Approved: March 28, 1995
Date

MINUTES OF THE HOUSE SELECT COMMITTEE ON DEVELOPMENTAL DISABILITIES.

The meeting was called to order by Chairman Jo Ann Pottorff at 3:30 p.m. on February 20, 1995 in Room 522-S of the Capitol.

All members were present except: Representative Joann Flower, Excused

Committee staff present:
Patricia Pierron, Legislative Research Department
Gordon Self, Revisor of Statutes
Marian F. Holeman, Committee Secretary

Conferees appearing before the committee:
George Vega, SRS Commissioner, MH&RS Div.
Ginger Clubine, Exec.Dir., TARC
Arika Aldrich, RCIL, Osage City
Gina McDonald, Exec.Dir. KACIL
Josie Torrez, Families Together, Inc.
Gwen Beegle, KU UAP, Lawrence
Roger Ramseyer, Hutchinson Heights
Tom Laing, Exec.Dir.KARF
Jane Rhys, Exec. Dir., KCDD

Others attending: See attached list

Hearings continued on **HB-2458**. As previously noted conferees basically support the bill. Balloons with suggested language changes continued to be welcomed. Conferees appeared in the following order:

George Vega, SRS Commissioner, Division of Mental Health & Retardation Services, spoke to the Committee on behalf of Acting Secretary Janet Schalanskey who was in another committee. His office worked very closely with all the key stakeholders who appeared before the committee and reached agreement on most of the bill (Attachment 1). John House, SRS Attorney, explained that "Secretary's Letters" are really instructions to SRS employees for carrying out the functions of the agency.

Ginger Clubine, Executive Director, Topeka Association for Retarded Citizens, Inc. (Attachment 2).

Arika Aldrich, Resource Center for Independent Living (Attachment 3).

Gina McDonald, Executive Director, Kansas Association of Centers for Independent Living (Attachment 4). SRS suggested language in Section 6 would be preferable to the present language.

Josie Torrez, Representative, Families Together, Inc. (Attachment 5).

Gwen Beegle, KU University Affiliated Program, (Attachment 6).

Roger Ramseyer, Representing Majority of Families of Residents at Hutchinson Heights (Attachment 7). Chairman Pottorff suggested Mr. Ramseyer and Commissioner Vega should meet to explore the Hutchinson Heights issue.

Tom Laing, Executive Director, Kansas Association of Rehabilitation Facilities (Attachment 8). Commented on ways in which SRS has laid out "policy" not contained in regulations. CMRC's were designated gatekeepers for the MR hospital system by "Secretary's Letter." KARF has experienced Secretary's Letters having an impact on the community.

Jane Rhys, Executive Director, KCDD provided suggested language for HB-2458 (Attachment 9).

Chairman Pottorff appointed a sub-committee comprised of Rep. Geringer, Chair; Rep. Gilmore, and Rep. McKechnie to develop a substitute bill. The Sub-committee will meet 2/21 in West Lounge; 2/22 in 522-S; 2/23 in 423-S and 2/27 in 529-S. The full committee will meet again March 6.

The meeting adjourned at 5:10 p.m.

HOUSE SELECT COMMITTEE ON DEVELOPMENTAL DISABILITIES COMMITTEE GUEST LIST

DATE: February 20, 1995

NAME	REPRESENTING
Mark Elmore	Jo. Co. M.R. Center
Dr. Stacy Ollar Jr	W.D.D.S.
Tom Laing	Ks. Assoc. of Rehab. Facilities
Martha Hodgesmith	Ks Assoc Rehab Facilities
Larry Hinton	SRS
Gina McDonald	KACIL
Erika Aldrich	RCIL
Josie Torrez	Families Together, Inc.
Shery C. Diel	KS Advocacy & Protective Services
Robert E. Soeis	The Arc of Kansas
George D. Vega	SRS MHRS
Gwen Beegle	K.U. Univ. Affiliated Program - Lawrence
Jane Rhys	Ks Council on Dev. Dis.
Ann Thenninger Johnson	Ks Assoc of School Boards
John House	SRS
[illegible]	SRS/MH&RS
Bob Mead	S.R.S.
Ginger [illegible]	TARC
Roger Ramseyer	Families of Hutchinson Heights

Kansas Department of Social and Rehabilitation Services

Developmental Disabilities Reform Act

Testimony Presented to

Select Committee on Developmental Disabilities

Regarding House Bill 2458

February 20, 1995

Janet Schalansky, Acting Secretary
Department of Social and Rehabilitation Services
(913) 296-3274

House Select Committee on
Developmental Disabilities
2-20-95
Attachment 1

ank you for the opportunity to speak to you today on behalf of Secretary Schalansky regarding House Bill 2458, an act enacting the developmental disabilities reform act. We applaud the intent of this bill to provide a framework leading to inclusion of our citizens with developmental disabilities in all our communities.

We would like to review the bill with you to indicate areas which we feel warrant your attention and/or clarification. Subjects we understand the Select Committee intends to accomplish through this bill, but which may be unclear or misinterpreted, cause concern. We seek clarification on those and would also like to propose some technical amendments for your consideration. We have worked diligently with many of the conferees who have testified before you to arrive at mutual recommendations which will benefit persons with developmental disabilities and you may receive amendments from that process which removes the concerns we bring before you today. We will continue to collaborate to achieve a bill the Governor and Legislature can support.

On page 1, line 33 et.seq. defining community developmental disability organizations (CDDO), we ask you to consider adding language which accomplishes two objectives: (1) Enumerates the duties of the CDDOs and; (2) Establishes a local appeal mechanism such as a human rights committee or services council to provide consumers, families, and affiliates an avenue to resolve differences.

On page 2, line 4, we recommend adopting the definition of developmental disability currently applied by MR/DD Services. The

1-2

finition currently in the bill is very broad and would include persons with mild degrees of disability thus diluting the appropriations now going to persons with severe disability. The definition in the bill for children less than three years of age also would be very difficult to implement since all children that age vary greatly on available standardized measures. I have attached the current eligibility definition used by MR/DD Services for your consideration (Attachment 1).

We ask you consider the following technical amendments.

On page 2, line 22, we recommend "15" be changed to "9".

On page 2, line 40 through page 3, line 6, language be included to make clear expenditures for "food, housing, clothing, transportation, education, and recreation" are not the responsibility of the secretary.

We see the need for substantial modification of Section 5 which, as written, appears to confer an entitlement to community agencies to a reimbursement system much like that which drove the cost of nursing homes at an unprecedented rate.

We appreciate the intent of Section 6 to set in place specific expectations which allow intervention on behalf of individuals served while affording due process protection to community service providers. Attachment 2 provides an example of the limitations of SRS under current law and regulation. We believe there is a need for authority in this bill for the secretary to establish intermediate sanctions not currently available in law such as:

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1) Identify deficiencies and require an acceptable plan of correction (POC).
2) Authority to incrementally withhold funds if a POC is not implemented.
3) If the provider continues to ignore POC requirements, the authority to require the agency maintain consumers in place until alternative services can be secured for a period not longer than two years with reasonable compensation for actual costs.

We ask that Section 7 be clarified as the current language appears to remove any authority the secretary currently has to require governing boards to carry out the duties of the contracts.

In closing let me tell you we are very pleased with the collaboration and cooperation of all the stakeholders in pursuit of supportable legislation. We believe we can arrive at a proposal acceptable to everyone within a very short timeframe.

ATTACHMENT 1

1-5

STATE OF KANSAS
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
MENTAL HEALTH AND RETARDATION SERVICES

SUBJECT: Eligibility for MR/DD Services

DATE: July 1, 1992 EFFECTIVE: October 1, 1993

NUMBER: MRDD 92-1 REVISED: May 31, 1993

POLICY: It shall be the policy of MH&RS that all services provided by funding sources through the MR/DD division of MH&RS shall be targeted for those persons meeting the definitions of mental retardation or other developmental disability outlined below.

Mental Retardation means significantly sub-average intellectual functioning as evidenced by an IQ score of 70* or below on a standardized measure of intelligence. Other developmental disability means a condition such as autism, cerebral palsy, epilepsy, or other similar physical or mental impairment. In addition, **mental retardation and otherwise developmentally disabled** is evidenced by a severe, chronic disability which:

1. is attributable to a mental or physical impairment or a combination of mental and physical impairments, **AND**
2. is manifest before the age of 22, **AND**
3. is likely to continue indefinitely, **AND**
4. results in substantial functional limitations in any three or more of the following areas of life functioning:
    a. self-care,
    b. understanding and the use of language,
    c. learning and adapting,
    d. mobility,
    e. self-direction in setting goals and undertaking activities to accomplish those goals,
    f. living independently,
    g. economic self-sufficiency, **AND**

5. reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinate, **AND**

6. does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill or have disabilities solely as a result of infirmities of aging.

*Because the range of standardized tests that might be employed have varying margins of error it is not feasible to consider margin of error in determining eligibility for MR/DD funding sources. Additionally, it should be understood the definition is for access to MR/DD funding and not an issue of diagnosis. Therefore, some persons with legitimate diagnosis of mental retardation will not be eligible for MR/DD funding as funding is targeted for persons most in need.

For children under the age of six, developmental disability means a severe, chronic disability which:

1. is attributable to a mental or physical impairment or a combination of mental and physical impairments, **AND**

2. is likely to continue indefinitely, **AND**

3. results in at least three developmental delays as measured by qualified professionals using appropriate diagnostic instruments or procedures, **AND**

4. reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration are individually planned and coordinated, **AND**

5. does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill.

PROCEDURES:

1. MR/DD service providers shall ensure that all persons served with MH&RS/MR/DD funds meet one of the above definitions unless otherwise approved by MH&RS MR/DD.

2. MR/DD service providers may use the Eligibility Determination Instrument (Adult or Children's version) to verify that a person has substantial functional limitations in the identified areas of <u>life functioning</u>.

3. In order to receive ICF/MR or HCBS/MR services, persons must meet additional eligibility criteria outlined in MH&RS Policy HCBS/MR 90-1 and the HCBS/MR Handbook.

4. If there is disagreement between an MR/DD service provider and MH&RS/MR/DD in regard to whether a person has substantial functional limitations in the identified areas of <u>life functioning</u>, the Eligibility Determination Instrument (Adult or Children's version) will by completed by a third party.

