

MINUTES OF THE House COMMITTEE ON Appropriations

The meeting was called to order by George Teagarden a  
Chairperson

1:30 ~~a.m.~~/p.m. on January 28, 1991 in room 514-S of the Capitol.

All members were present except: Representatives Goossen and Turnquist (excused)

Committee staff present: Ellen Piekalkiewicz, Legislative Research Department  
Debra Duncan, Legislative Research Department  
Jim Wilson, Revisor of Statutes  
Susan Miller, Administrative Aide  
Sue Krische, Committee Secretary

Conferees appearing before the committee:

Dr. Robert Harder, Acting Secretary, SRS

Others attending: see attached list.

Dr. Robert Harder, Acting Secretary, SRS, briefed the Committee on the status of the SRS Task Force recommendations and the proposed action to be taken following a chart outlining the findings (Attachment 1). Representative Patrick asked Dr. Harder for a list of areas for which waivers have been requested and potential areas wherein the state could seek waivers from the Federal Government. Dr. Harder advised that this chart will be updated as work progresses during the Session and the Committee will be informed. He emphasized a need within state government cited by the Task Force to set priorities on how the State of Kansas is going to spend its health care dollars.

Dr. Harder provided a Program Synopses sheet with contact persons for all the major programs administered by SRS (Attachment 2) and reviewed the current organizational structure for SRS (Attachments 3 and 4). In response to a request, Dr. Harder will fill in the employee names on the organizational chart and provide that to the Committee.

Dr. Harder, then, reviewed the Governor's budget recommendations on select major SRS programs and on select medical services, i.e., hospitals, adult care homes, physicians, and drugs (Attachment 5). Representative Chronister asked Dr. Harder to research the reason for the projected increase in physician reimbursement from \$47.6 million in FY 1991 to \$61 million in FY 1992. Representative Patrick asked Dr. Harder to advise what percent of claims for medical services submitted to the state are audited by the state. Dr. Harder will also provide a copy to the members of his chart illustrating the uses of the funds added to the FY 1992 SRS budget in the Governor's recommendations. Representative Blumenthal requested Dr. Harder to furnish information on the amount of the medical budget spent on children versus adults.

Staff distributed an executive summary of the SRS Task Force conclusions and recommendations (Attachment 6).

Representative Helgerson announced that staff will be presenting an overview of SRS issues from 8:00-9:00 a.m. on January 29 in Room 527-S for Subcommittee #2 and all members are invited to attend.

The meeting was adjourned at 2:30 p.m. The next meeting is scheduled for January 29 at 1:30 p.m. in 514-S.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.



**Kansas Department of Social and Rehabilitation Services**

**Status of SRS Review Commission Recommendations**

January 25, 1991

Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b><u>SRS STRUCTURE</u></b>				
1. Utilize Total Quality Management Training.	Begin limited training with Policy Committee & then with balance of staff.	Robert Harder Robert Barnum	02-01-91	The plan would be to begin the TQM training concept with top staff, then spreadout from there.
2. Delivery system - client centered.	o Strengthen field staff o Coordinate service delivery o Case management	John Alquest Carolyn Hill Glen Yancey	01-24-91	Review the various ways in which SRS provides services to clients. Attention will be given to existing flaws in the SRS system.
3. Expand administrative and supervisory training.	Review all SRS training with the view to instill concept of SRS mission and job expectations.	Robert Barnum Gail Kennedy	01-24-91	
4. Empower clients to self-sufficiency.	Look at various job options for SRS clients. Establish linkages between SRS and the private sector to expand job opportunities.	Robert Barnum Carolyn Hill Glen Yancey John Alquest	02-01-91	Staff will look at an array of job training & job opportunities, & then provide them to the clients.
5. State priorities of social services.	SRS will work with the governor & the legislature to set priorities for social services.	SRS Policy Committee	01-14-91	Through the legislative process, SRS will present options to the governor & the state legislature related to budget and program issues.

