



Artwork courtesy of Harbor House of Louisville participants

2024 Annual Report



“COMPASSION IS THE KEEN AWARENESS OF THE INTERDEPENDENCE OF ALL THINGS.”

— THOMAS MERTON

I am pleased to share the systemic work of Kentucky Protection and Advocacy (KY P&A), as well as our service to 2,021 individual Kentuckians with disabilities and their families in 2024. This report exemplifies Kentucky's tradition of neighbors helping neighbors. Since 1977, KY P&A has known who our neighbors are: Kentuckians with disabilities from Freeburn in the East to Fulton in the West and Alexandria in the North to Adairville in the South.

Our neighbors receive special education services. They live independently in their own homes, nursing homes, psychiatric hospitals, personal care homes, Medicaid waiver providers, children's facilities, and places like Oakwood, Outwood, and Hazelwood. They work for online retailers, small businesses, automotive manufacturers, school districts, restaurants, and health care providers. They attend high school ball games, kindergarten graduations, homecoming dances, and community festivals. They attend church, volunteer, and make their community a better place. They also have strong emotional attachments to the Cats and the Cards.

All Kentuckians strive to live a life on their terms. They want a good education for their children, access to health care, fair pay for a day's work, affordable housing, and freedom from abuse, neglect, and exploitation.

We thank our neighbors – Harbor House of Louisville participants for sharing their beautiful artwork “Spare Hands” featured on this report's front cover and subsequent pages. This piece illustrates Kentuckians' enduring spirit of assisting our sisters and brothers, regardless of any perceived differences.

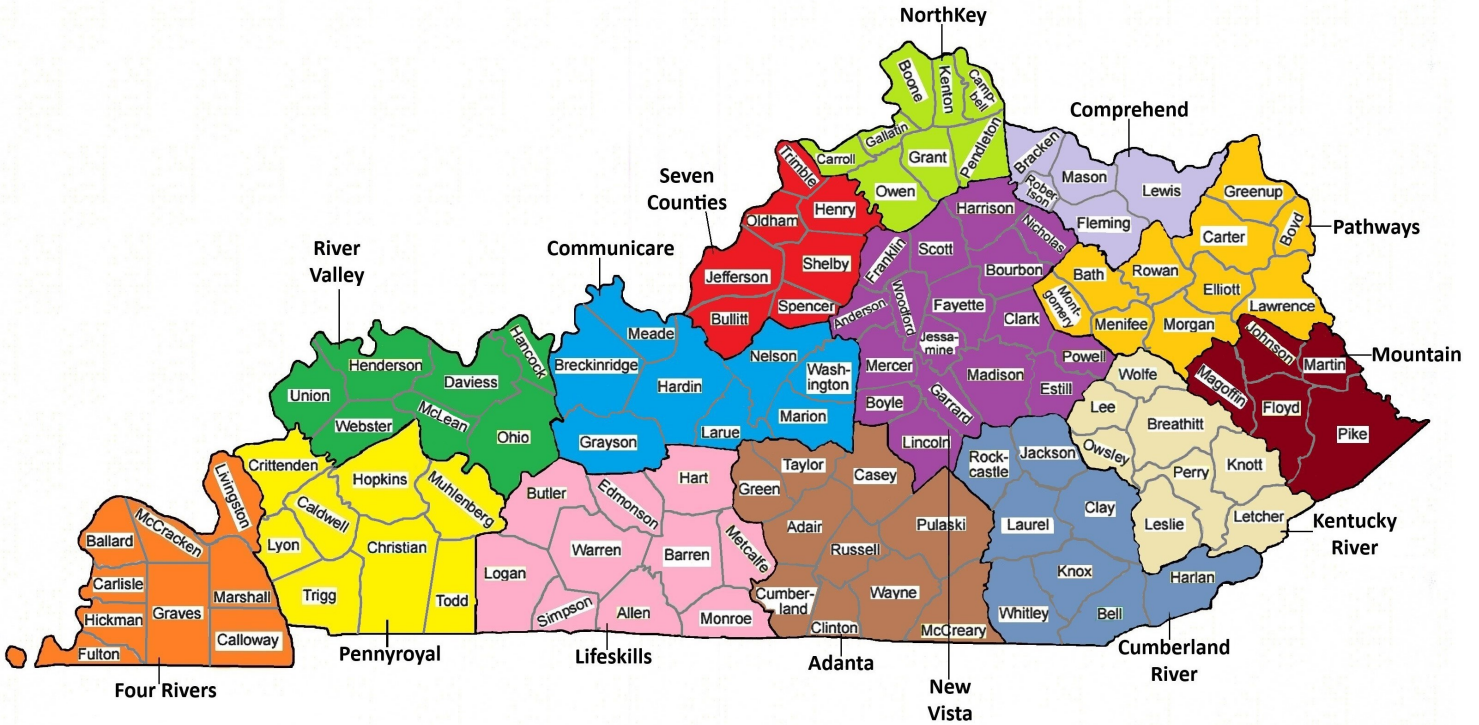
On behalf of the staff of KY P&A, Protection and Advocacy for Individuals with Developmental Disabilities (PADD) Advisory Board and Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council thank you for your interest in our work and most importantly for your continued support for Kentuckians with disabilities and their families.