5. Persons shall have the right to a reconsideration of the eligibility determination by requesting such, in writing, from MH&RS/MR/DD.

6. If, upon reconsideration, the determination is unchanged, persons shall have the right to an appeal, which must be filed within 30 days by writing:

   Administrative Hearings Section
   Credit Union One Bldg.
   610 W. 10th, 2nd Floor
   Topeka, KS 66612

Dawn Hirsch
Director of MR/DD Programs

Director of Community MR/DD Programs

ATTACHMENT 2

Attachment B

Social and Rehabilitation Services believes it is necessary to have less intrusive intermediary steps in assuring community developmental disability organizations (CDDOs) comply with this bill. An example which demonstrates this need is the difficulties SRS faced with the former community mental retardation center, Terramara as outlined below:

Initial Terramara Problem: Local government officials were told that Terramara was refusing to serve individuals with severe MR/DD even when sufficient funds were made available leaving these individuals with no community services.

Initial SRS Response: SRS mediated an agreement which allowed for the establishment of a new community service agency which would serve individuals Terramara refused to serve. SRS also hired an independent mediator to negotiate differences which arose between Terramara and the county commissioners.

Initial Outcome: Terramara agreed to allow state and county funding to go to the new provider even though under current rules and regulations they did not have to agree. However, they refused to implement changes previously agreed to with the County Commission and endorsed by the independent mediator. Services at Terramara deteriorated and the health and safety of the individuals served was in jeopardy resulting in a loss of their license to operate. The County withdrew its recognition of Terramara as the CMRC. However, two other Terramara counties refused to take similar actions.

Crisis: SRS was left with only one option of approving the establishment of a new CMRC. When this became obvious Terramara summarily evicted 54 individuals from group homes under their control and denied access to day program sites. SRS and other community mental retardation agencies found more appropriate residential and day program services for everyone in a very short time. However, the individuals and their families were subjected to much stress and unnecessary disruption.

Alternative: If SRS had the authority explained earlier in the attached testimony it could have taken the following intermediate and final steps:

1. Assessed Terramara against the standards of a Community Developmental Disability Organization as defined in HB 2458 finding it out of compliance with these standards.

2. Terramara would have then been required to submit and implement an acceptable plan of correction. The plan of correction would have been closely monitored to assure compliance with CDDO expectations.

3. If corrective actions were not implemented SRS could have withheld incremental funding to strongly encourage compliance.

4. If the agency failed to implement corrective actions SRS could have required the agency to allow the individuals they served to remain in their homes and workshops until reasonable service alternatives could be found.

5. Finally, two of Terramara's counties refused to take action against the agency. The Secretary could, under these rules, take corrective action without county support.

TARC

Topeka Association For Retarded Citizens, Inc.
2701 Randolph • Topeka, Kansas 66611-1599
(913) 232-0597 • Fax (913) 232-3770
Executive Director, Ginger Clubine

House Select Committee on Developmental Disabilities
Testimony on House Bill 2458
February 20, 1995

Good afternoon Representative Pottoriff and members of the committee. I would like to introduce myself. I am Ginger Clubine, executive director of the Topeka Association for Retarded Citizens.

TARC has many roles in Shawnee County. First we are an advocacy organization for children and adults with mental retardation and their families. TARC is an affiliate of both The Arc of Kansas and The Arc of the United States. The Arc is the largest national organization on mental retardation committed to securing for all people the opportunity to choose and realize their goals of where and how they learn, live, work and play.

In Shawnee County TARC is the designed Community Mental Retardation Center. There are different levels of coordination we presently do. They include; information and referral, funding, family/consumer support; and service coordination. We presently provide service coordination to more than 220 children and adults with developmental disabilities and their families.

TARC also provides early childhood services to 78 families and we provide services and supports for over 190 adults in our adult programs which include supported employment, work activity, adult community care and senior services.

I also have many roles. I have been the executive director of TARC since the first of the year. My tenure with TARC may be short but my involvement in the disabilities field is not. My oldest daughter, who is now 30, was born with mental retardation. We have had the opportunity to experience positive changes in the way services and supports are provided not only in Kansas but across the United States. Kandi started school the year PL 94-142 was enacted. It guaranteed her a free and appropriate education. The education, though, was segregated. We then believed kids with mental retardation needed to receive their education in a

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OTHER FACILITY LOCATIONS

Geers Work Center
2701 Randolph
Topeka, KD 66611
(913) 232-0586
Fax (913) 233-4911

Southgate Work Center
1800 SW 42nd
Topeka, KD 66609
(913) 266-2323
Fax (913) 266-2385

Supported Employment
921 SW 37th Suite E
Topeka, KD 66611
(913) 267-4721
Fax (913) 267-6902

Service Coordination
921 SW 37th Suite B
Topeka, KD 66611
(913) 267-1041
Fax (913) 267-6902

A nonprofit corporation–contributions are tax-deductible

Member Agency

Member of
Kansas Association of Rehabilitation Facilities
The Arc of Kansas
The Arc *affiliated with The Arc, a national organization on mental retardation*

Attachment 2

"special" classroom or building. Today we know that all kids can learn together. When Kandi was in high school, at East High in Wichita, our goal for her was to go to a sheltered workshop. We knew she would be in a protected place where she could work where her friends worked. Now we know with supports folks with disabilities can and do work in the community with a variety of friends. We have lived in Topeka since September of 1993 and Kandi has worked most of that time. Today she earns $5.00 an hour and is supported by her co-workers. She receives minimal supports from the developmental disabilities system.

In 1987 I moved from Wichita to Harrisburg, Pennsylvania. In Pennsylvania I worked for the Office of Mental Retardation as the supported employment specialist. I was there on a special contract to help implement systems change. While in Pennsylvania I also had the opportunity to work with individuals that were implementing their HCBS Waiver program.

When my special appointment ended I moved to Lincoln, Nebraska where I was the executive director of the state Arc. While in Nebraska the Unicameral enacted developmental disabilities reform. I understand the struggle that we must all go through when we are "reforming" a system. First, it sounds like the system is broke and thus we must fix it. In Nebraska they continue to struggle with how to implement their DD reform and at times I am sure they wonder if it was worth doing all together. But let me tell you it is worth the work and struggle.

In Kansas what I see us doing with this piece of legislative is to put into statute what we believe is a system that addresses the needs of individuals with developmental disabilities in a way that provides for their inclusion in the community. It is only the beginning. There are many areas that are not included. Folks with developmental disabilities start out as children and grow into adults and then into senior citizens. We need to address all the supports they may need throughout their life, early childhood, school, transition, work, community living and aging. How we want the system to look will always be evolving. We must not become frustrated as "reform" continues to happen over time.

There is no such thing as a perfect system of supports for children and adults with developmental disabilities. Each of us would define the perfect system a little differently. I know that I have in my mind what I think perfect is as does each parent, provider of service and I would guess a whole lot of other people. Consumers and families will differ on what they believe supports and services should look like, they will differ on what the state should or should not do to provide those supports. The things we all agree on are that choice is important, safety is imperative and quality is necessary. I don't know a person that does not want safe and quality supports for themselves or their family member. What we must do with this legislation is to come to a common understanding of what DD Reform should look like and how it will be implemented. We must also remember this is only the beginning. Our expectations today are different than what they were just five to ten years ago.

Expanding the definition to developmental disabilities is philosophically sound, but we must make sure that we are not just changing the definition of who will be served without making sure that we have the money to provide the supports that folks need. This change will also make it imperative that disability groups work together in a collaborative way and that is good! We must not get caught up in the turf battles because that is not productive and the one that gets hurt is the individual with a developmental disability and their families.

It makes sense to have an system that has an entity responsible for ensuring service access. We all know that with limited resources this can become tricky. We may have to get real creative as we look at ways to provide supports in our community. HB 2458, puts in statute what we presently do, require the CDDO to affiliate with who the consumer chooses. Today TARC has 13 affiliate agreements with different organizations in Shawnee County and with 98 individuals.

Having a single funding system is positive. We need to make sure that the money that we already have in the system is spent in a way that maximizes inclusion and quality of life. We must also make sure that the dollars that are in the system continue to grow and be flexible to meet the needs that individuals may have in their life time. What my daughter needed at five years of age was much different that what she needed when she was 21 and I am sure her need will change again as she ages.

We have as a movement evolved over the years. We have gone from believing that we must protect individuals with disabilities to now saying that folks have the right to self-determination. Self-determination is not synonymous with independence. Rather, it is best facilitated by interdependence; connections and support from those around us. Each person that we support at TARC is an individual, each person has their unique needs. Providing a system that supports those unique needs will be a challenge to each of us. You as legislators must provide us with the public policy that reflects the changing times we live in. Not only must we, who provides support to children and adults with developmental disabilities and their families, work collaboratively with each other, but your public policy must make it clear to the multiple government systems that they must work collaboratively together.

This piece of legislation begins the process. I challenge you to make sure this is not the end.

210 N. 9th
Osage City, Ks. 66523
(913) 528-3105 Voice
(913) 528-3106 TDD
FAX (913) 528-3665

RESOURCE
CENTER
INDEPENDENT
LIVING INC

Testimony to the Select Committee on Developmental Disabilities

Testimony Regarding House Bill 2458, an act enacting the developmental disabilities reform act; prescribing certain powers, duties, and functions for the secretary of social and rehabilitation services.

Good Afternoon, I would like to first thank you for the opportunity to speak to you today.

My name is Arika Aldrich, I work for the Resource Center for Independent Living (RCIL). Our main office is located in Osage City. We have four satellite offices in Burlington, Emporia, Iola, and Osawatomie. We serve twelve counties and over 1100 people. We are funded through federal and state grants. The purpose of the Resource Center for Independent Living is to assist persons with disabilities, their families, and communities to develop the skills necessary to increase confidence and self-reliance enabling individuals with disabilities to become participating members of their surrounding communities, linking them to a more productive life.

We support house bill 2458, however, we would appreciate your serious consideration of providing consumers with a choice of service providers. In addition to Community Mental Retardation Centers, there are other organizations which are now providing services to persons with disabilities which are not only capable of, but willing to offer valuable services. Not all communities are prepared to provide choices for services. However, by including Centers for Independent Living, and other service providers, in your bill, you will be facilitating optimum care opportunities for persons with developmental disabilities.

Just as each of you has the right to choose who you receive your goods and services from, when you receive your goods and services, and where you receive them, persons with developmental disabilities also want to have the freedom to choose.

