

Approved: 3-5-97
Date

MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS.

The meeting was called to order by Chairperson Phil Kline at 9:07 a.m. on February 21, 1997 in Room 514-S of the Capitol.

All members were present except:

Committee staff present: Julian Efrid, Susan Kannarr, Paul West, Legislative Research Department;
Jim Wilson, Mike Corrigan, Revisor of Statutes Office;
Marcia Ayres, Appropriations Secretary; Helen Abramson, Administrative Aide

Conferees appearing before the committee:

Others attending: See attached list

Representative Pottorff reviewed the subcommittee report for the Kansas Public Employees Retirement System for FY 97 and FY 98. The subcommittee concurred with the Governor for FY 97 with two additional recommendations, and they concurred with the Governor's FY 98 recommendations for expenditure and FTE limitations reflected in HB 2160 with four adjustments. (Attachment 1)

There was discussion about the computer problems experienced by KPERS involving SHaRP data and the new personnel and payroll system. Representative Farmer requested the department to respond back to the committee about how large this problem is and if it affects other agencies.

A motion was made by Representative Pottorff, seconded by Representative Nichols, to adopt the subcommittee report for Kansas Public Employees Retirement System. The motion carried.

Representative Ballard reported the subcommittee concurred with the Governor's recommendation for the Kansas Guardianship Program in FY 97, and they concurred with the recommendation of the Governor for FY 98 with one adjustment. (Attachment 2)

A motion was made by Representative Ballard, seconded by Representative Helgerson, to amend the subcommittee report for FY 98 by directing the Department of Aging to discuss the possibility of transferring the Ombudsman program from Aging to the Kansas Advocacy and Protective Services (KAPS) instead of to the Kansas Guardianship Program. The motion carried.

Discussion followed.

A motion was made by Representative Ballard, seconded by Representative O'Connor, to adopt the subcommittee report for the Kansas Guardianship Program as amended. The motion carried.

A motion was made by Representative Farmer, seconded by Representative Helgerson, to introduce a bill regarding electric industry restructuring. The motion carried.

A motion was made by Representative Neufeld, seconded by Representative Helgerson, to introduce a bill expanding the size of the Joint Committee on Computers and Telecommunications (JCCT) and the Joint State Building Construction Committee to ten and making the authority of the JCCT more specific with respect to review of projects and proposed expenditures for information and telecommunications equipment and services. The motion carried.

The meeting recessed at 9:25 a.m. until after adjournment of the House session.

The meeting reconvened at 11:10 a.m.

Representative O'Connor reported that the subcommittee concurred with the Governor's recommendation for

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS, Room 514-S Statehouse, at 11:10 A.M. on February 21, 1997.

FY 97 for the Corporation for Change, and they concurred with the recommendation for FY 98 with one comment. (Attachment 3) Discussion followed.

A motion was made by Representative O'Connor, seconded by Representative Landwehr, to adopt the subcommittee report for the Corporation for Change. The motion carried.

Representative Neufeld reviewed the subcommittee report for FY 97 for Social and Rehabilitation Services (excluding MH/DD and Long-term Care). The subcommittee concurred with the Governor's recommendations with adjustments and observations. (Attachment 4)

Discussion followed and Representative Spangler requested a breakdown of monthly benefits for legal aliens from staff or the agency.

A motion was made by Representative Neufeld, seconded by Representative O'Connor, to adopt the subcommittee report for FY 97 for Social and Rehabilitation Services which includes a request for recommendation of three bills. The motion carried.

Representative Helgerson explained the subcommittee report for FY 98 for Social and Rehabilitation Services (excluding MH/DD and Long-term Care). The subcommittee concurred with the Governor's recommendations with adjustments and observations. (Attachment 5)

The subcommittee provided the agency's goals and performance measures to the full committee along with information on the agency's Child Support Enforcement program and the agency's action plan to improve compliance with the Legislative Post Audit report regarding the foster care lawsuit settlement. (Attachment 6)

Discussion followed. Representative Helgerson requested an analysis from the agency to the cost savings and to the benefit of the privatization effort so responses can be made to the district court system via the Tax, Commerce, and Transportation subcommittee. Representative Neufeld suggested a joint subcommittee meeting between Social Services and Tax, Commerce, and Transportation to discuss this issue.

A motion was made by Representative Helgerson, seconded by Representative Neufeld, to adopt the subcommittee report for FY 98 for Social and Rehabilitation Services which includes a request for recommendation of one bill. The motion carried.

The meeting adjourned at 12:30 p.m.

The next meeting is scheduled for February 24, 1997.

APPROPRIATIONS COMMITTEE GUEST LIST

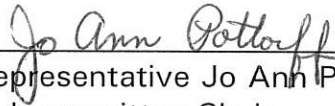
DATE: February 21, 1997

NAME	REPRESENTING
Bob Harder	MPS
Tom Young	AARP
TK Shively	KANSAS LEGAL SERVICES
David DALLAM	DOB
Teresa Sittenauer	KFDA
Mer. Oite William	KPERS
Dodie Lacey	KCS
Tim Hoyt	SRS
JG Scott	STRS
hori Davis	Topeka Ind. Living (TIURC)
JINA BROWN	Corp. for change
Teresa Sittenauer	KFDA
Jean Krahn	Ks Gospel Program
Alan Holmes	Division of Budget
Doug Bowman	CCECOS
Sally F. Fronsman-Cecil	Kansas Assoc. of Centers for Independent Living
Michelle Peterson	Peterson Public Affairs

FY 1997-FY 1998

HOUSE SUBCOMMITTEE REPORTS

KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM




Representative Jo Ann Pottorff
Subcommittee Chair



Representative George Dean



Representative Phil Kline



Representative Rocky Nichols

Appropriations
2-21-97
Attachment 1

SUBCOMMITTEE REPORT

Agency: Kansas Public Employees
Retirement System

Bill No. 2272

Bill Sec. 18

Analyst: Efirid

Analysis Pg. No. 1256

Budget Page No. 323

<u>Expenditure Summary</u>	<u>Agency Est. FY 97</u>	<u>Gov. Rec. FY 97</u>	<u>House Subcommittee Adjustments</u>
All Funds:			
State Operations	\$ 23,941,858	\$ 23,906,079	\$ 0
Other Assistance	390,098,503	390,098,503	0
TOTAL--Operating	<u><u>\$ 414,040,361</u></u>	<u><u>\$ 414,004,582</u></u>	<u><u>\$ 0</u></u>
State General Fund:			
State Operations	\$ 0	\$ 0	\$ 0
Other Assistance	0	0	0
TOTAL--Operating	<u><u>\$ 0</u></u>	<u><u>\$ 0</u></u>	<u><u>\$ 0</u></u>
FTE Positions	77.0	77.0	0.0
Unclassified Temp. Positions	0.0	0.0	0.0
TOTAL	<u><u>77.0</u></u>	<u><u>77.0</u></u>	<u><u>0.0</u></u>

Agency Est./Governor's Recommendation

In FY 1997, estimated expenditures are almost \$6.0 million greater than approved by the 1996 Legislature. The KPERS Board is requesting an increase for additional benefit payments and higher fees for its financial managers. A reduction from \$4,643,380 to \$4,602,458 is estimated for agency operations. An increase from \$19,231,252 to \$19,339,400 is requested for financial manager fees and an increase from \$384.2 million to \$390.1 million is requested for benefit payments.

The Governor concurs with the KPERS revised estimates for paying retirement benefits and financial managers in FY 1997 and makes a minor adjustment in agency operations. For salaries and benefits, a reduction of \$979 is recommended. For other operating expenses, a reduction of \$34,800 is recommended to reflect treating a fee paid to the Legislative Division of Post Audit as a revenue transfer rather than expenditure by this agency. The Governor's recommended expenditure of \$4,566,679 in FY 1997 for agency operations is \$77,701 less than the approved expenditure limitation of \$4,643,380. In addition, the increase in fees for financial managers will require an adjustment in the current expenditure limitation from \$19,231,252 to \$19,339,400, for an increase of \$108,148 in that account.

House Subcommittee Recommendation

The Subcommittee concurs with the Governor's FY 1997 recommendations for the current fiscal year and makes the following additional recommendations:

1. Note that the KPERS approved expenditure limitation in FY 1997 for Agency Operations is \$4,643,380 and that the Governor's recommended reduction to \$4,566,679 is not reflected in H.B. 2272. The Subcommittee believes that this issue should be considered after the full Committee learns about the proposed Kansas Savings Incentive Program that the Governor recommends to begin in FY 1998 using FY 1997 savings, such as half of the \$76,701 identified in this item. The new program would allow savings from the Investment Related Expenses account also to carry over into FY 1998 and half of the savings could be used for the programmatic expenses authorized by the proposed new law which is included in the FY 1998 appropriations bill. No adjustment in the Agency Operations account limitation is recommended until this issue is decided by the full Committee. An increase in the Investment account is included in H.B. 2272.

Line Item Limitations	Approved FY 97	Gov. Rec. FY 97	Subcommittee Adjustments
Expenditures:			
Agency Operations	\$ 4,643,380	\$ 4,566,679	\$ 0
Investment Related Expenses	<u>19,231,252</u>	<u>19,339,400</u>	<u>0</u>
Subtotal—State Operations	<u>\$ 23,874,632</u>	<u>\$ 23,906,079</u>	<u>\$ 0</u>
 FTE Positions	 77.0	 77.0	 0.0

2. In FY 1997, the Governor recommends a reduction of \$34,800 in Agency Operations to reflect a fee paid to Post Audit as a revenue transfer rather than an expenditure. No reduction of the expenditure limitation is included in the Supplemental Appropriation bill (H.B. 2272) and neither is a corresponding transfer provision for the Legislative Division of Post Audit included in the bill. The Subcommittee recommends language be added to the Supplemental Appropriations bill to allow expenditures for audits to be in addition to any expenditure limitation, if subsequent full Committee decision is to reduce the current approved limit to reflect the Governor's recommended savings.

SUBCOMMITTEE REPORT

Agency: Kansas Public Employees Retirement System

Bill No. 2160

Bill Sec. 40

Analyst: Efirid

Analysis Pg. No. 1256

Budget Page No. 323

<u>Expenditure Summary</u>	<u>Agency Req. FY 98</u>	<u>Gov. Rec. FY 98</u>	<u>House Subcommittee Adjustments</u>
All Funds:			
State Operations	\$ 25,031,012	\$ 24,701,746	\$ 55,000
Other Assistance	419,397,960	419,397,960	0
TOTAL--Operating	<u>\$ 444,428,972</u>	<u>\$ 444,099,706</u>	<u>\$ 55,000</u>
State General Fund:			
State Operations	\$ 0	\$ 0	\$ 0
Other Assistance	0	0	0
TOTAL--Operating	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
FTE Positions	79.0	77.0	0.0
Unclassified Temp. Positions	0.0	0.0	0.0
TOTAL	<u>79.0</u>	<u>77.0</u>	<u>0.0</u>

Agency Request/Governor's Recommendation

In FY 1998, the KPERS Board estimates additional expenditures of almost \$30.4 million over the revised amount for this fiscal year. Most of the increase will fund higher benefit payments which comprise \$29.3 million of the increased expenditures next fiscal year. Also requested are increases in agency operations for enhancements costing \$276,797 and in investment related expenses for \$812,357. Two new staff positions also are requested in FY 1998 in order for the KPERS Board to hire two office assistants to maintain addresses on more than 155,000 active and inactive members..

The Governor concurs with increased payments of \$29.3 million for retired and disabled KPERS members and beneficiaries in FY 1998. Increases in expenditures of \$812,357 are recommended by the Governor for contractual services to pay higher fees of the financial managers who guide the System's investments. A slight decrease of \$16,690 in agency operations is recommended by the Governor in FY 1998, mainly due to reductions in contractual services for agency operations. No change in staffing of 77.0 FTE positions is recommended.

House Subcommittee Recommendation

The Subcommittee concurs with the Governor's FY 1998 recommendations for expenditure and FTE limitations reflected in H.B. 2160, with the following adjustments:

1. Increase the expenditure limitation for Agency Operations by \$55,000 in order to authorize program enhancement funding requested originally for next fiscal year, but not recommended by the Governor. The Subcommittee reviewed a proposal for electronic reporting and remitting plan that was requested in FY 1998 as part of the enhanced budget. For an expenditure of approximately \$55,000, KPERS estimates that interest earnings on accelerated deposits resulting from the new method of collecting KPERS contributions from participating employers would be \$373,210 in CY 1998. Unfortunately, the new system must be implemented on January 1, 1998, at the start of a calendar year. The Subcommittee even considered adding the new funding in FY 1997, but learned that implementation must wait until the new calendar year begins.

Line Item Limitations	Agency Est. FY 98	Gov. Rec. FY 98	Subcommittee Adjustments
Expenditures:			
Agency Operations	\$ 4,879,327	\$ 4,549,989	\$ 55,000
Investment Related	20,151,757	20,151,757	0
Subtotal—St. Ops.	<u>\$ 25,031,012</u>	<u>\$ 24,701,746</u>	<u>\$ 55,000</u>
Benefit Payments	No Limit	No Limit	--
FTE Positions	79.0	77.0	0.0

2. In FY 1998, the Governor's recommendations reflect a reduction of \$34,800 in Agency Operations to reflect a fee paid to Post Audit as a revenue transfer rather than an expenditure. A corresponding transfer provision for the Legislative Division of Post Audit is included in section 28(d) of H.B. 2160. The Subcommittee recommends language be added to the bill to allow expenditures for audits to be in addition to any expenditure limitation for Agency Operations and that transfer language be deleted from the bill.
3. Consideration of how to deal with the new Kansas Savings Incentive Program is recommended to be postponed until after the full Committee addresses this issue.
4. It was brought to the attention of the Subcommittee that KPERS is a major user of SHARP data and KPERS has experienced a number of the problems since the new personnel and payroll system was implemented. The most recent problems involve reconciling CY 1996 state personnel information for the System's actuary to use in preparing the contributions report for KPERS annual reporting and the annual actuarial valuation. Personnel information from the Regents institutions that rely on SHARP for the contributions report has not been sent to KPERS yet because of problems. It is unclear how the proposed changes in SHARP that the full Committee recently learned about from the Secretary of Administration will effect KPERS. The transition from Windows 3.1 to Windows 95, for instance, will require more than upgrades of pc hardware since KPERS bought the minimum recommended configurations of 486 processors and 16 megs of memory. The agency's network

and server will need to be upgraded to handle a different operating system, and staff will need retraining as new versions of software are implemented as a result of SHARP.


FY 1997-1998

HOUSE SUBCOMMITTEE REPORTS

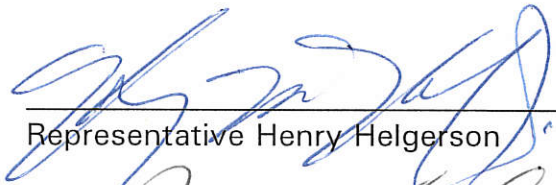
KANSAS GUARDIANSHIP PROGRAM



Representative Melvin Neufeld
Subcommittee Chair



Representative Barbara W. Ballard



Representative Henry Helgerson



Representative Brenda Landwehr



Representative Kay O'Connor

Appropriations
2-21-97
Attachment 2

SUBCOMMITTEE REPORT

Agency: Kansas Guardianship Program

Bill No. –

Bill Sec. –

Analyst: Kannarr

Analysis Pg. No. 721

Budget Page No. 200

Expenditure	Agency Est. FY 97	Gov. Rec. FY 97	House Subcommittee Adjustments
All Funds:			
State Operations	\$ 1,106,910	\$ 1,049,530	\$ 0
Aid to Local Units	0	0	0
Other Assistance	0	0	0
TOTAL	\$ 1,106,910	\$ 1,049,530	\$ 0
State General Fund:			
State Operations	\$ 1,106,910	\$ 1,049,530	\$ 0
Aid to Local Units	0	0	0
Other Assistance	0	0	0
TOTAL	\$ 1,106,910	\$ 1,049,530	\$ 0
Other Funds:			
State Operations	\$ 0	\$ 0	\$ 0
Aid to Local Units	0	0	0
Other Assistance	0	0	0
TOTAL	\$ 0	\$ 0	\$ 0
 Employee Positions	 12.0	 12.0	 0.0

Agency Est./Governor's Recommendation

The agency estimates FY 1997 expenditures to be \$1,106,910 which is the same as the budget approved by the 1996 Legislature. The requested funding maintains current service levels.

The Governor recommends FY 1997 operating expenditures of \$1,049,530, a decrease of \$57,380, or 5.2 percent, below the agency estimate and the approved budget. The reductions are in contractual services (\$47,380) and capital outlay (\$10,000).

House Subcommittee Recommendation

The House Subcommittee concurs with the recommendation of the Governor.

SUBCOMMITTEE REPORT

Agency: Kansas Guardianship Program

Bill No. 2160

Bill Sec. 62

Analyst: Kannarr

Analysis Pg. No. 721

Budget Page No. 200

Expenditure	Agency Req. FY 98	Gov. Rec. FY 98	House Subcommittee Adjustments
All Funds:			
State Operations	\$ 1,197,258	\$ 1,101,927	\$ 0
Aid to Local Units	0	0	0
Other Assistance	0	0	0
TOTAL	\$ 1,197,258	\$ 1,101,927	\$ 0
State General Fund:			
State Operations	\$ 1,197,258	\$ 1,101,927	\$ 0
Aid to Local Units	0	0	0
Other Assistance	0	0	0
TOTAL	\$ 1,197,258	\$ 1,101,927	\$ 0
Other Funds:			
State Operations	\$ 0	\$ 0	\$ 0
Aid to Local Units	0	0	0
Other Assistance	0	0	0
TOTAL	\$ 0	\$ 0	\$ 0
 Employee Positions	 14.0	 12.0	 0.0

Agency Req./Governor's Recommendation

For FY 1998, the Guardianship Program requests \$1,197,258 in State General Fund expenditures, an increase of \$90,348, or 8.2 percent, about the FY 1997 estimate. The request includes an enhancement package of \$60,355. The package includes \$52,555 in salaries and wages and \$7,800 in contractual services. The enhancements would fund the salaries and associated expenses of one additional Recruiter/Facilitator and one additional Business Assistant. According to the agency, these positions are needed to help relieve overload placed on the current staff and to make the agency's unique fiscal tracking system more efficient and reliable.

The Governor recommends FY 1998 operating expenditures of \$1,101,927, a decrease of \$95,331, or 8.0 percent, below the agency request. The recommendation includes \$3,625 for a 1.0 percent base salary adjustment and concurs with the agency request for classified step movement,

unclassified merit increases and longevity payments. The Governor does not recommend the enhancement package requested by the agency. Salaries and wages are decreased by \$52,554 which was the amount requested to fund two additional FTE positions including a Facilitator/Recruiter and a Business Assistant. The remainder of the decrease, \$42,977, is due to adjustments made because the two additional positions were not recommended.

House Subcommittee Recommendation

The House Subcommittee concurs with the recommendation of the Governor with the following adjustment:

1. The Subcommittee directs the agency to discuss the possibility of transferring the Ombudsman program from Aging to the Kansas Guardianship Program with the Department on Aging.

FY 1997 - 1998

HOUSE SUBCOMMITTEE REPORTS

CORPORATION FOR CHANGE


DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
(EXCEPT MH/DD AND LONG-TERM CARE)




Representative Melvin Neufeld
Subcommittee Chair



Representative Barbara W. Ballard



Representative Henry Helgerson Jr.



Representative Brenda Landwehr



Representative Kay O'Connor

Appropriations
2-21-97
Attachment 3

SUBCOMMITTEE REPORT

Agency: Corporation for Change

Bill No. --

Bill Sec. --

Analyst: West

Analysis Pg. No. 716

Budget Page No. 121

Expenditure	Agency Est. FY 97	Gov. Rec. FY 97	House Subcommittee Adjustments
All Funds:			
State Operations	\$ 371,883	\$ 371,883	\$ 0
Local Aid	805,000	805,000	0
TOTAL	\$ 1,176,883	\$ 1,176,883	\$ 0
State General Fund:			
State Operations	\$ 20,166	\$ 20,166	\$ 0
Local Aid	170,800	170,800	0
TOTAL	\$ 190,966	\$ 190,966	\$ 0
FTE Positions	0.0	0.0	0.0
Unclassified Temp. Positions	5.0	5.0	0.0
TOTAL	5.0	5.0	0.0

Agency Estimate/Governor's Recommendation

The agency's current year estimate of \$1.18 million reflects a net decrease of \$25,022 from the approved FY 1997 budget. State Operations expenditures of \$371,883 (including the approved amount of \$20,166 from the State General Fund) reflect a decrease of \$30,022 in special revenue fund financed contractual services from the approved budget. Local Aid grants of \$805,000 reflect a net increase of \$5,000 from the approved expenditures. State General Fund expenditures are increased by \$49,862 associated with greater than anticipated reappropriations from FY 1996. Special revenue fund grant expenditures are decreased by \$44,862. **The Governor** concurs with the agency's current year estimate.

House Subcommittee Recommendation

The House Subcommittee concurs with the Governor's recommendation.

SUBCOMMITTEE REPORT

Agency: Corporation for Change

Bill No. --

Bill Sec. --

Analyst: West

Analysis Pg. No. 716

Budget Page No. 121

Expenditure	Agency Req. FY 98	Gov. Rec. FY 98	House Subcommittee Adjustments
All Funds:			
State Operations	\$ 357,883	\$ 0	\$ 0
Local Aid	819,000	0	0
TOTAL	<u>\$ 1,176,883</u>	<u>\$ 0</u>	<u>\$ 0</u>
State General Fund:			
State Operations	\$ 100,000	\$ 0	\$ 0
Local Aid	170,000	0	0
TOTAL	<u>\$ 270,000</u>	<u>\$ 0</u>	<u>\$ 0</u>
FTE Positions	0.0	0.0	0.0
Unclassified Temp. Positions	5.0	0.0	0.0
TOTAL	<u>5.0</u>	<u>0.0</u>	<u>0.0</u>

Agency Request/Governor's Recommendation

The agency's FY 1998 budget request is the same as its current year estimate. The request shifts \$14,000 from state operations to grants. Financing of the request includes \$270,000 from the State General Fund, an increase of \$79,034 from the current year. Special revenue funds are decreased by an equal amount. **The Governor** recommends no funding for the Corporation in FY 1998.

Continuation of the Corporation for Change. During the 1996 legislative session, legislators were informed that the Corporation's Board of Directors planned to cease the Corporation's operations effective at the end of FY 1997. Subsequently, the Corporation's Board of Directors has voted to use all reasonable efforts to ensure the continued existence of the Corporation for Change structure. No legislative action (aside from budget authority) is required to continue the Corporation's existence. **The Governor** recommends no funding for the Corporation in FY 1998. The Governor recommends the passage of legislation which abolishes the Corporation and transfers the Kansas Trust Funds to the Juvenile Justice Authority (S.B. 187).

House Subcommittee Recommendation

The House Subcommittee concurs with the Governor's recommendation, with the following comment:

1. While the Subcommittee concurs with the Governor's recommendation to abolish the Corporation, the Subcommittee questions whether the Juvenile Justice Authority is the appropriate entity to assume the responsibility for the statutory trust funds. The Permanent Families Account, which is supported by birth certificate fees, provides grants to support Court Appointed Special Advocate (CASA) programs and Citizen Review Boards (CRBs). The Family and Children Trust Account, which is supported by marriage license fees, private donations, and federal funds, is utilized to support the creation of Family Resource Centers and other community-based programs designed to prevent child abuse and neglect. The Subcommittee does not believe these programs fit with the Juvenile Justice Authority's target population of juvenile offenders. The Subcommittee recommends the introduction of legislation which would abolish the Corporation and would transfer responsibility for the Permanent Families Account to the Office of Judicial Administration and the Family and Children Trust Account to the Department of Social and Rehabilitation Services (SRS). The bill should also provide that expenditures from the Family and Children Trust Account are subject to the approval of the newly created Advisory Committee on Children and Families and that SRS may perform the duties and responsibilities of the Corporation.

SUBCOMMITTEE REPORT

Agency: Social and Rehabilitation Services
(Excluding MH/DD and LTC)

Bill No. 2272

Bill Sec. 23

Analyst: West

Analysis Pg. No. 941

Budget Page No. 415

Expenditure*	Agency Est. FY 97	Gov. Rec. FY 97	House Subcommittee Adjustments
All Funds:			
State Operations	\$ 240,165,860	\$ 239,509,501	\$ --
Local Aid	16,253,260	15,783,776	--
Other Assistance	713,384,009	712,441,217	(15,000,000)
Subtotal - Operating	\$ 969,803,129	\$ 967,734,494	\$ (15,000,000)
Capital Improvements	6,360,439	6,360,439	--
TOTAL	\$ 976,163,568	\$ 974,094,933	\$ (15,000,000)
State General Fund:			
State Operations	\$ 88,586,488	\$ 87,466,042	\$ --
Local Aid	3,020,000	3,020,000	--
Other Assistance	263,054,348	261,790,647	(9,000,000)
Subtotal - Operating	\$ 354,660,836	\$ 352,276,689	\$ (9,000,000)
Capital Improvements	0	0	--
TOTAL	\$ 354,660,836	\$ 352,276,689	\$ (9,000,000)
Other Funds:			
State Operations	\$ 151,579,372	\$ 152,043,459	\$ --
Local Aid	13,233,260	12,763,776	--
Other Assistance	450,329,661	450,650,570	(6,000,000)
Subtotal - Operating	\$ 615,142,293	\$ 615,457,805	\$ (6,000,000)
Capital Improvements	6,360,439	6,360,439	--
TOTAL	\$ 621,502,732	\$ 621,818,244	\$ (6,000,000)
FTE Positions	4,336.6	4,336.6	--
Unclass. Temp. Positions	90.3	90.3	--
TOTAL	4,426.9	4,426.9	--

* Reflects expenditures for SRS excluding Mental Health and Developmental Disability Services and Long-Term Care. Including these programs, the Governor's recommendation totals \$1.471 billion, including \$590.0 million from the State General Fund.

*Appropriations
2-21-97
Attachment 4*

Agency Estimate/Governor's Recommendation

The agency's current year operating budget of \$1.467 billion (including expenditures for MH/DD Services and Long Term Care) is an increase of \$30.6 million from the budget initially approved by the 1996 Legislature. State General Fund expenditures are estimated to be \$587.0 million, an increase of \$14.6 million. The 1996 Legislature authorized the agency to reappropriate without limit FY 1996 State General Fund savings in several programs and authorized the agency to transfer funds between line items within the agency and with the institutions under the agency's control. Thus, the agency does not request a State General Fund supplemental appropriation in order to finance the current year. Several expenditure limitation increases are requested as special revenue funds, most notably the Social Welfare Fund (more commonly known as the SRS Fee Fund), from \$41.1 million to \$45.5 million. **The Governor's** current year recommendation for operating expenditures is \$1.471 billion, an increase of \$3.8 million from the agency's estimate. Recommended State General Fund expenditures of \$589.5 million are an increase of \$2.6 million from the agency's request. The net effect of the Governor's current year budget is an increase of \$2.6 million (0.4 percent) from the State General Fund financing currently available to the agency. The Governor also recommends an increase of \$3.2 million in the authorized level of Social Welfare Fund expenditures, from \$41.1 million to \$44.3 million. Among the developments factored into the Governor's current year recommendation are the impact of federal welfare reform (including increased funding for child care and computerization efforts) and cash flow needs for the privatization of foster care services. For a more detailed analysis of the requested and recommended current year changes, see the separate analyses on each SRS Commission and SRS Long Term Care.