Sincerely,

Jeff Edwards
Director



INDIVIDUALS SERVED BY KENTUCKY PROTECTION & ADVOCACY



- Four Rivers: 41
- Pennyroyal: 153
- River Valley: 66
- Lifeskills: 146
- Communicare: 171
- Seven Counties: 274
- Northkey: 138
- Comprehend: 3
- Pathways: 111
- Mountain: 45
- Kentucky River: 84
- Cumberland River: 61
- Adanta: 249
- New Vista: 471
- Out of State: 8

KENTUCKY PROTECTION & ADVOCACY SERVED INDIVIDUALS REGARDING VIOLATIONS OF THE RIGHT TO:

- BE FREE FROM HARM IN PROGRAMS AND FACILITIES
- RECEIVE SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT
- RECEIVE REASONABLE ACCOMMODATIONS
- MAKE OWN CHOICES
- LIVE IN THE COMMUNITY

Total Kentuckians served through Information & Referral (I&R) and case representation, combined: 2,021.



UNMASKING BENEFITS MISUSE

President Donald Trump signed the Strengthening Protections for Social Security Beneficiaries Act on April 13, 2018. The law requires Social Security Administration (SSA) to make annual grants to a National Association Grantee, and Protection & Advocacy (P&A) organizations serving each state, territory, or the American Indian Consortium, for the purpose of conducting all representative payee reviews.

The P&A conducts a review, which includes:

1. An interview with the individual or organizational representative payee.
2. A review of the representative payee's financial records for the requested beneficiary or sample of beneficiaries served.
3. A home visit and interview for each beneficiary included in the review.
4. An interview with legal guardians and third parties, when applicable.

Corrective Actions

If the results of the review find that the representative payee is not fulfilling their duties as required by SSA, corrective action(s) may be required in order for them to continue to serve. The P&A or SSA contacts them to explain the findings and initiate a corrective action. Once all corrective actions are satisfactorily completed, the P&A or SSA notifies them in writing that the review is complete.



KENTUCKY P&A OUTCOMES SINCE GRANT INCEPTION

1. Interviews conducted for over 1,400 beneficiaries, which included visits to their home or facility living area.
2. Nearly 200 referrals made to protective entities (Adult Protective Services & law enforcement) and for resource provision (Office of Vocational Rehabilitation, Medicaid waivers, Long-Term Care Ombudsman, Kentucky STABLE, etc.).
3. More than 400 representative payees interviewed and reviews completed.
4. Over \$195,000 returned to beneficiaries because of fund misuse or mismanagement identified by KY P&A reviewers.

CONFRONTING UNLAWFUL COMMITMENT

F is a 50-year-old from Oldham County with intellectual disability and autism diagnoses. His mother, who is also his legal guardian, contacted Kentucky Protection & Advocacy (KY P&A) after F's Supports for Community Living (SCL) residential provider of more than 15 years terminated his services. SCL provides Medicaid funded home and community-based services for individuals with intellectual and developmental disabilities. State regulations require SCL providers to give at least a 30-day notice before terminating services and the provider must continue to deliver supports until another appropriate placement is secured.

Despite making appropriate referrals, F's team was unable to locate a new placement; this inability to find a new placement following a termination notice is a recurring systemic issue in Kentucky. Unable to discharge F to a new community-based provider, his SCL agency began filing multiple petitions for F to be involuntarily committed to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). This was repeatedly done despite qualified intellectual disability professionals always finding that F did not meet the statutory criteria for involuntary admission. That is, he did not present a danger or threat to himself, his family, or others, an ICF-IID was not the least restrictive mode of treatment presently available, and he would not reasonably benefit from treatment in an ICF-IID setting. KY P&A provided extensive technical assistance to F's court-appointed guardian ad litem. The district court dismissed the first petition, and each successive one.

KY P&A continued to advocate for F. We found that his SCL provider had not explored all appropriate community-based services for F. KY P&A staff recommended a referral to a specialty clinic for people with developmental disabilities. The SCL provider had documented in one commitment petition that F's case was denied by the specialty clinic for exceeding the scope of the facility. However, KY P&A discovered that the clinic indicated there was no service denial and the clinic happily accepted F as a client.

In addition to infringing on F's right to receive services in the least restrictive environment, placing him in an ICF-IID facility is also extremely expensive. The average annual cost of Kentucky ICF-IID is over \$400,990 per year, which is far greater than the average cost for an SCL residential placement of \$100,064. Medicaid pays for both ICF-IID facilities and SCL.