Attachment 1  
1-28-91  
H/A

Kansas Department of Social and Rehabilitation Services

Status of SRS Review Commission Recommendations

January 25, 1991

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Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b><u>SRS STRUCTURE</u></b> (cont)				
6. Seek waivers.	SRS will seek out federal waivers to enhance state priorities. Also, SRS will challenge selected federal mandates.	Rita Wolf Robert Harder	01-14-91	SRS will develop a mechanism to contest with the Federal Congress and the Federal Government concerning excessive federal mandates. This group will also develop federal waivers.
<b><u>MENTAL HEALTH AND RETARDATION SERVICES</u></b>				
1. Legislature should receive reports on Mental Health Reform.	SRS will outline an action timetable for the implementation of MH Reform.	George Vega Robert Harder	01-14-91	Current status reports will be made available to the governor and the legislature.
2. State of Kansas establish a policy directed toward serving individuals close to home communities.	SRS will outline current status of out-of-home placements & future plans. SRS will set forth current SRS policy in this area.	Carolyn Hill John Alquest Glen Yancey	01-30-91	Current status reports will be made available to the governor and the legislature.
3. Work toward the reduction of the number of state institutions for the mentally retarded.	SRS will outline the history of bed reduction; it will present plans for continued reduction; it will involve the various interested parties in the ongoing discussion.	George Vega John Alquest	01-24-91	SRS will present short-term and long-term plans related to MR bed reductions. SRS will redefine the persons to be served in the MR institutions.

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Kansas Department of Social and Rehabilitation Services

Status of SRS Review Commission Recommendations

January 25, 1991

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Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b>MENTAL HEALTH AND RETARDATION SERVICES (cont)</b>				
4. One legislative appropriations committee look at the "big picture".	Legislative action; SRS will cooperate.	George Vega Robert Harder	01-15-91	
5. Establish a Governor's Commission on Mental Retardation and Other Developmental Disabilities.	Develop legislation	Legislative staff	01-28-91	
6. A strict formula of reimbursement for intermediate care facilities for the mentally retarded (ICFs/MR).	SRS will be responsible for working with community groups and bringing to closure a reimbursement plan.	George Vega John Alquest Robert Harder	01-25-91	Current discussion will be brought to closure on this issue.
7. Establish a family subsidy program.	Secure money to establish a pilot program for a family subsidy program.	Legislative staff	01-28-91	This issue will be handled through the legislative process.
<b>CHILDREN'S SERVICES</b>				
1. Local authority for children to be started in two pilot areas.	SRS money now going to provide services to individual children would be spent without regard to specific money categories.	Legislative staff SRS staff	Open	Federal approval would have to be secured to decategorize these funds.

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Kansas Department of Social and Rehabilitation Services

Status of SRS Review Commission Recommendations

January 25, 1991

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Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b>CHILDREN'S SERVICES</b> (cont)				
2. Review issues related to severance of parental rights.	SRS & legislative staff are presently working on these issues.	Legislative staff SRS staff	Ongoing	
3. SRS should recommend radical improvements in child protective services.	SRS is presently reviewing its total approach to the delivery of child protective services.	Carolyn Hill Robert Harder	Ongoing	An outside consultant and university personnel will be hired to help in the critique of the work of the agency.
4. SRS develop a system of outcome measures related to effectiveness of children's services.	SRS needs to develop evaluation plans to measure effectiveness by outcome measures.	Carolyn Hill Rita Wolf Robert Harder	01-22-91	
5. SRS should recommend radical improvements in child protective services.	SRS is presently reviewing its total approach to the delivery of child protective services.	Carolyn Hill Robert Harder	Ongoing	An outside consultant and university personnel will be hired to help in the critique of the work of the agency.
6. State develop a long-range plan for provision of services for children.	SRS needs to work with local groups to determine local needs & then to formulate plans to deliver services.	Carolyn Hill SRS Staff Community Groups	02-01-91	Existing plans need to be reviewed & such plans priced out from the standpoint of money & staff.
7. A legislative study group of children's services be formed.	Items 6 & 7 will be meshed together with SRS doing the staff work, & the legislature reviewing the material.	Carolyn Hill Robert Harder SRS Staff Legislators	Ongoing	A reporting system will need to be developed in order for the legislature to deal with the major policy issues.