Welfare Reform. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was signed into law in August of 1996. The bill is a comprehensive piece of legislation with far-reaching implications in a number of programs. Major provisions of the bill include:

- **Temporary Assistance for Needy Families (TANF).** The bill creates the TANF program to replace AFDC. Assistance under TANF is limited to five years in a recipient's lifetime. Recipients must be engaged in specified work activities within two years to remain in the program, with the average weekly hours required to qualify increasing from 20 hours in FY 1997 to 30 hours in FY 2000. States are required to have 25 percent of their caseload participating in work activities in FY 1997, increasing to 50 percent by FY 2002.

States are granted greater flexibility in administering state plans but face greater reporting requirements. Federal financial participation is capped with a block grant for Kansas estimated to be \$101.9 million per year for the next five years. Maintenance of effort (MOE) is required based on 80 percent of a state's FFY 1994 expenditures. This is estimated to be \$65.2 million for Kansas. Under certain circumstances, the MOE may be reduced to 75 percent.

- **Child Care.** The bill combines the existing AFDC child care funding sources with the Child Care Development Block Grant. Kansas may be eligible to receive up to \$26.0 million from federal sources in FFY 1997, an increase of \$8.3 million above current law.

- **Medicaid.** The final bill does not include comprehensive Medicaid reform as was proposed in some earlier versions. The bill does eliminate the direct link between eligibility for AFDC and Medicaid. Eligibility for Medicaid remains the same as the requirements in existence on July 16, 1996, with the exception of disabled legal immigrants who will be losing SSI.
- **Immigrants.** Current legal immigrants (with certain exceptions) are barred from receiving SSI and food stamps. Current SSI and food stamp recipients are to have their eligibility reviewed within one year. States have the option to determine the eligibility of current legal immigrants for benefits under TANF, Medicaid, and the Social Services Block Grant. Newly arriving immigrants (with certain exceptions) are barred from receiving any federally funded means tested public benefits for five years. Illegal immigrants are barred from most federally funded assistance and may not receive state or locally funded benefits unless the state enacts a law specifically authorizing them.
- **SSI for Children.** Upon enactment, a new disability standard for SSI applications will be established. The new standard will eliminate the comparable severity standard, the individual functional assessment, and references to maladaptive behavior. Within one year of enactment, the Social Security Administration must redetermine the eligibility of current beneficiaries based on the new definition. An estimated 2,800 Kansas children are subject to eligibility redetermination.
- **Food Stamps.** The Food Stamp program retains its current structure as an uncapped, individual entitlement. However, able bodied recipients age 18-50 with no dependents are ineligible for food stamps for more than three months in every 36-month period unless they are engaged in work or work programs.
- **Child Support.** The bill also includes numerous changes to the federal child support statutes and imposes several mandates on the states. The mandates include: privacy protection safeguards, creation of a state new hire directory, increased paternity establishment rates, recording Social Security numbers on several types of licenses and court orders, and expansion of the ability to restrict or suspend licenses in cases of overdue support.

Welfare Reform and the Budget. Due to the short time between the legislation's passage and the deadline for budget submissions, the agency's request does not reflect the passage of welfare reform. The Governor's recommendation reflects the impact of welfare reform, especially in the areas of increased support for child care, employment services, and computerization. The following summarizes the Governor's recommendations for FY 1997 and FY 1998 as well as the Governor's forecasted expenditures for the Kansas Works program through FY 2001.

Governor's Kansas Works Funding Profile (Dollars in Millions)					
	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>
Revenue:					
State Funds-TANF and Child Care	\$ 80.2	\$ 80.2	\$ 80.2	\$ 80.2	\$ 80.2
Federal Funds	<u>121.2</u>	<u>128.6</u>	<u>129.6</u>	<u>131.5</u>	<u>133.5</u>
TOTAL	<u><u>\$ 201.4</u></u>	<u><u>\$ 208.8</u></u>	<u><u>\$ 209.8</u></u>	<u><u>\$ 211.7</u></u>	<u><u>\$ 213.7</u></u>
Expenditures:					
TANF	\$ 88.1	\$ 81.7	\$ 79.7	\$ 77.3	\$ 76.1
Employment Services	4.5	7.2	11.0	15.3	16.7
Child Care	27.8	36.7	42.6	48.2	52.5
Program Staff (Assessment & Case Management)	23.2	23.5	24.9	25.5	26.1
Administration	31.6	32.6	33.4	34.3	35.2
Information Systems	6.0	9.0	8.0	5.0	3.0
Children's Crisis Fund	<u>6.8</u>	<u>7.8</u>	<u>8.8</u>	<u>9.8</u>	<u>10.8</u>
TOTAL	<u><u>\$ 188.0</u></u>	<u><u>\$ 198.5</u></u>	<u><u>\$ 208.4</u></u>	<u><u>\$ 215.4</u></u>	<u><u>\$ 220.4</u></u>
Block Grant Balance	\$ 13.4	\$ 23.7	\$ 25.1	\$ 21.4	\$ 14.7

Source: The Governor's Budget Report FY 1998, Volume 1, page 69.

House Subcommittee Recommendation

The House Subcommittee concurs with the Governor's recommendations, with the following adjustments and observations.

Administration

1. The Subcommittee notes that, as a part of the welfare reform efforts, the Governor's recommendation includes \$15 million from federal funds in FY 1997 (\$6.0 million) and FY 1998 (\$9.0 million) for computerization. The Subcommittee recommends the addition of a proviso which would restrict expenditures for this computerization until the implementation plan has been reviewed by JCCT. The Subcommittee also notes that the agency is currently undergoing a line-by-line review of their existing systems to develop a firm estimate of the cost of fixing the year 2000 problem and will be reporting back to the Subcommittee on this matter later this session.

Adult and Medical Services

2. The Subcommittee notes that year to date expenditures for medical assistance appear to be in line with the Governor's recommendation and recommends that the agency

review expenditures with the Subcommittee prior to consideration of the Omnibus Bill.

3. The Subcommittee notes that the new Medicaid Management Information System (MMIS) is on line and, after some initial difficulties, most system functions have been worked out. In the interim, the agency has established a toll free number (1-800-933-6593) for providers to call if they are having problems receiving payment.

Children and Family Services

4. The Subcommittee notes that the Governor's recommendation shifts \$15.0 million (\$9.0 million SGF) from FY 1998 to FY 1997. This shift is required due to the provisions of the community empowerment foster care contracts which will be phased in over the next four months. Under the terms of the contracts, the provider is responsible for services to a child in foster care for the entire time the child is in foster care and for a period of 12 months after the child returns home if the child needs to return to foster care. The contractor receives a set case rate to provide these services. Under the terms of the contract, the service provider receives 25 percent of the case rate upon referral, 25 percent after 60 days, 25 percent after 180 days, and the balance when the child returns home. Thus, the \$15 million recommended by the Governor for cash flow in FY 1997 is offset by an equal decrease in FY 1998. While the Subcommittee recognizes that these contractual obligations must be paid and the Subcommittee does not want the agency to delay implementing the contracts, the Subcommittee deletes the \$15.0 million (\$9.0 million SGF) pending the Subcommittee's review with the agency of possible alternative funding sources.

Rehabilitation Services

5. The Subcommittee notes that the Assistive Technology program, which helps provide equipment to allow disabled individuals lead independent lives, has managed to leverage the funds available to the program on a 4.5-to-1 ratio over the last three years from other funding sources. This has enabled over \$1.2 million to be made available to acquire equipment for disabled Kansans. The Subcommittee recommends that the unencumbered balance of the \$150,000 recommended by the Governor for support to local school districts in purchasing specialized equipment for children leaving state MR institutions be shifted to the Assistive Technology program, with the proviso that the current matching requirements be waived for any child coming out of a state MR institution.
6. The Subcommittee recommends that the provisions adopted by the 1996 Legislature, which permitted the transfer of client-specific equipment to the client when they leave Winfield State Hospital, be extended to clients leaving any state MR institution.

Welfare Reform

7. The Subcommittee recognizes that the successful implementation of welfare reform is a major challenge for the state over the next five years and it is an overwhelming

task and the agency will need assistance of other state and local entities and the private sector. Pages 2 through 4 of this report summarize some of the major provisions of Personal Responsibility and Work Opportunity Act of 1996 as well as the Governor's five year plan of expenditures to implement Kansas Works, the state's new version of public assistance reform. The Subcommittee makes the following observations and recommendations:

TANF. Formerly known as AFDC, Temporary Assistance for Needy Families is the main cash assistance component of public assistance for families with children. The former program was financed approximately 60 percent by the federal government. Under the new program, the state receives a capped block grant of \$101.9 million for the next five years to provide cash assistance and employment preparation services as well as program administration, with a state maintenance of effort requirement which equates to \$65.2 million per year. The Governor's current year recommendation for cash assistance of \$88.1 million reflects the October consensus caseload estimates adjusted for services for children in foster care which will be provided by the community empowerment contractors. The current year recommendation will support an average monthly caseload of 60,761 persons at an average monthly benefit of just under \$121 per person. The Subcommittee notes that the consensus caseload estimators will meet again in April in order to have revised caseload estimates available for Legislative consideration at Omnibus. The Subcommittee further notes that should caseloads continue to decline no State General Fund savings can be achieved at this time due to the maintenance of effort provisions.

Block Grant Balances. One provision of the federal law allows unspent block grant allocations to be carried forward to future fiscal years. Maintaining a balance provides some protection against future State General Fund increases should caseloads begin to increase due to an economic downturn. The Subcommittee notes that the Governor's five year estimate of expenditures maintains a block grant balance which peaks at \$25.1 million in FY 1999. The Subcommittee is concerned that this balance may be inadequate should the economy experience a especially sharp or long term downturn and encourages the agency to increase these balances should any savings be available as a hedge for the future.

Child Care. The Subcommittee notes that the provision of child care will be vital in order to keep people from returning to the public assistance rolls after finding employment. Federal funding for child care was increased in the federal welfare reform bill and the Governor's recommendation takes full advantage of this funding, with child care funding increasing from \$27.3 million in FY 1996 to \$34.6 million in FY 1997 and to \$40.6 million in FY 1998. The additional funding above the amounts identified in the Governor's five year estimate of expenditures is from other federal sources. In order to help expand the availability of child care, SRS recently raised its reimbursement rates to 75 percent of a region's average rate. The program is designed to provide assistance to persons up to 185 percent of the federal poverty level, with those earning more than 100 percent of the poverty level paying for a portion of the care based on a sliding fee schedule. The Subcommittee notes that there is an existing tax credit available for employers who provide child care but that it is not often used. The Subcommittee recommends that the agency review other

state's child care strategies and report the results and any recommendations to the SRS Transition Oversight Committee.

Legal Aliens. As noted on page 3 of this report, the federal welfare reform bill bars current legal aliens (with certain exceptions) from receiving Supplemental Security Income (SSI) and food stamps. States have the option to determine the eligibility of current legal aliens for TANF and Medicaid. SRS plans to continue TANF and Medicaid coverage for current legal immigrants, estimated to be 3,712 persons, at a cost of \$12.4 million. This includes \$1.5 million for 70 persons who are in nursing facilities. An estimated 3,774 persons will lose eligibility for food stamps, saving the federal government \$4.7 million annually. Aged, blind or disabled aliens who receive SSI, estimated to number 1,848, will lose their average monthly benefit of \$458, saving the federal government \$10.2 million. SRS plans to place members of this last group on the state financed General Assistance program, which provides an average monthly benefit of \$157, at an estimated annual cost of \$3.5 million. In order to implement this policy within existing resources, the agency plans to shift to TANF from General Assistance two parent families who previously could not qualify for AFDC. The Subcommittee recommends that SRS and Kansas Legal Services review the possibility of providing legal services to legal aliens and children facing a cutoff of federal benefits and report back to the Subcommittee by Omnibus. The Subcommittee is concerned that Kansas might become a magnet for legal aliens and recommends the introduction of legislation which would limit public assistance to those legal aliens who are currently are on assistance and who would have continued to receive assistance if they were citizens. The Subcommittee also recommends that SRS review the policies on this issue of our neighboring states as well as Texas and New Mexico and report back to the Subcommittee prior to Omnibus.

Family Cap. The Subcommittee notes that 1994 HB 2929 included provisions which provided for a reduced benefit increase for a third child born while on public assistance and no benefit increase for subsequent births. This has not been implemented by SRS due to the complex nature of actual implementation. With the new five year lifetime assistance limit under the federal welfare reform bill, some question if a family cap is necessary anymore. The Subcommittee recommends the introduction of legislation which would eliminate the 1994 HB 2929 family cap.

Transitional Medical. The federal welfare reform bill limits transitional medical coverage to one year after leaving TANF. This contrasts with the two year transitional medical provisions which were in 1994 HB 2929. The Subcommittee believes that the provision of adequate health care coverage, especially for children, is a key element to the success of welfare reform and recommends the introduction of legislation which would provide state assistance for up to half the premium cost for health insurance for children whose families make less than 185 percent of poverty but who are otherwise ineligible for Medicaid. The Subcommittee also recommend that SRS explore all possible options on extending medical coverage to this group and report back to the Subcommittee as soon as possible.

Work Requirements and Jobs. As noted on page two, most adult TANF recipients will be required to engage in specified work activities to remain eligible for assistance. States are responsible for ensuring that specified percentages of their

caseload maintain their work requirements, starting at 25 percent in FFY 1997 and increasing to 50 percent by FFY 2002. Currently 45 percent of the 12,700 Kansans eligible for the program are participating in some work activity, but it is unknown how many of these people will meet the federal definition of work activity. The agency hopes to have this information later in the session and the Subcommittee recommends that this issue be reviewed prior to Omnibus. The agency has set its own goal as having all eligible persons engaged in a work activity by FY 2000. While laudable, the Subcommittee questions the ability to achieve this goal without a specific plan to create and maintain jobs. Ultimately the private sector will be the only one who can make welfare reform succeed by providing quality jobs for Kansans. The Subcommittee recommends that SRS work closely with the private sector to develop strategies in job creation. The Subcommittee commends the agency for working with the Department of Human Resources and urges them to continue the effort in developing a blend of complementary agency services. The Subcommittee also recommends that SRS work with the Department of Commerce and Housing on child care, job creation strategies, and other activities which support the creation of jobs and that the two agencies report to the SRS Transition Oversight Committee by August.

SUBCOMMITTEE REPORT

Agency: Social and Rehabilitation Services
(Excluding MH/DD and LTC)

Bill No. 2160

Bill Sec. 61

Analyst: West

Analysis Pg. No. 941

Budget Page No. 415

Expenditure*	Agency Req. FY 98	Gov. Rec. FY 98	House Subcommittee Adjustments
All Funds:			
State Operations	\$ 222,639,395	\$ 222,619,835	\$ --
Local Aid	14,963,277	14,638,136	--
Other Assistance	<u>741,280,013</u>	<u>711,285,187</u>	--
Subtotal - Operating	\$ 978,882,685	\$ 948,543,158	\$ --
Capital Improvements	<u>46,795,700</u>	<u>4,243,488</u>	--
TOTAL	<u><u>\$ 1,025,678,385</u></u>	<u><u>\$ 952,786,646</u></u>	<u><u>\$ --</u></u>
State General Fund:			
State Operations	\$ 85,475,061	\$ 80,038,927	\$ --
Local Aid	2,569,999	2,400,658	--
Other Assistance	<u>268,430,836</u>	<u>245,089,182</u>	--
Subtotal - Operating	\$ 356,475,896	\$ 327,528,767	\$ --
Capital Improvements	<u>0</u>	<u>0</u>	--
TOTAL	<u><u>\$ 356,475,896</u></u>	<u><u>\$ 327,528,767</u></u>	<u><u>\$ --</u></u>
Other Funds:			
State Operations	\$ 137,164,334	\$ 142,580,908	\$ --
Local Aid	12,393,278	12,237,478	--
Other Assistance	<u>472,849,177</u>	<u>466,196,005</u>	--
Subtotal - Operating	\$ 622,406,789	\$ 621,014,391	\$ --
Capital Improvements	<u>46,795,700</u>	<u>4,243,488</u>	--
TOTAL	<u><u>\$ 669,202,489</u></u>	<u><u>\$ 625,257,879</u></u>	<u><u>\$ --</u></u>
FTE Positions	4,054.2	3,968.7	--
Unclass. Temp. Positions	<u>81.3</u>	<u>84.3</u>	--
TOTAL	<u><u>4,135.5</u></u>	<u><u>4,053.0</u></u>	<u><u>--</u></u>

* Reflects expenditures for SRS excluding those expenditures for Mental Health and Developmental Disability Services and Long-Term Care. Including these items, the Governor's recommendation totals \$1.2 billion, including \$468.0 million from the State General Fund.

*Appropriations
2-21-97
Attachment 5*

Agency Request/Governor's Recommendation

The agency requests FY 1998 expenditures for all programs of the agency of \$1,254,501,037, a net decrease of \$212.1 million from the current year estimate. Requested State General Fund expenditures of \$503.9 million are a decrease of \$83.0 million compared to the current year. **The Governor** recommends an FY 1998 budget of \$1,213,311,339, a net decrease of \$257.8 million. Recommended State General Fund financing of \$468.0 million is a decrease of \$121.6 million from the current year recommendation. The Governor's recommendation reflects the impact of the October 1996 consensus caseload estimates. Both the agency request and the Governor's recommendation reflect program transfers and program enhancements as noted below:

Program Transfers. Pursuant to H.B. 2900, responsibility for **juvenile offenders** transfers from SRS to the Juvenile Justice Authority on July 1, 1997. SRS has identified agency resources of 164.5 FTE, 7.0 UT positions, and \$17.1 million (\$10.3 million SGF) as being devoted to juvenile offenders. 1996 H.B. 3047 transfers responsibility for **long term care** services for persons 65 years of age and older to the Kansas Department on Aging on July 1, 1997. SRS has identified resources of 225.8 FTE and \$272.7 million (\$115.6 million SGF) as being devoted to that portion of long term care. **The Governor** concurs with these program transfers. The Governor also recommends the transfer of responsibility for the licensure and regulation of **foster care homes** to the Department of Health and Environment and reduces the SRS budget by \$1.1 million (\$530,016 SGF) and 20.5 FTE positions. Absent these transfers, the SRS FY 1998 budget request would be an increase of \$77.6 million (\$42.9 million SGF) compared to the current year estimate, while the Governor's recommendation would be an increase of \$33.1 million (\$4.9 million SGF) compared to the current recommendation.

Program Enhancements. The following summarizes the agency's requested program enhancements and the Governor's recommendation. For a detailed explanation of each enhancement, please see the separate analyses on the individual agency Commissions.

FY 1998 Budget Enhancements				
Commission/Enhancement	Agency Request		Governor's Rec.	
	State General Fund	Total All Funds	State General Fund	Total All Funds
Administrative Services:				
Early Detection and Prevention Expansion	\$ 113,730	\$ 218,711	\$ 0	\$ 0
Agency Wide Information Systems Plan	2,000,000	4,166,667	0	0
Mental Health/Developmental Disabilities:				
Children's Mental Health Initiative	1,000,000	1,000,000	1,000,000	1,000,000
MH/DD Regional Coordinators	386,218	534,564	0	0
Children and Family Services:				
Family Preservation Expansion	500,000	1,000,000	0	0
Rehabilitation Services:				
Vocational Rehabilitation Enhancement	380,000	1,784,038	0	0
Income Maintenance/Employment Prep.:				
Expand Services to Families	3,107,548	4,774,463	0	0
Expand Services to Teen Parents	2,065,520	3,486,986	0	0
Adult and Medical Services:				
Administration Enhancement	175,684	453,377	0	0
Increase Reimbursement Rate - Dental	1,580,163	3,762,292	1,580,163	3,762,292
Increase Reimbursement Rate - Neonatal	1,287,635	3,135,987	0	0
Alcohol & Drug Abuse Services:				
Treatment Grants Enhancement	500,000	500,000	0	0
TOTAL	\$ 13,096,498	\$ 24,817,085	\$ 2,580,163	\$ 4,762,292

Shrinkage Savings. For the current year, the agency's budget assumes salary savings of \$9.1 million, or 5.35 percent of salaries. For FY 1998, the savings estimate is \$7.1 million or 4.8 percent of salaries. **The Governor** recommends salary savings of \$10.8 million in the current year and \$7.9 million in FY 1998, 6.38 and 5.42 percent of salaries, respectively. The Governor also recommends a current year reduction of \$134,754 for retirement reductions.

House Subcommittee Recommendation

The House Subcommittee concurs with the Governor's recommendations, with the following adjustments and observations.

Agency Wide Observations

1. The Subcommittee notes that the FY 1998 staffing level of 4,116.8 FTE positions is a reduction of 656.5 FTE (13.8 percent) from the approved FY 1996 level of 4,773.3. Factoring out positions associated with programs transferred to other agencies, the reduction is 249.2 FTE, compared to a 5.0 percent reduction of 238.7. The Subcommittee commends the agency for facing an overwhelming task in an admirable fashion, meeting the goal of a 5.0 percent reduction in FTE positions while, by leaving positions vacant, avoiding employee layoffs. The Subcommittee believes this is about as far as we can go in staffing reductions at this time, outside of the further downsizing which results from the retirement reduction provisions.

2. The Subcommittee notes that assumed shrinkage savings agency wide under the Governor's recommendation total \$10.8 million (6.38 percent) in the current year and \$7.9 million (5.42 percent) for FY 1998. The FY 1998 recommendation would be equivalent to leaving 229.2 positions open.
3. The Subcommittee has reviewed the agency's goals and performance measures and provides them to the full committee for its information (Attachment 1)

Child Support Enforcement

4. Attachment 2 provides information on the agency's Child Support Enforcement program, including detailed collection histories to FY 1976, current staffing and caseloads, collection flows for public assistance and nonpublic assistance cases, as well as details on the new child support enforcement collection contracts and their accountability features. The Subcommittee notes that improved child support enforcement is one of the key elements in helping keep people off welfare and that the FY 1996 collections for current support of \$67 million represents only 55.7 percent of the amount which came due. Due to time constraints, the Subcommittee has not had the opportunity to explore this area as fully as it would like. During the next several weeks, the Subcommittee intends to continue to review the issues raised in child support, including the impact of federal welfare reform legislation, support guidelines and their comparison to other states, and the impact of child support payments on the obligor's family.

Adult and Medical Services

5. The Subcommittee notes the Kansas Pharmacists Association has made a proposal to the agency which would modify service delivery models and reimbursement rates for dispensing drugs. SRS is meeting with representatives of the agency and analyzing the proposal. The Subcommittee recommends that the agency develop a recommendation on this proposal and report to the Subcommittee prior to Omnibus.
6. The Subcommittee received testimony complimenting the agency on its inclusion of consumers as stakeholders in developing new programs such as the Physically Disabled (PD) Home and Community Based Services (HCBS) waiver. The Subcommittee commends the agency on its actions and recommends that the agency continue the cooperative efforts.
7. The Subcommittee recommends that the agency explore the fiscal considerations of expanding the HCBS-Head Injured program and report back to the Subcommittee prior to Omnibus.

Children and Family Services

8. The Subcommittee has reviewed the February, 1997 Legislative Post Audit report on compliance with the foster care lawsuit settlement agreement and the agency's

action plan (Attachment 3) to improve compliance. The Subcommittee notes that the time line of this Post Audit report covers the period of January through July of 1996. As a portion of its action plan, the agency is realigning its internal audit team which reviews the issue. The Subcommittee believes this internal auditing mechanism will allow for a quicker response to any systematic weakness and recommends that agency report the results of the internal audit to the SRS Transition Oversight Committee by December.

9. The Subcommittee is concerned about the ability of the Juvenile Justice Authority to assume the responsibility for juvenile offenders effective July, as is current law. The Subcommittee intends to continue to review this issue as the session continues. To serve as a vehicle for discussion of this issue, the Subcommittee recommends the introduction of legislation which would leave the responsibility for juvenile offenders with SRS.

Alcohol and Drug Abuse Services (ADAS)

10. The Subcommittee notes with concern that recent studies of the attitudes of teenagers indicates that Kansas teenagers are more disposed to consume alcohol than is the national norm. The Subcommittee recommends that the agency work closely with schools and other substance abuse prevention groups to develop strategies to address this problem.

Rehabilitation Services

11. Consistent with the Subcommittee's FY 1997 recommendations, shift the \$150,000 referenced in the Community Developmental Disability Services Subcommittee report, Item 6, from support to school districts in purchasing specialized equipment for children leaving state MR institutions to the Assistive Technology program, with the proviso that the matching requirement be waived for any child coming out of a state MR institution.
12. The Subcommittee recommends that the provision adopted by the 1996 Legislature which permitted the transfer of client-specific equipment to the client when they leave Winfield State Hospital to be extended to clients leaving any state MR institution.

SRS

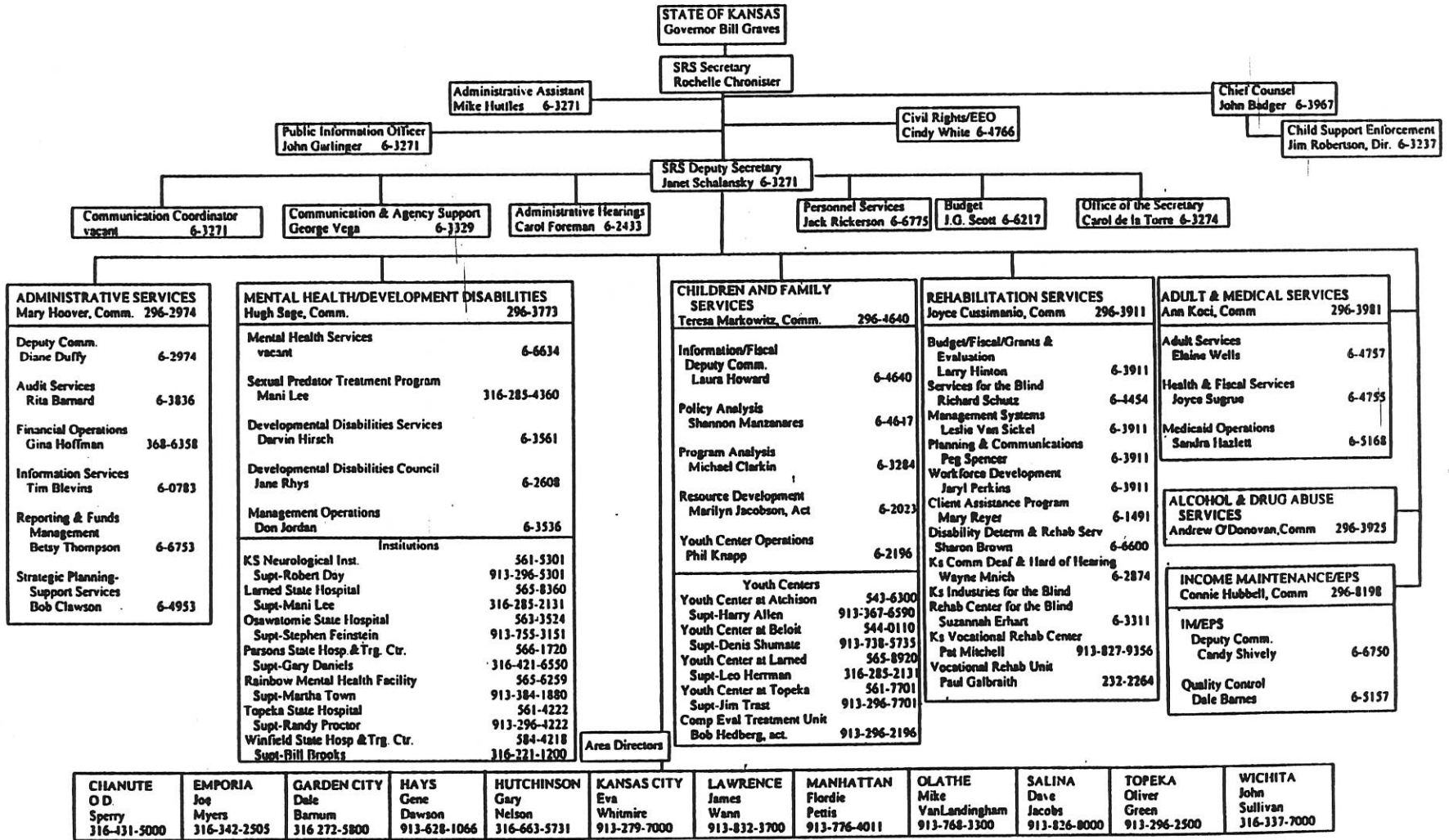
1997-1998 Business Plans

Rochelle Chronister, Secretary
Social and Rehabilitation Services

February 10, 1997

Appropriations
2-21-97
Attachment 6

SRS Central Office Organization Chart 2/3/97



3

6-9

Kansas Department of Social and Rehabilitation Services

Rochelle Chronister, Secretary
Janet Schalansky, Deputy Secretary
913-296-3271

SRS Mission: To provide services to Kansans in need that contribute to their safety and promote dignity, independence and responsibility.

