituent
Bryan illegible last name	Grayson County constituent
Mary Sims	Grayson County constituent
Joe illegible last name	Grayson County constituent
Brett Harris	Grayson County constituent
Kathy Harris	Grayson County constituent
Sherry Singleton	Grayson County constituent
Brittney Harris	Grayson County constituent
David Starcher `	Grayson County constituent
Josie Starcher	Grayson County constituent
Tori Starcher	Grayson County constituent
Joshua Harris	Grayson County constituent
Davey Starcher	Grayson County constituent
Kelli Harris	Grayson County constituent
Illegible name	Grayson County constituent
Hollie Parelle	Grayson County constituent

Karen Smith	Grayson County constituent
Cindy Eades	Grayson County constituent
Terry Decker	Grayson County constituent
Cindy Decker	Grayson County constituent
Paula Kinney	Grayson County constituent
Alden Alley	Grayson County constituent
Brandon Rafferty	Grayson County constituent
Donald Ward	Grayson County constituent
Freda Ward	Grayson County constituent
Jean Ward	Grayson County constituent
Mike Ward	Grayson County constituent
Renee Ward	Grayson County constituent
Tonia illegible last name, VSA	Breckinridge County constituent
Lois Broadbent	Breckinridge County constituent
Valine K. Hughes, MSW/Case Mgr.	Breckinridge County constituent
Shannen Frank, VSA	Breckinridge County constituent
Lisa A. Richardson	Breckinridge County constituent
Jewel Burch	Breckinridge County constituent
Robert Armes	Breckinridge County constituent
Henry Burch	Breckinridge County constituent
Jean Greenwell, VSA	Breckinridge County constituent
Joan Robbins, VSA	Breckinridge County constituent
William B. Sims	Breckinridge County constituent
Sandra Mayer	Breckinridge County constituent
David W. Morgan	Breckinridge County constituent
Connie L. Gillette	Breckinridge County constituent
Jill Green	Breckinridge County constituent
Suzanne L. Tate	Breckinridge County constituent
Anita May	Breckinridge County constituent
Katrina Bell	Breckinridge County constituent
Marshall PVa	Breckinridge County constituent
Maurice illegible last name	Breckinridge County constituent
Sue Midkiff	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Sherry D. Stith	Breckinridge County constituent
Jonathan Boyd	Breckinridge County constituent
Robin Alexander	Breckinridge County constituent
Michelle Carlin	Breckinridge County constituent
Elaine B. Lucas	Breckinridge County constituent
Jeanne Lee	Breckinridge County constituent
David Lec	Breckinridge County constituent
Christy Smith	Breckinridge County constituent
Stephanie Grieser	Breckinridge County constituent
Joyce Woods	Breckinridge County constituent
Sara Lindsey	Breckinridge County constituent
Sandra Weis	Breckinridge County constituent

Harold Ray	Breckinridge County constituent
Mark illegible last name	Breckinridge County constituent
Barney MIngus	Breckinridge County constituent
Mark illegible last name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Stan Wandip	Breckinridge County constituent
Gail Ryan	Breckinridge County constituent
Edward L. Wright	Breckinridge County constituent
Charlene Wright	Breckinridge County constituent
William S. illegible last name	Breckinridge County constituent
Laura illegible last name	Breckinridge County constituent
Dyt Butler	Breckinridge County constituent
Sarah King	Breckinridge County constituent
Jill Clinton	Breckinridge County constituent
Tracie Helen	Breckinridge County constituent
Latish Asllaugh	Breckinridge County constituent
Victoria Mexchan	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Rachel Semmons	Breckinridge County constituent
Monica Ball	Breckinridge County constituent
Brenda Wright	Breckinridge County constituent
Lynne E. Taul	Breckinridge County constituent
John E. Taul	Breckinridge County constituent
Mary Lois Irwin	Breckinridge County constituent
Marilou Claycomb	Breckinridge County constituent
Donald Claycomb	Breckinridge County constituent
Carlos Irwin	Breckinridge County constituent
Marilyn Traxle	Breckinridge County constituent
Sue Puirt	Breckinridge County constituent
Linda Elliott	Breckinridge County constituent
Jean Osborne	Breckinridge County constituent
Paul Osborne	Breckinridge County constituent
Frank Dowell	Breckinridge County constituent
Theresa Dowell	Breckinridge County constituent
Barbara K. Richards	Breckinridge County constituent
Lois L. Morgan	Breckinridge County constituent
Paul Morgan	Breckinridge County constituent
Karen Adkins	Breckinridge County constituent
Darrell Adkins	Breckinridge County constituent
Emily Moornan	Breckinridge County constituent
Ashley Ashcraft	Breckinridge County constituent
Patricia Dyer	Breckinridge County constituent
Jackie Jolly	Breckinridge County constituent
Sandra Tabor	Breckinridge County constituent

Elaine Hinton	Breckinridge County constituent
Lindy Nix	Breckinridge County constituent
Tara Greenwell	Breckinridge County constituent
Randy Greenwell	Breckinridge County constituent
Breanna Arnold	Breckinridge County constituent
Amy Bradley	Breckinridge County constituent
Scott Bradley	Breckinridge County constituent
Tonya Roach	Breckinridge County constituent
Barbara Stevenson	Breckinridge County constituent
Sue Lucas	Breckinridge County constituent
Angela Conner	Breckinridge County constituent
Frances Hardin	Breckinridge County constituent
Sasha Critchelow	Breckinridge County constituent
Angela D. Truitt	Breckinridge County constituent
Shannon Greenwell	Breckinridge County constituent
Robert Kent Greenwell	Breckinridge County constituent
Bonnie Henderson	Breckinridge County constituent
Niccole Ulewitt	Breckinridge County constituent
Melonie Dugan	Breckinridge County constituent
Earl Anthony	Breckinridge County constituent
Shay Medly	Breckinridge County constituent
Shelly Jeffries	Breckinridge County constituent
Illegible first name Jeffries	Breckinridge County constituent
Jennifer Jeffries	Breckinridge County constituent
Jeanette Jeffries	Breckinridge County constituent
Jarrod Brackman	Breckinridge County constituent
Will. T. Illegible last name	Breckinridge County constituent
Elaine Adkins	Breckinridge County constituent
David Adkins	Breckinridge County constituent
Ruth Brown	Breckinridge County constituent
Gary Brown	Breckinridge County constituent
Ashley Brown	Breckinridge County constituent
Linda Haynes	Breckinridge County constituent
Nettie Parker	Breckinridge County constituent
Bert Parker	Breckinridge County constituent
Lesha Embrey	Breckinridge County constituent
William H. Embrey	Breckinridge County constituent
Sandy Carden	Breckinridge County constituent
Riso Carter	Breckinridge County constituent
Joan R. Brown	Breckinridge County constituent
Susan Jo Basham	Breckinridge County constituent
Breanna Arnold	Breckinridge County constituent
M. Arnold	Breckinridge County constituent
Ollie Armes	Breckinridge County constituent
Cate M. Heindar	Breckinridge County constituent
Kimberly Hunt	Breckinridge County constituent

Susan Robinson	Breckinridge County constituent
Loretta French	Breckinridge County constituent
Angela Mingus	Breckinridge County constituent
Leslie Macey	Breckinridge County constituent
Mike Brizius	Breckinridge County constituent
Kacy Eldridge	Breckinridge County constituent
Kari L. Critchelow	Breckinridge County constituent
Dana Carman	Breckinridge County constituent
Cath J. Dowell	Breckinridge County constituent
Margaret Cable	Breckinridge County constituent
A. O'Connell	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Courtney Davis	Breckinridge County constituent
E. Seeger	Breckinridge County constituent
Jody Compton	Breckinridge County constituent
Kristi Pate	Breckinridge County constituent
Bonnie Fontress	Breckinridge County constituent
Cheri Mouland	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Norita Smiley	Breckinridge County constituent
Shelby Neff	Breckinridge County constituent
Joy Neff	Breckinridge County constituent
Timmy Neff	Breckinridge County constituent
Lisa Sutherland	Breckinridge County constituent
Debbie Scott	Breckinridge County constituent
Shelby Moorman	Breckinridge County constituent
Ronnie Tabor	Breckinridge County constituent
Carlisle Arnold	Breckinridge County constituent
Barry D. Shilto	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Michelle Dean	Breckinridge County constituent
Mike Dean	Breckinridge County constituent
R. Paige	Breckinridge County constituent
J. illegible last name	Breckinridge County constituent
David Poole	Breckinridge County constituent
John Poole	Breckinridge County constituent
Jon Jeffries	Breckinridge County constituent
Pat Jeffries	Breckinridge County constituent
Judy illegible last name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
April illegible last name	Breckinridge County constituent
Robin M. Finley	Breckinridge County constituent
Kandi Stubbins	Breckinridge County constituent
Sandi White	Breckinridge County constituent
Dakota illegible last name	Breckinridge County constituent
Brooke Smith	Breckinridge County constituent

Kim Smith	Breckinridge County constituent
Pamela Benitu	Breckinridge County constituent
Caroline Fowler	Breckinridge County constituent
Betty Sandefur	Breckinridge County constituent
Wendell Sandefur	Breckinridge County constituent
Brenda Harpole	Breckinridge County constituent
Josh Cardwell	Breckinridge County constituent
Dr. F. For	Breckinridge County constituent
Dylan Fowler	Breckinridge County constituent
Mont Straight	Breckinridge County constituent
David G. England	Breckinridge County constituent
Linda England	Breckinridge County constituent
Melissa Stevens	Breckinridge County constituent
Tracey Dowell	Breckinridge County constituent
Destiney Dowell	Breckinridge County constituent
Hannah Ball	Breckinridge County constituent
Tammy Milburn	Breckinridge County constituent
Margaret Frymire	Breckinridge County constituent
Tom Frymire	Breckinridge County constituent
Jenny West	Breckinridge County constituent
Brenda Hildenbrandt	Breckinridge County constituent
Joe Terry	Breckinridge County constituent
Latonia Hargrove	Breckinridge County constituent
Dennis Hintch	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Sherrie Sonksen	Breckinridge County constituent
Randall Suchu	Breckinridge County constituent
Renae Allgood	Breckinridge County constituent
Sondra Shrewsbury	Breckinridge County constituent
Denita Wood	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Jaymer Knochel	Breckinridge County constituent
Kim Crist	Breckinridge County constituent
Jay Crist	Breckinridge County constituent
Donna Pruit	Breckinridge County constituent
Melissa Cannon	Breckinridge County constituent
Hannah J. Dowell	Breckinridge County constituent
Stacy T. Bennett	Breckinridge County constituent
Taylor Henning	Breckinridge County constituent
Racheal Bennett	Breckinridge County constituent
Anita F. Moore	Breckinridge County constituent
Jennie Maiden	Breckinridge County constituent
Pam Puton	Breckinridge County constituent
Emma Mede	Breckinridge County constituent
Debbie Graham	Breckinridge County constituent

Missy Critchelow	Breckinridge County constituent
Lisa Smallwood	Breckinridge County constituent
Sue McCarmise	Breckinridge County constituent
Tabby De Haven	Breckinridge County constituent
Jane Upmeyer	Breckinridge County constituent
Barbara Critchelow	Breckinridge County constituent
Jenny Armes	Breckinridge County constituent
Donna Shartzer	Breckinridge County constituent
Calletta H. Dowell	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Cathy Syn	Breckinridge County constituent
Danielle Segura	Breckinridge County constituent
Jackie Pito	Breckinridge County constituent
Jane Upmeyer	Breckinridge County constituent
Barbara Critchelow	Breckinridge County constituent
Inna G. Snyder	Breckinridge County constituent
Paul D. Tabor	Breckinridge County constituent
Libby Tabor	Breckinridge County constituent
Tomi Sue Smith	Breckinridge County constituent
Mindy Smith	Breckinridge County constituent
Byron Miley	Breckinridge County constituent
John Miley	Breckinridge County constituent
Vickie Whorley	Breckinridge County constituent
Rebecca S. King	Breckinridge County constituent
Stacy King	Breckinridge County constituent
Claudia Maysly	Breckinridge County constituent
Mary Nojoro	Breckinridge County constituent
Pat illegible last name	Breckinridge County constituent
Joe Poe	Breckinridge County constituent
Clara E. Boling	Breckinridge County constituent
Nikki Wooch	Breckinridge County constituent
Loretta Embry	Breckinridge County constituent
Keith Beckett	Breckinridge County constituent
Daffanye McFall	Breckinridge County constituent
Lynda Lamar	Breckinridge County constituent
Illegible name	Breckinridge County constituent
Danny Mitz	Breckinridge County constituent
Lori Mitz	Breckinridge County constituent
Clara E. Boling	Breckinridge County constituent

“As consumers, parents, guardians and service providers of the Meade County area, we are very concerned with many of the changes proposed by the Department of Behavioral Health, Developmental and Intellectual Disability (BHDID) to the Supports for Community Living Waiver (SCL) program.” They also stated, “It is our opinion that many of the changes proposed by BHDID will be detrimental to those we love and serve and

will negatively impact their lives by drastically altering their existing services and supports. For many, it has taken years to secure these supports and create a care plan that affords the opportunity to lead a comfortable and productive life. The proposed regulations will, in fact, disrupt this circle of support and greatly limit the freedom of choice currently afforded SCL waiver participants. The areas of most concern to us are as follows:

ADULT DAY TRAINING
907 KAR 12:010 Section 4(9)
The proposed regulation states that day training programs will have a distinct start and end, with time limitations and shall not be reimbursable if consumers attend for the primary purpose of producing goods or services in a segregated setting. Many consumers are at risk of losing their day programs and even the jobs they love. Under the proposed regulation, agencies would not be able to continue day programs due to lack of revenue. ADT would not be a reimbursable service if a consumer performs work at the ADT site. Supported employment is an option for those consumers who wish to utilize that option, but not every consumer wishes to pursue supported employment nor is physically or intellectually capable of doing so. Those consumers who have chosen to work at the ADT are very proud and satisfied with their current jobs and have worked at the same job for many years. This regulation takes that choice away. We ask that this regulation be amended so consumers who wish to keep their day program or work in a segregated setting, be allowed that option or choice."

Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

"Participants should have the freedom of choice to work in segregated settings earning less than minimum wage if the participant chooses that work site, especially if the individual has built relationships at the work site. Participants will lose these relationships based on reimbursement."

(b) Response: All services offered in the waiver with the exception of residential services and some behavior supports have distinct start and end times and are time limited by the Plan of Care of the individual participant. These facts are not changes that are coming into effect with the new waiver. They are stipulations that have been in place since the beginning of the SCL waiver. There is not, nor has there ever been any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. If they are satisfied with their existing daytime activities there is no requirement that they change anything. At the same time, there is the expectation that all participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal. No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the ***primary*** purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible.

The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an “amended after comments” regulation to clarify the four options for day training. The amendment reads as follows:

“(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant’s skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant’s interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant’s POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~
~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~
~~(ii) Generally accepted community workplace conduct and dress;~~
~~(iii) Workplace problem solving skills and strategies;~~
~~(iv) General workplace safety; or~~
~~(v) Mobility training.~~
~~4. Activities that:~~

~~**a. Occur over a defined period of time;**~~

~~**b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;**~~

~~**c. Coordinate with any needed therapies in the participant's POC;**~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;
c.. The location of the service;
d. The beginning and ending times of the service;
e. The signature and title of the individual providing the service; and
f. The date the entry was made in the record; and
2. A completed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;
c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(c) Comment: Tonia N. Henning/VSA/advocate/taxpayer and a voice for those that no one cares to listen to/employee of an ADT provider facility in Breckenridge County, expressed much opposition to the notion of closing adult day training sites. Among her comments were,"Does the state of Kentucky have a plan when this and other ADTs like it close? Maybe the plan is just to leave it up to the parents/caregivers or individual themselves to find the help they need with daily supervision. Maybe the plan is to institutionalize these folks and just have the tax payers cover that cost. If this is the answer to saving money then I will let you know that there are smarter people attending the ADT programs than the ones who are making the decisions at the capital. All the folks here know it's a BAD idea – why can't you folks see the same?"

Rosalie Ballard, sister of an SCL participant, stated, "I have a brother that is Down Syndrome that's fifty-two years old. I am an advocate for my brother, that's the main reason I'm here today, if not for all of our handicap people. And, I can only tell you how important all of these programs have been, period, all of them. My brother getting a check has given him meaning. He doesn't talk. He's--he's very handicap and he goes to that workshop every day. He's got an outside life because of staff of Communicare. He--he has had a quality of life that he wouldn't have ever gotten in our home, I'm ashamed to say, 'cause he doesn't act the same with me as he does other people, he acts a lot better."

Ms. Ballard also stated, "This is not right for people to make changes to programs they have no idea what they're dealing with. They tried years ago to mainstream the handicap people in the schools, they have done away with it, because some of us can, some of them can't. That's what it's all about. There's high functional and there's low functional. And, every one of them need help.

I--I just--I think my brother would be dead today, if it wasn't for Communicare and the love --the beautiful staff they've got and how they've helped make a quality of life for my

brother. And, I can only stress to you how important --like I say, I don't think anybody's here for one thing today. I think they're here for everything to do with our handicap special people.

So, keep it, make it work and have--have a little bit of insight before you all start making rules and wanting to change things. That's all I can express to you today. And, I appreciate you taking the time to listen and letting me be on the record. But, we've got to--if anything we need to improve our system instead of trying to take away dollars and things."

Linda Gunter, aunt of a consumer at Nelson County Industries stated, "I have just been made aware of the state anticipating closing Nelson County Industries in Bardstown, KY. I strongly urge those that have come up with this idea to please reconsider. I have lived in several states and never have I saw a better facility. Take a look at the workers there and how long some of them have been employed there. That is a testament to the value of this facility. I have a nephew who works there, yes he is disabled, but he can work circles around many able bodied people. He is extremely hard working, and has such pride in his work. Please consider how the employees suffer from ridicule and unkindess of main stream America. I truly believe 'We are our brother's keeper', and cuts should not be made on those who need us the most. Please visit this facility and see the good that is being done there, listen to the pride of the workers, and then please stand up for what is right and just. I cannot think of anything more right and just than saving this facility. Do keep in mind that we are judged on what we do for the least of our brothers."

Aldene Belden, mother of a consumer at Nelson County Industries, stated, "Have any of the legislators visited Nelson County Industries, an amazing facility, putting the handicapped to work, productively. If any have visited here, then they are aware, what an asset this facility is to our community and to our state. These are not people asking for a handout, while they sit around, idling their day away. Our handicapped son, like many others, is unable to work out in the community, yet works productively with Nelson County Industries. He has been involved in programs out of the state of Kentucky, but this program is, by far, the best. Our son will not 'outgrow' his disabilities; this is his life. Nelson County Industries has, and is, helped him grow to his ultimate potential. He feels safe in this environment, and proud of the work he produces. Please, before any decisions are made, through ignorance, and to the detriment of this facility, visit and see it for yourself. Speak to any, or all of the people there and feel their pride."

Keith and Brenda Palmer, parents of a consumer at Grayson County Industries stated, "As parents of a son with intellectual disabilities our son attends a day training program in Grayson County. This program provides him with job training at his capability also social involvement with others in the program. As for myself and my husband, this gives us a break to tend to things – shopping, doctor visits, etc. Please keep this program going for these very special people. I don't know what else they could possibly do without this program."

Barbara Higdon, mother of a consumer at Grayson County Industries stated, “The program ADT has helped my daughter with socializing. It helps her self-esteem to be with her peers and to go bowling and do other activities. It’s a very wonderful program that helps a lot of people who otherwise may not have a chance to be with other people. It would be a shame for anything to happen to the program.”

Gary Logsdon, Grayson County Judge/Executive, stated that the adult day training requirement in Section 4(9) “will strongly have an impact on families and individuals with disabilities.”

Danalea Hall, mother of an SCL participant told of the benefits of her daughter (who is a hard worker) working in a sheltered workshop and then being placed at Morrison’s Cafeteria (mainstream job) where coworkers did such things as putting their foot to her beind and pushing her down steps and taking her head to the wall (and her daughter quit due to the pressure and abuse.) Her daughter returned to a workshop where she works hard and loves her job. Among the comments expressed by Ms. Hall were “As a parent I really don’t think you see the big picture. There are not even enough jobs in the community because unemployment is so high.” Ms. Hall also described a medical condition and related conditions her daughter has and expressed how well that staff at the sheltered workshop works hard with individuals there.

Steven Dobey (whose brother-in-law attends Employment Solutions and Sunnyside Adult Day Training programs in Lexington, KY) and Amanda Haynes Dobey (sister of Steven Dobey and the aforementioned brother of Steven) expressed much concern about the requirement that day training services shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities.

Mr. Dobey stated, “The truth is that while physical limitations preclude many mentally or functionally disabled people from employment, I dare say most employers will consider such persons simply due to potential liability risks. Herein lies the societal value of Adult Day Training Programs such as the one in which my brother-in-law attends. If 907 KAR 12:010 is approved as written, such programs may be forced to close their services if not provided with reimbursement. If that happens, many people that depend on our direct or indirect assistance for daily enrichment could have no structured environment to provide such services.”

In a perfect world – we could transition the functionally or mentally disabled into more real world settings that would provide the care and enrichment needed for a quality of life that we all deserve. That ideology, however, is simply not a reality for so many of these constituents that must rely on daily care as a necessary service. Even more so, Adult Day Programs provide services that bolster social skills and job training, while fostering self-advocacy and personal choice. By preventing reimbursement to these care facilities, 301 KAR 12:010 will limit services that are available for my brother-in-law.

Worse yet, such actions to limit the financial stability of Day Training Services would be a step backwards for the quality of life available to the functionally or mentally disabled.

It is imperative that this proposed regulation be amended to allow the continued reimbursement to Day Training Services so that the SCL waiver will provide the services that should be available to all those in need. Otherwise, this legislation will only serve as a limitation to those with disabilities, and their families."

Judy Erwin, director of regulatory compliance for the Zoom Group, stated, "Need clarification of the language in 907 KAR 12:010, section 9 (4) (e): "Shall not be reimbursed if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities:"
a. Specifically please clarify 907 KAR 12:010, section 9 (4) (e) to state this is applicable to only those participants in sheltered employment and that as long as the participant has an outcome in their person-centered Plan of Care that states they are working to achieve competitive, integrated employment, the provider shall continue to be reimbursed (per Commissioner Stephen Hall's verbal comments)."

Amanda Haynes Dobey stated, "as a Speech-Language Pathologist", I have the opportunity to work with individuals with disabilities across the spectrum every day and see their growth and progress. I completely respect the ideology behind this proposed legislation that aims high to 'transition' individuals 'real-world' settings by 'defined periods of time for Adult Day Training services.' However, I am pleading that it is acknowledged that the concept 'real-world' is not in fact a reality for all individuals and the supports that these programs provide are necessary for them to experience inclusion into the community setting, as they are invaluable to their quality of life . . . Limiting the amount of services that people like my brother can receive will cause regression for this population of individuals." Ms. Dobey stated, "True progress will be seen with the SCL waiver when more services are provided to ALL individuals and a strong system of accountability is in place. I view this piece of legislation, as yet another limitation on them."

William S. Dolan, staff attorney supervisor for P & A, stated, "Day training is not reimbursable if it is for the primary purpose of producing goods or performing services in a sub-minimum wage segregated setting. Sub-section (9)(b) 4. e. P&A is concerned that if the Office of Vocational Rehabilitation/supported employment systems are not robust, many SCL recipients will be funneled into day programs rather than competitive employment."

Annelle S. Fulmer also expressed concern about the policy that ADT shall not be reimbursable if the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities. She stated, "Since many of the individuals are not eligible for employment in the community and therefore cannot earn a 'customary wage and level

of benefits', it appears you will not reimburse the ADT anything for working with these individuals, leaving no option other than for the ADT to remove the non-performing individuals. It appears you are moving toward eliminating the ADTs altogether."

Ms. Fulmer also stated, "If the ADT is eliminated, (or many individuals such as Martha [her sister] are not eligible to attend them because they are not able to work in the community and earn a customary wage), what will the affected individuals do? Will they be forced to remain shut up in a residence for the rest of their lives? Some of the individuals live at home with their elderly parents. If it were not for the ADT, they would have few options to get out and be with other people."

Ms. Fulmer noted that the staffed residence in which her sister resides does not provide community outings that are provided via ADT. Ms. Fulmer asked, "If the ADTs are eliminated, or an individual is not eligible to attend the ADT, do the revised regulations provide for an increased payment to the staffed residence so the house can be staffed 24/7? Obviously if the house has to increase their staffing, they cannot continue to provide this service without an increase in payment. Have you determined it's cheaper to give more money to the residences and eliminate the ADTs? Will the requirements for staffed residences be changed to require them to take the individuals itno the community on a regular basis? Or will the individuals who are not eligible to attend the ADT be moved into nursing homes? I always thought a major purpose of the SCL program was to keep the individuals in small residential settings."

John David Brolley, father of a daughter named Maria who receives adult day training services, stated, "I have been told that Stephen Hall is the individual behind this change in the SCL regulations; though I do not know Mr. Hall personally, I must assume that he is acting out of ignorance. If Mr. Hall understood even the basics of Maria's life and the lives of other disabled adults, he would no doubt recognize their need to continue thriving in sheltered work environments such as the one Redwood offers. For the sake of our daughter and many other people like her, please honor this request for SCL's decision makers to reject these proposed changes affected sheltered workshops."

Carolyn Tingler, mother and guardian of an SCL participant, expressed that disregarding the need for her son's day time center "would be cruel to each and every person that participantes." She stated, "I ask you to think of the people whose lives are involved before doing anything that would have such an impact. Meet my son or any of the individuals before changing their lives and not knowing what will be the consequences' of your actions."

Laura Stewart, BA/CM with Aspen Community Living stated, "I am writing this letter to give a voice to those who cannot be heard and to plead not to take away everything that Abby (the subject of Ms. Stewart's letter) and her friends have spent their whole lives building." Also ammong her comments were the following, "I am asking that you please consider yet more changes to the above regulations. On paper, they paint a picture of a perfect world I would agree, but it is not a world that Abby or many of her friends should lose their freedom of choice for."

(d) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is “not reimbursable if for the primary purpose of producing goods or performing services” The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an “amended after comments” regulation to clarify the four options for day training. The amendment reads as follows:

“(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant’s skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant’s interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant’s POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~

~~**(i) Skill development to communicate effectively with supervisors, co-workers, and customers;**~~

~~**(ii) Generally accepted community workplace conduct and dress;**~~

~~**(iii) Workplace problem solving skills and strategies;**~~

~~**(iv) General workplace safety; or**~~

~~**(v) Mobility training.**~~

~~**4. Activities that:**~~

~~**a. Occur over a defined period of time;**~~

~~**b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;**~~

~~**c. Coordinate with any needed therapies in the participant's POC;**~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and

2. A completed monthly summary note which shall include:

a. The month and year for the time period the note covers;

b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;

c. The signature and title of the individual completing the note; and

d. The date the note was written; and

(i)[~~**(g)**~~**]** Shall be limited to:

1. Five (5) days per week excluding weekends; and

2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(e) Comment: F. Patrick Reed, CEO of Hugh E. Sandefur Training Center, Inc. and president-elect of Kentucky Association for Community Employment Services stated, "We at KACDS believe strongly in the rights of the individual to determine their own desires for the services they receive and the life that they live. While we also believe tha integration into the community should be a priority and hopefully the choice that many individuals make, we also recognized that this influence toward this integration is secondary to informed choice. Is it possible to emphasize this in the regualtions to ensure compliance with The Olmstead Act as well as clarify any confusion by case managers, providers, individuals, and parents/guardians/caregivers that individuals do have the legal right to choose between supported employment and center-based employment (for example) on an annual basis at the POC?"

Mr. Reed added, "Many KACES provider agencies currently offer supported employment and other community based options in addition to center-based employment and training options. We believe that if it is the individual's *informed choice,* it can help lead to increased community integration and more fulfillment for the individual. However, not every individual with a disability who wants to work in a community setting will be able to immediately, and there is no structure in the regulation to develop corporate partnerships, etc. to create the necessary job openings for the individuals. If pushed to SE before the infrastructure is in place in the Commonwealth, individuals who participate in day programs or center-based employment may find themselves without an opportunity for services (or at least a considerable gap in

services)."

Mr. Reed also stated, "KACES appreciates the Letter of Intent issued by DDID in response to our concerns of how the wording in the regulations could be interpreted to the detriment of CRPs to the point of no longer having the ability to sustain operations. If this were to occur, not only would hundreds if not thousands of individuals will have one fewer service option to 'choose' from. This potential interpretation could be devastating to individuals with disabilities across the commonwealth, and while the current administration has issued the letter of intent to assuage these concerns, the actual regulations do not reflect this intent leaving future administrations to interpret as they see fit. KACES requests that the regulations be clarified in order to capture this intent, and to reinforce the priority of individual choice."

Mr. Reed also stated the following regarding the subject:
"There is an area of ambiguity that causes concern for our organizations and the over 1,000 individuals and families that we provide services to across the state and, the ambiguity is specific to the day training regulation. Now, as it reads in attorney wording, if you wanted to really take it to the extreme, it could be interpreted that center based employment services that are doing work adjustment with individuals through vocational training, things like that, are no longer able to bill for Medicaid billable services during that time, which is an erroneous assumption based federal CMS regs. Now, I have met with Commissioner Hall personally and his staff and they have assured me that that ambiguity was not intended to damage the individuals that might not be able to jump into supported employment tomorrow, but might need time to do that. And, what we're asking for is more clarification and less ambiguity in the regulations. Because from our point of view, an individual still has that free choice. They have the rights. And, what we're concerned about is we've discussed, and Shannon, than you so much for your comments, because I agree, the pendulum swung the direction where we all knew what was best for people with disabilities and that was how we were going to enforce action moving forward. What my concern is and what the concern of the people I represent is, is we're careful to not let that pendulum swing too far the opposite direction because we all do share a vision of one day having a community that accepts and has full inclusion of people with disabilities. But, we also must accept the reality that because we want that to happen, it can't be at 12:01 tomorrow A.M. Where we're scared is that if the pendulum swings the other way, that we all feel that we know for sure that the best thing for individuals is community inclusion. My concern is that we forget to ask the individuals who are the ones that are there to determine their free choice. And, that's primarily the heart of our concerns." Mr. Reed added, Iindividual choice should not be limited, under any circumstances, in our opinion, through the new waiver."

(f) Response: DMS is revising the day training definition in an "amended after comments" regulation to capture the intent to allow participants to choose the service that meets their needs and to clarify the four options for day training. The revision reads as follows:

"(9) Day training:

(a) Shall be provided by a direct support professional;

(b) Shall include:

1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**

2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:

a. Are person centered and designed to support employment related goals; **[~~and~~]**

b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**

c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and

d. Include:

(i) Skill development to communicate effectively with supervisors, co-workers, and customer;

(ii) Generally accepted community workplace conduct and dress;

(iii) Workplace problem solving skills and strategies;

(iv) General workplace safety;

(v) The ability to follow directions;

(vi) The ability to attend tasks; or

(vii) Mobility training;

3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~

~~c. Are time limited;~~

~~3. Activities and environments that:~~

~~a. Are not diversional in nature;~~

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~~4. Activities that:~~

~~a. Occur over a defined period of time;~~

~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~

~~c. Coordinate with any needed therapies in the participant's POC;~~

~~d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and~~

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1. Five (5) days per week excluding weekends; and

2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(g) Comment: Robert C. Reifsnyder, President of the United Way of Greater Cincinnati and Leshia Lyman, Director of the Northern Kentucky Area Center of the United Way of Greater Cincinnati expressed opposition to the new adult day training policies in concert with others comments and stated, "Making sheltered work environments ineligible for Medicaid reimbursement will ultimately mean the end of work for SCL consumers in Adult Day Training programs. We agree that individuals with disabilities should attain community-based employment in an integrated setting whenever feasible. But we also know that making such a widespread and complete change, particularly in this economy, would be extremely detrimental to our citizens with developmental and/or intellectual disabilities who require the level of support that is provided at Adult Day Training programs." They summarized the benefits of adult day training to individuals and also added "in our present job market, it has become increasingly difficult for individuals with developmental and/or intellectual disabilities to compete against those without disabilities for our community's available jobs. We ask that no change be made to the current Medicaid reimbursement agreement and that our opposition to the proposed change be included in the public hearing report."

(h) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the ***primary*** purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

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opportunities and career options consistent with the participant's skills and interests that:

a. Are person centered and designed to support employment related goals; **[~~and~~]**

b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**

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~~c. Coordinate with any needed therapies in the participant's POC;~~

~~d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and~~

~~e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;~~

~~5.~~] Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~6. For a participant with a degenerative condition,~~] Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~(d)~~] May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~;~~

~~(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;~~

~~(f)~~] Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and

2. A completed monthly summary note which shall include:

a. The month and year for the time period the note covers;

b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;

c. The signature and title of the individual completing the note; and

d. The date the note was written; and

(i)[~~(g)~~] Shall be limited to:

1. Five (5) days per week excluding weekends; and

2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(i) Comment: Joe Miller, father of a Michelle P. waiver participant; brother of a man who has severe mental retardation and retired director of LifeSkills Industries stated, "How do you replace the thirty to thirty-five hours a week of services and productive work that individuals with disabilities receive at a fixed site known as a workshop. During the first six months of 2012 the individuals in the SCL supported employment program at LifeSkills are averaging 6.6 hours a week working in the community. At any one time forty to sixty percent are not working in the community because they have lost the job they had and another job is not available. Last month the number of hours per week individuals in the SCL Waiver program at LifeSkills receive in community living was 3.5 hrs. My questions concerning the proposed regulations are:
I understand that the Commissioner has said that the workshops can develop a program so individuals will not have to leave the workshops. What kind of program is there that will replace the thirty to thirty-five hours of reimbursable adult day training services now being received? I understand that the Commissioner also said that individuals should be able to work 22 hours a week in supported employment. That is not happening in Bowling Green, it's 6.6 hours per week. So the question is what is the average number of hours per week worked in the community by individuals in the SCL supported employment programs across the state? How many individuals in SCL supported employment programs are not working because there are no jobs available? If individuals are not in the community working then are they receiving community living supports, in Bowling Green it's only 3.5 hours a week. The question is what is the average number of hours per week that individuals are receiving in SCL community living supports across the state?"

(j) Response: There is not, nor has there ever been any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. If they are satisfied with their existing daytime activities there is no requirement that they change anything. At the same time, there is the expectation that all participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal.

For those who choose to seek integrated community employment there is also no requirement that participant pursue employment at any specific level. The participant could work full-time or part-time depending upon the choices they make. After transitioning to integrated community employment, the participant may choose to return to the sheltered program on a part time basis to refine their community employment skills for the difference between amount of time they work in integrated employment and forty (40) hours per week.

Career planning activities are not the only activities that can make up an adult day training program. In general, any activities that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater

independence and personal choice meet the regulatory definition. Other specific activities that would meet these requirements other than employment or career planning and development include: Supported Retirement, health and wellness activities to slow the progress of medical conditions, and activities to build networks of non-program friends (community integration)

It is quite true that many waiver participants have a great deal of difficulty meeting all of the elements in the typical job description. It is also true that most folks who are currently working in integrated employment typically work 8-10 hours per week. We believe that this has occurred because many participants are not in appropriate job matches. That is why our supported employment services are built upon discovering individual strengths and individual employer opportunities discovered by customized employment. With a customized employment approach, work opportunities which match the interests or skills of the participant are negotiated with the employer in order to free up existing staff to focus on the other tasks that need to be accomplished. This creates greater efficiency. In essence, the goal is to find a win/win situation for both the participant and the employer.

As an example, a waiver participant who works for a truss manufacturer ensures that the drill bits used in the process are sharpened and are the correct length. Prior to this participant taking over the task, all of the experienced truss builders had to stop what they were doing as their stock of drill bits wore out and use a machine called “the grinder” to prepare more bits. As these employees worked at roughly the same pace, they tended to run out of bits at the same time. Since there was only one “grinder,” this task created a significant bottleneck in the operation. The hiring of the waiver participant for this specific task, even though the participant was slower than any of the experienced truss makers at this task, removed the responsibility from everyone else and enabled the operation to generate a greater profit.

Sometimes the “tools” that the participant uses for mobility can enhance a participant’s employability. A Kentucky hospital discovered it had a serious problem when their accrediting body found that over 80% of the hand sanitizer units in the hospital were either empty or broken. They hired a waiver participant who used a motorized wheelchair to travel a route around the campus testing the units, filling those that were empty, and turning in a maintenance request for those that were broken. During the follow-up accreditation visit they were found to be 100% in compliance. Since that time, the participant has expanded his hours and responsibilities by maintaining a continuous inventory of cleaning materials in each unit. This allows housekeeping staff to spend their time keeping the premises clean instead of traveling back and forth to central stores to obtain materials.

In order for supported employment to work effectively, the employment specialist must function as both an advocate for the participant and a consultant for the business.

I am unsure of the average number of hours of Community Living Supports received by waiver participants. I can tell you that the volume of all services are determined by the

participant's person-centered team and are incorporated in the plan of care. Any concerns about the volume of services that are being approved should be discussed with a participant's case manager.

(k) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "**Meaningful Daytime Work or Activity** is my second major area of concern. On page 13 in Section 1, definitions and discussion is offered on employment services, integrated employment sites, and related matters. I agree whole heartedly with the philosophy that every adult should have meaningful work and the opportunity to contribute to their community. A good deal of one's perceived value is tied up in what one does in their life. But after almost 40 years of professional experience in this field, I can tell you that the proposed supports needed by certain individuals with multiple and severe disabilities to achieve the competitive level employment expected in these regulations within the timeframes and support limitations included, makes this expectation a total "pipe dream." Further, the Cabinet's awareness and assumptions regarding the U.S. Department of Labor regulations regarding the allowance for payment of subminimum wages, as discussed in these regulations, appears to be in error. Earlier this week DBHDID Commissioner verbally indicated an understanding of these discrepancies. **QUESTION: Will the Cabinet be modifying these proposed regulations to assure their consistency with U.S. Dept. of Labor regulations allowing the payment of subminimum wages.**"

(l) Response: Any reference to minimum wage has been removed from the day training definition. The regulations are fully consistent with both U. S. Department of Labor regulation 14(c) which allows the payment of subminimum wages and Centers for Medicare and Medicaid regulations which prohibit the use of public funds primarily for the benefit of a third party who holds a contractor with the service provider. Providers receive payments for assisting specific participants to expand their skill base in order to assimilate into the community to the greatest extent possible given their capabilities. Each participant has a person-centered team that develops a plan of care based upon the participant's desires and their capabilities. It is perfectly acceptable for a participant to receive training to build job skills that can help them be successful in the community. It is even acceptable for that training to result in the completion of some task or service which results in the participant being paid a wage or stipend. This allowance creates full compliance with Department of Labor section 14(c). It is inappropriate for participant's to be given a task to complete without any training or skill building element simply to meet the demands of a contract that has been solicited by the provider.

(m) Comment: Mr. Brownson also stated, "There is at least a minority of individuals with intellectual and developmental disabilities, for whom it is difficult to foresee getting a job at minimum wage, even with supported employment services, with the expectation that staff supports would be phased out in the foreseeable future. It simply "ain't gonna happen." Of concern is what will happen to such people with multiple and severe disabilities if the SCL support level for sheltered employment services is reduced, as is proposed in these regulations, to the point that sheltered workshops may no longer be

able to serve them, even if it is the participant's desire to have this as their primary day activity? **QUESTION: Are we suggesting that participants with severe multiple disabilities who cannot maintain minimum wage employment will be better off sitting at home or going to a non-work activity that is not nearly as satisfying to and desired by him? What is the alternative for them that is adequately funded?**

(n) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the ***primary*** purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

(o) Comment: Mr. Brownson also stated, "It appears that everyone who participates in day training must have career planning activities and career options. It states 'are person centered and designed to support employment related goals; and directly relate to personally chosen outcomes by the participant.' This wording is contradictory to person centeredness. If the state is saying everyone MUST have employment goals, and it may or may not be a person's personal choice (e.g. someone is 40 years old, quite physically disabled and is interested in other type of activities), this requirement goes against person centered goals and outcomes." Mr. Brownson also referred to the requirement that adult day training "Result in an outcome that identifies a career direction" as "not person centered at all but yet prescribing outcomes for people."

Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome and Steve Zaricki president of the Kentucky Association of Private Providers and executive director of Community Living, stated, stated, "*Requiring career planning activities:* Even if a participant decides they do not want to work, and chooses Day Training over Supported Employment, they are still required to participate in "Career Planning Activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests. Additional activities shall include: skill development to communicate effectively with supervisors, co-workers and customers; Generally accepted community workplace conduct and dress; Workplace problem solving skills and strategies and General workplace safety. Again, these are appropriate options for participants who choose to pursue work, but it is not reflective of personal choice to include these activities related to Supported Employment within a separate service item like Day Training."

Susan Stokes, owner of Access Community Assistance and HMR Associates, also questioned the career planning mandate and asked what if a participant is not interested in working.

(p) Response: DMS is revising the day training definition in an "amended after comments" regulation to to clarify that career planning is one of the four options within

day training. The revised language reads as follows:

"(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~
~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~
~~(ii) Generally accepted community workplace conduct and dress;~~
~~(iii) Workplace problem solving skills and strategies;~~
~~(iv) General workplace safety; or~~
~~(v) Mobility training.~~
~~4. Activities that:~~
~~a. Occur over a defined period of time;~~
~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~
~~c. Coordinate with any needed therapies in the participant's POC;~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and
2. A completed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;
c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(q) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "KAPP strongly supports the development pursuit of meaningful paid employment for participants and increasing the opportunities for true integration into their community. However, providers are concerned that service choices are being limited and even eliminated in some cases. ADT is the most widely utilized service in the waiver currently. Again, people who do not want to work or are retirement age constitute a large segment of the SCL population and could struggle with where they fit within the new service menu. Issues to be considered and addressed in implementation. The negative effective rate reductions. The reduction of day training rates from $3 off site, 2.50 on site to a flat rate of 220 per unit, may be intended to discourage this service option, but it could have unintended effects. Providers could--could resort to higher participants to staff ratio in order to manage labor costs and other expenses. This would likely result in less intensive supervision and a decrease in quality of supports. In addition, the quality and quantity of community based services will be diminished. It's clear to everyone in this field that when you impact one area of service, such as adult day training, you impact the other areas as well in the person's life, whether it's residential, therapies, other services. Requiring career planning activities. Even if a participant decides they do not want to work and chooses a day training over supported employment, they are still required to participate in career planning activities to develop experiential learning opportunities and career options consist with the participant's skill and interests.

(r) Response: There is no provision for the requirement of career planning activities. Career planning activities are simply an example of services that meet the regulatory definition of Day Training. There was a misplaced "and" in the regulation as filed with the LRC that gave the impression career planning activities were a requirement for all participants; this has since been corrected. There is a required annual orientation to employment and community integration in order to ensure that participants have the tools to make an informed choice.

Additional activities shall include skill development to communicate effectively with supervisors, co-workers and customers.

Generally accepted community work place conduct and dress. Work place problem solving skills and strategies and general work place safety, again, these are appropriate options for participants who choose to pursue work. But, it is not reflective of personal choice to include these activities related to supported employment within a separate service item, like day training.

Retirement activities. Although the language is written into the regulation as an option for people of retirement age or choosing not to work, there is still a significant decrease in the reimbursement rate for day training allowing, "rest time" is still not a billable service and to reiterate, the result of the rate reduction would likely result in less support and a decrease in quality.

There's a daily note requirement. Although the rate for day training has been significantly reduced, the administrative burden has increased, now requiring a daily service note on all participants in addition to the monthly summary previously required.

The shelter workshop option. With the new regulation it is the position of KAPP that people currently receiving services through a sheltered workshop be allowed to continue in that service with a specific plan for integrated employment. This would be incorporated into their plans of care. The career planning activities required under ADT services could be utilized in this model."

(s) Comment: Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome and Steve Zaricki stated, "*Retirement Activities:* Although this language is written into the regulation as an option for people of retirement age or choosing not to work, there is still a significant decrease in the reimbursement rate of Day Training. Allowing "rest time" is still not a billable service, and to reiterate, the result of the" rate reduction would likely result in less support and decrease in quality."

Jenifer Frommeyer also recommended the following:
2. Remove the 'defined time limit" language from the regulation, and replace with the explanation that goals should continue within the POC, for the person to remain in sheltered workshop setting.
3. Provide clarification in the regulation that sub-minimum wages are permitted.
4. Modify or remove the language regarding the restriction of services that maintain skill levels and functioning only to particpants with 'degenerative conditions.'
5. Allow for on-going one on one supported employment at the supported employment rate for those who can not function with 'natural supports'."

(t) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the ***primary*** purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to

develop more independent work related skills that could eventually lead to employment in the community. As waiver participants age they should have the right to consider retirement as an option. Day training is an optional choice for participants it is not a required service. There is no requirement that anyone select alternative activities during the daytime. This is part of the current regulation and has not been changed. Residential providers are paid a daily rate which makes residential services a twenty-four hour per day, seven day per week service. The statement in the day training section of the SCL regulation regarding degenerative conditions was included to provide focus on the role that day training services can play in helping a participants make health and wellness improvements. There was, and is, no intent to limit services to only those with diagnosed degenerative conditions.

(u) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, " . . . eliminate the newly added requirement for daily notes."

(v) Response: The per-contact note enables Direct Support Professionals and others to record and better communicate daily life activities that impact a person's supports and services. The per contact note offers real-time information which has greater substance and meaningful data creating a summary that should be used by the person centered team as they make decisions about whether or not the person's needs are being met, and supports the opportunity to change goals and objectives more timely.

(w) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, ". . . remove the define time limit language from the regulation and replace with explanation that goals should continue within the plan of care for the person to remain in the sheltered workshop."

(x) Response: DMS is revising the language in an "amended after comments" regulation to clarify the issue as follows:

"2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:

a. Are person centered and designed to support employment related goals; **[~~and~~]**

b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**

c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and

d. Include:

(i) skill development to communicate effectively with supervisors, co-workers, and customer;

(ii) Generally accepted community workplace conduct and dress;

(iii) Workplace problem solving skills and strategies;

(iv) General workplace safety;

(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~
~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~
~~(ii) Generally accepted community workplace conduct and dress;~~
~~(iii) Workplace problem solving skills and strategies;~~
~~(iv) General workplace safety; or~~
~~(v) Mobility training.~~
~~4. Activities that:~~
~~a. Occur over a defined period of time;~~
~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~
~~c. Coordinate with any needed therapies in the participant's POC;~~
~~d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and~~
~~e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;~~."

(y) Comment: Shawn Carroll, executive director of New Perceptions, stated, "My question is, will the waiver continue payments to adult day training if passed as it is and if not, can it be amended that the waiver would pay for adult day training, if the individuals are not paid minimum wage?

Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "Provide clarification that subminimum wages are permitted."

(z) Response: The Day training definition has been revised to clarify. Any mention of minimum or subminimum wages has been removed.

(aa) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, ". . . modify or remove the language regarding the restriction of services that maintain skill levels and functioning only to

participants with degenerative conditions."

(bb) Response: That language is taken from CMS guidance and is specific to one of the options for Day training. DMS is revising the definition in an "amended after comments" regulation to clarify that this is one of the four options for people who choose to attend day training. The revision reads as follows:

"(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~
~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~
~~(ii) Generally accepted community workplace conduct and dress;~~
~~(iii) Workplace problem solving skills and strategies;~~
~~(iv) General workplace safety; or~~
~~(v) Mobility training.~~

~~**4. Activities that:**~~

~~**a. Occur over a defined period of time;**~~

~~**b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;**~~

~~**c. Coordinate with any needed therapies in the participant's POC;**~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;
b. The date of the service;
c.. The location of the service;
d. The beginning and ending times of the service;
e. The signature and title of the individual providing the service; and
f. The date the entry was made in the record; and
2. A completed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;
c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(cc) Comment: Evelyn Decker stated, "As the parent of a handicapped adult child working in a community workshop, I am very concerned about the changes the Department of Behavioral Health, Developmental and Intellectual Disability want to make. For my daughter to be able to stay and work in a safe environment has been a blessing to both her and me. It allows me to continue to work without worrying if she is being taken advantage of or abused in any way. In the workshop she can be a productive person helping her community, learn to have a good work ethic, and interact with adults with the same intellect as hers. The so called "real world" is not the place for her and a lot of others. I know there are other parents and caregivers that feel the same way. Please say NO to these change!"

(dd) Response: This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select.

(ee) Comment: Martin Amis, Tracey Amis, Jonathan Crittendon, Samantha Crittendon, Renee Johns, Jackie Cronon, David K. Zito, James Matheny, Gwen O'Brien, W.G. O'Brien and Annette Pillow, Charles Cronon, Kristi Cronon stated, "What does time limited mean? Hours? Days? Weeks? Months? Years? Working in the community is a great thing for the individuals that are able to do so. All individuals are not able to do that. This day training is very important for these individuals, they are doing a job that they are physically able to do and enjoy, this will be taking away their choices. They get the work environment and the social environment they need. This regulation needs to be amended to allow for choices."

Annelle S. Fulmer and Lori Devine also expressed that the language is unclear and

needs to be made clear. Ms. Fulmer also noted that the regulation does not state whether the limit will include time already enrolled in an ADT.

F. Patrick Reed, CEO of Hugh E. Sandefur Training Center, Inc. and president-elect of Kentucky Association for Community Employment Services stated, “The language describing ‘time limited services’ does not reflect the DDID intention statement that ‘time limitations’ are only referring to annual goals set by the individual (with informed choice) and are renewable annually if the individual so chooses). We feel that this directly opposes the concept of individual choice by including language in the regulation that could be interpreted to set arbitrary time limitations for services regardless of the individual.”

Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., asked, “What is the length of time limited?”

Loretta Martin, mother/guardian of an SCL participant asked, “Does this mean that a SCL client will only be allowed to attend a Day Program for a certain amount of days or time. This would eventually result in many unemployable clients sitting at a residence all day with nothing to do. This would definitely be a step backward. It has been my experience that the problems and lack of structure and guidance takes place in clients residences. My son would be miserable if he had to stay at his residence and wasn’t allowed to go to his Day Training Programs each day.”

(ff) Response: DMS is deleting the language in an “amended after comments” regulation. All SCL waiver services are specified for a period of time pursuant to a participant’s plan of care/POC.

(gg) Comment: Marcia Moore, guardian of an individual receiving SCL services indicated that if adult day training is no longer available then an adult foster care provider will have (the individual for whom Ms. Moore is a guardian) “24/7 with no respite time available.” She stated, “How fair is that? How many providers do you think will end their employment? (ALL) My husband and I work full time jobs which means if adult foster care providers quit, where does that leave anyone. Quitting your job which will put financial burdens on thousands of people. Her whole life all I have heard is the mentally challenged have rights and choices, but now you are taking away those rights and choices.”

Theresa Seifert, mother of an SCL participant, asked:
“1. I want to know which one of you at DDID will be going to work with Casie every single day for the rest of her working days to make sure she is not exploited and taken advantage of by someone, because we all know how that can go being made fun of and being picked on. People can be so hurtful. Also who is going with her to find a job that works in our families schedule.
2. Who at DDID is going to pay my wages when I’m the one who is going with Casie because not one of you would ever be making that commitment. I would have to quit my current job to watch after my daughter.”

(hh) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is “not reimbursable if for the ***primary*** purpose of producing goods or performing services” The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

(ii) Comment: Annelle S. Fulmer, sister of an SCL participant, made similar comments to comments stated above and noted that her sister has received ADT services for approximately 40 years, now has dementia and is unable to do contract work but continues to attend Morehead Pathways ADT each week day. Ms. Fulmer expressed how much her sister needs ADT now more than ever.

Gladys Hall, an SCL participant, stated, “I think it's better for me to speak, 'cause I've got a lot. My name is Gladys Hall and I work at 71 Orphanage Road and I've been at Redwood for twenty-five years. And, I am admired about Redwood--what Redwood does for me every day of my life and I cannot live without Redwood.

I--I would like the workshops to continue on a daily basis because I cannot live without my paycheck. And, I also have a great impact on Redwood, because Redwood is number one and they will always be number one in my book.

And, I do not want the workshops to close. I want them to continue to be open, because Barbara Howard is our director and there's a lot of people in wheelchairs that cannot work in the community. I've been in the community, worked in the community, I've been there, done that, it does not work for me. Thank you.”

Shawn Carroll, executive director of New Perceptions, stated the following:
“I'm the executive director of New Perceptions in Northern Kentucky. My name is Shawn Carroll. We're celebrating our sixtieth year, so we've been around longer than community mental heath centers. We are a combined organization of two schools that--back in those days they were called schools for the retarded. Those were parents that got together that wanted services for their folks and they paid for their own services by that. So, later, the Commonwealth in '66, of course, started community mental health centers and there were more opportunities for individuals, which we're all very grateful for.

At New Perceptions we have three programs. We have a birth to three, which takes care of folks that are slow in the developmental stage and we get those folks back on track so that they're ready for kindergarten, that's something that we really love to do and we serve hundreds of children in that age.

Our second largest program is supported employment. We employ hundreds in the

Northern Kentucky area at many, many different employers. Some of the very largest employers in the Commonwealth of Kentucky employ our folks, which we are just thrilled to do. We have a relationship with Department of Vocational Rehab, we see them present here today. We appreciate their presence. We--we don't always get paid by the Department of Vocational Rehab for those services, but we appreciate their presence.

But, I--I rise today to talk to you about our smallest program. Today people have referenced it in different ways, it's called a sheltered workshop. Maybe back in the day sheltered came from, there was a safe haven for folks to go that couldn't work in the community. Recall, we are working tirelessly to get folks jobs in the community. But, there are a number of individuals that have tried to work in the community, have been supported to try to work in the community and it hasn't worked out for them. So, in our sheltered workshops we have about 100 individuals and those individuals make me feel like a million dollars every day because they take one or two buses to get to work, they're there at 7:30 in the morning, happy as can be. We don't--I've already--I missed all the great conversation about the Wildcats and the Bengals and the Reds and the Magic Number that I would have been having at lunch time with my folks today, because of this meeting. So, I don't know what I'm going to do the rest of the weekend, I'm going to have to guess what this one said and that one said. But, we--it's a joy to work there. And, the folks are tremendously happy. We're fortunate enough to have one of our largest contracts is with a bio medical company. So, folks can actually earn dollars and have the dignity of receiving a paycheck every month. They are thrilled to have those paychecks. They absolutely think that they were worth every dime that they are making. Okay? And, it's just a tremendous honor for me to even have the opportunity to work with these folks because they come to work, they're happy.
My previous life I was the HR director for a company of over 400, so called, able employees. Those able employees maybe took the same kind of buses to get to work, but I can tell you they weren't coming in there with smiles, all of them. Okay? With these folks, the joy is there every day and it goes throughout the day. If you don't believe it, come and see me. I'll show you the joy of these folks that are working and the dignity they have. Their fear and the fear of their mothers that are in their eighties that have been with us for twenty or thirty years is what are they going to do? They want to keep the workshop still working. We have plenty of work for them to do. They enjoy being there, please don't take that choice away from them. Thank you."

Jerry McDonald, program director of Links of Kentucky, stated the following:
My name is Jerry McDonald and I'm currently the program director with Links of Kentucky. We're a small SCL provider.

I do have a lot of experience over in the field beyond just my work at Links. And, probably go back further than most of you all. I began back in, I think, 1981 with a new neighbors program. And, since that time I've talked to a lot of parents, family members, guardians, individuals, social workers, about the future of their individuals who were looking for services, looking for alternatives to institutional care, went through with them the various programs, services and supports that were available at that time. And,

fortunately, we're able to serve a lot of those people in the community. I would hate to be the person that has to go back to those same families, to our individuals, to other people that support them, to be telling them that now the programs that we had talked about before and that we encouraged them to participate in, were either no longer available to them or were having to be severely cut or changed after they had made decisions to move people to a certain agency or to a certain program within the state. I think it's just something that everyone needs to take a look at in making sure that we can maintain the supports for the people that we promised them in the past."

Eleanor Jones, mother of Gary Jones, an SCL participant, stated the following:
Okay. This is Gary, he can't speak or he's got two hearing aides. Gary has cerebral palsy. My name is Elenor Jones and I'm the mother of Gary. And, we come here today to ask you all to keep our workshops open. Gary needs the workshop and so do I. Gary has--well, he's cerebral palsy, he can't raise his arms above his head like we can. He has a colostomy bag. But, don't get me wrong, I'm very proud of Gary because he came a long way. In '52, when he was born, they didn't have a workshop and he went to school at Redwood School and they told him before he got in the door, they couldn't take him, so he was out. So, all he did was sit at home, look out the windows or sleep all day, eating one meal a day because he slept all day. Now, with the workshop open, I can go to the store or do what I want to do and don't have to worry about him at home by himself, the house catching on fire or whatever. We need the workshops. Okay? I need the workshops, so does Gary. Gary's happy. He comes home every day telling me what went on at the workshop. Now, don't get me wrong, because you see Gary, Gary took twenty-five years to get a black belt. And, that's because someone had patience to alternate the way it's supposed to go and everything. Gary has did a lot and came a long, long way. We have people in our workshop that wear oxygen, some of them are going blind, some of them can't tell hot or cold water. So, how are you going to put our special people out there, when half of them don't even know what's going on. And, then they should have the right--I have no doubt my son wouldn't try to go and work in a restaurant, which would be a disaster for him and for the people that own the restaurant, for the simple reason--our special people will try anything. They try it once, they're not going to give up. They will try and they're friendly, very friendly. What I would like to ask Governor Brashear, if you're going to put our special people out there in the work force, some of them are already out there, are you going to give them job coaches? There's a lot of our special people. You can't just send them out there for nothing. They need job coaches. Medication, a lot of them are on powerful medication, who's going to give it to them. You have to be qualified to give them medication and it has to be documented. Also, transportation. Where and who is going to transport them, you know? To me, it's throwing our special people back into institutions and nursing homes. It took us a long time to get them out of the institution, to be in the community. You see more of our special people now out in the community than you ever did before and that's because a lot of people have taken the time to help them, from Communicare and different other agencies. Now, what I would like to ask, I pay taxes, Gary works, he goes to workshop, 8:00 o'clock in the morning till 6:00--I mean, till 4:00 at night. He gets a paycheck. He makes forty-nine cents for two weeks work. Now, the reason he makes forty-nine cents, because if he makes a lot of money, his social security is cut off

or cut down, we can't have that. So, forty-nine cents is good for him. It costs $49 a month for him to pack his lunch and go to work, but it's worth every penny of it to see him happy. And, he does. He comes home happy. He's grateful. They had strings--I know this--well, you special people, you all know about it. It's a barrel, you tie the string on it and it goes around. They had this at the workshop and Gary couldn't raise his arm to do it. He works with this arm, which is his left arm. They fixed it where he can roll it around. He was the happiest sole in the world. And, I mean, it's something simple that he can do. He goes backwards, since he got his colostomy bag. He used to pull himself frontwards. He can't roll his wheelchair. Now, he scoots backwards because he's scared he's going to bust his colostomy bag. So, he's learned himself. I didn't teach him, to go backwards, to work backwards, to push himself backwards. Now, with me and Gary, we both pay taxes. What I'd like to ask the government, I would rather for my tax dollars to go to Communicare or the workshops than go to drug rehab where, number one, it was their choice to take the drugs. Number two, this is God's work for our special people to be here and we are going to take care of them. Thank you."

Evelyn Atherton, mother of an SCL participant and supervisor of an adult day training site, stated the following:

"I'm Evelyn Atherton and I am here with Comprehend. The last lady that spoke before we took break said exactly what I wanted to say. I also am a parent of a fifty-five year old daughter, who lives with me. She attends ADT. And, if any of these regards are changed she and I, one of us will die, because we just get so--we need a break from each other. And, she goes to the workshop and she gets respite, she gets five days a month, that gets her away from me and I get to go shopping, grocery store, all the things she doesn't like to do. The only thing she likes to do is go to church with me, which we do twice a week. And, I'm also here in another capacity. I am supervisor at the ADT workshop for Comprehend. I have forty-seven individuals under me that do not want to go out into the community to work. They like what they're doing. They are happy there. They get socialization. And, I personally, from a parent, I will not put my daughter out in the work--into the work area. If it comes to that she will just stay home with Mother and I will quit work. That's all I had to say."

(jj) Response: This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select.

(kk) Comment: Rick Christman, CEO of Employment Solutions, stated, "While HHS's Centers for Medicare and Medicaid Services (CMS) has stated that Day Habiliation Services are time limited CMS also notes it does not specify what that time limit should be. Rather CMS states that any such time limit shall be determined by and his or her services planning team through an ongoing person-centered planning process. By enshrining an incomplete and misleading reference to a time limitation within SCL regulatory language, the stage is more easily set for state administrators to arbitrarily

determine the extent of such time limitations." Mr. Christman recommends that the "referenced portion of the Day Training regulation should be augmented to include the following CMS-recommended language: 'Occur over a defined period of time; the duration of services shall be determined by and his or her services planning team through an ongoing person-centered planning process."

(ll) Response: DMS is eliminating the defined period of time statement from the regulation via an "amended after comments" regulation. All SCL waiver services are for a period of time pursuant to a participant's plan of care/POC.

(mm) Comment: Rick Christman, CEO of Employment Solutions, indicated that the Section 4(9)(b)4.e. policy prohibiting reimbursement if the services are for producing goods and services in which individuals are paid less than the customary wages and benefits by employers for the same or similar work peformed by individuals without disabilities is "highly ambiguous and also contrary to guidance provided by" the Centers for Medicare and Medicaid Services. Mr. Christman stated, "As defined by the CMS, work performed in facility-based settings for the primary purpose of producing goods and services is considered vocational in nature and therefore are not eligible to receive HCB Waiver reimbursement. CMS draws a clear distinction between vocational services and prevocational/day habilitation services which are reimbursable. Based on the balance of its definition, Day Training services, like its predecessor Adult Day Training, are prevocational in nature as they do not provide training in a particular trade or occupation, but rather are for the purpose of the promotion general habilitation skills. The inclusion of the prohibition of vocational services language within the definition of Day Training has without a doubt resulted in enormous concern and confusion within the service provider community. The current language regarding not for the 'primary purpose of producing goods or performing services' is highly ambiguous and it is feared will eventually lead to the disallowance of all services involving wrok as a habilitative medium (especially when such work is compensated using US Department of Labor's Special Minimum Wage Certificates.) Such a potential disallowance of the long established option of work-based prevocational services goes well beyond CMS guidelines and would be highly disruptive and detrimental to many SCL participants."

Mr. Christman recommended that DBHDID define day training by using the guidelines provided by CMS. Mr. Christman also expressed that the regulation appears to allow reimbursement for day training "when the work performed is of a vocational nature (i.e. for the primary purpose of producing goods and services) if the participant is also compensated at the prevailing wage." He stated, "Such reimbursement would be contrary to established CMS guidelines which prohibits reimbursement for vocational services under any circumstances."

Mr. Christman recommended that the following language be added to Section 4(9)(b)4.e.:

"f. Includes the provision of regularly scheduled activities in a non-residential setting, separate from the participant's residential living arrangement, such as assistance with

acquisition, retention or improvement in self-help, socialization and adaptive skills that enhance social development, and develop skills in performing activities of daily living, community living and other goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage.

g. In those instances when work is used as a medium in which to provide participants with day training services compensation may be provided in accordance with applicable Federal laws and regulations including Section 14(c) of Federal Wage and Hour law."

Shelly Buntain, President of Independent Industries, Inc., asked:

"If the Department of Behavioral Health/Developmental and Intellectual Disabilities will not reimburse Community Rehabilitation programs that provide purposeful work opportunities for the persons with developmental and intellectual disabilities, how will the Department address the thousands of these consumers that will lose their jobs? How will the Department of Behavioral Health/Developmental and Intellectual Disabilities respond to people who do not wish to work in an integrated setting?"

(nn) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the ***primary*** purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

(oo) Comment: Regarding Section 4(9)(b)6., Rick Christman, CEO of Employment Solutions, stated, "The specific indication of participants with degenerative conditions, when referencing training and supports designed to maintain skills and functioning, strongly implies the regulation will result in the limitation of such services exclusively to persons with degenerative conditons. Such a limitation would be completely contrary to HHS's Center for Medicaid Services (CMS) guidelines. To the contrarty, published CMS guidelines state services such as those described in the definition of Day Training 'may be furnished to <u>any individual</u> who requires and chooses them through a person-centered planning process. They are not limited to persons with intellectual or developmental disabilities.' CMS guidance goes on to state that habilitative services should 'focus on enabling the participant to attain <u>or maintain</u> his or her maximum potential.'"

Mr. Christman recommends that Section 4(9)(b)6. "be amended to read 'Training and supports designed to maintain functioning may be provided to any participant who requires and chooses them through a person-centered planning process."