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Kansas Department of Social and Rehabilitation Services

Status of SRS Review Commission Recommendations

January 25, 1991

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Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b><u>MEDICAL SERVICES</u></b>				
1. Program emphasis should be on prevention & early intervention.	Gear programs as much as possible to prevention & early intervention.	John Alquest Carolyn Hill Robert Harder	01-14-91	Because of the need to fund existing services such as hospitals & nursing homes, it will be difficult with existing money to make significant changes.
2. Health education should be a high priority.	SRS will work with Health & Environment to expand public health education programs.	John Alquest	02-01-91	Maximum use will be made of existing materials.
3. Medical Services should be directed less to individualized high-cost, acute care procedures that restrict the resources that would be otherwise available for primary and preventive care.	SRS should re-examine those instances when "high tech" services are being purchased with a move toward discontinuing such purchasing.	John Alquest Robert Harder	02-01-91	Some provider groups will be unhappy with this direction.
4. Increase programs to deal with teen pregnancy.	SRS devise programs to focus on problems related to teen pregnancy.	Carolyn Hill John Alquest		
5. Consolidate state purchases of medical services.	All state purchase of medical services would be handled through one central state agency.	Legislative staff SRS staff Legislators	02-01-91	

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Kansas Department of Social and Rehabilitation Services

Status of SRS Review Commission Recommendations

January 25, 1991

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Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b>MEDICAL SERVICES (cont)</b>				
6. Study the feasibility of creating a health care board or commission based on the utility regulatory model.	Legislation needs to be drafted to this end.	Legislative staff Robert Harder	01-22-91	This legislation will require major attention because it would represent a major shift in state policy.
7. MediKan be replaced with a new Kansas Health Benefits Program.	This step will require an increase in funding for medical services.	Legislators SRS staff	Ongoing	
8. Expand outreach efforts related to Medicaid-eligible women & infants.	Because of federal mandates, much of the action is being taken.	John Alquest Carolyn Hill	Ongoing	More work needs to be done in the area of outreach.
9. Expand use of local health departments to deliver medical services.	Requires legislative action.	Legislators SRS staff	Ongoing	
10. Mandated prescreening of <u>all</u> applicants for long-term adult care home admission.	Medicaid related presently being done; legislation required to expand to private patients.	SRS staff Legislators	Ongoing	

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**Kansas Department of Social and Rehabilitation Services**

**Status of SRS Review Commission Recommendations**

January 25, 1991

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Recommendations	Proposed Action	Action/Responsible Party	Start Date	Comments
<b><u>MEDICAL SERVICES</u></b> (cont)				
11. Moratorium on the reimbursement by Medicaid for any nursing facility bed built or created through conversion after a date specified in the legislation.	Legislation needs to be developed.	SRS staff Legislators	Ongoing	
12. Create a long-term care planning commission.	Formulate legislation which will represent all concerns yet be action-oriented.	Legislative staff	Ongoing	
13. Secretary of SRS is directed to seek waivers that will enable Medicaid expansion for alternative services.	Dedicated staff within SRS need to work on these waivers.	Rita Wolf Robert Harder	Ongoing	Action is underway.
14. Secretary of SRS should place an emphasis on alternative services, i.e., adult foster care.	SRS will expand its efforts to provide alterantive community services.	Robert Harder John Alquest Carolyn Hill	Ongoing	

RCH:cjc

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KANSAS SOCIAL AND REHABILITATION SERVICES  
Office of the Secretary  
Docking State Office Building, Room 603-N  
Topeka, Kansas 66612  
913-296-3271

Program Synopses  
January 25, 1991

The Administration Program provides basic administrative services for the Department as a whole and the Area Offices, including data processing, automated eligibility, accounting, audits, budgeting, planning and research, personnel, staff development, and legal. This program is headed by the Commissioner for Administrative Services. Contact person: Herman Hafenstein, 296-3241.

The Alcohol and Drug Abuse Services Program coordinates efforts with local community services to provide alcohol and drug prevention, education, and treatment programs. This program is directed by the Commissioner for Alcohol and Drug Abuse Services. Contact person: Andrew O'Donovan, 296-3925.

The Income Support Program performs the administrative and policy functions associated with child support enforcement, USDA food distribution, and cash assistance, including the positions and associated costs for client intake and eligibility review in the 12 Area Offices. (This program includes Medical Services.) Contact person: John Alquest, 296-6750.