Administrative Services Commission

Mary Hoover, Commsr.
913-296-2974

- Administrative services for the department and area offices
- Information systems & telecomm. support, accounting & financial operations, financial reporting, audits, facilities & records management, & procurement & inventory management

Alcohol & Drug Abuse Services Commission

Andrew O'Donovan, Commsr.
913-296-3925

- Coordinates efforts with local community services to provide alcohol & drug abuse prevention, education & treatment programs

Adult & Medical Services Commission

Ann Koci, Commsr.
913-296-3981

- Administers medical assistance programs funded by Medicaid & MediKan
- Home & Community Based Serv. Program for persons with physical disabilities, frail elderly, head injured & technology assisted
- Adult abuse & neglect investigations & guardianships

Children & Family Services Commission

Teresa Markowitz, Commsr.
913-296-4640

- Provides child protection & family services
- Contracts for family preservation, foster care & adoption services
- Oversees the operation of four youth centers

Child Support Enforcement

Jim Robertson, Director
913-296-3237

- Child support related paternity, order establishments & modifications
- Absent parent location services
- Full range of child support enforcement services
- Tax offsets

Income Maintenance/ Employment Preparation Services Commission

Connie Hubbell, Commsr.
913-296-8198

- Administers employment-focused services including temporary cash assistance for able-bodied individuals on the path to employment; structured job seeking, job-specific education and training, work experience & employer collaboration through the Kansas Works; & transitional services for individuals who become employed
- Provides other economic supports including cash assistance for the elderly & disabled; food stamps, medical assistance, low income energy assistance, refugee assistance, burial assistance, emergency assistance & child care services

Mental Health & Developmental Disabilities Services Commission

Hugh Sage, Commissioner
913-296-3773 (voice)
913-296-3471 (TDD)

- Administers the state's four mental health institutions
- Administers the state's three mental retardation hospitals
- Provides aid for community mental health & developmental disability centers

Rehabilitation Services Commission

Joyce Cussimano, Commsr.
913-296-3911 (voice)
913-296-7029 (TDD)

- Vocational rehabilitation, transition planning & independent living services for Kansans with disabilities
- The Division of Services for the Blind: vocational rehabilitation services for people who are blind, visually impaired or deaf-blind; rehabilitation teaching; & the business enterprise program
- Client Assistance Program
- Kansas Commission for the Deaf & Hard of Hearing
- Disability Determination Service

CHILD & ADULT ABUSE HOTLINE
1-800-922-5330

FRAUD & ABUSE HOTLINE
1-800-432-3913

ALL CALLS ARE CONFIDENTIAL

Other Helpful Numbers:

- SRS Customer Relations: 913-296-4687
- SRS Public Information: 913-296-3271
- SRS Communication/ Agency Support: 913-296-6218
- SRS Staff Development: 913-296-4327

01/08/97

How can we help you?

If you have questions about what programs are available through SRS, program eligibility or the application process for any SRS program, please contact your nearest local SRS office or one of the area offices listed below. Several of the area offices have an ombudsman to help you determine who to call and/or what resources are available.

SRS AREA OFFICES

The 12 SRS Area Offices and the local offices located in each of the state's 105 counties determine eligibility and process applications for public assistance, medical assistance, food stamps, investigate allegations of abuse and neglect of both children and elderly adults. SRS Area Offices also coordinate foster care services for those children who are placed in the custody of the state by the courts, provide direct services to the homebound elderly and disabled, and enforce child support orders.

Chanute Area Office

O.D. Sperry, Director
Sandra Robb, Ombudsman
1500 W. 7th
Chanute, KS 66720
316-431-5000

Emporia Area Office

Joe Myers, Director
1015 Scott
Emporia, KS 66801
316-342-2505

Garden City Area Office

Dale Barnum, Director
907 Zerr Road
Garden City, KS 67846
316-272-5800

Hays Area Office

Gene Dawson, Director
1105 E. 30th
Hays, KS 67601
913-628-1066

Hutchinson Area Office

Gary Nelson, Director
501 N. Monroe
Hutchinson, KS 67504
316-663-5731

Kansas City Area Office

Eva Whitmire, Director
Robena Farrell, Ombudsman
400 State Ave.
1 Gateway Center 66106
Kansas City, KS 66117-0248
913-279-7000

Lawrence Area Office

Jim Wann, Director
Ernie Dyer, Ombudsman
1901 Delaware
Lawrence, KS 66046
913-832-3700

Manhattan Area Office

Flordie Pettis, Director
327 Colorado
Manhattan, KS 66502
913-776-4011

Olathe Area Office

Mike VanLandingham,
Director
401 W. Frontier Lane
Olathe, KS 66061
913-768-3300

Salina Area Office

Dave Jacobs, Director
Ann Rollins, Ombudsman
901 Westchester Dr.
Salina, KS 67401
913-826-8000

Topeka Area Office

Oliver Green, Director
235 S. Kansas Ave.
Topeka, KS 66603
913-296-2500

Wichita Area Office

John Sullivan, Director
Marilyn Wipple, Ombudsman
230 E. William
Wichita, KS 67202
316-337-7000

YOUTH CENTERS

Youth Center at Atchison

Harold Allen, Superintendent
913-367-6590

Youth Center at Beloit

Denis Shumate,
Superintendent
913-738-5735

Youth Center at Larned

Leo Herrman, Superintendent
316-285-2131

Youth Center at Topeka

Jim Trast, Superintendent
913-296-7701

STATE INSTITUTIONS

Kansas Neurological Institute, Topeka

Bob Day, Supt.
913-296-5301

Larned State Hospital

Mani Lee, Supt.
316-285-2131

Osawatomie St. Hospital

Stephen Feinstein, Supt.
913-755-3151

Parsons State Hospital

Gary Daniels, Supt.
316-421-6550

Rainbow Mental Health Facility, Kansas City

Martha Town, Supt.
913-384-1880

Topeka State Hospital

Randy Proctor, Supt.
913-296-4222

Winfield State Hospital and Training Center

William Brooks, Supt.
316-221-1200

REHABILITATION FAC.

KS Industries f/t Blind; Rehabilitation Ctr f/t Blind

Suzannah Erhart, Admin.
913-296-3311

KS Vocational Rehab Ctr

Pat Mitchell, Admin.
913-827-9356 (Salina)

Vocational Rehab Unit

Paul Galbraith, Admin.
913-232-2264

Administrative Services

1997-1998
Business Plan

Mary Hoover, Commissioner

February 10, 1997

ADMINISTRATIVE SERVICES

MISSION

Administrative Services provides quality operational support enabling SRS's staff to deliver services to their customers.

GOAL #1

Assure quality operational support services to agency customers.

Objectives:

Improve the quality of services provided by Administrative Services.

Strategies: *(A selected few.)*

1. To provide audit quality control and assurance system. *(Audit Services)*
2. To assign to a DIR Quality Action Team a study of all the processes involved in the life cycle of a request for service. *(Division of Information Resources)*
3. To manage reorganization of program responsibilities and services within Personnel Services through a team effort, seeking and utilizing customer input. *(Personnel Services)*
4. To establish SRS training advisory committee that will assimilate agency wide training assessment data and develop an overall agency training and development plan, document the SRS Training Delivery System and Plan and publish and distribute to customers. *(Staff Development)*
5. To obtain feedback from customers through a customer satisfaction survey. *(Area Office Administration)*
6. To respond to customer inquires within twenty-four hours. *(Communication and Agency Support)*
7. To develop a system for collecting and monitoring fraud hotline and Early Detection and Prevention (EDP) data. *(Legal Services)*
8. To develop and implement space use guidelines that establish standards of safety, flexibility, functionality, and economy. *(Administrative Services)*

9. To conduct statewide training for hearings to minimize delays in administrative fair hearings. (*Administrative Hearings*)
10. To track all reports of errors in information released for internal and external use, maintaining at least a 99% accuracy rate. (*Communication and Agency Support*)

The Administrative Services Commission and support units of SRS will increase our customers' satisfaction by providing quality operational support enabling SRS to deliver services to customers.

The Administrative Services Commission includes: Information Systems and Telecommunications Planning and Support, Strategic Planning and Support (facilities, purchasing, materials and records management), Financial Operations (receivables and payables), Reporting and Funds Management, and Audit Services. Other administrative/support units include: Executive Operations (budget, agency communications), Legal Services, Area Office Administration, Personnel Services, Staff Development (training), and Administrative Hearings (appeals).

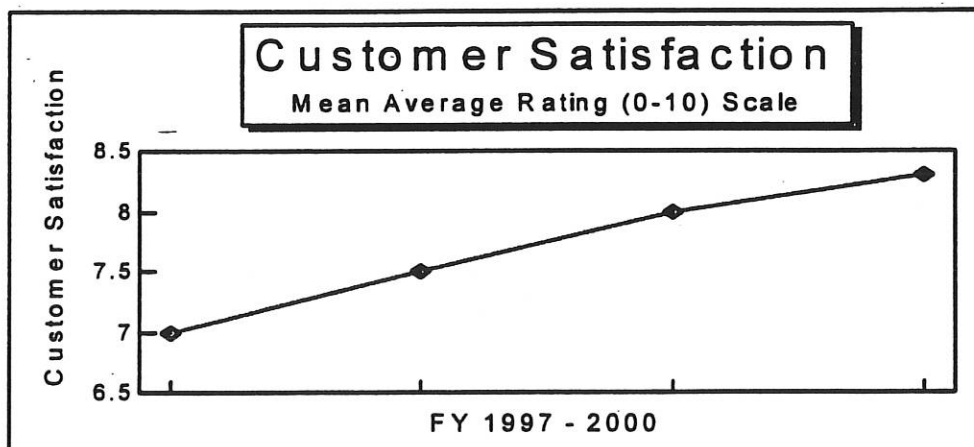
Performance
1
Measure

Contact Person for this measure: Betsy Thompson, 296-6753.

DEFINITION: Customer satisfaction will be measured via a random survey of staff. Mean average rating for customer satisfaction on a 0 (very dissatisfied) to 10 (very satisfied) point scale. The results of the customer satisfaction survey will be compiled quarterly. A survey form has been completed and implementation of the survey began in September.

DEMONSTRATES: The measure quantifies the quality of services by the level of customer satisfaction with Administrative Services.

ANALYSIS: We anticipate it may be very difficult to have high customer satisfaction ratings during this time of dramatic change. However, customer satisfaction should increase as the agency stabilizes and as implementation of various privatization initiatives, transfer of programs to other state agencies and closure of two state hospitals is successfully completed. Results from the first quarterly survey conducted in September, 1996 indicated a mean average customer satisfaction rating of 6.7%.



	<u>FY 1996</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>
Mean Average Rating of Customer Satisfaction	NA	7.0	7.5	8.0	8.3

GOAL #2

Assure support services provided to customers are cost effective.

Objectives:

Increase the cost effectiveness of services provided by Administrative Services.

Strategies: (A selected few)

1. To define and provide only those services that Administrative Services should and can deliver in order to meet customer requirements and expectations. *(Administrative Services)*
2. To competitively purchase equipment, supplies, and contract services requested. *(Administrative Services)*
3. To provide accurate and timely financial data one hundred percent of the time to facilitate management in making cost effective decisions. *(Administrative Services)*
4. To develop a system for monitoring dollar recoveries in the recipient fraud, medical subrogation and institutional programs. *(Legal Services)*
5. To identify obsolete or unreliable technologies and their costs, and develop plans to replace them with current proven and cost-effective technologies. *(Division of Information Resources)*
6. To use telephone hearing process whenever possible to maximize the efficient and effective use of staff time. *(Administrative Hearings)*
7. To increase awareness of the cost of records storage by conducting training for designated records officers throughout the agency on the effective use of the SRS records management system. *(Administrative Services)*
8. To coordinate worker safety and Return to Work initiatives in order to reduce worker compensation costs. *(Personnel Services)*
9. To review and coordinate all training related contracts initiated by SRS, combining contracts whenever feasible. *(Communication and Agency Support)*

Administrative Services Commission and support units of SRS will achieve an appropriate ratio of expenditures for administrative/support services as a percentage of total agency expenditures in order to provide quality operational support enabling SRS staff to deliver services to customers.

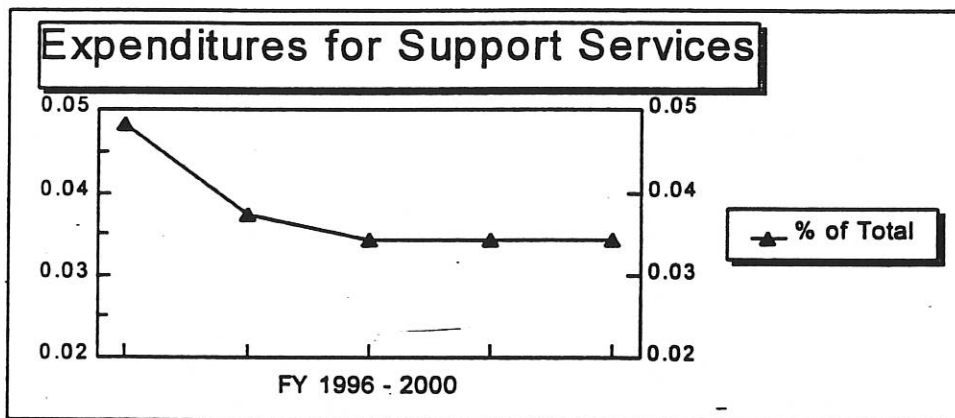
Performance
2
Measure

Contact Person for this Measure: Betsy Thompson, 296-6753.

DEFINITION: It was determined this measure is not an outcome or output, but is an efficiency measure that is a valid measure of performance. We attempted to find benchmark measures of administrative costs to compare our costs, but after much research, determined that none exist. There is no agreed upon definition of "administration", therefore, for these purposes we have defined administration and intend to track these costs over time.

DEMONSTRATES: This measure demonstrates the cost effectiveness of administrative services.

ANALYSIS: Expenditures for administrative/support as a percentage of total agency expenditures declines.



	<u>FY 1996</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>
Support Services Expenditures as a % of Agency Expenditures	4.82%	3.75%	3.43%	3.43%	3.43%

Adult and Medical Services

1997-1998
Business Plan

Ann Koci, Commissioner

February 10, 1997

MEDICAL SERVICES (Program 3400)

GOAL

To ensure the state Medicaid Program operates efficiently and economically within state and federal guidelines by utilizing a performance based outcomes approach.

Objectives:

Ensuring the Commission purchases quality services and enforces contractor performance expectations.

Strategies:

Perform outcome based quality management which focuses on improving health outcomes in specific clinic and non-clinical conditions pertinent to the Medicaid population with the overall goal of improving quality, access and utilization.

Include measurable performance outcomes in all contracts.

Perform routine monitoring of all contract's performance expectations.

Maintain a certified management information system which provides enhanced access to information.

Monitor that consumers have access to quality health care services and that services are used appropriately.

Continually evaluate the cost benefit of privatization.

Increase efforts to generate revenue through contingency fee collection contracts.

Barriers:

Non-Financial

None

Financial

Lack of experience in creating and analyzing data relevant to the monitoring and management of complex privatized systems.

Maintaining adequate resources for quality management, oversight, and monitoring as managed care expands statewide and adult services are privatized.

The Percentage of Medical Cards Distributed Accurately Will Increase.

Performance
Measure

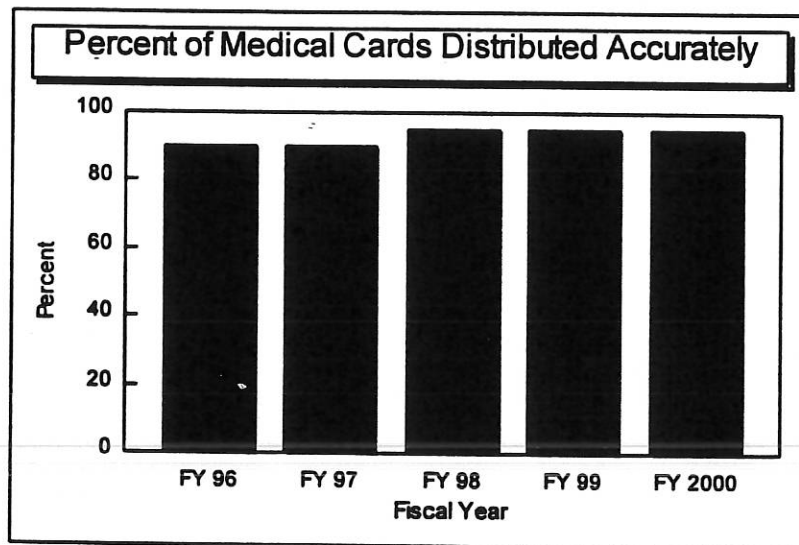
Contact person for this measure: Sandra Hazlett, (913) 296-3981

Definition: The number of correctly distributed medical cards divided by the total number of medical cards.

Demonstrates: Coordination between the eligibility system and Medicaid Management Information System, and accuracy of fiscal agent processes.

Analysis: AMS has decided to discontinue this as a separate measure. The accuracy of medical card distribution is being monitored under Proposed Performance Measure 1. If the contractor does not achieve the expected level of performance, penalties will be assessed through the contract compliance process.

Percent of Medical Cards Distributed Accurately	
Percent	FY 96 90%



The Percentage of Consultant and Service Contracts and Agreements Renewed Before the Expiration Date Will Increase.

Performance
2
Measure

Contact person for this measure: Sandra Hazlett, (913) 296-3981

Definition: The number of contracts and agreements renewed prior to the expiration date divided by the total number of contracts and agreements executed by AMS.

Demonstrates: Timely renewal of contracts and agreements prevents the need for extensions of old contracts and agreements.

Analysis: AMS has decided to discontinue this measure. 100% compliance has been achieved in the renewal of all contracts for the last 5 years.

Quality Management Cost Savings Will Increase.

Performance
3
Measure

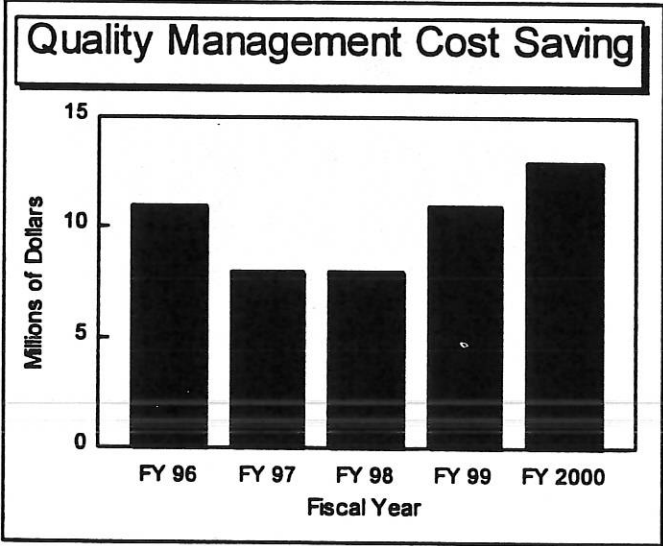
Contact person for this measure: Sandra Hazlett, (913) 296-3981

Definition: Medicaid expenditures recouped or avoided due to utilization review by the fiscal agent and the state's medical peer review organization.

Demonstrates: The Medicaid quality management program is shifting from retrospective reviews of individual providers' performance to health care outcomes for Medicaid consumers. As Medicaid shifts to outcome based performance measures, the effectiveness of education in altering providers' practices or billing patterns and the ability to affect change in consumer utilization patterns is demonstrated. Through enhanced coordination of benefit activities, the effectiveness of contingency fee collection contracts and new fiscal agent procedures will be demonstrated.

Analysis: AMS is temporarily withdrawing this performance measure. There may be a decrease in quality management savings due to the newness of the outcomes based philosophy and the change in fiscal agents. Total costs avoided should eventually rebound due to outcome based studies and the implementation of continuous quality improvement.

Quality Management Cost Savings	
	FY 96
Dollars	\$11m



6-15

Savings Due to Coordination of Benefits and Pursuit of Third Party Liability Will Increase

Performance
4
Measure

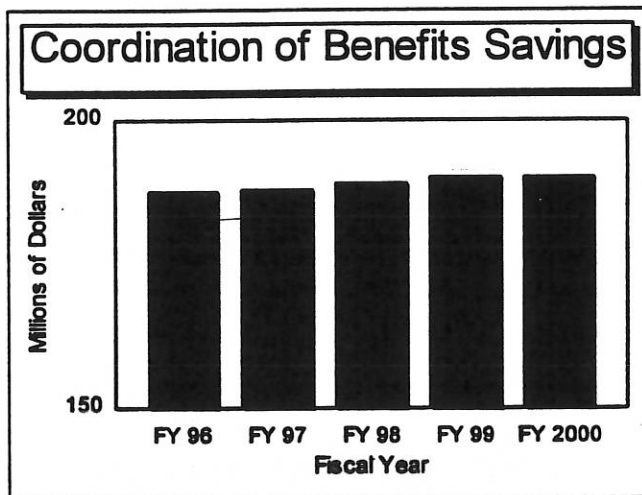
Contact person for this measure: Sandra Hazlett, (913) 296-3981

Definition: Medicaid expenditures avoided or recouped due other insurance coverage.

Demonstrates: The effectiveness of contingency fee collection contracts and new fiscal agent procedures will be demonstrated.

Analysis: AMS is temporarily withdrawing this performance measure. The contingency fee collection contractors are working on file layout development with the fiscal agent and have not begun pursuing collections. The new fiscal agent procedures began November 1, 1996, thus data is not available to show effectiveness. It is the goal to exceed the current saving baseline by the end of FY 1997.

Coordination of Benefits Savings	
	FY 96
Dollars	\$187,429,000



The Length of Time to Process Claims Will Decrease.

Performance
5
Measure

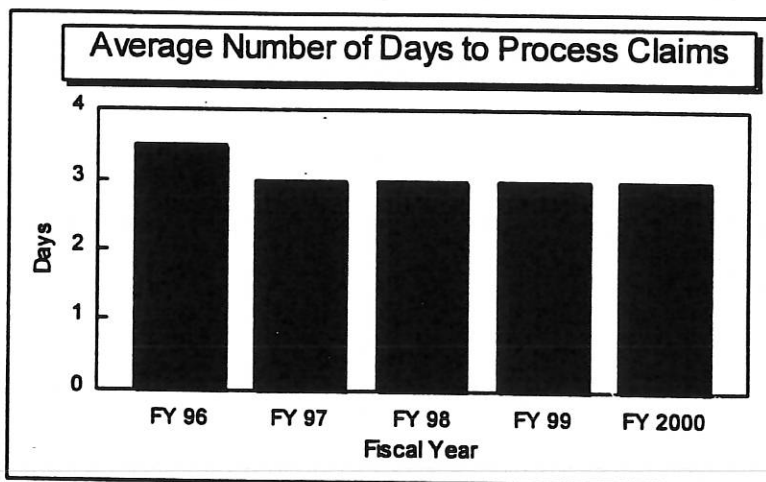
Contact person for this measure: Sandra Hazlett, (913) 296-3981

Definition: The average number of days to process claims.

Demonstrates: Clear communication with providers and efficiency of the Medicaid Management Information System and its processes.

Analysis: AMS has decided to discontinue this as a separate measure. The length of time to process claims is being monitored under Proposed Performance Measure 1. If the contractor does not achieve the expected level of performance, penalties will be assessed through the contract compliance process.

Average Number of Days to Process Claims	FY 96
Days	3.5



REGULAR MEDICAL ASSISTANCE (Program 3500)

GOAL

To maintain and improve the health of eligible families, aged, and disabled individuals while maintaining or reducing the rate of growth in expenditures.

Objectives:

To increase consumer participation in preventive and primary care programs while reducing care provided in inappropriate, costly settings.

Strategies:

Educate consumers, communities and agencies regarding preventive, primary and other health related services.

Complete the shift from a traditional fee-for-service health care system to a managed care system.

Continue to increase participation in the KAN Be Healthy program, a preventive health care program for children.

Barriers:

Non-financial

Uneven distribution of primary and preventive care providers across the state.

Lack of informed consumers regarding appropriate use of health services.

Financial

Lack of resources to fund adequate managed care rates and fee for service rates in future years.

The Percentage of Medicaid Beneficiaries Under the Age of 21 Participating in the KAN Be Healthy program of Screening and Preventive Care Will Increase.

Performance
Measure

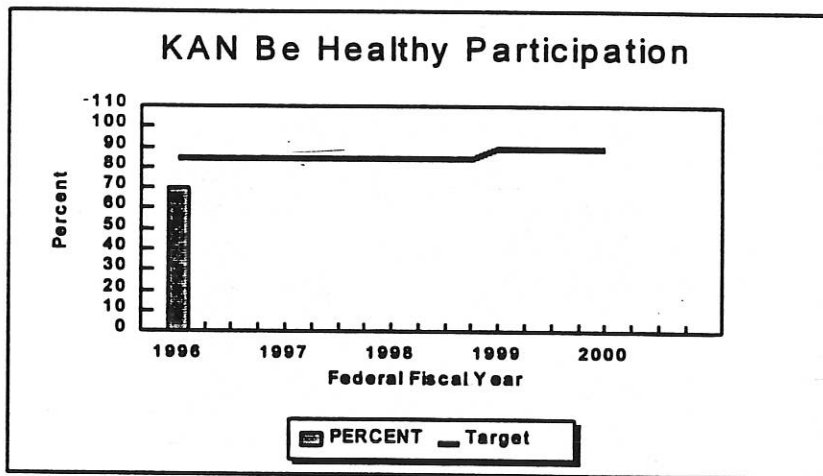
Contact person for this measure: Joyce Sugrue, (913) 296-3981

Definition: The percentage of beneficiaries participating in KAN Be Healthy as reported to HCFA.

