

Approved _____

Feb. 11, 1992
Date sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at _____
Chairperson

1:30 a.m./p.m. on January 29, 1992 in room 423-S of the Capitol.

All members were present except:

Rep. Flottman, Rep. Neufeld, Rep. Wagle, all excused

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Elizabeth Taylor, Kansas Association of Local Health Departments
Commissioner Robert Epps, Department of SRS
Joan Lewerenz, Administrator of Program Services, Dept. of SRS

Chair called meeting to order drawing attention to Committee minutes.

After members had read over these minutes, Rep. Amos moved to approve the minutes of January 22, 1992 as written, seconded by Rep. Samuelson. No discussion. Motion carried.

Chair drew attention to Substitute for HB 2566.

Chair requested Mr. Furse give details of changes made thus far.

Mr. Furse noted the last two sections of Sub. HB 2566 were added per request of the Chair to provide for enforcement provisions. He detailed all changes proposed. (Attachment No. 1).

Mr. Furse noted that a fee is assessed when a service is provided. He stated a fee in the amount of \$1000 has tax implication, and perhaps members might wish to consider this when discussion begins.

It was suggested perhaps a lower fee could be assessed in order to avoid the problems with the tax situation.

Rep. Bishop moved to amend Sub. HB 2566 on Page 2 (d) after "exceed to add "\$150". "Fees shall be fixed in amounts to cover the cost of providers under this sub-section". Rep. Amos seconded the motion. No discussion. Motion carried.

Commissioner Epps answered questions in regard to the fee assessment. He provided a hand-out (Attachment No.2.), the estimated fiscal impact Sub. HB 2566 might create.

Ms. Joan Lewerenz, Administrator of Program Services, Department of SRS also answered questions.

Discussion continued in regard to whether or not a fee of \$150 would cover costs; what effective date of this legislation would be the most effective for the welfare of the children.

Rep. Wiard moved to amend by establishing language that would direct these fees to be deposited in the SRS fee fund, seconded by Rep. Samuelson. No discussion. Motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a.m./p.m. on January 29, 1992

Rep. Hackler moved to amend Sub. 2566 on page 1, (c-1) by adding the language, "utilizing the current minimum data set plus the SRS form", motion seconded by Rep. Amos. A lengthy discussion ensued.

Questions were raised, can we trust the Department of SRS to cut down on the amount of paper used; if a specific assessment form is used, will this serve to cut down on time and paper? Commissioner Epps answered this question saying, "Scouts Honor". It was noted that it is clear the Secretary of Department of SRS has worked to try to make this assessment form as simple and concise a form as possible.

Vote taken. Motion failed.

Rep. Samuelson offered an amendment to Sub. 2566, (Attachment No.3) and made a motion to add in subsection (c) (1) of Section 1: "The uniform needs assessment instrument shall be as concise and short in length as is consistent with the purposes of the instrument." Rep. Praeger seconded the motion. Discussion continued that would direct the Secretary of SRS to specify who could be the assessor, i.e., the hospital; mental health group personnel; Local Health Departments; nurse practitioners; physicians; area Agencies on Aging. Some noted it is unclear about who is authorized to offer this assessment procedure and who is not and it seems inequitable the way the current language now reads.

Commissioner Epps answered questions. He noted the results of the assessment would be provided to individuals allowing them to choose the facility. Alternatives for care would be pointed out to the consumer. The main purpose for this procedure is to assess so that the individuals can be made aware of services that are available. Some felt comfortable having adult care homes not giving the assessment. Some felt this group could be trusted to remain neutral. Others did not have this opinion.

Rep. Hackler moved to amend Sub. 2566 on page 3 by adding in (e) a new (7), "Any private pay individual, of sound mind, may refuse the assessment, having indicated so in writing. There was no second to this motion.

Discussion continued in regard to concerns with the enforcement wording.

Rep. Praeger moved to strike on the bottom of Page 4, Sec. (3) to the end of the draft of Sub HB 2566 . Motion seconded by Rep. White. Discussion continued. Vote taken, motion carried.