(pp) Response: That language is taken from CMS guidance and is specific to one of the options for Day training. DMS is revising the day training definition in an "amended after

comments" regulation to read as follows:

"(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~
~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~
~~(ii) Generally accepted community workplace conduct and dress;~~
~~(iii) Workplace problem solving skills and strategies;~~
~~(iv) General workplace safety; or~~
~~(v) Mobility training.~~
~~4. Activities that:~~
~~a. Occur over a defined period of time;~~
~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~
~~c. Coordinate with any needed therapies in the participant's POC;~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and
2. A completed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;
c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(qq) Comment: Janice R. Schmidt stated, "Mr. Hall released a statement that these individuals should be ensured that they earn wages comparable to the general population. Has Mr. Hall discussed this with companies? He should explain that it could take four or five special individuals to do the work of one present work force individual. Does Mr. Hall think the private companies are going to absorb these additional cost in their production?"

(rr) Response: It is quite true that many waiver participants have a great deal of difficulty meeting all of the elements in the typical job description. That is why our supported employment services are built upon discovering individual strengths and individual employer opportunities discovered by a customized employment approach. With customized employment, work opportunities are negotiated which match the interests or skills of the participant with a task which frees up existing staff to focus on the other tasks in the job description. This creates greater efficiency. In essence, the goal is to find a win/win situation for both the participant and the employer. As an example, a waiver participant who works for a truss manufacturer ensures that the drill bits used in the process are the correct length. Prior to this participant taking over this task for his coworkers all of the experienced truss builders had to stop what they were doing as their stock of drill bits wore out and use a machine called "the grinder" to prepare more bits. As these employees worked at roughly the same pace, they tended to run out of bits at the same time. Since there was only one "grinder," this task created a significant bottleneck in the operation. The hiring of the waiver participant for this specific task enabled the operation to generate a greater profit. Even though the participant was slower than any of the experienced truss makers at this task, the fact that he removed this responsibility from everyone else made it a great business decision for the employer. Sometimes the "tools" that the participant uses for mobility can enhance a participant's employability. A Kentucky hospital discovered it had a serious problem when their accrediting body found that over 80% of the hand sanitizer units in the hospital were either empty or broken. They hired a waiver participant who used a motorized wheelchair to travel a route around the campus testing the units, filling those that were empty, and turning in a maintenance request for those that were broken. During the follow-up accreditation visit they were found to be 100% in compliance. Since that time he has expanded his hours worked and responsibilities by

also maintaining a continuous inventory of cleaning materials in each unit allowing housekeeping staff to spend their time keeping the premises clean instead of traveling back and forth to central stores to obtain materials. In order for this to work effectively the employment specialist must function as both an advocate for the participant and a consultant for the business.

(ss) Comment: Janice R. Schmidt, Daniel L Neiser and Jane F Neiser all indicated that federal Medicaid regulations allow for workshop services – called pre-vocational services – and asked why Kentucky is denying its citizens of the right to choose this service.

(tt) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the primary purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an "amended after comments" regulation to clarify the four options for day training. The amendment reads as follows:

"(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or

(vii) Mobility training;

3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~

~~c. Are time limited;~~

~~3. Activities and environments that:~~

~~a. Are not diversional in nature;~~

~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~

~~c. Include:~~

~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~

~~(ii) Generally accepted community workplace conduct and dress;~~

~~(iii) Workplace problem solving skills and strategies;~~

~~(iv) General workplace safety; or~~

~~(v) Mobility training.~~

~~4. Activities that:~~

~~a. Occur over a defined period of time;~~

~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~

~~c. Coordinate with any needed therapies in the participant's POC;~~

~~d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and~~

~~e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;~~

~~5.~~] Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~6. For a participant with a degenerative condition,~~] Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~(d)~~] May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~;~~

~~(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;~~

~~(f)~~] Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and

2. A completed monthly summary note which shall include:

a. The month and year for the time period the note covers;

b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;

c. The signature and title of the individual completing the note; and

d. The date the note was written; and

(i)[~~(g)~~] Shall be limited to:

1. Five (5) days per week excluding weekends; and

2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(uu) Comment: Wayne H. Harvey, vice president and CEO of Independent Opportunities indicated that the adult day training ADT rate hasn't been adjusted since 2004 to offset rising admin costs and that new requirements add to the admin costs; that ADT services are the most utilized and under the newly drafted regulation that will endanger the health, safety and welfare of the people receiving this service.

(vv) response: When compared to the Day Training rates paid to providers in contiguous states, after adjusting to account for coverage limits and local variations, Kentucky's proposed day training rate is exceeded by only one state. The total difference between the maximum income generated between the state with the largest return and Kentucky is $120 per participant per year.

The median salary for full-time day training workers in Kentucky found on the internet after adding contributions for FICA, Medicare, Unemployment, a 12 day per year allowance for sick leave, ten holidays with pay, a seven day vacation allowance, and a $3,951 per year contribution to health insurance (health insurance source: The Kaiser Foundation) is $2.68 per unit (quarter-hour). At the proposed rate, our analysis shows that providers will begin generating a contribution to their fixed cost at the one staff member to two participant level. Although we have witnessed staff to participant ratios at levels much greater than 1:5 we have limited our analysis to this range as a maximum. Depending upon the number of participants supervised using this data a provider would generate a per unit contribution margin of $1.72 to $8.32. Using fiscal year 2011 day training billing data from a large day training provider (417,493 units) and using the proposed rate, a contribution to fixed costs between $359,043.98 and $694,708.35 would be generated.

The reduction in the Day Training rate will reduce the potential income from Day Training by $2,476.80 per participant per year for day service providers with a service mix that is 100% day training. Under the new rate structure, developing a service mix that is 80% day training, 15% Community Access, and 5% Supported Employment would generate $8,028.96 more than would have been generated by providing day training exclusively under the former rate.

(ww) Comment: Kerri Kraemer, advocated for SCL participants, stated, “I want to know why after being told for 17 years that programs should be person centered and we need to protect our individual rights that Commissioner Hall has the authority to remove their right to choose where they work? Doesn’t a person have choice in their programming? When they request in their meetings that they want to work at the same sheltered work program and earn a paycheck, will they have that choice and the **agency** get reimbursed for their servicers? We already support people in the community that work part time and want to continue working part time at a sheltered work program, is that still their right to do that and the agency get paid for their service? Why are people being told that they cannot associate with their perers because they have mental and physical challengs? Doesn’t’ that go against the philosophy of seeing the person first and not the disability? Doesn’t that infringe on their rights to choose who they want to associate with and trust their judgment? If you follow Commissioner Hall’s beliefs that people with disabilities cannot associate with each other because that is segregating them, I wouldn’t even be able to work with any of the individuals because I am considered deaf and have a disability of my own. I want to convey to you how furious that makes me and the Consumers I work for. To end, I want to ask for this part of the regulations to be amended so as not to remove the rights that individuals have to participate in prevocational training thorugh a sheltered work program.”

(xx) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is “not reimbursable if for the primary purpose of producing goods or performing services” The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as

independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an “amended after comments” regulations to clarify the four options for day training. The amendment reads as follows:

“(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant’s skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant’s interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant’s POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
~~c. Include:~~
~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~
~~(ii) Generally accepted community workplace conduct and dress;~~
~~(iii) Workplace problem solving skills and strategies;~~
~~(iv) General workplace safety; or~~
~~(v) Mobility training.~~

~~**4. Activities that:**~~

~~**a. Occur over a defined period of time;**~~

~~**b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;**~~

~~**c. Coordinate with any needed therapies in the participant's POC;**~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;
b. The date of the service;
c.. The location of the service;
d. The beginning and ending times of the service;
e. The signature and title of the individual providing the service; and
f. The date the entry was made in the record; and
2. A completed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;
c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(yy) Comment: The Autistic Self-Advocacy Network (no name was provided) expressed support for the requirement in Section 4(9)(b)4.e. that an adult day training activity "shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities." The Network expressed that the policy aligns with a Centers for Medicare and Medicaid Services (CMS's) September 2011 Information Bulletin, "which stressed that sheltered workshops, sometimes called pre-vocational services, are not an end unto themselves and should not be regarded as a final employment placement or goal for adults with disabilities." The Network added, "Per CMS's own clarifications, we encourage rigorous implementation of their Informational Bulletin that clarifies core service definitions regarding employment supports within the 1915(c) waiver. The relevant language from the Informational Bulletin states that 'waiver funding is not available for the provision of vocational services delivered in facility based or sheltered work settings, where individuals are supervised for the primary purpose of producing goods or performing services.'"

The Network applauded the State "for recognizing that sheltered employment is not the same as supported employment, and that individuals with disabilities should be provided with the appropriate supports to achieve fully inclusive and integrated employment in their own communities, with both disabled and non-disabled peers. It is important to ensure that service providers who seek to place adults with disabilities in sheltered workshops not be allowed access to waiver funds intended for community living supports, as the very purpose and nature of sheltered employment is directly contrary to the principles of community living."

(zz) Response: Thank you. This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do

so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select.

(aaa) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, “Please clarify in the regulation that the time limit applies only to those participating in sheltered, non-integrated employment, and any time limit would be determined by the participant's person-centered plan of care team, as has been verbally communicated by Commissioner Stephen Hall.”

(bbb) Response: DMS is revising the day training definition, regarding career planning, in an “amended after comments” regulation which will not include the time limit language. All SCL waiver services are for a period of time pursuant to a participant’s plan of care/POC.

(ccc) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, “For participants Who access Day Training services for activities described in 907 KAR, Section 4(9) (b) (1) and not for sheltered work, please clarify if those individuals will be required to have career planning activities and an outcome that identifies a career direction and plan that results in achievement of competitive, integrated employment, even if that individual has no desire or is physically unable to work in competitive, integrated employment? For instance, we have clients who need full assistance with all activities, including feeding, toileting, changing clothes/briefs, etc. or who are minimally responsive to their surroundings. Will these clients be required to have an outcome for competitive, integrated employment? We request that the regulations be revised to change the "and" to an "or" between 907 KAR Section 4 (9) 1 and 2.”

(ddd) Response: Career planning is just one of the four day training options. DMS is revising the day training definition in an “amended after comments” regulation to read as follows:

“(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant’s skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant’s interest, strengths,

priorities, abilities, and capabilities; and

d. Include:

(i) Skill development to communicate effectively with supervisors, co-workers, and customer;

(ii) Generally accepted community workplace conduct and dress;

(iii) Workplace problem solving skills and strategies;

(iv) General workplace safety;

(v) The ability to follow directions;

(vi) The ability to attend tasks; or

(vii) Mobility training;

3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~

~~c. Are time limited;~~

~~3. Activities and environments that:~~

~~a. Are not diversional in nature;~~

~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~

~~c. Include:~~

~~(i) Skill development to communicate effectively with supervisors, co-workers, and customers;~~

~~(ii) Generally accepted community workplace conduct and dress;~~

~~(iii) Workplace problem solving skills and strategies;~~

~~(iv) General workplace safety; or~~

~~(v) Mobility training.~~

~~4. Activities that:~~

~~a. Occur over a defined period of time;~~

~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~

~~c. Coordinate with any needed therapies in the participant's POC;~~

~~d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and~~

~~e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;~~

~~5.~~] Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~6. For a participant with a degenerative condition,~~] Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or**

employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and

3. Coordinate with any needed therapies in the participant's POC;

(f)[~~(d)~~] May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~;~~

~~(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;~~

~~(f)~~] Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and

2. A completed monthly summary note which shall include:

a. The month and year for the time period the note covers;

b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;

c. The signature and title of the individual completing the note; and

d. The date the note was written; and

(i)[~~(g)~~] Shall be limited to:

1. Five (5) days per week excluding weekends; and

2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(eee) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, "Please address how this regulation will impact an arts program, such as our StudioWorks arts program in Louisville, Kentucky? The clients who attend this Day

Training site consider themselves "artists" and learn art skills and explore different art media during their time at the Studio. Please clarify if all the clients who are attending this Day Training program for the purpose of learning and exploring the arts, will be required to have an outcome for competitive, integrated employment? Will the artists we have hired as DSP's need to focus on career planning instead of art? There are many non-disabled individuals who choose to be artists instead of working a regular job. The artists (who happen to have developmental disabilities) in our StudioWorks program are paid based on commission instead of an hourly rate, and we pay for all their art supplies. Will these clients be able to continue creating art and being paid on commission, instead of being required to work on career planning and other skills related to competitive, integrated employment?"

(fff) Response: Career planning is just one of the four day training options. Please refer to the response stated in (zz) above.

(ggg) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, "Will participants who have previously worked in Supported Employment and for various reasons did not succeed (and now work in one of Zoom Group's enclaves at UPS or the VA Medical Center) be required to have an outcome for competitive, integrated employment even though they have tried SE before and it did not work for them, and they do not want to go back to working in competitive, integrated employment."

(hhh) Response: If the participant does not wish to attempt supported employment in an integrated setting there is nothing in the regulation that will force them to do so. They must however be given the opportunity on a yearly basis to make an informed decision regarding the topic. The outcomes for the participant that are related to these activities must be based upon building skills that will enhance their opportunities to increase their role as a valued member of the community.

(iii) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, "How will it be determined which participants can access Supported retirement activities described in 907 KAR 12:010, Section 4 (9) (5)? Please clarify in this regulation what retirement age is required for a participant to engage in these activities? If there is no age requirement, please clarify this as well."

(jjj) Response: There is no threshold age for the initiation of Supported Retirement activities. The standard should be that the participant wishes to have the lifestyle of a retired person. Again the participant should receive sufficient training about this type of lifestyle to make an informed decision in consultation with the person-centered team.

(kkk) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, "907 KAR 12:010, Section 4 (9) (6) states that a participant with a degenerative condition, training and support designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills. Please include in the regulation the definition of degenerative condition? Also, please clarify in the regulation

who will determine if a participant meets the definition of degenerative condition. Will it be the participant's doctor, DDID staff, or possibly the participant's Plan of care team who determines when a client has a degenerative condition? Also please clarify if a participant is deemed to have a "degenerative condition" would the client then be exempt from having an outcome of competitive, integrated employment and career planning services?"

(lll) Response: This was included in the regulation based upon advise distributed by CMS to clarify that if a participant is physically unable to make progress toward a goal that significantly increases their ability to be a contributing member of their community; as an alternative, the participant should be afforded the opportunity to take part in activities that are designed to slow the progress of their condition and preserve their existing status in the community. The decisions regarding the content of the plan of care are to be made by the participant in consultation with the person-centered team. Any person who wishes to have an outcome for integrated community employment should be afforded that opportunity regardless of their medical diagnoses.

(mmm) Comment: Judy Erwin, director of regulatory compliance with the Zoom Group stated, "Please clarify in 907 KAR 12:010 Section 4 (9) (f) (2) (b) the requirement for: "An analysis of the efficacy of the service provided including recommendations and identification of additional support needs." Specifically, please clarify if the Day Training provider is analyzing the efficacy of services provided by the Day Training provider, or is it analyzing the efficacy of the services of other providers who are serving the individual (such as Behavioral supports, etc.)"

(nnn) Response: This is part of the day training regulation regarding the monthly summary. The requirement is that the day training provider continuously analyzes the day training activities that are being provided and determine if those activities have the capacity to produce the desired outcome. If they do not, it is the responsibility of the day training provider to make recommendations regarding changes or additional services that need to be included in order to produce the outcome.

(ooo) Comment: Barbara Howard, executive director and CEO of Redwood in Ft. Mitchell, KY, stated the following:
<u>Sheltered Employment (offered as part of the Adult Day Training Program)</u>
Sheltered employment—and federal wage guidelines that regulate payment for work in that model—is based on the productivity of the individual. Sheltered employment is a good option when community employment is not the dream or within the capabilities of an individual. This is particularly true for the 90 adults with severe disabilities in Redwood's Adult Day Training Program. These people want to work but require supports not available in community employment settings, such as personal assistance and adapted equipment for feeding and going to the bathroom; nursing care; hand-over-hand assistance to guide the work process; continuous behavior supports to calm outbursts and redirect attention to productive work; and life skills training. Redwood provides all of these supports and the opportunity for participants to do "real work;" earn

a wage based on productivity and commensurate wage; and to experience pride for a job well done.
In 907 KAR 12:010, Section 4, (9), 4.e. the proposed revisions contain language that will eliminate freedom of choice of service for people with severe disabilities by taking away their option to work in Day Programs that offer sheltered employment, across the Commonwealth.

Day Training (formerly Adult Day Training) ***shall not be reimbursable*** *if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities.*

If there is no funding (payment) for the service, the service can't continue. As far as paying participants minimum wage, where would that money come from when sheltered workshop participants are producing work at very low productivity levels due to their disabling conditions?
Commissioner Hall said in a 9/20/12 letter to the KY Association of Private Providers.

- "Our intent is not and will never be to close sheltered workshops but to offer informed choice."
- "If a person makes an informed choice, which involves active exposure to various options, to remain in the sheltered workshop, we encourage the workshop to consider paying the person at least minimum wage. Paying minimum wage is not a requirement."

Those statements are his interpretation, as of 9/20/12, of 907 KAR 12:010, Section 4, (9), 4.e. However, that is not what the language in the regulation says. Furthermore, Commissioner Hall has not proposed restating the regulatory language to allow payment for such services. Who is to say that others will interpret the regulations in the same way that he stated on 9/20/12 that he is interpreting it? The language needs to be changed.

Commissioner Hall's model, with the current language, would eliminate sheltered employment as a service option (through no funds to operate these programs), and would leave individuals with the most significant disabilities without any work option if they could not attain or maintain a job in the community.
To fix this…

1. **We would like Kentucky Medicaid to amend the proposed SCL regulations to match the federal *Center for Medicaid Services* language, to include "prevocational" services as a service option**, as defined by the following: "Prevocational" services are for individuals who are unable to be gainfully employed, to enable them to acquire, improve, and retain habilitation skills such as task completion, problem solving, interpersonal relationships, and safety. Such services may be provided in a variety of settings (including facilities) and include the use of actual work while following applicable federal wage guidelines (Special Minimum Wage Certificates). The federal guidelines also list the optimal outcome of the provision of prevocational services is permanent integrated

employment at or above the minimum wage in the community.
In essence, this description describes what sheltered workshop programs—offered as part of Adult Day Training programs—are doing at this time. Sadly, though, the revised KY regulations do not include provisions for prevocational services. The loss of prevocational services as part of adult day training removes the safety net for individuals with severe and multiple disabilities.

2. **Another option is to replace the existing 907 KAR 12:010, Section 4, (9), 4.e. with language something like…**
*Day Training (formerly Adult Day Training) that includes active training and skill development—including actual work performed for a wage as part of the training program (sheltered employment)—**shall be reimbursable** if the person makes an informed choice, which involves active exposure to various options, to remain in Day Training and to participate in sheltered employment. Day training programs are encouraged to pay participants at least minimum wage; but payment for actual work completed shall at a minimum follow* applicable federal wage guidelines (Special Minimum Wage Certificates). Each person shall have a person centered plan of care (POC). The POC should have clear and measurable objectives that enable participants to achieve their outcomes. As those are met, new outcomes shall be developed. The outcomes may be related to the development of job skills that would lead to integrated community employment or to the continued development of life and work skills within Day Training based on personal choice.

In closing, I would like to emphasize that Redwood and the Northern Kentucky SCL providers have the highest regard for Commissioner Hall and his staff. The task of rewriting the SCL regulations to best meet the needs of persons with disabilities is a huge undertaking. We appreciate their efforts. We also greatly appreciate the opportunity to communicate concerns expressed to us by the individuals who use our services. It is heartening to know that Commissioner Hall is willing to listen and has "clarified his intent" as evidenced by his 9/21/12 letter referenced above. Now we just need him to change the language of the regulation to align with his stated intent."

Ms. Howard also stated the following:
"My name is Barbara Howard. I'm the executive director of Redwood School and Rehabilitation Center in Fort Mitchell, Kentucky. And, we provide twenty-five services for children and adults with severe and multiple disabilities that is complicated by medical fragility. And, my remarks today will address the whole issue of adult day training and sheltered employment. Do we help people get jobs in the community? Of course we do. Redwood offers supported employment for that purpose. But, for the ninety adults who want to work, who require supports that are not available in community employment settings, we offer sheltered employment as part of our adult day training program. Our workshop does not mirror a typical employment setting because we provide three staff, ceiling lifts and changing tables to help adults in the

bathroom. We provide ten staff to puree food, set up adaptive feeding equipment and provide personal assistance during lunch. We provide nurses who deliver physician prescribed nursing care throughout the day. We provide hand over hand assistance to guide the work process. We provide continuous behavior supports to calm behavioral outbursts and problematic behaviors and redirect attention to production work. Throughout the work day we offer continuous training and breaks and this is, you know, based on the person's choice of what they want to do. Do we help some of these people leave the workshop and enter into our supported employment program or other supported employment programs? Of course we do. And, sometimes they work out well and sometimes they come back to us, especially when they experience degenerative conditions as they age. No one forces people to enroll in our work activity center. And, no one forces them to stay, it is their choice. In preparation for today I talked with many of our adults to find out what they thought about these changes that would affect the adult day training programs and sheltered employment. And, for those people who could talk, I heard comments like bad idea, it's not right, I would be lost, we want our jobs in the workshop. The Commissioner says we are not--it's not our intent to close sheltered workshop, but the regulations clearly state that adult day training programs shall not be reimbursable, if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and the level of benefits paid to by an employer for the same or similar work performed by employees without disability. And, additionally day training services shall be time limited. Regulations that remove reimbursement for day training programs that offered sheltered employment and pay wages based on the person's productivity, which is approved by the Department of Labor, if that happened, it would force Redwood's work activity center program to close and programs all over the state to do that as well. This would not be in the best interest of the people who now benefits from these programs. It would be--it would remove their ability to work within their capacity to work and it would remove the dignity that they experience and the pride of working. Regulations that specify day training programs be time limited, put adults who need supports in this safety net throughout their lives at risk. We request that the language of the proposed regulations be changed to allow reimbursement for adult day training that includes sheltered employment and payment of wages based on productivity as is allowed by the federal government. And, we also ask that there be no time limits. That the language be changed to remove the time limits for this service."

(ppp) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the primary purpose of producing goods or performing services." The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an "amended after comments" regulations to clarify the four options for day training. The amendment reads as follows:

“(9) Day training:

(a) Shall be provided by a direct support professional;

(b) Shall include:

1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**

2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant’s skills and interests that:

a. Are person centered and designed to support employment related goals; **[~~and~~]**

b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**

c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant’s interest, strengths, priorities, abilities, and capabilities; and

d. Include:

(i) Skill development to communicate effectively with supervisors, co-workers, and customer;

(ii) Generally accepted community workplace conduct and dress;

(iii) Workplace problem solving skills and strategies;

(iv) General workplace safety;

(v) The ability to follow directions;

(vi) The ability to attend tasks; or

(vii) Mobility training;

3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant’s POC; and~~

~~c. Are time limited;~~

~~3. Activities and environments that:~~

~~a. Are not diversional in nature;~~

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~~4. Activities that:~~

~~a. Occur over a defined period of time;~~

~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~

~~c. Coordinate with any needed therapies in the participant’s POC;~~

~~d. Result in an outcome that identifies a career direction and plan used to~~

~~**guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

(e) Shall include environments that:

1. Are not diversional in nature;

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3. Coordinate with any needed therapies in the participant's POC;

(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

(h)[~~**;**~~

~~**(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;**~~

~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and

2. A completed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;
c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(qqq) Comment: Steve Shannon, executive director of The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated (and Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., supported Mr. Shanon's comments), "The CMHCs are committed to the provision of day training services to any SCL participant selecting to participate in this service. We are greatly concerned about the language included in Section 4. (9) Day Training which clearly indicates day training involves activities that are either "time limited" (subsection (9) (b) 2. c.) or "occur over a defined period of time" (subsection (9) (b) 4. a.) without a clear definition being provided for either term.

In addition to the concerns raised above, and a much greater concern expressed by participants and their family members, we are greatly concerned with the language included in subsection (9) (b) 4. e. which clearly states day training activities "shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities." We acknowledge the Cabinet for Health and Family Service's (Cabinet) commitment to day training and their indication not to take any action which will force any SCL participant to change their current services and supports; however, the very restrictive language included in this subsection may ultimately force some participants to lose access to the day program they are attending and have indicated a desire to continue attending.

As day training programs may no longer be reimbursed and become time limited and only can occur over a defined period of time what consideration has be given to the impact these proposed changes will have on participants in residential services and the cost of residential services. The concern is some SCL participants may spend more time at their respective residences as opposed to their current day program resulting in additional staffing needed to provide supports and services during what has been the normal day program schedule. SCL participants may spend more time in the community but may also spend more time in their homes which seems counterproductive and may negatively impact their respective quality of life.
Therefore, it is recommended this subsection ((9) (b) 4. e.) be amended to reflect the Cabinet's expressed intent not force any SCL participant to discontinue their

respective day training. This can be accomplished by either deleting subsection (9) (b) 4. e. in its entirety or by changing the 'shall' to 'may' which provides flexibility to the Cabinet to address any concerns with day training services while not discontinuing the service."

Mr. Shannon also stated the following:
"Day training. You heard ample about day training. Clearing it's a concern that's going to impact. Solution, Item E, under the Subsection 9, we've heard repeatedly. Delete that language. Just remove it from the regs, it's not going to be reimbursable, take it away, just leave it alone. And, then go forward and provide those services. If you don't want to delete it, delete the not and add a condition going forward. 'Cause, clearly, as it reads today, and I can't emphasize this enough, will not be reimbursed. I have been accused of misrepresenting that. Shall not be reimbursed the primary producer of goods or services, should say, shall not be reimbursed, not very negotiable words. Remove that section from the regulation. Change it so it shall be permissible when. So, you have a condition where you can have it, those two things."

(rrr) Response: All services offered in the waiver with the exception of residential services and some behavior supports have distinct start and end times and are time limited by the Plan of Care of the individual participant. These facts are not changes that are coming into effect with the new waiver. They are stipulations that have been in place since the beginning of the SCL waiver.

DMS is removing the language in an "amended after comments" regulation.

(sss) Comment: Pamela Millay, with Redwood, wrote the following:
"I am writing in response to the newly published regulation 907 .KAR 12:010 New Supports for Community Living Waiver Service and Coverage Policies. I specifically would like changes made to Section 4(9) of the regulation which explains Day Training services.

I strongly support the development and pursuit of meaningful paid employment for participants, and increasing the opportunities for true integration into their community. However, providers are concerned that service choices are being limited and even eliminated in some cases. Day Training (formerly AT.)T) is the most widely utilized service in the waiver currently_ Again, people who do not want to work or are of retirement age constitute a large segment of the SCI„ population, and could struggle with where they "fit" within the new service menu.

Under these new regulations, day training programs featuring sheltered employment may be forced to discontinue operation. This would result in about 90 individuals, at Redwood and approximately 2000 or more individuals across the state, losing the opportunity to work for a wage as part of their training program.

The regulatory changes and specifically **Section 4. (9).4.e.** below will remove personal choice to work in a sheltered employment training program. If an individual cannot find

community employment right away or has medical or personal care issues that no one in a community setting can provide, and sheltered workshops close, this will increase dependence on family members who may not be available during the day due to employment or other obligations.

Section 4.(9).4.e. — (Day Training Services) **"Shalt not be reimbursable** if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;"

I am aware there has been some response from CHFS including a statement from the Secretary of the CHFS that "there had been a several month process of regulation review that included members of the sheltered workshop community, statewide and from Northern Kentucky, before the regulation was finalized" The provision in **Section 9.(b)4.e.** above that is of concern was not *in any* draft or discussion of the regulation until June when it went before the House Bill 144 committee for the last time before being **published** in August. Responses to the MB 144 Committee *were* made expressing concern regarding that language.

In September 2011 the Center for Medicaid, CHIP and Survey & Certification (CMCS) released an information bulletin that provided technical guidelines regarding employment and employment related services in the § 1915 (c) home and community based waiver programs. Supports for Community Living Waiver is one of those waiver programs. The language below was included in the information bulletin, but the bulletin also specifically had guidance regarding pre-vocational services which is not included in 907 KAR 20:010.

> • While vocational serves which are intended for the primary purpose of producing goods and services arc not (and never have been) Medicaid reimbursable, CMCS continues to allow payment for the provision of prevocational services, Prevocational services are intended for the purpose of enabling individuals to acquire, improve, and retain habilitation skills such as attendance. Tasks completion, problem solving, interpersonal relationships and safety. Such services may be provided in a variety of settings (including facilities) and may include the use of actual work while following applicable federal wage guidelines (i.e. Special Minimum Wage Certificates)
> • CMCS specifically allows prevocational services to be utilized in facility setting so long as they are appropriate for the individual as determined during the person-centered planning process. Although competitive employment is the "optimal" setting, an optimal setting by definition is not the exclusive setting,
> • Commissioner Hall wrote a letter to service providers and sent it last Friday, September 21' (the day of the hearing) trying to explain some of the provisions. He admits in this letter to not including prevocational services, rather this was accomplished by incorporating career planning as a component of day habilitation (day training) services in accordance with the CMS directive. The only

problem with that is that career planning and prevocational services are not the same service. In the CMS Informational Bulletin they are defined differently and career planning can be stand alone or a part of prevocational training. Both are funded services under the waiver programs.
• A clarification needs to be made to the SCL Waiver regulation that clearly defines prevocational services (separate from career planning) so that interpretation of the services provided in sheltered work programs can be seen as prevocational services, which is exactly what we do here. It is not for the primary purpose of producing goods, but with the regulation provision as it stands there is no way to interpret day training in a work environment as anything other than vocational services because there is no explanation of prevocational services nor is there a comparison of vocational to prevocational services.
• The CMCS Information Bulletin clearly states that "Individuals participating in prevocational services may be compensated in accordance with applicable Federal laws and regulations" while listing the optimal outcome of the provision of prevocational services is permanent integrated employment at or above the minimum wage in the community. The goal of community employment can be strived for while individuals receive prevocational services. The bulletin goes on to say that these services and supports should be designed to support successful employment outcomes consistent with the individuals goals and that the person-centered plan shall be reviewed annually.

For nearly sixty years, Redwood has been advocating for and providing services to children and adults with severe and multiple disabilities. We are keeping the promise we made to help adults who cannot work in the community to realize the pride and independence that comes from the power of work through sheltered employment in Redwood's Work Activity Center.

Please clarify the SCI. Waiver regulation that clearly defines prevocational services (separate from career planning) so that interpretation of the services provided in sheltered work programs can be seen as prevocational services. With the regulation provision as it stands there is no way to interpret day training in a work environment as anything other than vocational services because there is no explanation of prevocational services nor is there a comparison of vocational to prevocational services.”

(ttt) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is “not reimbursable if for the primary purpose of producing goods or performing services” The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an “amended after comments” regulations

to clarify the four options for day training. The amendment reads as follows:

"(9) Day training:
(a) Shall be provided by a direct support professional;
(b) Shall include:
1. Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; **[~~and~~]**
2. Career planning **or pre-vocational** activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that:
a. Are person centered and designed to support employment related goals; **[~~and~~]**
b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;
3.[~~Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and~~
~~c. Are time limited;~~
~~3. Activities and environments that:~~
~~a. Are not diversional in nature;~~
~~b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and~~
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~~4. Activities that:~~
~~a. Occur over a defined period of time;~~
~~b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;~~
~~c. Coordinate with any needed therapies in the participant's POC;~~

~~**d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and**~~

~~**e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;**~~

~~**5.**~~**]** Supported retirement activities including:

a. Altering schedules to allow for more rest time throughout the day; or

b. Support to participate in hobbies, clubs, or other senior-related activities in the participant's community; or

4.[~~**6. For a participant with a degenerative condition,**~~**]** Training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;

(c) **Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment and other employment opportunities in the community;**

(d) Shall, if provided in an adult day health care center, only be available for a participant who:

1. Is at least twenty-one (21) years of age; and

2. Requires skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's POC;

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(f)[~~**(d)**~~**]** May be participant directed **and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;**

(g) Shall not be reimbursable if vocational in nature and is for the primary purpose of producing goods or performing services;

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(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(uuu) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, "Although our daughter does not currently have a job, we plan for her to have one soon. She has a serious disability, but she also has some very strong skills that could be highlighted to help her have a real job in a real, inclusive workplace. She will, however, need a lot of support in order to be able to work in any setting. We realize there are families who are afraid to try to have their loved one work in an integrated work setting. It is harder to plan for success when you are not in a sheltered workplace. Again, this is a new way of thinking for many people who have become accustomed to not having to deal with the outside world and attitudes of the general public when choosing a job for a person with a developmental disability. The more individuals with developmental disabilities are in the community working, the more informed and understanding the general public will learn to be."

Patti Parsons, mother of a son with autism spectrum disordered, and Vicky Roark, grandmother of an individual with autism spectrum disorder, stated "I know that some families and agencies are fearful of change, in particular that their loved one will lose their right to attend Adult Day Health and/or Sheltered Workshops. I think there is some disinformation floating around and that the new regs as written will allow for a wide range of options for individuals. Perhaps there needs to be a better job of educating the public on the positive aspects of the new regs."

(vvv) Response: Thank you, the Department has scheduled forums around the state that will take place in November and December. For information on these forums please contact Shelley Runkle with the Commonwealth Council on Developmental Disabilites at 502-564-7841, or Cheryl Bogarty with the Division of Developmental and Intellectual Disabilities at 502-564-7702.

(www) Comment: Charlotte Sanders, guardian of an SCL participant, stated, "I wanted to comment and ask a couple questions on 907 KAR 12:010 (4)(9)(d) and (c) and (9)(5) and (6). (9)(d) states that day training shall include activities that result in an outcome that identifies a career direction and plan used to guide activities that result in a participants achievement and competitive integrated employment. The gentleman that I'm speaking for actually chose with a group--with a team to semi retire this year. He

has been working since he's been eighteen years old, he's currently forty-seven. And, he chose to go to an adult day training to attend an arts studio one day a week, to stay at home one week--one day a week and to work in the community one day a week.

And, in my mind this regulation would end that, because they're--someone is going to insist that he put in place a support employment outcome. And, we've talked about support employment and he has no desire to work independently in the community. So, my question is--I don't have a question on that one. I'm sorry. Okay. I want to ask if they, please, change this regulation back to--in (4)(9)(d) to let my ward continue to focus on his current choices and how he spends his days through the week? The other section (4)(9)(c), it says day training services are time limited. I want to--would like to see that they define that clearly before they put that in regulation, 'cause it seems like it's really subject to interpretation and I want to know whose interpretation. I also totally agree with the lady in front of me--before me who said we'd like to see where the public was consulted, when these regs were being developed and what kind of studies they did and the form that that took? In section (9)(4)(5) and (6) states that day training services shall include support employment retirement activities. I'm wondering, that they'll allow people to alter their schedules to allow for more rest time throughout the day? That they'll be able to support participant hobbies, clubs, others? I'd like clarification of this reg for a--particularly for my ward's benefit. I'd like to see that--I would like the definition of degenerative condition specifically. And, who would qualify for this type of day training, if they're under the sixty-five year old retirement age, since my--he's only forty-seven."

Charlotte Sanders also stated, "In close, I would like to say, that some of the new proposed changes will be wonderful for people and I applaud those! But I'm saying this do not forget about Person Centered Choices and mandating that people choose something that is not for them and penalizing agencies, providers of services and they people they serve for not choosing Supported Employment outcomes. Not everyone fits into this mandated box."

(xxx) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the primary purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

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~~**(f)**~~**]** Shall include documentation that shall be:

1. A note for each contact which shall include:

a.. A full description of each service rendered;

b. The date of the service;

c.. The location of the service;

d. The beginning and ending times of the service;

e. The signature and title of the individual providing the service; and

f. The date the entry was made in the record; and

2. A completed monthly summary note which shall include:

a. The month and year for the time period the note covers;

b. An analysis of the efficacy of the service provided including recommendations and identification of additional support needs;

c. The signature and title of the individual completing the note; and
d. The date the note was written; and
(i)[~~(g)~~] Shall be limited to:
1. Five (5) days per week excluding weekends; and
2. 160 fifteen (15) minute units per week for day training alone or in combination with any **hours of paid community employment or on-site** supported employment service."

(yyy) Comment: Edward Ward, parent of an SCL participant expressed strong opposition to the adult day training policy change and among his comments were, "Mr. Steven Hall I'm sure that your proposal to change the structure of work, living arrangement and social lives of people with disabilities are meant to reinvent the world. Believe me you are dead wrong. My son is 44 years old and we've been through the educational system to mainstream everyone. It didn't work. You probably set in your ivory tower to change the world but doesn't have a clue of the real world with people with disabilities. If you want to put people through hell keep pushing your plan."

(zzz) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the primary purpose of producing goods or performing services" The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the day training definition in an "amended after comments" regulation to clarify the four options for day training. Please see the response (ttt) above to see the revised definition.

(aaaa) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, "Shuttering the Shelter Workshops on a wholesale level is a bad approach. They serve a purpose and should be encouraged to use supported employment to a much larger degree, but should not be eliminated altogether. A modified approach should be examined and in most cases demanding non-segregated settings earning the same wages may not help many of our individuals in the long run. Some concern for freedom of choice should be respected."

Mr. Laurino also offered the following comments on the subject:
"I'm not going to go into great detail about the day training, it's been well expressed in here. I will say one thing though about it that I haven't heard yet. I know a lot of workshops do what I call piece work where essentially, you know, the individuals are getting paid, sometimes by the pound, sometimes by the item and whatever. I'm not sure how that fits into this regulation. Where it says, you know, that--you know, that they can't be earning less than the customary wage for the same. If--if there is a business out there that does pay some people a certain amount of money for doing

piece work, and very often they do, because sometimes the work that these workshops are doing, when the workshop is closed down, maybe at Christmas they have to, the employer, the business has to continue to do it, so somebody--they have to hire people to do it and they still pay them piece work, if those people in the real world are getting paid the same as our folks in the workshop, is that--do they now fit the definition? But, of course, the integrated setting is another problem. But, I do find--and I'm not going to belabor it, but I do find closing down the sheltered workshops in this state will be a big mistake. And, I think somebody really needs to think. It's wonderful to say supported employment is for everybody. But, we have it now and you get paid really well for supported employment now. But, not everybody's out in supported employment. What makes you think that just because we say, now it's time to do it, that everybody's going to be able to do it? I would love to see everybody out there working. But, I also know that there is a lot of individuals, I don't care what you do, that are not going to work in a community setting, they don't want to, they're happy where they are. And, again, why are we ignoring freedom of choice? We're telling them they have to do something. And, I don't think that's what this whole thing was about."

Mr. Laurino offered the following recommendation:
"Recommendation: Require all workshops to have a percentage of their individuals engaged in supported employment in the outside world, with even a possible increasing number each year showing some progress in this regard. To just cut off reimbursement with the new regulation will do a disservice to this population on the whole."

(bbbb) Response: There is not, nor has there ever been, any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. At the same time, there is the expectation that all participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal. We believe that this position is in full support of participant choice.

There is nothing in the SCL regulation that will remove day training following either the sheltered workshop model or any other model as a choice for participants. The goal of the Supports for Community Living Waiver is to help participants with developmental and intellectual disabilities assume and flourish in valued roles in the community. This is accomplished through the provision of person-centered services which are defined in the amended Supports for Community Living waiver (approved August 1, 2011). It is our expectation that participants in the waiver receive the level of supports that are required for them to reach their defined outcomes.

(cccc) Comment: The Arc of Owensboro stated the following:

"Pg Line Sect. Topic
13 9-11 1 Employment Services

What is to be considered employment for the purposes of these regulatory changes?

In every case in our programs, any work done by SCL consumers is of a therapeutic nature and not intended to be employment as such, as they are not bona-fide employees under any definition of employee. The work is not intended to produce a "surplus" for our agency but rather to provide day activity, training and some work experience for the consumers.
Otherwise, it is unrealistic to expect all of those enrolled and qualified for the SCL Program to be placed in regular work (full or part time) in private employment. Philosophically it sounds good, but the reality is on the opposite side of the scale. We have been advocates for these consumers for some 55 years and have considerable experience with these matters. We have evolved from providing school services to sheltered employment to doing everything we can to encourage and incorporate community integration of all our services. We have successfully moved many persons who are disabled from one of our programs into a job in private business in the community. That is our goal for everyone, with the full realization it can't be done with/for everyone. Notwithstanding many choose activities other than employment for various reasons, not the least of which are regulatory disincentives to working.
Also there are not jobs available in private industry for people who are not capable of being productive. Those who think so are not understanding the economics of business in that you can't price a product/service high enough to cover the costs of non-productive labor paid as if it is productive. In doing so, one will not be able to stay in business."

(dddd) Response: There is not, nor has there ever been any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. If they are satisfied with their existing daytime activities there is no requirement that they change anything. At the same time, there is the expectation that all participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal.

For those who choose to seek integrated community employment there is also no requirement that participant pursue employment at any specific level. The participant could work full-time or part-time depending upon the choices they make. After transitioning to integrated community employment, the participant may choose to return to the sheltered program on a part time basis to refine their community employment skills for the difference between amount of time they work in integrated employment and forty (40) hours per week.

Career planning activities are not the only activities that can make up an adult day training program. In general, any activities that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater independence and personal choice meet the regulatory definition. Other specific activities that would meet these requirements other than employment or career planning and development include: Supported Retirement, health and wellness activities to slow the progress of medical conditions, and activities to build networks of non-program friends (community integration)

It is quite true that many waiver participants have a great deal of difficulty meeting all of the elements in the typical job description. It is also true that most folks who are currently working in integrated employment typically work 8-10 hours per week. We believe that this has occurred because many participants are not in appropriate job matches. That is why our supported employment services are built upon discovering individual strengths and individual employer opportunities discovered by a customized employment approach. With customized employment, work opportunities which match the interests or skills of the participant are negotiated with the employer in order to free up existing staff to focus on the other tasks that need to be accomplished. This creates greater efficiency. In essence, the goal is to find a win/win situation for both the participant and the employer.

As an example, a waiver participant who works for a truss manufacturer ensures that the drill bits used in the process are sharpened and are the correct length. Prior to this participant taking over the task, all of the experienced truss builders had to stop what they were doing as their stock of drill bits wore out and use a machine called "the grinder" to prepare more bits. As these employees worked at roughly the same pace, they tended to run out of bits at the same time. Since there was only one "grinder," this task created a significant bottleneck in the operation. The hiring of the waiver participant for this specific task, even though the participant was slower than any of the experienced truss makers at this task, removed the responsibility from everyone else and enabled the operation to generate a greater profit.

Sometimes the "tools" that the participant uses for mobility can enhance a participant's employability. A Kentucky hospital discovered it had a serious problem when their accrediting body found that over 80% of the hand sanitizer units in the hospital were either empty or broken. They hired a waiver participant who used a motorized wheelchair to travel a route around the campus testing the units, filling those that were empty, and turning in a maintenance request for those that were broken. During the follow-up accreditation visit they were found to be 100% in compliance. Since that time, the participant has expanded his hours and responsibilities by maintaining a continuous inventory of cleaning materials in each unit. This allows housekeeping staff to spend their time keeping the premises clean instead of traveling back and forth to central stores to obtain materials.

In order for supported employment to work effectively, the employment specialist must function as both an advocate for the participant and a consultant for the business.

(eeee) Comment: The Arc of Owensboro stated the following:

"Pg	Line	Sect.	Topic
65	4-8	4	Day Training

It seems now/coming that everyone who participates in day training must have career planning activities and career options, and that these must be person centered and designed to support employment related goals as well as be directly related to personally chosen outcomes by the participants. Notwithstanding this is unrealistic on

its face, this wording is contradictory to person centeredness, and does not allow real personal choice. Therefore this requirement is contradictory to person centered goals/outcomes.

Pg	Line	Sect.	Topic
65	9	4	Day Training

What is the meaning of time limited-length? Please refer to the foregoing comments concerning day training.

Pg	Line	Sect.	Topic
66	3	4	Day Training

‘Resulting in an outcome that identifies a career direction’. Again, not person centered and no room for personal choice, as well as being unrealistic. Again, in general as to ‘Day Training’, the proposed regulatory changes are in conflict with the reality of the situations the consumers who qualify for the SCL programs are in. These take away one's freedom of choice which has been a primary concern of the SCL program, as it is of most, if not all, providers of these services. In addition, many of these provisions are in conflict with U.S. Dept. of Labor regulations/definitions (including legal) of employee, employer, independent contractor sub-contractor and perhaps others. This also applies with respect to the IRS view of ‘therapeutic work’. Heretofore, the consumers could partake of a combination of day training activities as well as therapeutic work activities in line with their personal choices and with the intent of the SCL waiver program in general. The regulations do not need fine tuning to the point of taking away any of these choices as those who qualify for SCL services need exposure to the widest range of activities/opportunities available. Competitive integrated employment — even if available/practical, being only one of those choices. They are all in their respective programs by choice not by coercion, force or requirement of any kind. So, are we now going to force them into essentially one bureaucratically chosen ‘box’?

Also, we question the inordinately strong focus of the proposed regulatory changes of the SCL waiver on employment considerations. This area of service for these individuals is in the purview of the Dept. of Vocational Rehabilitation as their regulatory/service responsibility is supposed to include those who are severely disabled. Notwithstanding, they spend little of their vast resources on help with this segment of unemployed/underemployed who are severely disabled.”

(ffff) Response: While it is true that the process a participant initially follows to become employed is mandated by and funded through the Rehabilitation Act; it is also true that there is no funding to assist the participant to maintain employment after a job is obtained or to seek changes in employment when there is not a significant change in the impact of disability. The Medicaid Wavers provide funding for both. The relationship between BHDDID and Vocational Rehabilitation has been formalized by a Memorandum of Understanding between the agencies and is one of the strongest relationships between service delivery partners in the country. The goal of the SCL

waiver is to help participants live in the community as valued members of the community. Our focus on integrated work in the community makes this possibility a reality for many participants.

(gggg) Comment: Rick Christman, CEO of Employment Solutions, Inc., stated, “In response to the outpouring of concerns regarding the potential threat to adult day training services including those that include work in fixed site (sheltered workshop) settings, Cmomissioner Hall issued a letter to the presidents fo KARP and KAPP, containing assurances that ‘our [DBHDID] intent is not and never will be to close sheltered workships.’” Mr. Christman stated that, “the letter also states that while prevocational services have been excluded from Kentucky’s Waiver, career planning was instead incorporated a a ‘CMS directive’. It is unclear how the exclusion of prevocational services could have been a CMS directive when a CMS Informational Bulletin published September 16, 2012 makes frequent and explicit reference to prevocational services as an appropriate habilitation service! Career planning as defined by both CMS and within th eproposd regulation is a questionable vehicle with which to continue to provide adult day training. Absent substantive changes in the proposed regulatory language which explicitly states that facility based services (both work-based and otherwise) are permissible, day training/career planning services could be easily and arbitrarily time limited. The exclusion of prevocational may even restrict the types of goals for individuals that would otherwise be permissible under CMS guidelines. Further, the Commissioner’s assurances are not codified in regulation and can therefore be later dismissed.

Recommendation: Kentucky’s new SCL Waiver should be amended to include prevocational servicers and the proposed regulations likewise be amended to assure that services similar to the current definition of adult day training be maintained.”

(hhhh) Response: All services offered in the waiver with the exception of residential services and some behavior supports have distinct start and end times and are time limited by the plan of care of the individual participant. These facts are not changes that are coming into effect with the new waiver. They are stipulations that have been in place since the beginning of the SCL waiver.

DMS is removing the time limit language in an “amended after comments” regulation.

(iiii) Comment: Russell Blairnik, president and CEO of Goodwill Industries of Kentucky, stated the following:”

“Goodwill Industries of Kentucky regularly supports employment and training for people with disabilities, including many people with severe disabilities. Goodwill has also worked with organizations with supported employment programs whose participants are among our more than 800 employees with disabilities or other disadvantages. Goodwill itself does not provide workplace activity that receives Medicaid Waiver funding. We did acquire a separate organization that does such programing a few years ago.

Our experience is that people with disabilities should be offered a wide range of choices in how they spend their days. Indeed they need choice in order to find a secure place to engage in work activity, which may include congregated and settings specifically provided for people with disabilities.

Will Department of Behavioral Health/Developmental and Intellectual Disabilities funding continue for people who do not wish to work in an integrated setting? Without the funding the programs will disappear, eliminating the possibility for people with disabilities.

I am also concerned that the Office of Vocational Rehabilitation will not have the capacity to serve the numbers of new clients required by several hundreds of Supported Employment cases. Have the Department and the Office of Vocational Rehabilitation assured this capacity exists? What assurance is there that the people will be served in a seamless provision of services?

I am also concerned that the Office of Vocational Rehabilitation will not have the capacity to serve the numbers of new clients required by several hundreds of Supported Employment cases. Have the Department and the Office of Vocational Rehabilitation assured this capacity exists? What assurance is there that the people will be served in a seamless provision of services?”

Finally I am concerned at the cost of the new service priorities will raise the cost of services beyond what the Commonwealth can afford. Has the Department estimated the costs, the impact of cost containment on existing programs, and the likelihood of the new regulations producing **a** sustainable network of programs?”

(jjjj) Response: There is not, nor has there ever been any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. If participants are satisfied with the type of services that they currently receive they will be required to change nothing. At the same time, there is the expectation that all participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal.

For those who choose to seek integrated community employment there is also no requirement that participant pursue employment at any specific level. The participant could work full-time or part-time depending upon the choices they make. After transitioning to integrated community employment, the participant may choose to return to the sheltered program on a part time basis to refine their community employment skills or to a traditional day program to maintain friendships, for the difference between the amount of time they work in integrated employment and forty (40) hours per week.

Career planning activities are not the only activities that can make up an adult day training program. In general, any activities that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater independence and personal choice meet the regulatory definition. Other specific

activities that would meet these requirements other than employment or career planning and development include: Supported Retirement, health and wellness activities to slow the progress of medical conditions, and activities to build networks of non-program friends (community integration).

BHDDID and OVR worked together to negotiate a Memorandum of Understanding regarding our roles in providing employment opportunities to participants. We are full partners in this effort and preparation is in progress to accommodate increased participation.

There has been significant analysis of the ramifications of all changes in the SCL Waiver to ensure budget neutrality.

(kkkk) Comment: James F. Kijek and Elizabeth L. Kijek, parents of an SCL participant, stated the following:

“We are writing to voice our opposition to the proposed new regulations for the Supports for Community Living Waiver by the Kentucky Division for Developmental and Intellectual Disabilities (DDID). While there are many provisions of this proposed regulation change that we find objectionable, our primary concern is the one in which the DDID has taken the stance that everyone should be gainfully employed in regular jobs in the community.

Our daughter Kelley **is a** 33 year old individual with Down's Syndrome with associated physical and mental disabilities. It is estimated her mental acuity is that of a 6 or 7 year old. Her entire life Kelley has had to have close supervision and is quite lost when left to her own devices. Kelley has poor communication skills and is very difficult to understand. She cannot articulate her thoughts well. She has very limited survival and/or safety skills and will obliviously walk into oncoming traffic whether in a parking lot or crossing the street without a thought of safety. Unless Kelley is closely watched, she will wander **and** continue to wander until she is lost, trying to find her way without asking for help. Kelley is also very trusting and will go with anyone without concern for her own safety.

When Kelley was younger and we were living in Michigan, we tried mainstreaming Kelley into the regular job community which is similar to what the DDID is now proposing for Kentucky's disabled population. Kelley worked at a succession of jobs for well over two years to no avail. Kelley needed too much supervision which was much more than what any employer was able and willing to provide. Because of Kelley's poor communication skills, she could not ask questions regarding her duties and when her duties were explained, she frequently couldn't understand what was required of her. Many times we would receive telephone calls from those employers asking us to pick Kelley up as things weren't working out.

On some occasions while at work, Kelley would be stared at, ridiculed or made fun of from other employees and Kelley didn't have the ability to defend herself or tell anyone

what was happening to her. Once when Kelley was working clean up in the lobby of a local McDonalds, she came home with a half-eaten hamburger someone had stuffed into her pants and condiments smeared on her clothing and hair. During this time, Kelley was very unhappy, depressed and frequently cried when it was time to go to work.

Since moving to Kentucky we were able to find Kelley employment with a company called Fresh Approach which is a part of Employment Solutions Inc. in Lexington. For lack of a better description, Fresh Approach is what we would call a sheltered work shop type environment for the mentally disabled. The people there are great; they are dedicated and caring people. What they do to help people like our daughter is amazing. They do for the mentally disabled in this type of environment what the regular work force cannot possibly hope to accomplish in theirs. We further believe that to change the regulations as proposed would likely result in the dismantling of programs in which places like what Fresh Approach provides for the severely disabled would be criminal.

Almost immediately from the start of her employment we saw a change in Kelley. The crying has stopped, and she looks forward to going to work every day. Kelley has made friends, not only with those like her but with the staff as well. We receive positive reports about her progress and she is considered a reliable and good employee. The few dollars she makes at Fresh Approach is unimportant to us as the only consideration for my wife and myself, is Kelley's happiness and self-esteem. At Fresh Approach, our daughter is not seen as disabled but rather as a valuable employee and a good worker.

We're afraid that the changes the DDID is proposing will destroy places like Fresh Approach and that the severely disabled like our Kelley will be left out in the cold. Despite the best intentions of the DDID, not everyone is equipped to work in the regular work force and never will be and those that think otherwise are misguided and uninformed. Without places like Fresh Approach, those that need the most help will be left to languish all day alone in front of a TV set and without a chance to do something useful and meaningful with their lives.

In closing, we ask that these proposed regulations not be passed. They are not a solution to the problems for the severely handicapped but are rather a sentence for hopelessness and despair for those that need much more help and guidance than what could ever be provided in a regular work environment."

(llll) Response: The intent of the waiver is to update the services for participants from the practices of the past to current best practice. What we have communicated has been misunderstood or misrepresented.

There is not, nor has there ever been, any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. If participants are satisfied with the type of services that they currently receive they will be required to change nothing. At the same time, there is the expectation that all

participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal.

For those who choose to seek integrated community employment there is also no requirement that participant pursue employment at any specific level. The participant could work full-time or part-time depending upon the choices they make. After transitioning to integrated community employment, the participant may choose to return to the sheltered program on a part time basis to refine their community employment skills or to a traditional day program to maintain friendships, for the difference between the amount of time they work in integrated employment and forty (40) hours per week.

Career planning activities are not the only activities that can make up an adult day training program. In general, any activities that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater independence and personal choice meet the regulatory definition. Other specific activities that would meet these requirements other than employment or career planning and development include: supported retirement, health and wellness activities to slow the progress of medical conditions, and activities to build networks of non-program friends (community integration).

(mmmm) Comment: Cory Kessler, a concerned parent, stated the following:
“Hello, my name is Cori Kessler. I just want to say, look how far we've come in the past forty years. People have been taken out of institutions and placed in loving and caring environments where they are given the opportunity to be successful and live a productive life. Everyone should be given that chance. Those of us who are not disabled still need support and training, when we finally earn that position at a job we worked so hard to get. If we don't have the support or the much needed training, then we are bound to fail and loose that position. Now, imagine being autistic, having Down syndrome or any other type of developmental disability and being pushed to get a job in the community as soon as they leave school. This causes much stress and anxiety on many people with developmental disabilities. Many are not ready to be in the competitive employment. Currently, there are alternatives to be employed in a sheltered workshop or enclave where the disabled person gets ongoing supports and supervision, unlike only periodic support and supported employment. I want that choice to be available to my son, when he gets out of school. I don't want it to be time limited and have that time limit decided by an arbitrary person who doesn't know my son or the needs of anyone with a disability. 907 KAR 12:010 (4)(9) states that day training services shall be time limited. I request that this time limit be deleted from the regulation or, at least, defined. If the state does not intend to use the time limit, I request it be stated in the regulation in what situations and what criteria will be used to impose the time limits. My son Zachery, who is now sixteen was diagnosed with Fragile X Syndrome at the age of four. He didn't ask for this, nor did he ask to be given supports to help him through school, that is my job as a parent. But, I won't always be there, but our society will be. When I'm gone I want to rest in peace knowing Zachery will have organizations, including those who offer day training services, who can assist him with the supports he needs to have a successful and fulfilled life. Zachery deserves that

chance and so does everyone else. In the school systems we are told, no child left behind and that everyone will get the support they need. So, my question is this, what happens to those young men and women with developmental disabilities after they leave school and possibly unable to hold a competitive job in the community? Will the Commissioner hire them in their office? No. Are you going to support people with disabilities in your office? Are you going to spend time to count out change so that they can get some food or even a drink during their break? Can a perspective employer say that they can supply or offer natural supports for those with developmental disabilities? Natural supports are wonderful, when they happen, but not every employer will step up to help my child. While the direct support professionals otherwise known as DSPs out there have the time, have the patience and have the compassion to step up to the plate, they have low paying jobs that support millions of people with disabilities. There are a lot of people in the world that get supports in day programs or sheltered work shops who love their programs. Please don't force all people with developmental disabilities to get a job in the community. One size does not fit all. While we can improve on the number of people getting supported employment jobs, not everyone is physically or intellectually able to do so. Why force them to learn skills, when they can't or don't want to get a job in the community? Please remove the parts of the 907 KAR 12:010 (4)(9), which requires that all people in day training must have an outcome to get competitive integrated employment? There's not enough jobs in the community--there's not enough jobs in the economy for people without disabilities. Where are the jobs for the disabled? If the proposed 907 KAR 12:010 (4)(9) were to be passed, it would do nothing but make us take a step--a large step back to where people did not have organizations to provide the resources to live a successful and productive life.
I will leave you with this one thought. Imagine my son, when he was seven years old being dropped off in the middle of my neighborhood and having to get home all alone without even knowing his address. Now, imagine him being forced to get a job where he has trouble communicating his needs and there is no one there who cares enough to help him. Now, imagine this being your son or daughter. Can you look me in the face and tell me that day training services are not needed?"

(nnnn) Response: This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select. The day training definition has been revised to help clarify this intent.

(3) Subject: Respite

(a) Comment: Kelly Miller; Rebecca Stamm; Nora Bannesto; Mary McDaniel; Karen Brooks; Stephanie Gordon; Kelly Corlis; Kasey Corlis; Lena Fletcher; Tammy Dugan; Amy Henderson; Dudley Boling; Evelyn Atherton; Jackie Griffith; the guardian of Dorcas Kempf; Kathy Osborne; Michelle Moore; Michelle Riggs; Betty S. Meacham; Melany illegible last name; Bobby Davis, an SCL participant; Clarence Davis, father of Bobby Davis; Karen Davis, mother of Bobby Davis; unsigned/no name provided; Debbie Dunn,

parent/guardian of a son with intellectual developmental disabilities; Chesley Dunn, Jr., parent/guardian of a son with intellectual developmental disabilities; Lisa Elstun (consumer/parent/guardian/service provider); Mary B. Smith, sister of an SCL participant; Shanna Garrett, works with SCL participants; Leslie H. Carroll (consumer/parent/guardian); Dan Simpson, chief executive officer, Communicare; Joe Brothers, chairman Communicare Board of Directors; Glenn Black, board member, Communicare Board of Directors; Arthur Young, board member, Communicare Board of Directors; Charles J. Branch, board member, Communicare Board of Directors; Chuck R. Cox/illegible name, board member, Communicare Board of Directors; John. A. Elan/illegible, board member, Communicare Board of Directors; P.O./illegible name, board member, Communicare Board of Directors; Donna illegible last name, board member, Communicare Board of Directors; Mark Grimes, board member, Communicare Board of Directors; Joy Weeslmen, board member, Communicare Board of Directors; Roz Hill, board member, Communicare Board of Directors; Peggy Snow, board member, Communicare Board of Directors; John L. Rogers, board member, Communicare Board of Directors; T.L.Mabrey, board member, Communicare Board of Directors; Koinu Nealey, board member, Communicare Board of Directors; Lloyd E. Henderson, board member, Communicare Board of Directors; Fred V. Smith, board member, Communicare Board of Directors; Kelley Miller, board member, Communicare Board of Directors; Jim Turbin; the Meade County, Marion County, Grayson County, Breckinridge County, Nelson County, Washington County and Elizabethtown/Hardin County constituents listed in subsection (3) which lists individuals who submitted written comments regarding this regulation stated, “This regulation changes who shall be eligible for respite and the reduction of the amount of respite others may be able to utilize. One major change proposed: someone receiving residential supports and living in an adult foster care home or with a family home provider will not be eligible for respite services. Respite is very valuable to these service providers and even the consumers. We feel these valuable service providers need the opportunity for respite and will choose to terminate their contract or employment if respite is not available. Please consider keeping the current regulations regarding respite.”

Diana Wall, executive director of the Marshall County Exceptional Center (MCEP); Shirley Don Haws, an MCEP board member, Tammy Dawes (MCEP); Brian S. Ray/illegible last name (MCEP); Amy You, DSP; Crystal Reid, Rita McLemore Hicks, Ramona Kaye McDonald, Kelley Heiston, DSP; no name provided; illegible name; Mike Mill, an MCEP board member; Cathy Y. West; Juainta West, community member; Jennifer York, consumer; Cathy Y. York, parent; Lynda McWaters; Karlie Stirm; Kearston Breeden; Melissa Sumner; Linda Pogue; Brad Waddell; Kim Waddell; Allen Waddell; Brian Sams; Jack Ham; Jennifer Lane; Dustin Lane; illegible name, Justin Lamb (Benton, KY), Melanie Chambers (Benton, KY), Melissa Combs, Darlene Lynn, Brenda Edwards (Benton, KY), Donnie Lovett (Benton, KY), Claudia Phelps (Benton, KY), Cindi Taylor (Benton, KY), Franklin Sledd (Benton, KY), Vicki Schwegman (Benton, KY), Flora Darnall (Benton,KY), Wendy Baxter (Benton, KY), Lacey Johnson, illegible name, Cody Capps, Dean Dix, Tim Poe, Larry Gardner, Shawn Henderson, Robin Gardner, Lindsey Wall (B.s. Psychology and Counseling), Desiree Hermosillo, Kris Williams, Dan Duke (board member Marshall County Exception Center), Tim

[illegible last name – board member –Marshall County Exception Center]; Sharon Hamlet; Janice Pollard; Joe T. West; Rose Mary Gamble; Arlie Ross; Joetta Ross; Carla Griggs; Kelley Bennett; Larry Wright, consumer; no name; and Joe. T. illegible last name, director of the Marshall County Exceptional School in Benton, KY stated, "This regulation changes who shall be eligible for respite and the reduction of the amount of respite other maybe be able to utilize. One major change proposed is that someone receiving residential supports and living in an adult foster care home or with a family home provider will not be eligible for respite services. Several individuals that we currently serve come from adult foster care homes. While the homes that they live in offer the basic needs that they require, it is absurd to assume that the foster care home guardians would not need respite services at some point. The guardians of foster care homes act much like parents for the individuals that they serve. As any parent could tell you, there are times that alternative care options are needed for those being cared for. For various reasons, these foster care homes will need the option for respite services. Also, when considering the individual, removing respite services would again limit their services and options. Ask yourself this, aren't there times that you want a break from the monotony of life? Our individuals are not any different than you or I, they too want spontaneity of life and deserve the opportunity to have respite with people different than those they live with."