As a representative of the Resource Center for Independent Living, I would ask that you add language to house bill 2458 which specifically includes Centers for Independent Living, as well as other qualified organizations, as choices for consumers as they choose from whom they receive their services.

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Attachment 3

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MISSION STATEMENT

RCIL assists persons with disabilities, their families and communities to develop the skills necessary to increase confidence and self-reliance enabling individuals with disabilities to become participating members of their surrounding communities, linking them to a more productive life.

SERVICES

1. Information & Referral
2. Advocacy / Benefit Assistance
3. Peer Counseling / Consultation
4. Independent Living Skills Training
5. Emergency Crisis Counseling
6. Other Services

STAFF AND LOCATIONS

RCIL staff can be reached at the following locations:

OSAGE CITY

Mary Fern Holloway - Executive Director
Joey Toy
Amy Ritter
Susan Warner
Jean Cruce
Arika Aldrich

210 N. 9th, Osage City, KS 66523

Hours: Monday - Friday
8:00 a.m. - 5:00 p.m.
Phone: (913) 528-3105 Voice
(913) 528-3106 TDD
FAX No. (913) 528-3665

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BURLINGTON

Sylvia Bauer

107 S. 6th, P.O. Box 78, Burlington, KS 66839

Hours: Monday - Friday
8:00 a.m. - 4:00 p.m.
Phone: (316) 364-2263 Voice
FAX No. (316) 364-2700

EMPORIA

Deb Kelley
Melissa Ward
Tania O'Shel

625 Merchant, Rm. 238, Emporia, KS 66801

Hours: Monday - Friday
8:30 a.m. - 4:30 p.m.
Phone: (316) 342-1648 Voice/TDD
FAX No. (316) 342-1821

IOLA

Randy Kettler
JoAnn Buche
Mike Huck

307 W. Lincoln, Iola, KS 66749

Hours: Monday - Friday
9:00 a.m. - 5:00 p.m.
Phone: (316) 365-8144
FAX No. (316) 365-7726

OSAWATOMIE

Karen Watson
Steve Carrier

309 East Gate Drive, Suite C
Osawatomie, KS 66064

Hours: Monday - Friday
9:00 a.m. - 5:00 p.m.
Phone: (913) 755-4815
FAX No. (913) 755-6914

BOARD MEMBERS

Gabe Faimon
Alan Schlobohm
Elaine Martin
Rayetta Drake
Faye Amos
Mark Handke

Rebecca West
Joy Riebel
Don Montgomery
Clair Smith
Thomas Whalen

The RCIL's Board of Directors meetings are held on the third Monday of every other month at 7:30 p.m.

An open invitation is extended to the public. For further information contact the center, 913-528-3105.

FUNDING

The Resource Center for Independent Living, RCIL, is a non-profit organization which provides services to persons with disabilities, to their families and to their communities.

RCIL receives funding through a grant from the Department of Social and Rehabilitation Services. Additional funding is secured from private and public contributions.

RCIL also raises money for individuals with disabilities through fundraising activities.

Resource Center For Independent Living

Resource Center
Independent Living, Inc.

Arika Aldrich

210 N. 9th St.
Osage City, KS 66523
(913) 528-3105
FAX: (913) 528-3365

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INFORMATION & FERRAL

Individual Casework
RCIL staff is available to provide information to persons with disabilities about services available to assist them in overcoming barriers to independence.

Resource Library
We maintain a current library of books, brochures and journals relating to disability issues, assistive devices and adaptation assistance.

Newsletter
A newsletter is published on a bimonthly basis. Articles are directed toward keeping readers informed of services and activities which benefit individuals with disabilities.

Housing
RCIL provides written information, and maintains contact with individuals who provide accessible housing. We also give information and consultation to those wishing to make their homes accessible.

Adaptive Services
Interpreter services are available for those who have a hearing impairment. We provide classes in sign language to further help with communicating with the hearing impaired.

TDD Relay
For those with hearing impairments we offer a TDD relay.

Osage	(913) 528-3106
Emporia	(316) 342-1648

Food Bank
RCIL offers a food bank program for RCIL consumers. It offers our consumers an opportunity to purchase food at minimum cost. To qualify you must not exceed our income guidelines.

Sites for Food Bank
- Burlington
- Osage City
- Lebo
- Emporia
- Iola
- Quenemo
- Osawatomie

ADVOCACY

Individuals are assisted in receiving the benefits needed to achieve maximum independence. This can be in the form of application completion assistance or advocating with service delivery agencies to overcoming bureaucratic entanglements.

RCIL also works with public and private organizations to overcome barriers which prevent individuals with disabilities from achieving independence. Building accessibility is a major concern to the individuals with disabilities.

RCIL reaches out to schools and organizations in the community to inform them of the needs of individuals with disabilities.

PEER COUNSELING/ CONSULTATION

RCIL can provide individual or family counseling on issues related to disabilities, and peer counseling. We are available on an individual or community basis and offer advice about proper disability etiquette. This service helps people who do not have disabilities learn proper methods of dealing with people who have disabilities.

INDEPENDENT LIVING SKILLS TRAINING

Individual Training
RCIL will train individuals to overcome barriers to independence.

Pre-Employment
RCIL will assist with pre-employment training for persons with disabilities and employment placement.

Community
RCIL works with individuals and groups in the community to increase awareness of the skills of people with disabilities.

Volunteer Programs
Disabled people gain skills through a volunteer program at the Resource Center. Volunteers can receive training in typing, computer skills, organizing, clerical, bookkeeping, housekeeping skills, and writing skills.

Personal Care Attendant
RCIL assist individuals with disabilities to locate and train personal care attendants. The attendant care services are self-directed by the individual.

Recreational Activities
We provide craft classes and also work with community agencies in designing recreational programs for the disabled. Horticultural Therapy activities will be offered indoors and outdoors. Organized sports activities, such as baseball, basketball, and swimming, are also available for participation.

OTHER SERVICES

RCIL offers a wide variety of services. Services are tailored to meet each individuals needs. The following are a few examples of RCIL's other services:

Consumer Advisory Committee (CAC)
Meets monthly for needs on disability issues in the community. The CAC also meets on a regular basis for crafts and recreational activities.

ADA Studies
The staff at RCIL are available to do American Disability Act (ADA) Accessibility Studies and Sensitivity Training for your group, business, or organization.

Kansas Head Injury Waiver
RCIL now works with the Kansas Head Injury Waiver that provides the following services:
- Durable Medical Equipment
- Case Management
- Medical Alert - Installation & Rental
- Medical Attendant
- Night Support
- Rehabilitation Therapies
- Transitional Living

Prescription Drug Program
Program for helping individuals perform the actions necessary to receive some prescribed drugs at a reduced cost.

Financial Management Counseling
RCIL provides counseling to individuals with disabilities who need advice on managing their finances.

Mediation Services
RCIL acts as a mediator for groups or individuals.

Kansas Association of
KACIL
Centers for Independent Living

Gina McDonald
Executive Director

Member Agencies:

ILC of
Southcentral Kansas
Wichita, KS
316/838-3500 Voice/TT

Independence, Inc.
Lawrence, KS
913/841-0333 Voice
913/841-1046 TT

Independent Connection
Salina, KS
913/827-9383 Voice/TT

LINK, Inc.
Hays, KS
913/625-6942 Voice/TT

The WHOLE PERSON, Inc.
Kansas City, MO
816/561-0304 Voice
816/531-7749 TT

Topeka Independent
Living Resource Center
Topeka, KS
913/233-4572 V/TT

Southeast Kansas
Independent Living, Inc.
Parsons, KS
316/421-5502 Voice
316/421-6551 TT

Accessing Southwest
Kansas (ASK), Inc.
Dodge City, KS
316/225-6070 Voice/TT
1-800/871-0297

Testimony on House Bill 2458
Select Committee on Developmental Disabilities
Representative Joann Pottorff, Chair
February 20th, 1995

Thank you for the opportunity to testify on House Bill 2458. My name is Gina McDonald and I am the executive director of the Kansas Association of Centers for Independent Living (KACIL). The purpose of our organization is to promote the rights of people with disabilities and to ensure that independent living is an option for everyone.

KACIL congratulates the efforts of this committee to craft a bill that will more clearly establish options for people with developmental disabilities. KACIL worked together with the Developmental Disabilities Council, KARF and Families Together to work on amendments that we believe ~~will~~ would more clearly delineate what we believe is the intent of this legislation.

As we have stated previously, KACIL believes the best approach to ensure that individuals have choice, and to ensure quality of services is to have a voucher system where parents and/or individuals with developmental disabilities have the buying power to purchase the services they believe are valuable. Further we believe that case management or individual coordination should ideally not be performed by an entity that is also a service provider. KACIL recognizes that these concept are long range goals. This bill is a good first step toward those goals. To clarify this bill, we offer the following recommendations:

Line 28 - "Affiliate" means an entity or person who [MEETS REQUIREMENTS SET BY THE STATE OF KANSAS TO PROVIDE SERVICES, AND WHO] contracts with a community developmental disabilities organization.

This is intended to assure that any provider of service meets the same requirements that a CDDO would be required to meet.

Line 42 - Provide directly or by sub contract [INFORMATION ABOUT ALL AFFILIATES SERVICES TO CONSUMERS REQUESTING SERVICES, AND] referral services to persons with a developmental disability whose particular needs can be met in the in the community or through other governmental agencies.

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501 Jackson, Suite 450 · Topeka, KS 66603 · 913/233-4550 (Voice/TDD) · 913/233-4231 (FAX)

This puts into law that the CDDO is required to let consumers know about all options available to them. This has not been the practice of all agencies.

Line 30 - "Community Services" means services [chosen by a person with DD] provided to meet [their] needs ... concerning work...

KACIL supports language suggested which would describe the responsibilities of the CDDO.

KACIL strongly recommends that number 4 under responsibilities which reads ["will ensure that affiliates have the option to review referrals and waiting lists on a periodic basis to contact potential consumers with information concerning their services"] .

This language will allow the CIL's the opportunity to let consumers know that they have options, and in fact may have services that can be provided while they are on a waiting list for other services. Most of the consumers we would identify in this category would not have funding available. Our efforts here are not to "grab at dollars" but to ensure that consumers know about all options available without regard to funding. Our purpose is to guarantee that consumers have information about options. Only then will they truly have choice.