Rep. Bishop moved to change the effective date in Sub. 2566 to the effective date on publication in the Kansas Register, seconded by Rep. Wiard. Motion carried.

Commissioner Epps was asked about a sunset clause being amended into Sub. HB 2566, and he stated the Department of SRS would not object.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a.m./p.m. on January 29, 1992

Discussion continued in regard to the sunset laws in Kansas. This may be totally changed, so it was felt by some to amend in a sunset clause would be counterproductive. Further discussion was held. Some felt an annual report would be more advantageous than having the bill go through the sunset law.

Rep. Cozine moved to amend Sub. 2566 by adding language, "An annual report shall be made to the Governor and the Legislature due on December 31, 1993. Seconded by Rep. Amos. Discussion continued. Vote taken, motion carried.

Rep. moved to pass Substitute HB 2566 favorably as amended, seconded by Rep. Bishop. No discussion. Motion carried.

Chair asked Rep. Bishop to carry Sub. HB 2566 on the floor, and he agreed to do so.

Chair then drew attention to HB 2695 and invited Ms. Elizabeth Taylor to answer questions from members of the Committee in regard to her comments at the meeting yesterday.

HEARINGS CONTINUED ON HB 2695.

Ms. Taylor answered numerous questions. It comes down to basics, she noted. They just don't have the money in the Local Health Departments to do this huge number of preadmission health assessments, and most of the parents don't have the money either. Some Health Departments have only a staff nurse on duty at certain times. There would be a \$4 to \$5 charge for administrative Costs. If the Health Departments don't have any additional funding, they will have to do the assessment anyway. They do make every effort to proceed with what they are asked to do in the way of providing services, (especially inoculations), she said. Volunteers helping with this process are covered by liability insurance. Fees are to pay for administrative costs, but if they don't get payment, then they are working at a disadvantage.

Commissioner Robert Epps, (Attachment No.4) indicated the position of the Department of SRS on HB 2695. In the interest of time, he drew attention to the calculated fiscal impact of HB 2695 relative to the Department of SRS. Five (5) year-olds eligible for Medicaid in FY '91 totalled 5,774. Currently 13% of these are being screened, or 750 of those 5 year-olds. The number not being screened and that will be affected by this legislation, if passed, is 5,024. Reimbursement rate for the screening process is \$50. The total amount would equal \$250,000. \$103 of that would be provided by Local School Districts or through the State General Funds. \$147,605 would be provided through Medicaid federal match.

Chair thanked Commissioner Epps for his brevity.

Chair adjourned the meeting at 3:13 p.m.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE Jan. 29th

NAME	ORGANIZATION	ADDRESS
Hansel Beer	KDHE - Western Central	Mills Bldg
Mona Lisa Heldeberg	KDHE - Ds Central	Mills
Johnnie Bell	KDHE, Child Care	London
Christine Jones	KDHE	London
Joe Kober	KDHE	Topeka
Johnnie Bell	SRS	Topeka
Chip Wheelen	KS Medical Soc.	Topeka
Grand Lumber <i>Lewerenz</i>	SRS	Topeka
Gina McDonald	KACIL	Topeka
Linda Duv	KDHA	Topeka
Patricia Maben	KDHE	Topeka
Maxine Bracht	KINTI	Lawrence
Ann Baker	K. Hospital Assn.	Topeka
Kerry Townsend	KS Hospital Assn	Topeka
Janet L. Bryant	Intern	Newmarket
LISA Getz	WICHITA Hospitals	WICHITA
Mark Tallman	KASB	Topeka
Nancy Kenalij	League Women Voters	Topeka
Bruce Cooper	KNEA	TOPEKA
Kristin Van Voorst	Intern	Overland Park
Cassie Lauer	KDHE	Topeka
Jennifer Ann Lynn	KDHE - Intern	Topeka
Delbert Kneppe		RR 2 Parkersburg IA