The Cash Assistance Program contains funding for Aid to Families with Dependent Children (AFDC), General Assistance (wholly state-funded and administered), Low Income Energy Assistance Program (LIEAP), Refugee Assistance, and Other Assistance (including Burial Assistance and Emergency Assistance). The Housing Assistance program was transferred to the Department of Commerce by the 1990 Legislature. This program is under the purview of the Commissioner for Income Support. Contact person: John Alquest, 296-6750.

Medical Assistance and Medical Services provides reimbursement for medically necessary covered services to eligible clients under the Medicaid and MediKan programs. The Medicaid program is federally regulated and partially federally funded, while the MekiKan program is wholly state-administered and state-funded. This program is under the purview of the Commissioner for Income Support and Medical Services. Contact person: John Alquest, 296-6750.

The KanWork Program was initiated by the 1988 Legislature to provide opportunities and services to participants so they can progress from financial assistance to financial independence. This program consists of evaluation for eligibility and services, job preparation, training and education, support services, and transitional services. This program serves AFDC clients under the federal JOBS program, Food Stamp recipients under the federal MOST program, and General Assistance clients. The program also provides day care services for AFDC, GA, Food Stamp, and other income eligible persons. The KanWork program is administered by personnel under the jurisdiction of the Director of Workforce Development. Contact person: Bob Barnum, 296-3273.

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Attachment 2

## SRS Program Synopses

January 25, 1991

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Mental Health and Retardation Services was first added to the Department of Social and Rehabilitation Services budget in FY 1987, although it has been under the management control of the Department since 1939. This program administers the systemwide issues concerning the four Mental Health [at Osawatomie, Topeka, Kansas City (Rainbow Mental Health Facility), and Larned] and three Mental Retardation Hospitals [at Parsons, Topeka (Kansas Neurological Institute), and Winfield], as well as providing aid for Community Mental Health Centers and Community Mental Retardation Centers. The commissioner for Mental Health and Retardation Services directs this program. Contact person: George Vega, 296-3773.

Medical Services administers Community Based Long-Term Care and Community Living and Day programs. Contact person: John Alquest, 296-6750.

Youth Services provides services to protect the health and welfare of children and to provide services that allow the children placed out of home to be in the least restrictive environment possible. This program oversees the operation of the four state Youth Centers (at Atchison, Beloit, Larned and Topeka), as well as providing Foster Care and Adoption Services. The Youth Services field staff who work in the 12 areas are funded through this program. The Advisory Commission on Juvenile Offenders and the Commission on Children and Families operate through this program. The Youth Services program also directly administers the Comprehensive Screening Unit on the grounds of the Topeka State Hospital and supervises the operation of the Comprehensive Screening Unit at the Youth Center at Beloit. Youth Services, as the social service agency within SRS, also handles adult abuse investigations and adult guardianships. Contact person: Carolyn Hill, 296-3284.