The following expressed opposition to the respite changes, expressed the benefits of respite policy as is, and expressed that the changes would have an adverse or harmful effect. In addition, their comments harmonized with those stated above:

All of the individuals listed as a Meade County constituent, Marion County constituent, Grayson County constituent or Breckinridge County constituent in the first part of this statement of consideration which lists individuals who provided written comments;

Lillian Blevins, SCL participant	
Paula Provence, SCL participant	Morehead, KY
Kenny Hisle, SCL participant	Morehead, KY
Anita Townsend, family home care provider	Ashland, KY
Sharon Allsup, family home care provider	Ashland, KY
David Sinkfeld, SCL participant	
Larry Colwell, SCL participant	
Elora Hurt, Site Supervisor for a Comp Care Agency	
Mary B. Smith, sister of an SCL participant	Taylor Mill, KY
Brooke Howswell/(not legible), direct support professional DSP	
Billy M. Osborne, president	Marion County Association for the Handicapped; Lebanon, KY
Lynne Taul, Breckinridge County constituent	Breckinridge County, KY
John Taul, Breckinridge County constituent	Breckinridge County, KY
Johnny Compton, Breckinridge County constituent	Breckinridge County, KY
Neka Whitley, SCL participant	
Norma Treon	

Randall Bohmfalk, SCL participant	Mayfield, KY
Karen Puckett	
Luke Puckett	
Gregory Spees, father of an SCL participant	Salem, KY
Robbie Spees, mother of an SCL participant	Salem, KY
Terry Ellis	Smithland, KY
Amie Lyons, RP	
Charlene Phillips, SCL participant	
Joe Bayer, SCL participant	
George Marshall/illegible, Jr., SCL particpant	
David Wheeler, SCL participant	
Kenneth, SCL participant	
Corey, SCL participant	
Illegible name, SCL participant	
Harvey Puckett	
Teresa McDowell, DSC	
Kandy Smith, mother of an SCL participant	
Amber Baker, SCL participant	
Debbie Ahart, foster care provider	
Beau Holmes, SCL participant	
Sandy Barnes, parent of a child with disabilities and president	Cumberland River Homes,Inc., Salem, KY
Marie Burkhart, executive director	Cumberland River Homes, Inc.; Salem, KY
Dennis illegible last name, board member	MCEP
Robie Carlos/(not legible) sister of an SCL participant	Hopkinsville, KY;
Shelly Bozarth, SCL participant	Owensboro, KY
Erin Lowell	Ashland, KY
Laura Nue	Ashland, KY
Misty Patton	Coal Grove, OH
Illegible name	Ashland, KY
Noah West	Louisa, KY
Bobbi Thompson	Louisa, KY
Connie Horn	Louisa, KY
Jack A. Hindde, adult case manager	Louisa, KY
Peggy Fitzpatrick	Louisa, KY
Phil Manilla, MS/LDLL, outpatient therapist	Louisa, KY
Hope Setser	Louisa, KY
Charlotte Williamson, BA, service coordinator	Kentucky Impact; Louisa, KY
William Hurt	Louisa, KY
Connie Fairchild	Louisa, KY
Ray Maynard	Louisa, KY
Lillie B. Maynard	Louisa, KY
Jason Mills	Louisa, KY
Shanna Newsome	Louisa, KY

Helen Mills	Louisa, KY
Justin Mills	Louisa, KY
Mae Bircher	Louisa, KY
Larry Horn	Louisa, KY
Tracey Horn	Louisa, KY
Truman Endicott	Louisa, KY
Reety Rumh/illegible	
Patricia Mills, SCL participant	
Katharine A. Gum, SCL participant	
Cassidy Marie Hall, SCL participant	
Susan Moon, SCL participant	
Amelia Lee Gamble, SCL participant	
Susan Lens, GDN	
D/illegible Easterling, GDN	
Louisa Hughes, SCL participant	
Joe Tingler, SCL participant	
Elmer Mills, SCL participant	
Darrell Wayne Tipton, SCL participant	
Illegible name	Paducah, KY
Betty Powell, direct support professional	
Natasha L. Widd/illegible, direct support professional	
Shannon Nichols	Olive Hill, KY
Mark Cottrell, SCL participant	
Bell Gash, mother of an SCL participant	
Anthony Bracke, parent of an SCL participant	
Colleen Bracke, parent of an SCL participant	
Jessica Wilson, direct support professional	
Betty West, direct support professional	
Helen Bodkin, parent of an SCL participant	
Glenda Saxon, friend of/concerned for an SCL participant	
Frances Owens, friend of/concerned for an SCL participant	
Michelle Morgan, sister of an SCL participant	
Christy Tomes, parent of an SCL participant	Mayfield, KY
Joseph F. Hayden, brother of an SCL participant	Mayfield, KY
Lorine Mays, works at J.U. Kevil Center	
Cheryl Dunn, parent of an SCL participant	Dexter, KY
Rachel, SCL participant	
Dallas N. Horn, certified financial planner	Christopher Financial Group; Crestview Hills, KY
Charity Walters, SCL participant	
Chris Carman, SCL participant	
Patrick Lueken, SCL participant	Ashland, KY
Brent Lueken, SCL participant	Ashland, KY
Mary Anne Lueken, mother of an SCL participant	Ashland, KY
Patty McGlone, SCL participant	

Eric Ston, friend of an SCL participant on behalf of an SCL participant	
Jackie Arnett, SCL participant	
Heran Fugitt, SCL participant	
Jason Gillum, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Whitney Chilbres, SCL participant	
Penny Lou Oneal, SCL participant	
Diane Sue Adkins, SCL participant	
Patty Adkins, SCL participant	
Leslie H. Carroll, consumer/parent/guardian	
Chesley Dunn, Jr. parent/guardian of an SCL participant	Hopkinsville, KY
Debbie S. Dunn, parent/guardian of an SCL participant	Hopkinsville, KY
Andrea Hulett	Russell, KY
Jacqueline Arnette, SCL participant	
Jason, SCL participant	
Missy Gamble, SCL participant	
Tammy Endicott, direct support professional	
Kathryn Nicole Cook, direct support professional	
Jennifer Perry, director support professional	
Jamie Hardy, direct support professional	
Beverly Mills, director support professional	
Larue Crittenden	Mayfield, KY
Carol Repovick	
Jessica Repovick	
Marle Repovick	
Myra Fassell	
Edna James	
Jerry Jones	
Margo Tullos	
Randall (illegible name)	
Gene Tully	
Karin Kent	
Leo (illegible name)	
Paula (illegible name)	
Mary Alice Kowalkyk(illegible name)	
Rose Logsdon	
R. Douglas Logsdon	
Diane (illegible name)	
R J Witowski	
Marilyn Brooks	
John Brooks	
Jeanette Hayes	
(illegible name) Hayes	
M H Lewellyn	

Roberta Lewellyn	
Krista Gilpin, RN	
Kent Williams, AFCP/guardian of an SCL participant	Wingo, KY
David Kambrell, SCL participant	Mayfield, KY
Illegible name	
Eddie Mane	Paducah, KY
Phyllis Anderson	
Jennifer Dillworth	West Paducah, KY
Illegible name	
Lisa Hall	Benton, KY
Thomas Apple	
Chuck Smith	
Rick White	
Cory McMeus	
Illegible name	
Tim White	
D. Hold or Hall	
Lrabeola Walker	
Beverly McKinley	
Keith Petssities	
Leann Schnamke	Paducah, KY
Tammy Hunt	Ledbetter, KY
Marcie Moore, guardian of an SCL participant	West Paducah, KY
Rhonda Beach	
Illegible name	
Richard Hundley	Paducah, KY
Shanolette Pierce	
W. Edward Parker	
Wander Sanders, mother of an SCL participant	
Sheila Barrett	
James Lewis, Jr., SCL participant	Morehead, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Beverly Byrum, SCL participant	Hopkinsville, KY
Corry Walters, adult foster care provider	Hopkinsville, KY
Lori Devine	Easter Seals West Kentucky, Inc., Paducah, KY
Bethany Perryman, MSW and case manager	Cumberland River Homes; Salem, KY
Darla Drawdy, RN/CM, healthcare coordinator	Cumberland River Homes; Salem, KY
Donna Jackson, mother of an autistic son	
Lisa Delany	Paducah, KY
Aaron Record	Paducah, KY
Illegible name	Nicholasville, KY
Illegible name	Nicholasville, KY

Kenny Thomas	Lexington, KY
Illegible name	Grayson, KY
Lisa Bradley	Ashland, KY
Jeffery Fraley	Catlettsburg, KY
Phoebe Fitzgerald	Ashland, KY
Beth Adkins	Huntington, WV
Melanie R. Queen	Ashland, KY
No name provided	
No name provided	
Illegible name	Worthington, KY
Tg. A. illegible last name	Huntington, WV
Kathy Roe	Greenup, KY
Matt illegible last name	Ashland, KY
Illegible first name A. Bradley, Jr.	Ashland, KY
Derek Sizemore	Ashland, KY
Bill illegible last name	
Stephanie Dewitt-Sizemore	Ashland, KY
Amanda S. Preston	Ashland, KY
Illegible name	Ashland, KY
Genetta McClove	Ashland, KY
Joseph D. Coleman	Ashland, KY
Beverly Coleman	Ashland, KY
Sydney Cullup	Ashland, KY
Janet Bradley	Ashland, KY
Rachel Rae Coleman	Ashland, KY
Amanda Leiber	Ashland, KY
Lainey Burgess	Ashland, KY
Amy Acord	Ashland, KY
Jeff Watters	Ashland, KY
Virginia Watters	Ashland, KY
Shannon illegible last name	Lexington, KY
Tim Huff	
Angel L. Silvey	Wheelersburg, OH
Casey Burke	Grayson, KY
Sonya Remy	Ashland, KY
Debbie Whitt	
Illegible name	Wheelersburg, OH
Misty Amytin	Grayson, KY
Illegible name	Ashland, KY
David P. illegible last name	Catlettsburg, KY
Jawana Binion	Grayson, KY
William July	
Lea Acord	Catlettsburg, KY
Myriah Weatherholt	Ashland, KY
H. M. illegible last name	Ashland, KY
Bill Bradley	Ashland, KY

Kyle illegible last name	Ashland, KY
Guy Brislin	Nicholasville, KY
Matthew Brislin	Nicholasville, KY
Becky Brislin	Covington, KY
Robyn A. Shaler	Nicholasville, KY
Ralph Brislin	Covington, KY
Jenny Meade	Flatwoods, KY
Jeff Hale	Flatwoods, KY
Cleta Thompson	Ashland, KY
Dawn Withrow	Ashland, KY
Jennifer and Joshua Roberts	Ashland, KY
Kathryn illegible last name	Ironton, OH
Shawna Dillon	Ashland, KY
Mr. and Mrs. Joseph A. Welch	Louisville, KY
Kevin Crisp	Grayson, KY
David Foster	Ashland, KY
Marvin Sizemore	Ashland, KY
Aaron Wallace	Grayson, KY
Jinny Adams	
Ally illegible last name	Ashland, KY
James Biggs, III	Ashland, KY
Ed Sizemore	Ashland, KY
Debbie Barnett	Catlettsburg, KY
No name	
Marshe Winemor	Ashland, KY
Michelle Tackett	Catlettsburg, KY
Lindsey illegible last name	Ashland, KY
Kimberly Owen	Ashland, KY
Michael Kaye	Ashland, KY
Alex Hamlin	Ashland, KY
Kaylin Gambill	Ashland, KY
Kelly D. Petrie	Ashland, KY
James Sterge	Catlettsburg, KY
Jason Love	Worthington, KY
Duane Hughes	Ashland, KY
Linda Greenhill	
Kimberly Hamilton	
D. O. (illegible)	
Derek O'Neal	
Amy Fainer	
Jimmy Griffith	
Amanda Rock	
Marquita Bailey	Clearfield, KY (Pathways Staff)
Lisa Kestner	West Liberty, KY (Pathways Staff)
Betty Spencer	Clearfield, KY
McKayle Johnson	Morehead, KY (Pathways Staff)

June Swartz	Salt Lick, KY (Pathways Site Supv.)
Dorthy Craft	Clearfield, KY
Bertis Craft	Clearfield, KY
Hallie Griffith	Morehead, KY
Anette Pillow	Mayfield, KY
Charles Cronon	Mayfield, KY
Kristi Cronon	
Martin Amis	Paducah, KY
Tracey Amis	West Paducah, KY
Jonathan Crittendon	Mayfield, KY
Samantha Crittendon, respite provider	Mayfield, KY
Rebecca Johns, adult foster care provider	Paducah, KY
Jackie Cronon	Mayfield, KY
David K. Zito, adult foster care provider	Paducah, KY
James Matheny	Mayfield, KY
Gwen O'Brien	West Paducah, KY
W.G. O'Brien	West Paducah, KY
Lavanna Taylor	Pathways Respite Center (Worthington, KY)
Samantha Wolfe	Pathways Respite Center (Grayson, KY)
Bryan Dudding	Pathways Respite Center (Grayson, KY)
Brian Veach, father and legal guardian of an SCL participant	
Regina Veach, mother and legal guardian of an SCL participant	
John Willis, friend of SCL participants	Morehead, KY
Dee Dee Willis, friend of SCL participants	Morehead, KY
Mrs. Reva Smith, respite provider	West Liberty, KY
Imogene Gulley	Wallingford, KY
Beulah Lambert-Edging, AFCP provider	
Andrea J. Miller, mother of an SCL participant	
Orry Miller, SCL participant	
Jane Ware, aunt of an SCL participant	
Philip Back, brother and guardian of an SCL participant	Hopkinsville, KY
Laura Stewart, BA/CM	Aspen Community Living; Florence, KY

Gary Logsdon, Grayson County Judge/Executive, stated "Respite 907 KAR 12:010 Section 4(22), please consider keeping the current regulations mentioned above regarding respite."

(b) Response: Regarding respite for residential providers – there is a change in the way that Family Home (FHP) and Adult Foster Care (AFC) providers will receive time off for relief of the caregiver. Respite is not a paid service for residential providers, but time off from the job is expected for the Level II residential provider. Level II residential providers (Adult Foster Care and Family Home Providers) are paid a flat rate for

residential services by the certified SCL provider agency.

Contractual agreements between the SCL provider agency and the contracted Level II residential provider should include Level II residential provider time off from the job. Arrangements for the ongoing care of the person receiving residential services should be identified by the team and planning should occur for continued residential treatment services during these times. As long as residential services are provided, the SCL provider agency will continue to receive Medicaid waiver residential reimbursement for the care of the person receiving residential services.

The rate for FHP and AFC services has been increased to offset this change in respite. We did this in collaboration with FHP and AFC providers to ensure that this would not disrupt this important residential option for people.

(c) Comment: Carol Hall, a respite provider in Grayson County commented regarding Section 4(9) and 4(22) of 907 KAR 12:010. She indicated that she has worked with individuals with intellectual or developmental disabilities for the past eighteen years as a respite provider with a family home provider. She indicated she has worked in the same home for that time and stated, “One of the consumers in this home lived in Central State Hospital in Louisville for 40 years. She was put in this home and lived there for 18 years. She never had to return to an institution. This home provider takes individuals that are the most difficult to care for. It takes a team effort (family home providers, adult day care training, and respite providers) to work together to ensure that many of these consumers have the quality of life that they deserve.” She requested that Governor Beshear visit the adult day training program in Grayson County Kentucky.

(d) Response: This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select.

(e) Comment: An unsigned letter stated, "I am an adult foster care provider for the developmentally disabled and have been for nearly 20 years now. We love our job although it can be extremely challenging and stressful at times. We had one lady who had been in Central State Hospital for 41 years. The process of resocializing her was intense but we never gave up on her. She was diagnosed 10 years later with hepatitis C and her illness was long and difficult. We never gave up on her. The truth is, without the eligibility for respite I don't believe we would have been able to accomplish 17 years of care for such a difficult set of circumstances. Last year my husband was diagnosed with C.L.L., a rare central nervous system cancer; that diagnosis rocked our world and without respite 3 individuals that we care for would have been displaced and our years of service would have been over."

Another unsigned letter stated, “"I have been an adult foster care provider for 19 years and have cared for five beautiful people. This day program service has been invaluable

to them it has instilled in them a solid love for work a sense of accomplishment a rock solid work ethic. This program has provided a solid foundation of training new challenges normaliziation socialization community interaction and consistent routine mirroring the time old tradition of going out every day and earning a living. They have been exposed to strong experienced, exposed dedicated work leaders who have provided selfless service in order to make sure dignity respect and consistent challenge has been in place."

Lisa Delaney and Aaron Record described taking respite away from adult foster care providers and family home providers as “preposterous” and indicated that the families are not fully staffed residence centers with other employees available for when someone needs a vacation.

(f) Response: The option for family home and adult foster care providers has not been taken away. There is a change in the way that Family Home (FHP) and Adult Foster Care (AFC) providers will receive time off for relief of the caregiver. Respite is not a paid service for residential providers, but time off from the job is expected for the Level II residential provider. Level II residential providers (Adult Foster Care and Family Home Providers) are paid a flat rate for residential services by the certified SCL provider agency.

Contractual agreements between the SCL provider agency and the contracted Level II residential provider should include Level II residential provider time off from the job. Arrangements for the ongoing care of the person receiving residential services should be identified by the team and planning should occur for continued residential treatment services during these times. As long as residential services are provided, the SCL provider agency will continue to receive Medicaid waiver residential reimbursement for the care of the person receiving residential services.

The rate for FHP and AFC services has been increased to offset this change in respite. We did this in collaboration with FHP and AFC providers to ensure that this would not disrupt this important residential option for people.

(g) Comment: William S. Dolan, staff attorney supervisor for P & A, stated, “Respite will not be an available service to those individuals who reside in a family home provider or adult foster care home. Sub-section (22). Current SCL states that respite shall be “[p]rovided only to an SCL recipient who resides in a family home provider, adult foster care home, or his or her own or family's home[.]” 907 KAR 1:145 §4(2)(l). We suggest that the Cabinet keep the current language as FHP and AFCH providers do not have access to staff like a residential provider and, therefore, might need temporary relief.”

(h) Response: There is a change in the way that Family Home (FHP) and Adult Foster Care (AFC) providers will receive time off for relief of the caregiver. Respite is not a paid service for residential providers, but time off from the job is expected for the Level II residential provider. Level II residential providers (Adult Foster Care and Family Home Providers) are paid a flat rate for residential services by the certified SCL provider

agency.

Contractual agreements between the SCL provider agency and the contracted Level II residential provider should include Level II residential provider time off from the job. Arrangements for the ongoing care of the person receiving residential services should be identified by the team and planning should occur for continued residential treatment services during these times. As long as residential services are provided, the SCL provider agency will continue to receive Medicaid waiver residential reimbursement for the care of the person receiving residential services.

The rate for FHP and AFC services has been increased to offset this change in respite. We did this in collaboration with FHP and AFC providers to ensure that this would not disrupt this important residential option for people.

(i) Comment: Guardian Community Living requested clarification reqarding the requirements for respite providers in the new waiver and added, “It seems important to maintain standards for screening, training, and monitoring of respite providers chosen by the Adult Foster Care Provider.”

(j) Response: Absolutely, this will be a part of the contract between the agency and the family Home provider and all screening, training and monitoring will meet the requirements for all staff as noted in the regulation.

(k) Comment: Steve Shannon, executive director of The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated (and Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., supported Mr. Shanon’s comments), “The CMHCs have heard concerns expressed by Adult Foster Care and Family Home Providers that the individuals they support will no longer be eligible for Respite Services. It should be noted Section 4. Subsection (22) clearly states respite shall be provided to a participant who does not receive residential services, therefore their concern is correct. We acknowledge that the increased rate for Adult Foster Care and Family Home Provider may be sufficient to provide respite; however, it would be beneficial to the participant and the provider to have access to respite services when additional respite beyond what can be provided by the increased rate is merited. This will insure the continued stability of the Adult Foster Care and Family Home Provider services for the participant.

Therefore, it is recommended that participants in either Adult Foster Care or Family Home Provider services receive a set number of units of respite to be included in the Adult Foster Care and Family Home Provider rate. When additional respite is required, the plan of care should include the needed additional respite hours which can be billed as respite. This change can be accomplished by adding language to subsection (22) (a) 1. a. indicating respite shall be available to Level II residential participants when respite in excess of 196 units (48 hours) is needed in a calendar month.”

Mr. Shannon also stated the following:
“The family home provider, foster care story and the respite services. Really, that was a compelling testimony I thought from a person who probably doesn't do a lot of speaking in front of groups. They need to have access to respite, it's an invaluable service. I have spoken to many providers, husband had open heart surgery, the people receiving the family home provider stayed in the home, kept--'cause they got respite, they didn't have to disrupt that relationship. So, the primary caregiver could take care of the husband and the three folks come back into the house. Why do we want to jeopardize that? Why do you want to say, assisted providers. You've got an enhanced rate. Take the dollar out and pay the respite. I think people are going to say, well, give me more money and we'll worry about the respite situation. Folks wants to have respite. So, if the rate's higher, maybe the rate includes forty-eight hours of respite a month and then they can get additional respite, when needed from the respite pod, go in there. What's going to happen is people are going to lose that. Family home providers and foster care providers are going to become tired, the service they provide is going to become weakened. People are going to be put at risk, we don't want that to happen.”

(l) Response: Respite for residential providers – There is a change in the way that Family Home (FHP) and Adult Foster Care (AFC) providers will receive time off for relief of the caregiver. Respite is not a paid service for residential providers, but time off from the job is expected for the Level II residential provider. Level II residential providers (Adult Foster Care and Family Home Providers) are paid a flat rate for residential services by the certified SCL provider agency.

Contractual agreements between the SCL provider agency and the contracted Level II residential provider should include Level II residential provider time off from the job. Arrangements for the ongoing care of the person receiving residential services should be identified by the team and planning should occur for continued residential treatment services during these times. As long as residential services are provided, the SCL provider agency will continue to receive Medicaid waiver residential reimbursement for the care of the person receiving residential services.

The rate for FHP and AFC services has been increased to offset this change in respite. We did this in collaboration with FHP and AFC providers to ensure that this would not disrupt this important residential option for people.

(m) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “1. I am very concerned about the cutback on respite to those individuals that live at home with their parents. To cut back almost in half is far too much for the group of individuals that costs Medicaid the least. 1 would think that they would want to encourage families to continue to have their children reside in their home. This cutback will encourage families to look towards residential programs for their individuals. I am sure this will have a major impact on those parents that have chosen the PDS (old CDO) approach because it will reduce their budgets considerably. 1 take issue with the method used to determine the new amount. An average of all of those individuals eligible for respite services sounds like a good approach, but to include all of those individuals that never use their respite

allotments even though they are entitled to them resulted in an askew number.

Recommendation: Not to cut back on the amount of respite, but in the alternative to step it down slowly over a few years by reducing a little bit each year if it must be cut back. The final amount should be determined by numbers actually used instead of an average of all entitled.

2. The elimination of guardians from providing services is ill advised and there does not appear to be a problem that anyone can point a finger to. I believe that the state guardianship office would not be happy with increased caseloads as a result, which would only harm the overall quality of their services for other individuals.

Recommendation: To grandfather in those that are currently guardians and are also providing services or address this issue with the state guardianship office and if they approve the individual situation then Medicaid should allow it."

Mr. Laurino also offered the following comments on the subject:
"Another topic very similar to this is the issue of guardianship. I know where this is coming from. This is dealing with adult foster care providers that have chosen to take over guardianship of individuals that are in their homes. In most cases it is because somebody was under state guardianship for many, many years. And, what's happened is after a while the person has done exactly what adult foster care was supposed to do, they've taken on the role of being a parent. They have become that person's parent for all practical purposes. If you've ever seen an individual who doesn't have parents any longer or doesn't have parents that care the least about them and state guardianship has been forced to step in for one reason or another, when they are living in a family home environment, when they can look at the woman that they're living with and say, hey, mom, it's a wonderful feeling. Why shouldn't they be their guardian? They're going the role of the guardian anyway. If there's a conflict that's going on there, then address the issue of guardianship. My recommendation for this is that if you choose not to allow these folks to be their guardian--first of all, if you've ever seen somebody sitting in an emergency room not getting service because the guardian has to sign some document and you can't even get a hold of the guardian, you have to call the state hospital to get whosever on call to come and do it where the person that the person's living with is sitting right there with them, it makes sense that they should be their guardian. They're not a family member, so I can understand why you don't, you know, want to allow the family member, but allow the person who's the guardian to do services, doesn't make sense. It's illogical. But, if you want to find a recommendation, what's going to happen is most of these people are going to have to go back to state guardians. And, if they go back to state guardians, guess who's not going to be happy? State guardianship doesn't want them. They're happy to get somebody else to take on the role. So, now you're going to get those people unhappy and overloaded. But, worse than that, worse than that, if you really want to do something where it works for everybody, let the state guardianship office decide if this is the appropriate place to have the person--and appropriate person to be the guardian. First of all, they've got to go to a judge and have it approved anyway. So, the judge isn't going to do it unless it's okay. So, why

shouldn't--you know, why shouldn't Medicaid say it's okay?"

Dr. and Mrs. Jeffrey Lederer, parents of an SCL participant utilizing the consumer directed option, stated, "We have concern that the amounts for both respite and supplies have been reduced. If services are to be truly person centered people need the option to choose services that will promote what they need."

Steve Shannon, executive director of The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated the following:
"Reducing respite hours, we heard earlier, if it's the average, why worry about it? People need to have access to respite they say in their home, much better affordable choice. So, CMACs are going to put it in much more detailed writing. Little concern about the requirement for bachelor's degrees. How are you going to find those people, how are you going to afford those people? We have a hard time hiring bachelor's degree folks today without this requirement. You add it, we're going to have a problem."

(n) Response: The long-standing FHP relationships will be reviewed on a case-by-case basis and a determination made regarding the relationship, the desires of the participant, and the impact upon the participant's quality of life should changes in providers of support services be made.

(o) Comment: Regarding 907 KAR 12:010, Section 4(22), Sandy Barnes, parent of a child with disabilities and president of Cumberland River Homes, Inc., stated "In the proposed regulations, the AFC providers are rolled under the residential support services. In the proposed regulations, 'respite services' are only for cleints who do not receive residential services. The AFC providers should not be classified in the same category as the typical staffed residential service. These providers would be providing service to the individuals seven days a week twenty four hours a day with no break from this rewarding, yet very stressful job. In the typical staffed residential setting, the caregivers are typically an eight hour shift trained worker./ Also, the respite hours for those who live in their own homes, have been reduced from 1440 hours a year down to 830 hours a year. I would like to propose a recommendation that the current respite units for these SCL clients be reinstated as they were in the current regulations. This is very beneficial to our clietns and to the providers who are willing to provide a safe, loving home for some of our individuals."

Marie Burkhart, executive director of Cumberland River Homes, Inc. offered comments which harmonized with those of Sandy Barnes and stated, "Please reinstate the current respite hours (1440 per year) for SCL clients, who live in their own or family homes and Adult Foster Care provider homes. Our AFC providers and clients need this service."

Jerry McDonald, program director of Links of Kentucky, stated the following:

"Respite: This support was completely eliminated for participants who receive Adult Foster Care, or Family Home Provider Supports. These providers work 7 days per week and need to have respite services available. Staff burn-out is more likely to occur if

there is no provision for time off. Providers may also need respite to take care of family issues, illness, or other personal issues. Why would this support be eliminated? Reducing the available Respite for persons living with natural family from 1440 hours per year to 830 hours per year is a drastic cut for families who have respite as their only relief. Respite should be available as a covered service for participants in FHP or Adult Foster Care up to at least 864 hrs per year, and allow exceptional support provision to increase amounts for families and providers if necessary."

(p) Response: Regarding respite for residential providers – there is a change in the way that Family Home (FHP) and Adult Foster Care (AFC) providers will receive time off for relief of the caregiver. Respite is not a paid service for residential providers, but time off from the job is expected for the Level II residential provider. Level II residential providers (Adult Foster Care and Family Home Providers) are paid a flat rate for residential services by the certified SCL provider agency.

Contractual agreements between the SCL provider agency and the contracted Level II residential provider should include Level II residential provider time off from the job. Arrangements for the ongoing care of the person receiving residential services should be identified by the team and planning should occur for continued residential treatment services during these times. As long as residential services are provided, the SCL provider agency will continue to receive Medicaid waiver residential reimbursement for the care of the person receiving residential services.

The rate for FHP and AFC services has been increased to offset this change in respite. We did this in collaboration with FHP and AFC providers to ensure that this would not disrupt this important residential option for people.

(q) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated the following:

"Now, I want to address probably my biggest concern with these new regulations and it has to do with the cut back on the respite services to those individuals probably living home with their parents. I'm actually amazed that I've sat in this room for now four hours and hardly anyone has even addressed this issue. Because in my opinion it is the worst thing that's in these regulations. Those people that have taxed the Medicaid system the least are being affected the most and it makes no sense. Why are you--why are they taking away a very simple, basic service, very inexpensive service, to boot, and telling them we don't really care that you have support or the help that you need? And, many times it's an older parent, maybe, in their seventies, eighties and you're telling them that we don't really care that, you know, we're going to support you anymore. What you're telling them--what you, in effect, are telling them, is we really want you to tell your child that we don't--that you don't belong here in our house any longer. Maybe you should go into a residential service. Now, let's do the math real fast. I take that same individual and I put them into what they call now residential one, which we all know is a staff residence. It's going to cost the state $5,346.26 a month to put them into a staff residence, per month. Whereas, the amount of respite that they're willing now to pay the 830 hours of respite that used to be 1,440, almost half, the entire amount that

they're going to pay on that respite is only $9,196.40, so two months in the staff residence pays all of what would have been their respite under the new regulations. Doesn't make sense. I'm telling people--I'm telling families, if this goes into effect, you know what you need to do, tell them, put them into a staff residence, see how long Medicaid wants to keep the program the way it is. See how much money it's going to cost them. I mean, two months in the staff residence is--is going to be more money than what they would have paid--what they're paying on respite, it makes no sense. My recommendation for them--first of all, I have some serious problems with the methodology that was used to determine this 830 hours. What they did was they took all of the people eligible for respite and they averaged it. Well, what they did was they took all the people that don't use it at all, and there's a lot of people that don't use it. Doesn't mean they may never use it and it doesn't mean that they may not need to use it some day. In all likelihood they will. I have one woman I know who had to have knee surgeries. She was laid up for two months. She had no place to put her daughter, she used her full compliment of respite in two months, 'cause she had to. That same thing can happen to every other family. But, just because they didn't use it and they threw all those zeros into the calculation, you know what they did to the numbers. Anyone who knows basic statistics 101 knows it really screws up the calculation. Take out the zeros and I guarantee you that number goes up tremendously. But, if they are so insistent on hurting the people that have taxed the program the least, then I suggest they do it in a more intelligent manner. Let's step it down slowly rather than cut it in half in one year, let's take away 150 the first year, another 150 the second year and maybe another 150 the next year. Take it down slowly so that you don't have this drastic change in these people's lives. Just a suggestion."

(r) Response: Units in excess of the state respite limit may be requested through the exceptional supports protocol.

(s) Comment: Shirley Patterson, a family home provider, stated the following:
"Hi, my name is Shirley Patterson. I am a family home provider. I'm very concerned with the changes that you all are purposing in respite care. We work for $4.06 an hour. If you take and consider our people are gone to day programs, with transportation and everything, they're gone nine hours a day, that's if they attend that day program. Medicaid workers don't work as many hours as we work. The only thing that we have is our respite care to get away for family emergencies, because we all have families too. The people that we serve are very much a part of our family. I have the father of the consumer that I serve here. He wanted to appointment me as his standby guardian. But, the company that I work for says, oh, no, if you do that, when you become guardian, we're going to take her away. I've had her for two and a half years. I've stayed with her in the hospital, when Medicaid wouldn't pay me. And, I love this person. And, you all are not considering the person themselves here. You're only considering the dollar amount. You're saying that you give us too much power, if we become guardians. What power are we going to have? Power to access $200 that we don't already get out of their check. What's $200 going to do me, you know? It's only going to give me the power to get her medical help and to assure that she stays where she's happy, because personally, if you walk in and you're guardian and you say, hey, I don't

like this FHP, I like this one over here better, you have the power to jerk that person from my home against her father's wishes, if he should--something should have happened to him by then. I'm not trying to take advantage of my individual. The respite hours, like I say, we need those or, at least, half as much as what you were giving us before. I don't use but maybe half of them in here anyway. I don't care if you take half of them away. But, we still need a break. I have took care of her, when she should have been in rehab. I switched agencies because the agency I was working with could provide me with six hours of respite a week. You know, you can't go do the grocery shopping and all the other business that you need to take care of. You can't--a lot of meds, we can't say, oh, well, she's going to be out of it Tuesday, but I can't get respite until Friday and I can't leave to get that med because I can't--she's incapacitated, she can't bend her leg, can't transport her. You know, you all need to stop and think about all the aspects of what we do before you go making a lot of drastic changes.
And, I'm--I've listened to a lot of stuff and learned a lot of stuff from listening to all of you all. I agree we--we're not college educated, but a lot of times we know these individuals better than the college educated people do. We know--I'm not going to tell the behavior specialist how to do his job. But, this individual's behavior specialist, I told him, I said, if you watched us in the morning go through our little routine, you'd think she needs a lot more behavior programs, but she's laughing, she's happy. She's not hurting anybody. This is her way of showing affection, you know. And, he said, oh, I've never seen her laugh, she's always serious. She's not. And, I had a person from another agency watch us talk and interact and they said, huh, I've never seen her interact with anybody like that before and I worked with her for quite a while. You know, but if you stress out the people who are doing this by taking all their respite away, then you're going to get one of two things. You're going to get people saying, huh, I don't want this person anymore, let's throw them back into the agencies. Let's throw them back into the staff residence. Let's throw them back in to the ICFMRs. Or you're going to see abuse cases skyrocket. I Louisville, 'cause Seven Counties, if you're in crises. Well, guess who Seven Counties calls when they get that person in crises? It's us to say, hey, can you help? This person needs some place to stay on an emergency basis. We need somebody that can care for them. But, basically--and we're doing it for very little. If we take away some of the red tape, then maybe we can make a descent living and provide our people with what they need. My person goes out in public. I bought a handicap van just so I could take her out, because where I live, they don't have services on weekends, you know. I can't call and say, hey, TARC 3, I need to take this person out to a movie, 'cause they're going to say, oh, we don't provide service for your area.
So, I just would like for you all to take these things into consideration before you make you decisions. And, her father wants to say—“

Daniel Dodd, father of a daughter with disability stated the following:
“My name is Daniel Dodd. I live in Louisville, Kentucky. I have a physical and mentally handicap daughter. And, I was wanting to try to make the FHP her conservatorship. I'm the guardianship. And, they're saying that that's giving conservatorship too much power. So, I--I need somebody to be her conservatorship, 'cause I'm getting up in age. I'm more than three scores and ten. I've been having sickness myself. So, I don't have a wife. I used to have. I've had four wives, I don't have one now. So, I'm not looking

for nobody. But, she is good to her. And, she's good to the FHP. So, I can see it in them how she acts and everything. And, I guess, if I told everything, the state would be ready to put some more--they probably would be changing the rules. That's how good they are to each other. She's in a wheelchairs, she's been in there about six years. And, I have to slip around and push her wheelchair, 'cause if she knows I'm pushing the wheelchair, she'd reach back and push my hand back there. And, she would say, mamma, and she would push her. She wouldn't let me push her. And, so she--she--I really need that conservatorship so that, if I'm not there, you know, she could take over and do the job just like I would do it. I'm going to the doctor every time she goes. And, she goes to the doctor a lot. And, so I just hope that more come out of the state than they're offering. They're just not offering enough."

(t) Response: There is a change in the way that Family Home (FHP) and Adult Foster Care (AFC) providers will receive time off for relief of the caregiver. Respite is not a paid service for residential providers, but time off from the job is expected for the Level II residential provider. Level II residential providers (Adult Foster Care and Family Home Providers) are paid a flat rate for residential services by the certified SCL provider agency.

Contractual agreements between the SCL provider agency and the contracted Level II residential provider should include Level II residential provider time off from the job. Arrangements for the ongoing care of the person receiving residential services should be identified by the team and planning should occur for continued residential treatment services during these times. As long as residential services are provided, the SCL provider agency will continue to receive Medicaid waiver residential reimbursement for the care of the person receiving residential services.

The rate for FHP and AFC services has been increased to offset this change in respite. We did this in collaboration with FHP and AFC providers to ensure that this would not disrupt this important residential option for people.

(4) Subject: Protection

(a) Comment: Kelly Miller, Rebecca Stamm, Nora Bannesto, Mary McDaniel, Karen Brooks, Stephanie Gordon, Kelly Corlis, Kasey Corlis, Lena Fletcher, Tammy Dugan, Amy Henderson, Dudley Boling, Evelyn Atherton, Jackie Griffith, the guardian of Dorcas Kempf, Kathy Osborne, Michelle Moore, Michelle Riggs stated, "As consumers, parents, guardians and service providers, we feel there are positive changes to the proposed Supports for Community Living (SCL) regulations, but there are also negative regulations which eliminate consumer and family choice. The three significant regulation changes including independent conflict free case management, day training and respite will greatly impact the lives of consumers with intellectual and developmental disabilities and their families.

Please assist us in protecting our family members and consumers who are like family, from the drastic and detrimental changes being proposed. We welcome you to visit our

programs any time so that you may witness the impact these services have on the lives of our family members and us."

All of the individuals listed as a Meade County constituent, Marion County constituent, Grayson County constituent or Breckinridge County constituent in the first part of this statement of consideration which lists individuals who provided written comments offered the following comments:

"The significant regulation changes mentioned above will greatly impact and disrupt the lives of individuals with intellectual and developmental disabilities and their families. Please support us in protecting our most vulnerable citizens. We welcome and encourage you to visit our program to witness the positive impact these services have on the lives of our family members

We appreciate and look forward to your support in addressing these crucial issues that will greatly affect the lives of your most vulnerable constituents."

Additionally, Franklin B. Stith stated, "If we don't care for own in need who will."

Orry Miller, an SCL participant, stated, "Do not change the SCL waiver program. I would lose my services and the people who work with me."

Annelle S. Fulmer, sister of an SCL participant stated, "As an accountant, I am fully aware the state and federal governments have to reduce costs, particularly in the Medicaid system. However, before enacting the proposed changes to the SCL program, you need to think about the fact that the individuals in the SCL system did not choose this life. This is the card they were dealt and they are doing the best they can. Their mental capacities simply do not allow them to progress any further and fully care for themselves. They need an ddeserve to receive the benefits provided by the existing SCL program. You cannot make this statement about many of the people enrolled in other sections of the Medicaid system."

(b) Response: The changes in the SCL waiver are not intended to reduce Medicaid costs; in fact, they are intended to be budget neutral. The intent of the changes in the waiver are to update the services offered from the practices of the past to the best practices of today.

This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select.

Respite is not being taken away; anyone with a justified need for respite hours in excess of the limit may request that through the exceptional support protocol.
CMS approved the waiver that requires conflict free case management. CMS also

approved exceptions to this requirement for those who meet the following criteria: There is a lack of qualified case managers within 30 miles of the participant's residence or there is a relationship of at least one year between the participant and the participant's case manager.

A conflict free case manager system assists individuals and their family members to make informed choices about their services and supports without the conflict of interest that exists when the case manager is employed by the same agency that is receiving money to provide those services to that person.

(c) Comment: Dr. Adreanna Bartholome Spears, a licensed clinical psychologist, stated, "The proposed cuts to the SCL waiver willhvae a devasting imipcat on the health, safety and welfare of the participants as well as impact the quality of life and psychological functioning of the clients it is designed to assist. The client will receive lower quality servicers as a result. When a client goes into crisis and requires hospitalization they are typically sent to Emergency Psychiatric Services at the University of Louisville Hospital. After an initial evaluation (no longer than 72 hours) the client is either discharged home or a recommendation is made to place the client in restrictive environment for further stabilization. However, based on my work experience at multiple State and private facilities, many clients are not getting their psychological/psychiatric problems addressed through hospitalization. The psychiatric hospitals are not equipped to appropriately address the therapeutic needs of a client with an intellectual/developmental disability. Medication stabilization is the main service provided. It is important to acknowledge that the ICF/MR facilities are designed to admit clients with diagnosis of moderate or severe mental retardation (based on the 202B section of KRS). Therefore, if the client has a diagnosis of Mild Mental Retardation they are sent to the psychiatric hospital where the staff is not adequately trained to address the needs of the client.

Research illustrates the health care disparity for individuals with disabilities. Individuals with disabilities receive lower quality haetlh care due to the limited number of providers with proper education and training to work with the ID/DD population and limited access to services. There are a limited number of health care providers that specialize in treating individuals with intellectual and/or developmental disabilities. The proposed cuts will create an even larger disparity by virtually eliminating either behavior support services or psychological services by virtue of the limitation of 40 service hours per year. This will decrease the usefulness of a multi-disciplinary treatment team by reducing the number of clinical specialists that provide treatment to the client. The proposed regulation changes demonstrate a regression to sub-standard services for the ID/DD population."

(d) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include

taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight.

Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek a more personal, meaningful, and fulfilling life. Any time throughout the year if a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team will reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(5) Subject: Natural Supports

(a) Comment: Jeffrey A. Bryne and Scott Bryne, brother of an individual receiving SCL services and Steve Frommeyer, parent and guardian of two individuals receiving SCL services and guardian of stated, "Ongoing 1:1 support on the job does not appear to be funded in this waiver. While I have been told that staff at the Adult Day Training Center would provide these supports, this is not the position they have been trained to do. The provision of ongoing supports for my [brother or son] requires specific training and understanding. There is the assumption in this waiver that natural supports will work for all individuals. While I am aware of many for whom this works, it has not worked and will not work for my [brother or son] and others. If one on one ongoing supported employment services are not an option and not provided by trained supported employment specialist, my [brother or son] and others will lose their jobs. This would be extremely detrimental to my [brother or son]. If employment is truly the goal for everyone with a developmental disability, funding should be provided to ensure its success. I am asking the Division to provide ongoing one on one supports for those who need these services by a supported employment specialist at a rate which is fair for the provider."

(b) Response: Long Term Employment Supports are not available through the Office of Vocational Rehabilitation. However, they are available through the SCL and Michelle P waivers. Specifically the service is defined as Long-Term Employment Supports and the intensity of the services necessary are defined in the Long-Term Employment Support Plan. The development of the Long Term Employment Support Plan is the last function that is completed during the Job Acquisition and Training phase and is incorporated into the participant's Plan of Care. While it is true that we expect natural supports to be integrated into the participant's plan to the extent that it is possible; we also recognize that some participants have needs that will make this a very long term

goal. It is our expectation to provide long-term supported employment, through a trained employment specialist, at the level that is necessary for the participant to maintain their employment. We do require that supported employment providers maintain an active goal of assisting the participant to reduce their level of support to an average of six hours per month over time. Your request that the Division provide ongoing one on one supports for those who need these services by a supported employment specialist is already incorporated in the regulation. As to a rate which is fair to the provider, the proposed rate for supported employment is nearly 200% of the previous supported employment rate.

(c) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“(12Xa) Natural supports training. Is it only available as participant directed? Can persons providing natural supports have unsupervised contact with participants? (Volunteers can't) Can participants in SE be under the supervision of co-workers as natural supports, yet volunteers can't have unsupervised contact?”

(d) Response: Yes, natural supports training is available through participant direction only. Volunteers and natural supports are not the same. Volunteers are representatives of the provider and as such must meet the requirements stipulated in the regulation. Natural supports are people that the participant develops relationships with and interacts with during the process of living their life and do not require the same forms of screening.

(6) Subject: Oppose All Changes

(a) Comment: Orry Miller, Chasty Doom, Travis Allcock, Ann Allcock, Ricky Allcock, David illegible last name, Brandi Rushing, Stephen, Jeannette Doom, , Stephen, consumer of services, Denise Kadinemann, consumer of services, Ritchie, consumer of services, Travis Samuel Hicks, consumer of services, Jennifer Ann Nubem, consumer of services, Janice Colin, consumer of services, Heath mann, consumer of services, G. Adissin, consumer of services, Jessica Hale, consumer of services, Leon Zeitz, consumer of services, Steve Armstrong, consumer of services, Chris Caons, consumer of services, Brenda Short, consumer of services, Tracey Jenkins, consumer of services Dwayne Doom, JoAnna Cooper, Michaela Findley, Destiny Todd, Joey Hackney, Beth Hackney, Robbie Hackney, Andrea Hackney, Donita James, Shawn Tera Hackney, Kelsey Threlgeld, Barbara Threlgeld, Owen Threlgeld, David Worley, Jeslyn Worley, David Bayer, Karen Wheeler (guardian of an SCL participant), Joe Paul Wiggins, Mike illegible last name, Misty Markham, Renee Cirril, Larry Hodge, Don Young, Joe White, K. McNeeley, Amanda Aulds, Carla Belt, Carroll Barry, Russell Hussarv, Jerry Franklin, illegible name, Dad Jasseur, Meagan Brasher, Samantha Soukup, Shannon Millikan, Thomas Millikan, James Millikan, Deanna Parker, Jennifer Millikan, Wayne Faught, Wendy Smith, Kaylee Millan, Pam Steinke, Ray Millikan, Carla Autry, Stephanie Autry, Christie L. Hodge, John illegible last name, Cap illegible last name, Lisa Holloman, Lisa Taler, Larry illegible last name, illegible name, Claudia Lower, Megan Hodge, illegible

name, Mistie Rushing, Tommy Stampes, Leslie Fox, Shay Smith, Laura Givens, Roy Givens, Jeannie Curnel, Donnie Curnel, Jake Drawdy, Luke Drawdy, Joe Drawdy, Angie Greer, Leslie Barnes, illegible name, Mona Locke, Yvette Martin, Samantha Shepherd, sister-in-law of an adult with disabilities, Cindy Smith, Shannon Hach, Jane Ware (aunt of an SCL participant) and Jonathan Ware (brother of an SCL participant) opposed making any changes to the SCL waiver services. Individuals requested that no changes be made to SCL services and expressed that the changes would harm or create hardships to the participants and/or agencies who serve them. Most of those listed above noted that the current services are highly beneficial and "greatly improve the quality of life for people receiving them with the current regulations in place."

(b) Response: No services have been taken away in the proposed regulation. New services have been added which include home and vehicle modifications, natural support training, and transportation for people living at home. The SCL waiver was approved by CMS on 8-1-11 with the expectation that it would be implemented within one year. These regulations are the mechanism to put the waiver into practice.

(7) Subject: Cap Salaries and Benefits of SCL Provider Executives/Managers

(a) Comment: Annelle S. Fulmer, sister of an SCL participant, stated "I know there have been several newspaper articles discussing how much some of the CBO's of the agencies caring for the mentally disabled are being paid, and it is appalling. I agree this makes everyone believe these agencies are making more money than they should and there is room for reductions in payments. However, I believe this exists with only a limited number of agencies. I would propose you make legislation that caps the salaries and benefits of management of the various agencies to ensure they are not excessive. If an agency has excess income after expenses (which include a limited salary and benefits to management), it should be returned to the Medicaid system annually."

(b) Response: That is beyond the scope of this regulation. We are currently endeavoring, to establish quality standards for the provision of services that will give the families of waiver participants relevant, quality, outcome-driven information to assist with service choices.

(c) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, "The proposed regulation to increase the education level of the direct support workers to a bachelor's degree and the proposed regulation to increase the rate of reimbursement for Supported Employment are welcome changes. The disability of autism is a very complicated disability with communication challenges, social and behavioral challenges, and sometimes intellectual challenges as well. As a group, individuals with autism need someone who has a high level of training in order for the worker to work successfully with the individual. Part of the current problem for us is that the home health agency keeps 55% of the money that is billed to Medicaid and only pays the direct support/community living support worker $10 per hour. This is not a living wage. You are asking someone to work with a person who is very involved, and who may not be easy to deal with/manage, but the agencies are paying them a wage

that is not commensurate with their level of responsibilities. There needs to be some way for the state to set a reasonable level of cost that the agency is allowed to take off of the top of the Medicaid reimbursement for administrative costs. This will help to insure that families can find and keep quality employees."

Marie Allison, mother of an SCL participant, stated, "There are increases in the amount of reimbursement agencies can pay for various categories. There is no requirement that the increased amount of reimbursement be spent on the direct support staff. I suggest there be a limit to the overhead percent an agency can charge to a percent such as 10 %. The remainder of the funding must be spent on paying the direct support staff. This way persons who accept employment as direct care providers will be adequately paid and be able to afford to provide long term assistance to those they support, rather than leaving for jobs that pay a similar wage that do not require as much skills. Persons with disabilities need continuity of service and this would increase that being provided."

(d) Response: It is not within the scope of this regulation to establish a maximum percentage of overhead for an SCL certified provider. We are currently endeavoring, to establish quality standards for the provision of services that will give the families of waiver participants relevant, quality, outcome-driven information to assist with service choices.

(8) Subject: Educational/Training Requirements for Staff

(a) Comment: Rick Christman, CEO of Employment Solutions opposed the bachelor's degree requirement for community access specialists and also the additional college coursework requirement for personnel who provide person-centered coaching. Mr. Christman indicated that the unintended consequences of the policies will result in less competent and less committed employees as well as chronic staff shortages. He stated that the duties of those personnel do not appear to be professional in nature and do not involve exercising discretion or judgment "but rather the mere execution of predetermined schedules of community participation and prescriptions of behavioral support plans." He stated, "Therefore the knowledge acquired through a college degree or coursework would have little to no practical application.

Mr. Christman indicated that the requirements will shrink the pool of eligible candidates and stated that the reimbursement rates are "rather meager" and will "make it even more difficult for competent persons with the necessary educational credentials to be initially hired, much less continued in such employment for any significant length of time, further diminishing staff quality."

Mr. Christman recommended that community access and person centered coaching staff be required, instead of the requirements proposed, to have a high school degree.

Jerry McDonald, program director of Links of Kentucky, stated the following:

“Community Access: Requiring a degree + lyr exp for provider seems excessive for the type of support to be provided. It is an enhanced direct support, but requirements are similar to those of the Case Manager or Supported Employment Specialist. It will be difficult to hire and retain people with a degree in that type of position. Perhaps requiring a 2 year degree or experience would be more in line with the support, and then reimbursement could be brought down to around $6.00 per unit individual, $4.00 per unit group. It would still be adequate for a community based support, without taking so much away from other supports.”

(b) Response: Community Access is designed as a service which enables a participant to seek a designated positive impact on their life. After the outcome has been established it is the responsibility of the community access worker to either provide the participant with training to continue the situation independently or negotiate a scenario where the situation is continued through the use of natural supports. This level of responsibility and problem solving merits a degreed staff member; or, a staff member with significant relevant experience. The median salary for an entry level degreed human services worker in Kentucky is $21,066 with a two standard deviation range of $17,189 to $26,419. Payroll and unemployment taxes increase this to a mean of $23,098 with a range of $18,924 to $28,860. This equates to a unit cost of $2.29 to $3.50 with a mean of $2.80. (Salary data source: Salaries.com, Frankfort, KY data) The proposed payment rate for Community Access is $8.00 per unit.

For candidates without a college degree, there is a provision to substitute relevant experience for years of education. The Department is also finalizing a credentialing system to afford additional opportunities for staff to meet the requirements.

(c) Comment: Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., stated, “In stating that a case manager ‘participates in six (6) hour per year of professional development or continuing education in the areas of person centered processes, supervision and mentoring of employee’, where and how does a case manager receive such training and who pays for the cost?” He also asked who pays for the supervisors’ additional training.

(d) Response: The segment of the regulation being referenced does not apply to case managers. It applies to case management supervisors. A search of the terms “training on person-centered processes in Kentucky” and “training on supervision and mentoring of employees in Kentucky” yielded multiple options in both live and distance learning formats. Most agencies provide required training as a cost of doing business. However, some agencies require their employees or contractors to obtain the training at their own expense.

(e) Comment: Regarding the educational requirements for community access specialists, Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., stated, “What is the reasoning for requiring a degree a degree for this position? The proposed rate for this position is $8.00/unit wil make it difficult to cover wages and benefits for a degreed person.”

(f) Response: Community assess is designed as a service which provides a designated positive impact on the participant's life. After the outcome has been established it is the responsibility of the community access worker to either provide the participant with training to continue the situation independently or negotiate a scenario where the situation is continued through the use of natural supports. This level of responsibility and problem solving merits a degreed staff member; or, a staff member with significant relevant experience. The median salary for an entry level degreed human services worker in Kentucky is $21,066 with a two standard deviation range of $17,189 to $26,419. Payroll and unemployment taxes increase this to a mean of $23,098 with a range of $18,924 to $28,860. This equates to a unit cost of $2.29 to $3.50 with a mean of $2.80. Salary data source: Salaries.com (Frankfort, KY data)

(g) Comment: Regarding the educational requirements for community access specialists, Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., asked, "What is the relevant experience or credentialing that will substitute for the educational requirements?"

(h) Response: Experience assisting participants to access community resources, events, and organizations enabling participation in skills development related to independence, self-advocacy, socialization, and other skills will substitute for education on a year to year basis. As an alternative for existing staff not meeting education requirements, an alternative credential utilizing the Kentucky Direct Support Professional Credential process will be available for interested individuals to meet requirements within one (1) year of implementation of the administrative regulation.

(i) Comment: Regarding the continuing education requirements Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., asked, "Who arranges and pays for the six(6) hours of professional training or CEUs for employees and subcontractors and why should a provider be responsible for a sub contractor's training as they are not employees?"

(j) Response: Payment arrangements for training are between the employer and employee or contractor. Subcontactors are held to the same standards as employees in the regulation. It is the contractor's responsibility to ensure regulatory requirements are met.

(k) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Community Access Specialist and Community Guide and Supported Employment Specialist and SES Supervisor positions have educational requirements with a provision relevant experience or credentialing substitution. Who or how will these be handled? This is very broad as defined and written."

(l) Response: Experience assisting participants to access community resources, events, and organizations enabling participation in skills development related to independence, self-advocacy, socialization, supported employment, and other skills will

substitute for education on a year to year basis. As an alternative for existing staff not meeting education requirements, an alternative credential utilizing the Kentucky Direct Support Professional Credential process will be available for interested individuals to meet requirements within one (1) year of implementation of the administrative regulation for the positions stated in the comment.

(m) Comment: James Cheely, father of a young adult with intellectual/developmental disabilities and member of the Arc of Barren County, expressed concern about the structure of training required. He stated the following:

"I understand that the new regulations require workers of individuals within intellectual and developmental disabilities in the SCL waiver to take a specified number of hours of training. I applaud that thought and to improving the quality of care provided to these individuals on the waiver by having properly trained workers. I am convinced that a greater level of educated worker will be available for these people through this instruction. But, I am concerned about the structure of this training. I understand that the employee must take these trainings on their own time and at their own expense or that of the employer, the individual with the intellectual and developmental disability may be responsible for paying the employee's cost themselves, this practice concerns me. I have checked with my case manager and they are required to take trainings for their job. When this occurs, they are paid for their time, paid for travel expenses required to attend the training and any cost associated with registration are paid for them. I have inquired and the same is true about their supervisor and/or the management--at the management service facilities. I have asked about state employees and have been told the same is true at that level of training. I find it concerning that at levels above direct care, training is essential enough that the cost of it are covered. But, when it comes to individuals providing the direct care to the individual on the waiver these workers are not important enough to cover expenses. Other levels of workers are more important than direct care providers. Again, I completely support the concept of training workers. I believe without any doubt that care for people can only increase through properly trained individuals. I want the best for individuals working with our most vulnerable citizens and training should only improve that level of care. But, I believe we have seriously droppen (sic) the ball to cheapen these workers and to cheapen our trainings to not complete the concept and compensate the workers for their time in these programs. Thank you for your time and attention. I look forward to the opportunity to continue to work with state agencies to improve the level, quality and sufficiency of care for our individuals in need and in need of the waiver system."

(n) Response: A mechanism and setup of this process is currently under development and will be solidified in relation to the contract with the FMS vendor.

(o) Comment: Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome and Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, requested that the regulation specify "that trainings by the executive director can count toward CEU's."

(p) Response: The regulation does not specify where the trainings come from as long as it meets the regulatory requirement stated.

(q) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, “The proposed regulation to increase the education level of the direct support workers to a bachelor's degree and the proposed regulation to increase the rate of reimbursement for Supported Employment are welcome changes. The disability of autism is a very complicated disability with communication challenges, social and behavioral challenges, and sometimes intellectual challenges as well. As a group, individuals with autism need someone who has a high level of training in order for the worker to work successfully with the individual. Part of the current problem for us is that the home health agency keeps 55% of the money that is billed to Medicaid and only pays the direct support/community living support worker $10 per hour. This is not a living wage. You are asking someone to work with a person who is very involved, and who may not be easy to deal with/manage, but the agencies are paying them a wage that is not commensurate with their level of responsibilities. There needs to be some way for the state to set a reasonable level of cost that the agency is allowed to take off of the top of the Medicaid reimbursement for administrative costs. This will help to insure that families can find and keep quality employees.”

(r) Response: It is not within the scope of this regulation to establish a maximum percentage of overhead for an SCL certified provider. We are currently endeavoring, to establish quality standards for the provision of services that will give the families of waiver participants, relevant, quality, outcome-driven information to assist with service choices.

(s) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “The requirements for a Community Access Specialist wherein they are required to have a four year degree is overkill. I can understand the desire to have highly qualified individuals doing this function but the educational requirement is more than is necessary. A two year (associates) degree should be more than necessary and would be more manageable for the agencies. It would be difficult to find quality college graduates to perform this role because it would not be considered by most as a career path position.”

Mr. Laurino also offered the following comments on the subject:
“Community access specialists. Wonderful concept. Nobody in the world is going to disagree that community access is important, probably the most important thing you can do. Of course, if you cut back people's respite, then they won't get as much community access. Oh, wait a minute, that's right, community access is supposed to supplement the, you know, respite, but of course, community access can't be done at home, so if they just want to be at home, well, wait a minute, I'm not even going to go there.
But, community access specialists. You're going to require this individual to have a four year college degree. Most agencies can't find case managers because they have to have a four year college degree. Now, all of a sudden, you're going to turn around and you're going to say, for a community access specialist we want a four year degree. Kid

comes out of college, I remember that way back when. But, when you come out of college, you want a career, you don't want a job doing direct care with, you know, with intellectually disabled--maybe you do, but I doubt it, you really want a career. This is not a career path job. Maybe some people may see it that way, but I'm going to tell you that most college students coming out of school are not going to see this as an--agencies are going to have an impossible time finding good, qualified individuals to do this job. I understand the rational of having people who are a little bit more inept in their communities, a little more knowledgeable about stuff. But, a four year college degree is an over kill. Two year degree, I could--I could understand, I can buy that. But, a four year degree, absolute overkill. I don't know what they were thinking, when they went this direction. Yes, they're paying a lot more money. Well, to be honest with you, most agencies would be happy, if they didn't pay quite so much money and they didn't have to have a four year college degree, because they could probably do just as well."

Mr. Laurino provided the following recommendation:
"Recommendation: Reduce the requirement from four year to two years college degree."

(t) Response: The regulation allows for related experience to substitute for the bachelor's degree. The Department is also finalizing a credentialing system to afford additional opportunities for staff to meet the requirements. Community Access is designed as a service which enables a participant to seek a designated positive impact on their life. After the outcome has been established it is the responsibility of the community access worker to either provide the participant with training to continue the situation independently or negotiate a scenario where the situation is continued through the use of natural supports. This level of responsibility and problem solving merits a degreed staff member; or, a staff member with significant relevant experience. The median salary for an entry level degreed human services worker in Kentucky is $21,066 with a two standard deviation range of $17,189 to $26,419. Payroll and unemployment taxes increase this to a mean of $23,098 with a range of $18,924 to $28,860. This equates to a unit cost of $2.29 to $3.50 with a mean of $2.80. (Salary data source: Salaries.com, Frankfort, KY data) The proposed payment rate for Community Access is $8.00 per unit.

(u) Comment: The Arc of Owensboro stated the following:
"

Pg	Line	Sect.	Topic
44	20	3	Continuing Education

Who pays for and arranges for this training? Why should a provider be responsible for a sub-contractor training?"

(v) Response: Payment arrangements for training are between the employer and employee or contractor. Subcontactors are held to the same standards as employees in the regulation. It is the contractor's responsibility to ensure regulatory requirements are met. There are many opportunities for staff to take advantage of continuing education at no cost through the College of Direct Support and through informational webinars

sponsored by the Department.

(w) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

“Supported employment providers must go through additional training that ADT providers do not go through. Why pay for and attend additional training when ADT providers can do career planning without additional training?

(x) Response: ADT services are reimbursed at $2.20 per 15 minute unit and you are correct that participants may take part in income generating activities as part of this service. Supported Employment services are reimbursed at $10.25 per 15 minute unit and, through this service, the participant can develop a career, an identity, and a life interacting with others who do not have disabilities.

As you might expect the training and experience qualifications to effectively provide this support are significantly more stringent than those for day training DSP. An employment specialist must have a four year degree and at least one year of providing employment services. For existing staff, the combination of education and employment services experience in combination must be at least five years; within one year of the beginning of the waiver must submit a portfolio showing competence in all aspects of supported employment; or must pass the National Association of People Supporting Employment First (APSE) Certified Employemnt Support Professional (CESP) exam receiving designation as a Certified Employment Support Professional. In addition, staff members not holding CESP designation must, within six months of beginning to deliver supported employment services complete the Supported Employment Training Project Core Training (two three-day sessions) and the Supported Employment Training Project Roundtable Follow-up for Medicaid Waiver funded Supported Employment Providers.

(y) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

“Individuals over 21 do not need a high school diploma or GED to provide direct support services? Pg. 8 Line 17-19.”

(z) Response: The minimum requirements of a Direct Support Professional allow this provision. However, there are other personnel and training requirements that must also be met by the DSP.

(aa) Comment: Marie Allison, mother of an SCL participant, stated the following:

“The increase in qualifications for the direct care givers is an interesting change. Is there any evidence based documentation that shows that having a college degree increases the quality of the care provided by an individual? The characteristics I look for in the persons who work with my son are, loving heart, high expectations for my son's behavior, willingness to listen and observe my son to determine his needs, desires,

feelings, willingness to be actively involved in assisting my son to actively participate in his community, ability to complete paper work, and good judgment in crisis situations. These do not require a college degree.

My son currently has two workers, one with a degree and one without. Both are very capable assistants for my son. I wonder how the worker without a degree would be able to get into this field of work if he were not grandfathered in. Will this change eliminate many persons who meet my criteria?

I am also concerned about how long college degreed individuals will stay in this field since the pay is very low. If they stay long enough to locate the job they really studied to obtain, this may result in more disruption in the lives of those served.

My suggestion is to be very flexible in considering the substitution of experience when allowing staff to be hired."

(bb) Response: The Department has considered how to best meet the needs of participants receiving supports from individuals who are currently serving in the positions for who aspire to serve in positions requiring a college degree in human services. If the non-degreed individual can demonstrate the equivalent to 4 years of full-time experience providing services in addition to the other requirements for the position, including training, they should be considered for the position in which they seek employment. In addition, avenues for individuals seeking positions which require a college degree through a Kentucky credentialing process will also be available to those individuals who do not have a college background but have a combination of full-time relevant experience and complete the credentialing process to demonstrate proficiency in delivery of services in key areas related to the position.

(cc) Comment: Amanda Rupert, behavior analyst and concerned citizen, stated the following:

"WELFARE: Unfortunately, one misspoken word or physical action can result in a world of harm to a client. When thinking about the welfare of my clients, I consider some of the proposed changes to the SCL. One change that comes to mind is the monitoring/training/data analysis placed in the hands of someone with a high school education. High school and bachelor-level individuals are not trained in Applied Behavior Analysis and cannot function independently in an ethical manner. It would take years of one on one training, experience, and education to effectively implement the strategies espoused by ABA. An excellent analogy would be placing medical care that should be delivered by a doctor in the hands of his secretary. I have an ethical duty to Do No Harm, as do you. Placing delicate, potentially abused/neglected/at-risk clients in the hands of individuals with no formal training in ABA is much more than Do No Harm; it is, in effect, inflicting harm on disadvantaged individuals.

From someone that has been in the community and trained dozens of high-school-educated individuals on Behavior Support Plans: A significant proportion of these

individuals are not effective at implementing behavior plans despite repeated trainings and feedback. It takes a well-trained Behavior Analyst to make snap decisions that affect the welfare of clients. That is why my cell phone is on 24-7. For example (and again, this is not an extreme case), I have one direct support staff member (high school education) that needs to call me just about every time they take my client into a store. When they do not call me for guidance, the individual usually ends up in the middle of traffic, inflicts harm upon small children, and engages in behavior that adds to a long list of assault charges. Direct support staff cannot analyze data, look for setting events, manipulate environments, and have a thorough understanding of behavioral principles needed to ensure the welfare of my clients and the community as a whole. I have taken an oath to protect my clients and the community. I cannot do so under the proposed changes.

Out of 18 high-school-educated individuals that are currently assigned to my clients as CLS staff, I have ONE individual I would trust to implement the plan as written correctly. However, I would **not** trust her to train my plan, analyze data, conduct observations and teach skills, or provide feedback to parents/staff. Those tasks require high levels of skill that cannot be obtained in one or two years, let alone a brief training. I would like to point out that it is not because these individuals are unintelligent. Even most psychologists, for example, have little to no training in behavioral therapy. These are clearly intelligent individuals who are simply completely unaware of behavioral principles. Direct support staff simply have not been trained and most do not have an understanding of specific behaviors that are needed to protect the welfare of my clients.

These issues are detrimental to the welfare of each and every client. Lack of direct contact/monitoring with clients is not in the best interest of any population; especially one with such as significant risk of harm. Whether he or she is simply on a social/verbal skills program or on the other side of the spectrum are at risk of significant physical harm due to behavior, a lack of Behavior Supports will result in a general decrease in reinforcement, increase in punishment/abuse, decrease in contact with others, contact with preferred activities, and an increase in social isolation. Unlike issues with health and safety, the cost here, unfortunately, cannot be measured in dollar amounts. It can only be measured in happiness."

(dd) Response: The utilization of a person centered coach will not be mandated by the state. It can only be requested by the participant and his or her support team and must be based on need and outcome driven. The person centered coach will not be working in isolation and will work under the direction of the licensed or degreed professional in performing their duties.

(ee) Comment: Regarding the definition of community access specialist and of community guide, Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "SCS requests clarification of 'relevant experience' and 'credentialing' indicated for these two types of workers. SCS would recommend that individuals must have a minimum of 2 years of experience working with individuals with intellectual or developmental disability. Our second recommendation would be that the

state would accept the credentialing conferred by the College if Direct Support and/or the National Alliance for Direct Support Professionals to be acceptable Credentials for qualification.

The state does accept the credentialing conferred by the National Alliance for Direct Support Professionals to be acceptable credentials for qualification.

(ff) Response: Experience assisting participants to access community resources, events, and organizations enabling participation in skills development related to independence, self-advocacy, socialization, supported employment, and other skills will substitute for education on a year to year basis. As an alternative for existing staff not meeting education requirements, an alternative credential utilizing the Kentucky Direct Support Professional Credential process will be available for interested individuals to meet requirements within one (1) year of implementation of the administrative regulation for the positions stated in the comment.