PAGE 2

Line 4 - Definition of developmental disability - KACIL recommends using the current definition used by the MH/RS. The first year this bill was introduced it did not have CDDO's as the point of contact for services, in fact it indicated many entities including advocacy groups, CIL's and parents could be providers of services. Since the point of contact is one entity, it is not in the best interest to expand the definition of who is considered to have a developmental disability. It would add an additional layer to services for some individuals with physical disabilities and head injuries. KACIL strongly recommends returning to the current definition.

Line 22 - or intermediate care facility for the mentally retarded of [STRIKE 15, ADD 8] beds or more.

This is more consistent with the definitions used by the department of MH/RS now to describe the difference between large and small bed facilities.

Line 19 - establishes a community services funding commission that will develop, monitor and maintain rate structures for community services and services delivered by an institution.
KACIL agrees that this should be eliminated.

Page 5
Line 13 - (5) Requires community developmental disability organizations to contract with those [STRIKE THE WORD "QUALIFIED". YOU'VE NOT USED IT BEFORE, AND IT IS NOT DEFINED.

Line 16 - SECTION 6. [STRIKE THE ENTIRE SECTION]

KACIL agrees that there should be protections set up for consumers. There should be a due process mechanism for resolving concerns, and in the process assurances that consumers are being protected from harm from the organization. W do not have specific language for this section. Affiliates may need to be viewed differently depending on the services they provide.

KACIL believes that if people can make informed choices about the services they want for themselves, that we will see a reduction in the need for institutions and large bed facilities. Just as Representative McKechnie discovered, living in a dormitory or with alot of other people is no fun for adults. People with developmental disabilities have the same needs, wants, and aspirations as non disabled people. They may need supports to live independently, but so do all of us. If given the same opportunities for success, why wouldn't they choose the same options we have all chosen for ourselves?

Thank you for your work on this committee and on this bill. I would be happy to stand for questions.

FAMILIES TOGETHER, INC.

PARENT CENTER:
* 501 Jackson, Suite 400
Topeka, KS 66603
(913) 233-4777 V/TDD
(913) 233-4787 FAX
1-800-264-6343 Toll free
in Kansas for parents

SATELLITE OFFICES:
* 2312 S. Meridian, S 02
Wichita, KS 67213
(316) 945-7747
* 116 E. Chestnut, Suite 103
Garden City, KS 67846
(316) 276-6364

ASSISTING FAMILIES THAT INCLUDE A CHILD WITH A DISABILITY

To: House Select Committee on Developmental Disabilities

From: Josie Torrez, Families Together, Inc.

Date: February 20, 1995

Re: HB 2458 - DD Reform Act

My name is Josie Torrez and I represent Families Together, Inc. here in Topeka. Families Together assists families that include children or youth with developmental disabilities. We have a staff of 17, 14 of those are parents of young people with disabilities. My youngest son, Joey is 9 years old and has autism.

We appreciate the committee's effort set forth in this bill to reform community services for people with developmental disabilities and their families. This is a good starting point and a step in the right direction.

It is our hope that everyone in this room believes that the present system is in need of reform.

Families Together will continue to advocate for choices and options of services available in communities. As we testified to this committee on January 25, it is still very important to families that include young people with disabilities in Kansas that family members be given options and choices of all available services. It is also important to families that providers of service keep families informed of all present and new options available. This bill has the potential to do that if the legislative language were stronger.

It is our hope that the array of services mentioned in the bill on page 1, line 19; page 2, line 41; and page 4, line 2 would not be limited. We feel this bill should state "full array of services" meaning a "menu of services" offered to families of young people with disabilities and the consumer, themselves, that are available in the community.

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Families Together will also continue to mention the voucher system so families can "shop around" for the best possible services their child or youth with a disability needs at the time. It is our belief that all discrepancies will be eliminated with a voucher system. Vouchers will give families the authority to make the best decisions for their child or youth with a disability. Like all parents, we only want what is best for our children.

Since provider choice is available in some areas of Kansas, persons with developmental disabilities or their family members should be able to choose what provider they want to use to access community services and supports.

In speaking to families across the state, we at Families Together, are finding that in some areas, the CMRC's (or CDDO's) are only serving people with an IQ of 70 or below. People with developmental disabilities such as cerebral palsy, spina bifida, autism or behavior disorders are being left out. People with these disabilities and their families still need services and support. We hope HB 2458 will address this issue. My family is very lucky to live in a community in Kansas that continues to serve the above mentioned disabilities or we would be left out in the cold without services and supports that we need.

I appreciate the time to express the concerns of families that include young people with developmental disabilities in Kansas.

The University of Kansas
UNIVERSITY AFFILIATED PROGRAM
Kansas City • Lawrence • Parsons

Senate Committee on Public Health and Welfare
February 20, 1994

Testimony in regard to H.B. 2458, AN ACT CONCERNING DEVELOPMENTAL DISABILITIES REFORM; PRESCRIBING CERTAIN POWERS, DUTIES AND FUNCTIONS FOR THE SECRETARY OF SRS.

Madame Chairwoman, Members of the Committee, my name is Gwen Beegle, and I am appearing today on behalf of the University of Kansas University Affiliated Program in Lawrence regarding H. B. 2458, an act concerning developmental disabilities reform.

The KU University Affiliated Program (or UAP) is a university wide network of research and training programs designed to prepare students for careers in human services and to provide services to persons with disabilities and those at risk for disabilities. In Kansas, the UAP was begun in 1972 and has three sites: Lawrence, Parsons, and Kansas City. The Developmental Disabilities Act created the structure for the UAP, the Council on Developmental Disabilities, and the Protection and Advocacy services in each state. The UAP encourages persons with developmental disabilities to be productive and independent citizens, who exercise choice regarding every large and small decision of their lives.

General comments: As a representative of the UAP, I would like to express support for the testimony made by the Council on Developmental Disabilities, and for the specific suggestions made by the conferees, including the Council, subsequently. The current service system is fragmented and in need of reform, and the UAP supports such reform. I would like to take this time to emphasize a few of the major points important to this reform effort.

First, collaboration with consumers and advocates in program design and accountability is extremely important to maintaining quality in the service delivery system. The suggestions made by the conferees in Section 5 supports such cooperation. In addition, the UAP is firmly committed to the concept of regular dialogue between consumers and providers of services. Thus, we support organizing a free standing council comprised of these persons for the purposes of resolving interagency disputes and consumer complaints.

Second, the extent to which the bill emphasizes choice for persons with developmental disabilities is crucial. We believe the consumers should evaluate the services they receive, and therefore favor a flexible, diverse service system that will provide personalized services and enable consumers to go elsewhere if a particular service falls short. Making information about other services available to consumers is important to making the service system more open and competitive, allowing more personal choice.

Finally, the Council's concern about the effectiveness of having a single entity be the gatekeeper, the provider (or contractor), and the case manager for services is well founded. An independent case management structure would improve accountability to the consumer. Incorporating these points into the bill would provide more choices and consumer voice in the reform effort.

Lawrence Campus
Schiefelbusch Institute for Life Span Studies
1052 Dole Human Development Center
Lawrence, KS 66045
(913)864-4950 FAX (913)864-5338

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Specific Comments: All these suggestions are written in the document produced by the conferees, including the Council on Developmental Disabilities.

On page 1, after line 39, part (2) addressing responsibilities of the community developmental disability organizations and providing for flexibility in service design and use of existing services, need to be added.

On page 1, after line 39, part (3) addressing the council of consumers and providers to resolve disputes needs to be added.

On page 2, after line 1, part (5) addressing information provided to affiliates regarding potential consumers needs to be added.

On page 2, lines 4-17, the definition of developmental disabilities needs to be changed to retain a definition more similar to the one currently in use.

On page 3, line 32, section 3, language that stresses consultation with consumers and providers needs to be added.

On page 4, lines 6-7, language that stresses consultation with consumers and providers needs to be added.

On page 4, lines 36-37, responsiveness to consumers needs to be added as a standard.

I would be happy to respond to questions. Thank you very much.

REQUEST FOR AMENDMENT
TO
HOUSE BILL No. 2458

Select Committee on Developmental Disabilities

January 20, 1995

Roger A. Ramseyer
(Representing The Majority of Families of Residents at Hutchinson Heights)

2916 North Cypress Drive
Wichita, Kansas 67226
316-684-0766 (H)
800-444-4400, ext. 4555 (W)

Please accept our thanks and appreciation for devoting effort and spending your valuable time on House Bill No. 2458, the **Developmental Disabilities Reform Act**.

The Act appears to accomplish many things. It provides **direction** to increase the independence and productivity of our developmentally disabled citizens, it provides a **framework** for a full service community services system, and, most importantly, it establishes **standards** which will ensure effective service delivery, fiscal accountability, and networking cooperation.

Most of the residents of Hutchinson Heights, a 15 bedroom **group home** in Hutchinson for individuals with *severe* physical disabilities, **agree** with what the Act is trying to accomplish - for it is the tenants of independent living and community integration on which Hutchinson Heights was founded just nine years ago.

Unfortunately, however, the Act and current interpretations of "community integration" will have an **unintended outcome**. Because of general directions from the State, Hutchinson Heights has **decided to downsize** beginning July 1 from its present 15 member "family" to only 6, leaving 9 of the spacious, individually decorated, and well-

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equipped bedrooms of the beautiful $2 million home unused. It is the hope of Hutchinson Heights staff that they will be able to provide community services to the nine residents who will be kicked out in specially built housing in Hutchinson, which, unfortunately, appears not to exist today.

Our objection to the Act and current interpretations is simple: <u>It results in a marvelous and nationally unique group home (which is ***not*** an "institution") being downsized, without positive benefits, to a point where its financial survival, given its size and fixed costs, will put its long-term viability in question</u>. Why? Hutchinson Heights simply has a few too many "beds" to be considered a group home by the State, under current interpretations.

However, <u>**we do have a proposed solution**</u> which will not only allow the residents of Hutchinson Heights who desire to stay as a part of the Hutchinson Heights family to do so, but will also allow for the expanded mission of Hutchinson Heights in utilizing its highly competent, skilled, and experienced staff to provide community services for those outside the house.

Before sharing our solution, allow me to very briefly describe the history of this great home which is scheduled to undergo significant change.