Demonstrates: Increased levels of preventive health care will demonstrate that consumers are more likely to remain healthy.

Analysis: This measure has now been combined with a measure pertaining to preventive health care for adults in order to measure prevention for the entire eligible population.

Beneficiaries Participating in KBH
FY 96
Percentage 70%



The Percentage of Eligible Persons in Managed Care Counties Assigned a Primary Care Provider Will Increase.

Performance
Measure

Contact person for this measure: Joyce Sugrue, (913) 296-3981

Definition: The number of eligible persons in managed care counties assigned a primary care provider divided by the total number of such persons.

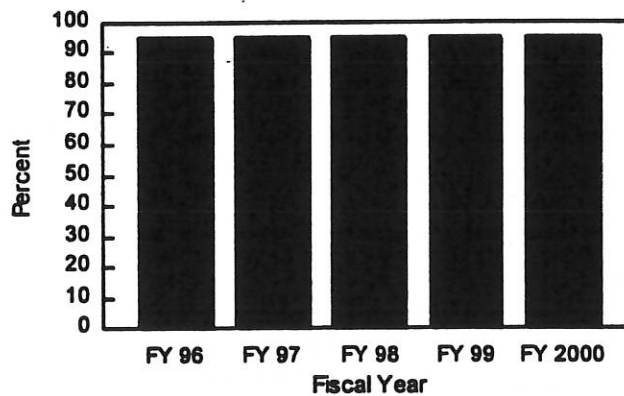
Demonstrates: Efficiency of the managed care assignment process.

Analysis: AMS has decided to discontinue this measure. This is not a good outcome measure for the success of managed care as there will always be a percentage of eligible beneficiaries unassigned because they are in the enrollment process making a choice.

**Percent of Beneficiaries Assigned
a Primary Care Provider**

Percent	FY 96 95%
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Percent of Beneficiaries Assigned a Primary Care Provider



Medicaid Beneficiaries' Use of Inpatient Hospital Services Will Decrease.

Performance
3
Measure

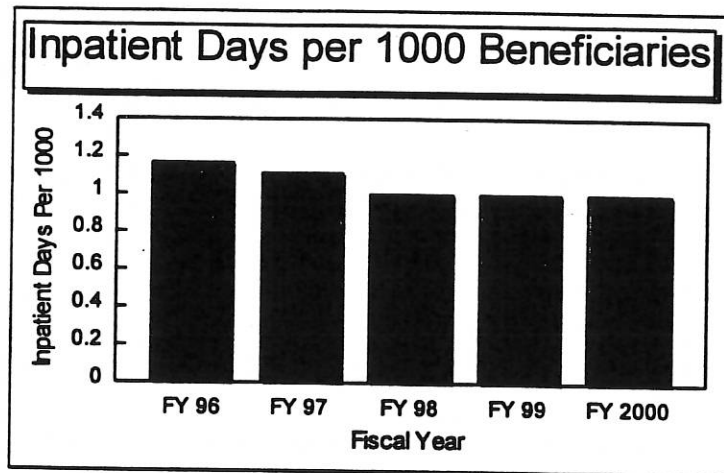
Contact person for this measure: Joyce Sugrue, (913) 296-3981

Definition: Number of patient hospital days per thousand Medicaid eligibles.

Demonstrates: Medicaid beneficiaries may be receiving services in more cost-effective settings or may be receiving more preventive care.

Analysis: AMS has decided to discontinue this measure. This measure is a common method to measure relative utilization. However, it is not indicative of beneficiaries having better or worse health, and therefore it is not an outcome measure.

Number of Inpatient Days per 1000 Beneficiaries	
Days	FY 96 1165



LONG TERM CARE/ADULT SERVICES (Program 3600)

GOAL

To provide long term care services in the least restrictive, most cost effective setting, from a single point of entry system, and to successfully separate and transfer the Nursing Facility, Case-Mix, and Home and Community Based Services for the Frail Elderly Waiver to the Kansas Department on Aging.

Objectives:

To maintain and support a system of Long Term Care (LTC) services that promotes individual choice, ensures appropriate placement, minimizes Medicaid costs and separates the aging population from the physically disabled for the transfer of the aging programs to the Kansas Department on Aging.

Strategies:

Successfully implement the two new Home and Community Based Services (HCBS) waivers approved by HCFA for the Frail Elderly and Persons with Disabilities.

Monitor and evaluate the use of the least restrictive and most cost effective care setting based on consumer needs for long term care services through the Area Medicaid Management staff and automated plans of care data.

Develop a system to expedite the delivery of HCBS services during the eligibility determination period, to reduce the risk of institutionalization.

Monitor and strengthen the effectiveness of privatized case management and counseling to ensure accountability for long term care HCBS expenditures.

Monitor and evaluate effectiveness of the Resident Status Review process, to determine if the formula needs refining, and to track the shift of consumers from the Nursing Facility (NF) program to HCBS program.

Coordinate the successful separation of the programs in Adult Services to transfer the programs for the elderly to the Kansas Department on Aging.

Utilize public information and education activities to promote the use of the least restrictive and least costly care settings for consumers.

Barriers:

Non-financial

Limited experience of service providers in coordinating multi-faceted plans of care involving several agencies.

Unequal distribution of qualified Home and Community Based Service providers throughout the state.

Delays in implementation of service plans for specific individuals because of dependence on program funding based on consumer eligibility.

Financial

As the Kansas population ages, and as medical technology sustains more lives, the needs of the elderly and persons with disabilities will become more complex, creating the demand for innovative community based services.

Additional resources will be necessary to meet the need to educate consumers, providers, and the general public regarding the availability and use of community based long term care services.

Customer-Focused Services: The Percentage of Resources in the Home and Community Based Services (HCBS)-Frail Elderly (FE) and Physically Disabled (PD) Programs Will Increase While Reducing the Percentage of Resources in the Nursing Facility Program.

Performance
1
Measure

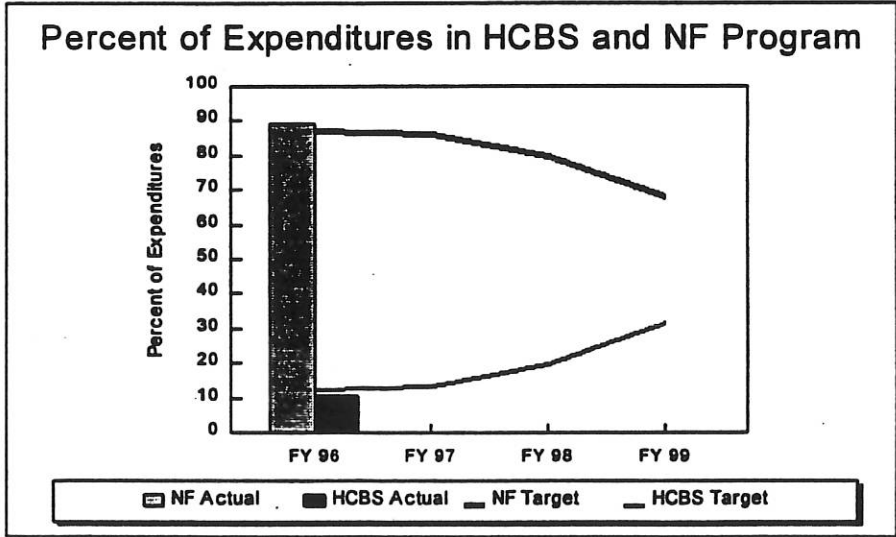
Contact Person for this Measure: Elaine Wells/Dona Booe, (913) 296-3981.

Definition: The desired outcome is to serve potential NF residents in lower level of care settings through the HCBS-FE and PD programs.

Demonstration: To show an inverse relationship between the percentage of resources used in the NF and HCBS programs as potential NF residents are served in alternative less intensive care settings. The HCBS-FE and PD expenditures and consumers should increase as NF residents are provided less intensive care services. The NF expenditures and caseload should decrease.

Analysis: The NF and HCBS expenditures will be tracked quarterly to determine the percentage of expenditures of each to the total expenditures. The percentage of HCBS expenditures to total should increase each quarter while the percentage of NF expenditures to total should decrease.

Percent of Expenditures	
	FY 96
NF	89%
HCBS	11%
Total	100%



The Percentage of Persons Diverted from Nursing Facility Placement Through the Pre-Admission Screening Program Will Increase.

Performance
2
Measure

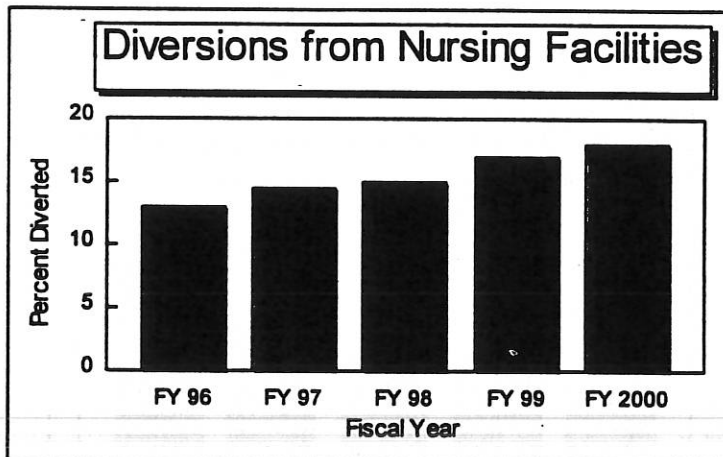
Contact person for this measure: Elaine Wells, (913) 296-3981

Definition: The percentage of potential nursing facility residents who are diverted because of the pre-admission screening program.

Demonstrates: This analysis demonstrates the potential savings in the nursing facility budget due to diverting potential residents by pre-admission screenings which determine if persons are eligible for that level of care or can be provided lower cost alternative services.

Analysis: AMS has decided to discontinue this measure. This analysis was not maintained because it would be a duplication of effort for work already performed by the Kansas Department on Aging staff. If both agencies used the same performance measure, it would take close coordination of the analysis to ensure consistent reporting of the data and results. It was decided that only one agency should be responsible for the tracking and analysis. Since the Department on Aging staff are responsible for the pre-admission screening, it seemed reasonable to have them analyze the effectiveness of the program.

Diversions from Nursing Facilities	
	FY 96
Percent Diverted	13%



6-25

The Average Case Mix for Participating Nursing Facilities Will Increase.

Performance
3
Measure

Contact person for this measure: Elaine Wells, (913) 296-3981

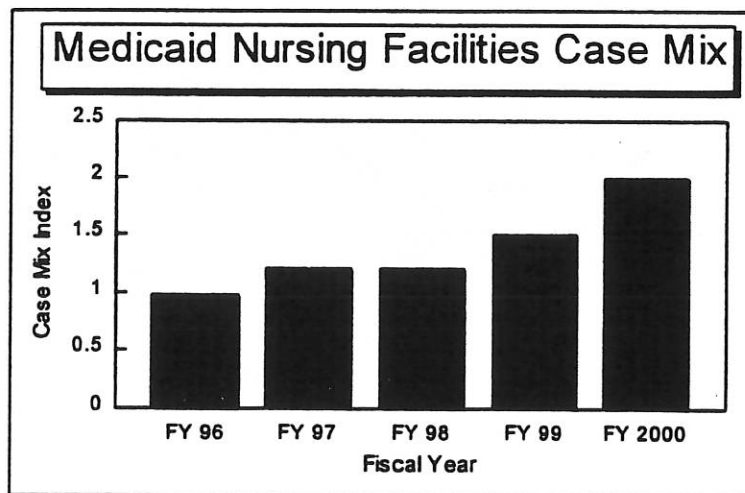
Definition: Monitor the change in the average case mix index in nursing facilities to determine if residents have heavier care needs.

Demonstrates: The analysis will attempt to verify that nursing facility residents require heavier care than those who received care in the past.

Analysis: AMS has decided to discontinue this measure. It was found that over time there are not significant changes in the average case mix in the nursing facilities. If a provider is serving residents who require heavier care, they consistently serve those with heavy care needs. Likewise, the nursing facilities who serve lighter care residents consistently serve those with lighter care needs.

The case mix index is normalized each year to an average case mix index of one. The case mix index is a resource allocation tool. For appropriate allocation of resources, the case mix index is recalibrated annually with the rebasing of costs. Therefore as the raw average case mix index increases or decreases each year, it is still represented by a statewide average of one. This again makes the analysis of changes in the case mix index less meaningful.

Medicaid Nursing Facilities Case Mix	
	FY 96
Average Case Mix	.98



6-26

Alcohol and Drug Abuse Services

1997-1998
Business Plan

Andrew O'Donovan, Commissioner

February 10, 1997

ALCOHOL AND DRUG ABUSE SERVICES

MISSION

Provide leadership for reducing alcohol and other drug abuse in Kansas.

GOAL # 1

Provide access to quality, community-based prevention, assessment and treatment services for Kansans in five alcohol and drug service delivery regions.

Objectives:

Continue to implement and evaluate a Kansas Alcohol and Drug Managed Model as a cost-effective framework for managing access to community-based prevention, assessment and treatment services.

Strategies:

Fund and evaluate a management organization to develop, monitor and reimburse contracts for a statewide network of privatized prevention centers and treatment providers.

Fund and evaluate five Regional Alcohol and Drug Assessment Centers as a central point of contact for assessments, referrals to treatment and managing the care of the more than 18,000 Kansans needing help for their alcoholism and drug addiction problems annually.

Continue to monitor the effect of the closure of the substance abuse units at Osawatomie and Larned State Hospitals to determine the adequacy of community programs and the effect that it has had on access for persons with substance abuse problems.

Continue to implement an alcohol and drug screening, assessment and referral process as part of the Kansas Welfare Reform Plan.

Operate a management information outcome system that collects and analyzes prevention and treatment data and other information for program and policy planning, evaluation and public education purposes.

Evaluate the effectiveness of treatment in the lives of individuals six months after completing alcohol and drug treatment services.

Evaluate the effectiveness of prevention services in reducing the risk of substance abuse for youth, their families and communities.

License 275 public and private treatment programs and certify more than 1,000 substance abuse counselors as part of the quality assurance process.

GOAL # 2

Support a comprehensive, coordinated, and unified plan for alcohol and drug prevention, assessment and treatment services that meets the needs of Kansas families and communities.

Objectives:

Develop collaborative, coordinated and cooperative relationships at the state, local and national levels to enhance effectiveness.

Strategies:

Provide prevention risk assessment data to state and local agencies as a foundation for policy and program planning in addressing five youth behavioral issues: substance abuse, teen pregnancy, violence, delinquency, and school dropout.

Provide treatment needs assessment data to state and local agencies as a foundation for policy and program planning.

Provide prevention and treatment performance outcome instruments and survey results to state and local agencies as a foundation for evaluating program and service effectiveness.

Serve as a resource in facilitating a coordinated process that will result in a data, research and consumer-driven strategic plan to effectively address substance abuse problems in Kansans.

Reduce the Number of Days of Alcohol and Cocaine Use

Performance



Measure

Contact person for this measure: David Chapman, 296-3925

Definition: This measure indicates that successful completion of substance abuse treatment will reduce alcohol and other drug usage as measured at a six month follow-up after discharged from treatment.

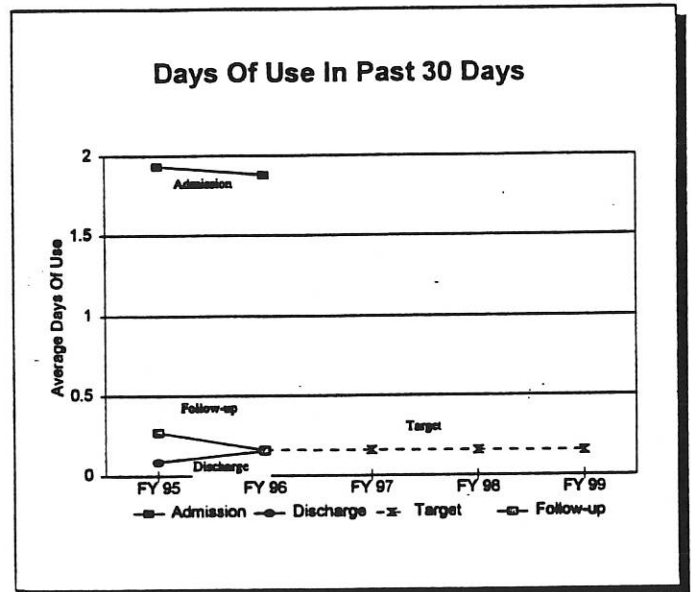
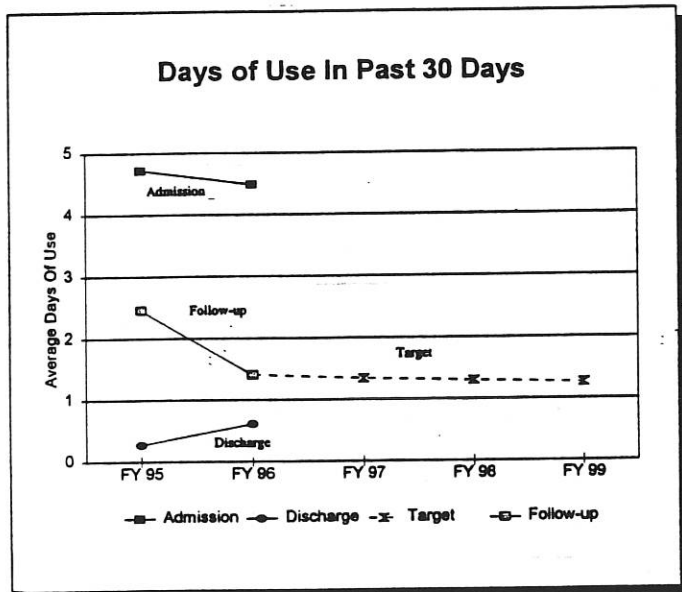
Demonstrates: Reduction in use of alcohol and other drugs demonstrates that the severity of addiction decreases after treatment.

Analysis: All clients are being assessed with a standard assessment tool which places clients in the most appropriate form of treatment. Improvements in this area could be attributed to the use of the standard assessment tool.

These results will be documented through application of the Addiction Severity Index (ASI) survey that is administered by treatment programs at admission and discharge. The ASI measures the severity of the clients addiction in seven areas. Kansas State University conducts the six month follow-up survey.

Average Alcohol Use Past 30 Days		
	FY 95	FY 96
Admission	4.720	4.482
Discharge	0.273	0.606
Follow-up	2.462	1.408

Average Cocaine Use Past 30 Days		
	FY 95	FY 96
Admission	1.934	1.879
Discharge	0.085	0.155
Follow-up	0.272	0.161



6-30

Reduce the Dependency on Public Assistance at the Six Month Follow-up

Performance



Measure

Contact person for this measure: David Chapman, 296-3925

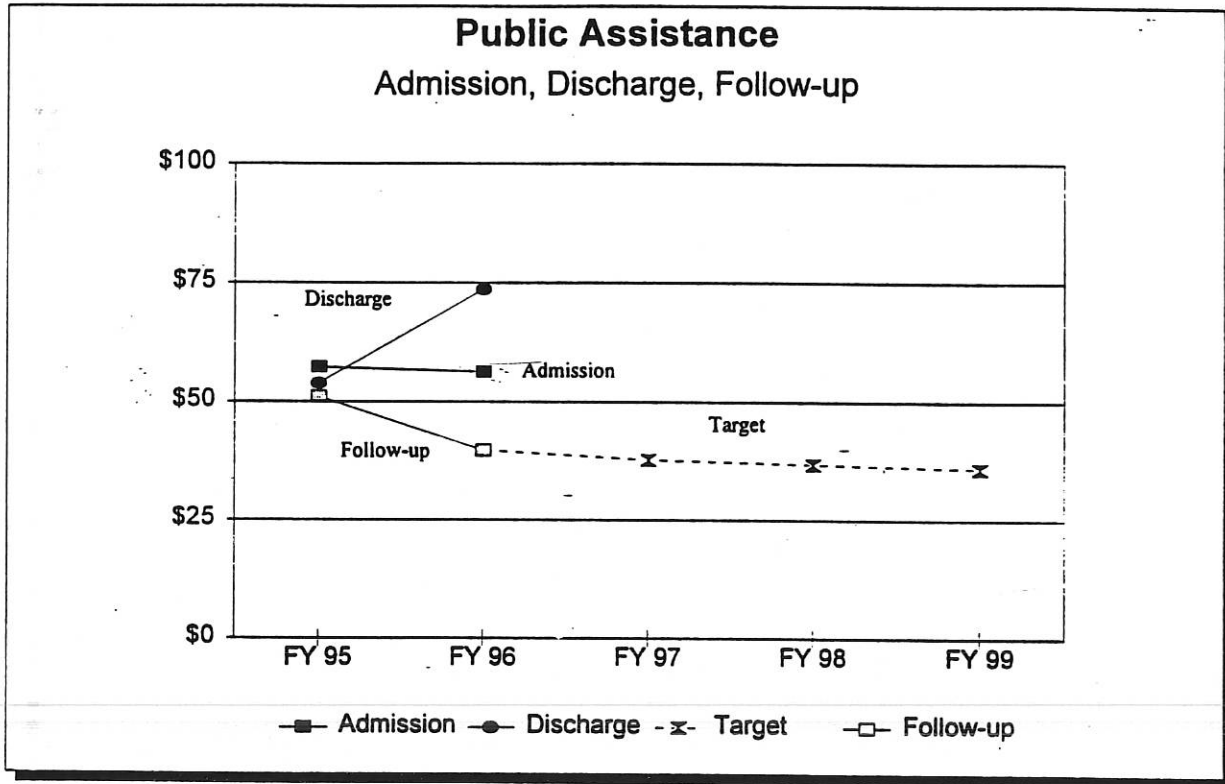
Definition: Clients that successfully complete substance abuse treatment will reduce their dependency on public assistance.

Demonstrates: Increased employment and less dependence on public assistance as a result of treatment.

Analysis: The alcohol and drug abuse treatment programs are providing more continuing care services and support services for the clients in treatment over the past year. Support services provided by alcohol and drug abuse treatment programs address client employment issues, housing needs and other issues as identified by the Addiction Severity Index (ASI). A decrease in the use of public assistance could be attributed to the emphasis on continuing care services and supportive services provided by the alcohol and drug abuse treatment programs.

These results will be documented through application of the ASI survey that is administered by treatment programs at admission and discharge. The ASI measures the severity of the clients addiction in seven areas. Kansas State University conducts the six month follow-up survey.

Average Public Assistance Dollars Past 30 Days		
	FY 95	FY 96
Admission	\$57.28	\$56.31
Discharge	\$53.90	\$73.76
Follow-up	\$51.12	\$39.69



6-31

Increase In Income After Treatment

Performance



Measure

Contact person for this measure: David Chapman, 296-3925

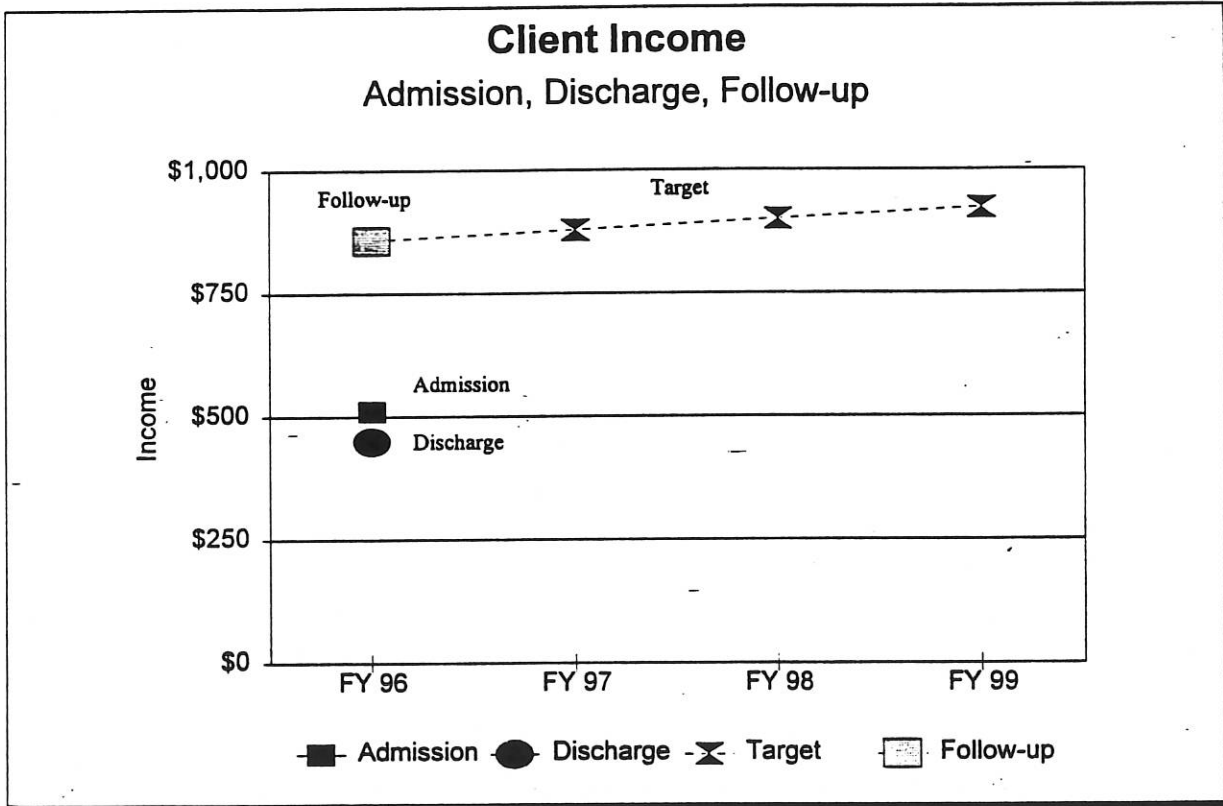
Definition: As severity of addiction is reduced, income from employment will increase.

Demonstrates: Substance abuse treatment is a cost effective process that benefits all Kansans.

Analysis: The alcohol and drug abuse treatment programs are providing more continuing care services and support services for the clients in treatment over the past year. Support services provided by alcohol and drug abuse treatment programs address client employment issues, housing needs and other issues as identified by the Addiction Severity Index (ASI). An increase in the average income at follow-up could be attributed to the emphasis on continuing care services and support services provided by the alcohol and drug abuse treatment programs.

These results will be documented through application of the ASI survey that is administered by treatment programs at admission and discharge. The ASI measures the severity of the clients addiction in seven areas. Kansas State University conducts the six month follow-up survey.