After KY P&A intervened, the SCL provider stopped filing the inappropriate petitions in the court system. Advocacy from KY P&A allowed F to remain in the community and receive appropriate supports at a lower cost to Medicaid. F eventually was accepted by a new provider and remains in the community, doing better than he has in years.



DEFENDING PERSONAL CHOICE AND OPPORTUNITY

In the winter of 2002, Kentucky P&A (P&A) filed a class-action complaint in federal court on behalf of individuals with developmental or intellectual disabilities (ID/DD) seeking services in the community in lieu of institutionalization. There were four named plaintiffs, all of whom wanted to live in the community rather than in an institution. In 1999, the U.S. Supreme Court held in *Olmstead v. L.C.* that unjustified isolation of people with disabilities in institutions was discrimination under Title II of the Americans with Disabilities Act. The Michelle P. litigation lasted several years, including two Sixth Circuit appeals. The Plaintiffs also survived a motion to dismiss *Michelle P. v. Holsinger*, 356 F. Supp. 2d 763, 769 (E.D. Ky. 2005). District Judge Joseph Hood held that the Supreme Court’s *Olmstead* decision about unjustified institutionalization applied to the community as well. Judge Hood certified the class as “all present and future Kentuckians with [ID] and/or related conditions who live with caretakers and who are eligible for, and have requested, but are not receiving Medical Assistance community residential and/or support services.” In a class action, the relief or remedy that the named plaintiffs obtain also flows to the class. Thus, if the named plaintiffs in Michelle P. were successful, all the class members would benefit too.

The parties eventually reached a settlement agreement, which included funding to create statewide ID/DD crisis services and a commitment to seek an 1115 demonstration federal waiver. This would have launched an array of community-based services and supports for people with ID/DD. However, federal approval of the 1115 ultimately was unsuccessful. In an effort to drive services to the class members, the parties agreed to push what would become the Michelle P. 1915(c) waiver. An 1115 waiver allows states to design novel or innovative procedures while a 1915(c) waiver allows states to deliver long-term care services in the community rather than in an institution. Despite reaching an agreement to create the Michelle P. 1915(c) waiver, the defendants moved the court to end it. Judge Hood denied the state’s motion, stating “[i]t is this Court’s opinion that the Commonwealth of Kentucky should keep its promises, and it shall be ordered to do so.” *Michelle P. v. Birdwhistell*, 2008 WL 631202, Civil Action No. 3:02-23-JMH, 2 (E.D. Ky. Mar. 4, 2008) <https://casetext.com/case/michelle-v-birdwhistell>.

Thus, in 2008, Kentuckians with ID/DD began receiving Michelle P. waiver services. These services include behavioral supports, day services, personal care, respite, and home modifications. Currently more than 10,000 individuals receive Michelle P. in every county in the Commonwealth. Michelle P. allows individuals with ID/DD—both children and adults—to live in their communities and avoid much costlier and unwanted institutionalization. Kentucky’s business community also continues to benefit greatly as there are more than 150 Michelle P. waiver providers statewide. An average of more than \$40,000 in Michelle P. services per recipient per year flows into Kentucky’s economy. Despite a sizeable increase in the number of Michelle P. waiver slots for 2025 and 2026, there are still almost as many Kentuckians with ID/DD waiting for Michelle P. services as there are recipients.



FORCING STATE GOVERNMENT ACCOUNTABILITY

After Kentucky Protection & Advocacy (KY P&A) settled its federal class-action, community integration lawsuit, Michelle P v. Holsinger, thousands of Kentuckians with intellectual and/or developmental disabilities began receiving community-based services. Sometimes, however, the Cabinet for Health and Family Services (CHFS) would deny individuals entry into or recertification for the Michelle P. waiver. Many of these individuals would become clients of KY P&A.

C, a 15-year-old Fayette County high school student diagnosed with autism spectrum disorder, was one of the individuals who encountered problems. He lost his Michelle P. services due to administrative errors. KY P&A represented C in litigation to a hearing officer. He eventually won the return of his services.

Shortly thereafter, the CHFS decided that C no longer met the eligibility criteria for Michelle. P. Once again, C was without services.

KY P&A asked the CHFS Ombudsman's Office to review the denial. We argued the fact that the state, less than two years prior, found C eligible. The Ombudsman's Office refused to reverse the denial.

KY P&A asked for an administrative hearing. It was revealed in the pre-hearing that the most recent evaluation document was for all intents and purposes identical to the previous evaluation document with which CHFS relied on to approve his level of care. KY P&A attended several pre-hearing conferences and tried to settle the matter without success.

An expert in autism agreed evaluate C and testify at the hearing. KY P&A argued that CHFS had the burden of proof that C did not meet eligibility criteria. The hearing officer agreed with our argument.

