

1 AN ACT relating to access to health services and supports for Kentuckians who are
2 medically complex and have neurological behavioral disorders, and declaring an
3 emergency.

4 WHEREAS, the Commonwealth, the Cabinet for Health and Family Services, and
5 various commissions associated with the cabinet have failed since the enactment of KRS
6 210.580 in 2004 to establish the joint ad hoc committee to study and assist in
7 implementing changes to the Commonwealth's system for transitioning medically
8 complex individuals, including individuals with psychiatric, emotional, or behavioral
9 disorders, as they age out of children's services systems and into the adult services
10 systems; and

11 WHEREAS, a pilot project to establish a self-determination pilot project for the
12 1915(c) waiver population passed in 2003 and enacted in KRS 210.577 never occurred;

13 NOW, THEREFORE,

14 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

15 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 194A IS CREATED TO
16 READ AS FOLLOWS:

17 **(1) The Cabinet for Health and Family Services shall establish the Issues in Aging of**
18 **Children and Adults with Medical Complexity and Neurological Behavioral**
19 **Disorders Task Force, which shall be composed of the following members:**

20 **(a) The secretary of the Executive Cabinet;**

21 **(b) The secretary of the Cabinet for Health and Family Services;**

22 **(c) The secretary of the Finance and Administration Cabinet;**

23 **(d) The commissioner of the Department for Medicaid Services;**

24 **(e) The secretary of the Transportation Cabinet;**

25 **(f) The commissioner of the Department for Aging and Independent Living;**

26 **(g) The commissioner of the Department for Behavioral Health, Developmental**
27 **and Intellectual Disabilities;**

1 (h) Two (2) members of the public appointed by the Governor, one (1) from a
2 list of three (3) nominees submitted by the Senate co-chair of the Interim
3 Joint Committee on Health and Welfare and Family Services, and one (1)
4 from a list of three (3) nominees submitted by the House co-chair of the
5 Interim Joint Committee on Health and Welfare and Family Services;

6 (i) No fewer than ten (10) members who are consumers, guardians, or primary
7 caregivers of children or adults with severe disabilities who regularly access
8 healthcare or transportation services in the Commonwealth, appointed by
9 the Governor; and

10 (j) No fewer than five (5) members who are advocates and home and
11 community-based providers of adult and child services and supports,
12 appointed by the Governor.

13 (2) The task force shall:

14 (a) Identify and document access-to-care issues throughout the life span of
15 medically complex individuals with neurological behavioral disorders;

16 (b) Concentrate on transitioning from children's services systems to adult
17 services systems for children who will continue to need services or supports
18 after reaching the age of twenty-one (21) years; and

19 (c) Place special emphasis on adults who have been underserved,
20 inappropriately placed within the health care system, or otherwise
21 negatively impacted by lack of flexible and appropriate community-based
22 services.

23 (3) In performing the study, the task force:

24 (a) Shall invite representatives of agencies, hospitals, providers, businesses,
25 civic organizations, and others who may provide information and resources
26 in developing and implementing strategies, legislation, research, and
27 funding mechanisms for better serving the underserved population of

1 medically complex children and adults with neurological behavioral
2 disorders; and

3 (b) May consult with any relevant state agencies to better understand the
4 current processes employed in Kentucky to serve individuals with medical
5 complexity and neurological behavioral disorders as they age through the
6 health care and home and community-based services systems.

7 (4) The task force shall:

8 (a) Present preliminary findings and areas targeted for immediate improvement
9 to the first meeting of the 2018 Interim Joint Committee on Health and
10 Welfare and Family Services; and

11 (b) Submit to the Legislative Research Commission a detailed report of its
12 findings, including recommended legislation or regulatory changes, or
13 provider or broker communications that need to be improved to better
14 enhance care for vulnerable transitioning children and vulnerable adults,
15 by December 1, 2018.

16 (5) Nothing in this section shall prevent any entity from making immediate changes
17 to improve care and service delivery to children and adults with medical
18 complexity and neurological behavioral disorders or other severe disabilities.

19 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
20 READ AS FOLLOWS:

21 (1) The Department for Medicaid Services, and any Medicaid managed care
22 organization contracted to provide Medicaid services, shall expand and reimburse
23 all services established or whose establishment could be reasonably inferred by
24 this section.

25 (2) The Department for Medicaid Services may contract with a single entity to
26 implement a service applying cross-functional skills including care coordination,
27 clinical, behavioral, and applied technology according to a defined process

1 focusing on a continuity of care and adapted to individual needs with the purpose
2 of fostering stabilization and improved outcomes for those recovering from an
3 emergency. The contractor shall conduct transition planning, plan updates
4 recognizing changing needs, and provide increased service delivery oversight and
5 support for those recovering from an emergency who are seeking, or are eligible
6 for, home and community based services from providers within the
7 Commonwealth, including but not limited to services for individuals who are
8 medically complex and who have neurological behavioral disorders or other
9 severe disabilities.

10 (3) The Department for Medicaid Services may contract with a single entity to
11 conduct transition planning, plan updates recognizing changing needs, and
12 provide increased service delivery oversight and support for those recovering
13 from an emergency who are seeking, or are eligible for, home and community
14 based services from providers within the Commonwealth. Transition services may
15 be offered at a differential rate and performed by a specialized workforce
16 employed by the contracted entity. The contractor shall provide transition services
17 on a conflict-free basis independent of associated, or affiliated home and
18 community-based support services.

19 (4) The contracted entity shall employ, manage, and deliver services directly to those
20 served with medical complexity, neurological behavioral disorders, or other
21 severe disabilities and may not devise, implement, or establish a system of care in
22 which monitoring and administrating care contracts is the primary service of a
23 managing company.

24 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
25 READ AS FOLLOWS:

26 (1) The Department for Medicaid Services shall implement a pilot project of a self-
27 determination model of funding services and supports for at least twenty-five (25)

1 persons who are receiving services or supports under the 1915(c) waiver program
2 as of the effective date of this Act. The model shall include but is not limited to
3 the following:

4 (a) The ability to establish an individual rate or budget for each person;

5 (b) Mechanisms to ensure that each participant has the support and assistance
6 necessary to design and implement a package of services and supports
7 unique to the individual;

8 (c) The ability to arrange services, supports, and resources unique to each
9 person based upon the preferences of the recipient;

10 (d) The design of a system of accountability for the use of public funds; and

11 (e) The establishment and implementation of services that apply cross-
12 functional skills including care coordination, clinical, behavioral, and
13 applied technology according to a defined process focusing on a continuity
14 of care and adapted to individual needs. The services shall include
15 conducting transition planning, planing updates that recognize changing
16 needs, and providing increased service delivery oversight and support for
17 pilot participants recovering from an emergency.

18 (2) The commissioner of the Department for Medicaid Services shall appoint an ad
19 hoc committee composed of interested parties to develop the recommendations
20 required by this section, and shall also report to the task force established in
21 Section 1 of this Act.

22 ➔Section 4. Whereas immediate care and attention is required to ensure the
23 medical stability and continuity of care for individuals who will continue to need care
24 when transitioning from child services and supports to adult services and supports, an
25 emergency is declared to exist, and this Act takes effect upon its passage and approval by
26 the Governor or upon its otherwise becoming a law.