Monthly Income	
FY 96	
Admission	\$510.32
Discharge	\$448.87
Follow-up	\$857.18



6-32

Increase Attitudes Opposed to Alcohol, Tobacco, and other Drug Use By Youth

Performance



Measure

Contact person for this measure: Judy Donovan, 296-3925

Definition: This is a measure of the percentage of Kansas youth in grade 12 who participated in the Kansas Communities The Care Survey and indicate they would be seen as "cool" by their peers if they smoked cigarettes, began drinking regularly or smoked marijuana. The survey is administered by the Southeast Kansas Education Service Center. National data is from the annual Monitoring the Future survey which measures attitudes of 12th graders. Kansas also targeted outcomes for Fiscal Years 1997, 1998 and 1999. The 13 Regional Prevention Centers are addressing this performance measure by helping community members identify, prioritize and address local risks and then facilitate a local planning process to select and implement research-based strategies shown to reduce risk: public education, family management and parent training, and community mobilization. The Centers also deliver services to at-risk youth, families and community agencies. The University of Kansas is conducting an ongoing evaluation of these strategies in reducing risk and increasing protection.

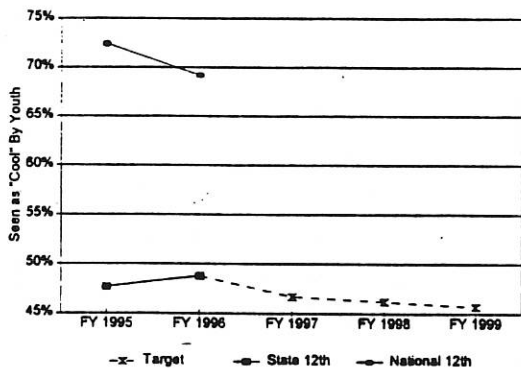
Demonstrates: The Commission's commitment to increasing attitudes opposed to alcohol, tobacco, and other drugs use especially in the areas of accessibility. During the elementary school years, children usually express anti-drug attitudes. However, in middle school, as others they know participate in drug use, their attitudes shift toward greater acceptance of use. This acceptance places them at high risk, especially in the areas of accessibility and acceptability. During the elementary school years, children usually express anti-drug attitudes. However, in middle school, as other they know participate in drug use, their attitudes shift toward greater acceptance of use. This acceptance places them at high risk.

Analysis: The acceptance of alcohol, tobacco, and marijuana use among high school seniors has decreased in Kansas and nationwide. Kansas seniors are less accepting of marijuana and tobacco use than their national counterparts but more accepting of alcohol use.

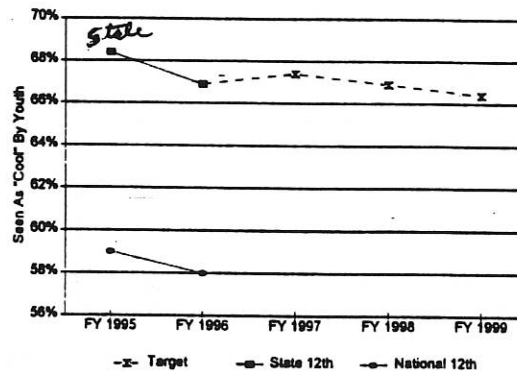
In general, Kansas' 6th, 8th, 10th and 12th graders have attitudes that are increasingly favorable to drug use.

Attitudes and perceptions about drug use often precedes behavior; consequently, this Kansas trend could signal significant increases in use unless program strategies are intensified.

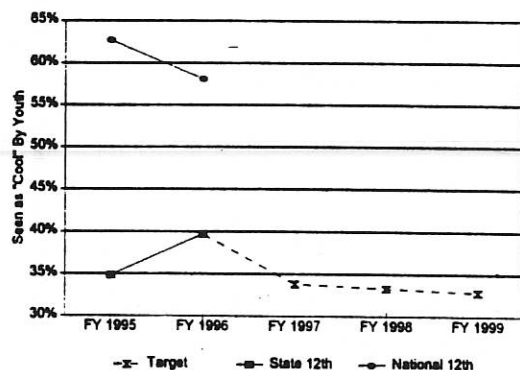
Tobacco Acceptability By Youth



Alcohol Acceptability By Youth



Marijuana Acceptability By Youth



6-33

Reduce the Number of New Users of Alcohol, Tobacco and Other Drug Use

Performance



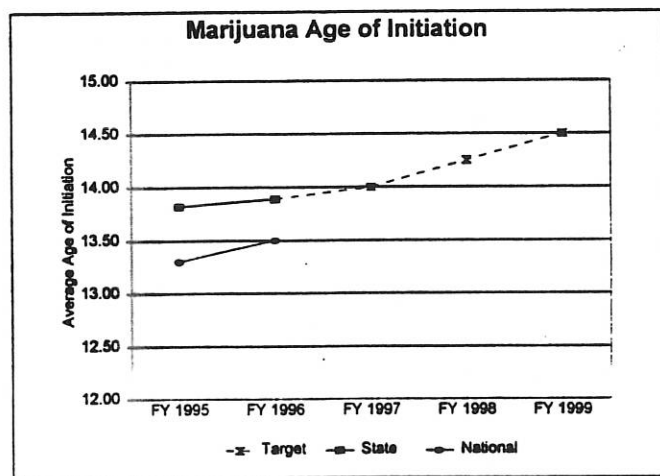
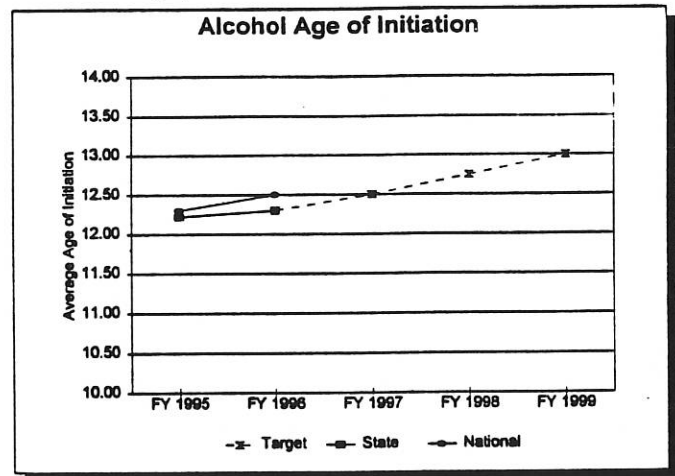
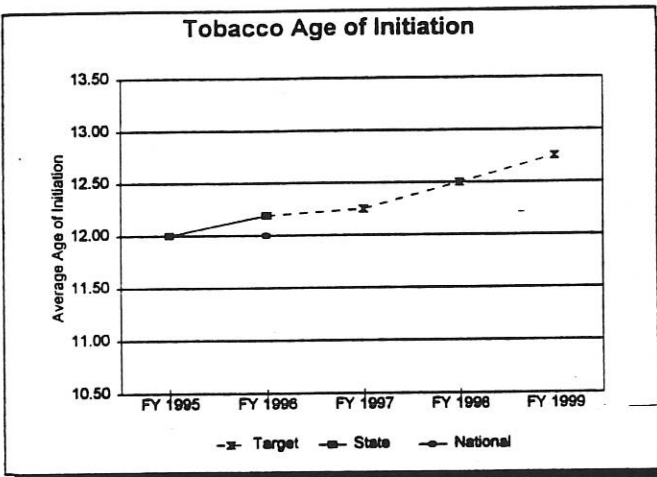
Measure

Contact person for this measure: Judy Donovan, 296-3925

Definition: This is a measure of the average age of first cigarette, alcohol, and marijuana use among the more than 32,000 students in grades 6, 8, 10 and 12 who participated in the Kansas Communities That Care survey administered by the Southeast Kansas Education Service Center. National data is from the annual Monitoring the Future survey which measures 8, 10 and 12th grade use. Kansas has also targeted outcomes for Fiscal Years 1997, 1998 and 1999. The 13 Regional Prevention Centers are addressing this performance measure by helping community members identify, prioritize and address local risks and then facilitate a planning process to select and implement multiple research-based strategies shown to reduce risk: public education, family management and parent training and community mobilization. The Centers are also delivering services to at-risk youth, their families and community agencies. The University of Kansas is conducting an ongoing evaluation of the effectiveness of these strategies in reducing risk and increasing protection.

Demonstrates: The Commission's commitment to prevent new youth users of alcohol, tobacco, and other drugs. The earlier young people begin using drugs, the greater the likelihood that they will have problems with these behaviors later on. Research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait after the age of 19.

Analysis: Kansas 8th, 10th and 12th graders begin using tobacco and marijuana at a later age then their national counterparts. However, Kansas youth begin to use alcohol at an earlier age then their national counterparts. The age of first use of tobacco, alcohol and marijuana by Kansas 8th, 10th and 12th graders has increased from Fiscal Year 1995 to Fiscal Year 1996.



Reduce Alcohol, Tobacco and other Drug Use by Kansas Youth

Performance



Measure

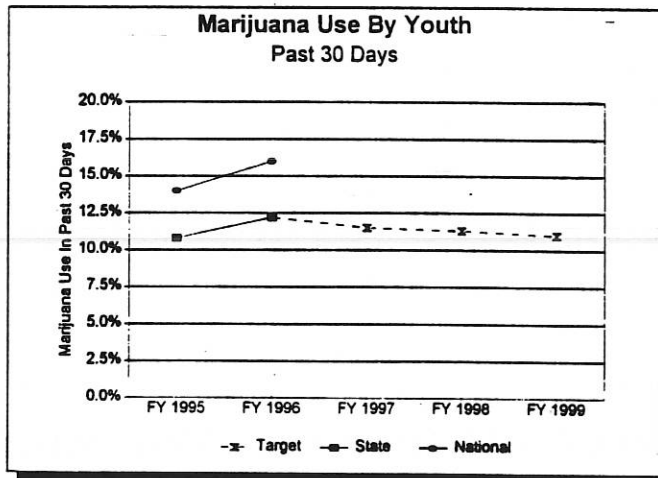
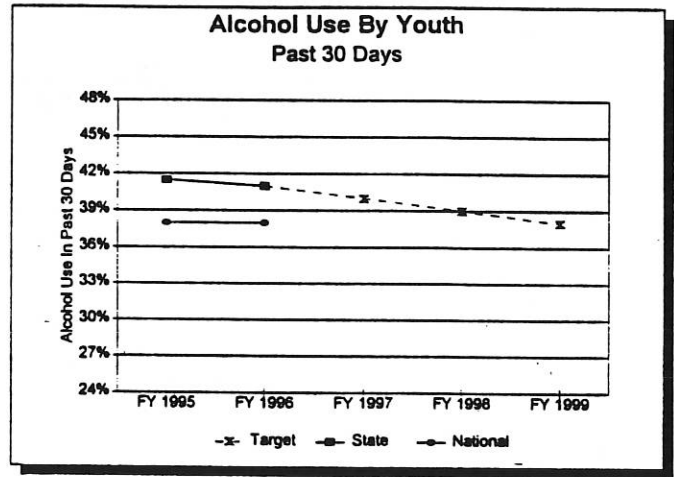
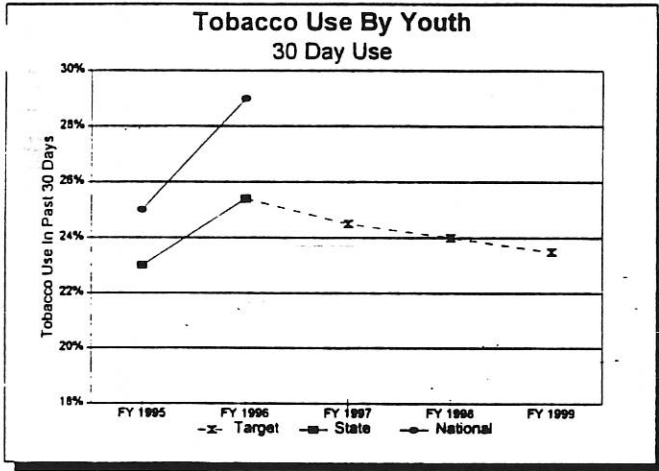
Contact person for this measure: Judy Donovan, 296-3925

Definition: This is a measure of the percent of the more than 32,000 Kansas youth in grades 6, 8, 10 and 12 who participated in the annual Kansas Communities That Care Survey administered by Southeast Kansas Education Service Center. The data indicates if they have used cigarettes, drank beer, wine or hard liquor, or smoked marijuana at least once in the last 30 days. National data is from the annual Monitoring the Future Survey which measures use in grade 8, 10 and 12. Kansas has projected performance outcomes for Fiscal Year 1997, 1998 and 1999. The 13 Regional Prevention Centers are addressing this performance measure by helping community members identify, prioritize and address local risks and then facilitate a planning process to select and implement multiple research-based strategies shown to reduce risk: public education, family management and parent training, and community mobilization. The Centers are also delivering services to at-risk youth, their families and community agencies. The University of Kansas is conducting an ongoing evaluation of the effectiveness of these strategies in reducing risk and increasing protection.

Demonstrates: The Commission's commitment to preventing substance use among youth, especially the "gateway" drugs—alcohol, tobacco and marijuana. Early use of these drugs put young people at risk for substance abuse, and other problem behaviors such as teenage pregnancy, violence, delinquency, HIV and school drop-out.

Analysis: Kansas 8th, 10th and 12th graders have used less tobacco and marijuana in the past 30 days than their national counterparts. However, their past 30 day alcohol use is higher than national averages.

This trend supports the premise in Performance Measure 4 that where there are more accepting attitudes toward drugs, there are higher levels of use.



6-35

Child Support Enforcement

1997-1998
Business Plan

John Badger, Chief Counsel

February 10, 1997

CHILD SUPPORT ENFORCEMENT

MISSION

To ensure the rights of parentage and financial stability of children by establishing and enforcing child and medical support from responsible parties in an efficient and cost effective manner that meets federally mandated requirements, minimizes the need for public assistance and the burden on the taxpayer and treats parents equitably.

GOAL #1

All children have parentage established.

Objectives:

To increase the percentage of IV-D children for whom parentage has been established by at least 3% per year.

Strategies:

Continue hospital out reach program for paternity establishment.
Continue IM/CSE paternity referrals when alleged fathers are in the home of AFDC applicants.
Seek approval of expedited administrative processes for paternity establishment.
Improve automation capabilities to support location and establishment efforts.
Provide public education through doctors, clinics and prenatal programs on the benefits and process of paternity establishment.

Increase the Percentage of Children for whom Paternity is Established

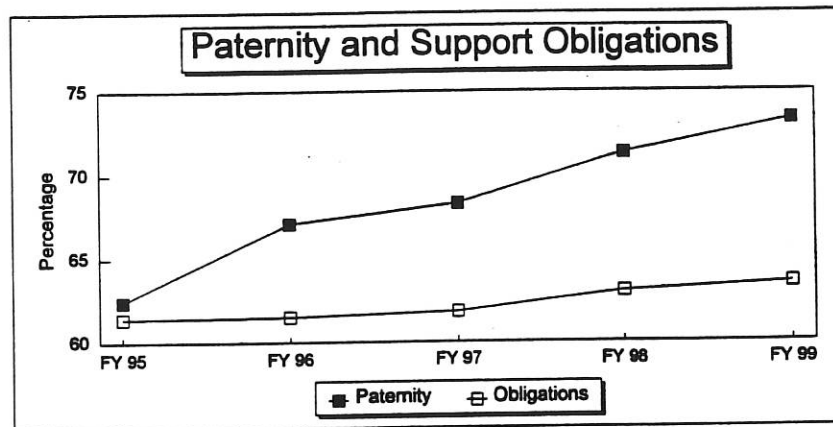
Performance
1
Measure

Contact person for this measure: Ralph Malott, 296-3237

Definition: The percentage of children in the caseload who have paternity and support obligations established is measured regularly.

Demonstrates: This measure demonstrates effectiveness in resolving paternity and establishing child support obligations as the basis for protecting the rights and fiscal stability of children

Analysis: The rate of children born out of wedlock has had a history of significant increase in the population in general and particularly the public assistance clientele. It is anticipated that continued education and outreach efforts, as well as implementation of administrative establishment procedures and CSE staff emphasis will allow for continued success in establishing parentage and support obligations.



	<u>FY 95</u>	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 99</u>
Percentage of children with paternity established	62.4	67.1	68.3	71.3	73.3
Percentage of cases with a child support obligation	61.4	61.5	61.8	63	63.5

GOAL #2:

Children in IV-D cases receive financial support from non-custodial parents.

Objectives:

To increase total collections by at least 12% per year.

To increase the percentage of current support collected by at least 2% per year.

Strategies:

Continue current enforcement remedies and efforts.

Review and modify support obligations to reflect case circumstances and income each 36 months or upon request.

Increase effort to calculate and collect judgement interest.

Increase usage of private legal process servers and collections services.

Seek approval of expedited administrative processes for child obligation establishment and enforcement.

Improve automation capabilities to support location, asset identification and establishment and enforcement efforts.

Establish a Statewide Support Order Registry.

Establish an interface with the State and Federal New Hires Registry.

**Enforce and Collect Support on Behalf of Families
and as Reimbursement for Public Assistance.**

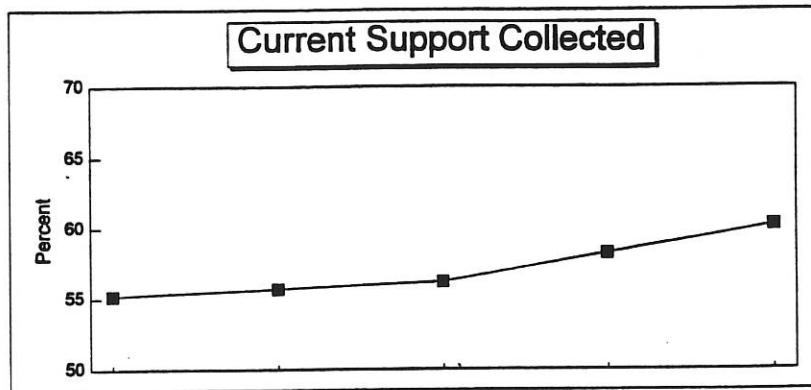
Performance
2
Measure

Contact person for this measure: Ralph Malott, 296-3237

Definition: The percentage of current support collected is the comparison of the monthly support coming due each month to the amount that is collected.

Demonstrates: The percentage of current support collected measures the programs effectiveness in collecting the support which comes due each month. It is a measure of the on-going regular income which a family would have available.

Analysis: With the switch to performance based enforcement contracts, and continuing expansion of income withholding, it is expected that collection of current support will continue to increase. However, major emphasis on establishing new orders may slow the rate of growth.

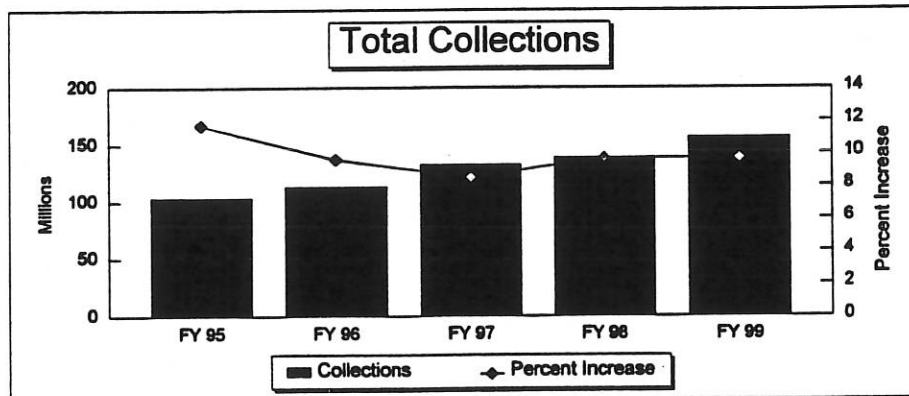


	<u>FY 95</u>	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 99</u>
Percentage of current support collected	55.2	55.7	56.2	58.2	60.2

Definition: The measure of the total amount collected each year compares collections of both current support and arrearages owed to families and the State. The Percentage of Increase from year to year is charted against the increasing total.

Demonstrates: This measure demonstrates the program's continued growth in enforcing and collecting all support owed.

Analysis: The Program has established a history of increasing overall collections to the benefit of both families and the State. While the total collected has been steadily increasing, the percentage of increase has slowed.



	<u>FY 95</u>	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 99</u>
Percentage Increase	11.7	9.6	8.5	9.7	9.7
Total Collections	\$103,451,010	\$113,585,305	\$133,114,706	\$139,198,041	\$157,189,388

GOAL #3:

Children in IV-D cases have health insurance coverage.

Objectives:

- To increase the percentage of children having a medical support obligation.
- To increase the number of children covered by health insurance.

Strategies:

- Improve automation capabilities to support location, medical resource identification and establishment efforts.
- Increase usage of private legal process servers.
- Review medical status when circumstances change or annually, to determine if a medical support obligation activity is appropriate.
- Increase the use of medical withholding to enforce obligations.
- Seek Legislative approval of expedited administrative processes for medical obligation establishment and enforcement.
- Enhance the interface with the Medicaid Fiscal Agent.

Increase the Percentage of Children with Health Insurance Coverage

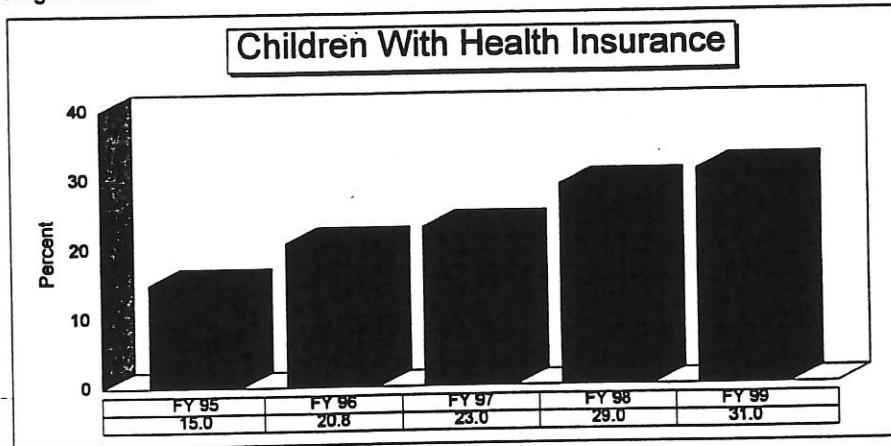
Performance
3
Measure

Contact person for this measure: Ralph Malott, 296-3237

Definition: The percentage of current support collected is the comparison of the monthly support coming due each month to the amount that is collected.

Demonstrates: This measure demonstrates the Program's effort to establish and enforce medical support provisions.

Analysis: Continued efforts to establish and enforce medical support provisions are resulting in more children being covered by health insurance which defray's expenses by Medicaid. Continuing enforcement is expected to result in continuing increases.



6-42

GOAL #4:

Avoid or reduce dependence on the public treasury.

Objectives:

- Through the collection of child support, reduce dependence on AFDC funds.
- To increase by 15% the amount of support collected on behalf of families not currently receiving AFDC.
- To increase the amount of revenue retained on behalf of the state.
- To increase the amount of Medicaid expenditures recovered.

Strategies:

- Develop and implement additional automation capabilities to support all child and medical support functions.
- Increase the use of income withholding to enforce obligations.
- Increase use of performance based enforcement contracts.
- Continue current enforcement remedies and efforts.
- Enhance the interface with the Medicaid Fiscal Agent.

Avoid or Reduce Dependence on the Public Treasury

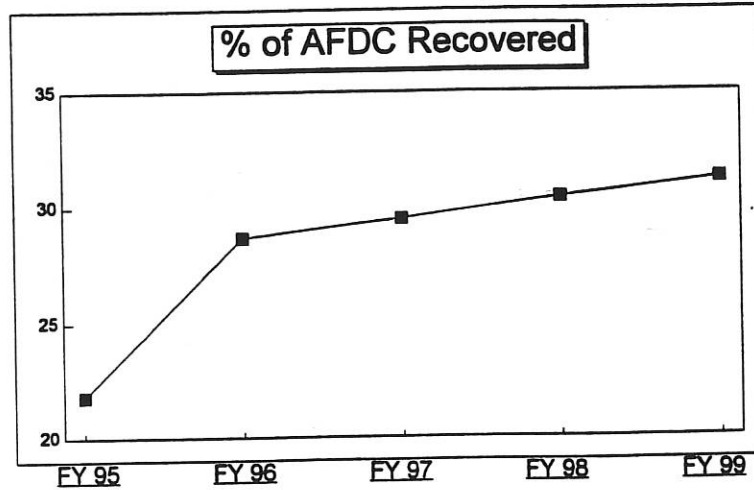
Performance
4
Measure

Contact person for this measure: Ralph Malott, 296-3237

Definition: The measure compares the amount of child support collected for families who are receiving cash assistance to the amount of cash assistance paid out for the year.

Demonstrates: This measure demonstrates the Program's effort to recover public funds paid for children whose parent has an obligation to support them

Analysis: The percentage of public assistance recovered continues to increase as more parents are held responsible to support their children.

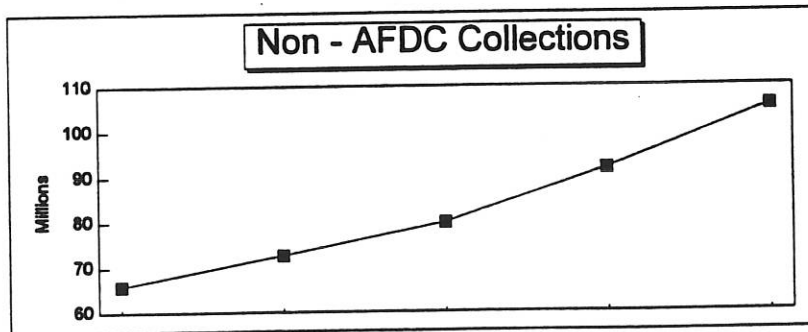


% of AFDC recovered by collection of child support	FY 95	FY 96	FY 97	FY 98	FY 99
	21.8	28.7	29.5	30.4	31.2

Definition: Collections on behalf of families not receiving cash public assistance.

Demonstrates: This measure demonstrates the Program's results in collecting support due to families who are currently avoiding cash public assistance.

Analysis: Collection of support helps families remain independent of public assistance. (Over 60% of these families have previously received public assistance). The non assistance caseload, and collections are expected to continue to grow, requiring ever increasing resources to establish, monitor, enforce and process support in their behalf.



Non-AFDC Collections	FY 95	FY 96	FY 97	FY 98	FY 99
	\$65,883,846	\$72,523,159	\$79,775,475	\$91,741,796	\$105,503,066

6-44

Children and Family Services

1997-1998
Business Plan

Teresa Markowitz, Commissioner

February 10, 1997

CHILDREN AND FAMILY SERVICES

MISSION

Create conditions for family members to safely care for and nurture one another by responding to social conditions that threaten individual well-being and public safety.

GOAL #1

To provide for the safety and security of children in their own homes or in other permanent families in order to achieve their maximum potential as productive citizens.

Objective #1:

Safely maintain children in their own homes and prevent the unnecessary separation of the child from the family.

Strategies:

Determine the need for and level of intervention required to ensure the safety of the child.

Engage families in the development and execution of plans to ensure the ongoing safety of their children.