Following the CHFS's case, the hearing officer agreed with KY P&A that C's circumstances did not vary from when he was previously approved. Consequently, the hearing officer said the CHFS's decision to find C ineligible after finding him eligible was arbitrary and ruled in his favor. A final order affirmed the hearing officer's decision and C began receiving Michelle P. waiver services.



SHATTERING THE STATUS QUO

“Many of our fellow citizens are suffering tremendously because of lack of attention, lack of imagination, and lack of manpower”, so said Senator Robert F. Kennedy to reporters after he toured Staten Island’s Willowbrook State School in 1965. The facility run by the New York Department of Mental Hygiene was the largest institution housing people with developmental disabilities in the world. At the time, Sen. Kennedy called for an overhaul of the systems of care.

Part of the above recording opened the 1972 exposé on the plight of people with intellectual and developmental disabilities by ABC-7 Eyewitness News reporter, Geraldo Rivera. “Willowbrook: The Last Great Disgrace” was made possible when a former Willowbrook staff member, Dr. Michael Wilkins covertly provided him with a key and information about the abuse, neglect, and lack of active treatment there.

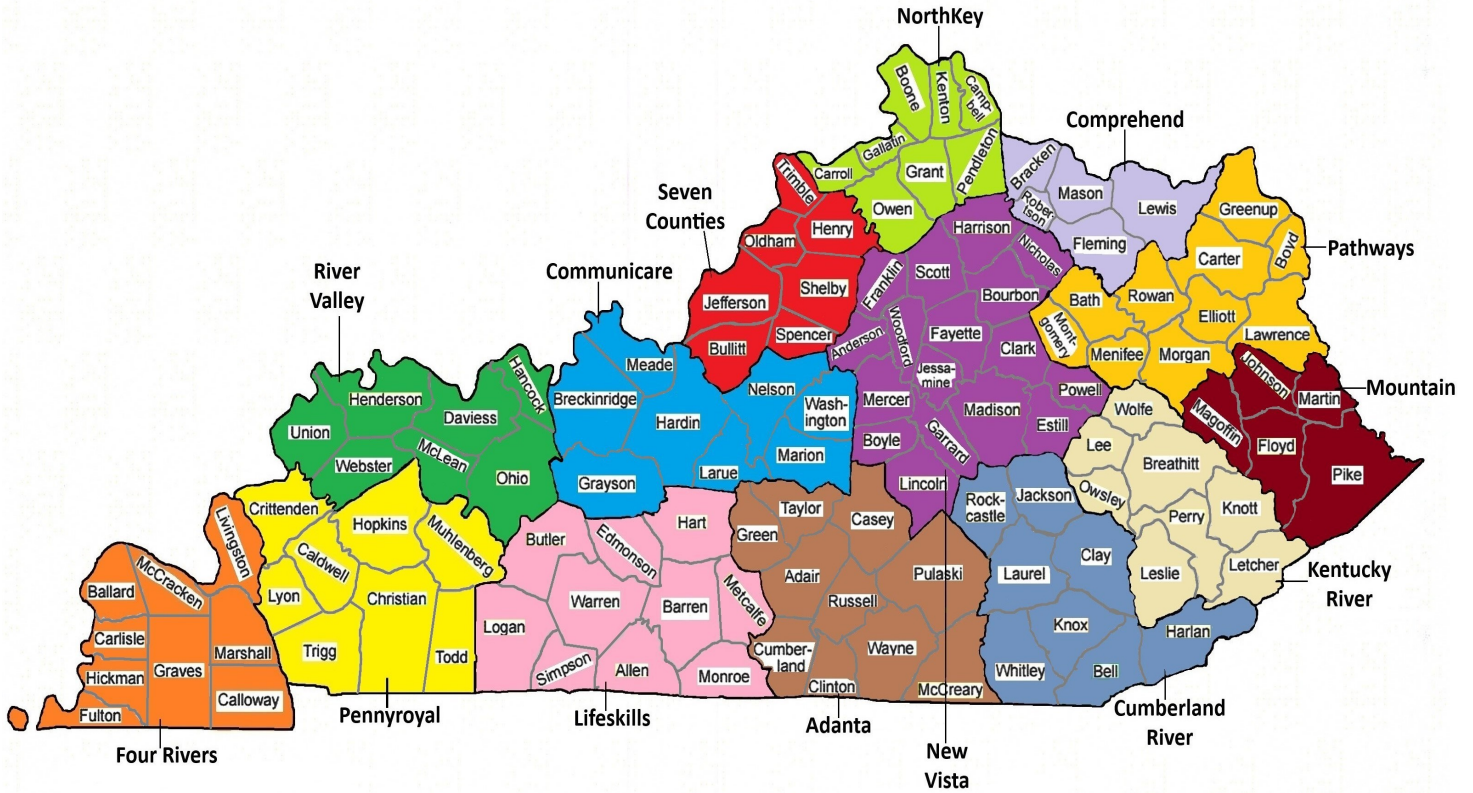
Television viewers saw video footage of a small portion of the institution’s 5,230 residents in various stages of undress sitting and laying on dirty floors while persistent moans and wails were heard. In describing Willowbrook’s assault on his senses Rivera said, “it smelled of filth. It smelled of disease. It smelled of death.” <https://abc7ny.com/willowbrook-geraldo-rivera-staten-island-bill-ritter/11575075/>.