(gg) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"The availability of employee with BA degrees to fill positions that are primarily direct care position is limited. (Community Access and SE) This is an increased cost to employer, and retaining a person with a degree for direct care will be difficult, and finding and training staff to replace then when they leave could disrupt supports for participants and could lead to job loss for participants in SE. The requirement for all SE staff to complete the SETP training by HDI is costly for agencies, and is disruptive to the ongoing supports of participants in the SE program. (6 days away from agency and support recipients, cost if lodging in Lexington, cost of food, and tuition for program) all added cost to agencies."

(hh) Response: The decision making skills required to provide Community Access and Supported Employment are such that the educational, training, and experience requirements are necessary and appropriate. Your statement that these are "direct care" positions indicates that you may not understand the roles of these employees. We cannot speak as to their availability in your area; but, we suspect that at an appropriate salary staff should be available. We have conducted careful analysis of the rates and have confirmed that employing staff at appropriate salaries will enable providers to cover their direct costs and make a significant contribution to fixed costs and overhead. It is the responsibility of each provider to analyze their own costs and determine if they wish to provide waiver services.

(9) Subject: Community Access Specialist

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "In stating that this service can be used to empower 'a participant's designated representative' (as well as the participant) to do a variety of activies, does this mean that money can be allotted to pay for tickets, membership fees,

etc., for said representative as well as the participant being supported?"

(b) Response: There is an error in the wording of this section of the regulation that is being revised. The intent is to empower the participant, not their designated representative. Medicaid reimbursement is not available to pay for tickets, membership fees for either the participant of their representative.

(c) Comment: The Arc of Owensboro stated the following:
"Pg Line Sect. Topic
4 22 1 Community Access Specialist
1. We would like some verification as to this service. Will it be available to all SCL participants or just those residing at their own home or with families?
2. What is the rationale for requirement of a degreed person? The proposed rate per unit of service will make it very difficult if not impossible to cover costs as it requires a college degree.
3. What is the "relevant" experience or credentialing that will substitute for the education requirements?"

(d) Response: Community Access will be available to all SCL participants. Community assess is designed as a service which provides a designated positive impact on the participant's life. After the outcome has been established it is the responsibility of the community access worker to either provide the participant with training to continue the situation independently or negotiate a scenario where the situation is continued through the use of natural supports. This level of responsibility and problem solving merits a degreed staff member; or, a staff member with significant relevant experience. The median salary for an entry level degreed human services worker in Kentucky is $21,066 with a two standard deviation range of $17,189 to $26,419. Payroll and unemployment taxes increase this to a mean of $23,098 with a range of $18,924 to $28,860. This equates to a unit cost of $2.29 to $3.50 with a mean of $2.80. Salary data source: Salaries.com (Frankfort, KY data)

Experience assisting participants to access community resources, events, and organizations enabling participation in skills development related to independence, self-advocacy, socialization, and other skills will substitute for education on a year to year basis. As an alternative for existing staff not meeting education requirements, an alternative credential utilizing the Kentucky Direct Support Professional Credential process will be available for interested individuals to meet requirements within one (1) year of implementation of the administrative regulation.

(e) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"Community Access: Requiring a degree + lyr exp for provider seems excessive for the type of support to be provided. It is an enhanced direct support, but requirements are similar to those of the Case Manager or Supported Employment Specialist. It will be difficult to hire and retain people with a degree in that type of position. Perhaps requiring

a 2 year degree or experience would be more in line with the support, and then reimbursement could be brought down to around $6.00 per unit individual, $4.00 per unit group. It would still be adequate for a community based support, without taking so much away from other supports."

(f) Response: The decision making skills required to provide Community Access and Supported Employment are such that the educational, training, and experience requirements are necessary and appropriate. We have conducted careful analysis of the rates and have confirmed that employing staff at appropriate salaries will enable providers to cover their direct costs and make a significant contribution to fixed costs and overhead. It is the responsibility of each provider to analyze their own costs and determine if they wish to provide waiver services.

(10) Subject: Community Guide

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "It states that a community guide is an individual 'who has been selected by the participant.' This suggests that the individual is making the hiring decision (or at least the job assignment decision), in terms of who is to work with him/her in this service. Is that correct? If so, does that mean the service should go undelivered if that particularly chosen person is no t available on a given day or during a given time?"

(b) Response: Community guide is only available through participant directed services so they are indeed hired by the participant. As the responsibility of the community guide is to assist the participant with the management of participant directed services, unless scheduled in advance, their availability on a specific day at a specific time is not relevant.

(11) Subject: Direct Support Professional and Direct Support Professional Supervisor

(a) Comment: Regarding the definition of direct support professional and direct support professional supervisor, Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "This suggests the desirability of DSPs, upon a participant's request, to participate in the participant's person-centered team, yet there is no funding to support such extra hours by the DSP."

(b) Response: The attendance of relevant staff members at participant's plan of care meetings has never been reimbursed and has always been considered a cost of doing business. For those unable to attend, there are many ways to provide valuable information to the person-centered team that do not require actual attendance at the meeting. Providing input to the person-centered team in the manner prescribed by regulation is both a minimum expectation of provider staff and their minimum ethical obligation.

(c) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental

Disabilities, Inc., asked, “What is the DSP Supervisory training curriculum?”

(d) Response: Direct Support Professional Supervisory Curriculum is currently available in the Kentucky College of Direct Support. Additional resources and availability of advanced supervisory training are being developed.

(e) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “The definition of ‘direct support professional’ directly conflicts with the requirements of ‘community access specialist’ and ‘community guide’. Requirements for any direct support professional position should be the same.” Susan Stokes added, “And, this is where I feel we've over complicated by providing services that overlap and duplicate potentially. And, having the ability to audit the implementation of that, I think, will be subject to questionable practice.”

Susan Stokes and Cynthia H. Coomes, stated, “Why does the ‘direct support professional supervisor’ have fewer credentialing requirements than the ‘community access specialist’ and ‘community guide’? How will they supervise, if they have less education?”

(f) Response: The Direct Support Professional Supervisor should not have the requirement of supervising Community Access Specialists nor Community Guides. The Community Guide is an individual who will be providing services specifically for a participant who has chosen to participant direct a portion or all of their services. Thus the Participant and the Case Manager will be responsible for providing any supervisory duties necessary for the effective, ongoing provision of these services to the satisfaction of the participant. With regard to Community Access Specialists, it is anticipated that a member of the provider agency’s management team would provide supervision of this position.

(g) Comment: Dr. and Mrs. Jeffrey Lederer, parents of an SCL participant, stated, “Would a DSP who provides personal assistance be able to work at the same time as the person working as the community access person? We don’t view the access person providing personal support (for example changing briefs or feeding someone out in the community).”

(h) Response: The personal assistance required while in the community would be the responsibility of the community access specialist. If you work with an experienced DSP who is interested in becoming a community access specialist, there will be a credentialing process in place to assist.

(12) Subject: Definition of Employee

(a) Comment: Regarding the definition of employee, Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., stated, “There are strict Dept. of Labor rules definining what a contractor is versus what an employee is, and we believe

that most agencies' labor counsel would suggest that it is not advisable to employ a contractor who is considered to be and named an employee in their contractual agreement." Mr. Brownson suggested, "It seems that other wording could be found that establishes that agencies would be held accountable for the actions of their subcontratcors, without being required to acknowledge that an 'employee means . . . a subcontractor . . .'

The Arc of Owensboro also stated the following:

"Pg Line Sect. Topic
9 14,16 1 Definition of Employee

There are strict definitions of independent contractor or employee, including Dept. of Labor and IRS rules/definitions as well as settled court cases. Employee and sub-contractor are not the same and the terms aren't interchangeable. Therefore, the wording of this section should be reformed to reflect the correct legal definitions/intent. Perhaps via consultation with learned legal counsel?"

(b) Response: DMS is revising the employee definition in an "amended after comments" regulation as follows:

"**(29)[~~(31)~~]** "Employee" means**[~~:~~**
~~(a)~~] an individual who is employed by an SCL provider**[~~; or~~**
~~(b) An individual or entity who is a subcontractor for an SCL provider~~]."

DMS is also inserting a new section in the "amended after comments" regulation which reads as follows:

"Section 9. **Employee Policies and Requirements Apply to Subcontractors. Any policy or requirement established in this administrative regulation regarding an employee shall apply to a subcontractor.**"

(c) Comment: The Arc of Owensboro stated the following:

"Pg Line Sect. Topic
9 14,16 1 Definition of Employee

There are strict definitions of independent contractor or employee, including Dept. of Labor and IRS rules/definitions as well as settled court cases. Employee and sub-contractor are not the same and the terms aren't interchangeable. Therefore, the wording of this section should be reformed to reflect the correct legal definitions/intent. Perhaps via consultation with learned legal counsel?"

(d) Response: DMS is revising the employee definition in an "amended after comments" regulation as follows:

"**(29)[~~(31)~~]** "Employee" means**[~~:~~**
~~(a)~~] an individual who is employed by an SCL provider**[~~; or~~**

~~**(b) An individual or entity who is a subcontractor for an SCL provider**~~**]**."

DMS is also inserting a new section in the "amended after comments" regulation which reads as follows:

"Section 9. **Employee Policies and Requirements Apply to Subcontractors. Any policy or requirement established in this administrative regulation regarding an employee shall apply to a subcontractor.**"

(13) Subject: Executive Director Responsibilities/Credentials

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Say that the ED's responsibility is to 'Assure the' design, development and implementation of strategic plans . . . ' In most quality non-profits it is considered a responsibility of the board of directors to actually design and develop (although not implement except as it directly affects their work) the organization's strategic plan. This involvement of community volunteers in a non-profit should not be discouraged by creating regulations that suggest it is not their responsibility. It is certainly acceptable for the state to say the ED should assure this."

(b) Response: The role of an Executive Director is to implement the policies and procedures developed and approved by a Board of Directors. The Executive Director should ensure the integrity of the process. Assurance of this process by the Executive Director should not impede the involvement of the Board of Directors, it should enhance that involvement.

(c) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Why do we continue to 'grandfather' this distinct group (nurses with associate degrees) when it comes to desired credentials for people in leadership positions in our field? If not already, the BSN is rapidly becoming the preferred degree for even entry level nurses." Mr. Brownson added, "At risk of being 'shot' by the nurse brigade, is it not time that wherever in these regulations we rquire a relevant bachelor's degree in other fields of study, that we also require the same degree for nurses? Either that, or we should drop the others' credential requirements to an associate degree (which IS not being suggested.)"

(d) Response: We will consider this in future waiver amendments.

(14) Subject: Transparency of Funding/Financial Models and Figures

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "**Transparency of Funding** is the last area I want to address. There are multiple questions arising regarding financial matters as people look at these new regulations and the service additions and revisions included in them, as well as the funding levels that are attached to those services. Rate setting for services is not an easy exercise, but is one that must be gone through in any discussion regarding service

system development and operation. The state has undoubtedly used specific financial models, algorhythms and assumptions in the preparation of the service rates. For example, what amount was used as the average pay rate for non-degreed employees who deliver direct support services, and is it assumed that those people are going to receive health insurance or other employee benefits? Or, what was assumed would be the average rate of pay for a registered nurse or psychologist, or what was the average mileage or transportation cost that it was assumed would be invested in the course of a participant receiving "community access" services?

It is surely a goal of the Commonwealth to develop and adequately support a cadre of efficient providers to deliver the services called for in these regulations. In order for providers to adequately plan for their capacity to effectively deliver these services, they need to know what thinking went into the rates, so they can hire the needed staff and design the needed systems accordingly. One would hope that such information would be "public record." **QUESTION: How might providers and other interested persons obtain the assumptions, formulas, financial models and financial figures used in the calculations of the rates for the various services offered under these regulations? If this is not information of public record, why not?**

Mr. Brownson also stated, "Will the Department release the cost models showing the assumptions and financial figures used in calculating the rates for the services covered by these regulations, so that providers might plan budgets accordingly? Is this information public record and if not, why not? (For example, did the state assume that the pay and benefits for certain occupations would be comparable with state employee wage levels and benefits, based on DOL Bureau of Labor statistics average regional wage data, or some other standard?)"

Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "KAPP requests the Department to release the cost models showing the assumptions and financial figures used in calculating the rates for services covered by these regulations. We revised it in the development of the rates--the new rates, they had cost data that they had worked on and used to analyze those new rates and determine those new rates. And, we'd just like to release the cost models."

(b) Response: Rates were developed in consultation with the Centers for Medicare and Medicaid services following the concept of budget neutrality. It is the responsibility of each provider to analyze their own costs and determine if they wish to provide waiver services. A comparison of rates from other KY programs and surrounding states was used to inform some of the service rates.

(15) Subject: ICF-IID Acronym

(a) Comment: Regarding Section the acronym ICF-IID stated in Section 1(43) and Section 2(4) and Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Correct the spelling of ICF-IID to ICF-IDD."

(b) Response: The Centers for Medicare and Medicaid Services (CMS) (which authorizes and provides federal funding for this waiver program) has renamed ICF/MR to ICF/IID - Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) in federal regulations - **CFR section numbers:** 483.400 – 483.480.
CFR section descriptions:
Based on changes made in Rosa's Law in 2010, Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR) will now reflect nationwide changes and be referred to as Intermediate Care Facilities for Individuals with Intellectual Disabilities (IFC/IID). Sections 483.400 – 483.480 are located in Part 483 of the Code of Federal Regulations, Subpart I- Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). These CoPs establish the health and safety requirements that ICF/IID providers must meet in order to participate in the Medicare and Medicaid programs. The health and safety requirements address topics such as the provider's governing body, client protections, facility staffing, facility environment, and services provided.

(16) Subject: Employment Services

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Beyond being paid at leat minimum wage, what is to be considered employment? Is it full time? Is it a minimum number of hours per week? Is it more desirable for a person to have a part time job a day or two a week and sit home the rest of the week than to have to have a full time job in a segregrated work program? Is there a mechanism whereby a person can be supported to have a full week of employment and/or meaningful volunteer activity, if that is their desire, when only part time minimum wage employment in a community setting is possible? Where are all these jobs going to come from, especially in some of our more rural and/or depressed communities? How do we justify to individuals and families that the practice of removing participants entirely from a full week of sheltered employment in which they express satisfaction, into a competitive employment situation that might offer only a few hours a week of meaningful activity, leaving person without activity the remainder of the time? While creating meaningful incentives to develop and support regular and supported employment for individuals, continued funding that allows them to continue to have support the remainder of their weeks in alternative supported activities."

(b) Response: Employment for the participant is defined by the contents of the person-centered employment plan and is incorporated into his/her plan of care. The person-centered employment plan combines the participant's hopes, dreams, desires, talents, and skills along with their abilities to define the type and duration of work. There is no requirement for full-time hours unless it is the participant's desire. There is no defined minimum number of hours per week. It is based upon the participant's choice.
As to what is more desirable, we would not be disrespectful of the participant and attempt to make that decision for them. It is their choice, alone. The goal of supported employment is to provide the level of support that the participant needs in order to meet their employment goals; but, no more support than they need. If a participant wished to

work full-time hours but only part-time jobs were available, the participant would be supported to obtain multiple part-time jobs. Additionally, should an individual wish to work part-time in the community and return to the workshop in order to refine their work skills, there is nothing in the regulation to preclude that option. If the participant chose to work part-time hours then return to their residence to relax there is also nothing in the regulation to preclude that option. A residential provider is paid a daily rate which means that residential services are potentially a 24 hour per day, 7 day per week service.

(c) Comment: The Arc of Owensboro stated the following:

"Pg Line Sect. Topic
13 9-11 1 Employment Services

What is to be considered employment for the purposes of these regulatory changes? In every case in our programs, any work done by SCL consumers is of a therapeutic nature and not intended to be employment as such, as they are not bona-fide employees under any definition of employee. The work is not intended to produce a "surplus" for our agency but rather to provide day activity, training and some work experience for the consumers. Otherwise, it is unrealistic to expect all of those enrolled and qualified for the SCL Program to be placed in regular work (full or part time) in private employment. Philosophically it sounds good, but the reality is on the opposite side of the scale. We have been advocates for these consumers for some 55 years and have considerable experience with these matters. We have evolved from providing school services to sheltered employment to doing everything we can to encourage and incorporate community integration of all our services. We have successfully moved many persons who are disabled from one of our programs into a job in private business in the community. That is our goal for everyone, with the full realization it can't be done with/for everyone. Notwithstanding many choose activities other than employment for various reasons, not the least of which are regulatory disincentives to working.
Also there are not jobs available in private industry for people who are not capable of being productive. Those who think so are not understanding the economics of business in that you can't price a product/service high enough to cover the costs of non-productive labor paid as if it is productive. In doing so, one will not be able to stay in business."

(d) Response: Employment for the participant is defined by the contents of the person-centered employment plan and is incorporated into his/her plan of care. The person-centered employment plan combines the participant's hopes, dreams, desires, talents, and skills along with their abilities to define the type and duration of work. There is no requirement for full-time hours unless it is the participant's desire. There is no defined minimum number of hours per week. It is based upon the participant's choice.
As to what is more desirable, we would not be disrespectful of the participant and attempt to make that decision for them. It is their choice, alone. The goal of supported employment is to provide the level of support that the participant needs in order to meet their employment goals; but, no more support than they need. If a participant wished to

work full-time hours but only part-time jobs were available, the participant would be supported to obtain multiple part-time jobs. Additionally, should an individual wish to work part-time in the community and return to the workshop in order to refine their work skills, there is nothing in the regulation to preclude that option.

It is quite true that many waiver participants have a great deal of difficulty meeting all of the elements in the typical job description. It is also true that most folks who are currently working in integrated employment typically work 8-10 hours per week. We believe that this has occurred because many participants are not in appropriate job matches. That is why current supported employment services are built upon the discovery process of customized employment. With customized employment, work opportunities which match the interests or skills of the participant are negotiated with the employer in order to free up existing staff to focus on the other tasks that need to be accomplished. This creates greater efficiency. In essence, the goal is to find a win/win situation for both the participant and the employer. As an example, a waiver participant who works for a truss manufacturer ensures that the drill bits used in the process are sharpened and are the correct length. Prior to this participant taking over the task, all of the experienced truss builders had to stop what they were doing as their stock of drill bits wore out and use a machine called “the grinder” to prepare more bits. As these employees worked at roughly the same pace, they tended to run out of bits at the same time. Since there was only one “grinder,” this task created a significant bottleneck in the operation. The hiring of the waiver participant for this specific task, even though the participant was slower than any of the experienced truss makers at this task, removed the responsibility from everyone else and enabled the operation to generate a greater profit. Sometimes the “tools” that the participant uses for mobility can enhance a participant’s employability. A Kentucky hospital discovered it had a serious problem when their accrediting body found that over 80% of the hand sanitizer units in the hospital were either empty or broken. They hired a waiver participant who used a motorized wheelchair to travel a route around the campus testing the units, filling those that were empty, and turning in a maintenance request for those that were broken. During the follow-up accreditation visit they were found to be 100% in compliance. Since that time, the participant has expanded his hours and responsibilities by maintaining a continuous inventory of cleaning materials in each unit. This allows housekeeping staff to spend their time keeping the premises clean instead of traveling back and forth to central stores to obtain materials. In order for customized employment to work effectively, the employment specialist must function as both an advocate for the participant and a consultant for the business.

(17) Subject: Level of Care Determination

(a) Comment: Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., stated, “Please explain low-intensity or high-intensity patient status. Does this determination also effect the person’s rate and who makes this determination based upon what criteria?”

(b) Response: Details regarding this process are available for your review at:

http://www.lrc.state.ky.us/kar/907/001/022.htm. The determination is made by the staff of the agency contracted by Medicaid to make such decisions.

(18) Subject: National Core Indicators

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "As has been done with the Supprots Intensity Scale, cite the 'ownership' of the National Core Indicators Project so that it is clear what Indicators are being expected. Otherwise, call it the Kentucky DBHDID Core Indicators Project."

(b) Response: DMS is revising the definition via an "amended after comments" regulation as follows:
"(67)"National Core Indicators" means: a collaboration between the National Association of State Directors of Developmental Disability Services (NASDDDS) and the Human Services Research Institute (HSRI), and is
(a) An [~~voluntary~~] effort by public developmental disabilities agencies to measure and track their own performance; and
(b) Standard measures:
1. Used across states to assess the outcomes of services provided to individuals and families; and
2. Which address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety."

(c) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "On Page 31 Line 6 it states that National Core Indicators is voluntary. Elsewhere in the reg it states that they are mandatory."

(d) Response: Please see the above response.

(18) Subject: The Term "Participant"

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "It appears that the moniker 'participant' is replacing 'individual' in the proposed new SCL terminology. Here's hoping that 'participant' is not mandated or adopted as the new 'label' for every person, citizen, individual, client, consumer, resident, patient, student, child, adult or other previously labeled category of human being with whom we come into contact while providing these services. . . and that anyone who calls someone a respectful name other than 'participant' is not heretofore labeled as prejudiced or an ignorant Neanderthal."

(b) Response: We prefer that people be referred to by their given name, the term "participant" was used for consistency in the regulation.

(19) Subject: Plan of Care

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Cite ownership of 'The eight (8) page form . . .' so that people might know the origin, creator and/or entity responsible for its content."

(b) Response: The Plan of Care form, once regulation is approved, will be a MAP form.

(20) Subject: Person-Centered Team Definition - Section 1(79)(a)

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Say again??!! This sentence is very convoluted, to the point it sounds like gobblygook. Try again!!"

(b) Response: DMS is revising the definition in an "amended after comments" regulation to read as follows:
"**(77)[~~(79)~~]** "Person centered team" means a participant's **guardian or** **[~~designated~~]** representative and other individuals who are natural or paid supports and who:
(a) Recognize that evidenced based decisions are determined within the basic framework of what is important for the participant and within the context of what is important to the participant based on informed choice; and
(b) Work together to identify what roles they will assume to assist the participant in **becoming as independent as possible in meeting their needs[~~having a comfortable and fulfilled life~~]**;
(c) Include providers who receive payment for services who shall:
1. Be active contributing members of the person centered team meetings;
2. Base their input upon evidence-based information; and
3. Not request reimbursement for person centered team meetings."

(21) Subject: Reimbursement for Person-Centered Team

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Saying that paid supports to a participant cannot be reimbursed for time in team meetings will likely eliminate the potentially valuable input of several different tyeps of workers and professionals who rely upon billable hours or punching a time clock to make a living. Is it the intent of the regulations to run such people off, even if it is the expressed desire of the participant that the person attends?"

(b) Response: The attendance of relevant staff members at participant's plan of care meetings has never been reimbursed and has always been considered a cost of doing business. For those unable to attend, there are many ways to provide valuable information to the person-centered team that do not require actual attendance at the meeting. Providing input to the person-centered team in the manner prescribed by regulation is both a minimum expectation of provider staff and their minimum ethical obligation.

(22) Subject: SCL Developmental Disability Professional

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Since a case manager can now have any degree from an accredited college or university, will they not be eligible to be a SCL Developmental Disability Professional as defined in (89)(a)(b)(c)1, 2,3?"

(b) Response: They will only be able to act as an SCL DDP if they meet the specific requirements outlined in section 1 (89).

(23) Subject: Shared Living Caregiver/Shared Living Service

(a) Comment: Regarding shared living caregiver and shared living services, Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "It seems that by limiting Shared Living Caregiver services to having to be performed in the participant's home, other potentially good options are being eliminated. For example, what if participant and the caregiver wanted to jointly rent a home? Or what if a relative of the participant had a rental property that they wanted to make available to the participant and their caregiver. It seems that if the intent here is to help assure that a participant is not forced to move from his/her home if the caregiver leaves, then that might be stated in a way that does not limit the service to housing that is explicitly and totally controlled by the participant."

(b) Response: Shared Living was included in the SCL waiver as an allowable service defined by CMS as "The payment for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. Payment will not be made when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services." P. 174 Instructions, technical assistance and review criteria for 1915 (c) Home and Community Based Waiver version 3.5, release date January 2008

(24) Subject: SCL Waiting List

(a) Comment: Regarding the SCL waiting list, Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "It is disturbing that by regulation we are saying, 'to be eligible to receive a service in the SCL program, an individual shall: Be placed on the SCL waiting list . . . 'Does this suggest and endorse that there is and always will be a waiting list, and that this is okay? Why is the first step to getting services being placed on a waiting list? It would seem that the first step would be to meet with the person and go through all the other qualifying requirements, rather than to say, 'Welcome, sit here until we decide to give you some attention.' Is that the message our state government wants to be sending to its citizens?"

(b) Response: DMS is revising the language in an "amended after comments" regulation by removing the sentence in question as follows:

Section 2. SCL Participant Eligibility, Enrollment and Termination. (1) To be eligible to receive a service in the SCL program, an individual shall:

(a) **[~~Be placed on the SCL waiting list in accordance with Section 7 of this administrative regulation;~~**
~~(b)~~] Receive notification of potential SCL funding in accordance with Section 7 of this administrative regulation;
(b)[~~(c)~~] Meet ICF-IID patient status requirements established in 907 KAR 1:022;
(c)[~~(d)~~] Meet Medicaid eligibility requirements established in 907 KAR 1:605;".

(c) Comment: William S. Dolan, staff attorney supervisor for P & A, stated, "Current SCL provides that children committed to the Department for Community Based Services (DCBS) are in the emergency category of need when they are 20 ½ years of age. 907 KAR 1:145 § 7 (7)(a) 5. The new SCL states that individuals in DCBS custody are classified as future planning. Sub-section (5)(c) 3. We strongly urge the Cabinet to continue to place DCBS children who are 20 ½ in the emergency category. Kentucky does not have the best record on transitioning youth and this change will only continue to cause Kentucky's children to fall further behind."

(d) Response: DMS is revising the waiting list category language in an "amended after comments" regulation to read as follows:

"(5) An individual's order of placement on the SCL waiting list shall be determined by the chronological date of receipt of a completed MAP-620 and by category of need of the individual as established in paragraphs (a) through (c) of this subsection.
(a) An individual's category of need shall be the emergency category if an immediate service is needed as determined by any of the following if all other service options have been explored and exhausted:
1. Abuse, neglect, or exploitation of the individual as substantiated by DCBS;
2. The death of the individual's primary caregiver and lack of alternative primary caregiver;
3. The lack of appropriate placement for the individual due to:
a. Loss of housing; **[~~or~~]**
b. **Loss of funding; or**
c. Imminent discharge from a temporary placement;
4. Jeopardy to the health and safety of the individual due to the primary caregiver's physical or mental health status; or
5. Imminent or current institutionalization.
(b) An individual's category of need shall be the urgent category if an SCL service is needed within one (1) year and:
1. There is a threatened loss of the individual's existing funding source for supports within the year due to the individual's age or eligibility;
2. The individual is residing in a temporary or inappropriate placement but the individual's health and safety is assured;
3. The individual's primary caregiver has a diminished capacity due to physical or mental status and no alternative primary caregiver exists; or
4. The individual exhibits an intermittent behavior or action that requires hospitalization or police intervention.
(c) An individual's category of need shall be classified as future planning if an SCL

service is needed in more than one (1) year and:
1. The individual is currently receiving a service through another funding source that meets the individual's needs;
2. The individual is not currently receiving a service and does not currently need the service; or
3. The individual is in the custody of DCBS."

With this wording, it is expected that those in custody of DCBS will fit the future planning category when they will remain in the custody of DCBS for a year or more, and will fit the emergency category when they are "aging out" of DCBS custody due to item 3b (no other appropriate source of funding). The change in regulation wording does not prevent or reduce the allocation to those leaving DCBS custody.

(25) Subject: Exclusion from SCL Due to Cost [Section 2(4)]

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "What cost basis for ICF-IDD services that is to be used here? Current ICF-IDD rates suggest a difference of almost $1000 per day between the lowest to highest cost ICF-IDDs in the Commonwealth. This can make a huge difference in determining who can be served in the community and who cannot."

(b) Response: Average cost is used as the basis.

(26) Subject: Human Rights and Behavior Intervention Committees

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "While requiring Providers to participate in an area HRC and BIC, who pays for time in the meetings, who pays for time for committee members who may not be agency staff, such as physicians, nurses, teachers, etc….and whom assumes liability for each committee."

(b) Response: Within the current regulation case management providers are expected to establish both a Behavior Intervention Committee (BIC) and a Human Rights Committee (HRC.) The BIC is to consist of at least one person with expertise in behavioral interventions who are not affiliated with the provider. The BIC is to be separate from the HRC and is charged with review and approval, prior to implementation and at least annually or as changes are made, in conjunction with the participant's team, all behavior support plans. The BIC is also charged with review of use of psychotropic medications by participants without and Axis I diagnosis and recommend and alternative intervention if appropriate. The revised design of the BIC is better suited to complete these charges in a more informed manner. Within the current regulations case management providers are also expected to establish a HRC. The HRC should at least include an SCL participant; a person not affiliated with the provider; and a person who has knowledge and experience in rights issues. The HRC is asked to review and approve, prior to implementation and at least annually, all plans of care with rights restrictions and review and approve prior to implementation and at least annually

thereafter, behavior support plans that include highly-restrictive procedures or rights restrictions; and review the use of psychotropic medication by all participants who do not have an Axis I diagnosis. Again DDID believes the HRC will be better equipped to carry out these duties in an informed manner within the new regulation.

If a member of the BIC or HRC is opposed to use of a behavioral technique, medication or rights restriction they can defer to the rest of the Committee with notice in the minutes of their opposition. They may request review by another BIC or another HRC as well as request consultation from DDID. The purpose of the BIC is to assure the application of behavioral techniques to assist a person is carried out in a sound clinical manner. It is akin to a peer review process. This is a current requirement of all ICF facilities as is the HRC. Volunteers from the community are asked if they want to participate on either Committee. They will go through a brief training conducted by DDID and will sign confidentiality agreements. Objections to membership would be addressed within the Committee. DDID staff will be available for technical assistance as needed. The involvement of provider staff in HRC and BIC activities is a cost of doing business. Non-provider affiliated persons serving on the committees are acting as volunteers. In general, volunteers have protection from liability with the exception of willful, wanton, and wrongful acts and gross negligence.

(c) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, ". . . the requirement for regional BIC and HRC to have medical professional be removed. It is good practice when possible, but should not be required, it would really be impossible to fully implement."

Mr. Zaricki also stated, "This structure is clearly based upon facility models, where doctors, nurses, psychiatrists, dieticians and therapists are on staff and on site. In the community, the challenge to find volunteer professionals who will commit full days to these committees is a daunting task. Other concerns regarding emergency approvals and delay in services due to the frequency of meetings must be considered."

(d) Response: Requirement revised to require only one licensed medical professional.

(e) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Human Rights Committee – this is an excellent way of ensuring broader over site. However, specifics in regard to selection, facilitation and process should be included in the regulations and not in accordance to Supports for Community Living Policy Manual (Section One 41 (2)."

(f) Response: The Supports for Community Living Poilcy Manual is incorporated by reference into the regulation.

(27) Subject: Cost of Food and Household Goods

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Is it assumed that SCL staff will sit down and eat with

participants, either as an option or as a requirement? Our agency serves many individuals who have cerebral palsy or other physical disabilities that require staff assistance during meals. In some cases it is not possible for staff to eat at the same time.

Can the Department please explain how it was calculated into reimburse- ment rates that a provider would be able to pay for food for all waking hours staff? Also, how might this apply to necessarily awake overnight staff?"

(b) Response: With most SCL agencies, staff members assist the participants with food preparation and take meals with the participants. It is not appropriate for participants in the residence to pay for the cost of meals consumed by the staff, regardless of the shift worked. Neither is it appropriate for staff members to prepare special meals for themselves, bring special meals for themselves, or have special meals delivered and consume same in the presence of participants. Our assumption in producing the guideline for room and board calculations was that overnight workers would bring food with them since the participants would be in bed asleep. Reimbursements for meals consumed by staff members are not currently, nor have they ever been, reimbursable as part of the residential rate. This does not represent a change in policy or regulation and since it has always been the requirement, it is neither an increase in cost nor an unfunded mandate. Payment arrangements for the meals eaten by staff are between the employer and employee or contractor.

(28) Subject: Telephone Costs

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Is it assumed that agency staff will be using the SCL home's telephone 50% of the time? In our experience, staff use cell phones, texting and/or email much of the time.

Can the Department please explain how it was calculated into reimbursement rates that a provider would pay for half of the cost of an SCL residence telephone?"

(b) Response: In most SCL residences the telephone is used jointly by the agency as a business phone for: faxing documents, ensuring that communications are available for emergencies, ensuring staff coverage when participants are arriving home from daytime activities, receiving pertinent messages from others who may not have access to a staff members private cell number, and in some cases, even reminding staff members when medications are to be administered; and by participants for their personal needs. It is not appropriate for the participants to underwrite the agency's use of the telephone, especially when the telephone line is secured by the agency as a business number. We viewed a 50% sharing of the basic telephone charges as a reasonable mean to ensure equity. This does not represent a change in policy or regulation and since it has always been the requirement, it is neither an increase in cost nor an unfunded mandate. It is a cost of doing business.

(29) Subject: Bill of Rights

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "It appears that two new rights have been added to existing SCL participant rights: The right to receive conflict-free services and supports that are person centered, and the right to live and work in integrated settings.

Can the Department further define what is meant by 'live and work in an integrated setting' as well as receive services and supports that are 'conflict-free?' Is the Department able to provide the resources to make these rights a reality for all participants, or are they merely 'goals' instead of 'rights' that the Department is prepared to support and enforce?"

(b) Response: The SCL waiver is designed to enable with participants with an IFCID level of care to live as a member of the community as opposed to living in an institutional setting. Conflict free is defined in the regulation on page 7 lines 1-3. It is the expectation that individuals receive the appropriate supports to implement these rights in return for the funding provided for services.

(30) Subject: Summary Sheet

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Can the content of a participant summary sheet be identified or explained?"

(b) Response: The summary sheet is referred to as a face sheet in the current SCL regulation.

(31) Subject: Employee and Volunteer

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Please explain HOW a provider is to ENSURE that an employee or volunteer behaves in a legal and ethical manner in providing a service. COMMENT: Providers go to great extremes to complete background checks, train, and require that employees conduct themselves in a professional manner. Legal liability for the behavior of employees is a cost of doing business, but it is not realistic to expect that providers can "ensure" the nature of a human being's conduct."

(b) Response: Providers are expected to have monitoring systems in place to provide adequate oversight and detect deviations from legal and ethical practices. Providers are also expected to have policies in place and followed that make it clear that deviations from the expected will not be tolerated and will be prosecuted to the fullest extent of the law.

(c) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“I did want to mention a few things that I thought need to be addressed that we did see in the regulations and, one was a difference between who a volunteer is and what natural supports are. And, I think both things are valuable assets to our programs and to people we serve.

In the regulations it mentioned that the volunteers were not to have unsupervised contact with our individuals. But, yet, it seems like natural support people, who might be a coworker on the job, a neighbor, another friend from church or whatever, there's no stipulation that those people couldn't then be interacting with our individuals in an unsupervised way. In some ways it's encouraged by pulling back support employment and job coaching supports and allowing that oversight, supervision or whatever, to be done by somebody outside of an agency and their--they would be having, quote, unsupervised contact. So, I think that needs to be addressed and maybe clarified a little bit.”

(d) Response: Volunteers and Natural Supports are not the same. Volunteers are representatives of the provider and as such must meet the requirements stipulated in the regulation. Natural supports are people that the participant develops relationships with and interacts with during the process of living their life and do not require the same forms of screening.

(32) Subject: Drug Testing Requirements [Section 3(3)(v)1., 2., (y), and (z)2.]

(a) Comment: Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., asks what the source of funding is for the drug screening requirements. He also suggested that providers should be required to “develop policies that result in drug testing on suspicion and incidents.”

(b) Response: Payment arrangements for the drug screening are between the employer and employee or volunteer.

(c) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements, stated the following:

“1) The regulation requires pre-employment drug testing and random drug testing of 5% of employees on a regular basis. The regulation goes on to state that an agency shall not employ, sub contract with or place as a volunteer an employee who may fail that annual random drug test.
2) It is standard practice in many businesses who random drug test to allow employees who fail a drug test to enter into drug or alcohol counseling along with ongoing drug testing for a period of time to allow them to maintain their employment (obviously if they were not under the influence while providing services). This regulation takes away the agency’s ability to assist good employees who may have a substance problem to get the help that they need instead of simply firing them.

a. **QUESTION: Will the Cabinet add a provision to this regulation to allow agencies to set policies for corrective action (i.e. attending documented drug and alcohol testing and ongoing drug tests for a period of time) that would allow the employee or contractor to stay employed while getting the help they need to address their substance use?"**

(d) Response: It is important that provider agencies have safeguards in place to prevent the occurrence of abuse, neglect and exploitation of the participants in SCL. Non-licensed agency staff have access to a variety of medications that are prescribed for people in this program. In the human services field, an impaired staff person under the influence of drugs or alcohol presents a safety concern for the citizens they care for. This requirement helps mitigates the exposure to that risk.

(e) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, "Requiring agencies to do drug testing raises the question as to why. Is there a problem now, one that anyone can point a finger to? If there is a problem than that problem should be addressed rather than to impose new employment requirements on the agencies. At the least Medicaid should reimburse the agencies for this very expensive new requirement. The thinking here is if the agencies have to spend more money to operate and their funding doesn't increase than only the individuals will suffer."

Mr. Laurino also offered the following comments on the subject:
"Drug testing. Why all of a sudden they decided that agencies have to do drug testing is beyond me. Maybe they are seeing drug problems in the agencies. If they are, I hope they do something more than just drug test. I mean, if they're finding that they have, you know, scores of agencies with employees that have drug problems, then I really think they need to address that problem on a different level. But, drug testing, okay, fine. But, does anybody have any idea how expensive that's going to be for the agencies? And, guess what, you start cutting back the money that the agencies are getting, then you put more expenses onto them, who suffers? I doubt if the agency is going to fire their employees that they need. I doubt if they're going to, you know, decide to, you know, close down shops, you know, and reduce their overhead. The individuals are going to get less services, because they have to now do drug testing instead of providing services to their individuals. I'm not sure about the logic there, because there's no funding for the drug testing. Just, here it is, you guys go do it."

Mr. Laurino offered the following recommendation:
"Recommendation: Reconsider the drug testing requirement, or in the alternative reimburse the agencies for doing them."

(f) Response: It is important that provider agencies have safeguards in place to prevent the occurrence of abuse, neglect and exploitation of the participants in SCL. Non-licensed agency staff have access to a variety of medications that are prescribed for people in this program. In the human services field, an impaired staff person under the influence of drugs or alcohol presents a safety concern for the citizens they care for. This requirement helps mitigates the exposure to that risk.

(g) Comment: The Arc of Owensboro stated the following:
"Pg Line Sect. Topic
39 22 3 Drug Testing-Employees
40 5 3 Drug Testing-Volunteers

Where do the funds come from to pay for all these mandatory tests?

Pg Line Sect. Topic
41 1 3 Random Drug Testing

Same as question above re: Drug Testing/Screening and funds for abuse registry use."

(h) Response: The payment is part of the provider agency's administrative cost. If for participant direction, the cost will come out of the individual budget.

(i) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "The regulations add new requirements for providers to randomly conduct drug testing of 5% of employees for this program. SCS requests reconsideration of these repeated reviews. This presents an administrative burden for additional cost while overall while overall reimbursement through this program has declined. CS also requests clarification regarding the repeated drug testing requirement for individuals employed by a 'representative' for a consumer selecting Participant Directed Supports. SCS believes these cost are the responsibility of the consumer or their representative; is this accurate?"

(j) Response: Costs associated with these requirements for participant direction will be handled through the fiscal management entity.

(33) Subject: Supervision of Volunteers

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Doesn't this requirement diminish the movement toward developing friendships if a volunteer cannot take a person to go to a movie without being supervised? In order to enhance friendships, individuals, guardians and providers should be able to determine and put safeguards in place for a volunteer to be able to take someone out without supervision."

(b) Response: A volunteer is an individual with a non-paid, formal relationship with the provider agency. The volunteer is under the direction of the provider agency site supervisor and provides specific services to participants. The provider agency must ensure the volunteer meets the requirements stipulated in the regulation, including background checks and drug testing. If the volunteer establishes a personal relationship with a participant receiving supports by mutual choice, they may then be considered a friend. Friends are not required to comply with the procedures outlined for being a volunteer. However, written approval from the guardian, if applicable, should be

obtained prior to a friend taking an individual out without staff presence.

(34) Subject: Water Temperature

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "Is this stating that a team is responsible for determining water temperature for each person? Continue with standard of 120 degrees UNLESS determined otherwise by a team and noted in crisis plan."

(b) Response: yes, the participant and their team should determine a safe and acceptable temperature to meet their needs. The changes in this proposed regulation are intended to more toward a more person centered system.

(35) Subject: Medication Curriculum

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "What exactly is the DBHDID approved medication curriculum and who pays for costs associated with this training if it is the same curriculum that requires multiple days to complete and multiple day use of an RN?"

The Arc of Owensboro stated the following:

"Pg	Line	Sect.	Topic
43	4	3	Medication Curriculum

What is the DBHDID approved medication curriculum and who pays for a cost of this training if is the same curriculum that requires multiple days to complete and use of an R.N.?"

(b) Response: It is the current medication administration curriculum endorsed by the Kentucky Board of Nursing. Obtaining medication administration training has always been the responsibility of the provider. Agency registered nurses are trained by BHDID at no cost to the provider. Payment arrangements for the training of non licensed staff are between the employer and employee or contractor. Medication Administration Training will be available using a hybrid method of training delivery, which includes completion of a portion of the training requirement on the Kentucky College of Direct Support (CDS) which is available to providers at no cost to the agency. The remaining portion will be performed face-to-face by an RN Trainer who has completed the BHDDID RN Trainer Training. The time for completion of the training will be the Agency's responsibility. Agencies may consider working collaboratively to access and pay for an RN Trainer for Medication Administration Training to assist with the costs.

(c) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"9.a. (I) medication training by RN per DBILDID approved curriculum. Extra cost for each provider agency."

(d) Response: It is the current medication administration curriculum endorsed by the Kentucky Board of Nursing. Obtaining medication administration training has always been the responsibility of the provider. Agency registered nurses are trained by BHDID at no cost to the provider. Payment arrangements for the training of non licensed staff are between the employer and employee or contractor.

Medication Administration Training will be available using a hybrid method of training delivery, which includes completion of a portion of the training requirement on the Kentucky College of Direct Support (CDS) which is available to providers at no cost to the agency. The remaining portion will be performed face-to-face by an RN Trainer who has completed the BHDDID RN Trainer Training. The time for completion of the training will be the Agency's responsibility. Agencies may consider working collaboratively to access and pay for an RN Trainer for Medication Administration Training to assist with the costs.

(36) Subject: Various SCL Employee Requirements

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "There are a variety of new employee screening and training requirements in these proposed regulations that appear to represent 'unfunded mandates' that are being placed on providers at the same time that most reimbursement rates are being reduced to enable the introduction of other priorities.

Providers should be provided sufficient reimbursement to cover training hour requirements that are not currently billable. If such funding is already available, providers should be advised as to where the costs of such requirements were included in the Departments rate calculations and models."

Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, "The reg states that DDID will pay for drug testing, but there is no mechanism described for reimbursement.

(b) Response: The regulation does not state that BHDDID will pay for drug testing. Payment arrangements for the drug screening are between the employer and employee or volunteer.

(c) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, Cynthia H. Coomes (CSW, executive director and a case manager), indicated that case managers are mandated to attend med administrative training, who pays the case manager and who pays the trainer?

They also indicated that case managers are mandated to train family home providers but it is not funded and does not count as a monthly billable visit.

Susan Stokes and Cynthia H. Coomes also indicated that case managers are not

behavior support professionals and are not to train on behavior plans and that case managers are mandated to assist people with joining clubs and finding jobs, but it is an unfunded service.

(d) Response: There is not a specific requirement for case managers to train Family Home Providers nor is there a mandate for Case Managers to provide training on behavior support plans. However, it is the Case Manager's responsibility to ensure the participant receives the appropriate supports and services as defined in the Plan of Care. The regulation stipulates that the Case Manager shall assist a participant to gain access to and maintain employment, membership in community clubs, groups, activities and opportunities at the times, frequencies, and with the people the participant chooses. This requirement should be a part of the development of the person centered Plan of Care and the Team should determine who provides the services.

(e) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, "Case managers must monitor non-waiver services. They must help clients get CDO, even if not a CDO provider. Case managers must coordinate community transition services. Can the case manager bill for this time?"

(f) Response: There will no longer be Support Brokers in the Participant-Directed Services. Each participant who chooses to participant-direct their services will be required to have a Case Manager. The participant may also utilize a Community Guide to assist them in directing their services.

The Case Manager shall coordinate and document community transition services as a part of their normal work load in coordination and implementation of services.

(g) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "Case managers are required to write a safety plan for persons who have unsupervised time in the community. How is this paid for? Is this a duplication of behavior support?"

(h) Response: The safety plan shall be developed in conjunction with the participant's Team and should be a part of the development of the Person Centered Plan of Care. This is not a duplication of a behavior plan.

(i) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "Shared living is documented by the case manager. No mechanism for case manager to bill for this service. Phase I and Phase II evaluations on CDS are laborious, time consuming and not written or directed to the level of staff being evaluated."

Jenifer Frommeyer and Steve Zaricki stated, "An agency supervisor or program director should be able to provide the individualized training to FHP adult family member, as is accepted with direct support professionals. This should not be required of the case

manager."

(j) Response: The regulation does not specify that the case manager provide the training. As a part of the Case Manager's oversight of the participant's services, the case manager shall ensure that the participant received the services detailed in the POC and the contractual agreement between the caregiver and the participant related to this service. This is part of the Case Manager's responsibility of monitoring services received by the participant.

(k) Comment: The Arc of Owensboro stated the following:
"Pg Line Sect. Topic
40-47 Various SCL employee requirements
There are a number of new employee screening and 'training requirements in these proposed regs that amount to substantial unfunded costs placed on providers: at the same time most reimbursement rates are being reduced to enable changing priorities. If these costs are to be or are, funded in rate calculations, then please tell us where."

(l) Response: The residential rates were increased by $4.00/per person/per day to offset some of the additional requirements that were not specifically funded. What you are referring to as unfunded requirements are procedures designed to ensure the health, safety, welfare of program participants and ensure quality services to help participants live in the community as valued citizens. As there has always been the expectation of maintaining health, safety, welfare and quality programming in the SCL waiver these elements are appropriately defined as costs of doing business. In addition to the activities that have been identified as causing an increase in costs, there a many changes designed to reduce costs. The incorporation of a maximum two-year certification period is one example. Medicaid's prospective payment system is designed to reimburse providers for the direct cost of providing a service plus a contribution to cover the appropriate share of reasonable fixed costs. In terms of additional training requirements the Department has assumed the total cost of the College of Direct Suppport training curriculum which is a cost to providers in most other states. The Department also now offers, at no cost to the providers, quarterly webinars to provide topics and information pertinent to current best practice in the DDID field. BHDDID has also moved all trainings to the College of Direct Support website, enabling providers to utilize this system which provides administrative tracking of completion and attendance by provider agency staff, to better maintain personnel records. This information does follow an employee to their new provider agency if they change employers.

(m) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated the following:
"And, since you're going to make people do stuff, I want to just talk a little bit about--very quickly, about some of the paperwork requirements. I mean, everybody is familiar with the fact that the agencies have huge charts on all the individuals. And, when they get reviewed that's about the only thing anybody really looks at, they go through the books and they look at everything. And, heaven forbid, somebody crosses something out and--or heaven forbid, you know, you don't have some little piece of paper in there, but that's, you know, understandable, I mean, that's the role of the nature of this

business, that you will, you know, make sure you have all the right paperwork. But, there's some paperwork that's getting increasingly more and more difficult."

(n) Response: BHDDID staff are available to work with all providers as they transition to the new regulatory requirements.

(o) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"(p) 10. c&d involve participation in SIS and having HRST done at least annually and by trained personnel, - extra cost for agency."

(p) Response: These additional requirements are procedures designed to ensure the health, safety, welfare of program participants and to ensure quality services to help participants live in the community as valued citizens. As there has always been the expectation of maintaining health, safety, welfare and quality programming in the SCL waiver these elements are appropriately defined as costs of doing business. In addition to the activities that have been identified as causing an increase in costs, there a many changes designed to reduce costs. The incorporation of a maximum two-year certification period is one example. Medicaid's prospective payment system is designed to reimburse providers for the direct cost of providing a service plus a contribution to cover the appropriate share of reasonable fixed costs. The residential rates were increased by $4.00/per person/per day to offset some of the additional requirements that were not specifically funded in terms of additional training requirements the Department has assumed the total cost of the College of Direct Suppport training curriculum which is a cost to providers in most other states. The Department also now offers, at no cost to the providers, quarterly webinars to provide topics and information pertinent to current best practice in the DDID field. BHDDID has also moved all trainings to the College of Direct Support website, enabling providers to utilize this system which provides administrative tracking of completion and attendance by provider agency staff, to better maintain personnel records. This information does follow an employee to their new provider agency if they change employers.

(q) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"Section 3. (y) Who is going to absorb the financial cost of drug testing for each potential employee?"

(r) Response: The cost of drug testing is between the agency and potential employees.

(s) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"9.a. (I) medication training by RN per DBILDID approved curriculum. Extra cost for each provider agency."

(t) Response: These additional requirements are procedures designed to ensure the health, safety, welfare of program participants and to ensure quality services to help participants live in the community as valued citizens. As there has always been the expectation of maintaining health, safety, welfare and quality programming in the SCL waiver these elements are appropriately defined as costs of doing business. In addition to the activities that have been identified as causing an increase in costs, there a many changes designed to reduce costs. The incorporation of a maximum two-year certification period is one example. Medicaid's prospective payment system is designed to reimburse providers for the direct cost of providing a service plus a contribution to cover the appropriate share of reasonable fixed costs. The residential rates were increased by $4.00/per person/per day to offset some of the additional requirements that were not specifically funded in terms of additional training requirements the department has assumed the total cost of the College of Direct Suppport training curriculum which is a cost to providers in most other states. The Department also now offers, at no cost to the providers, quarterly webinars to provide topics and information pertinent to current best practice in the DDID field. BHDDID has also moved all trainings to the College of Direct Support website, enabling providers to utilize this system which provides administrative tracking of completion and attendance by provider agency staff, to better maintain personnel records. This information does follow an employee to their new provider agency if they change employers.

(37) Subject: Case Manager Requirements/Authority

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "It would seem that training and credentials relative to the primary job expectations of case managers should be listed first, followed by such routine requirements as first aid and CPR training. With case managers playing a very key role in overall person-centered service development, delivery and monitoring, it would seem that knowledge and skill requirements in these areas should be highlighted very prominently. Such items do not appear until #5 on the list."

(b) Response: The responsibilities are not listed in any order of priority.

(c) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "Case managers must get a new PA within fourteen days if a service change is requested. What if the case manager requests services from providers and they deny individual and no provider is found? Is the case manager out of compliance?"

(d) Response: It is the Case Manager's responsibility, in concert with the participant and the participant's Team, to locate a provider of the requested service(s) identified as needed in the POC prior to submission of a new PA. If the Case Manager is unable to locate a provider, they may reconvene the Team to discuss other options or they may contact the DBHDID Area Administrator for technical assistance.

(e) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “Providers of all services, including case management, agencies are concerned with the languages in the waiver such as case managers having the ‘authority to require immediate remediation of identified deficiencies that impact the health, safety and welfare of a participant.’ Case managers take responsibilities seriously, but do not see themselves as having authority over another SCL provider. That's scary.”

(f) Response: It means that in situations where imminent risk to the health, safety, and welfare of a participant is observed the case manager may compel the agency to take immediate steps to address the risk. Implicit in this action is immediate notification of BHDDID staff and appropriate regulatory action.

(g) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated the following:

“Case Management Page 50, Line 3 – 4

SIS monitoring and participation is expected of the Case Manager yet this assessment will be completed by the Division. As a result the Division eliminated reimbursement for the annual assessment and re-assessment. This is a significant administrative burden with increased provider cost with decreased or eliminated reimbursement.

SCS recommends that the Division re-institute reimbursement for an initial assessment and re-assessment separate from the Case Management function.”

(h) Response: Rates were developed in consultation with the Centers for Medicare and Medicaid services following the concept of budget neutrality, adding this reimbursement back into the service array would not allow continued budget neutrality.

(38) Subject: Case Management Supervisor Definition

(a) Comment: Patty Dempsey stated, “Additionally, clarification needed for Case Management Supervisor definition. See (Page 4 – 1 – A indicates bachelor’s degree and 2-C indicates a registered nurse. Suggestion ‘or’ be included as appears in the language that the Case Management Supervisor would be a registered nurse).

(b) Response: The definition will be revised to clarify. There should be an “or” before registered nurse.

(39) Subject: Case Management [Section 4(3)(h)4.]

(a) Comment: Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., stated, “Does this mean a case manager can cite deficiencies on a provider as an authorized representative of the Department and/or DBHDID? Is this not giving case managers a role that should be done by the state? What is meant by

‘identified deficiencies’?”

(b) Response: It means that in situations where imminent risk to the health, safety, and welfare of a participant is observed the case manager may compel the agency to take immediate steps to address the risk. Implicit in this action is immediate notification of DDID staff and appropriate regulatory action.

(40) Subject: Residential Services

(a) Comment: Terry Brownson, CEO of Wendell Foster’s Campus for Developmental Disabilities, Inc., asked, “Who determines level of Residential Support Services? Will it be the Support Intensity Scale and the HRST that is used to authorize a person?”

(b) Response: The participant’s level of residential supports is determined by the participant’s person-centered team using all pertinent information that is available to them.

(c) Comment: The Autistic Self Advocacy Network urged “the state to include further requirements in the new Level I Residential Supports category for provider-owned or controlled residential supports in the proposed regulations in order to prevent potential abuse or misuse of the regulations.” They added, “This category should include the same requirements that CMS has recently proposed in their regulations defining home and community based services for the HCBS waiver (CMS-2249-P2).”

They quoted the requirements and expressed the benefits of the requirements. Among their comments were “In order to live in fully inclusive and integrated communities, individuals with disabilities, especially those living in provider-owned or controlled housing units,need to be protected to the fullest extent of the law and its regulations. Without these legal protections, individuals with disabilities living in provider-owned or controlled housing can be subjected to legal harassment, unnecessary invasions of privacy, and institution-like regulations on their choices and self-determination.” The Network emphasized that “CMS also proposed to require that service-providers could not evict an individual with a disability from their current residence for refusing to accept any particular form of service or treatment. We strongly endorse this requirement and urge the Department to incorporate it within its regulations as well.”

The Network also stated, “Individuals with disabilities should have access to housing options that allow them the same freedoms and range of choices as their peers without disabilities, regardless of the type and intensity of support services that they need. We believe that departures from these additional conditions should only be made with respect to access to food and locked doors. Access to food should be limited for individuals whose life may be endangered due to their disability if they have unlimited access to food, and lockable doors should be eliminated if locks would endanger the safety of a person with dementia. Outside of these specific exceptions, it is difficult to see how the remainder of the additional conditions are related to safety needs.”

The Network urged “the Department to adopt these additional conditions in furtherance of the purpose of facilitating community living for people with intellectual and developmental disabilities in the State of Kentucky.”

(d) Response: We agree and are awaiting CMS’s final rule on the definition of home and community based services, this specific language will be considered in future waiver amendments.

(e) Comment: Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome and Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “ADA Requirement: The requirement for ADA compliance in Family Home/Adult Foster Care Home will be financially and logistically unfeasible for many. This should only be required on a case-by-case basis, as needed.

Additional personnel costs and administrative burden: detailed in the ‘Personnel’ section.

Daily Note Requirement: While the Residential rate has increased, the administrative burden has increased, now requiring a daily service note on all participants, in addition to the monthly summary previously required.

Health Risk Screening Tool: While KAPP recognizes the HRST as a helpful tool in providing quality supports, this has increased cost and administrative burden to primary providers, by requiring an RN to complete these assessments. The agency must either hire or contract with a Registered Nurse (or LPN) to perform this service, with no mechanism for reimbursement.

REQUEST:
1. Clarify in the regulation that existing FHP/guardian relationships will be supported to remain intact.
2. Modify language to reflect that a home would only be required to be ADA compliant if applicable to the person living in the home.
3. Modify language to allow family home providers the right to alcohol and tobacco use in their homes, while respecting the rights and wishes of the participants they support.
4. Eliminate the newly added requirement for daily notes.
5. Offer a specific reimbursement mechanism for any requirement for RN/LPN tasks, such as HRST.”

Jenifer Frommeyer and Steve Zaricki requested that the requirement that contractual therapists write monthly summaries be eliminated from the regulation and that their progress notes continue to be accepted as proof of service provided.”

Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “Although the rate for day training has been significantly reduced, the administrative burden has increased, now requiring a daily

service note on all participants, in addition to the monthly summary previously required." He also referred to "additional personnel costs and administrative burden: detailed in the 'Personnel' section."

(f) Response: The long-standing FHP relationships will be reviewed on a case-by-case basis and a determination made regarding the relationship, the desires of the participant, and the impact upon the participant's quality of life should changes in providers of support services be made.

- The regulation requires compliance based on the needs of the participant:

(19)(a) Level I residential supports shall:

1. Be furnished in a provider-owned or leased residence which complies with the Americans with Disabilities Act based upon the needs of each participant receiving a support in the residence;

- The regulation reflects workplace standards that providers of SCL services must meet. The regulation does not prohibit a family home provider from having alcohol in their home.
- The per-contact note enables Direct Support Professionals and others to record and better communicate daily life activities that impact a person's supports and services. The per contact note offers real-time information which has greater substance and meaningful data creating a summary that should be used by the person centered team as they make decisions about whether or not the person's needs are being met, and supports the opportunity to change goals and objectives more timely.
- The requirement for licensed therapists to write monthly summaries has been removed.
- The residential rates were increased by $4.00 per person/per day to offset some of the additional costs. Obtaining medication administration training has always been the responsibility of the provider. Agency registered nurses are trained by DBHDID at no cost to the provider. Payment arrangements for the training of non licensed staff are between the employer and employee or contractor. The initial HRST will be completed by a nurse (RN or LPN) contracted or employed by the provider agency. Subsequent HRST updates shall be completed by provider staff. Agencies may consider working collaboratively to access and pay for an RN Trainer for Medication Administration Training to assist with the costs.

(g) Comment: Mary Sherer, Edith Harris, Beth Rogers, illegible name, and Glynn Barns requested that residential services remain the same as they are.

(h) Response: Residential services were expanded to offer more choices to participants including receiving limited supports in their own home to encourage more independence.

(i) Comment: Oyo Fummilayo, member of the Commonwealth Council on Developmental Disabilities, stated the following:

"One final service upon which we would like to comment is the new technology assisted residential service. This service presents an exciting new option for SCL participants

and has the potential to open up a new realm of independence, because the technology is highly promising and rapidly evolving.

We encourage the Department to be open to the broadest possible range of equipment that can meet the participant's needs. Specifically, we would like to see electronic tablets added to the list of devices that may link a participants residence to remote staff."

(j) Response: The use of electronic devices will be reviewed and considered based on each participant's individual needs and at the recommendation of their person centered team.

(k) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"Residential I & 2 — What is the need for a daily note in addition to a detailed monthly note?"

(l) Response: The department has taken into consideration the daily note requirement; however, significant information may not be communicated regarding the participant's daily life activities and events which may positively or negatively impact their ongoing supports. The daily note requirement shall remain as stated in the proposed regulation.

(41) Subject: Incident Report/Critical Incident Report

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., asked, if the state will develop an incident report and a critical incident reported for providers.

(b) Response: The Incident Report and Critical Incident Reports have been developed and are incorporated by reference into the regulation. They are available as follows as stated in Section 10(2) of the regulation:
"(2) This material may be:
(a) Inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.; or
(b) Obtained online at the department's Web site at
http://www.chfs.ky.gov/dms/incorporated.htm."

(42) Subject: Unfunded Mandates

(a) Comment: Terry Brownson, CEO of Wendell Foster's Campus for Developmental Disabilities, Inc., stated, "There are a number of new requirements, at least some of which appear to be "unfunded mandates" in these proposed regulations. This comes to a service area that has received NO rate increases for almost a decade."

(b) Response: The residential rates were increased by $4.00/per person/per day to offset some of the additional requirements that were not specifically funded. What you are referring to as unfunded mandates are procedures designed to ensure the health, safety, welfare of program participants and to ensure quality services to help participants live in the community as valued citizens. As there has always been the expectation of maintaining health, safety, welfare and quality programming in the SCL waiver these elements are appropriately defined as costs of doing business. In addition to the activities that have been identified as causing an increase in costs, there a many changes designed to reduce costs. The incorporation of a maximum two-year certification period is one example. Medicaid's prospective payment system is designed to reimburse providers for the direct cost of providing a service plus a contribution to cover the appropriate share of reasonable fixed costs. The residential rates were increased by $4.00/per person/per day to offset some of the additional requirements that were not specifically funded in terms of additional training requirements the Department has assumed the total cost of the College of Direct Suppport training curriculum which is a cost to providers in most other states. The Department also now offers, at no cost to the providers, quarterly webinars to provide topics and information pertinent to current best practice in the DDID field. BHDDID has also moved all trainings to the College of Direct Support website, enabling providers to utilize this system which provides administrative tracking of completion and attendance by provider agency staff, in order for them to better maintain personnel records. This information does follow an employee to their new provider agency if they change employers.

(c) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, "Increased cost to agencies would include, let me just go through a few bullitt points. The GED/high school level staff must recognize the implement--implementation of evidence based practice. This is graduate level material and should not be put in the hands of lesser trained individuals." She also indicates two experience ed case managers included this as a concern and also asked, "Who is to incur the cost of training for this education? These are minimum wage level staffers. Cynthia H. Coomes, CSW, executive director and a case manager submitted the same comment/concern/questions.

(d) Response: With regard to the comment about GED/HS level staff recognizing and implementing Evidenced Based Practice, that is taken out of context. On pg. 20, lines 3-11, this is discussing the Person Centered Team who is comprised of professionals, case managers, designated representatives, etc who will be making decisions regarding the Plan of Care. Direct Support Professionals may be a part of the Team if the participant requests they be there. While not specifically required in the regulation, it is hoped that DSPs will have input in the development of the POC as they are the most likely individuals who know the participant best.

(e) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "SIS is an unfunded mandate. The manager is mandated to coordinate the SIS, which can take hours because of complex schedules at other agencies and revisions to

scheduling. If staff case manager are the people who know the client best, which is the case is many situations that we happen to have, then they are mandated to attend the SIS and who pays for the time, one to four hours and this would be found on Page 25, Line 10."

(f) Response: A part of the Case Manager's responsibility is to initiate, coordinate, implement and monitor the assessment, reassessment, evaluation, intake, and eligibility process. This requirement is the same as in the present regulation

(g) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "The reg is not clear on who is mandated to perform the HRST, the HRST. It is our opinion that this is a medical process and should be done by the physician, who does an annual physical."

(h) Response: The Kentucky Health Risk Screen Tool (HRST) Protocol, contained in Appendix H of the 2012 Supports for Community Living Policy Manual which is incorporated by reference, stipulates the following individuals/providers will be responsible for completing the HRST:

- Residential providers shall be the lead provider to complete the HRST. If the person does not receive residential services the designated provider shall be the provider identified in the person centered plan of care (POC) that is providing the greatest quantity of services.
- The initial HRST will be completed by a nurse (RN or LPN) contracted or employed by the provider agency. Subsequent HRST updates shall be completed by provider staff.
- State operated hospital staff will complete the initial HRST for each person transitioning from state operated hospital services to community services.

The HRST is a screening tool that measures where an individual is likely to be most vulnerable in terms of the potential for health risks. Early identification of health risks reduces and prevents complications, increases the monitoring of a person's health, and identifies additional training needs of staff.

(i) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "The reg states that DDID will pay for drug testing, but there is no mechanism described for reimbursement."

(j) Response: The regulation does not state that BHDDID will pay for drug testing. Payment arrangements for the drug screening are between the employer and employee or volunteer.

(k) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "Case managers are mandated to attend med administrative training, who pays the case manager and who pays the trainer?"

(l) Response: Payment arrangements for training are between the employer and employee or contractor.

(m) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “Case managers are mandated to train family home providers. This is not funded, does not count as a monthly billable visit.

Secondly, case managers are not behavior support professionals and are not to train on behavior plans. Case managers are mandated to assist people with joining clubs and finding jobs.” Susan Stokes and Cynthia Coomes indicated these services are unfunded.

(n) Response: There is not a specific requirement for case managers to train Family Home Providers nor is there a mandate for Case Managers to provide training on behavior support plans. However, it is the Case Manager’s responsibility to ensure the participant receives the appropriate supports and services as defined in the Plan of Care. The regulation stipulates that the Case Manager shall assist a participant to gain access to and maintain employment, membership in community clubs, groups, activities and opportunities at the times, frequencies, and with the people the participant chooses. This requirement should be a part of the development of the person centered Plan of Care and the Team should determine who provides the services.