*Revised
Medical
Society*

Substitute for HOUSE BILL NO. 2566

AN ACT concerning social welfare; providing information and assistance to persons in obtaining appropriate long-term care services; requiring assessment and referral services prior to admission to an adult care home; amending K.S.A. 39-931a and K.S.A. 1991 Supp. 65-2836 and repealing the existing sections; also repealing K.S.A. 39-777 and 39-778.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) The secretary of aging shall assure that each area agency on aging shall compile comprehensive resource information for use by individuals and agencies related to long-term care resources including all area offices of the department of social and rehabilitation services and local health departments. This information shall include, but not be limited to, resources available to assist persons to choose alternatives to institutional care.

(b) Adult care homes as defined under K.S.A. 39-923 and amendments thereto and medical care facilities as defined under K.S.A. 65-425 and amendments thereto shall make available information referenced in subsection (a) to each person seeking admission or upon discharge as appropriate. Any person licensed to practice the healing arts as defined in K.S.A. 65-2802 and amendments thereto shall make the same resource information available to any person identified as seeking or needing long-term care.

(c) (1) The secretary of social and rehabilitation services shall adopt a uniform needs assessment instrument ^{utilizing the} to be used by all providers of assessment and referral services. In addition to other uses of the needs assessment instrument, the secretary of social and rehabilitation services shall use this instrument

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to annually compile data on the need for ^{Community} continuity based services that could further delay admission to adult care homes.

(2) On and after the effective date of this act, except as provided in subsection (e), no person shall be admitted to an adult care home providing care under title XIX of the federal social security act unless the person has received assessment and referral services as defined in subsection (c)(1). These services shall be provided under the senior care act, under the older Americans act, by the secretary of social and rehabilitation services or by other providers as designated by the secretary under subsection (d).

(d) Except as otherwise provided in this subsection (d), any person may apply to the secretary of social and rehabilitation services, on forms provided by the secretary, to become a designated provider of assessment and referral services. The secretary of social and rehabilitation services shall establish standards which must be met before a person may be designated as a provider of assessment and referral services. Each application shall be accompanied by an application fee fixed by the secretary of social and rehabilitation services based on the estimated number of assessments to be performed by the applicant but not to exceed \$1,000. Once a provider is approved, the application fee shall not be refundable. If the application is denied, 90% of the application fee shall be refunded to the applicant and 10% of the fee shall be retained by the secretary. The designation as a provider of assessment and referral services shall expire one year after the date of its issuance and may be renewed by such provider upon application to the secretary of social and rehabilitation services, payment of the application fee and a finding by the secretary that the provider meets the standards for designation as a provider of assessment and referral services. No person licensed to operate an adult care home under the adult care home licensure act, or any agent or employee of such person, shall be designated as a provider of assessment and

Changes

Fee changes

\$150. Such fees shall be an amt to cover the cost of

Changes under this subsection

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referral services under this subsection. The secretary of social and rehabilitation services may adopt rules and regulations as necessary to administer the provisions of this subsection.

(e) The following persons may be admitted to an adult care home providing care under title XIX of the federal social security act without having received assessment and referral services as defined under subsection (c)(1):

(1) A patient who has entered an acute care facility from an adult care home and is returning to the adult care home;

(2) a resident transferred from another adult care home;

(3) individuals whose length of stay is expected to be 60 days or less based on a physician's certification, if the adult care home notifies the secretary of social and rehabilitation services prior to admission and provides an update to the secretary 60 days after admission;

(4) individuals who have a contractual right to have their adult care home care paid for indefinitely by the veteran's administration;

(5) individuals who have received assessment and referral services by another state within three months before admission to an adult care home in this state;

(6) individuals who are admitted to an adult care home on an emergency basis pursuant to a physician's certification of the emergency if an assessment occurs within a reasonable time subsequent to such admission as specified by rules and regulations of the secretary of social and rehabilitation services; or

(7) individuals entering an adult care home conducted by and for the adherents of a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing.