Seek custody and substitute care only when the family is unable to meet the child's safety needs.

Implement an integrated worker to ensure seamless service delivery with focus on intake and assessment.

Refer families in crisis with a high risk of having a child removed from the home to the family preservation contractor.

Work with partners such as the Attorney General, district attorneys and judges to increase effectiveness in the area of child protective service investigations particularly related to the determination of persons responsible for perpetrating abuse and neglect, including filing of charges and prosecution.

Barriers:

State and federal statutory bias which supports out-of-home placements.

Federal financing is greater for out-of-home placement than for in-home services.

Safety - Increase the Safety of Children in Foster Care

Performance
I
Measure

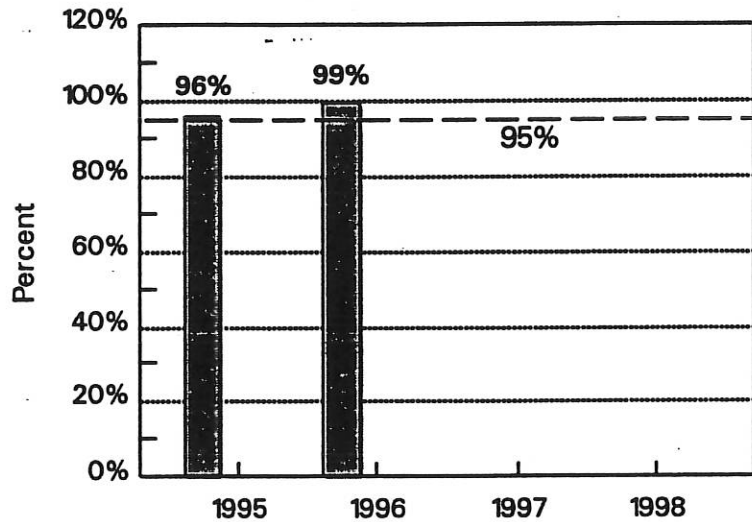
Contact person for this measure: Mike Clarkin, 913-296-4638

Indicator: 95% of children in out-of-home placement will not have a confirmed report of child abuse. The measure represents abuse by caretakers of a child in the State's custody who is placed in an out-of-home placement. Relative foster parents are included as are unpaid foster parents and children in group homes, state institutions and emergency shelters.

Demonstrates: One indicator of how well foster parents are evaluated and trained.

Analysis: FY 1997 will be base year for data. Data from FY 1996 shows that 99% of children in an out-of-home placement did not have a confirmed report of child abuse. Data for FY 1995 shows that 96% did not have a confirmed report of child abuse.

YEAR	PERCENT
1995	96%
1996	99%
1997	
1998	



Permanence - Fewer Children will Enter Foster Care

Performance
2
Measure

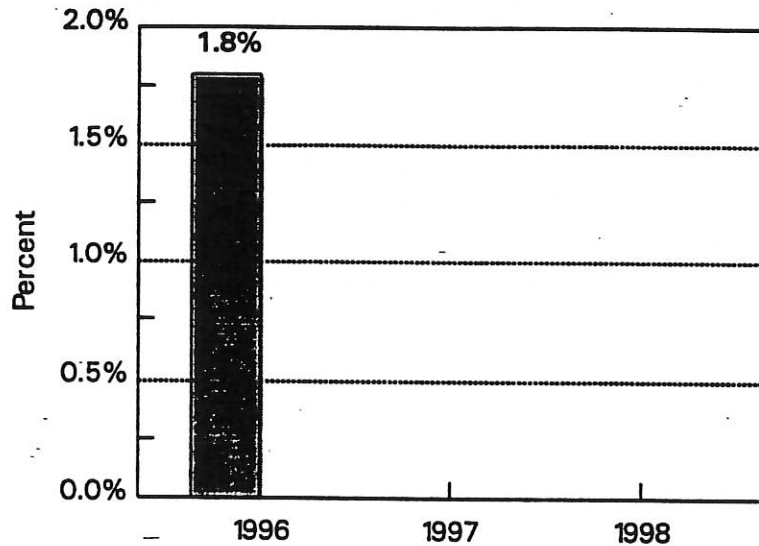
Contact person for this measure: Mike Clarkin, 913-296-4638

Indicator: 2% annual decrease in children who enter foster care from their own home. Includes all placements except emergency, respite and hospital. A child is counted each time placed in care.

Demonstrates: Fewer placements reflect success in the agency's goal of serving more children in their own homes. Foster care recidivism is captured in this data so the measurement also will be indicative of the agencies ability not to return children home before the child is ready to be reintegrated into its own home.

Analysis: There was a 1.8% reduction for FY 1996.

YEAR	PERCENT
1996	1.8%
1997	
1998	



Objective #2:

To achieve permanency for children by reducing the length of time children are in foster care.

Strategies:

Contracting out of foster care and adoptive services, with outcomes-based contracts emphasizing permanence and stability for children.

Require foster care contractors to develop and implement dual case planning (reintegration and adoption) for all referred children. Upon a decision that reintegration is no longer the case plan, the amount of time necessary to achieve severance of parental rights and seek an adoptive placement for the child is reduced.

Allow through the contracts flexibility in the design and delivery of services targeted towards permanency.

Focus by the adoption contractor on recruitment of adoptive families and matching adoptive placements for children who cannot return home.

Barriers:

Lack of common agreement among courts, providers and the public regarding how permanency for children is to be achieved.

Timeliness of legal disposition in termination of parental right cases.

Permanence - Decrease Length of Time in Out-of-Home Care

Performance
3
Measure

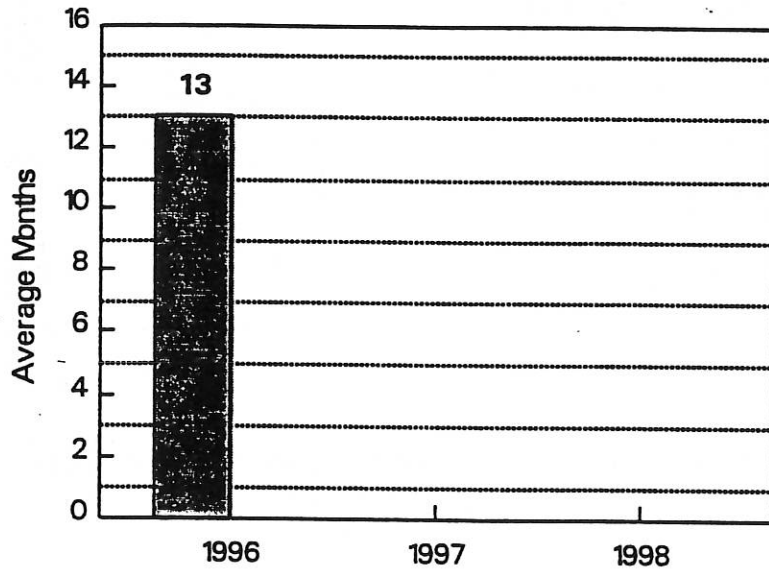
Contact person for this measure: Mike Clarkin, 913-296-4638

Indicator: Decrease by one month, annually, the average number of months children were in foster care for all children who were returned home during the reported quarter.

Demonstrates: One measure of the agency's ability to find children the most appropriate home setting. It may be with their own parents or another permanent setting such as adoption. The goal is to lower length of stay by reducing long-term placements. This goal is expected to be heavily impacted by the increased emphasis to involve the private sector in locating and matching adoptive placements for children who cannot return home.

Analysis: FY 1996 will be base year for data. In FY 1996, the average number of months children were in foster care was 13 months.

YEAR	MONTHS
1996	13
1997	
1998	



Permanence - Increase Stability for Children in Foster Care

Performance
4
Measure

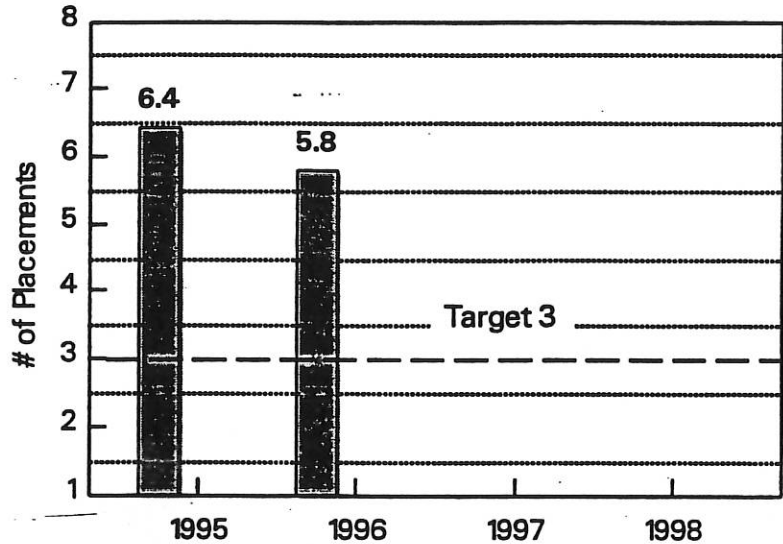
Contact person for this measure: Mike Clarkin, 913-296-4638

Indicator: For all children returned home during reported quarter, they average no more than 3 foster care placements during each continuous placement experience.

Demonstrates: Commitment to providing stability for children in foster care. The fewer times a child moves while in foster care, the less disruptive it is. A decrease in the average number of placements reflects greater stability for the child.

Analysis: FY 1997 will be base year for data.

YEAR	PLACEMENTS
1995	6.4
1996	5.8
1997	
1998	



Note: Data for prior years is not comparable to the target for FY 1997 because of a change in the definition of placements to exclude certain short-term (less than 30 day) interventions.

**Permanence - More Children who Return Home
From Foster Care will Stay Home**

Performance
5
Measure

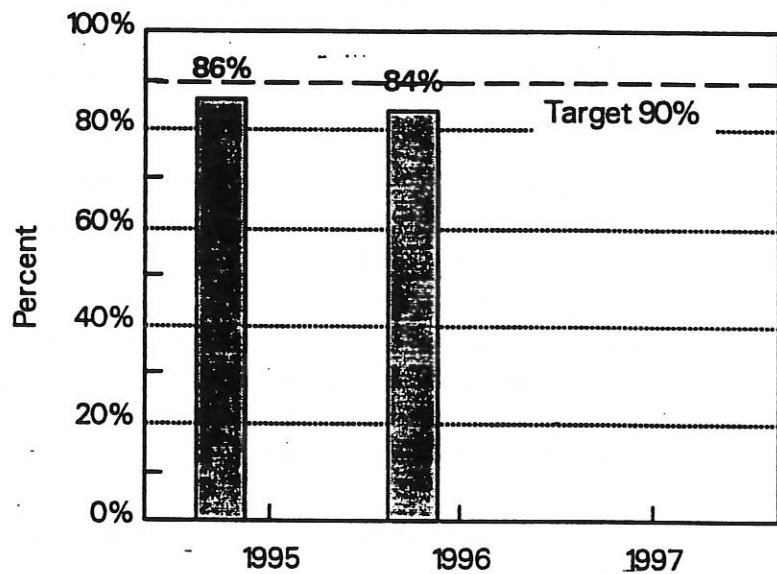
Contact person for this measure: Mike Clarkin, 913-296-4638

Indicator: 90% of children will remain home for at least 12 months after return.

Demonstrates: One indicator of the appropriateness of the decision to recommend that the child be returned home. As children who are placed in foster care reflect increasing vulnerability and problematic family circumstances, returning them home safely is made more complex. Negative pressures on this measure are created by efforts to shorten the length of stay in foster care.

Analysis: Data for FY 1996 (84%) and FY 1995 (86%) would indicate agency improvement will be required in order to reach this goal for FY 1997.

YEAR	PERCENT
1995	86%
1996	84%
1997	



GOAL #2

To provide for public safety through juvenile correctional programs that protect the community and provide for the habilitation of offenders.

Objectives:

Nonviolent and first-time youthful offenders will receive community-based services which address habilitation of the offender and community safety.

Repeat and violent offenders placed in youth centers will receive care and treatment which provides for the safety of the community, youth and staff, and which prepares the youth for return to the community.

Strategies:

Work collaboratively with the Kansas Youth Authority, the Commissioner of Juvenile Justice and the Juvenile Justice Authority (JJA) to ensure the orderly transfer of juvenile correctional programs from SRS to JJA, and the continuity of services to youth and their families.

Maintain in SRS current services and programming throughout the transition period.

Implementation of outcomes-based grants and contracts in conjunction with the Kansas Advisory Group for programs funded through Juvenile Justice and Delinquency Prevention funds.

Develop resources in three individual youth centers related to mental health to replace the Comprehensive Evaluation and Transition Unit housed at Topeka State Hospital, which will be closed by the end of FY 1997 in conjunction with closure of the state hospital.

Implementation of security enhancements at the youth centers during FY 1997.

Barriers:

Insufficient community-based alternatives to incarceration.

Limited information systems to provide information on the youth, offense history, interventions, and outcomes including recidivism.

*Income Maintenance
and Employment
Preparation Services*

1997-1998
Business Plan

Connie Hubbell, Commissioner

February 10, 1997

INCOME MAINTENANCE - EMPLOYMENT PREPARATION SERVICES

MISSION

To 1) develop opportunities for self-sufficiency, 2) promote personal and parental responsibility, and 3) create an environment wherein the financial and emotional needs of children are met, and individuals and families can strive to reach their maximum potential.

GOAL #1

To design and maintain program policies in a manner which encourages families to remain together.

Objective:

To provide assistance at levels adequate to maintain families in a safe, healthy environment and in a manner that encourages self-initiative.

Strategies:

To encourage employment by allowing families receiving assistance to retain a greater portion of their earnings.

To evaluate alternative cash assistance benefit structures to promote equity among households, flatten benefits to model employment income, and discourage births by parents receiving assistance.

GOAL #2

To minimize the depth and duration of Kansas families' dependence upon public assistance programs.

Objectives:

Increase job opportunities for recipients of public assistance.

Increase reliance on financial resources other than public aid programs.

Provide quality child care to potential, present, and past recipients of public assistance programs to help assure a quick and lasting return to the workforce.

Strategies:

Require families to search for jobs when applying for assistance.

Increase employment opportunities for adults receiving employment preparation services by establishing a work group responsible for developing business links.

Recruit 200 new child care providers during FY 1997.

GOAL #3

To provide quality and innovative services to all recipients of Commission services and to be accountable for the resources appropriated for this purpose.

Objectives:

To improve the delivery of services with an increase in quality.

Provide services in a timely, accurate, and useful manner.

Strategies:

To fully implement the electronic payment of cash and food stamp benefits by the close of FY 1997.

To improve the use of employment preparation funding by providing greater local flexibility by the close of FY 1997.

Potential IM-EPS Performance Measures

The following performance measures are under consideration to better evaluate the Temporary Assistance for Families and Child Care programs.

1. **Length of Stay on Assistance**

The length of stay on assistance is a key determinant in assessing the impact of department policies. Shortened stays on assistance coupled with longer employment spells would be a positive indicator. This appealing and simple indicator, however, may be distorted by increases in client employments: with increased client employments, the proportion of hard-to-serve families receiving assistance could increase, resulting in *longer* average stays. Thus, despite general employment increases, this indicator could imply a lower level of performance. The parameters for this indicator will require greater analysis and definition.

2. **Job Retention Following Case Closure**

Job retention, while capable of providing valuable feedback on the effectiveness of work programs, has not been tracked. In order to obtain job retention data, cases closed each month would need to be matched over time against wage history files maintained by the Department of Human Resources. This information would also allow the commission to expand employment reporting beyond the work program. At present, only employments from work programs are measured and reported, despite other program policies and external factors which result in employment by clients not receiving employment services. The consolidation of the AFDC and JOBS programs under welfare reform, and the commission's goal to integrate services, requires a broader approach to reporting employments.

3. **Assistance Recidivism**

At present, the number of clients returning to cash assistance after spells of employment is not documented. The number of clients returning to assistance following employment is a key determinant in assessing the impact of department policies.

4. **Increases in Employment and Job Retention Attributable to Work Programs**

A recurring question concerns the impact of work programs. This impact can be measured by comparing the employment history of a control group (those never entering work programs) to that of an experimental group (those who have received work program services). This data would enable the department to better evaluate work program policies and report on its impact.

Note: Eventually, all non-exempt adults will be involved in work programs. When this objective is met, it will no longer be possible to obtain a control group and isolate the impact of work programs.

The percent of the federal poverty level met by the combination of food stamps, the Earned Income Tax Credit, and earnings at the point of leaving assistance will increase from 84% in FY 1997 to 106% in FY 1998.

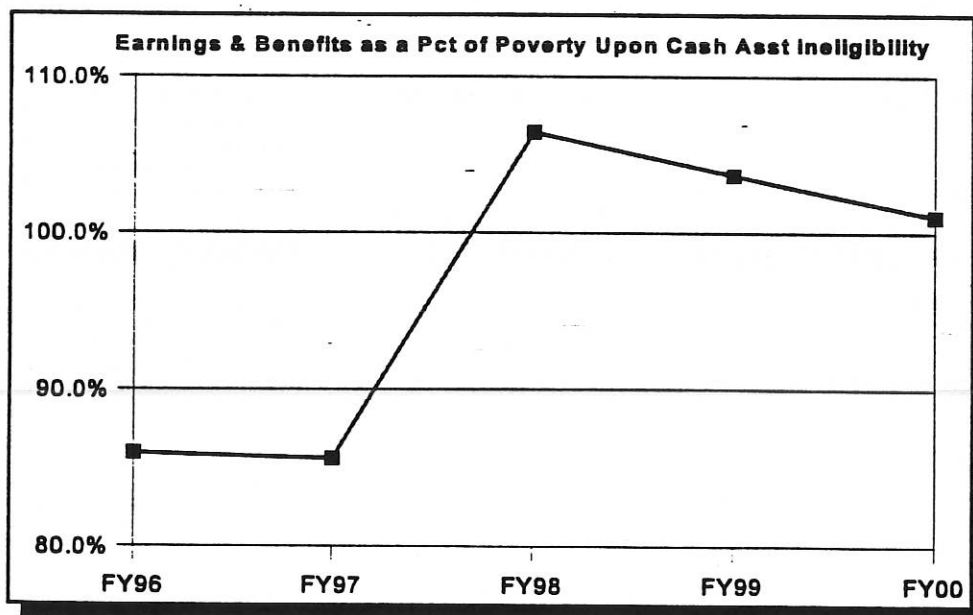
Performance
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: To encourage work, the amount of earned income that a client may retain without affecting the cash benefit will be increased. The planned policy change will increase the earned income shielded from the benefit reduction from 1) \$120 continuously and 33.3% of the remaining income for four months to 2) \$90 and 40% of the remaining income, without the four-month limit. This performance measure expresses a family's income as a percent of the federal poverty level at the point of income ineligibility for cash assistance. It sums the food stamp benefit, the Earned Income Tax Credit, and maximum earnings at the point of ineligibility, and divides this total by the federal poverty level.

Demonstrates: The measure quantifies the extent to which financial barriers are reduced as clients are encouraged to work. It indicates that working families may transition from cash assistance to employment with incomes approximately equal to 100% of the federal poverty level.

Analysis: The following graph presents the financial status of families at the point of ineligibility of cash assistance due to earnings. Fiscal years 1996 and 1997 represent the financial status prior to the planned policy change, while FY 1998 forward represents the family's financial status after the policy change. Constant benefit levels and a gradual increase in the cost of living give rise to a decline in the family's financial position over time.



To reduce the Cash Assistance payment error rate from 5.4% in FY 1996 to 4.3% by FY 2000, and to reduce the Food Stamp benefit error rate from 8.1% in FY 1996 to 6.9% by FY 2000.

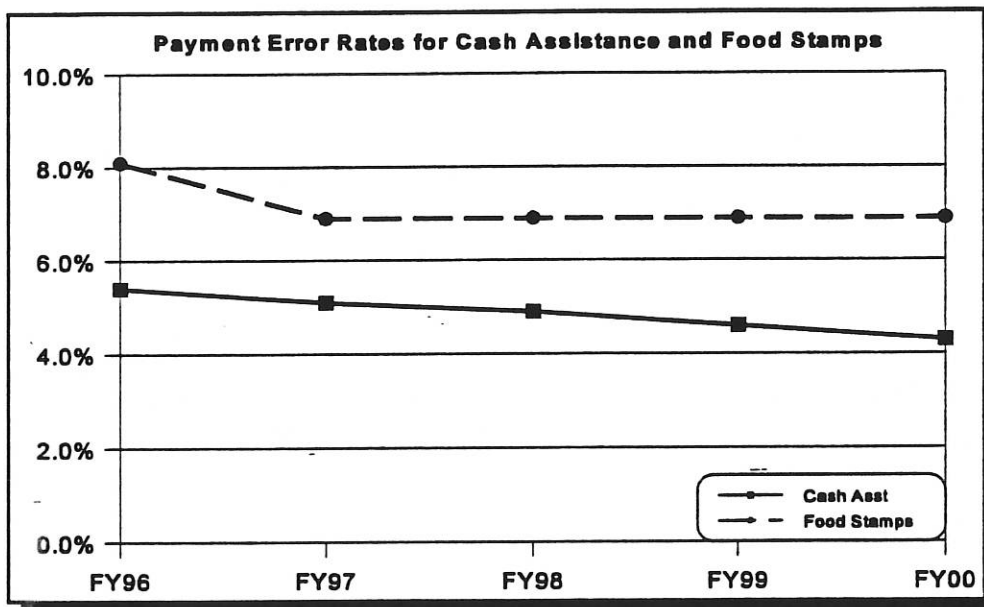
Performance
2
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This performance measure indicates payment error rates for the Cash Assistance and Food Stamp programs.

Demonstrates: The measure demonstrates the department's efficiency when determining client payments.

Analysis: The department's objective is to constantly reduce payment. It is noted that the most recent national error rates released by the federal government were 6.1% for Cash Assistance and 9.7% for Food Stamp benefits. As shown, the state's error rate is well below national levels in both categories.



To maintain the total of cash assistance, food stamps, and energy assistance benefits above 65% of the federal poverty level.

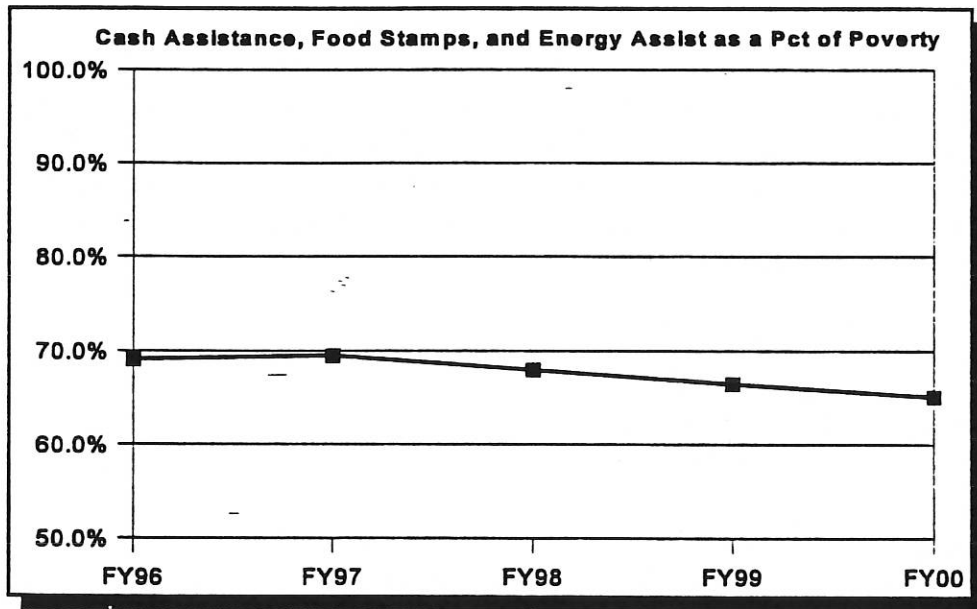
Performance
3
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This measure compares the benefit status for a family of three while receiving assistance relative to 100% of the federal poverty level. The performance measure divides the sum of the cash assistance, food stamps, and energy assistance benefits for a family of three by 100% by the federal poverty level.

Demonstrates: The measure indicates the level of public assistance benefits. When evaluating the adequacy of benefits levels, two opposing objectives must be balanced: 1) financial support sufficient to meet essential living expenses, versus 2) encouraging self-sufficiency through employment.

Analysis: The following graph depicts the benefit status of families across fiscal years. The benefit level as a percentage of the federal poverty level declines due to generally constant benefit levels countered by cost of living increases.



6-61

CASH ASSISTANCE

Temporary Assistance for Families (Aid to Families with Dependent Children 3010)

The Aid to Families with Dependent Children program was created by Congress as Title IV-A of the original Social Security Act of 1935. With the passage of federal welfare reform, this program will be renamed *Temporary Assistance for Families (TAF)*. The TAF program helps needy families with children to survive difficult economic times by providing monthly financial assistance. Families with income generally less than 39% of the federal poverty level may qualify for assistance. The TAF program is funded jointly by state and federal (block grant) funds. All families receiving TAF are automatically eligible for Medicaid.

AVERAGE MONTHLY CASELOAD	
CASES	PERSONS
21,166	56,406
FY 1998	

General Assistance (3020)

General Assistance programs have existed in various forms at the county level since statehood. The state-funded program was made uniform statewide when the Department of Social and Rehabilitation Services was created in 1973. The General Assistance program serves families with children who, while very poor, were not technically eligible for Aid to Families with Dependent Children. Benefits and income limits for families are identical to those of TAF. The new welfare reform block grant allows these families to be brought into the Temporary Assistance for Families program. Consequently, the department plans to transfer General Assistance Families to TAF beginning April 1997. The General Assistance program also serves disabled adults who are unable to work and are awaiting the decision of the Social Security Administration on their application for federal disability benefits. Disabled adults with income less than 31% of the federal poverty level may qualify for cash assistance. General Assistance children and pregnant women are automatically eligible for Medicaid. A more restrictive Medicaid benefit package, known as MediKan, is given to all other General Assistance clients.

AVERAGE MONTHLY CASELOAD		
POPULATION	CASES	PERSONS
FAMILIES	655	1,500
DISABLED ADULTS	2,343	2,343
TOTAL	2,998	3,843
FY 1998		

Burial Assistance (3030)

The burial of indigent persons was a county responsibility, usually delegated to the county boards of welfare, until the Department of Social and Rehabilitation Services was created in 1973. This limited aid is available to families who are presently receiving cash assistance, Food Stamps, or Medicaid. When such a family experiences a death, SRS will help with funeral and cemetery

expenses as long as they are very modest in nature. A funeral home accepting SRS payment must accept these modest limits as payment in full. The state-funded burial assistance program is limited to eligibility for cash assistance , Food Stamps, or Medicaid.

NA

ANNUAL BURIALS	
98	
FY 1998	

SSI State Supplementation (3032)

The origin of the Supplemental Security Income State Supplementation program dates to the 1973 federal assumption of the former *Aid to the Aged, Blind, and Disabled* program. When the Aid to the Aged, Blind, and Disabled program was placed under Social Security Administration and renamed Supplemental Security Income, there were a small number of participants who received a greater amount from the former state program than the succeeding federal program. States were required to cover the difference between the new and old benefits and remit this to the Social Security Administration. Due to the deaths of many persons in the intervening years, this state-funded program now supplements the income of less than 30 persons.