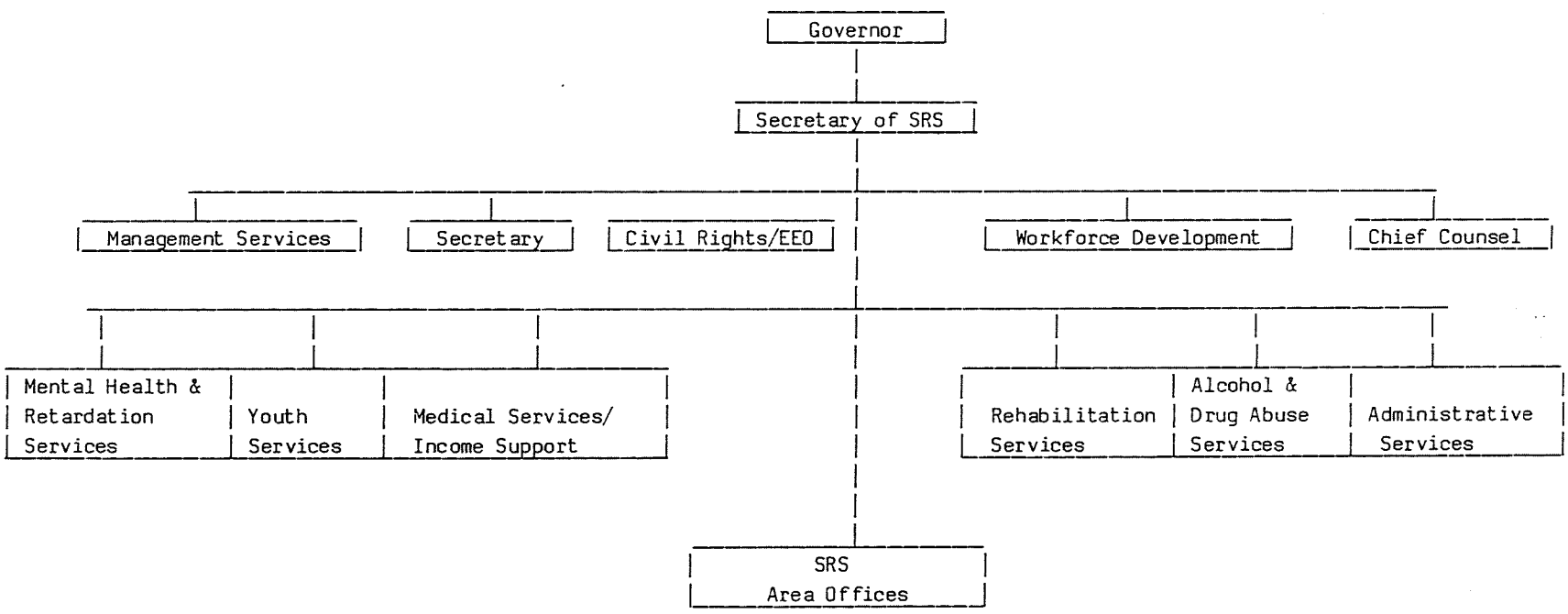
Rehabilitation Services programs are designed to empower Kansans with disabilities to achieve and sustain independence, primarily through employment. Individualized vocational rehabilitation plans emphasis community-based services, integration and consumer choice. Eligibility is determined according to federal regulations. Two facilities are operated: The Kansas Vocational Rehabilitation Center/Salina and the Vocational Rehabilitation Unit/Topeka. Other programs include Transition Planning, Independent Living and the Commission for the Deaf and Hearing Impaired. Contact person: Glen Yancey, 296-3911.

The Division of Services for the Blind directs delivery of vocational rehabilitation services to persons who are blind or visually impaired. Other programs include: Kansas Industries for the Blind, the Business Enterprise Program, and Rehabilitation Teaching. The Rehabilitation Center for the Blind is located in Topeka. This program is part of Rehabilitation Services. Contact person: Glen Yancey, 296-3911.

The Disability Determination and Referral Services program makes disability and blindness determinations for the U. S. Department of Health and Human Services on most Social Security Disability Income and Supplemental Security Income claims filed or reviewed in Kansas. The Commissioner of Rehabilitation Services directs this program. Contact person: Glen Yancey, 296-3911.