In the early 1980's, a group of parents with severely physically disabled adult children organized around a dream of building a group home that would allow their children to attain the highest level of <u>**independence**</u> possible, given the severity of their disabilities, in a "family" environment. The parents were especially concerned that their children would end up in nursing homes as they, most of whom were then in their 50's and 60's, became older and passed on. The parents generated the interest of business people, clergy, physicians, and the Hutchinson community. Presbyterian Manors was approached to sponsor the project, which became known as a "pilot" and "model for the future" since most individuals, at that time, "existed" in institutions.

On October 8, 1984, the project was officially announced in The Hutchinson News, a copy of which is attached. The article described the project as a "**homelike**" facility which would keep 15 young adults out of institutions and nursing homes.

On April 19, 1985, Senator Robert Dole delivered the keynote address at a fundraising dinner for Hutchinson Heights at which he applauded Hutchinson Heights' goal of allowing severely disabled individuals to function with the **maximum degree of freedom and independence**. More than 500 people attended the dinner which contributed much toward the ambitious $1 million goal.

On September 22, 1985, ground was broken on Hutchinson Heights.

On October 19, 1986, **dreams became reality** when Senator Robert Dole formally dedicated Hutchinson Heights, a beautiful 15 bedroom home designed to serve the most severely developmentally disabled, which was built as the result of **donations** made by the community, Presbyterian churches, and families of its residents. The home was quickly filled with 15 excited individuals, all of whom are confined to wheelchairs and whose primary diagnosis is cerebral palsy or some other severe physical disability, not mental retardation.

Since Hutchinson Heights opened, four residents have been able to move to even more independent living situations. The remaining residents live *very* active lives! The residents **choose** their own routines, and participate in grocery shopping, personal shopping, and many community outings each week.

Hutchinson Heights has operated at a significant shortfall from almost the very beginning. This year, the budget deficit approaches $300,000, which is made up by Presbyterian Manors of Mid-America, its endowment, churches, fundraising events, and donations from individuals and families of the residents.

Most of the residents desire to have everything they have available to them presently, including the activities, the transportation, the programs, the food, the computer, and the friendships and social interaction. Just yesterday, my Sister-In-Law, Janna, a part of the Hutchinson Heights family, expressed her fears about being separated from the family of which she has been a part for almost a decade.

We admit, however, that because of the severity of our relatives' disabilities, there are **additional concerns** *in addition to* the scheduled downsizing:

1). **Increased Expense.** Because of the severity of the disabilities of our family members, living in five separate homes will result in a **substantial increase in cost** when compared to the current situation. Special equipment for each "small" group home, transportation, significant increases in attendant care, utilities, food preparation, and furniture are but a few of the areas which will experience notable increases in cost, in addition to losing the "economies of scale" which are enjoyed today.

2). **Personal Safety and Security Concerns.** There will probably be male attendants serving female residents, but without the supervision that is in place at Hutchinson Heights, today. Additionally, residents may be alone from time to time, depending on funding levels, especially if a roommate went to visit family for a weekend.

3). **Reduced Social Activities.** Primarily because of transportation challenges, there is no way possible to continue the stimulating level of social activities if residents are living in five separate places.

4). **Nutritional Concerns.** Hutchinson Heights presently employees two highly trained cooks to meet the challenging dietary needs of the residents. Chances are that the "attendant on duty" in a two person apartment will not also be as well trained in cooking and nutrition.

5). **Diminished Medical Treatment.** Hutchinson Heights presently enjoys the benefit of medical professionals who come to the group home for diagnosis and treatment. Those professionals will probably not be willing to visit 2-resident apartments.

6). **Transportation Concerns.** The vans presently serving the residents of Hutchinson Heights, which have been adapted with extremely expensive lifts, can barely keep up with the active lifestyle of the fifteen residents. Living in five separate places will result in diminished opportunities to take advantage of accessible transportation.

7). **Available Housing Designed For Residents With Severe Physical Disabilities Does Not, Today, Exist In Hutchinson.** Investors and developers are not excited about building $600 per month rental property that is much more expensive to build and is much higher risk (because of the limited market). Besides, one of the best facilities in the country already exists.........at Hutchinson Heights.

Accordingly, given:

A). The above mentioned concerns about **increased cost, personal safety and security questions, reduced social activities, nutritional concerns, diminished medical treatment, less effective transportation, and the lack of available housing;**

B). Hutchinson Heights **is the lower cost alternative** to the State;

C). Hutchinson Heights **is *not* an institution**, but rather a group home;

D). While no place is perfect, **most Hutchinson Heights residents love "it" and their fellow residents**;

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I would propose that House Bill No. 2458 **be amended with the following language** (or other language which accomplishes the same goal):

> "**Section 5. (d).** {new}
> **There may exist one fifteen resident facility which operates as a community service provider (HCBS) under this Act for individuals whose primary diagnosis is a developmental disability *other than* mental retardation, as described in Section 2, (f), (2).**"

The addition of this ammendment will not only allow Hutchinson Heights to remain open and serving the needs of 15 very special people, but will also allow Hutchinson Heights to further expand its mission by also providing community services for those living outside its walls.

Thank you for your consideration of this amendment.

Respectfully submitted,

Roger A. Ramseyer
Wichita, Kansas

The Hutchinson News

Monday, October 8, 1984, Hutchinson, Kansas, 16 Pages, Year 113 No. 97

Presbyterian Manors plans housing project for disabled

By Kleila Carlson
The Hutchinson News

NEWTON — Presbyterian Manors of Mid-America, a Newton-based company that owns and operates 15 retirement facilities in Kansas and Missouri, has plans to build in Hutchinson its first community-based residential living facility for the severely physically disabled.

Herb Mosher, director of the project, said the "homelike" facility would provide housing and round-the-clock medical care and supervision for 15 severely disabled individuals.

For the project, Larry Doskocil, president of Doskocil Sausage Co., has donated 10 acres of land located directly south of the First Church of the Nazarene, 4290 North Monroe.

Mosher said Hutchinson residents Frank and Virginia Hulet, who have a severely disabled child now living in a Goodland facility, have been collecting information for the past four years on the development of a facility for Hutchinson.

Two years ago the Hulets presented the request for the facility to Derril Meyer, president of Mid-America. Mosher said since that time, Hutchinson businessmen, clergymen, physicians and parents have been contacted about the proposal.

"The problem is that many times these (physically disabled) need help in remaining as independent as they can," Mosher said. "Oftentimes, that help is provided by family and parents.

"But as parents get older, they often become in need of help themselves, and the physically disabled are forced into hospitals, nursing homes and state institutions."

Mosher said most are referred to nursing homes, which poses a problem because many of the physically disabled are young and have a difficult time developing relationships with older residents.

"It doesn't work out well for the residents or the young disabled," he said.

Although the three Presbyterian churches in Hutchinson are also involved in the project, Mosher said it is not a "sectarian effort."

"It's not limited to any particular denomination, but the primary support has come from Presbyterian churches," he said.

He said he considers the location of the proposed facility ideal for several reasons.

"That particular tract of land is beautiful for several reasons," he said. "It's a well-established, lovely neighborhood, and close to downtown Hutchinson.

"We want residents to take care of as much of their own care as they can. But we want them to get involved with community groups and recreation programs, and possibly have access to local schools, as opposed to being in an institution where their day is pretty well scheduled."

Mosher said two major fund raising campaigns will be launched, the first being in February, when the Hutchinson community will be approached for donations. The second campaign will involve the churches, he said, adding that the group hopes to raise a total of $2 million.

The bulk of the money raised will go toward construction of the facility, and a "scholarship" fund will be established for those who need financial assistance to live in the special housing.

The property donated to the project is currently within Reno County, and a request for annexation into the city has been made, Mosher said.

"It probably would have been annexed into the city in a couple of years without our request, but (an-

See PRESBYTERIAN, Page 3

Presbyterian

Continued from Page 1

nexation) will give us greater access to services we need, such as sewer, fire, police and ambulance. The city and county have both been very supportive of our efforts."

Mosher said the pilot project reflects a shift nationally to remove the physically disabled from institutionalized settings into a community setting.

"The problem up to this time, is that when they talk about providing community care, they've had no facility to back it up," he said.

Mosher said to date close to 400 inquiries about the facility have been received from around Kansas, which is a reflection of the extent of the need for a small, independent facility.

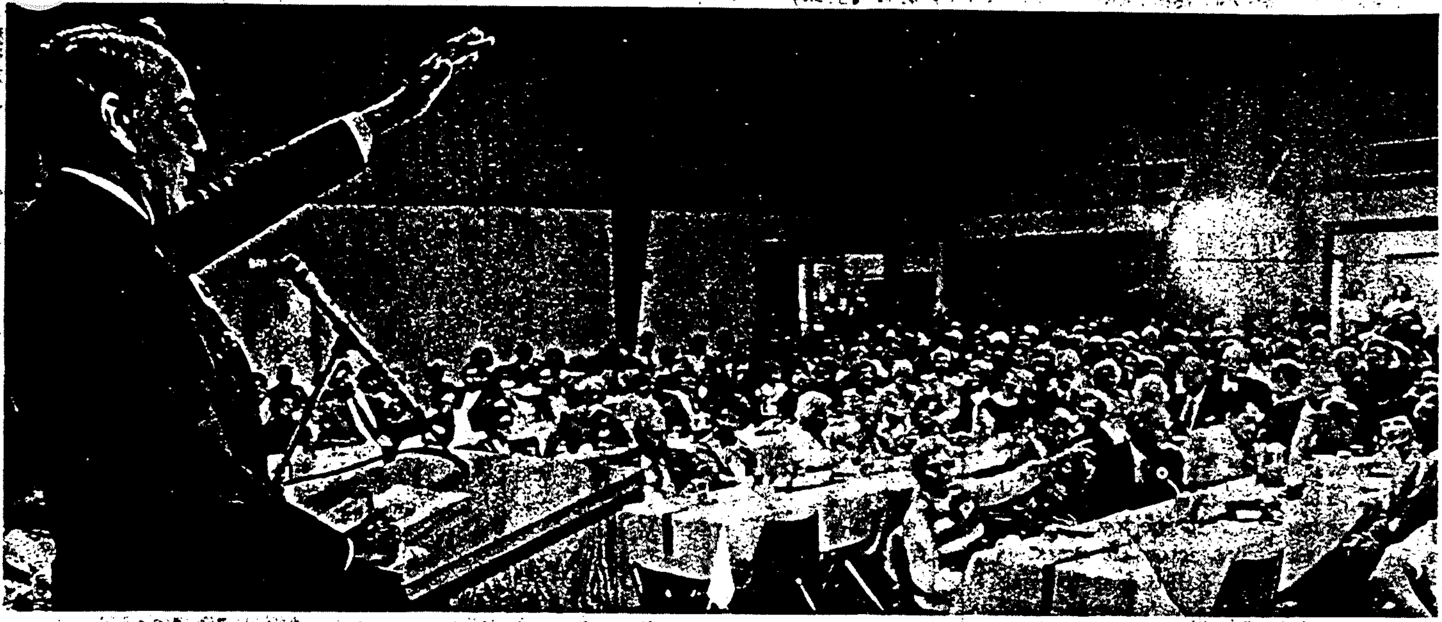
Although no age limitations have been set, he said he expects the facility to serve those between the ages of 20 and 65.