(f) This section shall not be construed to prohibit the selection of any long-term care resource by any person. An

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individual's right to choose does not supersede the authority of the secretary of social and rehabilitation services to determine whether the placement is appropriate and to deny eligibility for long-term care payment if inappropriate placement is chosen.

added → Sec. 2. K.S.A. 39-931a is hereby amended to read as follows:

39-931a. (a) As used in this section, the term "person" means any person who is an applicant for a license to operate an adult care home or who is the licensee of an adult care home and who has any direct or indirect ownership interest of ~~twenty-five-percent~~ ~~(25%)~~ 25% or more in an adult care home or who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured, in whole or in part, by such facility or any of the property or assets of such facility, or who, if the facility is organized as a corporation, is an officer or director of the corporation, or who, if the facility is organized as a partnership, is a partner.

(b) Pursuant to K.S.A. 39-931, the licensing agency may deny a license to any person and may suspend or revoke the license of any person who:

(1) Has willfully or repeatedly violated any provision of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated and acts amendatory of the provisions thereof or supplemental thereto;

(2) has been convicted of a felony;

(3) has failed to assure that nutrition, medication and treatment of residents, including the use of restraints, are in accordance with acceptable medical practices; or

(4) has aided, abetted, sanctioned or condoned any violation of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated; or

★ (5) has willfully admitted a person to an adult care home as a resident of the home in violation of subsection (c)(2) of section 1 and amendments thereto.

Sec. 3: K.S.A. 1991 Supp. 65-2836 is hereby amended to read

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as follows: 65-2836. A licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, or an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds:

(a) The licensee has committed fraud or misrepresentation in applying for or securing an original, renewal or reinstated license.

(b) The licensee has committed an act of unprofessional or dishonorable conduct or professional incompetency.

(c) The licensee has been convicted of a felony or class A misdemeanor, whether or not related to the practice of the healing arts.

(d) The licensee has used fraudulent or false advertisements.

(e) The licensee is addicted to or has distributed intoxicating liquors or drugs for any other than lawful purposes.

(f) The licensee has willfully or repeatedly violated this act, the pharmacy act of the state of Kansas or the uniform controlled substances act, or any rules and regulations adopted pursuant thereto, or any rules and regulations of the secretary of health and environment which are relevant to the practice of the healing arts.

(g) The licensee has unlawfully invaded the field of practice of any branch of the healing arts in which the licensee is not licensed to practice.

(h) The licensee has engaged in the practice of the healing arts under a false or assumed name, or the impersonation of another practitioner. The provisions of this subsection relating to an assumed name shall not apply to licensees practicing under a professional corporation or other legal entity duly authorized to provide such professional services in the state of Kansas.

(i) The licensee has the inability to practice the branch of the healing arts for which the licensee is licensed with

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reasonable skill and safety to patients by reason of illness, alcoholism, excessive use of drugs, controlled substances, chemical or any other type of material or as a result of any mental or physical condition. In determining whether or not such inability exists, the board, upon reasonable suspicion of such inability, shall have authority to compel a licensee to submit to mental or physical examination or drug screen, or any combination thereof, by such persons as the board may designate. To determine whether reasonable suspicion of such inability exists, the investigative information shall be presented to the board as a whole, to a review committee of professional peers of the licensee established pursuant to K.S.A. 65-2840c and amendments thereto or to a committee consisting of the officers of the board elected pursuant to K.S.A. 1990 Supp. 65-2818 and amendments thereto and the executive director appointed pursuant to K.S.A. 1990 Supp. 65-2878 and amendments thereto, and the determination shall be made by a majority vote of the entity which reviewed the investigative information. Information submitted to the board as a whole or a review committee of peers or a committee of the officers and executive director of the board and all reports, findings and other records shall be confidential and not subject to discovery by or release to any person or entity. The licensee shall submit to the board a release of information authorizing the board to obtain a report of such examination or drug screen, or both. A person affected by this subsection shall be offered, at reasonable intervals, an opportunity to demonstrate that such person can resume the competent practice of the healing arts with reasonable skill and safety to patients. For the purpose of this subsection, every person licensed to practice the healing arts and who shall accept the privilege to practice the healing arts in this state by so practicing or by the making and filing of an annual renewal to practice the healing arts in this state shall be deemed to have consented to submit to a mental or physical examination or a drug screen, or any combination thereof, when