2.2

**Social and Rehabilitation Services Organization**

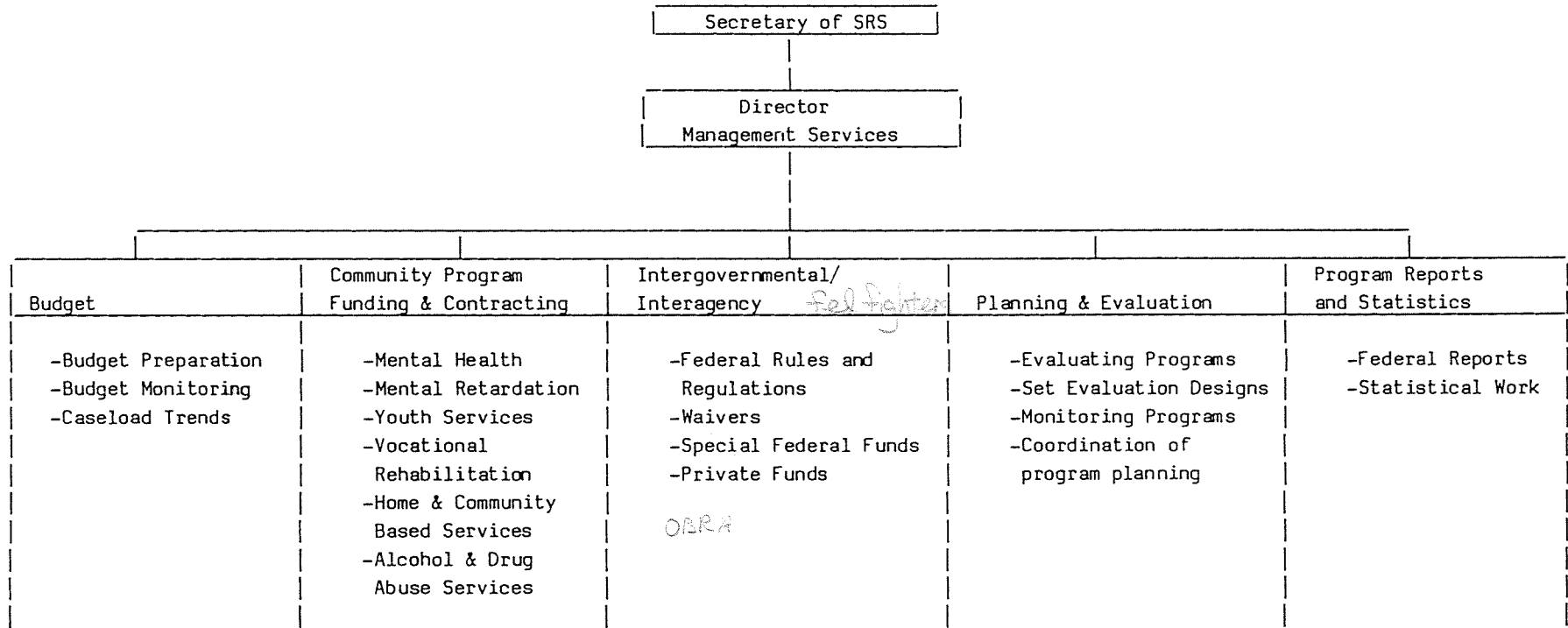


01/24/91

4/4  
1-28-91  
Attachment 3

**Social and Rehabilitation Services Organization**

Management Services



Submitted:  
SRS Transition Office  
12/19/90

H/A  
 1-28-91  
 Attachment #

## SRS Transition Office

### Functions of Management Services

December 19, 1990

#### Budget

- 1 Responsible for the preparation of the department budget.
- 2 Development of budget timetable.
- 3 Liaison with Division of Budget.
- 4 Development of charts related to caseloads, trends, and the flow of medical expenditures.

#### Community Program Funding and Contracting

- 1 Be aware of all the various community program funding sources.
- 2 Coordinate all funding sources to avoid duplication.
- 3 Integrate funding with program development.
- 4 Develop private funding sources.
- 5 Contracting.

#### Intergovernmental/ Interagency

- 1 Develop position papers protesting federal rules and regulations.
- 2 Establish partnerships between local, state, and federal agencies.
- 3 Develop an awareness of pending and final federal legislation.
- 4 Develop waivers.

#### Planning and Evaluation

- 1 Develop a standard evaluation mechanism to use throughout the department.
- 2 Gear the department to view the work and programs of the department in terms of outcomes.
- 3 Work with the department to think in terms of short-term and long-term planning.
- 4 Program monitoring.
- 5 Coordinates program planning efforts.

#### Program Reports and Statistics

- 1 Be responsible for all federal reporting.
- 2 Develop statistics as needed for the department.
- 3 Develop reports as needed and/or requested by the Secretary or Commissioners.
- 4 Answer special requests from the community and the legislature.

**GOV RECOMMENDATION ON SELECT SRS PRGMS**  
(In Millions of Dollars)

PRGM ****	FY 90 *****	FY 91 GBR *****	FY 92 GBR *****	FY 92 CURR RES *****
AFDC	\$107.8	\$104.5	\$116.2	\$107.5
GA	13.1	12.4	11.8	2.4 *
MED	409.7	513.8	556.9	485.1
FC	35.7	42.1	47.7	47.7

\* GA Prgm Eliminated effective 9/1/91.

H/A  
 1-28-91  
 Attachment 5

**GOV RECOMMENDATION ON CASELOAD ESTIMATES**  
**(Average Persons per Mo)**

CASE- LOAD *****	FY 90 *****	FY 91 GBR *****	FY 92 GBR *****	FY 92 CURR RES *****
AFDC	76,880	77,954	80,263	80,263
GA	6,620	6,259	5,961	5,961 *
FC	3,861	4,270	4,832	4,832

\* GA Prgm Eliminated effective 9/1/91.