"It's a pioneering program, and if it goes well we are definitely committed to build additional ones first in Kansas and other states.

"It's breaking new ground and we're optimistic this kind of thing will catch on. Assuming that funding comes in as expected, we would like to begin construction in the spring of 1985, and have the facility in operation six to eight months after we begin construction."

Mosher said the design of the facility is still being discussed, but emphasized it would be barrier-free and in accordance with the architecture of the homes already in the area.

Hutchinson News
Sat., Apr. 20, 1985


By Greg Holmes

Sen. Robert Dole addresses the Hutchinson Heights informational dinner Friday night. More than 500 people attended the dinner at the Cessna Activity Center.

Dole says private sector has obligation

By Jerry Maxfield
The Hutchinson News
Business writer

America's private sector has an obligation to the nation's handicapped, Sen. Robert Dole said Friday.

Dole, R-Kan., fought headwinds all the way from Kansas City to Hutchinson Friday night and was only a little late delivering remarks in support of the handicapped.

The Senate majority leader delivered the 6:30 p.m. keynote address at the Hutchinson Heights informational dinner at Cessna Activity Center.

"There's a real challenge here for all of us," Dole told the audience of more than 500.

"The challenge is to face our responsibilities to our honored guests here in wheelchairs tonight," he said.

The Hutchinson Heights project is currently engaged in a $1 million fund-raising campaign to build a barrier free residence in Hutchinson for severely physically handicapped adults.

"I want to express my willingness to help in any way," Dole said.

"I met several young handicapped people last week, and I know several in this audience here tonight," Dole said. "We spend billions to help people, but it's still not enough. That's why what you're doing is so important, why private sector help is so important."

Dole referred to budget constraints at the federal level, but made no specific reference to cuts in aid to the disabled.

"We've got a real budget problem, but the last thing we want to touch is programs for those who are most vulnerable," he said.

"My responsibility to you as Senate majority leader is to try to be fair, to reduce federal spending and to get the deficit down," Dole said.

"Millions of Americans are handicapped, and we've needed a place like this in our state for a long time."

Dole is himself handicapped from combat injuries sustained in action against German troops in the Po Valley of Italy 40 years ago last week.

"Sometimes we politicians tend to forget. We think we're pretty busy until we think about a lot of people who would really like to be busy," he said.

"That's what it's really all about."

The Hutchinson Heights project is to be financed with private sector contributions, most of which are to come from local private and corporate philanthropy.

The residence is to be built in the 4000 block North Monroe and is designed to house 15 handicapped individuals.

The goal is to allow the individual to function with the maximum degree of freedom and independence.

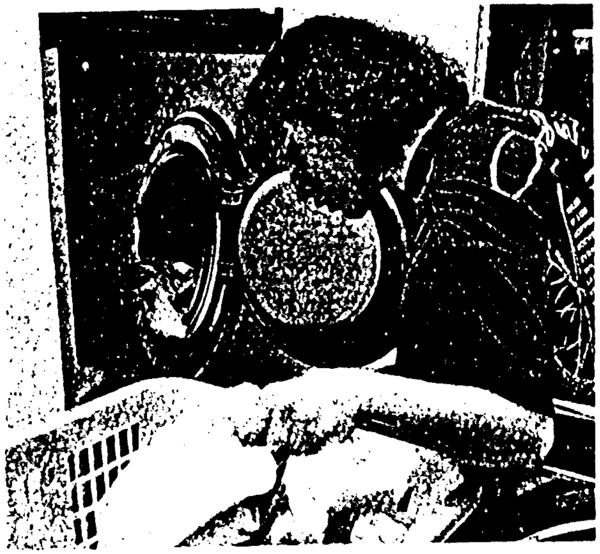
It is the first such facility of its kind in the country, and is to be operated in cooperation with Presbyterian Manors of Mid-America, which operates 14 other care facilities.

After Dole's remarks, the audience was shown a film titled "A Place to Live" showing the need for such a facility and how it operates.

Robert J. Gilliland, chairman of the Hutchinson Heights executive committee reported local contributions to the project now total $217,700.

Other financing is to be solicited in the weeks to come, and the project executive committee hopes to begin construction as soon as mid-May.

7-8



Independence...

Independence is a basic freedom that each of us has the right to enjoy. As adults we want the freedom to govern our own lives -- to live where and with whom we want, to choose our church, friends, and leisure activities, and if needed, to choose those who care for us -- in short, to be treated with dignity and respect.

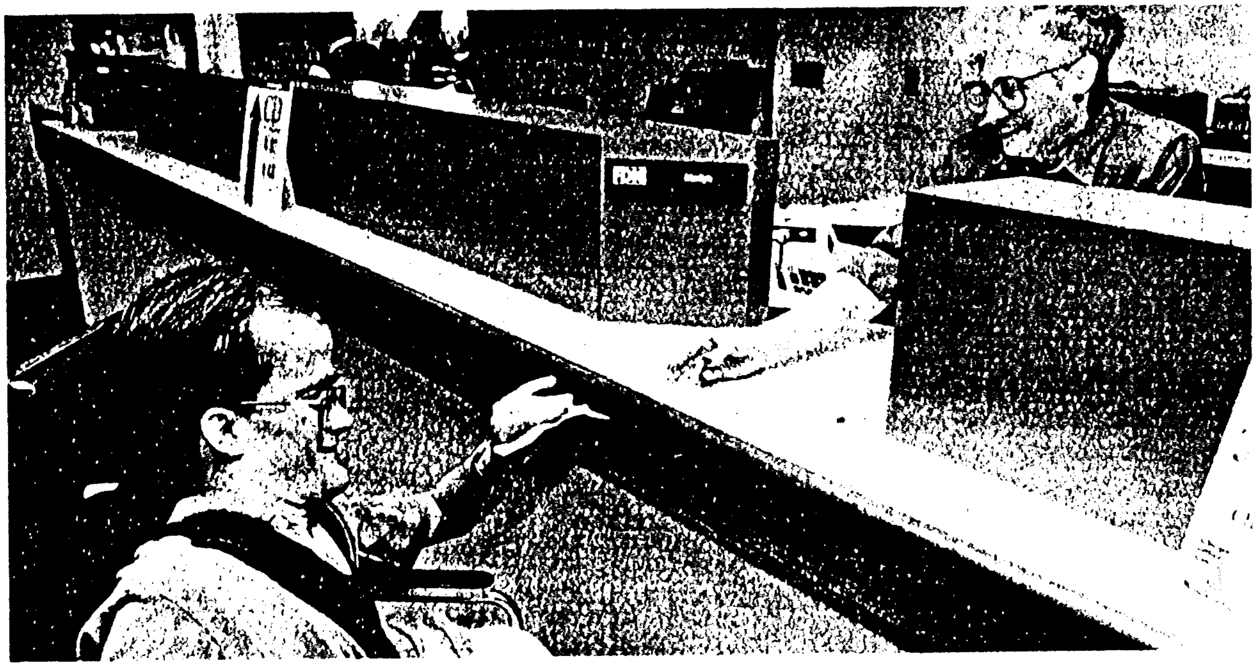
Until recently, those with disabilities have been denied the right to make these decisions for themselves. But through residential and community programs such as those at Hutchinson Heights, the physically challenged are finding the path to independence and community inclusion much easier to travel. Through specialized training and adaptive equipment, our residents are being welcomed into the community, rather than isolated or grouped together as "different." College classes, volunteer work, employment, and community activities are replacing being "warehoused" in geriatric facilities, state institutions or hospitals.

Hutchinson Heights

Hutchinson Heights was conceived in the prayers and dreams of those who wanted a better life for people with severe disabilities. That dream has been realized, but there are new dreams. Dreams of services for more people -- dreams that reach beyond the walls of Hutchinson Heights into the community -- dreams that seek new and unique ways of guiding those with physical challenges toward hope, freedom, and a new-found independence.

Hutchinson Heights provides those with disabilities a place to live, but also challenges each person served to achieve his or her optimal potential. People with disabilities are encouraged and assisted to go through the daily routine as normally as possible. During the week they are involved in various group activities and individualized training programs. Programs include teaching daily living skills such as budgeting, personal hygiene, and leisure and recreational skills. All activities are highly individualized and implemented according to individual needs. Persons served are assisted in participating in personal shopping, grocery shopping, and other community outings. The environment is designed to promote individual growth through the active day-to-day interaction among the physically challenged, staff, and community people. Many of our present residents will eventually be able to move from Hutchinson Heights into their own home with the help of trained attendants and specialized adaptive equipment.

Unfortunately, such equipment and training are extremely expensive. It is only through the generosity of many people that Hutchinson Heights can afford to offer the programming that it currently provides.



Join Us In Our Mission

There are many ways people choose to join Hutchinson Heights in our mission.

Some give of their time and talents. Volunteers are an important part of the mission. They give by providing extra hands and unique talents for our many daily activities.

Some give monetary gifts, thereby enhancing the quality of the resident's life with such things as sophisticated assistive devices and improved recreational opportunities.

Most importantly, many remember us daily in prayer, providing spiritual support to staff and residents alike.

For more information about Hutchinson Heights, contact the executive director at 316-669-8522.

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HUTCHINSON HEIGHTS AT A GLANCE

Hutchinson Heights is a not-for-profit Christian-based mission agency owned by Presbyterian Manors, Inc.