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directed in writing by the board and further to have waived all objections to the admissibility of the testimony, drug screen or examination report of the person conducting such examination or drug screen, or both, at any proceeding or hearing before the board on the ground that such testimony or examination or drug screen report constitutes a privileged communication. In any proceeding by the board pursuant to the provisions of this subsection, the record of such board proceedings involving the mental and physical examination or drug screen, or any combination thereof, shall not be used in any other administrative or judicial proceeding.

(j) The licensee has had a license to practice the healing arts revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(k) The licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board.

(l) The licensee has failed to report or reveal the knowledge required to be reported or revealed under K.S.A. 65-28,122 and amendments thereto.

(m) The licensee, if licensed to practice medicine and surgery, has failed to inform a patient suffering from any form of abnormality of the breast tissue for which surgery is a recommended form of treatment, of alternative methods of treatment specified in the standardized summary supplied by the board. The standardized summary shall be given to each patient specified herein as soon as practicable and medically indicated following diagnosis, and this shall constitute compliance with the requirements of this subsection. The board shall develop and distribute to persons licensed to practice medicine and surgery a

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standardized summary of the alternative methods of treatment known to the board at the time of distribution of the standardized summary, including surgical, radiological or chemotherapeutic treatments or combinations of treatments and the risks associated with each of these methods. Nothing in this subsection shall be construed or operate to empower or authorize the board to restrict in any manner the right of a person licensed to practice medicine and surgery to recommend a method of treatment or to restrict in any manner a patient's right to select a method of treatment. The standardized summary shall not be construed as a recommendation by the board of any method of treatment. The preceding sentence or words having the same meaning shall be printed as a part of the standardized summary. The provisions of this subsection shall not be effective until the standardized written summary provided for in this subsection is developed and printed and made available by the board to persons licensed by the board to practice medicine and surgery.

(n) The licensee has cheated on or attempted to subvert the validity of the examination for a license.

(o) The licensee has been found to be mentally ill, disabled, not guilty by reason of insanity or incompetent to stand trial by a court of competent jurisdiction.

(p) The licensee has prescribed, sold, administered, distributed or given a controlled substance to any person for other than medically accepted or lawful purposes.

(q) The licensee has violated a federal law or regulation relating to controlled substances.

(r) The licensee has failed to furnish the board, or its investigators or representatives, any information legally requested by the board.

(s) Sanctions or disciplinary actions have been taken against the licensee by a peer review committee, health care facility, a governmental agency or department or a professional association or society for acts or conduct similar to acts or

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conduct which would constitute grounds for disciplinary action under this section.

(t) The licensee has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(u) The licensee has surrendered a license or authorization to practice the healing arts in another state or jurisdiction, has surrendered the authority to utilize controlled substances issued by any state or federal agency, has agreed to a limitation to or restriction of privileges at any medical care facility or has surrendered the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(v) The licensee has failed to report to the board surrender of the licensee's license or authorization to practice the healing arts in another state or jurisdiction or surrender of the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(w) The licensee has an adverse judgment, award or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(x) The licensee has failed to report to the board any adverse judgment, settlement or award against the licensee resulting from a medical malpractice liability claim related to

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acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(y) The licensee has failed to maintain a policy of professional liability insurance as required by K.S.A. 40-3402 or 40-3403a and amendments thereto.

(z) The licensee has failed to pay the annual premium surcharge as required by K.S.A. 40-3404 and amendments thereto.

(aa) The licensee has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement.

added → (bb) The licensee as the responsible physician for a physician's assistant. has failed to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes.

added (cc) The licensee has failed to make resource information available as required under subsection (b) of section 1 and amendments thereto.