(o) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “Case managers must monitor non-waiver services.” Susan Stokes and Cynthia H. Coomes (CSW, executive director and a case manager), stated that case managers “Must help clients get CDO even if not a CDO provider. How is this billable when the CDO support broker will bill because the case manager isn’t a CDO provider?” Susan Stokes and Cynthia Coomes also stated, “Case managers must coordinate community transition services. Can the case manager bill for this time?”

(p) Response: There is not a separate billing mechanism. This is an expectation of the case manager as stated in the regulation.

(q) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, “Phase one and Phase two evaluations on CDS are laborious, time consuming, not written or directed to the level of staff being evaluated.”

(r) Response: The Phase I and Phase II Competency Checklists address the content covered in the respective modules for each phase. The checklists are comprehensive and eliminate the need to complete evaluation at the end of each module. Evaluations referred to as Competency Checklists were developed with input from providers and designed per their recommendations. They are to be completed by managers through observation and conversations with staff that typically occur during

normal on-the-job training. Managers can clarify the wording if needed for staff with less education. All of the modules themselves and accompanying tests are designed for Direct Support Staff and vetted by a National Board of Editors. Both the lesson tests and the competency checklists address material that was specifically presented in CDS lessons and is based on best practice, but there is no requirement to implement evidence-based practices. No education is required beyond the completion of the CDS lessons.

(s) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “Under personnel, while KAPP currently supports the enhanced training and development of persons providing supports to participants, the following requirements are either unfunded or underfunded; adult family members of family home providers must now receive individualized training by the case manager.”

Mr. Zaricki and Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome mentioned the following requirements:

“Medication administration curriculum is required to be trained by RNs employed by or contracted by providers with ZERO reimbursement.

Case managers now required to attend medication administration training.”

(t) Response: The requirement for Case Managers to be appropriately trained utilizing Kentucky’s Medication Administration curriculum is not a new requirement. The proposed regulation specifies that each Case manager shall successfully complete Medication Administration Training due to the expectation they will be monitoring the participant’s overall services and supports. This level of oversight will include the review of MAR’s and medication in general.

(u) Comment: Mr. Zaricki and Jenifer Frommeyer also mentioned initial health screening tools are assessed by RN, an LPN employed by or contracted by providers with ZERO/no additional reimbursement and also “Required drug testing for all employees and contract personnel with no mechanism for reimbursement.”

Mr. Zaricki stated, “This is in addition to proposed increases in criminal background screenings already required in regulation.”

(v) Response: There was no increase in the criminal background screenings in the proposed regulation.

(w) Comment: Mr. Zaricki stated, “We don't argue with the additional requirements. Our point is that it's not funded adequately. So, many providers will struggle with compliance with those regulations.

Contract therapists are now required to write monthly summaries without

reimbursement."

Mr. Zaricki and Jenifer Frommeyer also mentioned additional training requirements for supervisors without reimbursement.

Mr. Zaricki also mentioned, "additional training requirements for all staff and contract personnel, in the form of 6 CEU hours per year."

(x) Response: The requirement for licensed occupational, physical and speech therapists to write monthly summaries has been removed.

(y) Comment: The Arc of Owensboro stated the following:

"Pg	Line	Sect.	Topic
39	22	3	Drug Testing-Employees
40	5	3	Drug Testing-Volunteers

Where do the funds come from to pay for all these mandatory tests?

Pg	Line	Sect.	Topic
41	1	3	Random Drug Testing

Same as question above re: Drug Testing/Screening and funds for abuse registry use."

Jerry McDonald, program director of Links of Kentucky, stated the following:

"Section 3. (y) Who is going to absorb the financial cost of drug testing for each potential employee?"

(z) Response: This will be a requirement of the agency as a cost of doing business.

(aa) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "The regulation adds new requirements for providers to randomly select and perform subsequent criminal history, nurse aid abuse registry and central agency checks on at least 25% of employees for this program. SCS requests reconsideration of these repeated reviews. This presents an administrative burden for additional cost while overall reimbursement through this program has declined. SCS also request clarification regarding the repeated criminal records, nurse aid abuse registry requirement for individuals employed by a 'representative' for a consumer selecting Participant Directed Supports. SCS believes these costs are the responsibility of the consumer of their representative; is this accurate?"

(bb) Response: Until there is a system in place that will alert providers of any convictions, the requirement for a random sample completed annually is necessary to ensure the safety and welfare of waiver participants. Costs associated with these requirements for participant direction will be handled through the fiscal management entity.

(cc) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“(p) 10. c&d involve participation in SIS and having HRST done at least annually and by trained personnel, - extra cost for agency.”

(dd) Response: Yes.

(ee) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“9.a. (I) medication training by RN per DBILDID approved curriculum. Extra cost for each provider agency.”

(ff) Response: Yes.

(43) Subject: Psychological Services/Consultative Clinical and Therapeutic Services

(a) Comment: Dr. Laura Young, a licensed clinical psychologist with Apple Patch in Crestwood, KY stated, “In this amendment, psychological services have been inappropriately combined with those of nutrition and behavior support, under the category of consultative clinical and therapeutic service. These three very separate disciplines have been given a combined total, a combined total of 3.3 hours per month to serve an SCL client. This 3.3 hour limitation on psychological, nutritional and behavior support services does not allow for the sufficient provision of psychological services for the sub population of SCL clients who are dually diagnosed and in need of those interventions. In the past year, my case load had included individuals with histories of sexual and physical abuse, suicidal and homicidal ideation, severe depression, grief and loss issues, rape and assault issues, severe anxiety, physical aggression issues, alcohol and drug abuse, system negligence, exploitation and involvement with the court system. Many of these clients must be seen one to two times per week just to remain stable in the community and to avoid psychiatric hospitalization or ICF/MR placement. As you know, such placements are far more expensive than community based services. One overnight trip to University of Louisville ER for a psychiatric emergency costs the state $1,102, this would cover my services for a month. I work with most of my clients one to two hours a week, three to four hours per week, if the need is severe. On eleven of my fifteen current cases, I work closely with behavior specialists who initially require one to three hours per week for behavioral monitoring, training of residential and day program staff, direct communication with the client and consultation with other members of the team. We cannot coexist effectively with 3.3 hours of combined service per month. Neither of us will be able to get our job done and the client will suffer, increasing the risk of hospitalization. For example, I currently work with one severe client four hours per week in order to help her maintain her community placement. I share this client with a behavior support specialist who works with her team two additional hours per week, for a total of twenty-four hours of

service provision per month just to keep her stable. Without this intense level of services, she would quickly end up in an ICF/MR. Our psychological and behavior support services costs a maximum of $3,536 per month under the current regulation. It is worthy to note that one month, one month of room and board at the Bingham Gardens ICF/MR, costs the state $35,550, this includes no mental health services. Weekly individual therapy in the ICF/MR adds another $1,148 to the bill, that is, if you can find someone who actually has the time to provide the service in the ICF/MR. Now, we're billing the state $36,698 per month. Funding all of the client's psychological and behavioral services through the SCL waiver program saves the state a minimum of $33,162 a month while giving the client a much better quality of life. Why do you plan to take the majority of these services away? Why would you make it extremely difficult to get additional psychological intervention services through the exceptional client protocol? It makes no financial sense for the state of Kentucky or therapeutic sense for my client. If the goal is to deinstitutionalize developmentally disabled adults and increase community placement, this new waiver will work in direct opposition of our goal. If the goal is to save the state money on client services, this new waiver will work in direct opposition of our goal. Speech therapists, physical therapists and occupational therapists are being allowed up to thirteen hours per month to provide their therapy services. They do not necessarily use all these hours, but they are given the professional discretion to make clinical judgments about their client's level of care and to provide their services accordingly. Why would psychologists not be given the same discretion to make clinical judgments about their client's mental health needs? Needs that are far more likely, if not adequately addressed, to cause the client to be moved from their community living situation, to an institutional setting. This proposed SCL waiver amendment will severely hinder the multi disciplinary treatment team approach, which was designed specifically to keep these fragile individuals out of ICF/MRs, state hospitals and psychiatric hospitals. For individuals with dual developmental and intellectual disabilities and mental health diagnoses, this amendment will likely sabotage their ability to remain in the community. It is problematic to lump psychologists, nutritionists and positive behavior support services into one category of intervention and service units with a very low number of service hours available. While psychological services and positive behavior support services are quite different, they must co-exist where needed to maintain client stability in the community. Psychologists provide intensive therapy services for SCL clients who are dually diagnosed to help them learn how to deal with emotional behavioral issues as well as inner personal dynamics. Behavior supports focuses specifically on behavioral issues. They create behavior plans, train residential and day program staff on these plans and monitor client behavioral responses. Behavioral support providers are not trained to provide individual and/or family therapy for any diagnoses, to assess for suicidal ideation, to work with clients on inner personal conflicts or grief issues or to provide psychological assessment services. Obviously, a nutritionist is not trained to deal with any of the issues described above. Why would nutritionist services ever be included in a category with mental and behavior health services? Psychologists offer so much to the SCL waiver program to improve client outcomes. We are more likely to be involved in cases of extreme social, emotional and/or behavioral problems when teams really need help and other providers cannot resolve the client's difficulties. Psychological services are not an overused

service in the SCL waiver program and, thus, do not need heightened regulation to manage the cost of our services, quite to the contrary, we save the state thousands of dollars each year by keeping severely emotionally and behaviorally disturbed clients out of the ICF/MRs, state hospitals and psychiatric hospitals."

Cynthia H. Coomes (CSW, executive director and a case manager), stated, "COMBINATION OF PSYCHOLOGICAL SERVICES WITH BEHAVIOR SERVICES REDUCED TO 2.5 HOURS PER MONTH. This will lead to increased risk for staff, increased use of psychotropic medication and increased use of emergency rooms. This will also sever, alter or reduce important relationships for people and eliminate freedom of choice of how to spend services.

(b) Response: Consultative Clinical and Therapeutic Service (CCTS) as written in the waiver and the proposed regulation allow participants the choice of selecting from a wider array of trained clinicians who are certified or licensed by the State. The previous waiver allowed only for these services to be offered by certified or licensed psychologists or those meeting criteria for behavior specialist, which does not require a certification or license. CCTS as they are proposed enable a participant to utilize the services of a licensed or certified psychologist, counselor, dietician or nutritionist. The service of a behavior specialist may also be utilized. The services of each of these professionals may be used alone or in combination with other services listed.
The service was written to allow more freedom for the clinician because they may bill for providing training and technical assistance to paid and unpaid caregivers in addition to being able to create in home treatments/support plans with the ability to monitor implementation and progress. Tthe new service definition allows participants to have improved access to certified and licensed psychologists. Based upon the current regulatory definition, a participant can only receive psychological services "only when the needs of an individual cannot be met by behavior modifications or other home and community based waiver services, shall the individual receive psychological services." Within the proposed regulation and the manual incorporated by reference, there is an Exceptional Supports Protocol which allows participants with intense behavioral, psychiatric and/or medical needs to request an increase in rates or units based on justified need.

(c) Comment: Dr. Laura Young stated, "Appendix F is the Kentucky Exceptional Support protocol. I had not read it until today. In this protocol in order to get additional psychological services, we are thrown in the same boat with behavior support, which I think is inappropriate, once again, for psychologists. If you look at No. 6 on Page 9 of the supports for community living policy manual, No. 6 states, requests for exceptional supports, based on the exceptional psychiatric or behavioral support needs of the participant must also include the following: A, documentation of completion of the expanded requirements for direct support professional, DSP credentialed in the area of positive behavior support. This has nothing to do with psychological intervention services. B, documentation of the provider's ability to support people with exceptional psychiatric or behavior support needs, which may include implementation of specialized programs, established arrangements with network of community supports. This

documentation pertains to a provider's overall or system wide capacity to provide these types of supports. I have my doctorate in clinical psychology. If that does not say enough about my ability to provide psychological intervention services, I don't know what will. This has nothing to do with the service I provide. C, a functional assessment and any supports developed based on that assessment, to include a positive behavioral support plan. This has nothing to do with psychological services. I don't do a functional assessment, when I see my clients for psychotherapy. D, any notes from HRC and BIC for plans reviewed. Psychologists don't go through that process. E, the form of communication utilized and as appropriate specified communication techniques, use of technology. Include a description of efforts toward functional communication. F, quantitative data in the form of frequency, rate or duration should be provided for each target behavior identified in the positive behavior support plan. Once again, this has nothing to do with psychological intervention services. If we are going to have Appendix F with an exceptional support protocol that addresses what I do with my clients, we need an entire section written that addresses how we get extra psychotherapy services, because not all of my clients have behavioral issues. I have clients who have been raped. I have clients who are drug and alcohol addicted. I have clients who loose their parents and they are grief stricken and they become suicidal. That's not a part of a behavior support plan. This needs to be rethought."

(d) Response: The exceptional support protocol has been revised to include need for increased behavioral health services.

(e) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements, which provides services to over 300 people through the SCL waiver, stated, "Looking specifically at the role of the clinical--consultative, clinical and therapeutic service. Great title, put some things in and stuff. This is to be shared by about ten different clinicians, including a nutritionist, dietitian, marriage and family therapist, practical nurse, professional clinical counselor, psychological associate, licensed psychologist, psychological practitioner, licensed social worker, positive behavior support specialist. Those can kind of--those ten groups can be summarized into kind of dietary, behavioral and mental health issues. What is interesting though is that in all three of those disciplines, they operate separately. They address different issues related to a person's well being and overall quality of life. Dietitians look at their overall health. Counselors, other mental health professionals there are looking at mental health issues and things that may be related to an axis one diagnosis. Behavior support professionals, we go in and actually help to train the individuals that support the people with the most severe things about, how to interact with them, how do--how to start, you know, decreasing problematic behaviors. But, we not only do that, we increase the appropriate behaviors that people need. That may be job skills, that may be, you know, other social skills that are related in order for them to be a good, strong participant in the community and achieve the overall goals of this proposed regulation. In looking at the duties for these folks, professional consultation, evaluation assessment of the participant, the environment and the system of support and written summaries and recommendations. That's a lot of things to assess. Okay? And, given--I know my

folks have already done a very good job of representing that this is to be accomplished in forty hours a year. Providing treatment that's consistent with assessment results and diagnosis, evidence based or current best practice encompasses psychological treatment or counseling as indicated by the condition of the participant. So, under clinical and consultative services it says that it must be provided treatment as consistent with assessments results in diagnosis. However, as a clinician, if I provide an assessment and a diagnosis and evidence based practice and I say, I need this number of units and things in order to successfully treat this, in line with the second part there evidence based practices and current best practice. But, those will be denied, because there is a cap on the limits for those services. Other things that we're required to do. Coordinate program wide support participating a development of home treatment support plans, providing training and technical assistance to carry out recommendations, monitoring, completing a functional assessment, monthly service notes, documentation. Again, all of that's to be provided in forty hours. When we look at the options and certainly I know that they Cabinet may come back and say that there's an exceptional rate protocol that is in place that will allow those with the most severe problem behaviors and mental health issues to get additional services.
But, what about the individual that does not meet the criteria as set forth? And, I will state that I do believe that that protocol does need to be specified, as far as what the requirements are, what things are going to hit that, because what happens to the person who, because of their SIS, their HRC and those things, doesn't qualify for those. Suddenly their opportunity to access services that they may need, if they need a counselor for a short period of time or maybe for an ongoing period of time. If because of obesity and they say, you know, I'd really like to loose some weight, I'd like a dietitian. But, you know what, I'm already seeing a counselor, so I can't really lose weight. Unless they hit that exceptional rate protocol, they're choices are limited."

(f) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant eliminates the practice of all clinicians and service providers implementing on-going services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the

revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(g) Comment: Regarding documentation requirements for consultative clinical and therapeutic services, Christopher George stated, “As far as looking at the documentation, I will say that one of the new requirements in this is that a monthly service note is completed. Again, we get three hours a month under that current cap right there. We have to write a service note for every time that we provide a service. So, if I see someone one day, I have to write a detailed note for that. A monthly service note at the end of the month is redundant, it is in excess and is something that I request be removed from the current regulation.

(h) Response: The requirement for licensed or certified professionals to write a monthly summary has been removed.

(i) Comment: Regarding the limit on consultative clinical and therapeutic services, Christopher George stated, “Just to give kind of perspective as far as where we're operating. Right now, for most folks, okay, for any participant within the SCL, their available options for behavioral and psychological services. Okay? They can have up to 624 units of behavioral monitoring services per year under the current regulation. In addition they can access up to 624 units for psychological services under the current regulation. That is a combined total of 1,248. This new proposed regulation reduces that from 1,248 to 160, that is a ninety-eight percent reduction in available services for individuals with the most problematic behaviors and the things that most--are most likely to prevent that individual from being a full participant. And, again, accessing and achieving the goals that the new regulation overall is trying to move us forward in supported employment, in community integration. This cap needs to be removed, it needs to be based upon the clinical assessment of those who have the education and the experience and the expertise in working with those to say, these are the units that we need. We should be held accountable. But, that--it should not be an arbitrary cap to insure that clinicians--that some clinicians who may not be operating with an ethical scope of practice and giving themselves more than they need. Okay? But, we have processes in place. We have a certification review. We have review by our area administrators. The monitoring of those services should be sufficient. As a clinician, I should be able to say, these are the units that I need, this is how I'm going to use these units and I should be accountable to using those units that way. That is my code of ethics as a board certified behavior analyst and a licensed behavior analyst. I do not need a regulation to say, you only get forty hours a months in order to determine how that is—a year excuse me. Oh, one other issue that I want to bring up, and it's not clear and I know that this has happened in other states. That's an annual cap on units. Okay? So, if I have an individual who does not meet exceptional rate protocol and so they are, therefore, limited to 160 units per year, if that individual is with a particular provider providing behavior supports or those things or psychological service, any of those listed under the CCT, if for some reason that team becomes--says that those services have been ineffective, that they have not reached the goals, and they choose--and they decide that they are going to go with another service provider in order to

provide those behavior or psychological services. If those 160 units have been utilized by someone who was not effective, at that point, when they come to the new provider, there are no units to remediate the poor clinical services that have been provided to provide for those individuals to have ongoing supports.

(j) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at an time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(k) Comment: Christopher George stated, "In looking at that annual cap, in addition to the things that are listed, specifically, for CCT. In another part of the regulation it discusses the fact that the person center coach must be supervised by the positive behavior specialist. Supervision--right now my agency--and we have master's level clinicians and board certified behavior analysts, I spend four hours a month in clinical supervision myself with master's level folks. The--the person centered coach, of whom we are to supervise has a high school diploma. If I require four hours, and that's just--that's not billable time, that's just me personally for a standard of excellence. Okay? However we choose supervising, get someone with a high school diploma to proficiency to perform the duties that they are required to do. Let's talk about person centered coaching for a second. Person centered coaching must be independent of the residential or day program where those services are provided. That means that if an individual is at a particular residential agency and there's a determination that a person centered coach needs to help support them in order to fulfill their goals on their plan of care. They cannot come from within that agency. However, behavioral services and psychological services could come from within that same agency. So, as a clinician, if I said that I needed that, someone from another agency, would just send me someone. That relationship between the clinician and the therapist is critical. Okay? That needs to be a role and we need to have freedom to choose the person centered coach that is going to be best. Maybe I want to choose someone to be the person centered coach

that worked one on one in that individual's house for years and currently has another position, I should be able to hire them in. We need to remove the provision that they be independent of the residential or training provider. They must be supervised by the positive behavior support specialist. If that individual --if the individual has chosen that they want to receive counseling services or psychological services, and they use those with their 160 units a year in order to receive those services. If at that time--but, the provision here is for the behavior support specialist to supervise that person centered coach. I am not ethically allowed to--ethically allowed to supervise someone that is under the diagnosis of implementing clinical or counseling, psychological services. So, the wording there needs to be that they will be supervised by one of those folks, because remember, there's ten folks listed that can provide the CCT. So, someone in addition to, that if it was chosen, if there was psychological services were the primary service and we needed to have a person centered coach, that the psychologist would be the person that was supervising them. Again, we need to have written in and have provision to have the units necessary, not only to provide the services that we do as masters and doctor level clinicians, but also to supervise the person centered coach with a high school diploma."

Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome, also requested "remove the requirement that the person centered coach must be 'independent.'"

(l) Response: The requirement for a person centered coach to be independent of the service provider ensures that the participant's POC is effectively implemented utilizing person centered planning strategies and techniques and barriers are identified which challenge the success of the participant in achieving their POC goals. The requirement for supervision of the Person Centered Coach has been revised to require that the person centered coach work under the direction of the positive behavior specialist or other licensed professional.

(m) Comment: Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome, also requested "remove the requirement that the person centered coach must be 'independent.'"

David Back, EdS. LPCA, with Homeplace Support Services also expressed concerns about the cap. He indicated that based on his experience the 160 units will expire "fairly quickly during the year (certification year); given my clients often have dual diagnoses and require both behavioral and psychological services" and asked "how can I ethically stop treating the client once the units expire?" He also indicated that having psychological and behavioral services udner the same umbrella will place the "two services at odds, as the client who benefits from both will be forced to making a choice early in process as to which service will be terminated." He recommends no cap and that behavioral and psychological services be separated.

(n) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the

professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing on-going services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(o) Comment: Amber Durham, a licensed behavior analyst with Applied Behavioral Advancements, stated, "I have served some of the most awesome people in the state with some of the most eccentric and interesting behaviors that are out there. Not all of them have been in crises. Not all of them have been this emergency situation that have had to been addressed. However, a lot of that lies in having some really good proactive and prevention strategies in place. And, just giving people a few choices in what they want to do that day can alleviate all kinds of behaviors that can happen down the road. A lot of my time is spent, not only in monitoring, but in training the individuals who work with our participants. My concern with the cap that you guys are referring to in those regulations is having the time that is necessary to train the staff who are going to be working with these participants and making sure that they are covering those things up front so they don't have those behaviors in the long run, so it doesn't become an emergency, it doesn't become a crises. So, with all that being said, you know, we've got this exceptional rate and all these things and the regs are going to allow for us to ask for more units and all these things, that's--that's all well and good, given we're given--you know, we know the time frame on that and we can get in there and do what we need to do. My concern is for those folks who aren't necessarily in crises at that moment, but they will be, if those prevention strategies aren't trained on. CLS staff, those of you who work with CLS staff, they're wonderful, but there's a high turnover rate. I might go in and train somebody, the next week I go and check in, oh, they got a new CLS staff, somebody else needs to be trained. So, there's a lot of that going on. In addition to that the person centered coaches that are going to be coming in, they're also going to have to be trained. The SCL waiver is going to allow for CLS staffing as well, they're going to have to be trained, there goes my units for the year. So, when the next person comes in, they haven't been trained, then all of a sudden, we've got a big old crises because they don't know what the prevention strategies are that are supposed to be in place for these people. In addition to that, I'm wondering where our liability lies as clinicians? I

know what my ethical responsibilities are and that is to step in and handle crises as necessary, because it's always client first. I'm wondering how much responsibility and liability is going to fall on the state for putting these regulations in place and for the folks who go in and say, oh, well, I've already put in my units for the year, sorry, figure it out and then it's our clients who suffer."

Amanda Rupert, behavior analyst with over 12 years in the field of psychology and over 10 years in service to individuals with intellectual/behavioral disabilities, and concerned citizen, stated the following:

"HEALTH: The proposed changes greatly impact the overall health of each and every client in need of behavior supports. Particularly, fewer units and monitoring of the Behavior Support Plans by individuals with no procedural knowledge of Applied Behavior Analysis will undoubtedly lead to decreased physical and mental health of clients. I could give you a thousand case examples from my own clinical experience; however, I believe that a few examples in this area should suffice.

I have a client that is morbidly obese. Without behavior supports, this individual would likely die from complications arising from eating behavior. Behavior supports focus on supportive ways to ensure his health. This individual is prone to depressive behavior as well. Under my careful and ongoing guidance, direct support staff have learned positive ways to interact with him in order to decrease his depressive and overeating behavior. Without it, negative comments about his weight only made him want to eat more and become highly withdrawn. He is now healthy and happy and has recently obtained access to more fulfilling activities such as playing basketball. This was something he could not do prior to my involvement.

Another client has Type II diabetes. Under my guidance, staff have increased her behavior of checking sugar levels and eating more diabetic-friendly foods. Just like the individual described above, this woman's health would be significantly affected by a lack of behavior supports. This would result in increased doctor's visits and hospitalizations for her.

Finally, I have a client that showed significant behavioral decline. Using the data, I presented information showing increased rates of aggression, verbal disruption, and social withdrawal to the team. I recommended medical treatment for this person. Staff reported that he had severe behavior problems when at the doctor and would often refuse to go. Under my guidance, he was able to go to the doctor several times with no problems. It was found that he had extremely low levels of oxygen in his bloodstream. Treatment resulted in a completely new individual; fully integrated with his friends and staff.

With all due respect to other professions and a complete understanding of the need for integrated care, Applied Behavior Analysis is the **only** empirically-proven treatment for behavioral issues including the ones described above. To decrease units/access to direct client care will only result in increased doctor's visits and general decline in

physical functioning for all clients and an increase in monetary expenditures for the state in regard to medical treatment.

SAFETY: In addition to the above-mentioned issues, a lack of behavioral supports/implementation by untrained individuals will result in increased safety risks. Again, a ***typical*** case example may provide the necessary data for persuading you of the extreme need for behavior supports. As I have stated, this case is not an anomaly. It is the norm. I have one client that has eloped from a staffed residence and threatened to jump off a bridge. She has done this several times in which there has commenced searches with helicopters, police, and entire communities. She ended up being found each time and has been placed in the hospital, overnight, psychotropic medications have been increased, and medical inquest warrants have been issued. She has typically been placed in a psychiatric facility long term (up to several months). For her safety, the state pays $900 per day to keep her there.

Since taking the case, I have trained all team members on how to prevent these behaviors. She has not engaged in challenging behaviors since training. I would add that "training" consisted of three months of small successes before her parents were completely on board. It required several late night phone calls, emails, and meetings (Probably totaling 40 or more hours beyond the initial training), before parents decided to implement the behavior plan and strategies that met their needs could be developed. This process is normal. In order to change a client's behavior, we must change caregivers' behavior. They have exhibited inappropriate caregiving/parenting behaviors for 20+ years and it does not change overnight. We must develop behavior plans for the parents and staff in order to shape their behavior for the benefit of the client's safety and well-being.

Clearly, you can see that the monitoring units provided by the proposed changes to SCL waiver will not suffice in addressing required behavior change. The result of this action will undoubtedly be strain on psychological services, law enforcement, psychiatric services, and institutions. Consider how this will affect each and every client. Access to the world will basically be shut off. There will be an increase in safety—related issues.

Also consider how an increase in the services listed above will affect the safety/health/finances of the State of Kentucky. Remember that this is only a list of increased short-term expenditures (i.e.police, hospital admissions, medications). The long-term expenditures are innumerable but include increased stays in psychiatric hospitals, jails, and staffed residential homes (rather than at home with family). We spend millions on psychotropic medications, but you are proposing to cut services that could aid in the decrease of medications that negatively impact behavior and thus, safety, health, and welfare. This equates to medication prescription with no therapy; yet, the liability continues to lie with the Behavior Analyst. I understand the financial strain of government. HOWEVER, this is the most disadvantaged population in Kentucky. An increase in Behavior Supports has already and will continue to decrease long-term expenditures in Kentucky.”

Amanda Rupert also stated the following:

“How will a decrease in Behavior Supports align with your goals of decreasing psychotropic medications? I currently have 200 units per month for five clients under SCL. This is necessary to maintain their health, safety and welfare. You are proposing a decrease to approximately 60 units for the same five clients. Who will be responsible for ensuring that Behavior strategies work, who will be liable when they do not, these clients end up harmed or harming others, and what procedures do we follow when we need more units? The liability will lie with you when I recommend that this person needs X amount of units and you do not provide those to me. When we run out of units, whose name do we put to contact in the case of an emergency? Yours? How will safety issues be addressed when Behavioral units run out? How will you handle the financial and personnel resource burden on health, police, psychological, psychiatric services so that my clients can be safe/healthy?”

Amanda Rupert also requested that (DBHDID/DMS) reconsider its proposal to cut services.

(p) Response: Within the proposed regulation and the Manual incorporated by reference, there is an Exceptional Supports Protocol which allows participants with intense behavioral, psychiatric and/or medical needs to request an increase in rates or units based on justified need. The participant and their team will know prior to development of the annual Plan of Care if they are in need of exceptional supports due to chronic or enduring issues based upon the assessment required in the new regulation, the Supports Intensity Scale (SIS). Individual results of the SIS, which are based upon normative data, will alert the participant and the team of high intensity support needs, especially in the areas of behavioral, psychiatric and medical needs. As the Plan of Care is developed, a request for exceptional supports can be made.

(q) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “increase the cap of the consultative and other services to 240 units annually. This would give ten hours of assessment, one hour per week, on average, for the year.”

(r) Response: Units above the 160 unit cap can be requested through the exceptional support protocol.

(s) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, clarify that there is no upper limit under the exceptional rate protocol for CCT or person centered coaching.”

(t) Response: The unit limit under the exceptional support protocol will be determined based on documentation submitted by the provider to justify need for the service.

(u) Comment: Dr. Adreanna Bartholome, a licensed clinical psychologist stated, “One comment I would like to make on that is about the wording. As Chris pointed out, this is

a catch all category for almost a dozen different services. One of the big problems with that is that it doesn't specify, under the guidelines, what applies to behavior support, what applies to nutrition services, what applies to a licensed clinical psychologist. As I read through the regulations I was very confused trying to figure out if I was supposed to be writing an assessment for an individual or if that just applied to a behavior specialist. Although we work very closely together, the psychologist and the behavior specialists do, our services are very distinct in their delivery and they should be treated as such. And, the way the regulation is written it dismisses the needs of those that are dually diagnosed and assumes that most of them will just be getting behavior support services. Doctor Young talked about the importance of keeping those two services separate and why. So, I'm not going to go into my lengthy explanation of why we need psychologists and behavior specialists."

Dr. Bartholome also stated, "The wording of the proposed regulation implies that Licensed Clinical Psychologists and Behavior Analysts are meant to focus as 'technical assistants' rather than as clinicians."

(v) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at an time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual. The Consultative, Clinical and Therapeutic service was written to allow more freedom for the clinician to provide training and technical assistance to paid and unpaid caregivers in addition to creating in home treatments/support plans with the ability to monitor implementation and progress. With the proposed new service definition, participants have improved access to certified and licensed psychologists. In the current regulation, a participant can only receive psychological services when the needs of an individual cannot be met by behavior modifications or other home and community based waiver services.

(w) Comment: Dr. Adreanna Bartholome, a licensed clinical psychologist stated, “Due to the limitation of 160 units per year, the proposed changes would inevitably, in many cases, force a client to choose between psychological and behavior support services. Although there are some clients in need of only psychological or behavior services, the proposed amendment disregards the needs of the dually diagnosed individuals (i.e. individulas with an intellectual/developmental disability and with a mental illness). Based on the needs of the clients I have provided services to over the past five years, 40 hours per year would be insufficient and ineffective for treating the symptoms of a mental illness.”

Dr. Bartholome also stated, “As a Clinical Psychologist, I am ethically obligated to abide by the code of ethics and the Kentucy Revised Statutes as they apply to psychologists. The code of ethics states, ‘Psychologists strive to benefit those with whom they work and take care to do no harm. In their pfoessional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally.’ In an effort to safeguard the welfare of a client, a psychologist should not provide psychotherapy services that are insufficient to adequately address the needs of the client. Under the proposed regulations, the limited number of units avaialbe for Consultative and Clinical Therapeutic Services will result in a failure to provide professional and quality services. As the proposed regulations stand, I will no longer provider behavior support services due to the risk of malpractice.”

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(x) Response: The standard cap on units was put in place based on past average usage. In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant’s needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team

approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(y) Comment: Jessika Vance-Morgan, MS BCBA and board certified behavior analyst, expressed much concern regarding the reduced limit on behavioral services and provided background information about her approach and the amount of time she currently spends with clients and the amount of service they need. She also addressed the benefits of her clients and stated, "There is something powerful in teaching a client specific skills that will assist them to independently use the bathroom so they no longer require an adult changing garment or one-on-one staff assistance in the bathroom. These changes revolutionize the the quality of life for each of my clients."

She stated, "As I read over the proposed regulations, I quickly realized that the quality of service that I have provided each and every client druign the last 3 years would no longer be available to my clients from me. I realized that if these ergualtions pass, the time spent with my client will reduce to 3 hours per months, which is much less than the 3 hours per week that my clients and their caregivers have previously benefited from. I understand that these new regulations propose that a 'person centered coach' fill the void that is created through the absence of a behavior specialist's presence, but I wonder how a high school graduate will have the immediate skills to reduce problematic behaviors and increase appropriate replacement behaviors. It took me 2.5 years in graduate school and antoehr 2 years of graduate certifications to learn the skills necessary to provide empirically based services. Other questions that arose as I read through the regulations . . . how will I explain to caregivers that I can no longer provide the quality direct instruction that I was previously providing? What about my clients whom I have started to acquisition toward independent living skills? Who will pick up where I left off and continue to teach these individuals how to functionally communicate or engage in independent hygiene behaviors? When a client engages in dangerous and pervasive behaviors, whom should their caregiver call? If I am not able to provide these direct services, will my client end up in police or institutional care? How will my client obtain unrestricted access to their community if my services to them are reduced by 9 hours per month? Why has outside service providers, such as occupational therapists, received so many more hours per month of service time? Why would an occupational therapist receive 45 units per month, when I have only received 160 units per year? Much of the time, my clients are not even candidates for outside therapies until they have received behavioral services for some time. Clients who are physically aggressive, verbally aggressive, or engage in self-injurious behavior are often dismissed from clinics and treatment centers who provide these occupational or physical therapies.

I propose that a standard cap per client is removed from the regulations. Intead, I urge this committee to… to develop a person-centered approach to each person's behavior service plan. I would recommend that behavior intervention committees be reformatted and given the material necessary to critically review each client's behavior support plan and determine how many hours/units a behavior specialist would need in order to successfully reduce a client's problematic behaviors and increase appropriate replacement behaviors. These committees would be responsible for overseeing a behavior specialist's data, monthly notes, and caregiver reports. A behavior specialist would report directly to this committee and would create a service-fading plan that would be monitored and enforced. This committee would abide by the guidelines produced by the behavior Analyst Certification board, which outlines what treatment for individauls with developmental disabilities should look like. The focus would be on addressing multiple treatment targetws, and prioritizing a client's need across beahviors that may threaten the health and safety of themselves or others, behavior disorders that may be a barrier to one's ability to remain in least restrictive setting, and absence of developmentally appropriate adaptive, social, or functional skills.

A change in the SCL waiver does not need to become a decrease in the quality of services for my clients with intellectual and developmental disabilities. These individuals deserve as much as I can provide for them."

(z) Response: The standard cap on units was put in place based on past average usage. In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The person centered team, which should include the professionals who have conducted evaluations and made recommendations for consultative clinical therapeutic services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the team develops the plan of care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of consultative clinical therapeutic services determines additional units of support are warranted, the team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for exceptional protocol to DBHDID as outlined in the SCL Policy Manual.

(aa) Comment: Guardian Community Living indicated that the cap on access to professional mental and behavioral health services "appears to be discriminatory and a significant step backward." They indicated that individuals with

developmental/intellectual disabilities “experience a higher incidence of mental and behavioral health diagnoses than the general population” and that “there is a shortage of mental and behavioral health professionals who are trained and willing to support this population.”

Guardian Community Living also indicated that “professionals who support this population successfully must provide more coordination and training to nonprofessionals than those professionals supporting the general population” and that “capping these services increases administrative burden on professionals.”

They also stated, “When these types of services are capped, there is no parity between access to mental health service and medical services, further stigmatizing the dually diagnosed.”

(bb) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant’s needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of consultative clinical therapeutic services determines additional units of support are warranted, the team should reconvene to consider the clinician’s recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for exceptional protocol to DBHDID as outlined in the SCL Policy Manual.

(cc) Comment: Lili Lutgens, a licensed attorney, licensed clinical social worker and behavior support specialist stated, “In addition, the Cabinet is proposing to limit on a yearly basis CCTS units to 160, that is 40 hours per year or 3.33 hours per month. What’s more, per proposed regulation 907 KAR 12:010 Section 4(17), CCTS service units are to be shared by mental health professionals, PBSSs and nutritionists. Thus there will be competition for these units but a PBSS can't even begin their job until having been awarded a sufficient number of units to meet the requirements for an FA as stated by the Cabinet in their SCL Policy Manual.

While the case manager, PBSS, involved mental health professionals, and/or nutritionist can request additional units as stated in proposed regulation 907 KAR 12:010 section 4,

these exceptional support units are available only in extraordinary circumstances and the method for requesting such units as reflected by the SCL Policy Manual Appendix F are onerous and time consuming. Thus there is no guarantee that there is payment available for PBSSs to perform a FA as defined by the Cabinet's SCL Policy Manual and required by both the regulations themselves at 907 KAR 12:010 Section 4(17) and the standards of the profession.

What's more, although the definition of PBSS itself fails to document the requirement that PBSSs supervise person centered coaches under the plan, the definition of person centered coach clarifies that such individuals must be supervised by a PBSS.

The term person centered coach (PCC) is defined at 907 KAR 12:020 Section 1(76) to include the requirement to "[assist] a participant and the participant's person centered team in implementing and assessing the effectiveness of the participant's person centered plan of care;" as well as the responsibility to "[train] a participant, family, designated representatives, natural and unpaid supports, and other members of the person centered team when barriers challenge the success of the participant in achieving his or her goals." The definition clarifies that a PCC must have a high school diploma or GED and two years of experience working with people with intellectual or developmental disabilities or complete 12 hours of college coursework in a human services field.

907 KAR 12:010 Section 4(14)(a)1b clarifies that a PCC "must be supervised by a positive behavior support specialist in the settings where the POC is implemented and through discussions with and observations of the person centered coach implementing the plan and reporting data" This then adds to the duties imposed upon PBSSs under proposed 907 KAR 12:010 again with no express provision for payment.

While the Cabinet can argue that the PBSS assigned to a case may not be the PBSS who actually supervises the PCC, the PCC will be implementing the BSP written by the PBSS actually assigned to the case. In addition, even if the PCC were supervised by another PBSS, say a supervisor within the employing agency, this person would be required to provide the supervision "in the settings where the POC is implemented" and thus this person would be required to work without provision for payment.

Again, the Cabinet may well argue that the units for supervision are also to come from the CCTS units but as noted above, these units are to be used to meet a specifically listed set of responsibilities and are also limited in number and shared by three separate professions. Thus there is no guarantee that there will be adequate compensation to perform the level of supervision required to ensure that the PCC monitors and implements the plan and/or trains other members of the team in a manner that meets the standards of the profession and thus is not negligent.

It is true that many states have adopted a model in which PBSSs and aides, referred to by the Behavioral Analyst Certification Board as behavioral technicians, work together and that under this model the PBSS supervises the technician who is responsible for

the routine work with the client and team under the plan. However, typically the PBSS is able to choose the technician with whom they work so that they have the ability to select technicians who are competent for the job thereby reducing the risk of liability to the PBSS. In addition, the states adopting this model fund the supervision PBSSs provide to the behavioral technicians unlike Kentucky which has failed to ensure payment for this service.

In sum, the definition of PBSS and the requirements placed upon the PBSS by 907 KAR 12:010 and 907 KAR 12:020 are good in that they require individuals providing PBSS services to meet the standards of the profession and provide quality services. However, the failure of the Cabinet to expressly provide payment for drafting a functional assessment as defined in the SCL Policy Manual and the failure of the Cabinet to expressly provide funding for proper supervision of any PCCs working with a covered individual leave PBSSs with one of two choices, work for free or risk malpractice.

If the proposed regulatory provisions regarding PBSSs as discussed above are passed as written, I will no longer provide behavior support services through the Supports for Community Living Program; the risk of malpractice is simply too high. In reality, as a licensed attorney and licensed clinical social worker, it is my recommendation that no one provide PBSS services to the State of Kentucky through the SCL program until the regulations are amended to reflect express provision for payment for all services rendered pursuant to the regulations and Policy Manual and as required by the standard of practice of the profession, that is express provision for payment of a PBSS for the FA and supervision of PCCs.

Ultimately, 907 KAR 12:010 and 907 KAR 12:020 will reduce the availability of PBSS services to recipients of SCL services. For those individuals with behaviors that risk their ability to remain in the community, many will wind up back in the care of ICF-MRs, once again raising the cost of care for Kentucky taxpayers and reducing the quality of life available to the service recipients. But for a subset of the population, especially those with a aggressive and/or sexually inappropriate behaviors, the ultimate risk is that they will wind up in the facilities of last resort, the county jails that are unequipped to provide them with the protection much less services that they need."

(dd) Response: Within the proposed regulation and the Manual incorporated by reference, there is an Exceptional Supports Protocol which allows participants with intense behavioral, psychiatric and/or medical needs to request an increase in rates or units based on justified need. The participant and their team will know prior to development of the annual Plan of Care if they are in need of exceptional supports due to chronic or enduring issues based upon the assessment required in the new regulation, the Supports Intensity Scale (SIS). Individual results of the SIS, which are based upon normative data, will alert the participant and the team of high intensity support needs, especially in the areas of behavioral, psychiatric and medical needs. As the Plan of Care is developed, a request for exceptional supports can be made. The participant and their team should discuss the needs of the person during the person centered team planning process and determine if exceptional supports will be needed

due to chronic or enduring issues based upon past history and the assessment required in the new regulation, the Supports Intensity Scale (SIS). Individual results of the SIS, which are based upon normative data, will alert the participant and the team of high intensity support needs, especially in the areas of behavioral, psychiatric and medical needs. As the Plan of Care is developed, a request for exceptional supports can be made.

(ee) Comment: Regarding, a consultative clinical and therapeutic service (Section 4 subsection (8), page 61 line 16 – page 64 line19), Dr. Sheila Schuster, on behalf of the Kentucky Psychological Association and over 670 psychologists which it represents, stated, "We are concerned about the decision to include nutritionists and dietitians with the array of clinical professionals listed in the regulation and see no rationale for doing so. The clinical services provided by these behavioral health professionals (7 of the 10 professionals listed; the other being LPNs who do not fit in any category) are quite different than the consultation services provided by nutritionists and dietitians. We are concerned that this inappropriate grouping of psychological and behavioral support services with those of nutritionists and dieticians will be the source of considerable confusion for SCL participants who are accessing services and supports from the array of personnel included in this subsection.

Therefore, it is recommended that the behavioral health professionals identified in this subsection (Section 4, Subsection (8) (a) 3, 5, 6, 7, 8, 9 and 10) be listed as a stand-alone service in a subsection of this regulation identified as "Behavioral Health". The behavioral health professionals are distinguished from nutritionists and dieticians since they will have ongoing, long-term relationships with individuals served and supported in the SCL program. The significant and critical needs of individuals in the SCL program for behavioral health supports and services merit having a stand-alone behavioral health subsection, which should not be inclusive of other consultative services."

Dr. Schuster summarized the concern by stating, "Lumping Psychological Services, Positive Behavioral Support Services and Nutrition/Dietician Services with a wide-ranging variety of service providers into a catch-all "Consultative Clinical and Therapeutic Service" category is confusing to participants and providers and makes no logical sense." Dr. Schuster recommended the creation of "a separate category in 907KAR12:010 for Behavioral Health services and providers."

(ff) Response: The LPN was included in error and has been removed. Regarding the remainder of your comment, In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that

additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing thes same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(gg) Comment: Dr. Sheila Schuster, on behalf of the Kentucky Psychological Association and over 670 psychologists which it represents, stated, "We would call your attention to the Definitions section of 907 KAR 12.010 in which the terms "Homocidal Ideation" and "Suicidal Ideation" are defined (p. 12, line 4 (40) and p. 24, line 3 (98) respectively), as are "Abuse" "Neglect" and definitions of "Illicit Substances" and "Prohibited Drugs". We assume that these definitions indicate the acknowledgement by the Cabinet of some of the significant problems which are found within the SCL population and which must be addressed if participants are to be maintained in community placements. Our psychologists have identified these issues, along with other significant clinical concerns such as post-traumatic stress disorder (PTSD) possibly from sexual and physical assault, depression, psychosis, obsessive-compulsive disorders, anxiety reactions and other emotional problems. The existence of these significant psychological disorders co-occurring with the individual's development/intellectual disabilities complicate the treatment approaches and call for highly-skilled providers of psychological services.

It appears the expectations delineated in this subsection far exceed the upper limit for annual units of service (160 fifteen minute units per year) for all the identified Behavioral Health professionals listed in this subsection. What is the rationale for allowing significantly more units of service and use of clinical judgment by providers of occupational, physical and speech/language therapy while it is being denied for providers of psychological and positive behavioral support services? The latter service categories (psychological and behavioral) may be more predictive and supportive of the individual's ability to be transitioned to and maintained in the community than are the former (OT, PT, SPLT).

It should also be noted that while the upper limit for units of services is insufficient, the quarterly hour unit rate is being drastically reduced from $38.79 to $22.50. This represents a per unit rate reduction of 42%. This very significant cut in reimbursement to psychologists is one that is not matched in cuts to any other service providers!

It is our opinion, based on clinical experience, that the insufficient upper limit for units of services per year combined with the significantly reduced unit rate will make vital

behavioral health services (psychological and positive behavioral supports) referenced in this section unavailable for SCL participants.

The SCL program is committing to a total expenditure of $3,600 annually for all services included in this subsection. We believe this figure is grossly inadequate. It will force SCL participants during their respective Plan of Care meetings to select what is their most pressing need at that particular point in time, as opposed to adequately addressing those service and support needs which may be chronic and ongoing. This change to psychological services reduces the person-centered thinking of vital behavioral health services and supports for all SCL participants and appears to be an inadequate per member per month capitation model.

We acknowledge that consultative clinical and therapeutic services are eligible for the exceptional supports and, therefore, the upper limit of units may be increased on a case-by-case basis. However, the information provided in Appendix F with regard to the exceptional support protocol is inadequate. It focuses primarily on positive behavioral support services – and only minimally touches on psychological services. It relies on a crisis team to be available in a timely manner and to have the clinical expertise to make judgments on extending complex clinical services. Utilizing this approach, we cannot be confident that behavioral health, and in particular psychological services, will be accessible to the SCL participant in the needed frequency, duration, quality or timeliness of care.

Therefore, it is recommended that psychological services must continue to be provided to all SCL participants who are in need of these services as they are now being provided through the current SCL regulations: 907 KAR 1:145 and 1:155. This can be accomplished by inserting the current language for psychological services from 907 KAR 1:145 and 1:155 into the new proposed SCL regulations: 907KAR 12:010 and 12:020. This will insure current and future SCL participants will have timely access to much-needed psychological services."

Dr. Schuster summarized that the result of the policy would, "Significantly reducing access to Psychological Services and to Positive Behavioral Support Services for SCL participants by placing a very restrictive cap on the number of available monthly units of services to meet the individual's needs."

(hh) Response: Units above the stated cap may be requested through the Exceptional Supports Protocol incorporated by reference to 907 KAR 1:010.

(ii) Comment: Lili Lutgens, a licensed attorney, licensed clinical social worker and behavior support specialist stated, "Finally, in addition to service notes, professionals providing CCTS services must complete every month a summary which includes "an analysis of the efficacy of the service providing including recommendations and identification of additional support needs if needed." 907 KAR 12:010 Section 4(8)."

(jj) Response: The requirement for a monthly summary for professionals providing

Consultative Clinical and Therapeutic services has been removed.

(kk) Comment: Tara Sorgi Pelfrey, a board certified behavior analyst stated, “Regarding the Clinical and Consultative Services (CCS)
a. It's my understanding that the PBBS assigned to an individual is responsible for writing a monthly summary and training the PCC. Is the information for the monthly summary (including incident reports, medication changes, environmental changes, behavioral data) provided by the PCC to the PBSS?
b. If there is no PCC assigned to the client, are we supposed to provide intermittent support between assignment of PCC's? If so, how do we do so within the limitations set by the cabinet?
c. If the PBSS runs out of Clinical and Consultative Service (CCS) units, or assumes a case in which a previous PBSS has run out of units, is there a way for us to get additional units? If so, are we expected to write a monthly service note, attend team meetings, and supervise a PCC without reimbursement? Please respond in detail regarding potentially non-reimbursed services, to clarify that this mandate is not a critical violation of labor laws.
d. Who decides how the units should effectively be utilized? Will the team be monitoring which PBSS services should be prioritized above others when such a limited amount of units are provided?
e. If team members contact me during an episode of challenging behavior, how am I supposed to respond if there are no units remaining (especially when there is an immediate harm to the health, safety, and welfare?)
f. The current system, with 88% more units, has not always been sufficient to address a behavioral crisis. Can you please explain how team members would utilize the exceptional supports protocol and how long it would take to gain approval? If denied, will DBHDID be putting this denial in writing or otherwise assuming responsibility for potential harm due to the waivers limited or denied supports?
g. Will funding be going to outside sources to assist with crisis response and emergency behavioral intervention? Will this funding cost taxpayers more than the current supports?
h. How were the current rates and allotted units identified? Did persons writing the waiver have experience doing so in the past? Can the Cabinet explain which successful /unsuccessful waivers were used as a model for its development?
i. Did the Cabinet consult with any credentialed and qualified professionals when outlining the professional responsibilities of such clinicians (I.e A Licensed Psychologist, a Nutritionist, and/or a PBSS?)
j. The details of the current waiver are very similar to the models used at ICF-MR's in the state of Kentucky (as evidenced by the Behavior Intervention Committee proposal.) As we continue to strive for increased community inclusion and decreased institutionalization, is it ethically appropriate for us to model our community supports from those provided in a facility? Are increased community supports responsible for the decrease in institutionalized adults in the state of KY? If so, is it fair to say that a decrease in community supports will adversely effect this outcome?
k. Our most challenging waiver recipients have difficulty obtaining and maintaining a consistent team due to frequent changes. How will such a decrease in supports provide

an increase in stability and consistency amongst team members, especially for those who engage in very challenging behavior?
1. Do the waiver recipients have any choice as to which waiver services they should be able to access above others? Will some recipients be deemed ineligible for significant waiver services due to their challenging behavior and lack of support for this problem?
m. Did the Cabinet consult with team members about the hierarchy of needs for their individuals? Can the Cabinet explain to this writer how Speech and OT services were deemed more accessible in the new waiver than behavioral services? Currently, the OT and SLP's don't attend team meetings and are rarely consulted during a crisis.
n. Who decides how CCS units are allocated amongst team members. If the Psychologist, Nutritionist, and PBBS each recommend that three hours per month are needed to implement their strategy (per their assessment) then how do we decide who actually gets the approved units to effectively implement their entity? Is it simply a numeric divide which is not based upon clinical necessity (e.g. They each get 33.3% of the available units?)
o. I'm not an expert on Medicaid regulations, so I'm wondering if there's a way to re-write or revise the proposed regulations if the outcomes are less than successful? I am aware that the Department of Justice can make recommendations or mandations, but am wondering if there's any other way for the regulations to be revisited if there are significant problems prior to the next waiver development."

(ll) Response: The person centered coach will not be working in isolation and will work in conjunction with the licensed or degreed professional in performing their duties. In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

In response to your last queation, there is a process for re-evaluating a waiver and making changes when time for renewal.

(mm) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"CONCULTATIVE CLINICAL AND THERAPEUTIC SERVICE:

1) The regulation outlines consultative and clinical therapeutic services which replaces Behavior Support Services and Psychological Services in the previous regulation. The total number of available units for Behavior Support Services and Psychological services was 624units for each service, for a combined total 1248 units. The current regulation caps these services at 160 units a year, which is an 88% reduction in the medically necessary assessment and interventions for participants with Axis I and Axis II diagnoses.
2) In addition to the 88% reduction in available psychological and behavioral services, this regulation adds dietary and nutritional services into 'consultative and clinical therapeutic services'. This results in three services sharing the 160 units a year. This severely limits a participant's options or choices related to services that they are able to access to address health related, psychological, and behavioral needs. If a participant was overweight, dealing with the loss of a loved one, and having difficulty with socially appropriate behavior at their ADT (and did not meet criteria for exceptional supports) that participant would have to choose between which issue in their life they would like to choose to receive services. Again, this greatly limits a participant's choice to the medically necessary services.
3) The regulation states that clinicians providing CCT can perform the following functions: consultation, evaluation and assessment of the participant, the environment and the system of support, providing treatment, coordinating program wide support, developing and revising home treatment plans or support plans, monitoring, and a functional assessment. These services are critical to the participants overall quality of life as well as providing clinical guidance to the participant's team. The services cannot be adequately completed by any clinician, let alone shared with several different disciplines with only 160 available units a year.
4) Providing treatment should be consistent with assessment results and diagnosis, is evidenced based and best practice, and includes psychological treatment or counseling as indicated. However, a clinician who completes an evaluation and determines that evidence based practice and best practice exceeds 3 hours a month (assuming 10 hours to complete an evaluation) they will be unable to perform their clinical duties in accordance with this regulation. Based upon my experience and within the standard of practice set out by the Behavior Analyst Certification Board, the minimum number of hours necessary to monitor a behavior support plan is 1 hour a week. Although, I am not a psychologist, I know that the minimum number of hours that most request to provide meaningful clinical results is 1 hour a week.

a. QUESTION: At a meeting with members of DDID after the application had been sent to Medicaid, we were told that the reduction in units to 120 units a year (that was the cap at the time) was not just an arbitrary number, but was based upon actual usage data. Will DDID please include a detailed explanation of where the

data was pulled from and how the data was processed to come up with an 88% reduction in behavioral and psychological services?

(nn) Response: Based upon Paid Claims records from 7/1/09 to 6/30/10, the following figures are the average units per service per person:

Functional Assessment of Behavior	30 units
Behavior Support Plan (BSP)	20 units
Monitoring of BSP	74 units
Psychological Services	81 units

The total average units for Functional assessment, Monitoring and Psychological Services was 185.

Maximums in Proposed Regulation:

Consultative Clinical and Therapeutic Services which includes: 160 units
- Functional Assessment
- Monitoring
- Psychological Services
- Counseling
- Nutritionist/Dietitian

(oo) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

b. QUESTION: Will DDID please provide a detailed description of the philosophy/vision behind combining these services. Please provide a detailed account of the departments vision of how the combination of services, and huge reduction in available units will help to protect the health, safety, and welfare of the participants.

(pp) Response: With more involvement of clinicians in the person's team; payment for on- site training and monitoring; and greater accountability, there should be a more significant impact of these services which translates to a need for less units for some people. An individual who's assessed needs suggest they require more supports can utilize the Exceptional Supports Protocol to request additional units of these services.

(qq) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"QUESTION: This cap is an annual cap on services. If a provider was providing behavioral services through CCT and 'burned through' all of the units in 2-3 months, and the team determined that the behavior support provider was not

doing a good job and there was little success in the overall plan and wanted to switch to a new provider, would the new provider have to work for free? Would additional units be provided to the new provider or will the participant have to wait 9 months to get additional services (given that they do not meet criteria for exceptional rate)?"

(rr) Response: Yes, additional units would be approved with appropriate justification.

(ss) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"QUESTION: The regulation requires that treatment should be consistent with assessment results and diagnosis and based upon evidenced based and best practice. Will DDID please explain in writing how an arbitrary cap that limits a clinicians ability to recommend treatment that may be evidence based and best practice is supported by this regulation. Will DDID please explain in writing how they will address denials of a clinician's recommendation for treatment if those services require more units than the 160 annual cap?"

(tt) Response: Typically evidenced based and best practices do not dictate the amount of therapeutic interventions to be used. That is based upon the individual. The Person Centered Team shall review the clinician's recommendations in context of what is important for the participant and what the participant deems important to them. The Case Manager will submit the Team's overall plan for prior authorization. If the Team determines there is a need for additional units, they will follow the exceptional supports protocol and submit a request for those additional units. Additional units will be handled through the exceptional supports protocol.

(uu) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"QUESTION: The regulation lists many different duties that can be performed under CCT services, many of them related more to leading and shaping the multidisciplinary team, rather than specifically providing services to a participant. It appears as though this may allow the units for CCT to be misused or used to perform tasks that may not have a direct impact on the client. Will DDID, please clarify conditions under which the team should utilize CCT to guide the team rather than provide a direct service to the client."

(vv) Response: All professionals providing services are expected to work together as a part of the person centered team. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable,

meaningful, and fulfilling life. The CCTS was written to allow more freedom for the clinician because they may bill for providing training and technical assistance to paid and unpaid caregivers in addition to being able to create in home treatments/support plans with the ability to monitor implementation and progress. Actually, with the new service definition, participants have improved access to certified and licensed psychologists. Based upon the definition in the current regulation, a participant can only receive psychological services under the following condition: "Only when the needs of an individual cannot be met by behavior modifications or other home and community based waiver services, shall the individual receive psychological services:"

(ww) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:
"QUESTION: CCT covers three disciplines and are required to share a very limited number of units. If the team requested enough units for a positive behavior support specialist to complete a functional assessment, and allocated the remaining units to a psychologist to do counseling, does the positive behavior support specialist have any other regulatory or ethical responsibility to be an active member of the participants team if they no longer have any approved units to provide the service?"

(xx) Response: If the functional assessment conducted by the positive behavior support specialist results in a behavior support plan, the positive behavior support specialist has both a regulatory and ethical responsibility to actively participate on the participant's Team. Additional units required above the cap may be requested through the exceptional supports protocol.

(yy) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"QUESTION: The Person Centered Coach is regulatory required to be supervised by a positive behavior support specialist. If the approved units for CCT run out prior to the end of the annual POC year, will the positive behavior support specialist be required to continue to supervise the PCC for free?"

(zz) Response: The requirement for the supervision of the person centered coach has been revised to reflect that the person centered coach works under the direction of the Behavior Specialist or other licensed professional. Authorization of supports and units for those supports will be based upon individual needs as outlined in the person centered plan of care. For people whose assessed support needs exceed the upper limits the Exceptional Supports Protocol is in place. The Protocol outlines how the person and their team can request additional supports.

(aaa) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"The regulation (through reference of the Supports for Community Living Policy Manual) specifies specific components that must be included in a functional assessment that may only be completed by a Licensed Psychologist, Licensed Psychologist with Autonomous Functioning or a Positive Behavior Support Specialist. However, the regulation and policy manual does not provide any components that must be completed in evaluations completed for nutrition or counseling services.
QUESTION: Will DDID please specify in writing the requirements and expected components/delivery model for dietary and counseling services?"

(bbb) Response: BHDDID will not be prescribing the requirements and expected components/delivery model for dietary and counseling services to be provided in Consultative Clinical Therapeutic Services. These specific services utilize a variety of methodologies and tools appropriate to their discipline and within the professional's scope of practice to determine the specific needs of a participant in context of what is important to the participant. By definition, a functional assessment is a more prescriptive approach completed by the specified professionals that seeks to look beyond a participant's overt behavior to determine the root cause(s) for the behavior and incorporates the specific components detailed in the regulation and policy manual to develop person centered behavioral intervention plans that address those root causes. Research and experience has demonstrated that behavior intervention plans that result from the knowledge gained from a functional assessment that identifies why a participant demonstrates harmful or disruptive behavior are extremely useful in addressing a wide range of problems.

(ccc) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"The regulation has a new requirement for a monthly summary note including an analysis of the efficacy of the service providing including recommendations and identification of additional support needs if needed. This is a new requirement that will take additional time away from the clients especially given the significant reduction in available units. This type of analysis and recommendations would most likely take an hour to complete (i.e. collecting graphing and analyzing data). In the analysis of the data, if the clinician determines that additional clinical hours are necessary, there is still a cap on the total number of hours that can be approved. This poses additional limitations on the clinical recommendations and the ethical and regulatory requirements to provide evidenced based and best practice services.
QUESTION: If a positive behavior support specialist runs out of units prior to the end of the annual POC period and no additional units are provided, is that clinician required to continue to perform services for free? Will DDID still require

a monthly note for services when they will not approve additional units to provide the service?"

(ddd) Response: If during the course of the year a positive behavior support specialist or any other provider of services/supports determines that the originally requested number of units will not be sufficient and a change in the original Plan of Care is warranted due to changing needs of the participant, it is the professional's obligation as a Team member to contact the Case Manager and request the Team reconvene to review the services/supports and recommendations from the professional. If the Team reviews and accepts the professional's recommendations the Team/Case Manager may utilize the Exceptional Support Protocol to justify the request for additional units.

(eee) Comment: Christopher George offered the following recommendation:

"RECOMMENDATION: Will DDID please remove this requirement while there is such a minimal amount of annual units to perform all of the given duties at this time. (I would not oppose writing a monthly note if I have 52 units a month to work with)."

(fff) Response: The requirement for the monthly summary is being removed from consultative clinical and therapeutic services in an "amended after comments" regulation.

(ggg) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"Although the services for clinical and consultative therapeutic services is capped at 160 annual units, all other therapies are capped at 52 monthly units. This appears to be a huge discrepancy in favor of OT, PT, and SLP therapies. The monthly cap on other therapies provides those clinicians the ability to make good ethical and clinical recommendations for the services they provide. They also do not have to split their monthly units with two other disciplines.
QUESTION: Will DDID please provide a detailed statement regarding the decision to combine behavioral and psychological services and reduce units by 88% however the other therapies OT, PT and Speech remained unchanged and they have access to 52 units a month. Does DDID place more value on OT, PT, and SLP services for clients or does DDID envision that the reductions in behavioral and psychological services will be picked up in other areas outside of the waiver (i.e. comp cares or psyche hospitals for this service).

RECOMMENDATION: The above scenarios and questions point out the difficulty with three disciplines being able to share an extremely limited number of units. I feel very strongly that all of these questions can be resolved satisfactorily with providers by making one simple change. INCREASE THE AVAILABLE UNITS FOR CCT TO 52/MONTH. THIS WILL PROVIDE ADEQUATE UNITS FOR ALL THREE

DISCIPLINES AND ENSURE THAT UNITS WILL BE AVAILABLE TO PARTICIPANTS THROUGHOUT THE YEAR! The POC approval process should be able to effectively monitor the utilization of these services to prevent abuses of the units. (The minimum number of units that would be necessary to provide behavioral services alone would be 240 units…this would provide 10 hours of FA writing and 1 hour a week to provide all other consultative services. Again, this is not sufficient to perform all of the clinical tasks for each of the three disciplines, but just the minimal amount.) 52 units a month would be consistent with available units for other therapies and ensure that those participants who do not meet criteria for exceptional supports have the services they need to address the symptoms of their Axis I and Axis II diagnoses. I request that DDID specifically address this recommendation in writing."

(hhh) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a more personal, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(iii) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "Consultative Clinical and Therapeutic Services are required to perform the following duties: Assessment and diagnosis on evidenced based or current best practice, coordination of program wide supports addressing assessed needs, participation in the development and revisions of support plans, training and technical assistance in carrying out recommendations and plans, monitoring of the fidelity of collected data in all settings where the plan is implemented. The payment caps on units to be used is 160 per year (240 per year for exceptional rate). These duties CANNOT be provided in line with ethical and best practice standards in only 40 hours per year. A good best practice Functional Assessment currently takes 10 hours before monitoring, development of a plan, or

training begins. Therefore 1/3 of the total available units would be utilized on assessment alone. This regulatons prevents this service from providing best practice services to the clients with the greatest barriers to their health, safety, and welfare."

(jjj) Response: There is not a limit on the number of units available through the exceptional support protocol. Each request will be reviewed and a determination made based on documentation submitted to justify need for additional units of service.

(kkk) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "SCS is very concerned about the limitation of 160 fifteen minute units or 40 hours of service available per year. SCS would recommend 'carving out' the Functional Analysis required to develop a Behavior Support Plan from this limit and reimbursing that activity as a one unit service at the rate of $900.00 SCS would also recommend that the Behavior Intervention Committee (BIC) have authority to recommend exceptions to this limitation based on consumer needs."

(lll) Response: A recommendation from the Behavior Intervention Committee should be a part of the documentation submitted with a request for exceptional supports in the area of consultative clinical and therapeutic supports. Any additional units required for a functional assessment should be determined through the person centered team process and submitted as well.

(44) Subject: Exceptional Supports Protocol/Availability of Supports

(a) Comment: Dr. Adreanna Bartholome, a licensed clinical psychologist stated, "
I have several comments and questions about the exceptional supports protocol. The--the way that it is worded and the amount of work that will go into even putting an application in for additional units is laborious and kind of ridiculous. The questions that I have are; the general rule of thumb, when a client goes into crises, which is likely going to happen, if we limit their number of units to 160 a year. So, the general process is, we will contact the Seven Counties Crises Team, if you're in the Louisville and Seven Counties area. So, we'll contact Seven Counties Crises Team who has limited resources and limited clinicians and unless they've recently hired one, no licensed clinical psychologists or behavior specialist, behavior analyst on their committee, so we will contact them and they are supposed to come and respond to this crises. My question is, how does the state plan on insuring the protection and safety of our clients if the crises team can't respond? What's going to be put in place to make sure that a crises team exists?"