As one of the first facilities in the nation to provide comprehensive services for severely physically handicapped adults in a homelike setting, Hutchinson Heights is a nationally recognized model program. The programs and services offered at Hutchinson Heights undergo continual refinement to help each resident achieve maximum independence.

Hutchinson Heights provides all residents with the opportunity to achieve their own maximum level of independence in a Christian environment supportive of their medical, physical, psychosocial and emotional needs.

ADMISSION CRITERIA

*A primary diagnosis of a severe physical disability

*The ability to benefit from a program of independent living skills

*The willingness to participate in an active treatment program

*A risk of inappropriate institutionalization if not admitted

*Medical needs which can be met by the Hutchinson Heights staff

Hutchinson Heights
4000 N. Monroe
Hutchinson, Kansas 67502
(316) 669-8522
"A member of Presbyterian Manors, Inc."

THE FACE OF HOPE

CONCEIVED IN THE PRAYERS AND DREAMS OF THOSE WISHING TO BRING A BETTER LIFE TO PEOPLE WITH SEVERE DISABILITIES

Hutchinson Heights

7-10

Kansas Association of Rehabilitation Facilities
Jayhawk Tower • 700 Jackson • Suite 212 • Topeka, Kansas 66603-3757
(913) 235-5103 • Fax (913) 235-0020

February 20, 1995

Testimony to the House Select Committee on Mental Retardation and Developmental Disabilities.

Tom Laing, Executive Director
Kansas Association of Rehabilitation Facilities

Thank you for the time and attention you have devoted to this very important piece of legislation.

I am here to urge you to support such amendments as needed to secure your committee's adoption of House Bill 2458. I also want to offer suggestions on what we believe to be improvements to the bill and to offer some concerns about parts of the bill which, in our opinion, should be changed.

Representative Geringer asked the best question on the first day of hearings, "Why do we need this bill?"

The basic goal of services for people who have disabilities is to make possible their fullest possible participation in the community of their choice.

That was not the goal in the 1800's, when people with disabilities were viewed as problems, not people. Legislative spending decisions in that day were based on "where to put these people", not how to serve their needs.

And, unfortunately, their 19th century spending decisions continue to block solutions to today's questions.

Two-thirds of the money appropriated by the state for MR/DD programs serves only that one-third of people being served in large bed facilities... the lion's share going to state MR institutions. That leaves only one-third of the funding for the two-thirds of consumers who live in their own communities.

We have all struggled, as has the Legislature, about how to make a more rational allocation of dollars; and, how, if such a transition takes place, can it be done in a way that creates a system that is friendlier to change in the future.

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Twenty years ago, the Legislature took the first step by allowing local governments to select a community based entity to provide and coordinate services. Since that time, despite the changes in the community and the field, and despite the proliferation of service providers and funding sources, those laws have remained essentially unchanged.

The system still works, but not as well as it could. We need to take the next step to assure that the system continues to work well in this era of great change.

House Bill 2458 takes the next step. It takes the basic concept of state supervision of locally managed networks and adapts the law to assure that the best practices of the modern network are reflected state-wide... more consumer and family input, more protection of consumer choice, assurances that local networks allow for a variety of services and providers... and so on.

In HB 2458 you can put a system in place in which mass housing and institutionalization will never be necessary again. Because you will have made it the law to do what we know today to be the right approach...

*** community based answers to community needs,
*** deemphasizing large state infrastructure systems,
*** more efficient use of tax dollars, and, most importantly...
*** aspiring to meet the stated needs of consumers and their families.

That, Mme. Chair and Rep. Geringer and members of the committee, is why we need this bill.

Let me highlight what we believe to be key components of the bill by reviewing our organization's positions on MR/DD reform, positions built on principles which we feel must be met in this or any reform effort.

Community and/or regional coordination.
HB 2458 meets this standard through the adoption of CDDO's, an improvement over current CMRC laws.

Intra-community and intra-regional collaboration.
HB 2458 meets this standard by requiring that all who offer services affiliate with CDDO's, and imposes a discipline upon all in a region or community to work together.

State-wide uniformity, without sacrificing uniqueness of locally designed programs.
HB 2458 meets this test by establishing broad standards for all providers, rather than defining too narrowly how services may be provided.

Multiple service options.
HB 2458 acknowledges the many options currently available in the communities, and requires that consumer choice among these options be respected.

A simplified and efficient service delivery system.
HB 2458 requires a funding/reimbursement system that consolidates state and federal funding sources into a single funding stream, thereby reducing in the future the complexity and duplication involved in current application, reporting and tracking of the current system.

Among the issues identified by our members which are not addressed in this bill...

Coordination among state agencies.
SRS leadership notwithstanding, it is still difficult for anyone to say with certainty that there is one state policy regarding services for people with disability, given the extent to which disability services are provided by a number of state agencies.

We do not solve the problem in this bill, and should not delay action on this bill, but we will advocate with the Governor to make progress in the area of state agency coordination.

Seamless service system.
Legislative staff correctly identified that this bill lacks a way to better serve the needs of children with disabilities. Moreover, it lacks a way to address the needs of young adults with disabilities coming out of public schools, and older adults with disabilities who are transitioning into retirement. This issue is linked to the issue of state agency coordination. We should continue to find ways, starting with coordination at the state level to make the service system seamless.

Entitlement.

This bill is clearly not an entitlement. Many, including me, believe an entitlement should be in place for basic service needs. But, irrespective of our personal and professional feelings on this subject, an entitlement is not likely to be adopted in the legislature. However, I would note that the state budget is full of entitlements... from public education to access to highways. There is a clear public good to be gained from entitlements in those policy areas, as there is to be gained in community based services for people with disabilities. All we would ask is that you consider entitling people with disabilities to benefit from a system in which they do not have to go on welfare to survive.

Portability and Statewide Coverage:

We believe this area, which is not covered in the bill, should be covered by an amendment to the bill which would require that all counties designate a provider of services, and by SRS policies which clarify that people moving from one county to another do not lose their eligibility or their services.

Other amendments to this bill...

Since the introduction of this bill, we have met with other stakeholders, and have drafted a number of amendments, which we believe will either clarify or strengthen the bill. These are attached to my testimony.

The chair has indicated her intention to form a subcommittee to review the proposed amendments so I will not go into each in detail. I do want to touch upon a few of them...

Regarding turf...

It was noted at one point that this appears to be a turf battle. That's partly true... but is due largely to a consistent desire on the part of all stakeholders to make a better "turf" for consumers.

Our organization includes all but two of the state's CMRC's, all of which would probably become CDDO's under this bill. We recognize the uniqueness of other stakeholders, and the rights of those entities to provide outreach and services, and the rights of consumers to choose their service providers.

We support amendments to require that consumers are informed of all service providers, and that all service providers can conduct outreach activities to reach all consumers, and that all consumers have a right to have their choices implemented.

Regarding state authority...

We support a system within which the ultimate authority to govern rests with the state, and within which the ultimate authority to manage service delivery rests with the community. This bill adequately provides such a balanced system. However, let me specifically address the authority issues of section 6 of the bill.

We support enforcement procedures that are fair and wise, within which consumers are the primary focus of concern.

We strongly recommend against an enforcement model in which the state has the unrestrained power to disband the boards of lawfully constituted not-for-profit organizations.

We believe that current law, and SRS contract language, should be evaluated, and if the committee believes stronger, or more clear authority, is needed, then we would certainly work toward a consensus development of the necessary language.

The Butler County experience has been mentioned, in which state and county officials were placed in an enforcement situation with the entity which at that time was CMRC for a three county area.

It should not be lost in the discussion that, through the use of existing laws, and through the cooperation of the state, working with local county authorities, the situation was resolved and the needs of Butler County consumers were met due in large part to existing program staff and the staff of other local providers.

It was a bad situation that got resolved. I suspect that any such situations would be bad no matter what kind of law is written.

But overall, the system has worked well. In the enormous majority of cases, community providers meet their moral duties as well as their contractual obligations to serve people with disabilities.

We should not get hung up trying to invent a "failsafe" system. Instead we should focus on improving a system that has worked very well.

Regarding the allocation of state resources...

We like the language in section 3 (d) by which the state is required to either allocate funds to services where the people want to be served, or to explain why such allocation is not the case, and how it can be remedied. That seems a logical way to correct today's upside down system that puts most of the money into the least chosen service option.

SRS staff have concerns with this section. This section may have practical problems that would frustrate its intended outcomes, and it is true that by merely assigning such a system to the Secretary, there is no equal assurance that Secretarial recommendations would be adopted by the legislature... and that therefore the current funding imbalance would not be corrected.

We would urge this committee to seek a better way to make the budget allocation process more fair. If there is a better way than this, we would certainly support it. If not, then we urge you to use this language and, if anything, make it stronger.

This language could also be made more consumer-oriented if the allocation process were tied to consumer service preferences, rather than where the consumer is currently served.

Legislative leadership...

Consumers and their families, along with community providers and SRS, have been the leaders in the emergence of a community based service system.

We have demonstrated the effectiveness where local citizens find ways to meet local challenges. We have demonstrated effective local/state, private/public partnerships. And we have demonstrated more clearly than any other sector of the human service community what welfare reform is all about.

But we are as far as we can go without your leadership. The budget is frozen in an upside down allocation process, and we have heard till we want to scream that we need a strong community system in place in order to make institutional downsizing possible.

The community system is strong, but has reached a load such that, without clear and adequately funded state policy leadership, we can only get weaker.

We want you to take this next step. And, in exchange we will follow your leadership and do everything within our powers to capitalize on your efforts to make this system a reality for the future.

Kansas Council on
Developmental Disabilities

BILL GRAVES, Governor
WENDELL LEWIS, Chairperson
JANE RHYS, Executive Director

Docking State Off. Bldg., Room 141, 915 Harrison
Topeka, KS 66612-1570
Phone (913) 296-2608, FAX (913) 296-2861

"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"

TO: Members of the House Select Committee on Developmental Disabilities

FROM: Jane Rhys, Executive Director JR

DATE: February, 20, 1995

RE: SUGGESTED LANGUAGE FOR HOUSE BILL 2458

On Friday, February 17, 1995, representatives from the Kansas Association of Independent Living Centers (KACIL), Kansas Association of Rehabilitation Facilities (KARF), Kansas Advocacy and Protective services (KAPS), the University of Kansas - University Affilitated Programs (KU-UAP), the Department of Social and Rehabilitation Services Division of Mental Health and Retardation Services (SRS-MHRS) and the Kansas Developmental Disabilities Council (KCDD) met to come to consensus on proposed language for House Bill 2458. Attached are the specific comments to which we agreed. We were unable to come to consensus on the boxed item on page 5 but would be happy to continue to work on this item.