Sec. 4. K.S.A. 39-777, 39-778, 39-931 and K.S.A. 1991 Supp. 65-2836 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

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**ESTIMATED IMPACT OF SUBSTITUTE HOUSE BILL 2566
AFTER FULL IMPLEMENTATION**

Net Cost Avoided per Diversion

Costs avoided in Nursing Facilities (\$1,045 x 8.4 months)	(\$8,778)
Offsetting Cost of Community Care (\$447 x 8.4 months)	<u>3,755</u>
Net Medicaid Expenditures Avoided per Diverted Client	(\$5,023)

Estimate of Clients Diverted per Year

Estimated Screenings Conducted each Year	12,240	
Percent of above Persons on Medicaid	<u>49.0%</u>	
Medicaid Clients Screened	5,998	
% Actually Diverted per South Dakota data	<u>11.6%</u>	
Potential Medicaid Diversions		<u>696</u>
Potential Costs Avoided		(\$3,494,749)
<i>SGF Portion of Avoided Costs</i>		<i>(1,452,418)</i>

Offsetting Operational Costs

SRS Screening Fees (\$120 x 12,240)	\$1,468,000
SRS Administrative Costs	190,566
Department on Aging Public Awareness Program	* 95,000
Total Operational Costs	<u>\$1,658,566</u>
<i>SGF Portion of Operational Costs</i>	<i>974,040</i>

Net Annual Avoidance at Full Implementation

SGF Portion

(\$1,836,183)
(\$478,378)

* All State Funds

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Proposed Amendment -- Substitute for House Bill No. 2566

Be amended by adding to subsection (c)(1) of section 1:

"The uniform needs assessment instrument shall be as concise and short in length as is consistent with the purposes of the instrument."

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KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Donna L. Whiteman, Secretary

Testimony on House Bill 2695

House Bill 2695 proposes that as of July 1, 1993, health assessments will be mandatory for all children entering school for the first time. This is interpreted by the Department of Social and Rehabilitation Services as referring to all children entering kindergarten. The Department of Social and Rehabilitation Services supports this bill.

Health assessments mandated by this bill are met through Early, Periodic, Screening Diagnosis and Testing (EPSDT) (KAN Be Healthy) screenings. Currently the state's participation rate for the KAN Be Healthy Program is 13%. This bill would assist the state in meeting the federal mandate goal of 80% by the year 1995 (Omnibus Budget Reconciliation Act of 1989). Medical Services within the Department of Social and Rehabilitation Services has developed interagency agreements with 12 local school districts to reimburse KAN Be Healthy screenings in the school setting, whereby the local school district provides the state match (41.24%) which is matched with federal Medicaid dollars. This cooperation not only helps to increase KAN Be Healthy participation, but also assists the school district budget by providing federally matched Medicaid money. The school nurses are required to be certified as KAN Be Healthy screeners through the Department of Health and Environment.

The Department of Social and Rehabilitation Services is also planning further outreach initiatives in conjunction with the Department of Health and Environment, to increase preventive health care for Kansas children through the KAN Be Healthy Program. Examples of possible outreach efforts include: promoting cooperation between local SRS offices and local health departments in order to identify eligible children in need of screening; and, improving access to preventive health care by increasing collaboration between Women, Infants, and Children (WIC) and the Department of Social and Rehabilitation Services' services, such as KAN Work and Aid for Families with Dependent Children.

The calculated fiscal impact of this bill relative to the Department of Social and Rehabilitation Services follows:

Children entering school for the first time in Kansas = all 5-year-olds.
The number of 5-year-olds eligible for Medicaid in FY 91 = 5,774.
Currently, 13% are being screened = 750.
The number not being screened, who now will be through this bill =
 $5,774 - 750 = 5,024$.
The reimbursement rate for a screen = \$50.
 $5,024 \times \$50 = \$251,200$ All funds.
\$103,595 provided by Local School Districts or through State General Funds.
\$147,605 = Medicaid federal funds.

Robert L. Epps
Commissioner
Income Support/Medical Services
(913) 296-6750

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