(b) Response: The participant and their team will know prior to development of the annual Plan of Care if they are in need of exceptional supports due to chronic or enduring issues based upon the assessment required in the new regulation, the Supports Intensity Scale (SIS). Individual results of the SIS, which are based upon normative data, will alert the participant and the team of high intensity support needs, especially in the areas of behavioral, psychiatric and medical needs. As the Plan of Care is developed, a request for exceptional supports can be made.

(c) Comment: Dr. Bartholome stated, “Second, what are the qualifications of the individual responsible for approving the exceptional supports protocol? As a licensed clinical psychologist, if I am treating a client and I deem that it is necessary to increase the amount of units in order to provide for this client's safety and protection and the state allows an unqualified person to overrule that, their liability is huge and the state is at risk for being sued for malpractice, basically. They're--they're basically going to come up there and say, I have a bachelor's degree and I know more than a doctorate level psychologist or a board certified behavior analyst. How is that going to be rectified?”

(d) Response: Licensed clinical staff at the department will make these determinations based upon the Plan of Care, other annual assessments and documentation currently required.

(e) Comment: Dr. Bartholome stated, “My last question is about the process for getting the approval. How long does it take? There is nothing in there that says that they must respond within a certain amount of time. During that time that my client is in crises, what do we do? Are we supposed to send every client that is crises to U of L Psychiatric Services, put them in inpatient hospitalization, which Doctor Laura pointed out how expensive that is. And, if we aren't supposed to do that, what do we do to protect the health, safety and welfare of this client?

(f) Response: Under current process, providers are able to provide services and submit a revised plan of care within 14 days. This process is not changing. In a crisis situation it is expected that providers act in good faith and provide services necessary to ensure the health and safety of the participant. Review of requests for exceptional supports in response to a crisis situation will be expedited by the Department.

(g) Comment: Dr. Bartholome stated, “The state--this is along the same lines with the exceptional supports protocol. The state has suggested and listed in the regulation, I think it was Appendix F, that only seven to eight percent of the participants in the SCL program will require additional units under the exceptional supports protocol. The population which has been receiving services in the SCL program has significantly changed since that research was done about three years ago. Since 2007, Central State ICF/MR has reduced their census from forty town to a maximum of twenty-four, last I checked I was told they had twenty-two, I'm not sure if that's still correct as of today. Bluegrass Oakwood ICF/MR has gone from 236 residents down to a maximum of 120. I worked at Central State ICF/MR for two years and therefore I'm acutely aware of the intensity of support that's necessary for the stabilization of this segment of the intellectually and developmentally disabled population. Under the proposed regulations many of the participants that have been recently transitioned into the community will experience a very sudden and significant cut to their services, which will likely result in a level of crises that the state absolutely is not prepared to handle. It's important to recognize that many of these individuals that still remain in the Kentucky ICF/MR facilities are those who are likely to be the most difficult to stabilize and successfully transition into a community setting. To a large extent, those with very few psychological

and behavioral issues have already been transitioned into the community. Those individuals that will transition into the community over the next several years will likely require a greater intensity of behavior and psychological services than those that have transitioned in the past. The proposed regulations would reduce the likelihood of those individual's success in the community by limiting the amount of behavior support and psychological services. In short, just as the need for community behavioral and psychological supports will be at its greatest, the availability of those supports will be reduced dramatically. I want to give one example. I assisted in the transition of a client out of Central State ICF/MR in December of 2010, this client received one to two hours a week or psychological services and started with twenty hours a week of behavior support services. Despite this enormous amount of support, she returned to an ICF/MR in ten months. Based on the current regulations that are proposed, she won't be successful when they try to transition her out."

(h) Response: The participant and their team should discuss the needs of the person during the transition process and determine if exceptional supports will be needed due to chronic or enduring issues based upon past history and the assessment required in the new regulation, the Supports Intensity Scale (SIS). Individual results of the SIS, which are based upon normative data, will alert the participant and the team of high intensity support needs, especially in the areas of behavioral, psychiatric and medical needs. As the Plan of Care is developed, a request for exceptional supports can be made.

(i) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "The Exceptional Protocol Rate increases the participant's access to choices and independence but some additional details are needed."

(j) Response: There is additional detail in the Supports for Community Living Policy Manual incorporated by reference.

(k) Comment: Guardian Community Living stated, "there is no clear protocol or criteria addressed in the new regulations regarding accessing these Exceptional Supports for individuals. We would like to see the new regulations amended to clearly state the requirements for the Excpetional Support protocol to include processes, cost reporting and what would be considered 'allowable' costs under the protocol, how new assessment tools will be used in the process, and specific examples of how individals with complex needs will be treated under the protocol.

GCL is experienced in provision of services to individuals with complex needs and accustomed to providing justification for necessary services; we do not object to a protocol. We are prepared and experienced in the transition of individuals from more intensive service settings, such as state operated institutions and nursing homes, to the community. In order to provide stability in a community based setting there must be predictability and consistency in how appropriate funding will be determined. A defined protocol which may be adjusted over time brings consistency, predictability and success. We recommend provider participation in development of a protocol before the

new waiver regulations are finalized and implemented."

(l) Response: The process for the exceptional support protocol is included in the SCL provider manual incorporated by reference to 907 KAR 12:010.

(m) Comment: Oyo Fummilayo, member of the Commonwealth Council on Developmental Disabilities, stated the following:

"Exceptional support protocol.
The first specific aspect of these regulations upon which we'd like to comment is the switch from a flat enhanced rate to an individually determined exceptional support protocol. We think it is much more appropriate to determine the amount of exceptional support on an individual basis rather than offer a flat rate of $125,000 to those individuals who have left a facility. Now, common sense indicates that some individuals will need less support and some individuals will need more support. By allowing any individual in the SCL program to be considered for the exceptional support protocol and determining the amount on an individual basis, we see the exceptional support protocol as a tool that can give more people the option of moving into the community and staying in the community. We do, however, want to be given more information concerning how the amount of exceptional support protocol will be determined. The exceptional support protocol is such an important concept that we feel everyone affected by the SCL program will benefit from more details and a better understanding."

(n) Response: Determinations will be made by clinical staff at the department based upon documentation provided by a person's team which reflects the need for exceptional rate or units of service. The exceptional support protocol is in the SCL policy manual incorporated by reference in the regulation.

(44) Subject: Person Centered Coaching/Positive Behavior Supports or Related

(a) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst in Kentucky, and executive director of Applied Behavioral Advancements stated, "In addition, some of the things that are given to the person centered coach is the monitoring and assessment of the effectiveness of a person centered planning as demonstrated by the support team's implementation and components across the array of service settings. An individual with a high school diploma is not ethically or educationally qualified to make such monit--to make such assessments. That needs to be removed from the regulation."

Dr. Stanley Bittman, a licensed psychologist and president of Behavioral Associates, LLC, also indicated that the duties and responsibilities of a person centered coach cannot be performed by a high school graduate/person with a GED "even if they have two years of what most likely would be entry level personal aid experience." He stated, "The duties and responsibilities listed above have typically been performed by behavior or psychological professionals with at least a Bachelor's degree and in many situations the professional has a Master's degree. It might be possible for the PCC to do some of

these functions but there would have to be substantial amounts of training and frequent face-to-face supervision by a behavior or psychology professional."

(b) Response: DMS is revising the requirement in an "amended after comments" regulation to read as follows:
"Monitoring **[~~and assessing~~]** the effectiveness of person centered planning as demonstrated by the support system's implementation of the POC or designated components across the array of service settings and reporting of required and pertinent data; and."

(c) Comment: Christopher George stated, "Finally, and one of the last things here is analysis of the efficacy of the service note. This is a monthly service note where the person centered coach, again, that high school diploma, two years of experience, will actually write a monthly note that states the analysis of the efficacy of the service provided, including recommendations and identification of additional support needs, if they exist. Again, the person centered coach is neither ethically nor educationally qualified to make such assessments. Every other member of that person's plan of care has to have a college degree or above. And, we will be taking recommendations from someone with a high school diploma. That needs to be removed from the regulation.

(d) Response: DMS is revising the requirement in an "amended after comments" regulation to read as follows:

"b. A completed monthly summary note which shall include:
(i) The month and year for the time period the note covers;
(ii) **A summary[~~An analysis of the efficacy~~]** of the service provided including recommendations and identification of additional support needs if any exist;
(iii) The signature and title of the individual completing the note;
(iv) The date the note was written; and
(v) The signature, title, and date of review of documentation by the positive behavior specialist **or other licensed professional directing the work of[~~supervising~~]** the person centered coach."

(e) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "For the person centered coach remove the wording that they are 'responsible for writing a note that includes an analysis of the efficiency or efficacy of the service provided, including recommendations and identification of additional support needs.'"

Mr. Zaricki also state, "remove the requirement that the person centered coach must be independent."

(f) Response: Please see the above response [response (e)] regarding "efficacy" language revision. The requirement for a person centered coach to be independent of the service provider ensures that the participant's POC is effectively implemented utilizing person centered planning strategies and techniques and barriers are identified

which challenge the success of the participant in achieving their POC goals.

(g) Comment: Dr. Adreanna Bartholome, a licensed clinical psychologist, stated, “Brief comment on the person centered coach. This is an individual with a high school diploma and maybe twelve hours of college that is going to be supervised, which as many of you have pointed out, supervised for free by a psychologist or behavior specialist. My code of ethics as a psychologist prohibits that completely. As a result, I sadly, probably won't be able to provide behavior support services after these new regulations go into effect. I'm not going to put myself at risk for being sued because the state failed to recognize the implications of putting this unqualified person in a very, very important role.”

(h) Response: The utilization of a Person Centered Coach will not be mandated by the State. It can only be requested by the participant and his or her support team and must be based on need and outcome driven. The person centered coach will not be working in isolation and will work in conjunction with the licensed or degreed professional in performing their duties.

(i) Comment: Guardian Community Living requested clarification regarding the person centered coach in relation to the positive behavior supports. They requested removal of the requirement that a person centered coach be independent. They indicated that PCCs can “transcend barriers that licensed professionals such as Behavioral Specialists, have been largely unable to address – licensed professionals are rarely present at the point in time and setting where the direct support staff face the real challenges in implementing the plan of care.” They requested that PCCS be separate from direct support staff and direct support managers, that they should have meaningful supervision from professionals, that they receive additional training beyond that of a direct support professional, and that they have a reporting structure. They indicated there is no value to requiring PCCs to be independent of service providers. If the independent mandate is not removed, they urged “the State to allow providers to use another provider number separate than the primary service provider to bill for these supports.”

(j) Response: The requirement for a person centered coach to be independent of the service provider ensures that the participant’s POC is effectively implemented utilizing person centered planning strategies and techniques and barriers are identified which challenge the success of the participant in achieving their POC goals

(k) Comment: Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome and Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “Person Centered Coach’s Role: The PCC is supervised by the positive behavior specialist. The total units allowed for CCT services provided by a positive behavior specialist is limited to 40 hours a year to include the duties noted above. The additional requirement for supervision of a high school educated PCC further erodes the available units for the positive behavior specialist to complete all of these requirements. Appropriate supervision of PCC and ethical clinical activities CANNOT be completed in only 3 hours

per month. Supervision of the PCC alone would require at least 1 hour leaving only 2 hours for the behavior specialist to complete all other required activities. The Person Centered Coach is made responsible for monitoring the effectiveness of the participant's POC across service settings, including data collection. The Person Centered Coach is responsible for writing a note that includes an analysis of the efficacy of the service provided including recommendations and identification of additional support needs. As noted above the minimal educational qualifications for a PCC is a high school diploma. A PCC is not educationally or ethically qualified to make an analysis of the efficacy of Consultative Clinical and Therapeutic Services under the professional guidelines and code of ethics in both Behavior Analysis and American Psychological Association.

The SCL regulation requires that the behavior support specialist supervise the Person Centered Coach. Additionally, the regulation states that the PCC must be independent of the residential or ADT agency providing those services to the participant. The behavior support specialist does not have to be independent of these agencies. Therefore, the PCC may actually be employed by one agency and required to be supervised by another agency. This poses many difficulties in defining the responsibility of each agency for oversight of the PCC. Additionally, having two different agencies supervising the same employee will make it very difficult for the PCC to understand and follow the proper chain of command related to clinical expectations relative to the general employment requirements. The requirement that the PCC cannot work for the same agency where the participant receives services, also limits the opportunity for the best match of the client and PCC. In choosing a PCC, it would be preferred to choose a staff member who knows the client well and has experience working with them. Requiring that the PCC does not work for the agency where they are receiving the services will require a more significant amount of time for the PCC to get to know the participant, their history, and the best ways to ensure their person centered plan is being followed accurately. At the time that a PCC is determined to be necessary by the team, the participant is experiencing additional difficulties that need to be addressed immediately and cannot wait for a PCC who has never met the participant get to know them. Both the blurred lines between who is responsible for supervision relative to clinical vs. non-clinical expectations, and the inability to hire a PCC that already knows and understands the participant will prevent the participant from receiving efficient and effective person centered coaching. The requirement for the PCC to be independent of the residential or ADT agency must be removed to allow the teams to have the greatest amount of choice in selecting the PCC that will be the best match for working with participant.

(l) Response: The requirement for a person centered coach to be independent of the service provider ensures that the participant’s POC is effectively implemented utilizing person centered planning strategies and techniques and barriers are identified which challenge the success of the participant in achieving their POC goals.

(m) Comment: Dr. Sheila Schuster, on behalf of the Kentucky Psychological Association and over 670 psychologists which it represents stated, “Those psychologists who also provide Positive Behavioral Support services are very concerned about the creation of a

new level of provider with inadequate education and training to provide the level of services outlined in the regulation. Of concern is the requirement in the regulation that Positive Behavioral Support service providers would be responsible for supervising these Personal Coaches. There is no provision in the regulation for reimbursing PBSS for this supervision time and no allowance for them to have any input on the selection and training of the Personal Coaches for whom they would be responsible. We believe that this not a workable extension of services and will likely drive PBSS providers out of the SCL system.

While we are invested in maintaining the integrity and sustainability of the SCL program and working with the Cabinet to assure its financial viability, we have raised concerns about the financial cost to the Commonwealth of individuals not being able to be sustained in their community placement – and, more importantly, of the tremendous impact on the individual and his/her family and providers if behavioral health services are not available. Providers of psychological and behavioral support services are available to meet with Cabinet officials to suggest other ways of assuring that SCL services remain focused and available as needed."

Dr. Schuster also stated, "If Personal Coaches as service providers are to be created, then training and educational criteria need to be increased and reimbursement created for their supervision by Positive Behavioral Support Service providers."

(n) Response: DMS is revising the requirement for supervision of the person centered coach, in an "amended after comments" regulation ([please see response (e) above] to require that the person centered coach work under the direction of the positive behavior specialist or other licensed professional.

(o) Comment: Tara Sorgi Pelfrey, a board certified behavior analyst, stated, "Regarding the Person Centered Coach (PCC):
a. Who will monitor the plan if there is not a PCC assigned to an individual, or if they are in between Coach's? Is DBHDID still requiring that training be done within 30 days of working with the individual? If so, who provides training and support when there is a lapse in the PCC assignment for 30 days?
b. Are we required to continue supervision if a PCC is unable to comprehend a behavioral principle; disagrees with the recommendations of the BSP; or is unable to effectively translate the BSP to team members when needed?
c. An Attorney who spoke with at the conference, amongst many others in professional and credentialed standing have suggested that it would be unethical and a huge liability for BCBA's or Psychologist's to engage in supervision of a non-qualified professional who are expected to perform their job duties. Has the cabinet researched this issue?
d. Are Behavior Coaches going to be provided with computers and graphing software or is this something we provide to them during our supervision?
e. If information provided by the behavior coach is inaccurate or incomplete, are we responsible for making clinical decisions based upon such data?"

(p) Response: The utilization of a person centered coach will not be mandated by the

State. It can only be requested by the participant and his or her support team and must be based on need and outcome driven. The person centered coach will not be working in isolation and will work in conjunction with the licensed or degreed professional in performing their duties. The requirement for supervision of the Person Centered Coach has been revised to require that the person centered coach work under the direction of the positive behavior specialist or other licensed professional.

(q) Comment: Christopher George a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated the following:

"PERSON CENTERED COACH:

1) The person centered coach must operate independent of a residential or day training provider. This severely limits the team's ability to identify and select the best PCC to work with a specific individual. If a staff member is familiar with the client and their POC and the team feels that they would be the best person to work with that individual, however they work for the residential or day training agency, they would be unable to provide the services. The team would have to choose a PCC who has no familiarity with the client, requiring a greater amount of time to understand not only the individual, but their POC as well. This is not an effective use of this service.
2) With the requirement that the PCC be independent, this means that the PCC would be provided by one agency and supervised by a clinician from another agency. This limits the clinicians ability to choose a PCC that would work best with the participant and also be a good match with the clinician.
a. **QUESTION: Will DDID please explain in writing why the PCC should be independent of residential or day training services, while the positive behavior support specialist or psychologist does not have to be independent.**
b. **RECOMMENDATION: DDID should remove this requirement from the regulation so that the team will have the ability to choose the PCC they feel will be able to support the participant and monitor the implementation of their POC.**
3) The PCC must be supervised by a positive behavior support specialist, however the duties of the PCC are to monitor the implementation of the participant's overall POC, not just the positive behavior support plan, including services outside of clinical and consultative therapeutic services (i.e. day training, supported employment, OT, PT, community access, etc). The positive behavior support specialist is not qualified by regulation or code of ethics to assess these services. Additionally, the positive behavior support specialist would have to be well educated on the service delivery of each of these services which is an additional responsibility to be completed within the 160 unit annual cap. If the PCC was requested by the team to monitor the implementation of a dietary plan that had been recommended and implemented by the dietician or nutritionist, it would be outside the scope of practice for a positive behavior support specialist to implement this service. If the nutritionist requested additional units of CCT to provide direct service, this may result in the positive behaviors support specialist in not having adequate units to provide the supervision required by this regulation.
4) The PCC is allowed by this regulation to provide training on implementation of all or

designated parts of the participant's POC. This means that the PCC could train on a OT sensory plan or a dietary plan or any other component of the POC. Training on the POC, especially when it comes to clinical or therapeutic services, is critical to the efficacy of the POC. The PCC is not educationally or ethically qualified to perform these tasks. Even if the PCC was qualified, the positive behavior support specialist is required to supervise the PCC and providing guidance or supervision on other clinical areas is outside of their scope of supervision.

a. **QUESTION: Will the positive behavior support specialist be required to supervise the PCC in areas outside of the scope of practice of the positive behavior support specialist?**

b. **QUESTION: If the available units for CCT have been used up prior to the end of the annual POC, will the positive behavior support specialist be required to supervise the PCC without reimbursement?**

c. **QUESTION: If the participant is needing a PCC to help supervise the implementation of a psychological or counseling plan, will the psychologist who wrote that plan be allowed to supervise the PCC?**

d. **RECOMMENDATION: Please increase the available units for CCT to 52/monthly units to ensure that there is adequate units to supervise the PCC. This increase in available units would solve most of the perceived difficulties in implementation of CCT and supervision of the PCC.**

5) The PCC is required to complete a monthly note including "an analysis of the efficacy of the service provided including recommendations and identification of additional support needs if any exist". The PCC does not have the clinical skills nor education to complete an analysis of the efficacy of services provided or provide recommendations of additional support needs.

a. **RECOMMENDATION: Remove the requirement for a monthly note from the PCC. If the PCC is being supervised by a qualified clinician, the clinician should be required to make recommendations based upon the information collected by the PCC and reported back to the clinician."**

(r) Response: The utilization of a person centered coach will not be mandated by the state. It can only be requested by the participant and his or her support team and must be based on need and outcome driven. The person centered coach will not be working in isolation and will work in conjunction with the licensed or degreed professional in performing their duties. The requirement for supervision of the Person Centered Coach has been revised to require that the person centered coach work under the direction of the positive behavior specialist or other licensed professional. The requirement for a person centered coach to be independent of the service provider ensures that the participant's POC is effectively implemented utilizing person centered planning strategies and techniques and barriers are identified which challenge the success of the participant in achieving their POC goals.

(s) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "Person Centered Coach reads like a non-licensed behaviorist. Not appropriate."

(t) Response: The purpose of the Person Centered Coach is to assist participants to be successful in the achievement of the participant's goals by helping to eliminate barriers, provide training, and collect data for the Team to utilize on making modifications to the environment, POC, or services as necessitated. The Person Centered Coach is not intended to be an indefinite part of the participant's support system. The utilization of a Person Centered Coach will not be mandated by the State. It can only be requested by the participant and his or her support team and must be based on need and outcome driven. The person centered coach will not be working in isolation and should be working under the direction of the licensed or degreed professional in performing their duties.

(u) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst in Kentucky, and executive director of Applied Behavioral Advancements stated the following:
"In addition to that, the positive behavior support plans. Positive behavior support is one unit. It's billed at $665. At the current reimbursement rate that is $7--excuse me, seven hours that someone has to write a positive behavior support plan. All right? For--right now for me to write and train a good positive behavior support plan, it is, at least, six hours. I typically go over, that is the cap limit right now on that service under the current regulation. It typically takes me longer than that, but that's okay. All right? In the new regulation the positive behavior support plan is to be revised, updated, rewritten and those things, as long--for that entire POC year, which means that every single revision that comes after that is unfunded. A revision--a rewrite of that plan is unfunded. It is not included as an exceptional rate to have additional funding. So, if we have an individual with severe, extreme problem behaviors, there's a change in residential, which is a complete change in the environment, which should constitute a new functional assessment and a new BSP, we'll save that for another time, but it comes in, if we have to completely rewrite that plan for that, that behavior specialist is doing that for free. I don't understand how the Cabinet expects for quality services to be provided or for people to put in the time and attention that a good quality plan needs, when there's no reimbursement for it. There's no incentive to do that. Ethically, yes, there is. And, there are those of us who are ethical and who will do our best to do that. However, that's not everyone. And, so we get a decrease in the quality of services and those things. My recommendation is that positive behavior support plan, that it be identified in the exceptional rate protocol so that there can be justification written and that we can gain additional and that there be no cap on how many times that that can be rewritten during the course of that--of that year, if it is deemed necessary and falls under those exceptional rates."

(v) Response: In the SCL waiver and proposed regulations, we have moved to a more person-centered team process. The person centered team, which should include the professionals who have conducted evaluations and made recommendations for consultative clinical therapeutic services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any revisions to a positive behavior support plan. As the team

develops the plan of care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. Utilizing the team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year the team determines that a positive behavior support plan is not effective and is in need of revision or updating, a request for exceptional supports may be submitted as outlined in the SCL Policy Manual.

(46) Subject: Supervision of Person Centered Coaches

(a) Comment: Dr. Stanley Bittman, a licensed psychologist and president of Behavioral Associates, LLC, indicated that the regulation requires a behavior specialist to supervise a person centered coach and stated the following:

"However, the number of units available for supervision (which comes out of the 160 units for Consultative Clinical and Therapeutic Services) is practically NONE. The 160 units per year (or 40 hours per year) are supposed to cover the following services:

Functional Analysis
Requires 40 units once per year (40 units per year)
Monitoring
Requires 2.5 hours per month (120 units per year)

The two basis services above account for the 160 unit per year cap on Consultation and Therapeutic Services. This leaves NO units to supervis the PCC. A minimum of four hours per month (only one per week) of supervision is needed to adequately supervise a high school aid. The functions they are supposed to perform are much more technical than a direct care aid and there are often new behavioral situations that occur every day or at least every week."

Dr. Bittman described his experience with "behavior techs" which he indicated are the "(same thing as PCC)" and the amount of supervision required in order for it to be effective.

Dr. Bittman also described the types of duties a PCC could perform and again indicated they encounter questions during training that they cannot answer.

Dr. Bittman recommended that the consultative clinical and therapeutic service limit be increased and he recommended an increase of 1 hour (12 units) per month or 144 units per year (on top of the proposed 160 unit yearly cap.) Dr. Bittman stated, "Poor and inadequate supervision of the PCC will result in more problems than it will solve as it is currently structured. It will become a vicious cycle of problems causing additional problems in all aspects of the treatment plan."

(b) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(c) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

"Behavior specialist supervises person-centered coach. Does this come out of the 2.5 hours of behavior and psychological services?"

(d) Response: DMS is revising the language [please see response (e) above] in an "amended after comments" regulation to remove supervision requirement and established that a person centered coach will work under the direction of a positive behavior specialist or other licensed professional."

(47) Subject: Behavior Intervention Committee

(a) Comment: Christopher George a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated, "Finally, as referenced through the reg, the policy--the policy manual for supports for community living outlines a number of things. One being the behavior intervention committee. In the behavior intervention committee there are eleven individuals that are identified as being part of that behavior intervention committee. They are area behavior intervention committees that will be organized with a group of providers. There are some wonderful individuals that are included on there. Unfortunately, one of the requirements right now currently is that there be two individuals with an advanced degree in a medical field, such as a doctor of medicine, osteopathy, a registered nurse or a psychiatrist. While I have worked on many BICs where we had that availability, they were all in facilities where those individuals worked

within the same walls. And, while that has been beneficial, I see very severe scheduling conflicts on being able to get those types of medical professionals to come and donate a full day unpaid, every time, which means that when our area BICs meet, we are already set up to be out of compliance. So, I would request that the provision for those be removed from that--from that reg--for--from the policy manual.

(b) Response: DMS is revising the language in an “amended after comments” regulation ;o require only one licensed medical professional.

(c) Comment: Christopher George stated, “In looking at the BICs and those, we come back to, and again, I already spoke about the fact that our clinical consultative services. Again, the regulation states that that's on evidence based practice within the scope of those things. However, there's an arbitrary decision made by someone else. Perhaps it shall be the role of the behavior intervention committee that shall be those that dictate the number of units that shall be provided and how much monitoring is necessary, because they were the committee that not only reviews that plan, but also is required to come back and meet to discuss if there's an increase in restraints. If there's an increase in the use of psychotropic medications. All of those things are necessary there and I believe that it would be the better role of, instead of having arbitrary cap, set forth by those who are not in the clinical field, to have those that are responsible for overseeing those plans and that committee that is overseeing them, for them to be recommend--making the recommendations about what units are necessary in order to provide those services, to adjust them as necessary to meet the individual's needs as they work towards their goals of supported employment and enhanced community participation.

(d) Response: The requirements for regional Behavior Intervention Committees (BIC) and Human Rights Committees (HRC) are strengthened in the proposed regulation; however, they were not written to include this in the scope of their function. A recommendation by the Behavior Intervention Committee would be useful as documentation to support a request for exceptional supports.

(48) Subject: Exceptional Support Protocol

(a) Comment: Christopher George, a board certified behavior analyst, a licensed behavior analyst here Kentucky, and executive director of Applied Behavioral Advancements stated, “Finally, the exceptional rate protocol. The exceptional rate protocol is not clearly defined. I do recognize that it lists the--the documents that are to be provided for review. There is no criteria set for what shall constitute a determination about whether or not someone has reached that. And, again, as I spoke of earlier with that 160 cap, if someone does not meet that exceptional rate protocol because of those limits that are put in place, they're choices have been eliminated as far as the options that they have in order to access services. And, it's just basically saying, well, I kind of got some significant stuff going on, but it's really not significant to get the services that I need, so I guess I'm just going to have to deal with that cap. And, I don't think that that's clear. I think that we need to specify in that exceptional rate protocol. Also in

looking the exceptional rate protocol covers a number of different things, including residential ADT, respite services, person center coaching and other services that are there. That process, in order to get a rate increase for those, there may be a longer process to go through and do that.

When I have an individual that, because of decompensation in mental illness or behavior they have a move and transition, the gentleman runs out in the street and attacks someone in their car and starts attacking community members and we have a great need, I don't have two weeks to hear back from the Cabinet about whether or not my client now hits the exceptional rate protocol. There needs to be provisions within that exceptional rate protocol for emergency approval of crises services to be provided to individuals and that process needs to be streamlined and expressed in such a way that it is very clear what time lines we are up against, when we are faced with a crises at 11:00 o'clock on a Saturday night and how we are going to pay for and provide those services so that that individual can stay out of an institution, out of a psychiatric hospital or out of jail."

Mr. George also stated the following:
"Again, when I look at the exceptional rate protocol that is specified in this regulation, there are a few things that it says. The exceptional rate protocol means the set of rules to establish how the Department reviews an exceptional support request, approves exceptional support request revises a limit related to an exceptional support request or sets a standard related to an exceptional support request. Again, and I know that Doctor Laura spoke on this earlier, or it may have been you Adreanna, I apologize, one of our fine doctors did. As far as looking at someone who--if we have a clinician that goes in and recommends and said these are the number of units that I need, these are the number of services I need to provide, the regulation states that the Department shall--the Cabinet shall be able to change the clinical recommendation and only approve part of the clinical recommendation that is there. I think that that falls outside of their scope of practice and it's unethical and I think they should be specified in there that those decisions are being made by someone with a--with the same degree as that clinician, that is supporting that or recommending for that--those exceptional rates. Again, the exceptional rate protocol is as referenced in the policy manual as referenced by this regulation, is unclear about how that process will work. I do ask that that be specifically detailed in greater detail. And, specifically in relation to not only how that applies to behavior supports, as Doctor Laura had pointed out there. but, that also that it be specified in relationship to mental health issues and psychological services."

(b) Response: Under current process, providers are able to provide services and submit a revised plan of care within 14 days. This process is not changing. In a crisis situation it is expected that providers act in good faith and provide services necessary to ensure the health and safety of the participant. Review of requests for exceptional supports in response to a crisis situation will be expedited by the department.

(49) Subject: Implementation

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, “Let me say overall, as a former legislator and a person who is focused in health policy for over twenty years, I find this regulation to be very overly complicated and difficult to implement as an agency as well as looking at the challenges of auditing and making sure that compliance is in order.

I would recommend that instead of going throughout the state, not instead of--but, in addition to going throughout the state and having public hearings about what the issues are, that having a very well focused work group with a combination of providers, advocates, as well as regulators, could have accomplished the goals of this reg in a much more orderly and succinct fashion and would have not led us to what is happening at this time.”

(b) Response: The department met with more than 63 groups consisting of providers, families, self advocates, consultants and legislators before drafting this proposed regulation. The regulation was brought before the Commission on Services and Supports for Individuals with Intellectual and other Developmental Disabilities prior to being filed. Numerous changes were made based on their feedback.

(c) Comment: Guardian Community Living indicated that implementing the waiver “over a protracted period of time creates confusion and unnecesarary burden for providers and waiver recipients” and indicated there are two sets of policies/procedures, two billing systems, inconsistency between services that indivduals may access and “building capacity in new service types while decreasing capacity in services that will no longer be available or will have new caps.”

Guardian Community Living proposed the following solutions:

- “Have regions implement the new waiver for all waiver recipients in that region over a 90 day period
- Allow some services to be immediately available under the new waiver, such as residential services, which appear to be more stable over time and would offer more immediate access to people waiting in institutions to be transitioned to the community
- Priority individuals who need immediate access to the new waiver in order to be successful in the community such as those who are currently in crisis or residing in institutions.”

(d) Response: Once the regulations are approved, people will begin to transition to new services during their birth months. Provider agencies should begin to plan for the changes administratively and within their policy and procedure development. DDID staff recognizes that these changes will take place over time. The agency should demonstrate good faith effort to begin making the changes as needed once the regulations are approved. Anyone new to the waiver, including those transitioning from facilities will enroll in the new services upon entry into the waiver program.

(50) Subject: Provider Mission Statement

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “Page 34 Line 11 MANDATES THE CONTENT OF PROVIDER MISSION STATEMENTS.” Susan Stokes added, “I really feel that the Medicaid waivers over--over intrude and the development of a corporation and its mission and that it should be evaluated based on delivery--the quality of the delivery of services and the compliance with the regulation of those services.”

(b) Response: The requirement of a provider’s mission statement is not a new requirement. Provider Mission and Values Statements should address the 6 areas listed which focus on person-centered principles. This information provides the participant and/or their designated representative information about the agency to enable them to make a more informed-choice as to whom they want to provide services and supports.

(51) Subject: Monthly Summary Requirement

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “Most of the services require a monthly summary. Why is this necessary, if they are not being sent to the case managers? Who is monitoring these summaries? What is their purpose?” Susan Stokes added, “And, it is already being--happening that providers are refusing to transmit summary information to the case managers. Doing such via e-mail or fax is certainly more efficient than a case manager driving across town to have an eyes on read.”

(b) Response: The monthly summary notes may be accessed by the case manager during their monthly visits to monitor the participant’s services at a given location for services received at that location. The use of the DBHDID approved monitoring tool allows for a streamlined process and a reduction of paperwork to be retained and maintained by the Case Manager. The summary notes will continued to be used by the Team as they address the on-going progress and needs of the participant in reviewing and revising the POC as necessary.

(52) Subject: Behavior Plan

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, “The regulation mandates that the behaviors revise the behavior plan as needed, and yet there is not ample time provided each--on a monthly basis.” Cynthia H. Coomes, (CSW, executive director and a case manager), stated, “The reg mandates that the behaviorist revise the behavior plan as needed. If the 2.5 units per month of behavior and psychological are used up when the plan needs to be revised, how is the behaviorist to remain in compliance with the reg?”

(b) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the

professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any revisions to a positive behavior support plan. As the Team develops the Plan of Care (POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at an time throughout the year the team determines that a positive behavior support plan is not effective and is in need of revision or updating, a request for exceptional supports may be submitted as outlined in the SCL Policy Manual.

(53) Subject: Nutrition Mandate

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, stated, "It mandates--the reg mandates that, for example, that clients eat nutritious food. We see this as an intrusion on freedom of choice. Individuals, you and I and many people who we know, without a disability, choose not to eat nutritious food. And, how do you implement such a mandate? Why would you clutter a reg with such statements?" Cynthia H. Coomes (CSW, executive director and a case manager), also indicated there is a "Mandate that clients eat nutritious food. Some clients don't like 'nutritious food'. 'Regular people' are allowed to eat as they please and take the consequences, positive or negative."

(b) Response: On Page 42, Line 20, the regulation does not mandate the participant has to "eat nutritious food." What the regulation does require is that the nutritional needs of the participant are met utilizing the current recommended dietary allowance or in the case where a physician has ordered a special diet for an individual that those dietary orders are followed.

On Page 42, Line 23 and continuing to Page 43 Line 1 the regulation requires the provider to maintain an adequate and nutritious food supply as needed by the individual(s).

(54) Subject: Funneling Services to Community Mental Health Centers

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, "Clients should not be funneled into community mental health centers for psychological services when they have to choose between behavior supports and psychological services. The community mental health centers are over crowded and do not always have the expertise clients need."

Susan Stokes added, "We see lumping those services of behavior support,

psychological and nutrition as a way to eliminate providing psychological services at the site--within the community without going to the mental health. Nothing against the mental health agencies. They work hard. They're trying to provide a service. But, there are other professionals in the community who are equally, if not better qualified, for some individuals and they should not be limited access to those due to the restriction in paid units under the waiver."

Dr. Stanley Bittman, a licensed psychologist and president of Behavioral Associates, LLC, indicated it is equally important to allow an individual to choose his/her own provider and that therapy is more effective if provided at the individual's location (residence/day program, etc.) "rather than having to travel hours to a traditional medical model location in a therapist's office." He also stated, "I attended a meeting where a DDID official stated that individuals in the SCL program may have to go to the nearest mental health center to get mental health counseling. This is contrary to the service values stated by DDID – individuals MUST be able to choose the professional from whom they want to get a service. Not be forced to go to a particular service provider."

Dr. Bittman cited reasons to support his position regarding freedom of choice of provider and noted that community mental health centers will not provide services in the individual's life setting (residential, day program, etc.) but, instead, will have to "travel to a 'medical model office' in the MHC building to see a therapist in his/her 'medical model' office – not in the individual's 'natural'setting." Dr. Bittman indicated that an individual will be more receptive to counseling in his/her own environment, notes the extensive travel time involved in transporting an individual to a community mental health center rather than seeing the individual at the SCL provider site where therapy can be provided to more individuals (at the SCL provider site) due to the lack of travel time. Dr. Bittman also indicated that a consulting psychologist, when providing services at the SCL provider site, can also consult with the individual's case manager and other staff involved in serving the individual and noted the importance of such communication.

Dr. Bittman noted that he has worked in a community mental health center for about seventeen years and stated, "I have found that very few psychologists in general are trained or experienced in working with people with intellectual deficits (ID) and other developmental disabilities (DD)." He indicated that an individual is better served by mental health professionals who specialize in working with individuals with ID and DD.

Dr. Bittman also stated, "The effectiveness of both psychology and behavior services are enhanced when they can be coordinated by the Behavior Specialist and the Psychologist together. This is much more difficult if at all feasible if the Individual gets the behavior service on site (which is required) and then gets the equally important mental health counseling off site in a different city."

Dr. Bittman also emphasized the importance of an individual's psychologist and behavioral service provider coordinating services as well as communicating and stated, "At times the communication and coordination between these two service providers needs to happen on a weekly basis, not just at monthly or quarterly team meetings." He

continued, “This will not occur if the psychology services are not provided on site at the SCL program. I am not aware of any psychologists or psychiatrists at MHC who even attend or participate in the individual’s team or annual planning meetings.”

Dr. Bittman stated, “When you have to take an Individual to a private practice office or Mental Health Center office (MHC) off site for mental health therapy, it takes one and sometimes two staff people to go with the Individual. This will take staff away from being able to provide other services or support to any other Individual during this time. The amount of time for transporting and waiting for the Individual to finish the therapy session can range from two to four hours for each visit. If the Individual is receiving therapy one time per week, the amount of time the Individual and two staff are taken away from the SCL program can be as high as 8 to 16 hours per month. What a waste.”

Dr. Bittman provided a comparison of providing service “off-site” at a community mental health center versus “on-site psychological services” (no travel time required by staff) and also displayed an example of four counseling sessions a month comparing the amount of time lost for the individual and staff when services are provided at a CMHC compared to on site. The latter comparison indicated a total of 80 hours per month of individual time lost and 80 to 160 hours of staff time lost when services are provided at a CMHC compared to only 40 hours per month of individual time lost and no staff time lost when services are provided on site.

Dr. Bittman recommended, “that the Individual be given the choice of who and where he/she gets mental health counseling. Here is another opportunity to treat the individual as though they are living in the community and have the same choices as everyone else.”

Cynthia H. Coomes (CSW, executive director and a case manager), stated, “Clients should not be funneled to community mental health centers for psychological services. More qualified psychiatrists are needed ouside of the community mental health centers to see and treat clients.”

(b) Response: Consultative clinical and therapeutic service does not require a participant to obtain services through the community mental health centers.

(55) Subject: Duplication

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “If ‘community access specialist’ has the same credentialing requirements as a case manager and they both are to coordinate and facilitate, how is this not the same thing? This is duplicative.”

Susan Stokes and Cynthia H. Coomes both also indicated that the requirement that case managers are to assist people with joining clubs and finding jobs can be duplicative of a supported employment and CLS service.

Susan Stokes and Cynthia H. Coomes both stated, “Person centered coach reads as duplicative of case management.”

(b) Response: The scope of work for the community access specialist is to provide the participant the support and training needed by the participant and/or their designated representative to access events, organizations, clubs, businesses, associations, and other activities in their community for which they have an interest or desire in which to participate. As the Community Access Specialist works with the participant to access these areas of interest they will also be assisting the participant to develop a natural support system so that the Specialist’s supports will fade. The Case Manager, while holding similar qualifications, will be the person who monitors the effectiveness of the services provided by the Specialist, the participant’s satisfaction with the services being provided, and the participant’s overall plan of care. The Person Centered Coach is not a duplicative service of Case Management. The purpose of the Person Centered Coach is to assist participants to be successful in the achievement of the participant’s goals by helping to eliminate barriers, provide training, and collect data for the Team to utilize on making modifications to the environment, POC, or services as necessitated. The Person Centered Coach is not intended to be an indefinite part of the participant’s support system, whereas the role and responsibility of the Case Manager is intended to be a long-term service.

(56) Subject: Added Responsibility to Case Manager but Reimbursement Reduced

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, The 351 assessment is not mentioned in the regulation. It is replaced by multiple other assessment tools, including SIS, HRST, Focus Tool, etc.” Susan Stokes stated, “This is creating a much more--and maybe those tools--we're using the focus tool now and I have no problem with it, but you have just added more and more time and expertise and implication to the process and yet, you are paying the case manager less.”

(b) Response: Case management services are the cornerstone for excellence in providing assurances that people in SCL services are safe, have choices, are respected, and enjoy living and working in their communities. In order to promote best practice in Kentucky, case managers are being provided enhanced training that includes more tools and assessments to enable the case manager to better identify and implement support strategies. Through ongoing continuing education, case managers are empowered to facilitate and guide the person centered team towards designing person focused plans that reflects choice, opportunity, and what is important to and for the person. The adjustment of the rates is to better align Kentucky’s rates with the national median payment ranges of $100-250.00 per month as reported by NASDDDS.

(57) Subject: Supported Employment/Supported Employment Consequences Regarding Adult Day Training

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“Supported employment- Supports are delivered on a one to one basis with participant, or indirectly on behalf of participant. Language in Reg 907 KAR 12:020, section 3 (22) does not include SE as a service that can overlap other SCL services. It will have to be changed to enable SE staff to provide supports on behalf of the participant.”

(b) Response: Much of the work done in supported employment during the discovery and job development phases, along with the writing of the long term support plan and occasional contacts with supervisors and coworkers are conducted independently of the participant. The activities that are covered by the section of the regulation you reference are direct participant services. It is never appropriate for a participant to receive an additional direct participant services while receiving a direct supported employment service. There is no need to change the regulation.

(c) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “Regarding supported employment; KAPP remains firmly committed to employment for persons who choose to work, as well as to providing opportunities to explore this important life choice and receive support to obtain--obtain and maintain a job. Full-time employment and even part-time employment, however may not be the dream or within the capabilities of many people. In fact, the Federal Government recognizes and designates the category of disability for participation--for participants who are unable to gainfully--be gainfully employed for a variety of disabilities.

The loss of workshops and adequately funded ongoing adult day training removes the safety net for these participants, reduces their options and limits their services array. Many states boast high employment rates for participants with intellectual disabilities. It should be noted, however, that each state's definition of successful employment differs regarding the number of hours worked per week, whether volunteering is counted or if enclaves within an integrated setting are counted. The statistics on employment can therefore be misleading as literally one hour of volunteering may be defined as employed.

The issues to be considered in this area and addressed in implementation are one choice, just as the general population, some people do not choose to work and should not be required to. With the loss of ADT, adult day training, and workshops, how will this cost of their services be absorbed? What will their options be really?”

Steve Zaricki also stated, “With the new regulation, it is the position of KAPP that people currently receiving services through a sheltered workshop, be allowed to continue in that service, with a specific plan for integrated employment. This would be incorporated into their plans of care. The career planning activities required under ADT services, could be utilized in this model.”

(d) Response: No one will lose the choice of attending a day training program or a sheltered workshop. CMS does state that the service is "not reimbursable if for the primary purpose of producing goods or performing services." The service is reimbursable as long as the waiver participant attending a sheltered work setting has a person centered plan with goals and objectives that will assist them to become as independent as possible. The work done in a sheltered setting should be a means to develop more independent work related skills that could eventually lead to employment in the community.

DMS is revising the language in an "amended after comments" regulation which reads as follows:

"b. **Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;**
c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant's interest, strengths, priorities, abilities, and capabilities; and
d. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customer;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety;
(v) The ability to follow directions;
(vi) The ability to attend tasks; or
(vii) Mobility training;".

(e) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "Loss of reduced benefits. Although suggestions are that this area has been addressed, it is a reality that participants experience an increase in patient liability and a reduction in benefits through SSI as their earnings increase. This disincentive, this is really a disincentive to working.

(f) Response: Over the past year BHDDID has attempted to address myths about the impact of wages on benefits, work incentives, and patient liability by training more than 800 provider and state staff members about the facts regarding these topics. For many participants in the waiver their overall financial position is greatly improved and the fact they work has no impact on their patient liability; some participants can make essentially as much money as they are capable of earning without losing their Medicaid benefits; and, virtually everyone can earn some money and improve their financial position while retaining benefits. We would be happy to provide this training to your membership without charge.

(g) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, "No. 3, ongoing one on one support

of the job--on the job does not appear to be adequately funded. Additionally, once the job coach has backed out, ADT staff would have to be utilized to supplement supports at a much lower reimbursement rate."

(h) Response: Agencies can provide reimbursable supports through supported employment services in the SCL waiver while participants work if such support is appropriate. Specifically the service is defined as long-term employment support and the intensity of the services necessary are defined in the long-term employment support plan. The development of the long term employment support plan is the last function that is completed during the job acquisition and training phase of supported employment and is incorporated into the participant's plan of care. While it is true that we expect natural supports to be integrated into the participant's plan to the extent that it is proper; we also recognize that some participants have needs that will make this a very long term goal. It is our expectation to provide long-term supported employment, through a trained employment specialist, at the level that is necessary for the participant to maintain their employment, even if that means the employment specialist must remain with the participant. We do require that supported employment providers maintain an active goal of assisting the participant to reduce their level of support to an average of six hours per month over time. What we do not support is the employment specialist remaining with the participant when their assistance is no longer required. If the person needs assistance in the workplace it is our expectation that supported employment be provided.

(i) Comment: Steve Zaricki stated, "Next item, part-time work. With most participants most likely obtaining, choosing or only capable of participating in part-time work, how will the cost of their supports during the other hours be absorbed and given the loss of ADT in workshops?"

(j) Response: The goal of supported employment is to provide the level of support that the participant needs in order to meet their employment goals; but, no more support than they need. If a participant wished to work full-time hours but only part-time jobs were available, the participant could be supported to obtain multiple part-time jobs if they wished. As an alternative, should an individual wish to work part-time in the community and return to the workshop in order to refine their work skills or to the traditional day training program to participate in other activities, there is nothing in the regulation to preclude that option. If the participant chose to work part-time hours then return to their residence to relax there is also nothing in the regulation to preclude that option. Residential providers are paid a daily rate which makes residential services a 24 hour per day, 7 day per week service.

(k) Comment: Steve Zaricki stated, "Enhanced rate protocol. As such an important part of the waiver it would seem the enhanced rate protocol would apply to support people with the most challenging behaviors, but it does not in supported employment."

(l) Response: it is our expectation to provide long-term supported employment, through a trained employment specialist, at the level that is necessary for the participant to

maintain employment, even if that means the employment specialist must remain with the participant. The proposed rate for supported employment is nearly 200% of the previous supported employment rate and the volume of service is dependent upon the needs of the participant. There is no need for an enhanced rate protocol for supported employment.

(m) Comment: Steve Zaricki stated, "Our request or recommendation, one, retain the day services model and rates until supported employment programs have been--have begun to develop and thrive. Keep this alternative intact for many participants who utilize it as a primary activity in their daily lives."

(n) Response: The rates were adjusted in order to expand services available to people inclulding transportation, home and vehicle modifcations, transition, shared living and natural supports training. This also enabled us to increase the rate for supported employment and community access which allow people to become more involved in their community.

(o) Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome offered the following on behalf of the Dreams With Wings board of directors and the families and individuals supported by Dreams With Wings and Steve Zaricki offered almost identical/mostly identical comments on behalf of the Kentucky Association of Private Providers (KAPP):

"The following need to be taken into consideration:

• *Choice* – just as in the general population, some people do not choose to work, and should not be required to. With the loss of ADT and workshops, how will the cost of their services be absorbed? What will their options be really?
• *Unemployment rates* continue to be high in Kentucky. This will only serve to increase the difficulty in finding work for participants. We struggle with this daily! We have a team of committed employment specialist who compete with so many at each job interview.
• *Loss of/Reduced benefits* – although suggestions are that this area has been addressed, it is a reality that participants experience an increase in Patient Liability and reduction of benefits (SSI), as their earnings increase. This is a disincentive to working.
• *Ongoing 1:1 support* on the job does not appear to be adequately funded. Additionally, once the job coach is backed out, ADT staff would have to be utilized to supplement support, at a much lower reimbursement rate. My son, for example, can not work with a job coach. If he has to work with "natural supports" as proposed, he will no longer be employed at a job he has held for 8 years. We have tried natural supports and they do not work in his current job, those left to that option are no longer employed. How many will lose their jobs when this becomes a reality.
• *Part-time work:* With most participants likely obtaining, choosing, or only capable of participating in part-time work, how will the cost of their supports during the other hours be absorbed, given the loss of ADT and workshops?

• *Enhanced Rate Protocol:* As such an important part of the waiver, it would seem that the enhanced rate protocol would apply to support people with the most challenging barriers, but it does not.

REQUEST:
1. RETAIN THE DAY SERVICES MODEL AND RATES UNTIL SUPPORTED EMPLOYMENT PROGRAMS HAVE BEGUN TO DEVELOP AND THRIVE. KEEP THIS ALTERNATIVE INTACT FOR MANY PARTICIPANTS WHO UTILIZE IT AS A PRIMARY ACTIVITY IN THEIR DAILY LIVES. Retain the provision of on-going job coaching for those who need it at the Supported Employment rate!

While I strongly support the development and pursuit of meaningful paid employment for participants, and increasing the opportunities for true integration into their community. However, providers are concerned that service choices are being limited and even eliminated in some cases. ADT is the most widely utilized service in the waiver currently. Again, people who do not want to work or are of retirement age constitute a large segment of the SCL population, and could struggle with where they "fit" within the new service menu."

(p) Response: There is not, nor has there ever been any plan or procedure which forces participants to engage in integrated community employment when they do not wish to do so. If they are satisfied with their existing daytime activities there is no requirement that they change anything. At the same time, there is the expectation that all participants indicating they do desire integrated employment receive appropriate training and be given every opportunity to pursue that goal.

For those who choose to seek integrated community employment there is also no requirement that participant pursue employment at any specific level. The participant could work full-time or part-time depending upon the choices they make. After transitioning to integrated community employment, the participant may choose to return to the sheltered program on a part time basis to refine their community employment skills for the difference between amount of time they work in integrated employment and forty (40) hours per week.

Career planning activities are not the only activities that can make up an adult day training program. In general, any activities that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater independence and personal choice meet the regulatory definition. Other specific activities that would meet these requirements other than employment or career planning and development include: Supported Retirement, health and wellness activities to slow the progress of medical conditions, and activities to build networks of non-program friends (community integration).

(q) Comment: Barbara Howard, executive director and CEO of Redwood in Ft. Mitchell, KY stated, "This letter is to share my concern about the KY Medicaid's proposed amendments to the regulations in the Supports for Community Living (SCL) Medicaid

Waiver (907 KAR 12:010).

Many of the proposed changes in the regulation were shared with providers in mid spring 2011. The changes that impact Adult Day Training and Sheltered Employment were not shared until summer 2012. At that time, the Northern Kentucky organizations collaborated to hold a town meeting to inform consumers and families. The proposed changes were a complete surprise to these individuals, as well as to service providers. As you are aware, many of them have written letters to express their concern.

The proposed changes include higher rates for supported employment and lower rates for Day Training (sheltered employment). One individual at CHFS recently told a legislator that this change was to serve as an incentive for service providers to move people from the workshops to community employment. Please know, though, that it is not the "money" that is driving whether people participate in sheltered or supported employment; it is their needs and preferences. The population of adults with intellectual/developmental disabilities is not a homogenous group. There is a wide range of types and levels of disabling conditions, with many people experiencing multiple disabilities, medical fragility, and mental health disorders. One size program or service does not fit all. Additionally, it is important to consider individual choice. Some people wish to work in the community. Others do not for a variety of reasons. There is need for both types of programs—supported employment in community jobs and sheltered employment in Adult Day Training Programs.

Supported Employment

Redwood, BAWAC, New Perceptions, and North Key are fully committed to community employment for people who choose to work, as well as to providing opportunities for them to receive support to attain and maintain a community job. Each organization offers "supported employment" services for that purpose. Everyone appreciates Commissioner Hall's attempts to increase funding for supported employment. It is important to note, however, that the plan requires individuals seeking community employment to first exhaust funding through the Office of Vocational Rehabilitation (OVR). OVR Funding, though, is tied to the outcome of a person finding and maintaining employment for 90 days. If that doesn't happen—which is likely in the current economy of high unemployment—there is no funding to cover the cost of the services provided. Unemployment rates are a huge barrier to placing individuals with severe disabilities when people without disabilities can't find jobs."

(r) Response: Traditionally, many people with disabilities had no expectation of ever having a job. Today, there is a new generation of young people with disabilities who grew up in accessible communities and integrated classrooms who not only expect jobs; they are demanding them. Add to that the numbers of soldiers returning with the strong desire to work and support their families and we see a prepared, motivated workforce ready to make their mark on the world.

What we did not realize until recently is that people with disabilities and their families

represent a very significant segment of any potential customer base. Globally there are 1.1 billion people with disabilities controlling more than $4 trillion annually. This makes people with disabilities a market roughly the size of China. One in five Americans has a disability making people with disabilities the largest single minority group in the country. Of all families, twenty-nine percent have at least one member with a disability; and, marketing research shows that families with one or more persons with disabilities and consumers in general are significantly more likely to do business with a disability-friendly company.

President Obama said the federal government will hire an additional 100,000 persons with disabilities by 2015. The U. S. Chamber of Commerce challenged private employers to hire an additional one million persons with disabilities also by 2015. Proposed rules from the U.S. Department of Labor require all federal contractors to work toward a goal of having at least seven percent of their workforce, at all levels, be persons with disabilities. No one claims that providing supported employment is easy; but we do not believe that the fact it is difficult to provide should eliminate it from the participant's menu of choices.

Many waiver participants have a great deal of difficulty meeting all of the elements in the typical job description. That is why our supported employment services are built upon discovering individual strengths and individual employer opportunities discovered by customized employment. With a customized employment approach, work opportunities which match the interests or skills of the participant are negotiated with the employer in order to free up existing staff to focus on the other tasks that need to be accomplished. This creates greater efficiency. In essence, the goal is to find a win/win situation for both the participant and the employer.

As an example, a waiver participant who works for a truss manufacturer ensures that the drill bits used in the process are sharpened and are the correct length. Prior to this participant taking over the task, all of the experienced truss builders had to stop what they were doing as their stock of drill bits wore out and use a machine called "the grinder" to prepare more bits. As these employees worked at roughly the same pace, they tended to run out of bits at the same time. Since there was only one "grinder," this task created a significant bottleneck in the operation. The hiring of the waiver participant for this specific task, even though the participant was slower than any of the experienced truss makers at this task, removed the responsibility from everyone else and enabled the operation to generate a greater profit.

Sometimes the "tools" that the participant uses for mobility can enhance a participant's employability. A Kentucky hospital discovered it had a serious problem when their accrediting body found that over 80% of the hand sanitizer units in the hospital were either empty or broken. They hired a waiver participant who used a motorized wheelchair to travel a route around the campus testing the units, filling those that were empty, and turning in a maintenance request for those that were broken. During the follow-up accreditation visit they were found to be 100% in compliance. Since that time, the participant has expanded his hours and responsibilities by maintaining a continuous

inventory of cleaning materials in each unit. This allows housekeeping staff to spend their time keeping the premises clean instead of traveling back and forth to central stores to obtain materials.

In order for customized employment to work effectively, the employment specialist must function as both an advocate for the participant and a consultant for the business.

It is true that the process a participant initially follows to become employed is mandated by and funded through the Rehabilitation Act; it is also true that there is no funding to assist the participant to maintain employment after a job is obtained or to seek changes in employment when there is not a significant change in the impact of disability. The Medicaid Wavers provide funding for both. The relationship between BHDDID and Vocational Rehabilitation has been formalized by a Memorandum of Understanding between the agencies and is one of the strongest relationships between service delivery partners in the country. The goal of the SCL waiver is to help participants live in the community as valued members of the community. Our focus on integrated work in the community makes this possibility a reality for many participants. In the type of situation that you describe it is incumbent upon all parties to ensure that the participant is prepared to enter the workforce and that an appropriate job is developed. There are provisions in our agreement to address this situation in a person-centered manner.

(58) Subject: Positive Behavior Supports as as an Exceptional Support

(a) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “allow positive behavior supports writing of the plan to be included as an exceptional support so that the most intense plans that may need major revisions can be covered.”

(b) Response: In the SCL waiver and proposed regulations, we have moved to a more person-centered team process. The person centered team, which should include the professionals who have conducted evaluations and made recommendations for consultative clinical therapeutic services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any revisions to a positive behavior support plan. As the team develops the plan of care (POC), they may submit a request for exceptional supports if the participant’s needs exceed the annual limits.

Utilizing the team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a more personal, meaningful, and fulfilling life. If at an time throughout the year the team determines that a positive behavior support plan is not effective and is in need of revision or updating, a request for exceptional supports may be submitted as outlined in the SCL Policy Manual.

(59) Subject: Residential Services

(a) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, “Under residential services, KAPP supports the addition of progressive residential options in the waiver, such as technology assisted and shared living. KAPP is also appreciative of the rate adjustment in the more traditional models, family home providers and staff residences. The concern is that these modest increases will be quickly--quickly absorbed and counter acted by the increase in administrative burden and costs associated with additional waiver requirements. It is--it is also important to note that this increase only benefits residential providers.

Issues to be considered and addressed in the implementation. Family home providers and guardians and guardianship. While KAPP recognizes the potential conflict of interest in family home providers acting in the dual role of support provider and guardian and agree that the practice should not continue, it is the Association's recommendation that guardians who are currently providing services be grandfathered in. Many of these FHPs became guardians due to their close relationship. And, these relationships should not be disrupted. And, I believe there's been some change in the interpretation around that to allow the grandfathering in and the implementation of the waiver.”

(b) Response: The long-standing FHP relationships will be reviewed on a case-by-case basis and a determination made regarding the relationship, the desires of the participant, and the impact upon the participant’s quality of life should changes in providers of support services be made.

(c) Comment: Mr. Zaricki, stated, “Additional personal costs and administrative burden, there are associated with that will be addressed in personnel section.

Daily note requirement. While the residential rate has increased, the administrative--the burden has increased significantly, now requiring a daily service note on all participants in addition to the monthly summary previously required.

Health risk screening tool. While KAPP recognizes as helpful, the tool, in providing quality supports, this has an increased cost and administrative burden to primary providers by requiring an RN to complete these assessments. The agencies must either hire or contract an RN or LPN to perform this service with no mechanism for reimbursement.”

(d) Response: The Department has taken into consideration the daily note requirement; however, significant information may not be communicated regarding the participant’s daily life activities and events which may positively or negatively impact their ongoing supports. The daily note requirement shall remain as stated in the proposed regulation.

(e) Comment: Mr. Zaricki stated, “Under the residential levels our request or recommendations are as follows; 1, clarifying the regulation that existing FHP guardian relationships will be supported to remain in tact.”

(f) Response: The long-standing FHP relationships will be reviewed on a case-by-case basis and a determination made regarding the relationship, the desires of the participant, and the impact upon the participant's quality of life should changes in providers of support services be made.

(g) Comment: Mr. Zaricki stated, ""Modify language to reflect that a home would only be required to be ADA compliant, if applicable to the person living in the home."

(h) Response: The proposed regulation requires that an SCL provider shall ensure a residential placement shall meet ADA compliance in accordance with the participant's needs.

(i) Comment: Mr. Zaricki stated, ". . . modify language to allow family home providers the right to alcohol and tobacco use in their homes, while respecting the rights and wishes of the participants they support."

(j) Response: The regulation reflects workplace standards that providers of SCL services must meet. The regulation does not prohibit a family home provider from having alcohol in their home.

(k) Comment: Mr. Zaricki stated, ". . . eliminate the newly added requirement for daily note."

(l) Response: The per-contact note enables DSP's and others to record and better communicate daily life activities that impact a person's supports and services. The per contact note offers real-time information which has greater substance and meaningful data creating a summary that should be used by the person centered team as they make decisions about whether or not the person's needs are being met, and supports the opportunity to change goals and objectives more timely.

(m) Comment: Mr. Zaricki stated, ". . . .offer a specific reimbursement mechanism for any requirement for RN or LPN tasks, such as the health risk screening tool."

(n) Response: The residential rates were increased by $4.00 per person/per day to offset some of the additional costs.

(o) Comment: David Volkner, vice president of ResCare Residential Services, asked, "Is the technology daily rate for technology services expected to be a supplemental rate in conjunction with Residential I and II rates? If not, then the proposed rates will not cover the cost associated with residential and technology services."

(p) Response: No, the technology assisted residential is a stand alone service for participants who are able to function without direct staff support on site at all times.

(60) Subject: Room and Board Definition

(a) Comment: Steve Zaricki, president of the Kentucky Association of Private Providers and executive director of Community Living, stated, ". . . remove the room and board definition from regulations. Under FHPs there's a--while providers of residential services determine a room and board or residential fee. And, they're now required, under the new regulation that's proposed, to have cost figures related to all of that. And, that's not a billable service, so it shouldn't be regulated in that way."

(b) Response: Room and board as defined in Section 1 of the proposed regulation stipulates that these are required and are to be calculated in determining the costs of providing living expenses.

The case manager is required to assist the participant in planning resource use and the protection of the participant's resources. Room and board represents the major expenditure of funds for most SCL participants and directly impacts their receipt of Supplemental Security Income benefits.

(61) Subject: Decision Making Process Regarding the Regulations

(a) Comment: Dr. Adreanna Bartholome, a licensed clinical psychologist, stated, "A couple last comments that I really would like the Cabinet and Legislators to think about.

Many experts in this state are curious as to the decision making process that went into these proposed regulations. Are the proposed regulations simply a political mandate to reduce Medicaid costs? Or was actual analysis conducted to determine the impact on the health, safety and welfare of the participants that this is going to affect?

A similar regulation change was imposed in Georgia under Commissioner Hall. To what extent did the Cabinet attempt to determine the affects of this program in that state? What empirical evidence do they have to support that these cuts actually worked? And, why has the state failed to provide this information to the legislators and to the general public?

That's all that I have to say. You know, we finally have gotten to a point in our country where the needs of the most vulnerable are being taken seriously. And, the--the changes that are being suggested are going to go back to a regression to substandard services and it's just unacceptable."

(b) Response: The changes to the SCL waiver and proposed regulations were made in response to an analysis of data gathered by the University of KY through the National Core Indicators, and presented to the Commission on Services and Supports for Indidviduals with developmental and intellectual disabilities.

(c) Comment: Steve Stratford, an SCL provider with REACH, stated, "I attended a community forum in Louisville and did not feel that families were of support of this proposal and some came away feeling threatened by Commissioner Hall. This is not the

way to develop trust."

(d) Response: We did hear many positive comments. The department would never force anyone out of a program that is benefitting them. What we are asking is that each person and their team continue to develop plans of care that meet the needs and desires of that person and help them to become as independent as possible.

(62) Subject: Improved Process

(a) Comment: Karen Gardner, executive director of Tri-Generations, LLC, stated, "We have been engaging in this process with the guidance of DDID since mid-July, 2012. We want to report that from our experience the proposed process is a much improved process that has streamlined the decision-making, documentation and reporting of incidents into a much simpler and more efficient process. Thanks to DDID staff, Tammy Swartz and Sharon Carter, for their lead in developing this process, patience in listening to our feedback, and guidance with this new process over the past couple of months."

(b) Response: Thank you for the positive comments.

(63) Subject: Transition to New Version of SCL Waiver

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Current SCL recipients will transfer to New SCL during the month of their next birthday. New SCL offers many additional services. Assuming that the New SCL regulations go into effect sometime in November or December, then a current recipient born in September who needs a new service like transportation services, a home modification, etc. would have to wait almost a year before being eligible. Is there a process in place that would allow a current SCL recipient to access a needed New SCL service prior to their next birthday?"

(b) Response: Anyone new to the waiver will begin with services in 907 KAR 1:010, current waiver participants will transition to new services during their birth month.

(64) Subject: Can a Case Management Supervisor Be an Executive Director?

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Please confirm that a case management supervisor can also be an executive director or other SCL position. We are concerned that if a case management supervisor is a stand-alone position, then this might be an impediment to smaller agencies."

(b) Response: An executive director may also provide case management supervision. They must meet the requirements as specified in the regulation, Section 1 under "Case manager supervisor".

(65) Subject: Developmental Disability Definition

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "We urge the

Cabinet to change the definition of 'developmental disability' to clarify that individuals with developmental disabilities can access SCL services. The proposed definition allows the Cabinet to continue its practice of excluding anyone who has a developmental disability from SCL because it interprets the "an impairment of general intellectual functioning and adaptive behavior similar to that of a person with an intellectual disability" to mean an SCL applicant must have an IQ of approximately 70 or below. This interpretation contravenes Kentucky's SCL statute, KRS 205.6317, which specifically states SCL is for individuals with either intellectual or developmental disabilities.

We suggest using the Michelle P. developmental disability definition. See 907 KAR 1:835 § 1(16). By using the same definition, Kentucky's ID/DD waivers will be consistent and Michelle P. recipients with developmental disabilities won't have to fear being cut-off from SCL residential services when the need arises just because they are not diagnosed as ID. We are mystified as to why the Cabinet would create a bifurcated ID/DD waiver system that, for lack of a better phrase, abandons the DD population when they need residential waiver services."