With the indelible images from the exposé brought to the fore, Congress passed the Developmental Disabilities Assistance and Bill of Rights Act, Congress in 1975 (DD Act). The DD Act provided federal funds to Councils on Developmental Disabilities, University Centers for Excellence in Developmental Disabilities Education, Research and Service and established the foundation for protecting and advocating for the rights of individuals with developmental disabilities, including the creation of Protection and Advocacy (P&A) systems. Eleven years later, language in the new Protection and Advocacy for Individuals with Mental Illness Act mirrored the DD Act's. The protection and advocacy systems have unfettered access to facilities and programs that provide services to or house individuals with disabilities.

In 2024, Kentucky Protection & Advocacy (KY P&A) conducted 186 monitoring visits across the Commonwealth. The map on page 8 indicates the number of visits in each Community Mental Health Region. Subsequent pages provide examples of KY P&A’s findings.



MONITORING WHERE PEOPLE LIVE, WORK, AND RECEIVE SERVICES



Number of Visits

- Four Rivers: 9
- Pennyroyal: 30
- River Valley: 10
- LifeSkills: 14
- Communicare: 3
- Seven Counties: 18
- Northkey: 13
- Comprehend: 0*
- Pathways: 19
- Mountain: 3
- Kentucky River: 14
- Cumberland River: 8
- Adanta: 26
- New Vista: 14

*monitoring scheduled for next fiscal year

TYPES OF PROGRAMS/FACILITIES MONITORED

- ADULT PERSONAL CARE HOMES (PCH)
- ADULT NURSING FACILITIES
- YOUTH PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES
- PRIVATE CHILD CARING AGENCIES
- ADULT PSYCHIATRIC HOSPITALS
- CHILDREN PSYCHIATRIC HOSPITALS
- PSYCHIATRIC UNITS AT GENERAL HOSPITALS
- ADULT CORRECTIONAL FACILITIES
- YOUTH DEVELOPMENT CENTERS
- MEDICAID WAIVER PROGRAMS
- INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES
- CHILDREN/YOUTH GROUP HOMES
- CHILDREN/YOUTH QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

FIGHTING CONTINUED GOVERNMENTAL NEGLECT

Kentucky Protection & Advocacy (KY P&A) received a request for technical assistance from the Department for Public Advocacy (DPA) regarding one of their juvenile clients. N, a 17-year-old from Pulaski County with Reactive Attachment Disorder (RAD), Attention Deficit Hyper-Activity Disorder (ADHD), Anxiety, and Schizoaffective Disorder, had decompensated since arriving at the Adair Regional Juvenile Detention Center while awaiting adjudication on a charge.

Prior to arriving at Adair, N and his siblings sustained severe physical and mental abuse and neglect at the hands of their birth parents. N's state custody journey began at age 3 after he was waterboarded by his father. Despite this occurrence, the Kentucky Department for Community Based Services (DCBS) returned N back to parental custody. He remained there for another 7 years before being removed the final time.

By the time KY P&A staff met N, he had bounced between more than 10 different placements. Like other children in DCBS custody, N's educational records failed to successfully transfer along with him. N believed that he had completed most credits needed for high school graduation. However, Adair's records showed no credits were attained. Further, because no in-person education classes were available at Adair, N did not receive proper special education despite having federal entitlement to a free appropriate public through the Individuals with Disabilities Education Act (IDEA). He requested KY P&A's assistance having his educational needs met.

KY P&A reached out to N's DCBS worker regarding N's request and asked for permission to open a case for assistance. The DCBS worker declined, saying that legal advocacy wasn't necessary.

Through continued technical assistance to the N's DPA attorney, KY P&A staff checked on N while doing subsequent monitoring visits at Adair. His DCBS worker questioned KY P&A staff about these contacts and was advised about our agency's unfettered access during monitoring.

N was moved to the Fayette Regional Juvenile Detention Center where he was able to attend in-person classes and take his medication. However, he started to decline after refusing his regular medication. The Department for Juvenile Justice asked the court to send N to an adult correctional facility, despite not being age 18, to "have proper medication management and counseling".

Upon the request of N's attorney, KY P&A staff testified at his hearing regarding options for N, based upon his diagnoses. The judge ordered N to remain at a juvenile detention center until aged 18 ½. N turned 18 after this hearing and was able to finally retain KY P&A for legal advocacy, himself. KY P&A worked with N's defense team in creating a plan to help him succeed and hopefully receive probation at 18 ½.