We appreciate again the opportunity of providing suggestions and your patience in allowing us to work out the issues that the different entities have.

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STAKEHOLDERS PROPOSED LANGUAGE FOR HB-2458 - 2/20/95

Session of 1995

HOUSE BILL No. 2458

By Select Committee on Developmental Disabilities

2-10

AN ACT enacting the developmental disabilities reform act; prescribing certain powers, duties and functions for the secretary of social and rehabilitation services.

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

Section 1. It is the purpose of this act to assist persons who have a developmental disability to have:

(a) Services and supports which present opportunities to increase the independence and productivity of such persons and the integration and inclusion of such persons into the community;

(b) access to an array of services and supports appropriate to such persons as individuals; and

(c) the same opportunities, dignity and respect as persons who do not have a developmental disability.

Sec. 2. As used in this act:

(a) "Adaptive behavior" means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of that person's age, cultural group and community.

(b) "Affiliate" means an entity or person who meets standards set by the State of Kansas to provide services and who contracts with a community developmental disabilities organization.

(c) "Community services" means services chosen by a person with developmental disabilities provided to meet ~~the~~ their needs ~~of persons with developmental disabilities~~ concerning work, living in the community and individualized supports and services.

(d) "Community developmental disability organizations" means an entity that is organized pursuant to K.S.A. 19-4001 through 19-4015 and amendments thereto and is organized to:

(1) Directly or by subcontract serve as single points of application or referral for services and to assist all persons with a developmental disability to have access to and an opportunity to participate in community services;

(2) provide either directly or by subcontract, services to persons with a developmental disability including but not limited to eligibility determination, explanation of all services available and all available service providers, case management services when requested, assistance in establishing new providers when requested, and advocacy for participation in community services. Contracts shall be with existing community services providers whenever appropriate; and

(3) organize a council of consumers and providers composed of a majority of consumers or their family members who shall meet not less than quarterly to address systems issues including but not limited to planning and implementation of services; and such council shall develop and implement a mathod by which consumer complaints, interagency and other intra-system disputes are resolved;

~~(3)~~ (4) provide directly or by subcontract information about affiliate services to consumers requesting services, and referral services to persons with a developmental disability whose particular needs can be met in the community or through other government agencies.

(5) ensure that affiliates have the option to review referrals and waiting lists on a periodic basis to contact potential consumers with information concerning their services.

(e) "Community services provider" means a community developmental disability organization or affiliate thereof.

(f) "Developmental disability" means:

(1) Mental retardation; or

(2) a severe, chronic disability~~, other than mental retardation or mental illness,~~ which:

(A) Is attributable to a mental or physical impairment ~~other than a mental or physical impairment caused solely by mental illness~~ or a combination of mental and physical impairments, or a condition which has received a dual diagnosis of mental retardation and mental illness, and

(B) is manifest before age of twenty-two, and

~~(B)~~ (C) is likely to continue indefinitely; and

~~(C)~~ (D) results in: ~~(i) In the case of a person under three five years of age, at least one developmental delay; or (ii) in~~ In the case of a person ~~three~~ five years of age or older, a substantial limitation in three or more of the following areas of major life ~~activity~~ functioning, ~~as appropriate for the person's age~~: Self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency~~; or,~~ and

~~(3) a condition which has received a dual diagnosis of mental retardation and mental illness.~~

(E) and reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated and

(F) does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill or have disabilities solely as a result of the infirmities of aging.

(g) "Institution" means state institutions for the mentally retarded as defined by subsection (c) of K.S.A. 76-12b01 and amendments thereto or intermediate care facility for the mentally retarded of ~~15~~ 7 beds or more as defined by subsection (p) of K.A.R. 30-10-200 and amendments thereto.

(h) "Mental retardation" means substantial limitations in present functioning that is manifested during the period from birth to age 18 and this is characterized by significantly subaverage intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas: Communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work; and

(i) "Secretary" means the secretary of social and rehabilitation services.

Sec. 3. (a) Except as otherwise specifically provided in this act and subject to appropriations of federal, state and local government funds, the secretary of social and rehabilitation services shall after consultation with representatives of community developmental disability organizations, community service providers, families and consumer advocates establish, implement, administer and maintain the provisions of the developmental disabilities reform act in accordance with the following:

(1) ~~That subject to appropriations of federal, state and local government funds, persons~~ Persons with a developmental disability shall be provided assistance to have food, housing, clothing and medical care, protection from abuse, neglect and exploitation and an array of services and supports which assist in the determination of individual needs; and

(2) that persons with developmental disabilities will receive assistance

in determining their needs, be provided information about all service options available to meet those needs, have coordination of services delivered, be assisted and supported in living with their families or independently, assisted in finding transportation to support access to the community, and individually planned habilitation, education, training, employment and recreation subject to supports and services available in the community of their choice.

(b) To accomplish the policies set forth in subsection (a), the secretary of social and rehabilitation services shall, subject to the provisions of appropriation acts, annually propose and implement a plan including, but not limited to, financing thereof which will provide for an organized network of community services for persons with developmental disabilities, maximize the availability federal resources to supplement state and local funding for such systems and reduce reliance on separate, segregated settings in institutions or the community for persons with developmental disabilities.

(c) The secretary shall report to the legislature the number of persons with developmental disabilities ~~and the number of families~~ eligible to receive community services and shall make a progress report on the implementation of the annual plans and the progress made to accomplish a full service community services system for person with developmental disabilities.

(d) The secretary shall prepare and submit budget estimates for the department of social and rehabilitation services to the division of the budget and the legislature and shall establish and implement policies and procedures within the programs and activities of the department so that funds for state-level programs and activities for persons who are developmental disabled are allocated between services delivered in institutions and community services in percentages that approximate the percentages of persons served in those respective settings. If there is a deviation from such percentages the secretary shall submit a report to the legislature that contains an explanation on why such deviation from such percentages occurred and what is to be done to eliminate such deviation in such percentages in the future.

(e) Subject to the provisions of this act and appropriations acts, the secretary shall administer and disburse funds to each community developmental disability organization for the coordination and provision of community services.

(f) The secretary shall establish procedures and systems to evaluate the results and outcomes of the implementation of this act to ensure the attainment of maximum quality and efficient delivery of community services.

Sec. 4. ~~In the administration of the developmental disabilities reform~~

~~act and implementing plans, persons with developmental disabilities shall have access to an array of community services through the provision of services in local communities whenever possible, with primary supervision for the provision of such services with community developmental disability organizations.~~

~~Sec. 5.~~ To accomplish a full service community services system ~~there~~ the secretary shall ~~be~~ establish, in consultation with representatives of community developmental disability organizations, community service providers, families and consumer advocates:

(a) A system of adequate and reasonable ~~cost~~ funding or reimbursement for the delivery of community services that:

(1) For persons moving from institutions into community services, directs funding to follow in an amount not less than that which is required to fund or reimburse community services providers for services as set forth in such person's ~~essential lifestyle~~ plan for transfer from the institution to community services including the expenses of relocation and start up. ~~, for a period not less than two years from the date of that person's departure from the institution, after which time funding for such person will be provided through the reimbursement system for other persons with developmental disabilities;~~

(2) consolidates federal and state funding sources into a single rate structure;

(3)~~(A) establishes a community services funding commission that will develop, monitor and maintain rate structures for community services and services delivered by institutions; or~~

~~(B)~~ requires an independent, professional review of the rate structures on a biennial basis resulting in a recommendation to the legislature regarding rate adjustments; ~~and~~

~~(4)~~ such ~~system~~ recommendation shall be adequate to support:

(A) A system of employee compensation and ~~benefits comparable to state employment~~ competitive with local conditions;

(B) training and technical support to attract and retain qualified employees;

(C) a quality assurance process which is responsive to consumers' needs and which maintains the standards of quality service;

(D) coverage under K.S.A. 75-6101 through 75-6119 and amendments thereto; and

(E) program management and coordination responsibilities;

(b) a system of accountability that:

(1) Establishes community services standards which insure effective service delivery, fiscal accountability, responsiveness to consumer input, and networking cooperation;

(2) provides for a recognition of achievement and maintenance of community services standards and acknowledgment of the accomplishment of national accreditation or compliance as equivalent to achievement of community services standards; and

(3) conditions participation as a community services provider upon the achievement and maintenance of such standards; and

(c) a system of contracting that is the primary method for implementing the provisions of this act that:

(1) Authorizes open and equitable negotiation between contracting parties or their designated agent or agents;

(2) authorizes arbitration by an independent entity in the event of contract disputes;

(3) requires achievement and maintenance of community services standards by community services providers;

(4) includes compensation for community services which meet the individualized needs of persons with developmental disabilities for community services in the areas of: (A) Work; (B) living in the community; and (C) individualized supports and services; and

(5) requires community developmental disability organizations to contract with those ~~qualified~~ affiliates from whom a person with a developmental disability chooses services.

Sec. ~~6~~ 5. Whenever the secretary of social and rehabilitation services finds a community developmental disability organization to have failed to comply with the requirements, standards or rules and regulations established pursuant to this act or any other provision of law, the secretary shall have the power to inspect and review the operations of the community developmental disability organization; issue correction orders that subjects the community developmental disability organization to a probationary period of enhanced review by the secretary to assure compliance with the order; and suspend the community developmental disability organization and removal of the organization's board of directors and the power to file an application with the district court for an order appointing the secretary as receiver to operate the community developmental disability organization.

The above is a due process section to which none of the conferees agreed but on which we would be happy to continues to work.

Sec. ~~7~~ 6. Nothing in this act shall authorize the secretary or the department of social and rehabilitation services to require that community developmental disability organizations make expenditures other than expenditures approved for the community developmental disability organization by the governing board of the organization.

Sec. 7. Rules and regulations. The secretary may adopt rules and regulation to implement the provisions of this act.

Sec. 8. Not an entitlement. Nothing in this act shall be deemed to create any entitlement to services not otherwise provided for by appropriations.

Sec. ~~6~~ 9. This act shall take effect and be in force from and after its publication in the statute book.