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**GOV RECOMMENDATION ON SELECT MED SERVS**  
(In Millions of Dollars)

MED SERV *****	FY 90 *****	FY 91 GBR *****	FY 92 GBR *****	FY 92 CUR RES *****
HOSP	\$116.2	\$165.1	\$162.0	\$148.7
ACH	167.5	189.6	203.8	184.8
PHYS	36.1	47.6	61.0	57.8
DRUGS	29.7	36.7	45.5	22.9

**GOV RECOMMENDATION ON ALL SRS \$'s & FTE**  
(In Millions of Dollars)

TOTAL BUDGET *****	FY 90 *****	FY 91 GBR *****	FY 92 GBR *****	FY 92 CURR RES *****
ALL	\$819.4	\$956.0	\$1,034.2	\$939.2
SGF	383.9	404.6	440.6	390.0
FTE	3,257.9	3,213.7	3,310.2	3,310.2

## EXECUTIVE SUMMARY

The Task Force concludes that the Department of Social and Rehabilitation Services is basically in a state of malaise with poor employee morale and no clear mission, and believes that the agency must be transformed. The following principles should guide transformation: agency employees must be involved in decision-making; the focus of the delivery system must be client-centered; and the state must exercise initiative and develop state policy priorities for social services. The Task Force also concludes that greater emphasis must be placed on preventive services, in-home and community-based services, and early intervention.

### ORGANIZATIONAL STRUCTURE AND SERVICE DELIVERY

With regard to organizational structure and delivery of services, the SRS Task Force recommends:

1. that SRS explore the Total Quality Management concept as a tool to transform management of the agency, with the approach holding the promise that it is possible to deliver higher quality social services at a lower total cost to the organization;
2. that training opportunities for employees be enhanced;
3. that the agency develop a client-centered service delivery system with emphasis on strengthening field staff, coordination of service delivery, and case management;
4. that greater emphasis be placed on equipping and empowering clients to achieve self-sufficiency;
5. that the state evaluate its priorities and exercise state initiative in designing programs to meet state priorities; and
6. that the state more assertively seek waivers from federal regulations that impede the state's direction of its own social services policy and that the state communicate more assertively with federal representatives concerning federal mandates, particularly where those mandates do not complement state policy priorities

### MENTAL HEALTH AND RETARDATION SERVICES

With regard to mental health and retardation services, the SRS Task Force concludes and recommends:

1. As the Mental Health Reform Act is in the first stages of implementation, the Legislature should continue to monitor implementation and receive periodic updates from the Department of Social and Rehabilitation Services regarding implementation status.
2. The State of Kansas should establish a policy directed towards serving individuals closest to their home communities.
3. SRS should begin planning for a reduction in the number of beds in state mental retardation institutions and report those plans to the Legislature by January, 1992.

HA  
1-28-91  
Attachment 6

4. The House Appropriations Committee and Senate Ways and Means Committee should review the current policy of assigning multiple subcommittees to make related budget divisions. The Task Force recommends that one subcommittee review all seven hospital budgets and the Mental Health and Retardation Services portion of the SRS budget, or, in the alternative, that the Subcommittee reviewing the mental health and retardation hospitals' budgets conduct joint meetings with the SRS Subcommittee to establish a continuity in funding recommendations for these agencies.
5. H.B. 2578, which establishes a Governor's Commission on Mental Retardation, should be reintroduced in its final form, and that the bill include a subsection stating that the Commission shall identify problem children with special needs and develop a master plan to address those needs; and that the charge of the Commission include advocating for long-range transition planning, and in particular encouraging vocational rehabilitation and the Department of Education to cooperate and work together.
6. A strict formula of reimbursement for ICFs/MR should be developed.
7. Introduction of legislation establishing a pilot family support system in Kansas with the pilot project limited to 200 families or less, with a \$3,000 annual subsidy limit per family, and that SRS report back to the Legislature on the status of the pilot program.