Fourteen months after KY P&A first met N at Adair, he was probated to the Kentucky Department of Corrections. He had successfully passed two parts of his GED and began an independent living program to successfully transition to an adulthood outside of the criminal justice system.



SEIZING INDEPENDENCE

While monitoring for the maintenance of legal and ethical standards at an Adult Day Health (ADH) program in Scott County, Kentucky Protection and Advocacy (KY P&A) met P. P was observed assisting program participants during lunch, prompting the KY P&A staff to think she was an employee. However, the advocate shockingly learned that P was a program participant, rather than a paid employee.

Through an interview, KY P&A learned that a 2002 car accident caused the then-young mother to become a paraplegic. P had more than 30 surgeries, including the amputation of her left leg below the knee. She was dealt another blow in 2012 when she was diagnosed with bladder cancer. P's only option was to have her bladder removed along with portions of her intestines and bowel.

Amid these challenges, P struggled with her mental health. She felt desperately lonely and isolated, leading to a 2016 suicide attempt. The social work staff at her treating hospital suggested that P attend the community-based ADH program paid for by her Medicaid Home and Community-Based Waiver to combat the social isolation she had been experiencing. P happily attended the program, and her mental health improved.

KY P&A asked P if she considered seeking a competitive-wage job. P stated that she did not know she could obtain employment since she was in a wheelchair. KY P&A guided P through the process of looking for work and building skills so she could become employed competitively. P began working in October 2019 for the local school system as an After School Aide/Classified Interventionist. She loves the work and eventually received assistance from KY P&A to pass her paraeducator certification exam and further her career goals.

After obtaining competitive employment, P experienced barriers getting to and from work. Transportation vans that could accommodate her wheelchair repeatedly failed to pick her up or were late. P decided to further her independence and learn to drive an adapted van. With KY P&A assistance, P passed her driver's exam and began to search for an appropriate vehicle to purchase. Using money saved from her paychecks, P bought a used modified van without a loan.

Years later, P contacted KY P&A requesting assistance with an Office of Vocational Rehabilitation (OVR) appeal after she was involved in a car accident. OVR insisted that P reimburse their agency \$10,000 for the interest they held in the previous owner's van modifications. If P could not keep her insurance payout by paying this amount, she would be unable to purchase a new van and would have no way to commute to work. KY P&A formally appealed the decision. OVR unsuccessfully argued that the reimbursement of "interest" was outlined in state policy and regulation, when it was not. OVR reversed its decision.

P purchased a new van that meets her needs and continues to work at the job she loves. P told KY P&A, "Your agency gave me my independence back and helped me achieve my dreams and become a working member of society."



COMBATting INSTITUTIONALIZED CHILD ABUSE

Kentucky Protection & Advocacy (KY P&A) met R, a 14-year-old from urban northern Kentucky diagnosed with Post-Traumatic Stress Disorder (PTSD), while conducting a monitoring visit at the Mayfield Youth Development Center. KY P&A observed R sitting quietly in the hallway outside of his cell. Despite sitting calmly with his hands in his lap, a correctional supervisor stood just inches away from R's face shouting at him to return to his cell. R remained passive but did not move toward the cell.

As the supervisor continued to yell in R's face, another correctional officer approached, physically grabbed his arm and took him to the floor in a brief restraint hold. That officer then stood back up while holding R's arm upwards.

The correctional officer rushed by the KY P&A staff with a large wet spot on his shirt. Our staff's eyes began to water causing her to ask if pepper spray had been deployed on R. He confirmed that it had. R was escorted by staff to the shower for decontamination, but KY P&A staff could still hear him scream in pain.

KY P&A staff interviewed after R was decontaminated. R explained that he had pulled his arm away from the correctional officer because his armpit was being pinched in the officer's hold. R told staff that he would walk on his own but the supervisor immediately pepper sprayed his face.

Acting upon her concerns with R's treatment, KY P&A staff reported the incident to the Kentucky Justice Cabinet's Internal Investigation Branch (IIB). KY P&A was retained by R's parent to assist with navigating the internal investigation and to ensure R's civil rights were protected during his remaining time at Mayfield.

KY P&A obtained the facility's incident report, completed by staff, which described the incident in a manner that did not compromise R's civil rights or indicate a violation of agency policy. This report contradicted KY P&A staff observations. KY P&A requested a copy of the video of the incident, but this was denied due to security concerns related to camera placement within the facility.

However, KY P&A was able to obtain the IIB's investigative report, which provided a detailed account of the events. This report, based upon interviews with staff, youth, and KY P&A staff as well as the video recording, confirmed KY P&A's account in which R was non-compliant but also not aggressive when the supervisor deployed the pepper spray 4 inches away from R's face. This proximity increases risk to soft tissue damage. The IIB concluded that the deployment of pepper spray was excessive and violated agency policy, as R did not pose a danger to himself or others.