Marie Allison, mother of an SCL participant, stated, "There are a number of individuals who have developmental disabilities who are not mentally retarded nor suffered from an acquired brain injury. The definition of developmental disability in the proposed regulations continues to basically limit this waiver to folks who are mentally retarded. This waiver provides residential support. Home and Community Based Waiver. The individuals with physical disabilities may need assistance in meeting their residential needs that is provided by this waiver, but not in the Home and Community Based Waiver. I suggest the definition of developmental disability be the same as the federal definition."

(b) Response: The SCL waiver and Michelle P waiver, as approved by the Centers for Medicare and Medicaid Services (CMS), are not identical. Amending the definition of developmental disability as suggested would alter the intent of the program and would require CMS approval. DMS is not amending the definition as requested.

(c) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Clarification needed for Eligibility Criteria – IQ eligibility mentioned would restrict some individuals from receiving SCL supports and services. Is the definition of intellectual and developmental disability aligned with Medicaid eligibility 907 KAR 1:022?"

(d) Response: No change has been made to the eligibility criteria or definition of intellectual or developmental disability in this proposed regulation.

(66) Subject: Intellectual Disability Definition

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "In sub-section (52) 'intellectual disability,' the Cabinet has changed the language of the final criteria found in the Diagnostic Statistical Manual of Mental Disorders (DSM) for a

diagnosis of mental retardation from 'had an onset before eighteen (18) years of age' to 'which occurred prior to the individual reaching eighteen (18) years of age.' P&A objects to the Cabinet moving away from the actual diagnostic criteria which practicing licensed psychologists use in diagnosis of an intellectual disability. The language can also be construed to exclude persons that the system failed to give an actual diagnosis before their 18th birthday. There are numerous scenarios in which persons with intellectual disabilities fall through the cracks and fail to receive proper services, diagnosis and treatment. Persons who fall through these cracks should not be excluded from services when their current treating licensed psychologist deems them appropriate."

(b) Response: DMS is revising the language in an "amended after comments" regulation to comport with the Diagnostic Statistical manual of Mental Disorders criteria. The amendment reads as follows:

"**(51)[~~(52)~~]** "Intellectual disability" or "ID" means**:**
(a) A demonstration:
1.[~~(a)1.~~] Of significantly sub-average intellectual functioning and an intelligence quotient (IQ) of approximately seventy (70) or below; and
2. Of concurrent deficits or impairments in present adaptive functioning in at least two (2) of the following areas:
a. Communication;
b. Self-care;
c. Home living;
d. Social or interpersonal skills;
e. Use of community resources;
f. Self-direction;
g. Functional academic skills;
h. Work;
i. Leisure; or
j. Health and safety; and
(b) **An intellectual disability that had an onset before[~~Which occurred prior to the individual reaching~~]** eighteen (18) years of age."

(67) Subject: Person Centered Team

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Sub-section (79) states that providers cannot request reimbursement for contributing to a recipient's person centered team. Will the providers be reimbursed under another service for their time? P&A is consumer directed, thus our concern here isn't with provider reimbursement, but rather how this might impact people being active members of the team."

(b) Response: The attendance of relevant staff members at participant's plan of care meetings has never been reimbursed and has always been considered a cost of doing business. For those unable to attend, there are many ways to provide valuable information to the person-centered team that do not require actual attendance at the

meeting. Providing input to the person-centered team in the manner prescribed by regulation is both a minimum expectation of provider staff and their minimum ethical obligation. For participants directing their own services, it should be the responsibility of the participant, the case manager and other team members to determine how best to gather input of all team members to ensure that the plan of care is developed using a person centered process.

(68) Subject: Can a Shared Living Caregiver Be a Direct Support Professional?

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Can a 'shared living caregiver' also be a direct support professional? Sub-section (94).

(b) Response: Yes

(69) Subject: Personal Assistant/Personal Assistance is Not Defined

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Personal assistance is a listed service (see Section 4 (15), but it's not defined in Section 1."

Patty Dempsey, executive director of the Arc of Kentucky, stated, "The definition for 'personal assistant' and 'personal assistance' are not included in the definitions. They are mentioned as a service and in the pay rate, but not in definition."

(b) Response: The personal assistance service is defined in section 4 of the regulation.

(70) Subject: SCL Participant Eligibility

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Sub-section (1)(c) states that SCL recipients must meet the 907 KAR 1:022 ICF-IID patient status requirements. While the ICF-IID regulation is not being amended, we would like to make the following observations. The ICF-IID patient status requirements are so tortuous that we think an amendment is needed. Can a person with mild intellectual disability get SCL? The intent of SCL is to cover those with mild ID, but what about this from 1:022 § 4(5) "[a]n individual shall meet ICF-MR-DD patient status if the individual requires physical or environmental management or rehabilitation for moderate to severe retardation and meets the following criteria[.]" (emphasis supplied).

(b) Response: The criteria in 907 KAR 1:022 is the criteria used for determining SCL program admissions and, as noted by Mr. Dolan, refers to "moderate to severe retardation" rather than "mild retardation." Mild retardation does not meet the qualifying threshold.

(c) Comment: William S. Dolan also stated, "The State may, pursuant to 42 U.S.C. 1396n (c)(4)(A), limit waiver recipients "to individuals with respect to whom the State has determined that there is a reasonable expectation that the amount of medical assistance provided with respect to the individual under such waiver will not exceed the

amount of such medical assistance provided for such individual if the waiver did not apply[.]" Kentucky has chosen to decline this option. Kentucky's New SCL Waiver application, Section B-2: Individual Cost Limit, provides "[n]o Cost Limit. The State does not apply an individual cost limit." (emphasis original). 907 KAR 12:010 § 2(4), however, appears to utilize the (c)(4)(A) option. Consequently, 907 KAR 12:010 § 2(4) is inconsistent with the New SCL Waiver application approved by the Center for Medicare and Medicaid Services.

Sub-section (6) e, f, and g are excellent provisions as they prevent providers from dumping recipients into facilities or jails in an effort to end SCL service commitments."

(d) Response: DMS is deleting the individual cost limit language from the regulation via an "amended after comments" regulation.

(71) Subject: Room and Board Clarification

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "We applaud the clarification of maximum room and board charges listed in sub-section (3)(h)."

(b) Response: Thank you

(72) Subject: SCL Participant Eligibility

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "The Department is leading the way in fostering a restrain-free environment for individuals with disabilities and we welcome the banning of mechanical, manual, and chemical restraints and seclusion. Sub-section (3)(j) 5."

(b) Response: Thank-you

(73) Subject: Liability Insurance

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Sub-section (3)(q) requires SCL employees or volunteers to have mandatory liability insurance if they are responsible for driving participants. SCL providers will often drive participants in agency owned/leased vehicles. We would suggest clarifying this sub-section to reflect that an employee or volunteer who is driving an agency owned/leased vehicle is not responsible for insuring it."

(b) Response: DMS is revising the language in an "amended after comments" regulation as follows:

"3. If responsible for driving participants during a service delivery, have a valid **[~~Kentucky~~]** driver's license with proof of current mandatory liability insurance **for the vehicle used to transport the participant**;".

(74) Subject: Sixteen Hour/Day Limit

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, “Any combination of day training, community access, personal assistance, or supported employment cannot exceed sixteen hours per day. Sub-section (1)(b). Please clarify that the sixteen hours a day limit will not be applied to participant directed services (PDS). Some PDS recipients maximize their services by reducing what they pay PDS providers in return for more hours of service. PDS, given that it’s grounded in flexibility, should not be so constrained.”

(b) Response: The 16 hour per day limit is to ensure that participants are allowed 8 hours of sleep time when they are not in active programming. This applies to all waiver participants.

(75) Subject: Community Transition Services

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, “Community transition service is limited to participants transitioning from an institution or other provider-operated living arrangement. Sub-section (7). We suggest participants living in other settings—like a parental home—also have access to community transition services. This would allow these participants to move to more independent living arrangements.”

(b) Response: In the current waiver, the transition service applies for participants who wish to move from a paid residential service to their own home.

(c) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, “Consider funding for transition from home to an apartment and not just from a group home or institution. Suplies and provisions to a new setting are still very much needed.”

(d) Response: In the current waiver, the transition service applies for participants who wish to move from a paid residential service to their own home.

(76) Subject: Goods and Services

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, “Sub-section (11)(a) provides that good and services shall not be ‘available to a recipient outside of the department’s SCL waiver program.’ Please clarify this restriction.”

(b) Response: A given good or service that is available to an individual through the Medicaid program outside of the SCL waiver program, shall not be an allowable good or service in the SCL waiver program. The good or service shall not be covered via the SCL waiver program.

(77) Subject: Natural Supports Training

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, “Sub-section (12)(a) 1. allows only SCL employees to provide natural supports training. We recommend that natural supports training also be provided by other qualified persons/entities. This would allow individuals to access a broad array of trainers, including nationally recognized experts.”

Patty Dempsey, executive director of the Arc of Kentucky, stated “Natural Supports Training – This and shared living will provide an opportunity for building new friendships and relationships. Why though does this training have to be done by an SCL provider? Current SCL providers know the least about this. A suggestion would be to use those dollars for conference registration and possibility to pool some of the funding to have training by national and Kentucky experts to provide state of the art training.

Dr. and Mrs. Jeffrey Lederer, parents of an SCL participant, stated, “Why does natural supports’ training have to be done by an SCL provider? We thought we could make use of it for conference registration and possibly to pool some of our money with other families to bring national experts to provide state-of-the-art training. There are also people in Kentucky that are not SCL providers but have the experience and credentials to provide this service.”

(b) Response: DMS is revising the language in an “amended after comments” regulation to read as follows:

(12)(a) Natural supports training:
“1. Shall be provided by **a qualified entity as identified in the POC[~~an SCL provider employee who meets the personnel and training requirements established in Section 3 of this administrative regulation~~]**.
2. Shall be participant directed **and include**”

“6. **[~~Shall be provided by a vendor approved by DBHDID;~~**”.

(78) Subject: Specialized Medical Equipment and Supplies

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, “We suggest using ‘include, but not limited to,’ in sub-section (24)(a) in place of ‘include’ to explain that those items listed as specialized medical equipment and supplies is not exhaustive.”

(b) Response: “Include, but not limited to” is prohibited by KRS 13A.222(4)(l) and the Legislative Research Commission as being vague and ambiguous.

(79) Subject: Transportation

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, “Adding a transportation service is a welcomed addition as non-emergency Medicaid transportation will only transport to or from a Medicaid covered service. By including

other destinations, this service will allow SCL recipients more access to the community and increase successful community-based placements. Sub-section (27)(a). This service, however, is not available to recipients receiving SCL residential services. We assume, like under the current SCL, that residential providers still must arrange for or provide transportation. See 907 KAR 1:145 § 4 (2)(k) 7."

(b) Response: Yes, that is correct.

(c) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Section 6.9, Supported Employment states that transportation to and from a work site is not a billable service and that transportation is incorporated in the provider administrative overhead. How will individuals who don't receive residential support services get to work?"

(d) Response: While transportation is not billable as supported employment through the SCL waiver, it may be billable as transportation. Individuals would qualify to use waiver funded transportation for employment if it was not available through a natural support (family member, coworker, neighbor, friend, etc.) and is not an element of another service that the participant receives. In some cases, particularly where specialized transportation is necessary, it may make sense for a participant to pay for transportation themselves in order to establish an impairment related work expense (IRWE). This can be true even when the participant receives residential services. It is the responsibility of the person-centered team to determine the best transportation strategy for the participant.

(e) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comments:

"Transportation is funded on CDO option. Why are traditional waiver recipients not eligible for transportation funds? FTSB and TARC 3 do not transport all individuals to all necessary sites (cannot get transportation to Voc Rehab office if living outside of TARC 3 service area)."

(f) Response: Any participant in a living arrangement (regardless of funding source) that is furnished to three or less individuals unrelated to the proprietor may participant direct as few as one service with the exception of community guide services which require the active use of at least one other participant directed service. Transportation is, in both the existing waiver and the revised waiver, the responsibility of residential providers to arrange or provide. The fact that transportation is only available through participant direction does not impact non-residential participant's ability to access the service.

(80) Subject: Participant-Directed Services' Budget

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Please confirm that a PDS budget will be based on a recipient's plan of care (POC) and that the budget can be adjusted based on need during the POC year. According to the new SCL

regulation, a POC '[e]mpowers the participant or the participant's designated representative to create a life plan and corresponding plan of care for the participant that is based on the participant's preferences, ideas, and needs[.]' 907 KAR 12:010 § 1 (78) d. (internal citation omitted). We hope that the Cabinet will not use the current PDS (CDO) budget process that is based on historical or average per capita costs and which forces recipients and support brokers to navigating the burdensome budget adjustment process that includes the artificially high "imminent institutionalization" test.

(b) Response: A waiver participant's plan of care should be person centered and based on identified needs using the assessment tools (SIS, HRST and any other assessment or evaluation given).

(81) Subject: Appeal Rights

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Sub-section (4) should be deleted. There are thousands of individuals on the SCL waiting list. Thus, a category of need placement means the difference between receiving services now or perhaps in ten years. As SCL is a Medicaid program, its recipients and applicants have a right to appeal when Medicaid does not act on a claim with reasonable promptness or when a request for a service is denied. 42 C.F.R. § 431.200 ("fair hearing to any person whose claim for assistance is denied or not acted upon promptly.") Sub-section (4) violates federal Medicaid law."

(b) Response: 42 USC 1396a(a)(3) states: "(a) A State plan for medical assistance must –
(3) provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under the plan is denied or is not acted upon with reasonable promptness;".

42 CFR 431.200 states: "This subpart –
(a) Implements section 1902(a)(3) of the Act, which requires that a State plan provide an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly;".

Placing an individual on the SCL waiting list does not equate to denying or not acting promptly upon a claim for medical assistance.

(82) Subject: Supports for Community Living Manual

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "The Supports for Community Living Policy Manual is incorporated by reference. Please clarify that changes to the SCL Manual will require KRS 13A regulatory review. Otherwise, the Cabinet can change policy in the Manual and circumvent the public comment process found in KRS 13A."

(b) Response: The manual and all incorporated material is subject to regulatory review.

DMS posted the material on its website and also states, in Section 10 of the regulation as quoted below, how the material can be obtained for review.

"Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:
(a) The "Supports for Community Living Policy Manual", July 2012 edition;
(b) The "Person Centered Plan of Care", July 2012 edition;
(c) The "Supported Employment Long-Term Support Plan", December 2011 edition;
(d) The "Critical Incident Report", August 13, 2012 edition;
(e) The "Incident Report", August 13, 2012 edition;
(f) The "Person Centered Employment Plan", March 2012 edition;
(g) The "Person Centered Employment Plan Activity Note", July 2012 edition; and
(h) The "Medication Error Report Form", August 2012 edition.
(2) This material may be:
(a) Inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.; or
(b) Obtained online at the department's Web site at http://www.chfs.ky.gov/dms/incorporated.htm."

(c) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "SCS requests clarification for this definition in reference to training requirements. Is the state indicating that the CEO is required to attend training specified in this regulation?"

(d) Response: Please see the response to comment (a) above.

(83) Subject: Level of Care Reviews

(a) Comment: William S. Dolan, staff attorney supervisor at P & A, stated, "Section 3.1, Assessment and Screening Tools provides that the SIS and the HRST will be used to determine needs, level of care, and prior authorization of services. Will the MAP 351 still be used? It is not listed in Section 3.1. Also, who will be performing level of care reviews and issuing prior authorization of services? Will it be DBHDID or a sub-contractor like Carewise Health?"

(b) Response: DBHDID and DMS are working out the details of the PA and LOC processes. The MAP 351 will be phased out as the SIS and HRST are completed; this transition will occur based on the participant's birth month.

(84) Subject: Health Risk Screening Tool

(a) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "As stated a Supports Intensity Scale, or 'SIS,' measures practical support requirements in daily living, medical and behavioral aresa and is administered by a trained professional. A Health Risk Screening Tool is also required in accordance with health risk screening

tool requirements established in the Supports for Community Living Policy Manual (Section 3 10 iii). Is the Health Risk Screening Tool necessary since eligibility is assessed annually and why are regulations specifying manual when manual should be aligned with the regulation? With the number of participants and the time involved would understand the need for proper and comprehensive needs assessment but question the need for Health Risk Screening Tool for all participants as eligibility is absed on intellectual or developmental disabilities. The tool should be used if applicable to individual need."

(b) Response: People with intellectual and developmental disabilities are living much longer but are having more complex health issues. This combined with shorter hospital stays often requires an increased level of competency to ensure health, safety, and welfare for persons receiving services in the community setting. In order to meet the changing needs of persons with I/DD, health risks must be identified quickly to avoid a rapid decline in health status.

The Health Risk Screening Tool (HRST) offers a data system for health risk screenings that could prevent many hospitalizations, emergency room visits, and possibly some deaths. This system will generate reports to provide monitoring by SCL providers as well as DBHDID.

(85) Subject: Clarify Eligibility

(a) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Clarification needed for Eligibility Criteria – IQ eligibility mentioned would restrict some individuals from receiving SCL supports and services. Is the definition of intellectual and developmental disability aligned with Medicaid eligibility 907 KAR 1:022?"

(b) Response: There was no change made in the eligibility or definitions for intellectual or developmental disability in the proposed regulation.

(86) Subject: Monitoring Tool for Person Centered Practices

(a) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Utilization of DBHDID approved monitoring tool to identify person-centered practices demonstrated by service provider is clearly commended. Question – will this tool also be aligned with the responsibilities of the person-centered team? As stated, person-centered coaches will be utilized when a barrier challenges the success of a participant in achieving goals. Should this be the only time coaches are available to participants?"

(b) Response: The DBHDID approved monitoring tool does not specifically address the person-centered team. The participant's case manager is charged with the responsibility to facilitate the development, implementation, and on-going monitoring of the participant's services and supports as identified in the plan of care. It will be the responsibility of DBHDID to provide oversight of case managers and person centered teams in a similar fashion as to what now exists. If the case manager believes the team

is providing barriers or challenges to the development of a plan of care that meets the needs of the participant in context of what is important to the participant, they have a responsibility or duty to contact the DBHDID for assistance, or if the participant has chosen to access the services of a person centered coach, they should work with the person centered coach to address the barriers or challenges.

It is the participant's choice when to access the services of a person centered coach and therefore addressing Team challenges or barriers is not the only time a person centered coach services are available to the participant.

(87) Subject: Participant Directed Services (PDS) and PDS Training Requirements

(a) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, "Participant Directed should not be contingent upon the availability of a qualified provider within (30) minutes from residence or based on times and places. Freedom of choice is not provider first or then . . . (Section 5 (j) 2.)

Training component – in reference to training as relates to participant directed services, regulations state that an individual providing services must complete training within six (6) months from date of hire or of the date individual began providing the service. (Section 5, (5)(a). No exemption or transition specific information regarding those who are currently providing services through CDO and how this will be handled for participants when they start the new program during their birth month. A question is the intensity of the training requirements being the same as providers. Employees are required to work with numerous individuals during the course of their day. When working with a variety of individuals, many with significant needs, justification for training and use of resources is warranted. However, when working for an individual and following one plan of care in collaboration with a person-centered team, is all that training necessary. Perhaps, consideration for training based o the specific needs of the one individual is a better use of resources and could easily be monitored as means for increasing quality of life in measurable ways. If a requirement, suggest expenses involved be a part of the individual's budget to include first aide/CPR and background checks."

(b) Response: A mechanism and setup of this process is currently under development and will be solidified in relation to the contract with the FMS vendor.

The training requirements for a PDS employee have been reduced in in comparison to requirements for the employee of an SCL provider.

(c) Comment: Steve and Melanie Tyner-Wilson expressed support that an individual who chooses to participant direct services can retain his/her case manager and not be required to deal with the existing system and 'support brokers.'

(d) Response: Thank you

(e) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “Training for those people servicing under the PDS is a good thing. But if the Department is going to require it they should also allow the expenses involved to be included in an individual's budget. I believe the training should be required up front (not six months in, of course some time needs to be included for existing situations) for the safety of the individuals.

Recommendation: Include some costs for training as part of the budget process for PDS.”

(f) Response: The six month period is to allow time for all employees to complete the expanded training requirements.

(g) Comment: Dr. and Mrs. Jeffrey Lederer, parents of an SCL participant utilizing the consumer directed option, asked, “Why is person-centered coach not listed under PDS service?”

(h) Response: Person centered coaches are to work under the direction of the positive behavior specialist or other licensed professional and are not available to be participant directed under the approved waiver.

(i) Comment: Dr. and Mrs. Jeffrey Lederer, parents of an SCL participant utilizing the consumer directed option, stated, “We would like the option to be able to use the budget to pay for First Aid Training/CPR and background checks as any other business would do.”

(j) Response: These requirements will be handled through the Fiscal Management entity as a part of the individual budget.

(k) Comment: Dr. and Mrs. Jeffrey Lederer, parents of an SCL participant utilizing the consumer directed option, stated, “We have concern that the amounts for both respite and supplies have been reduced. If services are to be truly person centered people need the option to choose services that will promote what they need.”

(l) Response: Units or cost above the limits may be requested through the exceptional supports protocol and will be reviewed based on justified need.

(m) Comment: Stephanie Sharp, chair person of the Commonwealth Council on Developmental Disabilities, stated the following:

PDS requirements and training for family members.
As advocates we strongly believe it is in the best interest of individuals with disabilities that all staff, including family members are equipped to provide high quality service. Therefore, we believe the increased training and requirements for family members who wish to provide service under the participant directed service options are in the best interest of the SLC participants.

Is our understanding that the Department intends for SCL funds to cover the cost of PDS staff training. We support that, because if staff training is not covered, we are afraid that individuals and families who are interested in PDS will not take advantage of the option because they cannot cover the training costs.

We do find the current regulation language regarding payment for PDS staff training confusing. And, request a clarification on that language."

(n) Response: Training costs for participant directed employees will be handled through the fiscal management entity.

(o) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated the following: "I mean, CDO wasn't good enough, now we've got to have a new name again.

But, participant directed services. I am happy, I am thrilled that they finally have decided to mandate training for the indivi--for the providers that are providing the services. How they missed that all along, is beyond me. I mean, it's just--I mean, how can you just ignore any kind of training for these folks? And, I'm very happy to see that they're doing it.

I'm not happy with the fact that, basically, they're not funding it. And, I don't understand why you take an individual, you say, we're going to let you make your own choices, we're going to let you decide who you can hire, but it's going to cost you, if you want to hire these people. Will these people have to pay for it out of their own pocket? Which isn't going to work either. There should be some provision in there to allow people to get paid, if they have to go for, say, first aid and CPR training, which I think is critical, absolutely critical. How they ignored that for so long is beyond me.

What I don't understand though is how they're not mandating that it be done prior to doing services. They say six months. It has to be done within six months. Which means a person is going to work somebody, but they can only go into cardiac arrest after they've been working with them for six months.

Being in an agency where I do have an employee that saved somebody's life because they knew CPR and they jumped on them and pushed and pushed and pushed until they got them breathing again.

I can't understand how Medicaid can't see the need to do these kind of trainings up front. And, if you want to mandate it, then pay for it."

(p) Response: Training costs for participant directed employees will be handled through the fiscal management entity. The six month period is to allow time for all employees to complete the expanded training requirements.

(88) Subject: Reference KRS's

(a) Comment: Patty Dempsey, executive director of the Arc of Kentucky, stated, “The regulation does not always reference the KRS numbers and as a result it was somewhat difficult to reference some areas due to lack of the KRS numbers. An example is budget allowance, immediate family members and representatives.”

(b) Response: When a term is defined by a Kentucky Revised Statute the promulgating agency (Department for Medicaid Services) is required - by KRS 13A.222(4)(d) - to define the term by citing the relevant Kentucky Revised Statute which contains the definition. Below is the relevant language from KRS 13A.222(4)(d) establishing this requirement:

KRS 13A.222 Drafting Rules
(4)(d)
“(d) Certain words are defined in the Kentucky Revised Statutes. Where applicable, these definitions shall be used. Definitions appearing in the Kentucky Revised Statutes shall not be duplicated in a proposed administrative regulation. A reference shall be made to the chapters and sections of the Kentucky Revised Statutes in which the definitions appear.”
http://www.lrc.ky.gov/KRS/013A00/222.PDF

The terms mentioned (budget allowance, immediate family member and representative) are defined in accordance with KRS 13A.222(4)(d) as follows in Section 1 of the regulation:

“(8) ‘Budget allowance’ is defined by KRS 205.5605(1).
(45) ‘Immediate family member’ is defined by KRS 205.8451(3).
(87) ‘Representative’ is defined in KRS 205.5605(6).”

(89) Subject: Transparency in Incident Reporting

(a) Comment: Steve and Melanie Tyner-Wilson expressed a need for more transparency in safety and incident reporting. They recommended an annual report that gives true reporting and data from all the various levels of injuries (serious abuse by staff that would require a visit to a medical establishment to a lesser injury in the community.)

(b) Response: The Department is working on a system that will allow for improved data collection that captures trends and patterns occurring in the community. We are also developing quality indicator tools to be used by providers and department staff to evaluate individual outcomes for each person. These will rate satisfaction of the person with their services as well as identify any areas of concern for the health and welfare of the participant. The quality indicator ratings for each service a person receives will be made available to the person.

(90) Subject: Community Inclusion

(a) Comment: Steve and Melanie Tyner-Wilson described the proposed regulations as a very positive move forward for Kentucky and indicated that the community inclusion lens is very much a part of the proposed services and they very much welcomed that.

(b) Response: Thank-you

(91) Subject: Dual Relationships of Adult Foster Care Providers and Guardians

(a) Comment: Guardian Community Living requests that the regulation be amended to allow grandfather of the dual relationships of guardians and adult foster care providers (that was allowed in 907 KAR 1:145.) They stated, “There have been practices in the past where AFPs were encouraged to seek legal guardianship of an individual and now it seems they are being punished for what they were encouraged by professionlas to ensure the individual had a legal representative. If the mandate is not removed or changed so that it ‘grandfathers’ in those AFPs who are already guardians, it seems that there is not a meaningful choice for service recipients as to the whether they stay in the current system v. moving into the consumer direction option. In other words, if the individual doesn’t choose CDO they lose their primary support and caregiver.”

(b) Response: The long-standing FHP relationships will be reviewed on a case-by-case basis and a determination made regarding the relationship, the desires of the participant, and the impact upon the participant’s quality of life should changes in providers of support services be made.

(92) Subject: Monitoring/Enforcement/Accountablility Rather than Policy Changes Are the Solution

(a) Comment: Loretta Martin, mother/guardian of an SCL participant stated, “My suggestion is not to create a new regulation, but to put some ‘teeth’ into the existing SCL ruels and regualtions. The two previous Day Training programs he (her son) attended were often lax and unproductive, but as I said before Sunnyside and Employment Solutions are the best I have seen up until this point in our SCL journey.” She also stated, “I have tried to familiarize myself with SCL guidelines and best practices. I don’t think they need to be hcanged, I think they need to be enforced and monitored. If the major focus was on SCL program accountability, I think we could be one of the most progressive programs in the country.”

(b) Response: The changes in the SCL waiver are not intended to reduce Medicaid costs; in fact, they are intended to be budget neutral. The intent of the changes in the waiver is to update the services offered from the practices of the past to the best practice of today. This regulation does not take away any current choices or services. Anyone wishing to remain in a day program or sheltered work setting may do so. The goal of changes to day training including sheltered workshops is to give each person the opportunity to explore opportunities in the community either to participate in integrated activites or earn a competitive wage in a job they select. The department is developing quality indicator tools to be used by providers and department staff to evaluate

individual outcomes for each person. These will rate satisfaction of the person with their services as well as identify any areas of concern for the health and welfare of the participant. The quality indicator ratings for each service a person receives will be made available to the person.

(93) Subject: Need for a Standard Psychological Service Rather Than Exceptional Support to Consultative Clinical and Therapeutic Services

(a) Comment: Dr. Stanley Bittman, a licensed psychologist and president of Behavioral Associates, LLC, and Dr. Sheila Cooley-Parker stated, "The Consultative and Therapeutic Service does not provide for the psychological services as a standard needed service (as does the current regulation) . . . Psychological services are needed as a standard available service like behavior services, speech therapy, occupational therapy, physical therapy etc. The need for psychological services is NOT an 'exceptional situation.'" Dr. Bittman and Dr. Cooley-Parker proceeded to explain the importance of psychological services and recommended that psychological services be granted their own category of service or that units within consultative clinical and therapeutic services be "to allow for mental health counseling when needed." Dr. Bittman and Dr. Cooley-Parker also stated that, "it should not be treated as an 'exceptional' situation since more than half the population has a dual diagnosis." Dr. Bittman and Dr. Cooley-Parker indicated that if it's included into consultative clinical and therapeutic services that the unit limit be increased rather than requiring a request for an exceptional support consideration. Dr. Bittman and Dr. Cooley-Parker recommended a range of sixteen units per month at the beginning (of a person's counseling/therapy), tapering to eight units towards the middle of therapy and four units toward the end.

Dr. Bittman and Dr. Cooley-Parker also emphasized the importance and value of psychological services for an indidual's overall treatment plan. They stated, "Having an individual with behavior problems and also a diagnosed mental health problem, only getting behavior services, is like treating half the person."

Dr. Bittman and Dr. Cooley-Parker also indicated that the "lack of appropriate mental health services will lead to an increase in increased calls for the police, increased psychiatric hospitalizations, greater use of psychotropic medications, greater risk of injury to the Individual themselves, other individuals, and staff. IT will lead to greater problems on the job in supported employment, and more likely, losing supported employment positions. All of these are high priority goals and objectives of the entire SCL program. They will all be compromised."

(b) Response: In the SCL Waiver and proposed regulations, we have moved to a more person-centered team process. The Person Centered Team, which should include the professionals who have conducted evaluations and made recommendations for Consultative Clinical Therapeutic Services, will determine what services and supports are necessary for the participant across the array of available services. This will include taking into consideration any short- or long-term supports and the level/intensity/frequency of those supports. As the Team develops the Plan of Care

(POC), they may submit a request for exceptional supports if the participant's needs exceed the annual limits. A request may also be made if the Team projects that additional service units will be needed to achieve designated outcomes, such as short-term counseling or accessing a dietician in order to lose weight. Utilizing the Team approach and focusing on what is important for the participant in context to what is important to the participant alters the practice of service providers implementing the same services/supports in isolation. This process gives the participant an increased opportunity to seek and enjoy a comfortable, meaningful, and fulfilling life. If at any time throughout the year a provider of Consultative Clinical Therapeutic Services determines additional units of support are warranted, the Team should reconvene to consider the clinician's recommendations, determine any amendments that might need to be made on the POC, request exceptional supports based upon the revised POC, and submit the request for Exceptional Protocol to DBHDID as outlined in the SCL Policy Manual.

(94) Subject: Fund New Personnel Requirements

(a) Comment: Jenifer Frommeyer, executive director of Dreams With Wings and mother of a child with Down syndrome, stated, "Make appropriate funding available for added/new personnel requirements that are not funded or underfunded with current draft of regulation, i.e. mandatory drug testing, increased training requirements, etc., if funding is not made available, then the requirements should be removed from the regulation."

Judy Erwin, director of regulatory compliance with the Zoom Group stated, ""Daily contact notes will be required for each Day Training contact under the proposed regulation. We request that this requirement be removed as it is unfunded and we already complete monthly summary notes."

(b) Response: The per-contact note enables Direct Support Professionals and others to record and better communicate daily life activities that impact a person's supports and services. The per contact note offers real-time information which has greater substance and meaningful data creating a summary that should be used by the person centered team as they make decisions about whether or not the person's needs are being met, and supports the opportunity to change goals and objectives more timely.

(95) Subject: Licensed Social Worker Should be Licensed Clinical Social Worker

(a) Comment: Lili Lutgens, a licensed attorney, licensed clinical social worker and behavior support specialist stated, "First, please note that 907 KAR 12:010 Section 4(8)(a)9 (page 62 line 11), states that "Licensed social worker who meets the personnel and training requirements established in Section 3 of this administrative regulation" can provide consultative clinical and therapeutic services in the Supports for Community Living (SCL) program. The reference to "licensed social worker" needs to be changed to "licensed clinical social worker" as only LCSWs are licensed to provide clinical services in Kentucky. Licensed social workers or LSWs are typically bachelor level individuals who are not trained in the provision of clinical services and are not licensed

to provide such services.

(b) Response: Agreed, this is being corrected in an “amended after comments” regulation.

(96) Subject: Behavior Support Specialist Requirements Versus Reimbursement

(a) Comment: Lili Lutgens, a licensed attorney, licensed clinical social worker and behavior support specialist stated, “My second comment concerns the requirements for positive behavior support specialists (PBSSs) versus the rate of compensation the regulation ensures for their work. In short, the Cabinet's failure to ensure proper compensation for PBSSs either requires PBSSs to provide hours of free service to the Cabinet each month in order to meet the standard of practice in the profession or risk a suit for malpractice because the units provided are not sufficient for PBSSs to meet the standard of care required of them.

As you know, currently behavior support specialists are paid at a rate of $133 per hour. The regulation specifies up to 10 hours to draft a functional assessment and an additional 6 hours to draft a behavior support plan when one is necessary.

Pursuant to proposed regulation 907 KAR 12:020, the Cabinet proposes to pay PBSSs $665 per behavior support plan (BSP). The regulation thus provides for payment for writing a BSP but does not reflect any designated payment for drafting a functional assessment (FA).

The standard in the profession, however, is to draft a FA prior to a BSP for multiple reasons. First, without a better understanding of the client's situation including examination of background materials, interviews with caregivers, and observations, it is impossible to determine if the alleged challenging behavior is truly a challenging behavior or what many PBSSs call “junk behaviors,” that is behaviors that might bother caregivers but in fact are not problematic but simply different. Caregivers often have difficulty understanding the difference between a behavior that is abnormal in the sense that it is damaging or disruptive versus simply atypical, that is different from the norm. Individuals with intellectual disabilities have the right to be themselves and this includes behaviors that are merely atypical. Only truly challenging behaviors on the client's part should be targeted for treatment.”

Lili Lutgens elaborated further by stating, “And, even--people with intellectual disabilities and developmental disabilities have a right to be themselves, and that includes having some behaviors that may be a little frustrating for caregivers. But, a behavior support specialist should not be brought in, ever, to change a behavior that really isn't problematic, that isn't truly challenging. And, so the functional assessment helps us to weed out those who really need assistance from those who don't.”

(b) Response: Agreed, the payment for a functional assessment is included in the definition of Consultative, Clinical and Therapeutic services and reads as follows:

“(b) Include all functional assessment components specified in the Supports for Community Living Policy Manual.”

(97) Subject: Functional Assessment

(a) Comment: Lili Lutgens, a licensed attorney, licensed clinical social worker and behavior support specialist stated the following:

“The purpose of a FA is to determine the function of the challenging behavior. There is simply no way to determine the evidence based intervention appropriate for treating the challenging behavior without a thorough FA.

907 KAR 12:010 Section 1(36) defines the term functional assessment as ‘an assessment performed using evidenced based tools, direct observation, and empirical measurement to obtain and identify functional relations between behavioral and environmental factors.’ 907 KAR 12:010 Section 4(17) (a)(3)a requires the PBSS to base the BSP on the outcome of the FA. The Supports for Community Living Policy Manual (SCL Policy Manual) incorporated by reference fleshes out what the Cabinet expects from a functional assessment:

The functional assessment shall include the following:

1. A specific target behavior of concern that is defined in clear, observable, measurable terms, such as what the participant says or does that people find problematic;
2. Baseline estimate of behavior in terms of objective measures to include rate, frequency, duration, and intensity;
3. Review of pertinent records including incident reports;
4. Interviews with the participant and people who often interact with the participant within different settings and activities;
5. Observation of the participant in a minimum of two (2) different settings;
6. Use of relevant assessment tools to produce objective information regarding events preceding and following the behavior of concern, as well as communicative intent of the behavior and ecological and motivational variables that may be affecting the participant's behavior;
7. Identification of patterns of obtained from the data collected that include:
a. Circumstances in which the behavior is most and least likely to occur; and
b. Specific functions that behavior appears to serve for the participant;
8. Identification of broader variables that may be affecting the participant's behavior, such as activity patterns and sleeping patterns;
9. A written summary of patterns and/or hypotheses that are clear and based on data collected; and
10. Recommendations for the participant and the Team such as:
a. Environmental adaptations;
b. Involvement in meaningful and fulfilling activities;

c. Practice of coping skills; and
d. Therapeutic and/or behavioral supports.

The list of requirements for an FA as defined by the SCL Policy Manual are in keeping with the standard of practice for the behavior support profession and should be provided by PBSSs. The problem is there is no express provision for payment in the proposed regulations for this work.

The Cabinet takes the position that the FA can be drafted using units provided for a related service, consultative clinical and therapeutic services (CCTS) 907 KAR 12:010 Section 4(8)b.7. However, the regulation clarifies that providers receiving CCTS service units are responsible for an additional set of tasks to include:

1. Professional consultation, evaluation, and assessment of the participant, the environment, and the system of support and written summary of findings and recommendations for the participant and the participant's person centered team;
2. Providing treatment that is:
    a. Consistent with assessment results and diagnosis;
    b. Evidence based or current best practice; and
    c. Encompasses psychological treatment or counseling as indicated by the condition of the participant.
3. Coordinating program wide support, as needed, that addresses the assessed needs, conditions or symptoms affecting a participant's ability to fully participate in the participant's community;
4. Participating in the developing and revising, as needed, home treatment or support plans as components of a participant's POC;
5. Providing training and technical assistance to carry out recommendations and plans which shall occur within the settings in which the recommendations, home treatment, or support plans are to be carried out;
6. Monitoring:
    a. Of the fidelity of the data reporting and participant's POC implementation
    b. Of the effectiveness of the participant's POC;
    c. Of the impact of the participant's POC on the participant, the participant's environment and system of supports; and
    d. Which shall be conducted:
        i. In the settings where the participant's POC is implemented; and
        ii. Through discussions and observations of people implementing the participant's POC; and
        iii. Through reporting data."

(b) Response: Additional units required above the cap may be requested through the exceptional supports protocol.

(98) Subject: Public Hearing

(a) Comment: Tara Sorgi Pelfry, a board certified behavior analyst, wrote the following regarding the public hearing:

I found the public hearing to be quite discouraging. Despite the requirement to RSVP, the number of guests who squeezed into the designated room exceeded the Room's Fire Code by over 100 people and wasn't accessible to person's in wheelchairs. The majority and remainder of those in attendance stood in the hallway the first hour until the room was made larger after public out roar. Even after the room was enlarged, the placement of the podium and microphone did not permit approach by those in wheelchairs, causing the hearing coordinators to hold the microphone while individuals with disabilities spoke from a different area of the room. Does the Cabinet plan to adhere to fire safety codes and ADA accessibility codes during future meetings in the state's Human Resources Building when addressing future issues with the SCL waiver?

(b) Response: Yes.

(99) Subject: Public Rating System for Home Health Agencies/Providers

(a) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, “There needs to be some public rating system for individual home health agencies/providers so that families can have more information when choosing who to have provide services to their loved one. Currently it is a gamble that a given provider will do a good job once you choose them. The rating system would need to be comprehensive and include reports of injuries and abuse/neglect (both serious and minor), complaints from consumers, percentage of Medicaid reimbursement spent on administrative costs vs. percentage of Medicaid reimbursement spent in wages to the direct care staff, and needs a customer rating component. We would welcome reading reviews of agencies that included the opinions of families who had actually used an agency. In our experience in three years we have had two agencies that we tried to use that turned into a disaster because of the poor job done by the agency in providing services. It was very disruptive to our daughter to start with these agencies and them have to change away from them. If there were some sort of public report on each agency that included customer rating information, that could have saved us from making the choices that we did. When an individual with the disability cannot communicate well, the family must have better information at hand so they can try to protect that individual from potential harm or mistreatment.”

(b) Response: The conflict free case managers will use the Kentucky Focus Tool (KFT). The KFT is used by case managers to rate the overall health, safety, and welfare of an individual in SCL and the person’s satisfaction with services. The KFT evaluates the key indicators of what is important to and important for the person. The results of this monitoring tool will be used by the department, along with quality indicators for each service, including case management. The quality indicator ratings for each service a person receives will be made available to the person and their family. The department is working towards a more comprehensive provider profile or rating system that will be available to the public.

(100) Subject: Volunteering to Serve on a Committee

(a) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, “If in the future there is an opportunity for family involvement/input in revision of future regulations, one of us would be interested in volunteering to participate on any committee or commission that addresses these regulations, as a representative of the autism community or for persons who live in our area. Thank you for taking the time to consider our comments on the proposed Supports for Community Living services regulations. We have high hopes for improvements in living and community involvement for individuals with development disabilities in Kentucky.”

(b) Response: Thank you very much. If you are interested in applying for participation on the HB 144 Commission on services and supports for individuals with developmental and other intellectual disabilities an application can be accessed on the department’s website at: http://dbhdid.ky.gov/ddid/hb144.asp?sub9|sub95.

(101) Subject: Support for the Regulations

(a) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, “We approve of the proposed regulations for the 907 KAR 1:145, 907 KAR 1:155. 907 KAR 12:010, and 907 KAR 12:020 for the Supports for Community Living Services. The proposed regulations for the SCL Waiver are a positive step for individuals with developmental and intellectual disabilities in Kentucky.”

Patti Parsons, mother of a son with autism spectrum disorder, and Vicky Roark, grandmother of an individual with autism spectrum disorder, stated, “I am writing in support for the new regulations for the Supports for Community Living waiver. I have been following developments for the past year, and I can tell that a lot of thought went into plans for improving services to people with developmental disabilities in our state. We in Kentucky should be very proud of having such dedicated professionals at the Department of Behavioral Health, Intellectual and Developmental Disabilities.

I particular I am very pleased with some of the new services that will be available: Community Guide, Person Centered Coach and Natural Supports Training. These services will help ensure that people receiving waiver services will be able to live up to their potential and be able to pursue their own interests. I also really like the Shared Living concept to allow people to remain in their own home. In addition I am glad to see the emphasis the Department is putting into getting people out in the community, and that with the Natural Supports Training there will be much more of a chance to individualize the services that our loved ones will be able to receive.

I know that some families and agencies are fearful of change, in particular that their loved one will lose their right to attend Adult Day Health and/or Sheltered Workshops. I think there is some disinformation floating around and tha the new regs as written will allow for a wide range of options for individuals. Perhaps there needs to be a better job of educating the public on the positive aspects of the new regs.

Again, I want to commend the people who worked so hard to bring this waiver to fruition. I urge its passage!"

Stephanie Sharp, chair person of the Commonwealth Council on Developmental Disabilities and Oyo Fummilayo, member of the Commonwealth Council on Developmental Disabilities, expressed support for the changes on behalf of the Council on Developmental Disabilities. Ms. Sharp elaborated regarding the council by stating the following:

"Council is made up of twenty-six members appointed by the Governor. Over sixty percent of our members are individuals with developmental disabilities or family members of individuals with developmental disabilities. The Council is authorized by Federal public law and by the Kentucky Revised Statutes.Our mission is to create change through visionary leadership and advocacy so that people have choices and control over their own lives."

Ms. Sharp stated the following:
"My fellow Council members and I work to create change so that individuals with developmental and intellectual disabilities have choices and control over their own lives. After reviewing and discussing the proposed new SCL regulations, as a Council we have concluded that the proposed regulations represent a tremendous positive step in that direction. Several of our individual members have made comments that illustrate the Council's overall feelings. One member said, person centered is woven into these regs, is a huge INAUDIBLE not one fits all. Another member described these regulations as an opportunity to really tailor the supports to the person and that's a tremendous step for Kentucky."

Ms. Sharp also stated:

"As individuals with disabilities, family members of individuals with disabilities and advocates for individuals with disabilities, we feel these regulations represent a terrific increase in person centered thinking compared to the current SCL regs.

The focus on community inclusion, opportunities for individualization and flexibility and matching of services with outcome and evidenced based practices are--stand to benefit the SCL participants and to expand participants choices and control over their own lives.

While we do request more information or changes in the areas noted above, overall, we believe these regulations represent a tremendous positive change for SCL participants and it is our hope that they move rapidly through the approval process so that participants may begin to exercise and enjoy the many options that will be made possible by these regs.

On behalf of the Commonwealth Council for Developmental Disabilities, thank you for considering our comments."

(b) Response: Thank you very much.

(102) Subject: Clarify in Introduction that the Participants, not the Providers, are the Focus of the Program and Through Whom Funding Flows/Preamble

(a) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, “Something we have noticed since we have worked with several different home health/provider agencies within Kentucky is that some agencies do not focus on person-centered decision making for the client, but are more inclined to want to do what the **agency** wants to happen for the individual. It might be helpful for there to be some comment somewhere in the regulations to remind everyone that the reason that the agencies even exist and are able to provide these Supports for Community Living Services for a fee is the individual with the disability, and the need for their individual needs to be served. We have experienced situations with agencies where they took the attitude that they would tell the individual and the family how the individual would be served by the agency (with no alternatives offered). This is an odd attitude, since the individual with the disability is the customer of the agency and that the company would not even be able to access the funding stream to run their business if it were not for the person with the disability who needs services. We think it would be beneficial to clarify somewhere at the start of the regulations (like an introductory Executive Summary) that the person with the disability is through whom the funding flows, not that this funding is somehow for the agencies and it is theirs to share with the individual with the disability, while making sure they make a good profit for all their administrative levels in their company.”

Marie Allison, mother of an SCL participant, stated, “Suggestion Number 2: I would appreciate a "preamble" which would articulate the purposes of the changes. It appears that the changes support the philosophy of assisting individuals with disabilities who are mentally retarded to be more involved in their communities in work and leisure roles. I am impressed with this positive direction of change in the waiver.”

(b) Response: Thank you, we have attempted with this regulation to move the system to a more person centered one. We appreciate the comments.

Regarding the clarifying language request, DMS is revising the Necessity, Function, and Conformity paragraph by stating that funding for the program is associated with and generated through SCL waiver program participants rather than SCL waiver service providers.

(103) Subject: New Regulations’ Push for Community Involvement is Much Needed

(a) Comment: Wade T. Mullins and Wendy Wheeler-Mullins, parents of a daughter with autism, stated, “We have always strived to include our daughter in regular community activities. Because she is a participant in a Medicaid waiver for individuals with developmental disabilities, she is out in the community nearly seven days a week. This

is very important for her. Without the support of the Medicaid waiver services, she may not be able to get out in the community every day. For many individuals with disabilities, they are often stuck at home with their parents. It takes a lot of effort to plan and make sure community involvement works for some individuals. The push in the new regulations to increase the community involvement of individuals with developmental disabilities is much needed. For some individuals it takes additional planning and interventions to make community involvement successful, but this involvement needs to be the goal for all individuals. Our daughter has a pretty stereotypical presentation of autism and tends to speak in 2 to 3 word utterances. Communication is a huge problem for her. We know there are families who would think a person like this would be best served in a Day Treatment program or for her to spend her day in a Sheltered Workshop. This is old-fashioned thinking. It is a lot more work, but most individuals with developmental disabilities CAN be involved in the community when given the support and interventions that they need. The proposed regulations are a good way of encouraging all of us to have the ultimate goal for our loved ones with developmental disabilities to be as fully included in the community as they can."

Patti Parsons, mother of a son with autism spectrum disorder, and Vicky Roark, grandmother of an individual with autism spectrum disorder, stated, "In addition I am glad to see the emphasis the Department is putting into getting people out in the community, and that with the Natural Supports Training there will be much more of a chance to individualize the services that our loved ones will be able to receive."

Oyo Fummilayo, member of the Commonwealth Council on Developmental Disabilities, stated the following:

"New services and community focus on services. We are very excited that many of the proposed services under the new regulations place an increased emphasis on community inclusion. Two examples of this are the new services of shared living and natural supports training. Both of these services provide opportunities for SCL participants to live and engage in their communities in a more inclusive way and to develop relationships with individuals other than paid staff. The proposed community access service that will replace the current community living supports is another exciting development because it emphasizes meaningful involvement in the community. According to the latest national core indicated data, almost half of Kentuckians with disabilities surveyed reported having no friends and no caring relationships with anyone besides family or staff members. Additionally, sixty-three percent of the Kentuckians with disabilities surveyed described themselves as lonely. Individuals with disabilities in Kentucky greatly stand to benefit from more opportunities to build relationships and interact with people. New services, like, shared living and natural supports and retooled ones, like, community access, can provide those opportunities to the SCL participants."

(b) Response: Thank you.

(104) Subject: Supervision Hours for Individuals in Adult Foster Care Homes or Family Home Providers

(a) Comment: Steve Stratford, an SCL provider with REACH, stated, “It is unclear how the number of supervision hours for individuals in AFC/FHP homes will be determined other than by using the SIS. Last I heard from DDID staff administering the SIS, they did not know how they would be used. Will providers and case managers be part of the system that determines this sytem? If someone needs less than 12 hours of supervision how can an AFC/FHP be required to be available 24 hours to provide for individuals.”

(b) Response: The participant’s level of residential supports is determined by the participant’s person-centered team using all pertinent information that is available to them.

(105) Subject: Transition to New Waiver/Lack of Participant Choice

(a) Comment: Steve Shannon, executive director of The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated (and Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., supported Mr. Shanon’s comments), “It is recommended individual participants be provided the opportunity to fully have a person centered thinking and philosophical system of services and supports by empowering them to be able to select the pair of regulations from which they shall receive services and supports: either 907 KAR 1: 145 & 155 or 907 KAR 12:010 & 020. This can be accomplished by deleting the language referencing the transition from 907 KAR 1:145 to 907 KAR 12:010 based upon the individual’s birth month (page 1& 2). Also, by including language indicating the participant shall be able to select the pair of regulations from which their respective services and supports will be selected, provided and monitored.

The proposed transition plan based upon participant’s month of birth is not a phase-in plan from an individual participant perspective since they would not have a choice but to transition to the new regulations (907 KAR 12:010 & 020).”

Mr. Shannon also stated, “I really do believe, if you want to make a significant change to public policy, and that's what this is, this regulation is a significant change, you ought to run parallel systems, side by side. Let the individual decide which service they thing best meets their needs. We want to go that old traditional 145 and 155 regs or the new 010, 020, let them make that decision. It's truly a participant driven model on what they get to do. And, then they pick their choices. You also--your basic, you know, independent, dependent variable. Two groups, paired side by side, what happens? What are the outcomes? I think that's really a way to get to a place where individuals get to pick what they want to have happen.”

(b) Response: DBHDID and DMS have established a system that was approved by the Federal Centers for Medicaid and Medicare (CMS) that will allow people to transition from old to new services during the month of their birthday. This will provide time for people to work with their chosen case manager and person centered team to develop a

plan of care that is based on needs identified in the Supports Intensity Scale (SIS) assessment and allow certified provider agencies to shift their business plans to changes in rate structure that promote community employment and participation in community life.

(c) Comment: Jerry McDonald, program director of Links of Kentucky stated the following:
"Transition from current SCL waiver to the New SWCL Waiver on the basis month will cause all support providers to attempt to follow both waivers for an entire year. This could involve providing the same or similar supports with different rates, different service names, different descriptions, and different qualifications for persons providing these services. This could lead to problems in hiring, and training staff, and potential errors with documentation, billing, and compliance with regulations. It will provide difficulty with accreditation reviews by DDIS with 2 sets of standards and guidelines for each agency surveyed.

Mandating that participants change waiver programs during their next birth month does not provide for their freedom of choice. They will have to give up their current services and accept the new waiver service with no consideration for their preference, or consideration of which waiver best provides supports that meet their needs."

(d) Response: There is only one approved waiver. The regulations 907 KAR 1:145 and 1:155 will remain in place until all participants have transitioned to the new approved waiver services.

(106) Subject: Escalating Administrative Costs

(a) Comment: Steve Shannon, executive director of The Kentucky Association of Regional Mental Health/Mental Retardation Programs, Inc, (KARP), stated (and Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., supported Mr. Shanon's comments), "The CMHCs are concerned about the proposed changes to the SCL program which will escalate the administrative costs of the program. While we are committed to effective medication administration and acknowledge the value of effective health screening tools we are concerned having to use tools required by the regulation will increase SCL administrative costs. It would be beneficial to have the clear expectation for medication administration detailed in the SCL manual and to require providers to utilize a health risk screening tool but allow providers the discretion to select both tools that most appropriately matches the participants' needs and the organizations' need.
The CMHCs support employing as many bachelor level staff as possible, but are concerned with the relatively large number of staff who is required to have a bachelor's degree to perform their job duties including: community access specialist, community guide, and supported employment specialist. We acknowledge that experience can substitute year for year for education but still are concerned about the additional cost of bachelor's education staff and the availability of bachelor's level educated applicants. The requirement for medical personnel with an advanced degree to participate on the

regional Human Rights Committee and the Behavioral Intervention Committee adds value to both committees but it appears challenging to fully implement this requirement. Medical personnel with advanced degrees are unlikely to commit to a monthly meeting which will take them away from their practice. Perhaps, this language could be amended to recommend or encourage participation by medical personnel."

(b) Response: The requirement has been revised to require one licensed medical professional.

(c) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "The regulation adds new requirements for providers to randomly select and perform subsequent criminal history, nurse aid abuse registry and central agency checks on at least 25% of employees for this program. SCS requests reconsideration of these repeated reviews. This presents an administrative burden for additional cost while overall reimbursement through this program has declined. SCS also request clarification regarding the repeated criminal records, nurse aid abuse registry requirement for individuals employed by a 'representative' for a consumer selecting Participant Directed Supports. SCS believes these costs are the responsibility of the consumer of their representative; is this accurate?"

(d) Response: Until there is a system in place that will alert providers of any convictions, the requirement for a random sample completed annually is necessary to ensure the safety and welfare of waiver participants. Costs associated with these requirements for participant direction will be handled through the fiscal management entity.

(e) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"(p) 10. c&d involve participation in SIS and having HRST done at least annually and by trained personnel, - extra cost for agency."

(f) Response: Yes.

(107) Subject: Delay Implementation

(a) Comment: Shannon Ware, president and CEO of Bluegrass Regional Mental Health-Mental Retardation Board, Inc., stated, "Specific concerns with the regulations have been well communicated, but these issues notwithstanding, I believe the more pressing issue at hand is the long term effect on the provider system under the new regulations and how such could ultimately have a negative impact on the system of care and the goals of individuals served by the system. I ask for your consideration of a reasonable delay in executing the regulations to allow for a global review of issues to be fully considered, and so that a more cautious implementation can be established, with real collaboration and input from all community partners, consumers, and families, and with sensitivity toward continuity of care. I believe all parties understand the national trends and direction that dictate the evolution of services, but I believe there is a state-wide

consensus that the proposed regulations require additional modifications and that further discussion would be beneficial."

Susan Stokes, owner of Access Community Assistance and HMR Associates, stated the following:

"I and my staff have thoroughly reviewed the proposed regulations and manual. Generally while the intent is well intended the program developed is far too complicated and tedious to facilitate a positive implementation and understanding of resources to be available to the individuals in need of services. Additionally, there is a focus on mandating how the companies providing the services are to operate which seems to make them more like employees than contractors and is intrusive in areas that are not appropriate. While there may be some providers that need to have increased structure to operate effectively if that is the case they should either not be certified or once it is known that they are not following practices that contribute to positive outcomes for the individuals then mandated to change how they are structured and function."

Susan Stokes also stated the following:
"It is my plea that the regulation be sent back for a representative workgroup appointed and assigned to revise with the constructive input that has been provided. I would welcome an opportunity to serve on such a group as I feel I have the experience with state budget issues, regulations, and the challenges of working to provide services for individuals with disability. But most important is that the workgroup be representative of large and small providers, advocates who are knowledgeable of the challenges that individuals have with intellectual and developmental disabilities, and experienced staff. The outcome should be a program that meets the needs of the individuals, advances their opportunities to be a full participant in their community, honors their choices of lifestyle, and recognizes the challenges and financial needs of providing the services and supports that are needed.

The resistance to the proposed regulation is not 'just resistance to change'. Change is needed but this proosed program needs to be reworked to work."

Marie Allison, mother of an SCL participant stated, "I thank all of the people who spent countless hours drafting the regulations which appear to be designed to improve the lives of the individuals the SCL Waiver serves.

Suggestion Number 1: I admit I have not had sufficient time to study the regulations to a point that I feel I understand them. I suggest that an additional two months be given with sessions around the state provided by the staff of the Department of Behavioral Health, Developmental and Intellectual Disabilities who are knowledgeable of the proposed changes to explain them and answer questions from the public."

(b) Response: We agree that it is important that Kentucky recognize the national trends and direction that dictate the evolution of services. The proposed regulations that support the Centers for Medicare and Medicaid Services (CMS) approved SCL waiver

document, do not take away any current services or choices. Instead, the proposed regulations set forth opportunities for providers to offer people in SCL waiver services greater choice and receive a higher reimbursement rate which should lead to more access to community clubs, groups, organizations and supported employment options. The collaboration between BHDDID and other stakeholders, which included representatives of KARP and KAPP, HB 144 membership, family members, advocates and providers has been consistent throughout this process. Beginning in 2008, public meetings and forums have been conducted involving providers, family members, and individuals in SCL services to help identify what was important to and for people in order to design a person-focused system. With the CMS-approved SCL waiver, the proposed regulations offer positive changes for Kentucky citizens with disabilities to have the choices and opportunities of a real life in their community as people with disabilities in other states do. We will continue to hold additional forums and public meetings across the state in order to help people and their advocates understand the advantages of the flexibility of the waiver program and the enhanced opportunities it offers. The long term effect of these changes shall result in a great opportunity for participants in the SCL program to realize their individualized goals.

(108) Subject: Physician-Signed Prescription

(a) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “Requiring agencies that administer medications either a doctor signed script or signed physician’s order ignores the reality of today’s electronic world. Most scripts are being sent electronically to drug stores and doctors rarely write hand written scripts these days. This situation will get worst in the near future. Some provision in the new regulations should allow for pharmacy produced scripts that were received electronically from the doctor’s office.”

Mr. Laurino also offered the following comments on the subject:
“The big thing that I am referring to and is not in this regulation, in fact, it's just the opposite, has to do with prescriptions. Yes. We all have many individuals that have lots and lots and logs of prescriptions and they're constantly being renewed and changed and whatever.

But, we all also experience the fact that doctor's aren't writing prescriptions anymore. They--you know, they have gotten into the--you know, the year 2012, we have computers. And, guess what, they just punch in the numbers and it goes to the pharmacy. And, the pharmacy gets this electronic prescription. And, it works for them, but who didn't sign that prescription is the doctor. But, of course, the regulation says, a doctor has to sign a prescription. If they reconsider these regulations, they need to adjust to allow some form of electronic prescription at the pharmacy to be acceptable for--on these individuals. Now, I know right now that actually most reviews with DDID, they are allowing it, but it doesn't say it in the regulations and it needs to be there.”

Mr. Laurino offered the following recommendation:

“Recommendation: Change regulation to allow for Pharmacy generated scripts without actual doctor’s signature.”

(b) Response: DMS is revising the language in an “amended after comments” regulation as follows:
“i. The participant’s medication record, including a copy of the signed or authorized current prescription or medical orders, [~~or the signed physician’s order~~] and the medication administration record (MAR) if medication is administered at the service site;”

(109) Subject: Annual Dental Exam

(a) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “Requiring an annual dental exam is a good thing in most cases; however, many of the individuals in the SCL program no long have teeth. Some consideration should be made in the regulations to relieve agencies from requiring dental exam for those individual.”

Mr. Laurino also stated the following on the subject:
“One new thing that's in the regulations that has never been there before is an annual dental exam. I know a lot of agencies do it, but at the same time, it was never mandated. And, that's fine. I mean, good proper, you know, medical care for our individuals is a very important thing for all of us to do. But, the problem is, a lot of our individuals don't have teeth. And, if you don't have teeth, why do you have to have an annual dental exam. And, yes, I can stand here and say, well, you know, logic would apply that if they don't have teeth, when they come to review, that they're going to look at you and they're going to say, well, you know, they don't have any teeth, so we know why you don't have a dental exam. Uh-uh. (No) It don't work that way. If the regulations say an annual dental exam, you better take them to the dentist every year.

What I know has been done in the past is that if they don't have teeth, then usually if a doctor will examine their gums, that is acceptable to make sure that they don't have any gum disease and whatever. Why they need to go to a dentist and have another expense for Medicaid is beyond me. But, then again, I didn't write the regulations.”

Mr. Laurino offered the following recommendation:
“Recommendation: Change regulation to allow agencies to avoid dental exams for those individuals that would not benefit from one, possibly impose a gum exam as part of an annual physical for them.”

Cynthia H. Coomes (CSW, executive director and a case manager), stated, “Since an annual dental exam is mandated, more Medicaid dentists would be great.”

(b) Response: Dentists examine for oral cancer and gum disease as well as tooth related issues.

(110) Subject: Environmental Accessibility Adaptation

(a) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “For the Environmental Accessibility Adaptation funding there needs to be a clarification that it would include a participant's home even if the space is rented.”

Mr. Laurino also stated the following:
“I have a question about the environmental accessibility adaptation. It says, you know, a physical adaptation can be done in a participants or a family home. I'm curious--and I know that if a residence is owned by the agency, it can't be done there. I'm curious about the ones that are family home providers. The adult foster care, can their--you know, is there funding for those people to adapt their homes to make it even better? It's not to say that their home is not good enough for the person in there. But, if we can improve it, because they are now, truthfully, just renting at that house, are they--you know, basically what I'm asking is, does it--if a person rents space, can they get funding for--you know, to adapt their home or do they actually have to own the home? I don't know. It doesn't say that and I really don't know.”

Mr. Laurino offered the following recommendation:
“Recommendation: Include the language that would allow an individual to be funded for necessary accessibility Adaptations even if their home is only rented space.”

(b) Response: The regulation does not specify that the home must be owned.

(111) Subject: Personal Assistance Services

(a) Comment: Thomas P. Laurino with Choices Unlimited, Inc., stated, “Under the Personal Assistance Services section some inclusion should be made to address an individual's other activities that could be grouped as hobby like or personal leisure preference activities. There is no place where an individual is allowed to have assistance in pursuing what just makes them happy and enjoy their lives to a greater degree.”

Mr. Laurino also stated the following:
“The new service that's being created, the personal assistant service, I know it's being stated with the community access and with the personal assistant service, that it's taking the place of the old CLS services, which is fine, except one major thing is being left out. And, that's people's, just personal endeavors at home, their--what I call their hobbies. If a person wants to sit at home and work on some crafts and do something, got a lot of individuals that love to do scrapbooking. Personally, I could never do scrapbooking. But, we have people that just love it and do a wonderful job. But, there's nothing in the regulations that actually allows somebody to work with them doing that under any of these services, 'cause it's not included anywhere. I think that needs to be injected into this personal assistance services, some provision to allow people to, you know, pursue their, you know, hobbies. I don't know how else to say it.”

Mr. Laurino offered the following recommendation:

“Recommendation: Under Personal Assistance Services include among the listed services something to the effect of “Assistance in leisure activities/hobbies".

(b) Response: The regulation does not prevent the use of personal assistance while engaging in leisure activities.

(112) Subject: Personal Assistance Services

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, and Cynthia H. Coomes (CSW, executive director and a case manager), stated, “How is the ‘person centered employment plan’ different from the ‘long term employment plan’?

(b) Response: The person-centered employment plan documents the participant’s life experiences, interests, talents, and contributions, impact of disability, vulnerabilities and support needs from a vocational standpoint. It is developed during the discovery phase of supported employment in order to define the kinds of jobs that would be the best match for the participant. The long-term employment support plan is compiled at the end of job training and defines the support that a participant will need to progress in their career. The long term employment support plan justifies the level of supported employment that the participant will receiving during long-term support. Both documents are incorporated into the participant’s plan of care.

(113) Subject: DBHDID Reviews of Provider Sites

(a) Comment: Cynthia H. Coomes (CSW, executive director and a case manager), stated, “For sites that do not provide direct services, can reviews by scheduled to ensure someone is there? Pg 30 Line 14”

(b) Response: Certification reviews are not scheduled with the provider agencies.

(114) Subject: Minimum Age Requirement Restricts Freedom of Choice

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

“Individuals cannot attend ADT, OT, or SLP through the waiver unless 21. If they graduate at 18 and wish to participate in those services, they cannot exercise their freedom of choice for 3 more years.”

(b) Response: The only restriction for day training is when it takes place at an adult day health care (ADHC) center as individuals attending an ADHC center must be at least 21 years of age per ADHC licensure requirements.

(115) Subject: Water Safety Limits

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

“Water safety limits for providers are determined in plans of care? Where? Pg. 42 Line 10-11.”

(b) Response: Rather than establish a set water temperature for everyone, the regulation allows that the water temperature be set at a safe setting based on a person’s needs.

(116) Subject: MAP 24Cs

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

“Providers are to submit MAP 24C’s to the department upon termination? Are case managers or providers responsible for MAP 24C’s?”