### **Medical Services**

With regard to medical services, the SRS Task Force concludes that the Kansas experience with the open-ended nature of Medical Assistance expenditure is not unique, that virtually every state is experiencing the same type of out-of-control cost escalations in medical programs that Kansas has experienced, and that changes need to be made in the state's policies. Since, in the foreseeable future, the cost of medical services will increase, it is necessary to control the demand for services and establish priorities for program emphasis because acceptable options for program cuts have been exhausted. Therefore, the Task Force recommends:

1. that medical services program policy be one of emphasis on prevention and early intervention, with a focus on those services that prevent illness and disease in order to keep individuals from needing to enter the illness care system which represents the most costly component of health care;
2. that health education receive a high priority, including health education that assists the individual to accept more responsibility for his own health and teaches Medical Assistance clients the value of preventive health care and appropriate utilization of the health care system;
3. that, in the short-term, governmental resources be expended to help the greatest number of people and to prevent illness and conditions that require an extraordinary expenditure of health resources at a later time, including services under the Medical Assistance program which should be directed less to individualized high-cost acute care procedures that restrict resources that otherwise would be available for primary and preventive care;
4. that legislation be introduced to create pilot programs to deal with the issue of teen pregnancy and its associated costs and problems;
5. that legislation be introduced that places the responsibility for negotiating rates for all direct reimbursement for health care by the state with a single state agency, including health care services currently reimbursed through health benefits programs for state employees;

6. that legislation be introduced creating a board or commission based on the public utility regulatory model and assigned responsibility for establishing reasonable rates for institutional care (hospital and adult care home) services;
7. that the existing MediKan program be replaced with a new Kansas Health Benefits program under which some of the working poor and current MediKan recipients would be eligible to apply for limited health services benefits for which they would pay a monthly premium set by the Secretary of SRS as proposed by the Commission on Access to Services for the Medically Indigent and Homeless in 1990 S.B. 444;
8. that Medicaid eligibility relating to pregnant women and infants remain at the currently authorized level and that intensive targeted outreach and intensive case management services targeted to specified eligible populations be developed as proposed by the Special Committee on Public Health and Welfare under Proposal No. 31;
9. that the Legislature support the recommendation of the Special Committee on Public Health and Welfare on Proposal No. 32 to make grant funds available to enable several local health departments to operate demonstration programs to determine the feasibility of providing primary care services to the medically indigent and Medicaid clients as set out in 1991 H.B. 2019;
10. that the state's priority in long-term care continue to be the provision of long-term care services outside of institutions and in the individual's own home or a community setting and that such policy be further implemented by:
  - a. the introduction of legislation mandating that any individual seeking admission to an adult care home participate in prescreening prior to admission;
  - b. the introduction of legislation that creates a moratorium on reimbursement by Medicaid for any nursing facility adult care home bed built or created through conversion after a date specified in the legislation;
  - c. the introduction of legislation that creates a long-term care planning commission that includes members of the public, the Legislature, and appropriate executive agencies; and
  - d. direction from the Legislature to the Secretary of Social and Rehabilitation Services aggressively to seek waivers that will enable Medicaid expansion in alternate services and place emphasis on adult foster care homes as an alternative to institutional services; and
11. that the Legislature be requested to establish a broad based task force to study and to make recommendations for a system of medical procedure priorities to be utilized in allocating available Medicaid dollars.

### **Children and Youth Services**

With regard to services for children and youth, the SRS Task Force recommends:

1. that pilot projects to study the viability of local children's authorities be undertaken in two to four judicial districts of the state;

2. that Kansas' statutes regarding the severance of parental rights be brought into line with guidelines on this subject published by the National Conference of State Legislatures;
3. that the Department of Social and Rehabilitation Services prepare a report on options that could be taken to effect a radical improvement in child protective services, which the Task Force considers an urgent necessity;
4. that the Department of Social and Rehabilitation Services prepare outcome measurements by which the effectiveness of children's services in Kansas can be measured;
5. that a team of outside professional consultants, working in cooperation with experts from in-state universities, study the Department of Social and Rehabilitation Services and recommend changes and improvements, especially from the standpoint of changing the orientation of Kansas' social services system from reactive to preventive;
6. that the state's judicial districts be required to conduct needs assessments for children's services and to formulate long-range plans for the provision of children's services within each district; and
7. that the state conduct a needs assessment for children's services, and that it develop a long-range plan for the provision of services to children and youth; a legislative working group, would provide leadership during this needs assessment and the formulation of the State's long-range plan for children's services.