KY P&A learned that the supervisor was disciplined for her actions.



BATTLING BUREAUCRATIC BARRIERS

Kentucky Protection and Advocacy (KY P&A) staff met G in Perry County while monitoring a nursing home to ensure residents are free from abuse and neglect. At the time, G was a 29-year-old with cerebral palsy, being the youngest by decades living in the facility. Prior to her admission, she lived with her grandparents from a young age due to being abused and neglected by her mother. G requested assistance from KY P&A to leave the nursing home, explaining she would prefer to live in the community with people closer to her age. KY P&A discovered that upon admission, it was determined through the Preadmission Screening and Resident Review (PASRR) process at her local Community Mental Health Center (CMHC) that G qualified for specialized services, due to her developmental disability. KY P&A quickly determined she was not receiving these needed services, due to shortcomings of the process through the CMHC.

KY P&A staff opened a case to assist G with appropriate services and supports and to investigate whether the PASRR process was operating as required by federal law. It was determined that not only G, but many others were not receiving those services and supports, despite qualifying and funding allocated to the local CMHCs to provide. The Omnibus Reconciliation Act of 1987 (OBRA) and P.L. 100-203, Section 4211(c)(7), and OBRA 1990 contain provisions with major implications for persons with mental illness or intellectual disabilities who are applying to or residing in a nursing facility. The provisions were designed to eliminate the practice of inappropriately placing persons with mental illness, intellectual disabilities and related conditions in Medicaid-certified nursing facilities and to provide treatment to those who qualify. States thus are required to have a PASRR screening process.

In addition, KY P&A determined G should have qualified for a Home and Community Based (HCB) waiver to live and be supported in the less restrictive environment, which federal law requires to be cost neutral to institutional care. KY P&A facilitated G's application for the Supports for Community Living (SCL) waiver, which she was successfully awarded.

KY P&A worked tirelessly on behalf of G and overcame numerous barriers in order to effectuate her discharge, including securing access to a power wheelchair and finding a willing community-based residential provider.

As a result of KY P&A's intervention, she successfully moved into her own home and is pursuing employment in hopes of eventually becoming self-sufficient. Since her successful move, G has been sharing her story with others who have disabilities, giving them hope.

As a result of her case, KY P&A had a significant systemic impact on the overall PASRR system. This led the state to assign additional duties, to an already full-time, statewide position, for overseeing the PASRR process throughout the Commonwealth.



EXPOSING SERVICE AND ENFORCEMENT GAPS

Individuals with developmental and intellectual disabilities have the ability to utilize waiver services that allow them to access services outside of institutional settings, but the same could not be said about those with severe psychiatric diagnoses. Individuals are able to receive short-term acute psychiatric hospitalizations when symptomatic. However, if they need more services than outpatient therapy, the only option is placement in Personal Care Homes (PCHs).

A PCH is a long-term care facility which provides “supervision, basic health & health-related services, personal care services, and social & recreational activities” (KRS 216.597(1)(b)). To pay for this placement, generally PCHs become Representative Payees of the residents’ Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). In addition to not having their funds, residents also do not receive the basic services outlined in the above-listed statute.

Kentucky Protection & Advocacy (KY P&A) and the Cabinet for Health and Family Services (CHFS) entered into several settlement agreements regarding PCH residents moving to non-institutional settings within the community. Further, they required a regulation on instruction in community transition skills, including Activities of Daily Living (ADLs) and Instructional Activities of Daily Living (IADLs) which are skills needed to live independently within the community.

An agreement component created teams comprised of professionals from Community Mental Health Centers (CHMCs) that would perform outreach, assessments, and assistance to individuals desiring community-based housing and services referred to as Assertive Community Treatment (ACT). KY P&A staff, Long-Term Care Ombudsmen, individuals, and other entities have the ability to make referrals for ACT services.

KY P&A staff increased monitoring at PCHs, making referrals for ACT services when individuals expressed the desire to live within the community. Increased KY P&A visibility led to more familiarity/comfort of residents and PCH staff to report issues and incidents.