ANNUAL CASELOAD	
CASES	PERSONS
14	14
FY 1998	

Low Income Energy Assistance Program (3040)

The federally funded LIEAP program provides energy assistance to households with income under 110% of the poverty level. Elderly, disabled, and public assistance families with children are the primary groups assisted. Because LIEAP helps with approximately 14% of typical household costs, households are required to demonstrate regular self-payments prior to receiving assistance. This state-added requirement emphasizes client responsibility for making utility/fuel payments.

ANNUAL CASELOAD	
CASES	PERSONS
30,131	73,934
FY 1998	

Food Stamp Benefits (3070)

This program became statewide in Kansas in 1973. Prior to that, many of the larger counties distributed USDA surplus food in lieu of food stamps. The food stamp program provides in-kind assistance to individuals and families to assist with food costs. The federally funded Food Stamp program assists individuals and families with incomes less than 130% of the federal poverty level. Because food stamps are in the form of coupons redeemable at grocers, these benefits have not been included in the state's budget and accounting system. With the introduction of electronic benefit issuance, assistance will be treated as expenditures. Beginning August 1996, food stamp and cash assistance benefits will be issued electronically. This will be phased in across the state during FY 1997.

AVERAGE MONTHLY CASELOAD	
CASES	PERSONS
73,853	174,633
FY 1998	

6-63

The percent of Temporary Assistance for Families (TAF) applicants diverted from assistance will increase from 1.8% in FY 1997 to 7.6% in FY 2001.

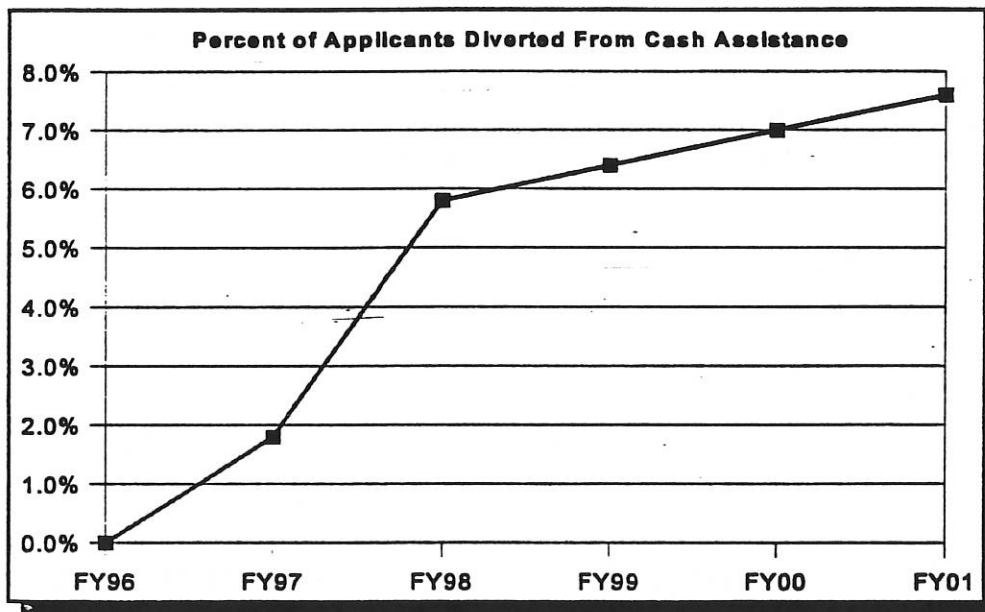
Performance
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This performance measure provides the estimated number of clients diverted from cash assistance as a percent of new applicants. It measures the impact of the applicant job search policy and the planned grant diversion policy.

Demonstrates: This measures the success of the statewide applicant job search policy and the future plan to provide grant diversion as an option to clients. Both policies are intended to prevent assistance, especially in cases where the client is a first-time applicant.

Analysis: The diversion rate begins to increase during FY 1997, the year in which this policy will be initiated. FY 1998 shows a significant increase, as this represents the first full year of implementation. More gradual increases are shown in the year following implementation.



100 percent of families will receive Cash Assistance and Food Stamp benefits by electronic delivery by the close of FY 1997.

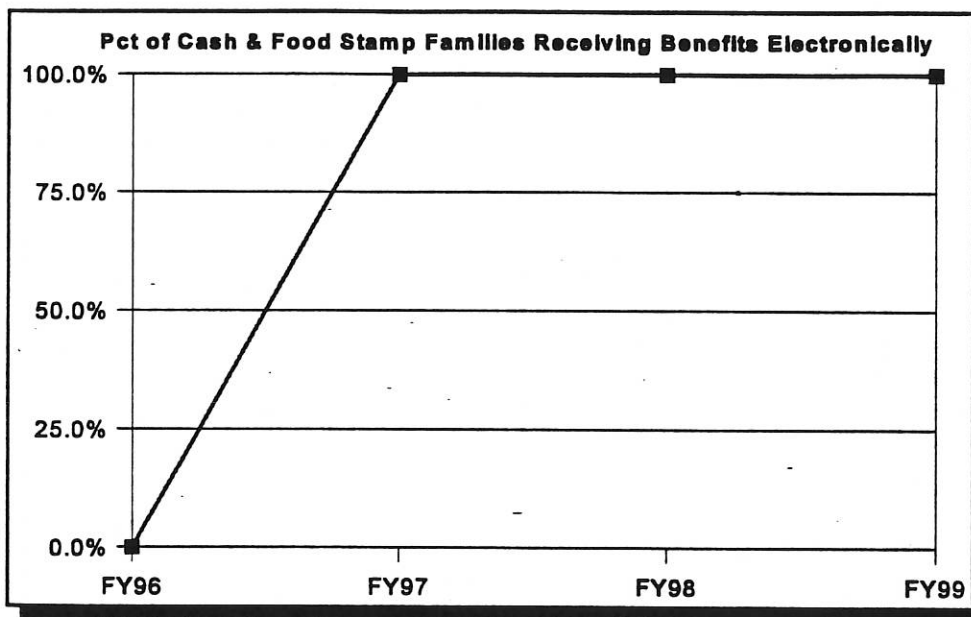
**Performance
2
Measure**

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This performance measure expresses the percentage of Cash Assistance and Food Stamp families who are receiving benefits electronically.

Demonstrates: The measure demonstrates the department's progress toward full implementation of the electronic delivery of Cash Assistance and Food Stamp benefits.

Analysis: During FY 1997, both Cash Assistance and Food Stamps will be issued to clients electronically. The project will be phased in geographically during the course of the year.



The percent of Temporary Assistance for Families (TAF) cases that are employed will increase from 8.5% in FY 1996 to 12.5% in FY 2000.

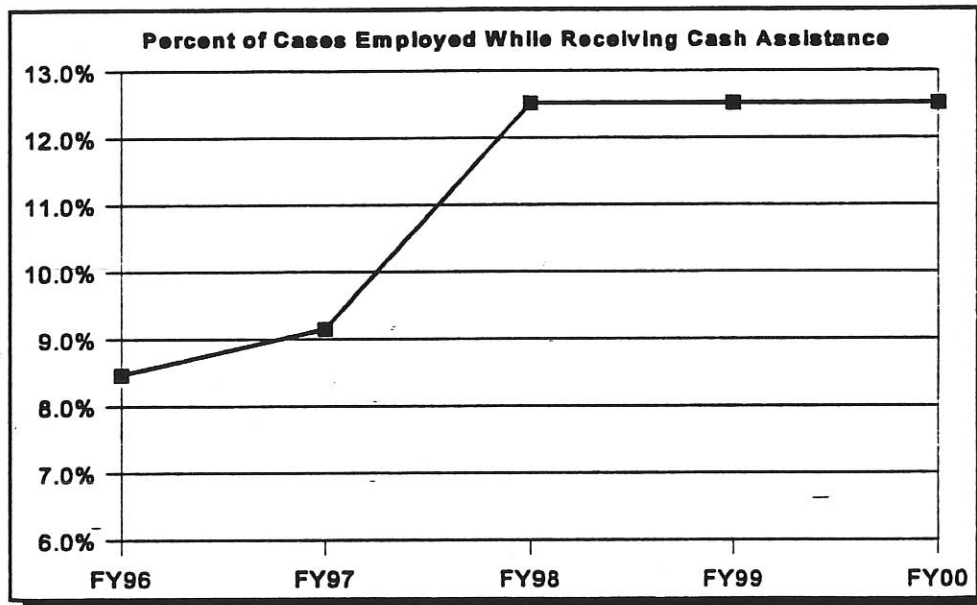
Performance
3
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This measure indicates the number of cases projected to be employed while on cash assistance. To encourage work, the amount of earned income that a client may retain without affecting the cash benefit will be increased. The planned policy change will increase the earned income shielded from the benefit reduction from 1) \$120 continuously and 33.3% of the remaining income for four months to 2) \$90 and 40% of the remaining income, without the four-month limit.

Demonstrates: The measure will demonstrate the success of the policy change.

Analysis: Because this policy change represents a one-time change in the treatment of earnings, it is expected to produce a baseline increase in the percent of working cases.



6-66

Employment Preparation Services

Employment Preparation Services Administration and Field Staff (3210)

The Employment Preparation Services central management is responsible for employment services for both Temporary Assistance for Families adults (EPS-TAF) and Food Stamp adults (EPS-Food Stamp), the Child Care program, Refugee Assistance, and the Volunteer program. The policy unit formulates needed statute changes, federal state plans of operation, state administrative regulations, and policy manuals for each of the preceding programs. The central staff is responsible for maintaining the KsCares statewide automated system and keeping this system current with program policy changes. Finally, this staff provides leadership to local staff by providing direction and interpretation of policies. Employment Preparation Services field staff administer the work programs associated with the previous named programs. This goal of this staff is to quickly return TAF and Food Stamp adults to the workforce. Under the new welfare reform law, states are required to involve cash assistance recipients in work activities within two years of assistance and meet escalating federal work participation requirements. These requirements will be executed by the field staff.

Employment Preparation Services - TAF (KanWork/JOBS Employment Services -3220)

The Kansas State Legislature created the KanWork program in 1988 in anticipation of Congressional enactment of the JOBS programs within the 1988 Family Support Act. The EPS - TAF program is targeted solely to those families receiving cash assistance. The program's foremost emphasis is on employment assistance, and also provides basic education, training, vocational testing, and counseling. The new federal welfare reform law will result in an increased number of cash assistance recipients becoming active in the program.

AVERAGE MONTHLY CASELOAD	
CASES	ADULTS
10,112	10,112

FY 1998

State-Only Employment Services (3230)

No funds are requested for the State-Only Employment Services program; however the continued availability of the state-only program is requested to take advantage of opportunities funded by reimbursements or other special revenue funds.

Note: of the total expenditures shown in FY 1996 for this program, \$1,120 was for SSI State Supplementation assistance. SSI State Supplemental expenditures were budgeted in the Cash Assistance budget for fiscal years 1997 and 1998.

Employment Preparation Services - Food Stamps (MOST Employment Services - 3240)

The EPS - Food Stamp program is mandated by the Federal Food Security Act of 1987. The Food Stamp employment and training program complements the EPS-TAF program and targets adults receiving food stamp benefits. While the EPS - Food Stamp program is more limited when compared to the EPS-TAF program, both share the goal of preventing long-term dependence on public assistance. This program presently operates in 10 counties; however it will be expanded statewide.

AVERAGE MONTHLY CASELOAD	
CASES	ADULTS
510	510

FY 1998

Child Care (3260)

In 1975, the federal Social Services Block Grant was amended to provide for child care services. Following the Family Support Act of 1988, child care funding increased significantly. The child care program supports TAF adults in becoming employed, TAF parents who have obtained part-time work, former TAF parents who have worked their way off assistance; and low income families who, with the help of child care subsidies, hope to avoid ever needing TAF. Child care is also provided for children at risk of abuse and neglect, and for employed foster parents. Under the welfare reform appropriations, federal child care funding will increase significantly. The increases are intended to chiefly support increased work requirements required under the new law, however, states have the discretion to apply these funds to working families also. Presently, the Child Care program provides assistance to families below 185% of the federal poverty level.

AVERAGE MONTHLY CASELOAD	
CHILDREN	
	14,722

FY 1998

Employment Preparation Services Grants (3270)

This program includes Child Care grants and two new grants. The purpose of child care grants is to increase the availability and quality of child care services provided by child care centers, school-age providers, and resource and referral agencies. This program also includes the payment to the Kansas Department of Health and Environment for the monitoring and licensing of child care providers, as required by legislation. Two new grants appearing in this program are the Head Start and AmeriCorps grants.

Refugee Program (3080)

The Refugee Act of 1980 amended the Immigration and Nationality Act to establish a uniform basis for the provision of assistance and services to refugees. This program is entirely funded by the federal government on behalf of refugees who have recently immigrated to this country. Grants are made to community organizations to provide social services to refugee populations. In addition, financial and medical assistance is provided during a refugee's early months in this country. These benefits parallel the current cash assistance and Medicaid benefits during a refugee's early months in this country.

AVERAGE MONTHLY CASELOAD	
CASES	ADULTS
129	339

FY 1998

The number of Temporary Assistance for Families (TAF) adults engaged in work activities will increase from 23.8% in FY 1996 to 70.2% in FY 2000.

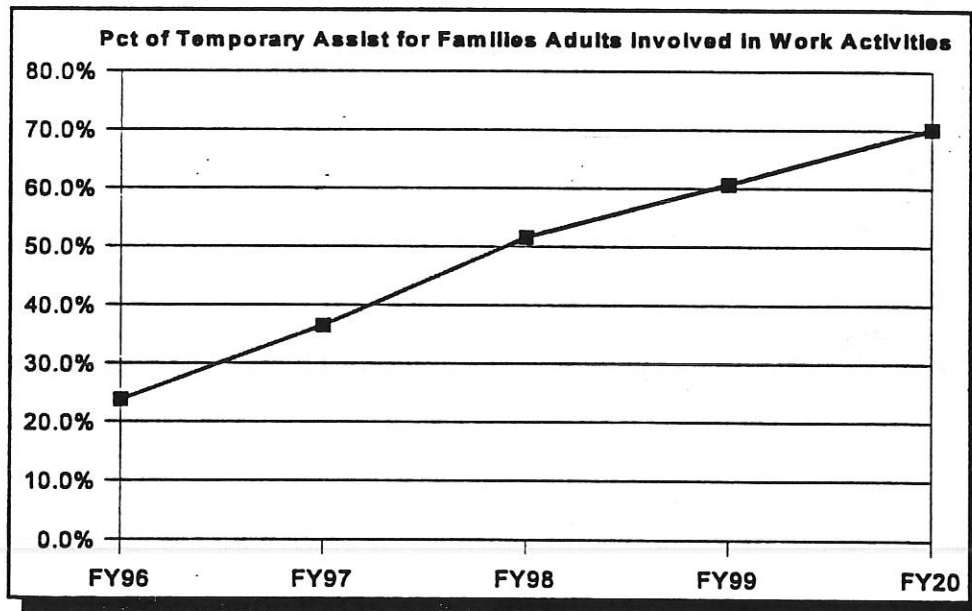
Performance
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This performance measure expresses the number of adults participating in work related activities as a percent of all Temporary Assistance for Families adults. The department's objective is to involve all non-exempt adults in work activities while they are receiving cash assistance. Exemptions from this requirement include cases with children under age 1, disabled adults, cases in which the adult is needed as a caretaker for another family member, and adults older than 60.

Demonstrates: The measure demonstrates the department's progress in assisting and encouraging recipients to become self-sufficient through work activities focusing on employment.

Analysis: Non-exempt adults receiving cash assistance compose approximately 70% of all cash assistance adults. The percentage of adults becoming involved in work activities will not reach 100% because of exempted and absent adults. The graph demonstrates the phased increase in work participation. Although welfare reform is presently in effect, it will take time to increase client work involvement.



The percent of child care providers enrolled with SRS will increase from 46.8% in FY 1996 to 52.6% in FY 2000.

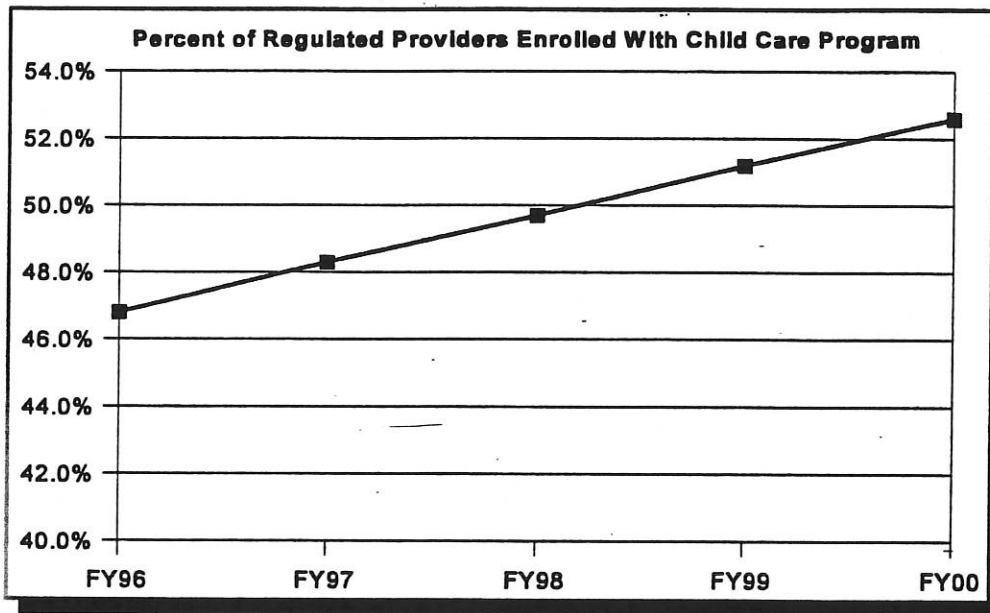
Performance
2
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This measure indicates the number of child care providers enrolled with SRS as a percent of the total number of child care providers.

Demonstrates: This measure demonstrates the quality and availability of child care available through the Child Care program. An increasing number of providers indicates a wider client choice and therefore a greater probability of quality child care.

Analysis: An increasing trend indicates that providers are both willing and able to receive SRS clients.



The number of children receiving child care to support work involvement will increase from 11,286 in FY 1996 to 18,433 in FY 2000.

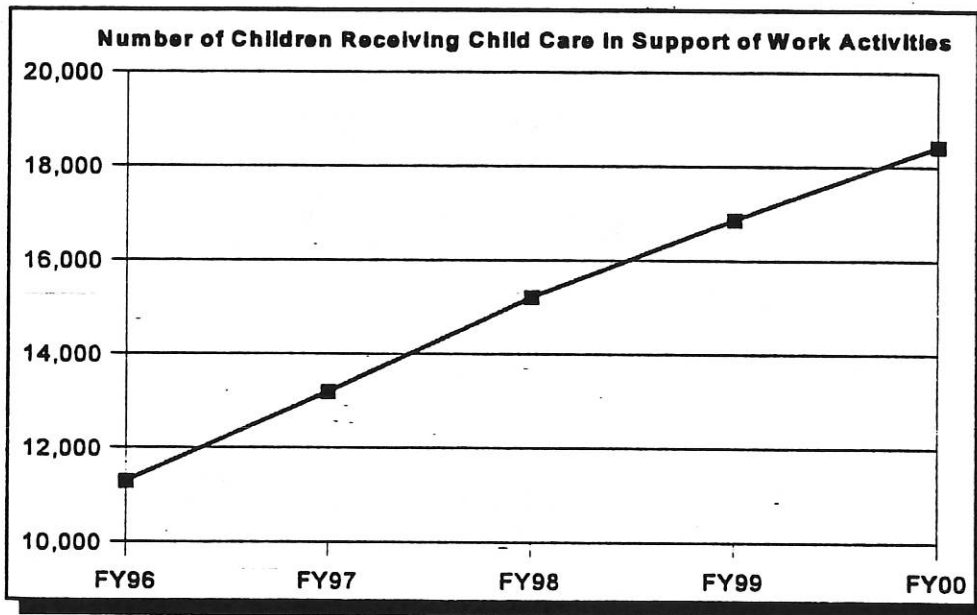
Performance
3
Measure

Contact Person for this measure: Commissioner Connie Hubbell

Definition: This measure shows the number of children receiving child care in support of parents who are either employed or involved in a work activity.

Demonstrates: This measure demonstrates the large expansion in client work involvement under welfare reform. Adequate child care will become a critical element in the success of the planned expansion in work activities.

Analysis: The graph demonstrates the phased increase in work participation. Although welfare reform is presently in effect, it will take time to increase client work involvement. Consequently, the number of children receiving child care will increase over time.



*Mental Health and
Developmental
Disabilities*

1997-1998
Business Plan

Hugh Sage, PhD, Commissioner

February 10, 1997

MENTAL HEALTH SERVICES

MISSION

Mental Health Services promotes a consumer/family-driven array of individualized supports and direct services for adults with serious mental illness and children with serious emotional disturbances and their families. Services will be provided in settings which will allow individuals and families to receive the care and services they need and will promote inclusion in community activities.

GOAL #1

To reduce the reliance on State Mental Health Hospital (SMHH) treatment and other institutional based services and to establish a system of community-based services for children, adolescents, and adults.

Objective #1:

Effect the orderly closure of Topeka State Hospital (TSH) and provide for an adequate safety net capacity in surviving SMHHs.

Strategies:

Redefine catchment areas for the remaining SMHHs.

Monitor Community Mental Health Center (CMHC) contracts to expand community-based services and decrease the demand for SMHH beds by 231 across all SMHHs.

Continue transfers of TSH patients to community-based services and the remaining SMHHs, as appropriate.

Implement management plans and time lines to close each department of TSH by June 30, 1997.

Stop admissions to TSH on February 15, 1997.

Close TSH by June 30, 1997.

Two hundred and thirty one inpatient hospital beds will be closed across all State Mental Health Hospitals (SMHHs)

Performance



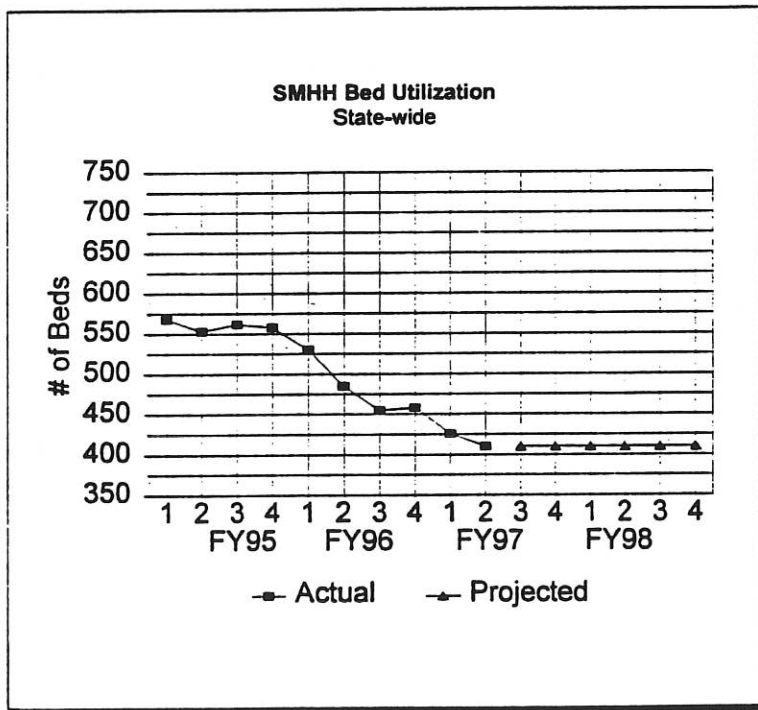
Measure

Contact person for this measure: Commissioner Hugh Sage, PhD, 296-3773

Definition: The expansion of Community Mental Health Centers (CMHCs) will result in the demand for only 416 beds to serve children, adolescents, and adults in the remaining SMHHs.

Demonstrates: The reduction of inpatient state hospital beds for psychiatric patients capacity by 231 beds through the development of community alternatives by the 27 CMHCs and their three affiliates.

Analysis: The CMHC utilization of their allocated bed days at the SMHHs will be monitored to identify and disallow any increase beyond allocated bed days. Data will be collected through FY98 from each of the SMHHs which is expected to reflect a general trend of decreased bed day utilization by CMHCs. The graph below aggregates the utilization of the state-wide SMHH bed capacity by CMHCs.



6-74

Objective #2:

Make available high quality, cost-effective community-based mental health services which are responsive to the evolving needs of consumers, utilizing the tools and technologies of managed care to effect desired outcomes in an efficient manner.

Strategies:

MH&DD will establish performance based outcomes for community providers which incorporate needs and priorities identified by stakeholders as necessary and vital to a comprehensive system of community based mental health services for adults and children with their families.

Establish and implement a monitoring system to assure services are accessible, affordable, timely, and responsive to consumer and their family needs.

Implement a housing policy which is based on the premise that all consumers should have access to safe, adequate, and affordable housing. Funding for income supplements should be investigated and an effort made to increase local housing stock.

Provide technical assistance regarding the creation of community partnerships and housing development funding required to address local housing needs. Provide information to consumers and families regarding available housing resources.

Remove barriers to employment of consumers with mental illness and expand vocational programs through collaboration with the Commission on Rehabilitation Services and the Kansas Advocacy and Protective Services. Policies which act as impediments to the delivery of vocational services should be removed.

Provide a full range of crisis services (including structured crisis residential options) available to each CMHC catchment area through identifying and addressing service gaps in each CMHC catchment area and establishing an adequate safety net at State Mental Health Hospitals.

Develop services for mentally ill persons with a dual diagnosis of mental illness and substance abuse addiction or mental illness and mental retardation or mental illness associated with a general medical condition including brain injury.

Provide/improve access to services for persons with serious and persistent mental illness who are involved in the criminal and juvenile justice systems.

Support the development and expansion of Consumer Run Organizations and Compeer Program through technical assistance and additional funding.

Educate consumers and providers on transportation issues through the development of a manual of options and current regional resources.

Establish management, program, and budget structures which support managed care technologies.

Promote collaboration between public and private sectors of mental health services to facilitate cooperation, identify best practices, and eliminate duplication of services.

Support outreach to homeless people with mental illness to facilitate their access to appropriate mental health services.