(b) Response: The case manager is responsible for completing and submitting the MAP 24C.

(117) Subject: Providers Refusing to Send Records to Case Managers

(a) Comment: Susan Stokes, owner of Access Community Assistance and HMR Associates, offered the following comment:

“Reg says providers should make available all records pertaining to the participant to the case manager upon request, but providers are already refusing to send requested documentation to case managers. Pg. 35 Line 11-23.”

(b) Response: The person centered team should work together to ensure that information is shared appropriately between the members of the team. The past practice of automatically expecting service providers to duplicate documentation every month for case managers did not improve the monitoring or quality of case management services. The KY Focus Tool has been developed for use by case managers as they conduct their monitoring of services, allowing them to note a person’s satisfaction with their services as well as document any issues or needs the person may have. The case manager utilizes the KY Focus Tool to gather information that is then reflected in the monthly summary note.

(118) Subject: Add Other Therapies

(a) Comment: Marie Allison, mother of an SCL participant, stated, “There are provisions for several therapies, to wit: physical, occupational and speech. Persons with developmental disabilities can benefit from other therapies as ordered by physicians and provided by licensed or certified providers. I suggest the regulations be changed to

list therapies in a general category that include any therapy that exists that requires licensure or certification with a list of possible therapies that is not exhaustive but would include, 1. Applied Behavior Analysis, 2. Music Therapy, 3. Hippo Therapy, 4. Massage Therapy, and Aqua Therapy."

(b) Response: Thank you for the suggestion, we will consider that in future waiver amendments.

(119) Subject: How Will State Increase Revenue?

(a) Comment: Amanda Rupert, behavior analyst and concerned citizen, asked, "How will you increase revenue for the state to pay for these and other highly-needed services in the future?"

(b) Response: The legislative branch of Kentucky government, rather than DBHDID or the Department for Medicaid Services, has jurisdiction in the matter of raising revenues for Kentucky government.

(120) Subject: System to Ensure Punishment/Abuse is not Occurring

(a) Comment: Amanda Rupert, behavior analyst and concerned citizen, asked, "Will you develop a check system to ensure that punishment/abuse is not happening with each client?"

(b) Response: There are a variety of tools that will be used by providers to monitor the health, safety, and wellness of a person in SCL. There is an extensive risk management process and an expectation that the person centered team will monitor the satisfaction a person has with their services, the health, safety, and welfare of the person, as well as review the documentation for any patterns or trends that might indicate potential or actual abuse.

(121) Subject: How Will the State Track Behavior Changes

(a) Comment: Amanda Rupert, behavior analyst and concerned citizen, asked, "How will you effectively track behavior change in regard to a variety of variables such as medications, settings, antecedents, consequences?"
"

(b) Response: The person centered team shall work together to monitor, record, and report these variables across all environments. As changes are needed, the team would work together, not in isolation, in order to revise the person centered plans to reflect the necessary adjustments.

(122) Subject: Executive Director Definition

(a) Comment: Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, "SCS requests clarification for this definition in reference

to training rqeuirements. Is the state indicating that the CEO is required to attend training specified in this regulation?"

(b) Response: The SCL regulation does not recognize the title of "CEO". If a "CEO" role meets the definition of an "executive director" as specified in the regulation, the CEO would be expected to meet all regulatory requirements, which includes training, as specified in Section 3 of the SCL regulation.

(123) Subject: DCBS Individuals

(a) Comment: Maria Studavent, an SCL participant, stated the following:

Hi. My name is Maria Studavent, I live in Frankfort--in Frankfort in a group home. And, I got my SCL. I had a DCBS worker when I was a kid. SCL helps me live in the community. Please, keep DCBS kids in emergency of SCL. I'm not sure where I would be today, if I didn't get the SCL. Thank you."

(b) Response: Thank you for your comment. Children in the custody of DCBS will qualify for emergency SCL allocation if there are no other options.

(124) Subject: Criteria for the SCL Waiver and the Michelle P. Waiver

(a) Comment: Kathy Jo Edwards, stated the following:

"My name is Kathy Joe Edwards. I am from Mt. Sterling. I am here today to encourage the Cabinet to use the same criteria for SCL and as Michelle P. When you exclude people with developmental disabilities--I should know that word--from the necessary services as a ward, the Cabinet is endangering the lives of Kentuckians with developmental disabilities. See, I do know that word.

Let's see. There are numerous Kentuckians with developmental disabilities that require more services and supports than Michelle P provides."

(b) Response: Thank you for your suggestion, this is beyond the scope of this regulation as the current definition of developmental disability is a part of the approved waiver.

(125) Subject: Release the Person Centered Plan of Care

(a) Jean Russell, vice president of developmental services with Seven Counties Services, Inc., stated, the following:
"The next definition is actually a reference to a document that, as of yet, has not been published. There is to be a new person centered plan of care and they incorporate this document by reference, yet, as far as I'm aware, we've not--the providers have not seen this document. We would just ask that the Division release this document to providers prior to finalizing the new regulation so there's ample time to comment on that as well."

(b) Response: The Incident Report and Critical Incident Reports have been developed and are incorporated by reference into the regulation. They are available as follows as stated in Section 10(2) of the regulation:
"(2) This material may be:
(a) Inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.; or
(b) Obtained online at the department's Web site at http://www.chfs.ky.gov/dms/incorporated.htm."

The Person Centered Plan of Care is located within the aforementioned website at: http://www.chfs.ky.gov/NR/rdonlyres/64FA7533-A720-46F6-9DEE-2391135D60A9/0/907KAR12010IncorporatedbyReference.pdf

(126) Subject: Guardians Not Allowed to be Providers

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"Section 3. (3) (a) Prohibits SCL supports to be provided by family or guardian. There are many SCL participants that live in FHP or Adult Foster Care homes. Over time, many of the providers have been appointed Guardian due to family being unavailable or unable to assist with all the oversight and decision making necessary to maintain health and safety for the participant. It seems unreasonable to ask participants to either give up their Guardian or move from their home. Can current FHP or AFC providers who are also the Guardians be excluded from this section? New participants, who live with court appointed Guardians, should also be excluded from this section so participant can remain in their current home, and continue with their residential supports as long as support needs are met. Case Mgr to monitor for any conflict of interest issues arising from dual role of provider."

(b) Response: The long-standing FHP relationships will be reviewed on a case-by-case basis and a determination made regarding the relationship, the desires of the participant, and the impact upon the participant's quality of life should changes in providers of support services be made.

(127) Subject: Drug Conviction Policy

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following regarding the requirement that an SCL provider shall not employee anyone who has had a drug conviction within the past five (5) years:

"(z) 4. Is this really looking out for or individual's health and safety to allow an employee to have previous drug convictions as long as they are 5yr ago or more"

(b) Response: If your agency prefers a stricter policy, the Department would support you in that.

(128) Subject: Substantiated Finding of Neglect/Section 3(3)(aa)6.

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“6. What about applicants who have DCBS substantiated findings of neglect but not a conviction by courts?”

(b) Response: Kentucky does not have an adult abuse registry that affords due process to adults. The agency should have their own policy to deal with employees suspected of abuse/neglect.

(129) Subject: College of Direct Support

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“How is agency compensated for cost of College of Direct Support Phase I & II?”

(b) Response: The cost of staff time to complete required training has always been a part of the agency’s cost of doing business. The department has assumed the total cost of the College of Direct Suppport training curriculum which is a cost to providers in most other states. The Department also now offers, at no cost to the providers, quarterly webinars to provide topics and information pertinent to current best practice in the DDID field. BHDDID has also moved all trainings to the College of Direct Support website, enabling providers to utilize this system which provides administrative tracking of completion and attendance by provider agency staff, to better maintain personnel records. This information does follow an employee to their new provider agency if they change employers.

(130) Subject: Adult Day Training Responsibilities that Should be Supported Employment Responsibilities

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

“Section 4 covered services- Day Training. (b) shall include, Career planning, career options, activities designed to support employment related goals, skill development in areas of transition from school to work, including communication with supervisors, co-workers, and customers, workplace conduct and dress, workplace problem solving skills and strategies, workplace safety, and result in an outcome that identifies a career direction, and plan used to guide used to guide activities that result in the participant's achievement of competitive , integrated employment.’

All this to be provided by direct care staff while it is the SE staff that are trained through UKHDI to support participant in person centered employment, development of employment plan, job development, and job placement. Should fall under SE?"

(b) Response: The role of career planning and development through day training is to provide training that could be valuable for any job. The role of supported employment is to identify the right job for the person, assist the participant with obtaining that job, training the participant to be successful in the desired job, and assisting them with maintaining long-term employment in that job.

(131) Subject: Regulatory Impact Analysis/Tiering Statement

(a) Comment: Jerry McDonald, program director of Links of Kentucky, stated the following:

"In the Regulatory Impact Analysis and Tiering Statement, section (2) (a) It states that no participant will lose services due to this transition. What about respite? Participants that live in Adult Foster Care or with FHPs will lose all of their Respite support_ Persons living with their families will lose almost half of their Respite 1440 hrs down to 830 hrs per year. This valuable service has been available to individuals in Adult Foster Care and FHPs in all previous waivers. The FHPs, Adult Foster Care providers and family care givers are responsible for the health, safety, supervision, and training for SCL participants 7days per week, and up to 24 hours per day. Everyone deserves to have time away from work responsibilities in order to tend to family or personal issues, and to maintain a higher level of enthusiasm while providing supports on a daily basis.
The statement that no participant will lose services due to this transition is contradicted by the elimination of respite for participants receiving residential supports Adult Foster Care, or NIP settings.

In section (4) (b) It is stated that no cost is imposed on providers to comply with this administrative regulation or amendment. There will be additional costs for providers especially in the areas of Hiring and retaining staff with degrees in non- supervising positions, additional staff training, mandatory drug testing for all potential employees, hiring of RN for training and assessments."

(b) Response: These additional requirements are procedures designed to ensure the health, safety, welfare of program participants and to ensure quality services to help participants live in the community as valued citizens. As there has always been the expectation of maintaining health, safety, welfare and quality programming in the SCL waiver, these elements are appropriately defined as costs of doing business. In addition to the activities that have been identified as causing an increase in costs, there many changes designed to reduce costs. The incorporation of a maximum two-year certification period is one example. Medicaid's prospective payment system is designed to reimburse providers for the direct cost of providing a service plus a contribution to cover the appropriate share of reasonable fixed costs. The residential rates were

increased by $4.00/per person/per day to offset some of the additional requirements that were not specifically funded. In terms of additional training requirements, the department has assumed the total cost of the College of Direct Suppport training curriculum which is a cost to providers in most other states. The Department also now offers, at no cost to the providers, quarterly webinars to provide topics and information pertinent to current best practice in the DDID field. BHDDID has also moved all trainings to the College of Direct Support website, enabling providers to utilize this system which provides administrative tracking of completion and attendance by provider agency staff, to better maintain personnel records. This information does follow an employee to their new provider agency if they change employers.

(132) Subject: DAIL Personal Assistance Question

(a) Comment: Evan Charles, lead administrator of the consumer direction option program for the Department for Aging and Independent Living (DAIL) stated the following:

“There's some language about personal assistance that I questioned. In the current regulation with CLS, it allows the statement in the definition of CLS to say allowing therapeutic goals. So, in other words, if somebody has occupational, physical or speech therapy, that they're receiving currently somewhere else, they could have a CLS goal that states that they could have those therapies working with, say, their mother, their caregiver, whoever it may be, at their own home. So, it allows that to happen. My question with the way the new regulation states, there's a statement in there about providing medical needs. And, I wanted to know if the therapies would be a part of that as well? To say, could the therapies be considered a medical service that's provided to the person as well?”

(b) Response: The proposed regulation does not include therapeutic goals or medical services in the definition of community access or personal assistance. Therapies are separate services and are not a part of either of these services.

(133) Subject: DAIL Case Manager/Community Guide Question

(a) Comment: Evan Charles, lead administrator of the consumer direction option program for the Department for Aging and Independent Living (DAIL) stated the following:

“There's a statement about the case manager providing, managing, directing and assisting persons with hiring, training, managing employees within--within participant directed services. And, it's suggesting that maybe the community guide isn't really all that necessary. And, so I'd ask that that language be re-examined as well.”

(b) Response: The community guide is an optional service and, if used, may not duplicate the supports provided by a case manager per the proposed regulation which states: “A community guide service shall not duplicate a case management service.”

(134) Subject: State Guardianship

(a) Comment: Evan Charles, lead administrator of the consumer direction option program for the Department for Aging and Independent Living (DAIL) stated the following:

“My name is Evan Charles. I work for the Department of Aging Independent Living. Current lead administrator of the consumer directed options under the SCL waiver.

First of all, I have a comment. We have--we work in conjunction with consumers that are applying for state guardianship and we would like to make a comment about the regulation that requires for eligibility and waiting list determination for those people who fall under state guardianship and the documentation that is required to provide additional information to show evidence of an onset of a disability around the age of eighteen or twenty-two.

We've been asked by Commissioner Anderson, Commissioner of our department and in conjunction with Steve Hall, Commissioner of the--I'm sorry, I'm not sure what--what office he works for. But, we've been asked to develop regulation language that basically steps aside with this parameter, with this regulation requirement in order to help those people who are on state guardianship who've just been appointed to that to try to get them on the SCL waiting list under the emergency section.”

(b) Response: Included in the regulation are options for supporting documentation in the absence of a psychological evaluation prior to age 18. Section 7(1)(c) states:

“If a record of an IQ score prior to the age of eighteen (18) years for an applicant with an intellectual disability or prior to the age of twenty-two (22) years for an applicant with a developmental disability cannot be obtained, the following shall qualify as supporting documentation to validate a diagnosis and age of onset:

a. Individual education program documentation which contains an IQ score and a report or description of adaptive behavior skills;

b. The results of a psychological assessment submitted during the course of guardianship proceedings; or

c. The results of a current psychological assessment shall:

(i) Include evidence of onset prior to the age of eighteen (18) years for an intellectual disability or the age of twenty-two (22) years for a developmental disability obtained through a comprehensive developmental history; and

(ii) Provide documentation ruling out factors or conditions which may contribute to diminished cognitive and adaptive functioning, including severe mental illness, chronic substance abuse, or medical conditions.”

(135) Subject: DAIL Comments Regarding Goods and Services

(a) Comment: Evan Charles, lead administrator of the consumer direction option

program for the Department for Aging and Independent Living (DAIL) stated the following:

“In my experience with working with consumer directed options I notice that people on goods and services experience or exhaust using goods, whether it be chucks, pads, whips, things of that nature, to expend more than $1,800 per year. I've experienced as much as $3,000 per year on consumer directed options. And, as you may know, on the traditional side of things it can go much higher than that.

I would like to call into question the amount stated for $1,800 and re-examine that.”

(b) Response: In the new system, specialized medical equipment and goods and services will both be available to any SCL participant who is eligible and chooses to use these services.

(136) Subject: DAIL Comments Regarding Forty Hours Per Week Limit

(a) Comment: Evan Charles, lead administrator of the consumer direction option program for the Department for Aging and Independent Living (DAIL) stated the following:

There's a statement in the regulations towards the end in participant directive, where it says that a person may work forty hours per week.

Currently in consumer directed options, as you may know, one person can work forty hours per week, but that is per consumer. My concern is that this would limit anybody who's in the work field to only work for one person. And, I think the regulation should include in that statement per consumer, so that way it clarifies that language.”

(b) Response: The limit of working only forty hours is not included in the proposed regulation.

(c) Comment: Evan Charles also stated the following:

“There's a blurb in the current regulation that says that someone--that a parent, parents combined, that cannot work no more than forty hours no matter how many consumers or children, I should say, live in the home. So, a mother could not provide more than forty hours of service, if she has two, three, four kids per week, no matter how many children she's serving. The regulation lightens that to some degree. Granted there some language in there about what kind of parameters or upping the ante, if you will, for someone that can become a qualified provider. But, I think loosening that regulation can open a window for people to provide more hours to a child or children, I should say, and yet there's this philosophical notion there of, you know, they're parents, they--where is that--where is that natural supports really coming from there? So, I think there's a little bit of an ethical question there in my mind as to, are we--how much are we going to allow a parent to work for multiple children per--in a given week? So, if you wouldn't

mind to just re-examine that--that language there."

(d) Response: The proposed regulation adds criteria in order for a family member or a legally responsible adult to provide a service to a participant.

(137) Subject: DAIL Question Regarding EPSDT

(a) Comment: Evan Charles, lead administrator of the consumer direction option program for the Department for Aging and Independent Living (DAIL) stated the following:

"I had a thought about EPSDT as well. Is EPSDT covered by--mean the same thing as being provided by? There was a notion where it says the EPSDT is covered by a service and that the--the person who may be under twenty-one could not access personal assistance. In consumer directed options currently we examine situations and exceptions where people say that they are not satisfied with EPSDT and they would like to obtain CDO services to replace that, what is considered what, in our mind, a traditional service. And, so if somebody doesn't want to pursue EPSDT for various reasons, in my mind, I think they should be able to pursue more personal assistance as necessary, despite being over or under twenty-one."

(b) Response: The only restriction in the proposed regulation is that no one under age twenty-one receives a therapy service (occupational therapy, physical therapy or speech therapy) under the waiver as the therapies are available through EPSDT.

(138) DBHDID Commissioner's Agenda/Delivery of Agenda

(a) Comment: Mark A. Scureman, parent of a daughter with mental retardation, stated the following:

"My daughter is 45 years old, has mental retardation, and lives with my wife and me. She's been attending St. Mary's Center in Middletown since 1993, and she's also been working at Wendy's since 1994. We are grateful for both St. Mary's Center and Wendy's. It seems Commissioner Hall favors her job at Wendy's and does not favor St. Mary's Center. We love both programs dearly but if forced to give one up, which seems to be what Mr. Hall wants, we would choose to keep St. Mary's Center for reasons that are meaningful to our family.

I attended the meeting held by Commissioner Hall in Louisville and listened intently as he explained his agenda. It's obvious he embraces Social Role Valorization (SRV). SRV is a wonderful program for those it fits and he seems to think it fits everyone. I assure you it does not. He does not appear to be interested in supporting any program not aligned with SRV's criteria. St. Mary's Center does not meet SRV standards.

Listening to Commissioner Hall made me feel as if he thought I was ignorant and I also felt he threatened me. He said words to the effect that if I only knew what he knew, I

wouldn't be thinking the way I do. When it comes to our daughter, we believe we know a lot more about her than he does. She was born before the enactment of Public Law 94-142 which gave her the right to attend public school. My wife and I were part of that struggle, and we have been advocating for more program options to serve the amazingly diverse population with mental retardation ever since. I'm sure he does not approve of the term mental retardation. I've given up trying to stay current with whatever term we are supposed to be using this year.

Commissioner Hall also made a threat. He said woe be to the program that elicits support from parents in resisting his agenda. St. Mary's Center has not, but I assure you if they do, I will support them to the hilt. I'd like to know what Commissioner Hall meant by this threat. It sounded as if he meant he will withdraw funds. To me, this is abuse of power.

Commissioner Hall does not seem to realize he works for the people not the other way around. Just as the President's job is to serve all American citizens and the Governor's job is to serve all Kentucky citizens, Commissioner Hall's job is to support all people with mental retardation and his job is to listen to them rather than dictate to them.

Commissioner Hall treats Social Role Valorization as if it is a religion and anyone who disagrees with him is immoral, uniformed, or incorrect. We need a Commissioner who behaves like a public servant, not a dictator. One who seeks to satisfy what the people he serves say they need not what he thinks they need. We need regulations that meet the needs of everyone with mental retardation not just some.

My daughter does not receive Michelle P or SCL waiver or any other funding for her day program. We did not apply because we believe other families who desperately need this support are worse off than us. Other St. Mary's students do receive this type assistance and if St. Mary's were to lose this assistance because of regulatory change, the center would be in serious jeopardy and my daughter could very well loose a meaningful part of her life.

My fear is the new regulations will reallocate resources fitting Commissioner's Hall's agenda by decreasing resources from programs that do not. St. Mary's Center would most likely be a loser. The problem is while the regulations will provide more and better services for one segment of the population, it will diminish or eliminate services from a significant population who will be left underserved or not served at all.

I believe Kentucky would be better off if Commissioner Hall spent more time advocating for everyone he is supposed to serve rather than spending his time deciding how to rob Peter to pay Paul. He could do this by educating funding sources of the tremendous needs of this large and very diverse group that desperately need assistance so they, and consequently every Kentucky citizen, will live in a more just society. If he does this well, there will be more resources for everyone."

(b) Response: The proposed regulations that support the Centers for Medicare and Medicaid Services (CMS) approved SCL waiver document, do not take away any current services or choices. Instead, the proposed regulations offer some revised and new services that enable people in the SCL waiver program and their family members to have greater choice of services and allows for a higher reimbursement rate for SCL service providers. With these new options to choose from, people in the SCL program may have better access to community clubs, groups and organizations. The definition for day training services is being revised, in an "amended after comments" regulation, to take into consideration the comments made by many concerned citizens. The clarification to the proposed regulations should better reflect the positive opportunities and better communicate the advantages of the flexibility of the waiver program. Supported employment rates have also been greatly increased. Because of this and improved collaboration with the Office of Vocational Rehabilitation, people in the SCL program may find more opportunities for community employment should they choose to pursue this option. Day programs and sheltered workshops will continue to offer services for people in the SCL program. There are a variety of options available for people to choose from as they develop and design their services.

SUMMARY OF STATEMENT OF CONSIDERATION
AND
ACTION TAKEN BY PROMULGATING ADMINISTRATIVE BODY

The Department for Medicaid Services (DMS) has considered the comments received regarding 907 KAR 12:010 and is amending the administrative regulation as follows:

Page 2
Necessity, Function, and Conformity paragraph
Line 5
After "KRS 205.5606.", insert the following:
Funding for the SCL waiver program is associated with and generated through SCL waiver program participants rather than SCL waiver service providers.

Page 3
Section 1(9)(b) and (b)1.
Line 22
After "(b)", insert "1.".

Line 22 and 23
After "Has", delete the colon and "1." and make "A" lowercase

Page 4
Section 1(9)(b)1.
Line 1
After "university;", delete "or".

Page 4
Section 1(9)(b)2.
Line 2
After “2.”, insert “Has”.

Line 3
After “disability;”, insert “or”.

Page 4
Section 1(9)(c)
Line 4
Insert “3.”, delete “(c)”.

Page 4
Section 1(9)(d)
Line 6
Insert “(c)”, delete “(d)”.
Page 4
Section 1(9)(e)
Line 7
Insert “(d)”, delete “(e))”.

Page 4
Section 1(10)(b)
Line 11
After “(b)”, insert “1.”.

Page 4
Section 1(10)(b)1.
Line 12
Delete “: 1.” and make “A” lowercase.

Line 13
After “university;”, delete “or”.

Page 4
Section 1(10)(b)2.
Line 14
After “2.”, insert “Has”.

Line 15
After “disability;”, insert “or”.

Page 4
Section 1(10)(c)

Line 16
Insert “3.”, delete “(c)”.

Page 4
Section 1(10)(d)
Line 17
Insert “(c)”, delete “(d)”.

Page 4
Section 1(10)(e)
Line 19
Insert “(d)”, delete “(e)”.

Page 4
Section 1(10)(f)
Line 21
Insert “(e)”, delete “(f)”.

Page 4
Section 1(10)(f)
Line 23
Insert “(f)”, delete “(g)”.

Page 5
Section 1(14) and (15)
Lines 8 - 9
After “(14)”, delete the following:
“Certified social worker” is an individual who is certified in accordance with KRS 335.080.
(15)

Page 5
Section 1(16)
Line 14
Insert “(15)”, delete “(16)”.

Page 5
Section 1(16)(a)
Lines 15 - 16
After “empowers the participant”, delete the following:
or participant’s designated representative

Page 6
Section 1(17)
Line 8
Insert “(16)”, delete “(17)”.

Page 6
Section 1(17)(d)
Line 23
After “supported”, insert the following:
; and
(e) Provides services to a participant in accordance with Section 4 of this administrative regulation.
(17)

Line 23
Delete the period.

Page 7
Section 1(18) and 19
Line 1
Delete “(18)”.

Line 1
After “means a”, insert the following:
scenario in which an agency, also including any subsidiary, partnership, not-for-profit, or other business entity under control of the agency, providing case management to an individual does not also provide another waiver service to the individual.
(18)

Lines 1 - 4
After “means a”, delete the following:
participant’s case manager does not work for an agency which is responsible for providing services that are not case management services to the participant.
(19)

Page 7
Sections 1(20) to (23)
Lines 5, 6, 8, and 9
Renumber these five subsections respectively by inserting “(19)”, “(20)”, “(21)”, “(22)”, and “(23)”, respectively, and by deleting “(20)”, “(21)”, “(22)”, “(23)”, and “(24)” respectively.

Page 7
Sections 1(24) and (25)
Line 10 - 11
Insert “(23)”,
Delete the following:
(24) “Designated representative” is defined by KRS 216.710(5).
(25)

Page 7
Section 1(26)
Line 19
Insert "(24)", delete "(26)".

Page 8
Section 1(27)
Line 13
Insert "(25)", delete "(27)".

Page 9
Sections 1(28) to (31)
Lines 10, 11, 13, and 14
Renumber these four subsections respectively by inserting "(26)", "(27)", "(28)", "(29)", and "(30)", respectively, and by deleting "(28)", "(29)", "(30)", "(31)" and "(32)" respectively.

Page 9
Section 1(31)
Line 14
After "means", delete ":
(a)" and make "An" lowercase.

Page 9
Section 1(31)(a)
Lines 15 - 16
After "provider", delete the following
; or
(b) An individual or entity who is a subcontractor for an SCL provider

Page 10
Section 1(33)
Line 14
Insert "(31)", delete "(33)".

After "KRS 209.020(9)." insert a return and the following:
(32) "Extended family member" means a relative of an individual by blood or Marriage beyond the individuals included in the definition of immediate family member

Page 10
Section 1(34)
Line 15
Insert "(33)", delete "(34)".

Page 11
Section 1(35)
Line 2
Insert "(34)", delete "(35)".

Line 2
After "management", delete "services".

Page 11
Sections 1(36) and (37)
Lines 4 and 7
Renumber these two subsections respectively by inserting "(35)" and "(36)", respectively, and by deleting "(36)" and (37)" respectively.

Page 11
Section 1(37)(d)
Line 15
After "her", insert "guardian".
Delete "legal representative".

Page 11
Section 1(38)
Line 21
Renumber by insert "(37)" and by deleting "(38)".

Page 12
Sections 1(39) to (42)
Lines 3, 5, 7, and 15
Renumber these four subsections respectively by inserting "(38)", "(39)", "(40)", and "(41)", respectively, and by deleting "(39)", "(40)", "(41)" and "(42)" respectively.

Page 12
Section 1(42)
Line 17
After "speech therapy,", insert "social work,".

Page 12
Section 1(43)
Line 19
After "intellectual", delete "or a developmental disability".

Page 12
Section 1(44)
21
Renumber by inserting "(43)" and by deleting "(44)".

Page 13
Sections 1(45) to (51)
Lines 3, 4, 8, 9, 10, 16, and 20
Renumber these seven subsections respectively by inserting "(44)", "(45)", "(46)", "(47)", "(48)", "(49)", and "(50)", respectively, and by deleting "(45)", "(46)", "(47)", "(48)", "(49)", "(50)" and "(51)" respectively.

Page 14
Sections 1(52) and (53)
Lines 3 and 19
Renumber these two subsections respectively by inserting "(51)" and "(52)", respectively, and by deleting "(52)" and "(53)" respectively.

Page 14
Section 1(52)
Line 3
After "means", insert the following:
"
:
(a)" and make the "a" uppercase.

Page 14
Section 1(52)(a)1.
Line 4
Renumber this paragraph by insert "1." and deleting "(a)1.".

Page 14
Section 1(52)(b)
Line 18
After "(b)", insert the following:
An intellectual disability that had an onset before
Delete the following:
Which occurred prior to the individual reaching

Page 15
Section 1(54)
Line 3
Renumber by inserting "(53)" and deletinging "(54)".

Line 4
After "individual meets", delete the following:
low intensity or high intensity

After "criteria", insert the following:
for an intermediate care facility for an individual with an intellectual disability as established

Line 4
After “in”, delete “accordance with”.

Page 15
Sections 1(55) to (62)
Lines 6, 8, 9, 11, 13, 15, 17, and 19
Renumber these eight subsections respectively by inserting “(54)”, “(55)”, “(56)”, “(57)”, “(58)”, “(59)”, “(60)”, and “(61)”, respectively, and by deleting “(55)”, “(56)”, “(57)”, “(58)”, “(59)”, “(60)”, “(61)”, and “(62)” respectively.

Page 15
Sections 1(63) and (64)
Lines 21 - 23
Insert “(62)”, and delete the following:
(63) “Licensed Social Worker” means an individual who is currently licensed in accordance with KRS 335.090.
(64)

Page 16
Sections 1(65) to (67)
Lines 7, 11, and 13
Renumber these three subsections respectively by inserting “(63)”, “(64)”, and “(65)”, respectively, and by deleting “(65)”, “(66)”, and “(67)”, respectively.

Page 16
Section 1(67)
Line 13
After “(67)”, insert a space.

Page 16
Section 1(67)(a)
Line 14
After “(a)”, insert the following:
A collaboration between the National Association of State Directors of Developmental Disability Services and the Human Services Research Institute; (b) An
Delete “A voluntary”.

Page 16
Section 1(67)(b)
Line 16
Insert “(c)”, delete “(b)”.

Page 16
Section 1(68)

Line 21
Renumber this subsection by insert "(66)" and deleting "(68)".

Page 17
Sections 1(69), (70), (71), (72), (73), (74), (75), and (76)
Lines 3, 4, 5, 6, 11, 13, 19, and 21
Renumber these eight subsections respectively by inserting "(67)", "(68)", "(69)", "(70)", "(71)", "(72)", "(73)", and "(74)", respectively, and by deleting "(69)", "(70)", "(71)", "(72)", "(73)", "(74)", "(75)", and "(76)" respectively.

Page 17
Section 1(76)(a)
Line 23
After "implementing and", insert "monitoring".
Delete "assessing".

Page 18
Section 1(76)(c)
Line 2
After "family", insert "guardian".
Delete "designated representative".

Page 18
Sections 1(77) and (78)
Lines 13 and 16
Renumber these two subsections respectively by inserting "(75)" and and "(76)", respectively, and by deleting "(77)" and "(78)" respectively.

Page 18
Section 1(78)(a)
Line 18
After 'Care'" delete ", July 2012 edition".

Page 18
Section 1(78)(b)1.a.
Line 21
After "SCL participant's", insert "guardian".
Delete "legal representative".

Page 18
Section 1(78)(b)1.b.
Line 22
After "manager", delete "or support broker".

Page 19
Section 1(78)(b)2.a.

Line 3
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 19
Section 1(78)(b)2.d.
Line 10
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 20
Section 1(79)
Line 1
Renumber by inserting “(77)” and by deleting “(79)”.

After “participant’s”, insert “guardian or”.
Delete “designated”.

Page 20
Section 1(79)(b)
Line 6
After “participant in”, insert the following:
becoming as independent as possible in meeting the participant’s needs
Delete the following:
having a comfortable and fulfilled life

Page 20
Sections 1(80) to (82)
Lines 12, 13 and 17
Renumber these three subsections respectively by inserting “(78)”, “(79)”, and and “(80)”, respectively, and by deleting “(80)”, “(81)”, and “(82)” respectively.

Page 21
Sections 1(83) to (89)
Lines 7, 10, 12, 14, 15, 16, and 23
Renumber these seven subsections respectively by inserting “(81)”, “(82)”, “(83)”, “(84)”, “(85)”, “(86)”, and “(87)”, respectively, and by deleting “(83)”, “(84)”, “(85)”, “(86)”, “(87)”, “(88)”, and “(89)” respectively.

Page 22
Sections 1(90) to (93)
Lines 10, 12, 14 and 16
Renumber these four subsections respectively by inserting “(88)”, “(89)”, “(90)”, and “(91)”, respectively, and by deleting “(90)”, “(91)”, “(92)”, and “(93)” respectively.

Page 23

Section 1(93)(e)3.
Line 4
After “documentation;”, delete “and”.

Page 23
Section 1(93)(f)2.
Line 10
After “participant”, insert the following:
; and
(g) Does not have any of the following relationships to the participant:
1. Immediate family member;
2. Extended family member;
3. Guardian; or
4. Legally responsible individual.
(92)

Delete the period.

Page 23
Section 1(94)
Lines 11 - 17
Delete subsection in its entirety.

Page 23
Section 1(95)
Line 18
Delete “(95)”.

Page 23
Sections 1(96) and (97)
Lines 19 and 23
Renumber these two subsections respectively by inserting “(93)”, and “(94)”, respectively, and by deleting “(96)” and “(97)” respectively.

Page 23
Section 1(97)
Line 23
After “individual”, delete “who”.

Page 24
Section 1(97)(a)
Line 1
After “(a)”, insert “who”.
After “provider;”, delete “and”

Page 24

Section 1(97)(b)
Line 2
After “(b)”, insert “who”.

Line 3
After “supports”, insert the following:
; and
(c) To whom the employee requirements in this administrative regulation apply.
(95)

Delete the period.

Page 24
Section 1(98)
Line 4
Delete “(98)“.

Page 24
Section 1(99)
Line 6
Renumber this subsection by inserting “(96)” and deleting “(99)”.

Page 24
Section 1(99)(a)
Line 8
After “jobs”, insert the following:
in accordance with Section 4 of this administrative regulation

Page 24
Section 1(100)
Line 18
Renumber this subsection by inserting “(97)” and deleting “(100)”.

Page 25
Sections 1(101) and (102)
Lines 8 and 10
Renumber these two subsections respectively by inserting “(98)”, and “(99)”, respectively, and by deleting “(101)” and “(102)” respectively.

Page 25
Section 2(1)(a)
Lines 18 - 19
After “(a)”, delete the following:
Be placed on the SCL waiting list in accordance with Section 7 of this administrative regulation;
(b)

Page 25
Section 2(1)(c)
Line 22
Insert "(b)", delete "(c)".

Page 25
Section 2(1)(d)
Line 23
Insert "(c)", delete "(d)".

Page 26
Section 2(1)(e)
Line 1
Insert "(d)", delete "(e)".

Page 26
Section 2(2)(a)1.
Line 11
After "every", insert "twenty-four (24)".
Delete "twelve (12)".

Page 27
Section 2(4) and (5)(a)
Lines 2 - 5
After "(4)", insert "(a)".
Delete the following:
The department may exclude from receiving an SCL waiver service an applicant for whom the aggregate cost of SCL waiver services would reasonably be expected to exceed the cost of ICF-IID services.
(5)(a)

Page 27
Section 2(5)(b)1.
Line 16
After "applicant's", insert "guardian".
Delete "designated representative".

Page 27
Section 2(5)(b)1.a.
Line 19
After "applicant's", insert "guardian".
Delete "designated representative".
Page 28
Section 2(5)(c)1.a.
Line 5

After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 28
Section 2(6)(a)
Line 11
Renumber by inserting “(5)(a)” and deleting “(6)(a)”.

Page 28
Section 2(6)(a)1.a.
Line 14
After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 28
Section 2(6)(a)2.a.
Line 19
After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 28
Section 2(6)(a)2.b.
Line 21
After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 29
Section 2(6)(a)2.d.
Line 1
After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 29
Section 2(7)(a)
Line 14
Before “(a)”, Insert “(6)”, delete “(7)”.

Line 15
After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 29
Section 2(7)(c)
Line 21
After “applicant’s”, insert “guardian”.
Delete “designated representative”.

Page 31
Section 3(3)(a)
Line 9
After “waiver services”, delete the following:
that are not participant directed services

Line 10
After “who is a”, delete “legal”.

Line 11
After “guardian”, insert “legally responsible individual”.
After “participant”, insert the following:
Unless allowed for a participant directed service in accordance with Section 4 of this administrative regulation

Page 31
Section 3(3)(c)
Line 13
After “Have”, insert “and”.
Delete “an”.

Page 33
Section 3(3)(i)2.
Line 8
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 33
Section 3(3)(i)3.
Line 9
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 34
Section 3(3)(k)
Line 4
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 35
Section 3(3)(n)2.a.
Line 22
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 36

Section 3(3)(p)10.c.
Line 18
After “Form”, delete “completed at least annually”.

Page 36
Section 3(3)(p)10.d.(i)
Line 21
After “personnel”, delete “approved by DBHDID”.

Page 37
Section 3(3)(p)10.i.
Line 10
After “copy of the”, insert “signed or authorized current”

After “prescription or”, insert “medical orders”.
Delete “the signed physician’s order”.

Page 38
Section 3(3)(p)10.s.
Line 3
After “notifications”, delete the following:
in the case management and residential record

Page 38
Section 3(3)(p)11.b.
Line 9
After “participant or”, insert “guardian”.
Delete “designated representative”.

Page 38
Section 3(3)(q)3.
Line 18
After “valid”, delete “Kentucky”.

Line 19
After “insurance”, insert the following:
for the vehicle used to transport the participant

Page 40
Section 3(3)(x)2.
Line 14
After “volunteerism;”, insert “and”.
Delete “or”

Page 40

Section 3(3)(dd)9.a.
Line 3
After “a.”, insert the following:
Every case manager and any
Delete “Each case manager or”.

Page 44
Section 3(3)(gg)1.
Line 18
After “employee”, delete “and sub-contractor”.

Page 46
Section 3(3)(jj)4.a.
Line 9
Insert “4.”, delete “4a.”.

Page 46
Section 3(3)(jj)4.a. and b.
Lines 10 - 12
After “modules;”, delete the following:
and
b. Training in Kentucky College of Direct Support Phase I training modules shall be paid for and facilitated by DBHDID;

Page 46
Section 3(3)(kk)1.
Line 17
Insert “(kk)”, delete “(kk)1.”.

After “managers”, insert “or” and delete the comma.

After “employees”, delete “, or sub-contractors”.

Page 46
Section 3(3)(kk)1. and 2.
Lines 21-23
After “services;”, delete the following:
and
2. Kentucky College of Direct Support Phase II module training shall be paid for and facilitated by DBHDID;

Page 47
Section 3(3)(nn)
Lines 8-9
After “participant”, delete “from the case manager”

Page 48
Section 4(1)(a)1.
Line 11
After “department;”, insert “and”

Page 48
Section 4(1)(a)2.
Line 13
After “in”, insert “Section”.
After “this”, insert “administrative”.

Page 48
Section 4(1)(a)2. and 3.
Lines 13-15
After “regulation”, delete the following:
; and
3. Be available through participant directed services for a participant who chooses this option

Page 50
Section 4(3)(f)4.
Line 20
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 54
Section 4(3)(o)2.
Lines 7-8
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 54
Section 4(4)(b)2.a.
Lines 21-22
After “thirty (30)”, insert “miles”.
Delete “minutes”.

Line 22
After “residence;”, insert “or”.
Delete “and”.

Page 55
Section 4(5)(a)
Lines 8-9
After “specialist”, delete the following:
Who meets the personnel and training requirements established in Section 3 of

this administrative regulation

Page 55
Section 4(5)(d)
Line 13
After “directed”, insert a semi-colon and delete the following:
if so chosen by the participant; and

Page 55
Section 4(5)(e)
Line 14
After “(e)”, insert the following:
<u>If participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;</u>
<u>(f)</u>

Page 56
Section 4(5)(f) to (i)
Lines 1, 7, 10, and 12
Renumber these four paragraphs by inserting “<u>(g)</u>”, “<u>(h)</u>”, “<u>(i)</u>”, and “<u>(j)</u>”, respectively and by deleting “(f)”, “(g)”, “(h)”, and “(i)” respectively.

Page 56
Section 4(5)(h)
Line 10
After “home or”, insert “<u>residential setting</u>”.
Delete “family home provider”.

Page 56
Section 4(5)(j)a.
Line 13
Renumber by inserting “<u>(k)1.</u>”, and by deleting “(j)a.”.

Page 56
Section 4(5)(j)b.
Line 15
Insert “<u>2.</u>”, delete “b.”.

Page 56
Section 4(5)(k) to (m)
Lines 17, 18, and 21
Renumber these three paragraphs by inserting “<u>(l)</u>”, “<u>(m)</u>”, and “<u>(n)</u>”, respectively and by deleting “(k)”, “(l)”, and “(m)” respectively.

Page 57

Section 4(5)(n)
Line 16
Renumber by inserting "(o)", and by deleting "(n)".

Page 57
Section 4(6)(a)
Line 20
After "in", insert "Sections 3 and 5".
Delete "Section 3".

Page 59
Section 4(6)(g)
Lines 16-17
Delete paragraph (g) in its entirety.

Page 60
Section 4(6)(h)
Lines 1-2
Delete paragraph (h) in its entirety.
Page 60
Section 4(7)(c)5.
Line 19
After "A", lowercase "Necessary".
After "adaptation;", insert "or".

Page 60
Section 4(7)(c)6. and 7.
Lines 20-21
After "resources", delete the following:
"; and
7. Caregiver training"

Page 61
Section 4(8)(a)3.
Line 23
After "Licensed", delete "family and".

After "marriage", insert "and family".

Page 62
Section 4(8)(a)4. and 5.
Lines 2-4
After "4.", delete the following:
Licensed practice nurse who meets the personnel and training requirements established in Section 3 of this administrative regulation;
5.

Page 62
Section 4(8)(a)6. to 8.
Lines 6, 8, and 10
Renumber by inserting "5.", "6.", and "7.", respectively, and by deleting "6.", "7.", and "8." respectively

Page 62
Section 4(8)(a)9.
Line 12
After "Licensed", insert "clinical".

Page 62
Section 4(8)(a)10.
Line 14
Renumber by inserting "9." and by deleting "10."

Page 64
Section 4(8)(b)
Line 5
Renumber by inserting "b." and by deleting "(b)".

Page 64
Section 4(8)(b)8.
Line 7
After "by", delete the colon.

Page 64
Section 4(8)(b)8.a.
Line 8
Delete "a." and make "A" lowercase.

Page 64
Section 4(8)(b)8.a.(i)
Line 9
Renumber by inserting "a." and by deleting "(i)".

After "rendered;", inserted the following:
b. An analysis of the efficacy of the service provided including any recommendation or identification of additional support needs if needed;

Page 64
Section 4(8)(b)8.a.(i) to (vi)
Lines 9, 10, 11, 12, 13, and 14
Renumber by inserting "c.", "d.", "e.", "f.", "g.", and "h.", respectively, and by deleting "(i)", "(ii)", "(iii)", "(iv)", "(v)", and "(vi)", respectively.

Page 64
Section 4(8)(b)8.b.
Lines 15-20
Delete the following:
b. A completed monthly summary note which shall include:
(i) The month and year for the period covered by the note;
(ii) An analysis of the efficacy of the service providing including recommendations and identification of additional support needs if needed;
(iii) The signature and title of the professional completing the note;
(iv) The date the note was written;

Page 65
Section 4(9)(b)1.
Line 4
After “choice;”, delete “and”.

Page 65
Section 4(9)(b)2.
Line 5
After “planning”, insert “<u>or pre-vocational</u>”.

Page 65
Section 4(9)(b)2.a.
Line 7
After “goals;”, delete “and”.

Page 65
Section 4(9)(b)2.b.
Lines 8 through
Page 66
Line 11
After “b.”, insert the following:
<u>Provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work;</u>
<u>c. Enable each individual to attain the highest level of work in the most integrated setting with the job matched to the participant’s interest, strengths, priorities, abilities, and capabilities; and</u>
<u>d. Include:</u>
<u>(i) Skill development to communicate effectively with supervisors, co-workers, and customer;</u>
<u>(ii) Generally accepted community workplace conduct and dress;</u>
<u>(iii) Workplace problem solving skills and strategies;</u>
<u>(iv) General workplace safety;</u>
<u>(v) The ability to follow directions;</u>
<u>(vi) The ability to attend tasks; or</u>

(vii) Mobility training;
3.

Delete the following:
Directly relate to personally chosen outcomes by the participant which shall be documented in the participant's POC; and
c. Are time limited;
3. Activities and environments that:
a. Are not diversional in nature;
b. Provide active training or skill development designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and
c. Include:
(i) Skill development to communicate effectively with supervisors, co-workers, and customers;
(ii) Generally accepted community workplace conduct and dress;
(iii) Workplace problem solving skills and strategies;
(iv) General workplace safety; or
(v) Mobility training.
4. Activities that:
a. Occur over a defined period of time;
b. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities;
c. Coordinate with any needed therapies in the participant's POC;
d. Result in an outcome that identifies a career direction and plan used to guide activities that result in the participant's achievement of competitive, integrated employment; and
e. Shall not be reimbursable if they are for the primary purpose of producing goods or performing services in a segregated setting where the participant is earning less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities;
5.

Page 66
Section 4(9)(b)6.
Line 15
Insert "4.", and delete the following:
6. For a participant with a degenerative condition,

Page 66
Section 4(9)(c)
Line 18
After "(c)", insert the following:
Shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community

integration, supported employment, and other employment opportunities in the community;
(d)

Page 66
Section 4(9)(c)2.
Line 22
After “POC;” insert the following:
(e) Shall include environments that:
1. Are not diversional in nature;
2. Occur in a variety of settings in the community and shall not be limited to fixed-site facilities; and
3. Coordinate with any needed therapies in the participant’s POC;
(f)

Page 66
Section 4(9)(d)
Line 23
Delete “(d)”.
After “directed”, insert the following:
and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation;
(g) Shall not be reimbursable if vocational in nature and for the primary purpose of producing goods or performing services;
(h)

Delete the semi-colon.

Page 67
Section 4(9)(e) and (f)
Lines 1-5
Delete the following:
(e) Shall include required informational sessions sponsored by the provider at least annually for the participant regarding employment services and arrangement of opportunities for the participant to explore supported employment and other customized employment opportunities in the community;
(f)

Page 67
Section 4(9)(f)1.a.
Line 7
After “a.”, delete the extra period.

Page 67
Section 4(9)(f)1.c.

Line 9
After “c.”, delete the extra period.

Page 67
Section 4(9)(g)
Line 19
Renumber this paragraph by inserting “(i)” and deleting “(g)”.

Page 67
Section 4(9)(g)
Line 22
After “any”, insert the following:
hours of paid community employment or on-site

Page 69
Section 4(10)(a)4.b.
Line 2
After “30 KAR 1:020”, delete the space before the semi-colon.

Page 69
Section 4(10)(a)5. and 6.
Lines 3-5
After “5.”, delete the following:
Shall not be provided by a family member who resides in the same house as the participant;
6.

Page 69
Section 4(10)(a)7.
Line 14
Renumber this subparagraph by inserting “6.” and deleting “7.”.

Page 69
Section 4(10)(b)
Line 15
After “(b)”, insert the following:
An immediate family member, guardian, or legally responsible individual of a participant shall not be eligible to be a vendor or provider of environmental accessibility service for the participant.
(c)

Page 69
Section 4(10)(c)
Line 18
Renumber this paragraph by inserting “(d)” and deleting “(c)”.

Page 71
Section 4(11)(c) and (d)
Lines 2-5
After “(c)”, insert “An immediate”.
Delete the following:
An individual serving as the representative of a participant for whom the goods and services are being purchased shall not be eligible to be a provider of participant directed goods and services.
(d) A

Page 71
Section 4(11)(d)
Line 5
After “member”, insert the following:
, guardian, or legally responsible individual of a

Delete the following:
who resides in the same house as the

Page 71
Section 4(11)(e)
Line 7
After “submit”, insert “reimbursement”.
After “management”, delete “services”.

Line 8
After “agency”, delete the following:
to make a direct payments to the approved vendor of a good or service

Page 71
Section 4(12)(a)1.
Line 11
After “by”, insert the following:
a qualified entity as identified in the POC

Delete the following:
an SCL provider employee who meets the personnel and training requirements established in Section 3 of this administrative regulation

Page 71
Section 4(12)(a)2. and 3.
Lines 13-14
After “directed”, insert “and include”.
Delete the following:
“;
3. Shall include”

Page 72
Section 4(12)(a)6. and 7.
Lines 13-14
After “6.”, delete the following:
Shall be provided by a vendor approved by DBHDID;
7.

Page 72
Section 4(12)(a)8.
Line 18
Renumber this subparagraph by inserting “7.” and by deleting “8.”.

Page 73
Section 4(12)(a)9.
Line 1
Renumber this subparagraph by inserting “8.” and by deleting “9.”.

Page 73
Section 4(12)(a)10.
Line 11
Renumber this subparagraph by inserting “9.” and by deleting “10.”.

Page 73
Section 4(12)(b)
Line 12
After “(b)”, insert “An immediate”
Delete “A “

After “member”, insert the following:
, guardian, or legally responsible individual of a participant

Delete “or designated representative”.

Page 73
Section 4(12)(c) and (d)
Lines 15 - 17
After “(c)”, delete the following:
An individual serving as a representative in participated directed services shall not be eligible to be a participant directed provider of natural supports training services.
(d)

Page 73
Section 4(12)(e)
Line 21

Renumber this paragraph by inserting "(d)" and by deleting "(e)".
After "submit", insert "reimbursement".
After "management", delete "services".

Lines 22-23
After "agency", delete the following:
to make direct payments or reimbursement to the DBHDID approved vendor or unpaid caregiver

Page 75
Section 4(13)(j) and (j)1.
Line 16
After "by", delete the following:
":
1."

Page 75
Section 4(13)(j)1.a. and b.
Lines 18 and 19
Renumber by inserting "1." and "2.", respectively, and by deleting "a." and "b.", respectively.

Page 75
Section 4(13)(j)1.b. and c.
Line 19
After "Evidence of", insert the following:
progress toward the participant's outcome or outcomes;
3. Identification of barriers to achievement of outcomes;
4. The project plan to achieve the next step in achievement of outcomes;
5.

Delete the following:
the training or services to support the outcomes designated in the POC;
c.

Page 75
Section 4(13)(j)1.d. to f.
Lines 21, 22, and 23
Renumber by inserting "6.", "7.", and "8.", respectively, and by deleting "d.", "e.", and "f.", respectively.

Page 76
Section 4(13)(j)2.
Line 2
Renumber this subparagraph by inserting "10." and deleting "2.".

Page 76
Section 4(13)(j)2.
Lines 2-9
Delete the following:
2. A detailed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. Evidence of progress toward the participant's outcome or outcomes;
c. Identification of barriers to achievement of outcomes;
d. The projected plan to achieve the next step in achievement of outcomes;
e. The signature and title of the person completing the note;
f. The date the note was written; and
g.

Page 76
Section 4(14)(a)1.b.
Line 18
After "b.", insert the following:
Work under the direction of
Delete "Be supervised by".

After "specialist", insert "or other licensed professional".

Line 19
After "implemented", delete the following:
and through discussions with and observations of the person centered coach implementing the plan and reporting data

Page 77
Section 4(14)(a)3.b.
Line 7
After "Monitoring", delete "and assessing ".

Page 77
Section 4(14)(d)a.
Line 22
Renumber by inserting "1." and deleting "a."

Page 77
Section 4(14)(d)a.(i)
Line 23
Renumber by inserting "a." and by deleting "(i)".

Page 78
Section 4(14)(d)a.(ii) to (vi)
Lines 1, 2, 3, 4, and 5
Renumber these five subclauses by inserting "b.", "c.", "d.", "e.", and "f.", respectively

and by deleting “(ii)”, “(iii)”, “(iv)”, “(v)”, and “(vi)” respectively.

Page 78
Section 4(14)(d)b.
Line 6
Renumber by inserting “2.” and by deleting “b.”.

Page 78
Section 4(14)(d)b.(i) to (v)
Lines 7, 8, 10, 11, and 12
Renumber these five subclauses by inserting “a.”, “b.”, “c.”, “d.”, and “e.”, respectively and by deleting “(i)”, “(ii)”, “(iii)”, “(iv)”, and “(v)”, respectively.

Page 78
Section 4(14)(d)b.(ii)
Line 8
After “(ii)”, insert “A summary”.
Delete the following:
An analysis of the efficacy

Page 78
Section 4(14)(d)b.(v)
Line 13
After “specialist”, insert the following
or other licensed professional directing the work of
Delete “supervising”.

Page 78
Section 4(15)(d)
Line 20
After “directed”, insert the following
and if participant directed, may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation

Delete the following:
if the participant chooses this option

Page 82
Section 4(16)(i) and (i)1.
Lines 5 and 6
After “by”, delete the following:
“:
1.”, and make “A” lowercase.

Page 82

Section 4(16)(i)1.a.
Line 7
Renumber by inserting “1.” and deleting “a.”.

Page 82
Section 4(16)(i)1.b. and c.
Lines 8 and 9
Renumber by inserting “2.” and deleting “b.”.

After “Evidence of”, insert the following:
progress toward the participant’s outcomes or outcomes;
3. Identification of barriers to achievement of outcomes;
4. The projected plan to achieve the next step in achievement of outcomes;
5.

Delete the following:
the training or service to support the outcomes designated in the POC;
c.

Page 82
Section 4(16)(i)1.d. to g.
Lines 10, 11, 12, and 13
Renumber these four clauses by inserting “6.”, “7.”, “8.”, and “9.”, respectively, and by deleting “d.”, “e.”, “f.”, and “g.”, respectively.

Page 82
Section 4(16)(i)2.
Lines 14-21
Insert “10.”, and delete the following:
2. A detailed monthly summary note which shall include:
a. The month and year for the time period the note covers;
b. Evidence of progress toward the participant’s outcome or outcomes;
c. Identification of barriers to achievement of outcomes;
d. The projected plan to achieve the next step in achievement of outcomes;
e. The signature and title of the person completing the note;
f. The date the note was written; and
g.

Page 85
Section 4(19)(a)4.(i)
Line 23
Renumber by inserting “a.” and deleting “(i).

Page 86
Section 4(19)(a)4.(ii) to (ix)
Lines 1, 3, 4, 5, 6, 7, 8, and 9

Renumber these eight subclauses by inserting "b.", "c.", "d.", "e.", "f.", "g.", "h.", and "i.", respectively, and by deleting "(ii)", "(iii)", "(iv)", "(v)", "(vi)", "(vii)", "(viii)", and "(ix)", respectively.

Page 92
Section 4(22)(a)2.b.
Lines 10-11
After "professional", delete the following:
who meets the personnel and training requirements established in Section 3 of this administrative regulation

Page 92
Section 4(22)(b)
Line 21
After "directed", insert the following:
and if participant directed, may be provided by an immediate family member or guardian of the participant in accordance with Section 5 of this administrative regulation

Page 92
Section 4(23)(a)1.
Line 23
After "services;", insert "and".

Page 93
Section 4(23)(a)2.
Lines 1-4
After "2.", insert the following:
Be provided by a shared living caregiver who

Delete the following:
Allow a participant to live in the participant's own home with an unrelated caregiver who:
a. Resides in the participant's home with the participant; and
b.

Page 93
Section 4(23)(d)b.
Line 14
Renumber by inserting "2." and deleting "b.".

Page 94
Section 4(23)(g)
Line 5
After "Section", insert "(1)(24)".
Delete "(1)(26)".

Page 94
Section 4(23)(j)2.e.
Lines 22-23
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 95
Section 4(23)(j)2.h.
Line 2
Renumber this clause by inserting “f.” and deleting “h.”.

Page 98
Section 25(g)
Lines 15 and 16
After “by”, delete the following:
“:
1.”, and make “A” lowercase.

Page 98
Section 25(g)1.a. and b.
Lines 17 and 18
Renumber by inserting “1.” and “2.”, respectively, and by deleting “a.”, and “b.”, respectively.

Page 98
Section 25(g)1.b.
Lines 18-19
After “Evidence of”, insert the following:
progress toward the participant’s outcomes or outcomes;
3. Identification of barriers to achievement of outcomes;
4. The projected plan to achieve the next step in achievement of outcomes;
5.

Delete the following:
training or service to support an outcome or outcomes designated in the participant’s POC;
c.

Page 98
Section 4(25)g.1.d. to f.
Lines 21, 22, and 23
Renumber by inserting “6.”, “7.”, and “8.”, respectively,
and by deleting “d.”, “e.”, and “f.”, respectively.

Page 99

Section 4(25)g.1.g.
Line 2
Renumber by inserting "9." and deleting "g.".

Page 99
Section 4(25)(g)2.
Lines 3 to 11
Delete subparagraph 2. In its entirety.

Page 100
Section 4(26)(c)3.c.
Line 14
After "Manual", insert a period and delete the following:
and using the documentation forms specified in the Supports for Community Living Policy Manual

Page 100
Section 4(26)(c)5.
Line 19
After "provider;", insert "and".

Page 100
Section 4(26)(c)6. and 7.
Lines 21-22
After "outcome;", delete the following
and
7. Be documented as required in the Supports for Community Living Policy Manual

Page 101
Section 4(26)(e)
Line 5
After "be", insert "provided and".
After "documented", delete the following:
in accordance with the Supports for Community Living Policy Manual and

Page 102
Section 4(27)(a)6.a.
Line 18
After "licensed", delete the following:
by the Commonwealth of Kentucky

Page 102
Section 4(27)(a)6.c.
Line 22
After "Is", insert "an individual".
Delete "a neighbor, friend,".

Page 103
Section 4(27)(c)
Line 12
After “(c)”, insert the following:
A transportation service may be provided by an immediate family member, guardian, or legally responsible individual of the participant in accordance with Section 5 of this administrative regulation.
(d)

Page 103
Section 4(27)(c)2.
Line 15
After “management”, delete “services”.

Page 105
Section 4(28)(f)
Lines 18-19
After “(f)”, insert the following:
An immediate family member, guardian, or legally responsible individual of the participant shall not be eligible to be a vendor or provider of a vehicle adaptation Service for the participant

Delete the following:
A family member living in the home of a participant shall not be reimbursed by the department for a vehicle adaptation provided to the participant

Page 105
Section 4(28)(g) and (h)
Lines 20-21
After “A”, delete the following:
“vehicle adaptation
(h) A”

Page 105
Section 4(28)(h)
Line 21
After “submit”, insert “reimbursement”.
After “management”, delete “services”

Lines 22-22
After “agency”, delete the following
to make a direct payment to the approved vendor for a participant who has chosen to participant diret a vehicle adaptation

Page 106

Section 5(1)(a)
Line 1
After “The”, insert “following”.

Page 106
Section 5(1)(a)
Lines 1-2
After “services”, delete the following:
listed in paragraph (c) of this subsection

Page 106
Section 5(1)(a)
Line 4
After “regulation”, insert a comma.
Delete “and”.

After “Manual”, insert the following:
, and the training requirements specified in paragraph (b) of this subsection.
1.

Page 106
Section 5(1)(b) and (c)1.
Lines 5-8
Delete the following:
(b) An individual who provides a service listed in paragraph (c) of this subsection shall meet the provider qualification requirements for the respective service in accordance with Section 4 of this administrative regulation.
(c)1.

Page 106
Section 5(1)(c)7.
Line 14
After “employment.”, insert a return and the following:
(b) An individual who provides a participant directed service shall complete the following training requirements within six (6) months of the date of hire or of the date the individual began providing the service:
1. First aid and cardiopulmonary resuscitation certification by the American Red Cross or the American Heart Association;
2. If administering or monitoring the administration of a medication, an approved DBHDID medication administration curriculum;
3. Individualized instruction regarding the participant receiving a support;
4. The following areas of the Kentucky College of Direct Support modules:
a. Maltreatment of vulnerable adults and children;
b. Individual rights and choice;
c. Safety at home and in the community;
d. Supporting healthy lives;

e. Person centered planning; and
5. Other training if required by the participant.
(2) An individual providing a participant directed service to more than three (3) participants in the same household or different households, shall complete all provider training requirements as specified in Section 3 of this administrative regulation.
(3)(a) The following services may be participant directed and shall be provided in accordance with the specifications and requirements established in the Supports for Community Living Manual and in Section 4 of this administrative regulation:
1. Environmental accessibility adaptation services;
2. Goods and services;
3. Natural supports training;
4. Transportation services; or
5. Vehicle adaptation services.
(b) A participant directed service shall not be available to a participant who resides in a living arrangement, regardless of funding source, that is furnished to four (4) or more individuals who are unrelated to the proprietor.
(4) An immediate

Page 106
Section 5(2)
Lines 15-22
Delete subsection (2) in its entirety

Page 106
Section 5(3)
Line 23
Delete “(3) A”

Page 107
Section 5(3)(d) and (e)
Lines 7-9
After “(d)”, delete the following:
The family member or guardian meets the training requirements established in Section 3 of this administrative regulation for the service;
(e)

Page 107
Section 5(3)(f) to (j)1.
Lines 10, 11, 14, 15, and 22
Renumber these five paragraphs by inserting “(e)”, “(f)”, “(g)”, “(h)”,and “(i)1.”, respectively, and by deleting “(f)”, “(g)”, “(h)”, “(i)”, and “(j)1.”, respectively.

Page 107
Section 5(3)(j)1.
Line 22

After “thirty (30)”, insert “miles”.
Delete “minutes”.

Page 108
Section 5(4)
Line 3
Renumber this subsection by inserting “(5)” and deleting “(4)”.

Page 108
Section 5(4)(d)2.
Line 13
After “institutionalization.”, insert a return and the following:
An individual serving as a representative for a participant shall not be eligible to Provide a waiver service to the participant.

Page 108
Section 5(5) and (6)
Lines 14 through
Page 109
Line 8
Insert “(6)” and delete subsections (5) and (6) in their entirety.

Page 110
Section 5(8)(b)
Line 6
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 110
Section 5(9)(a)1.
Lines 14-15
After “member”, delete the following:
if any other individual is on the team

Page 110
Section 5(9)(b)
Lines 19-20
After “with”, delete “the participant and”.

Page 112
Section 6(4)(b)4.
Line 20
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 113

Section 6(5)(a)2.c.
Line 14
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 113
Section 6(5)(b)2.
Line 20
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 114
Section 6(5)(d)1.
Line 3
Renumber by inserting “(d)” and deleting “(d)1.”.

Page 114
Section 6(5)(d)1.
Line 5
After “investigation;”, insert “and”

Page 114
Section 6(5)(d)2.
Line 9
Renumber by inserting “b.” and deleting “2.”.

Page 114
Section 6(5)(d)3.
Line 10
Renumber by inserting “c.” and deleting “3.”.

Page 114
Section 6(5)(d)3.a. to f.
Lines 11, 12, 13, 14, 15, and 16
Renumber these six clauses by inserting “(i)”, “(ii)”, “(iii)”, “(iv)”, “(v)”, and “(vi)”, respectively, and by deleting “a.”, “b.”, “c.”, “d.”, “e.”, and “f.”, respectively.

Page 116
Section 7(1), (2) and (3)(a)
Lines 12 – 16
After “(1)”, insert “(a)”, and delete the following:
An individual applying for SCL waiver services shall be placed on a statewide waiting list which shall be maintained by DBHDID.
(2) An individual shall be placed on the SCL waiting list based upon the individual’s region of origin in accordance with KRS 205.6317(3) and (4).
(3)(a)

Page 117
Section 7(3)(b)2.
Line 3
After “2”, insert “.”.

Page 117
Section 7(3)(c)2.c.
Line 18
After “assessment”, insert “which”.

Page 118
Section 7(5)(a)3.a.
Line 13
After “housing;”, delete “or”.

Page 118
Section 7(5)(a)3.b.
Line 14
After “b.”, insert the following:
Loss of funding; or
c.

Page 119
Section 7(6)
Lines 13-14
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 119
Section 7(9)(b)
Line 23
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 120
Section 7(9)(b)
Line 2
After “list and the”, insert “individual”.
Delete “individual’s”.

After “or individual’s”, insert “guardian’s”.
Delete “designated representative’s”.

Page 120
Section 7(11)

Line 13
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 120
Section 7(12)(a)1.
Line 18
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 120
Section 7(12)(a)4.
Lines 22-23
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 121
Section 7(12)(a)5.
Lines 2-3
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 121
Section 7(12)(b)1.
Line 7
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 121
Section 7(13)
Lines 12-13
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 121
Section 7(14)(a)
Line 20
After “individual’s”, insert “guardian”.
Delete “representative”.

Page 122
Section 7(17)(b)
Lines 9-10
After “individual’s”, insert “guardian”.
Delete “designated representative”.

Page 123
Section 8(3)
Line 6
After “participant’s”, insert “guardian”.
Delete “designated representative”.

Page 123
Section 9
Line 13
After “Section 9.”, insert the following:
Employee Policies and Requirements Apply to Subcontractors. Any policy or requirement established in this administrative regulation regarding an employee shall apply to a subcontractor.
Section 10.

Page 123
Section 10
Line 23
After “Section”, insert “11”.
Delete “10”.

Page 124
Section 10(1)(a)
Line 2
After “Manual”,”, insert “November”.
Delete “July”.

Page 124
Section 10(1)(b)
Line 3
After “Care”,”, insert “November”.
Delete “July”.

Page 124
Section 10(1)(d)
Line 5
After “Report”,”, insert “November 2012”.
Delete “August 13, 2012”.

Page 124
Section 10(1)(e)
Line 6
After “Report”,”, insert “November 2012”.
Delete “August 13, 2012”.