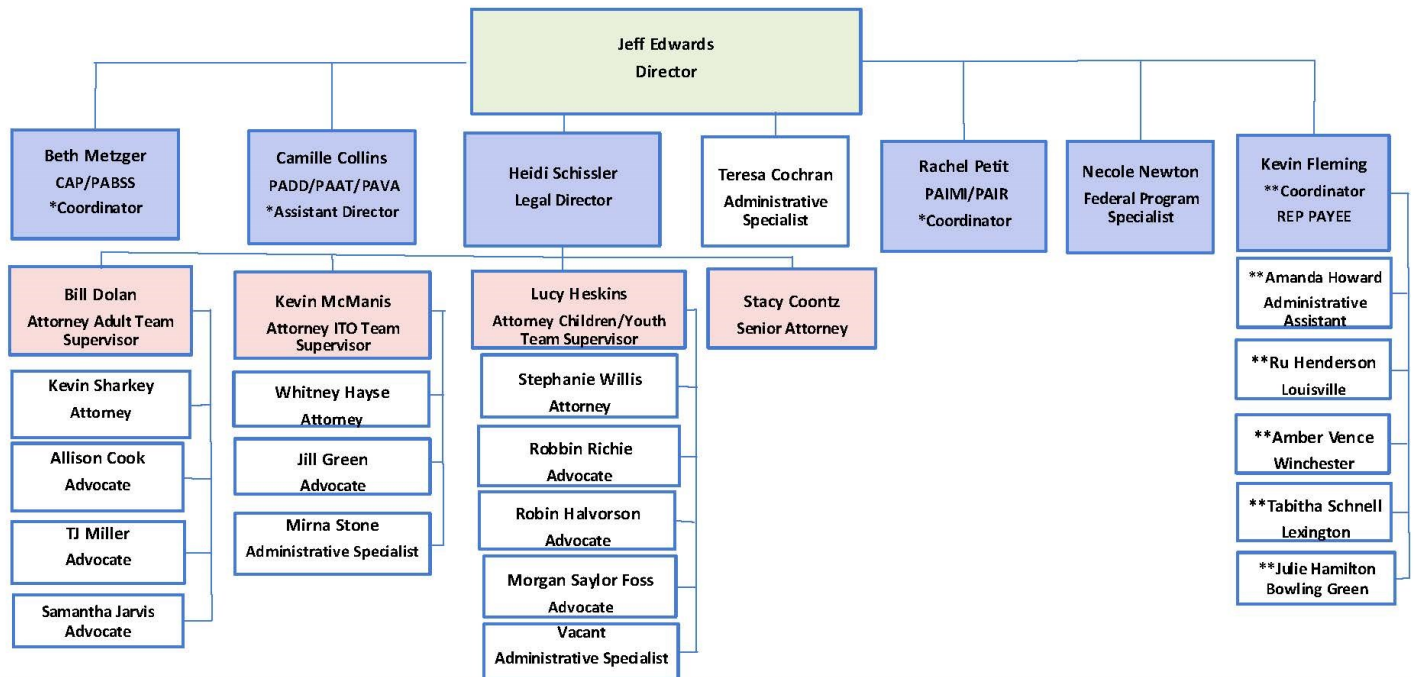
In addition to investigation and case representation, KY P&A staff holds the requirement of mandatorily reporting issues of abuse and neglect to other investigatory bodies within the commonwealth. These entities include Adult Protective Services, the CHFS Office of Inspector General, and the Long-Term Care Ombudsman Office. Issues reported included:

- Lack of food.
- Bed bug infestations.
- Theft of residents’ money and medications by PCH staff.
- Male staff members drugging female residents’ soft drinks during a pizza party. All involved residents were taken to the hospital with one having admission that lasted several days.
- Oppressive heat and inoperable air conditioning during summer months.
- No working telephone for residents’ use.
- Unlawful eviction notices.
- Residents not provided with required Personal Needs Allowance from their SSI/SSDI. They were told that the money was used to pay residents’ “debts”, but debts were unidentifiable.

PCH monitoring regarding treatment of residents, facility conditions, and settlement agreement enforcement continues.



KENTUCKY PROTECTION & ADVOCACY



*Program Leaders are members of the Adult and Children/Youth Teams.

**Rep Payee Coordinator and staff members are contracted through the University of Kentucky Human Development Institute.

This Organizational Chart is current as of March 2025

Protection & Advocacy for Individuals with Developmental Disabilities Advisory Board

- Shelly Bozarth
- Brittany Freebody, Secretary
- Tyler Levy, Co-Chair
- Holly McDaniel
- Floyd Mendoza
- Corey Nett, Chair
- Sherry Pickett

Protection & Advocacy for Individuals with Mental Illness Advisory Council

- Brandon Banks, Chair
- Virginia Bland
- Erin Conley
- Robert Johnson, Co-Chair
- Destiny King
- Melissa Rodden Mays
- Amy Mullins
- Austen Nugent, Parliamentarian
- Dawn Smith



Mission

Kentucky Protection and Advocacy will protect and promote the rights of Kentuckians with disabilities through legally based individual and systemic advocacy, and education.

Vision

Kentucky Protection and Advocacy has a vision of a just society where all people are treated with dignity and respect for their expressed choices and have equal opportunities to participate in an integrated and inclusive society where different abilities are valued.

Values

Kentuckians with disabilities have a right to self-determination including, but not limited to, the right to refuse, the right to participate, and the right to choose.

Kentuckians with disabilities have the same inherent rights as Kentuckians without disabilities.

Kentuckians with disabilities will live and receive services in integrated and inclusive settings.

Kentucky Protection and Advocacy values and accepts differences.



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