Community-based services and supports will be increased for children with SED, their families, and adults with severe and persistent mental illness

Performance

2

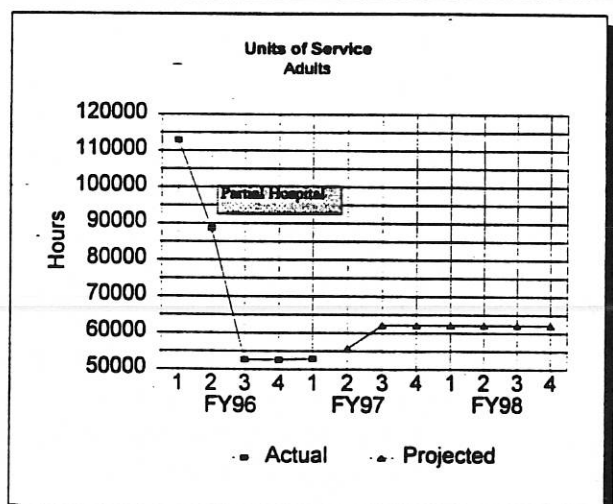
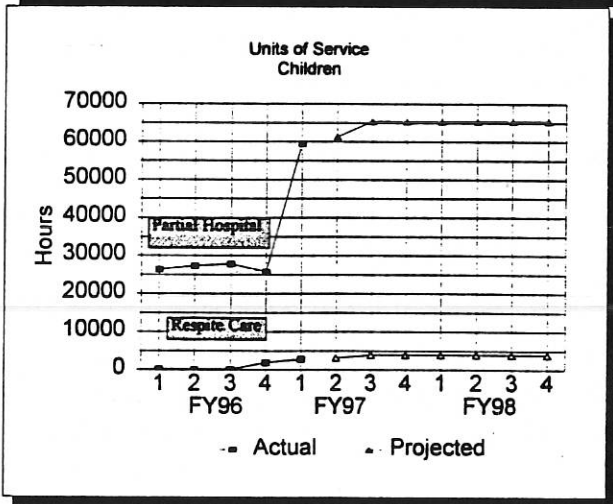
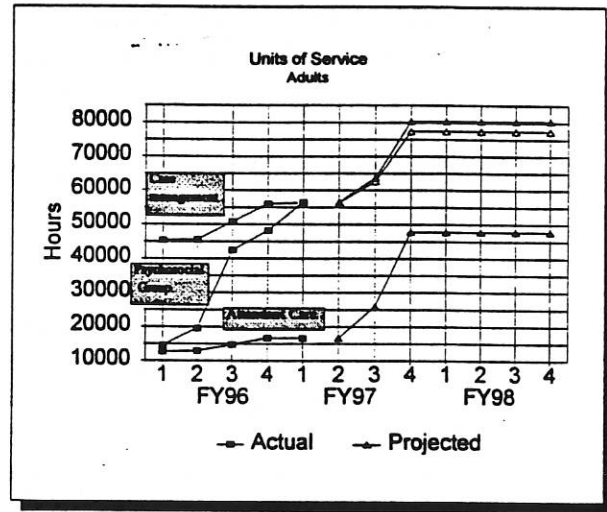
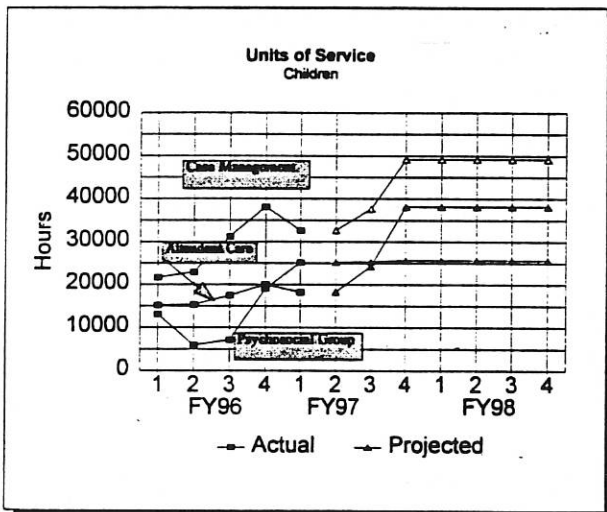
Measure

Contact person for this measure: Jai Sookram, PhD, 296-3773

Definition: Community Mental Health Centers (CMHCs) will develop or expand services to fill gaps in the template of services for children, adolescents, and adults.

Demonstrates: The array of services in the community which will divert children, adolescents, and adults from State Mental Health Hospitals (SMHs) so that the demand for state inpatient beds by CMHCs does not exceed 416.

Analysis: The system intent is to identify the amount of services provided in relation to each template category, monitor the amount of service provided, and compare services provided prior to February 15, 1997, to services provided after February 15, 1997. Data will be collected through the taxonomy of services which is reported by each CMHC to the Commission on a monthly basis. It is expected that these data will reflect an increase in amounts and types of services provided as agreed to in the amended FY97 contract between the Commission and each CMHC. On-site monitoring by Commission staff will further ensure services are provided in a manner consistent with existing licensing standards. The graphs below depict data that is currently collected for case management, attendant care, psychosocial, partial hospital, and respite care (children only) for children and adults. Data is collected through the taxonomy of services and is reported to the Commission by each CMHC. Data points represent actual data reported for all quarters of FY96 and the first two quarters of FY97. Projected data points represent anticipated service delivery through FY98.



GOAL #2

To establish and enhance a system of care for children with SED and their families, incorporating family participation and advocacy.

Objective #1:

Children will live at home with their families whenever possible, in supported living within their communities, or with other families that are supportive of their real family and culture, and in environments that are always safe and stable.

Strategies:

Support family-centered, individualized services through wrap-around approaches, to be available to all Kansas communities.

Support a modification to the current licensing law to require parents of children with severe emotional disturbances be represented on CMHC Boards and support parent run information and support networks. Families will be stakeholders and active participants in planning and decision making at all levels of service delivery and evaluation. Parents will be on advisory groups and governing boards, including education and mental health systems and organizations.

Identify and fill service gaps in each CMHC catchment area through use of flexible funding options in an attempt to provide equivalent services across all areas of the State.

Support and fund the development of an expanded emergency response system (including respite and crisis beds) which is localized, consumer and family sensitive, rapid in response, and mobile.

Support and fund the development of services which target children at risk of hospitalization prior to crisis events. Prevention and early intervention strategies of service delivery will include outreach, information about signals or symptoms of developing needs, and linkages to appropriate and desired resources.

Support and fund the development of Parent Coordinator positions in each CMHC.

Provide technical assistance to CMHCs in their efforts to assist parents in day to day interactions with special needs children.

Support advocacy efforts that provide for peer communication, partnership, and information sharing. Families will have access to information about resources available to them and their children. Families and children of similar needs will be able to support one another.

Barriers:

The system to provide mental health services to children is not well developed or well coordinated, and some of the providers may have different philosophies and goals.

There will be an increase in the percent of children with SED who will live at home

Performance

3

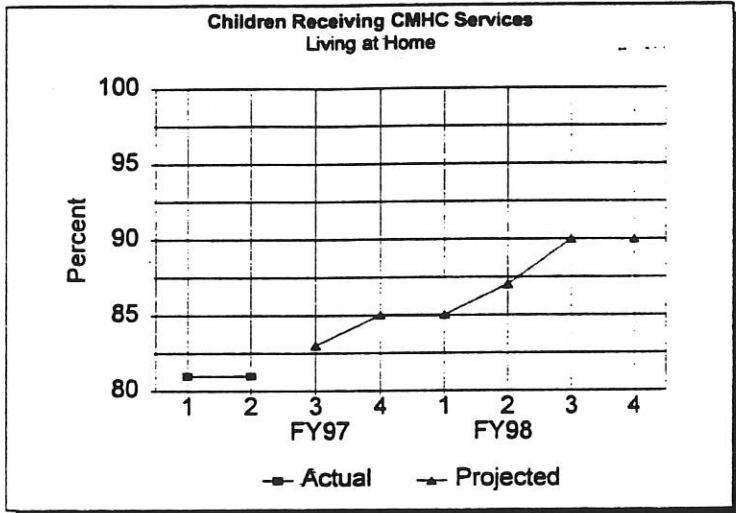
Measure

Contact person for this measure: Jai Sookram, PhD, 296-3773

Definition: Children with serious emotional disturbance (SED) will access services which result in either movement from their out-of-home placement to home or, if already at home, are provided with support to remain there.

Demonstrates: The Commission places a high value on children being integrated with their family and in their communities. This measure also demonstrates the effectiveness of the community based mental health services.

Analysis: Mental Health Reform has resulted in less use of restrictive SMHH placements for children to the point that closure of children's beds in one SMHH can be effected. This means more children will have the opportunity to live at home in their own community. This must be monitored carefully. Funding specifically designed to increase the success of community mental health services in enabling children to live at home has been and continues to be available. Helping children with SED live at home is an important challenge in effectively managing mental health resources and ensuring the child's well being and eventual success in meeting developmental goals. The graph below indicates the percent of children with SED receiving CMHC services who are living at home which will serve as a baseline against which we will measure increases to achieve the desired objective.



Objective #2:

Children and families will be included as productive members of their community by attending their schools in the least restrictive settings, successfully participating in the learning environment according to their individual strengths and needs, or transitioning to work in the community and being active participants in the social/recreational activities of their communities.

Strategies:

Collaborate with the Commission on Children and Families, the Kansas State Department of Education, and the Commission on Rehabilitation Services to provide transition from school to work services and transition services from children to adult mental health services.

Collaborate with the Kansas State Department of Education and Keys for Networking, Inc., and other consumer advocacy groups to promote parents and educators working as partners. Education programs and personnel will have access to mental health supports and resources so that curricula and the education environment can meet the needs of children, including those requiring alternative plans.

Training and education efforts will enable families, educators, service providers, other stakeholders and community members to understand and support children with special emotional and behavioral needs.

Barriers:

The system to provide mental health services to children is not well developed or well coordinated, and some of the providers may have different philosophies and goals.

There will be an increase in the percent of children with SED who are included in their community(ies)

Performance

4

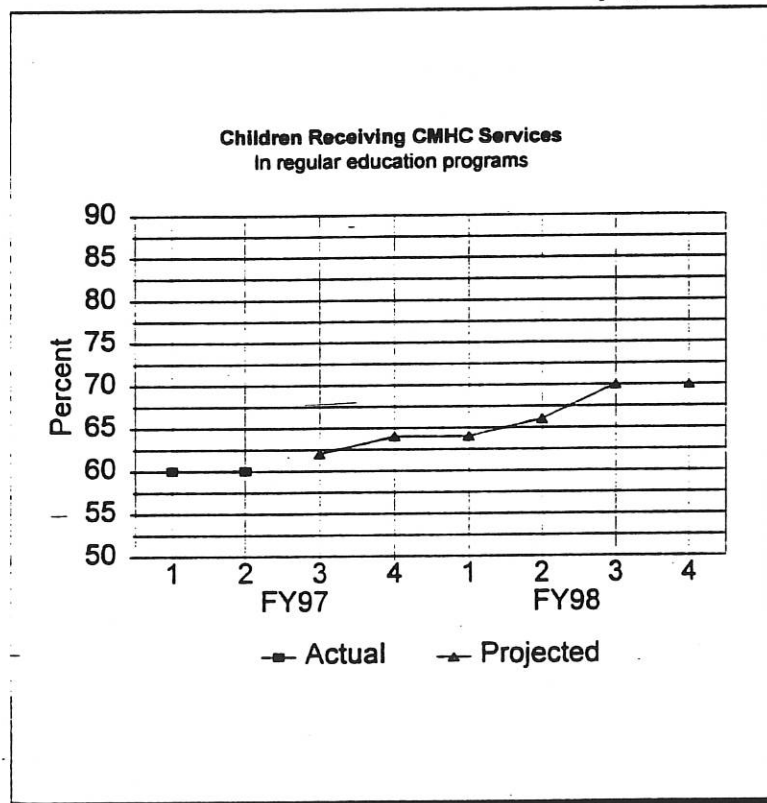
Measure

Contact person for this measure: Jai Sookram, PhD, 296-3773

Definition: Children with serious emotional disturbance (SED) will access services which result in movement from more restrictive educational placement; or, if currently in regular education programs, will receive support services to remain there.

Demonstrates: The value the Commission places on children included as viable members in their community, and the effectiveness of community based mental health services to children and their families.

Analysis: Frequently recognized by stakeholders as a critical element in a child's success is remaining in their community, school performance is an important risk indicator. Many CMHCs, for example, have recognized the need to ensure mental health services are available in school settings. These services can be arranged many ways, but there is a need for CMHCs to be actively involved to ensure a child's mental health needs are not misrepresented by school personnel as strictly attitudinal or behavioral problems. The graph below indicates the percent of children with SED who are receiving CMHC services who are participating in regular education programs. Regular education programs include classrooms with special education services, classrooms with special education consultation, and classrooms with no special education services/consultation. This data will serve as a baseline against which we will measure increases to achieve the desired objective.



DEVELOPMENTAL DISABILITIES SERVICES

MISSION

Support the development and implementation of an organized network of community services which provides a wide array of choices of supports and services to Kansans with developmental disabilities.

GOAL # 1

Assure access to person centered individually planned community services for all persons with developmental disabilities without increasing State General Fund appropriations.

Objective 1:

Eliminate the community waiting list for adults by expanding the capacity of community services to serve all adults with developmental disabilities who request and need services.

Strategies:

Increase dollars available for community services by matching State General Fund (SGF) savings-generated from placements from WSH&TC to community services-with additional Federal Financial Participation (FFP) to increase the number of adults provided community services on the HCBS/MR waiver.

Restructure contracts with CDDOs allowing greater management flexibility at the local level but requiring services are provided to any adult who needs support in order to maintain his/her quality of life in the community.

Maintain data base on Basic Assessment and Services Information System (BASIS) which reports an unduplicated number of adults receiving services and an unduplicated number of adults waiting for services.

Barriers:

If placements from WSH&TC to community services deviate too much from projections, funds will need to be retained to support the individuals at WSH&TC. As a result, SGF savings would not be available to obtain FFP to reduce the community waiting list.

Serve Approximately 5810 Adults With DD

Performance



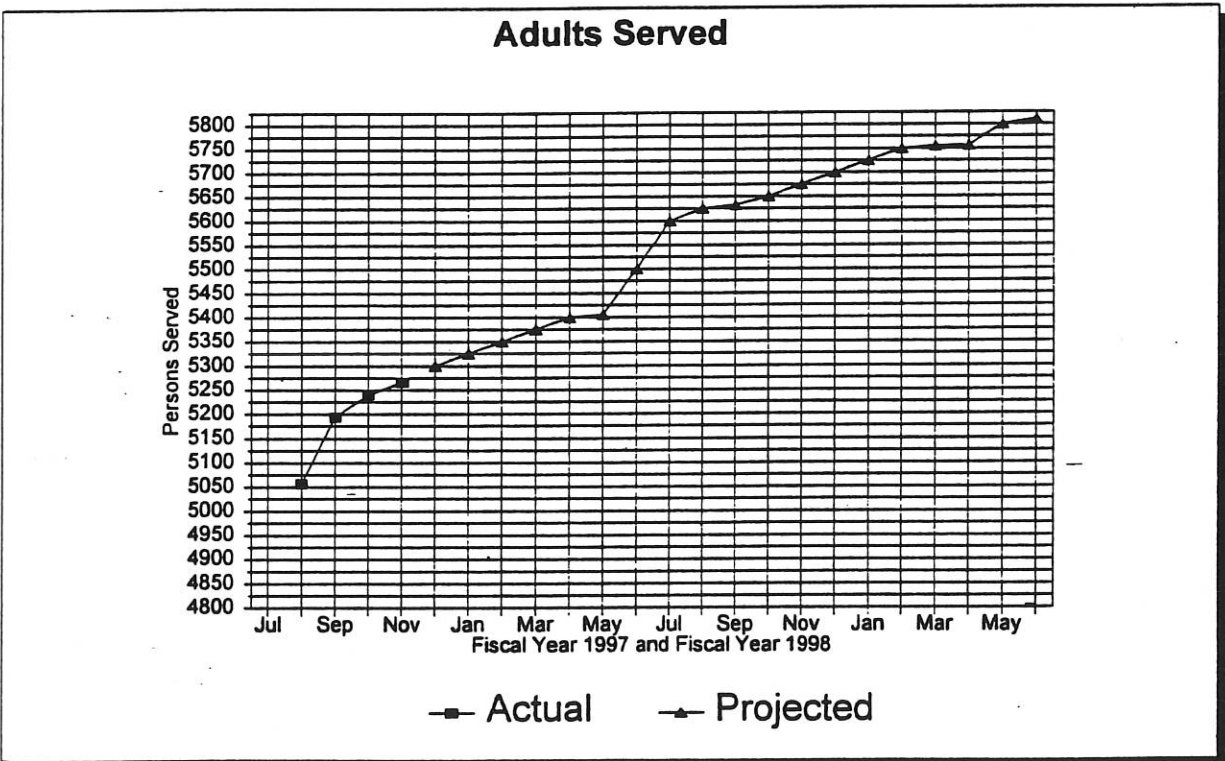
Measure

Contact person for this measure: Darvin Hirsch, 296-3561

Definition: Eligible adults are persons eighteen (18) years of age or older, who are diagnosed as mentally retarded by a professional certified to do so by the Kansas Board of Behavioral Sciences or who are determined to meet the definition of developmental disabilities by trained staff in a Community Developmental Disability Organization (CDDO), and who are served by community agencies including private ICFs/MR by June 30, 1998.

Demonstrates: An increase in the number of adults served indicates State General Fund (SGF) savings generated by placements from WSH&TC to the community are supporting services to more persons at no increase in SGF appropriations to the DD system. The number of adults from the community expected to be served when the community waiting list is eliminated is approximately 5,420. This should occur by June 30, 1997.

Analysis: The graph below shows the status of adults receiving community services. The number served has increased from 5050 adults in August, 1996, to 5246 adults at the end of November 1996. As of November, 1996, the waiting list for services for adults was 171 persons. MH&DD anticipates most 1998 graduates of special education, who are eligible to request services as adults, will already be in the service system through services provided by the CDDOs to families. It is estimated about 200 individuals will enter the adult system in June and July 1997. The expected number of placements from the State Mental Retardation Hospitals (SMRHs) to the community by the end of FY97 is 90 adults. Ninety-eight persons will be placed from SMRHs in FY98 for a total of approximately 5810 adults served by the end FY98.



02 Jan 96

Objective 2:

Eliminate the community waiting list for families with children who have a developmental disability by expanding the capacity of community services to serve all families who request and need services.

Strategies:

Increase dollars available for community services by matching SGF savings-generated from placements from WSH&TC to community services-with additional Federal Financial Participation (FFP) to increase the number of families with children with developmental disabilities who are provided community services on the HCBS/MR waiver.

Restructure contracts with CDDOs allowing greater management flexibility at the local level but requiring services are provided to any family with a child with a developmental disability who needs support in order to maintain his/her quality of life in the community.

Maintain data base on BASIS which reports an unduplicated number of families with children with developmental disabilities who are receiving services and an unduplicated number of families with children with developmental disabilities waiting for services.

Barriers:

If placements from WSH&TC to community services deviate too much from projections, funds will need to be retained to support the individuals at WSH&TC. As a result, SGF savings would not be available to obtain FFP to reduce the community waiting list.

Serve Approximately 1560 Families With Children With DD

Performance



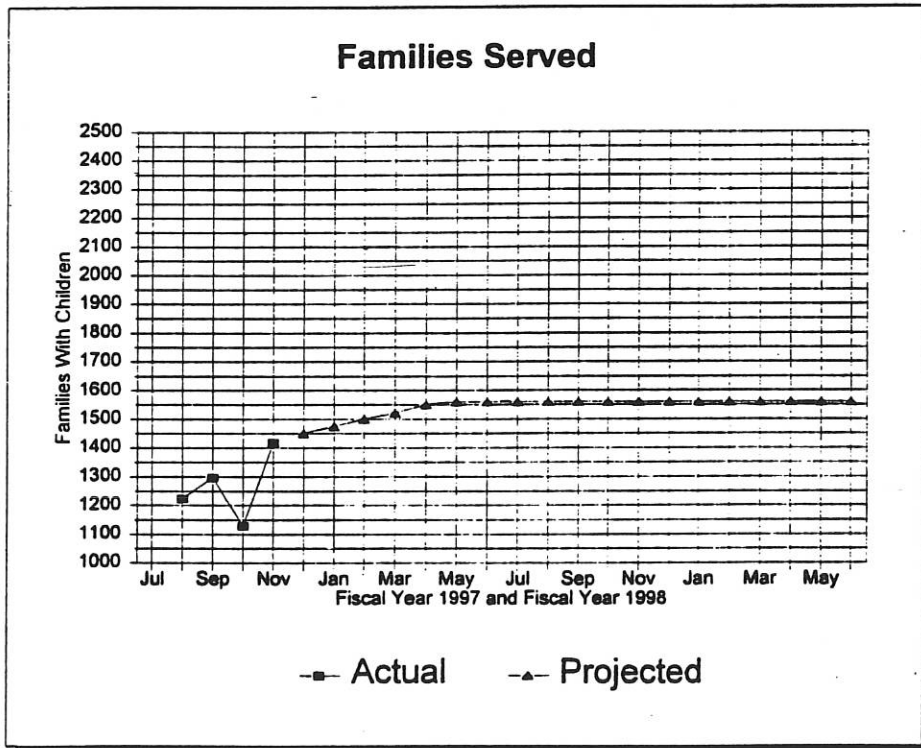
Measure

Contact person for this measure: Darvin Hirsch, 296-3561

Definition: Eligible families are natural or surrogate families with children seventeen years of age or less with a developmental disability, who need supports in order for the child to remain with the family, who are served by community agencies by June 30, 1998.

Demonstrates: An increase in the number of families served indicates SGF savings generated by placements from WSH&TC to the community are supporting services to more persons at no increase in State General Fund appropriations to the DD system. The number of families expected to be served when the community waiting list is eliminated is approximately 1,545. This should occur by June 30, 1997 and should carry through FY98.

Analysis: The graph below shows the current number of families with children with developmental disabilities receiving community services. The number served has increased from 1223 in August, 1996 to 1416 at end of November, 1996. The decrease in October is likely due to the transfer of the Family Subsidy program from MH&DD to CDDOs. Prior to the transfer, MH&DD added 541 to the numbers of families reported by CDDOs. Following the transfer, effective October 1, the CDDOs were directed to add these families to their reports. The current waiting list of families requesting services is 103. The expected number of placements of children from State Mental Retardation hospitals to the community by the end of FY97 is 5. The number of children added to the 1550 for FY98 would include 10 children from SMRHs whose guardians have chosen community services. SRS anticipates most families who will be eligible to request services in FY98 will be referred from the Part H program administered by KDHE and reported to DD by the CDDOs. These referrals should replace children who age out and are reported as adults, therefore, the number of families expected to need services in FY98 should not increase significantly.



GOAL # 2

No eligible person who requests and needs community services will wait longer than sixty (60) days when resources are available:

Objective 1:

Decrease length of time between application for services and provision of services to adults by community agencies.

Strategies:

Work with system stakeholders-CDDOs, consumers, and parents-to make all aware of the 60-day standard.

Maintain a data base on BASIS which provides a report on number and per cent of adults by waiting period and send a monthly report from BASIS showing statewide status to each CDDO as well as their standing among all CDDOs.

Barriers:

Complexity of designing services and supports for individuals who present special needs.

**No eligible adult will wait for needed
Community Services longer than 60 days**

Performance

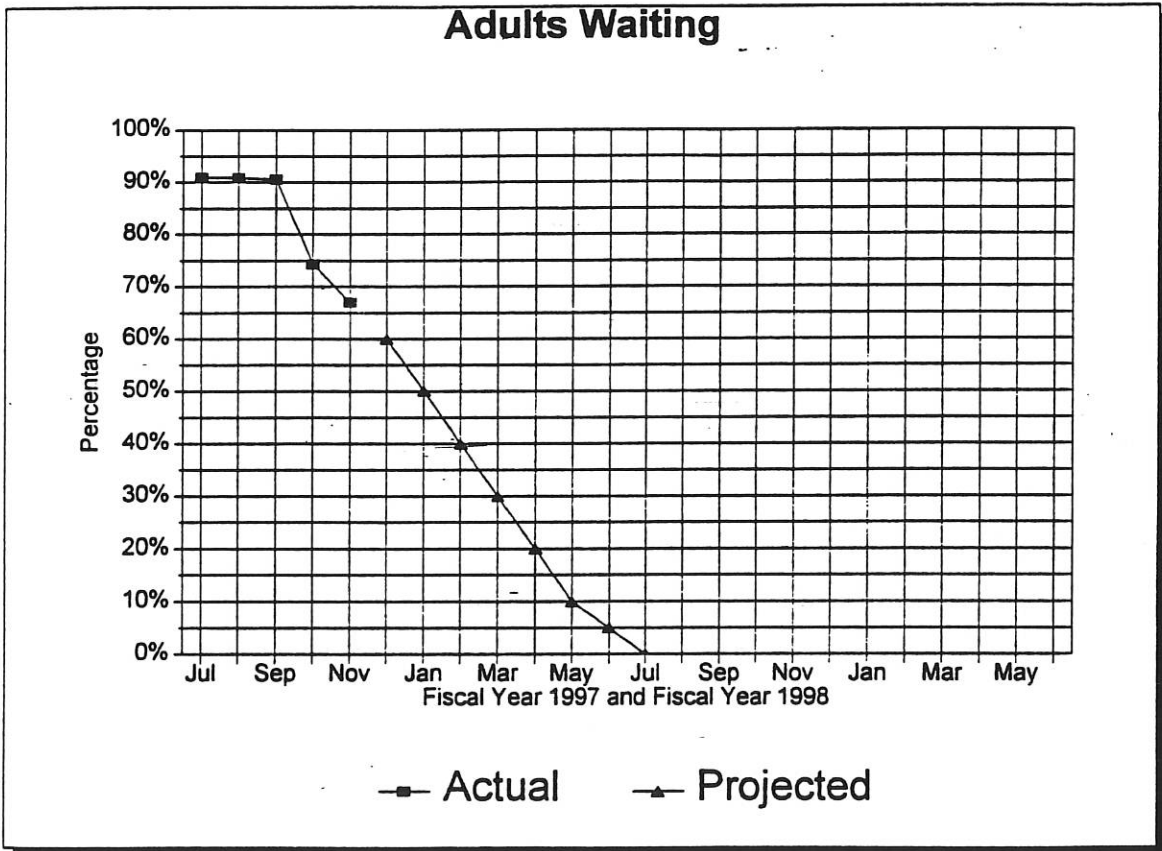
Measure

Contact person for this measure: Darvin Hirsch, 296-3561

Definition: The percent of eligible adults needing services who experience longer than a 60 day wait from application to service provision.

Demonstrates: Sixty days, or less, to wait for service provision demonstrates CDDOs are responding to identified needs in a timely manner and that, although adults will always be applying for services, there should be no "waiting list" when resources are available.

Analysis: The percent of adults reported on the "waiting list" by CDDOs who wait longer than sixty days is very high. This may be because there is confusion in determining who wants services right away and who is seeking services later in FY97. Also, some adults may not have been eliminated from CDDOs' lists when the conversion was made to the Basic Assessment and Services Information System (BASIS). We expect this percent to decrease as these adults are removed from the lists.



Objective 2:

Decrease length of time between application for services and provision of services to families with children with developmental disabilities.

Strategies:

Work with system stakeholders-CDDOs, consumers, and parents-to make all aware of the 60-day standard.

Maintain a data base on BASIS which provides a report on number and per cent of families with children with developmental disabilities by waiting period and send a monthly report from BASIS showing statewide status to each CDDO as well as their standing among all CDDOs.

Barriers:

Length of time it takes to establish supports in a surrogate family if a child needs to be served outside the natural family.

No eligible family will wait for needed Community Services longer than 60 days

Performance

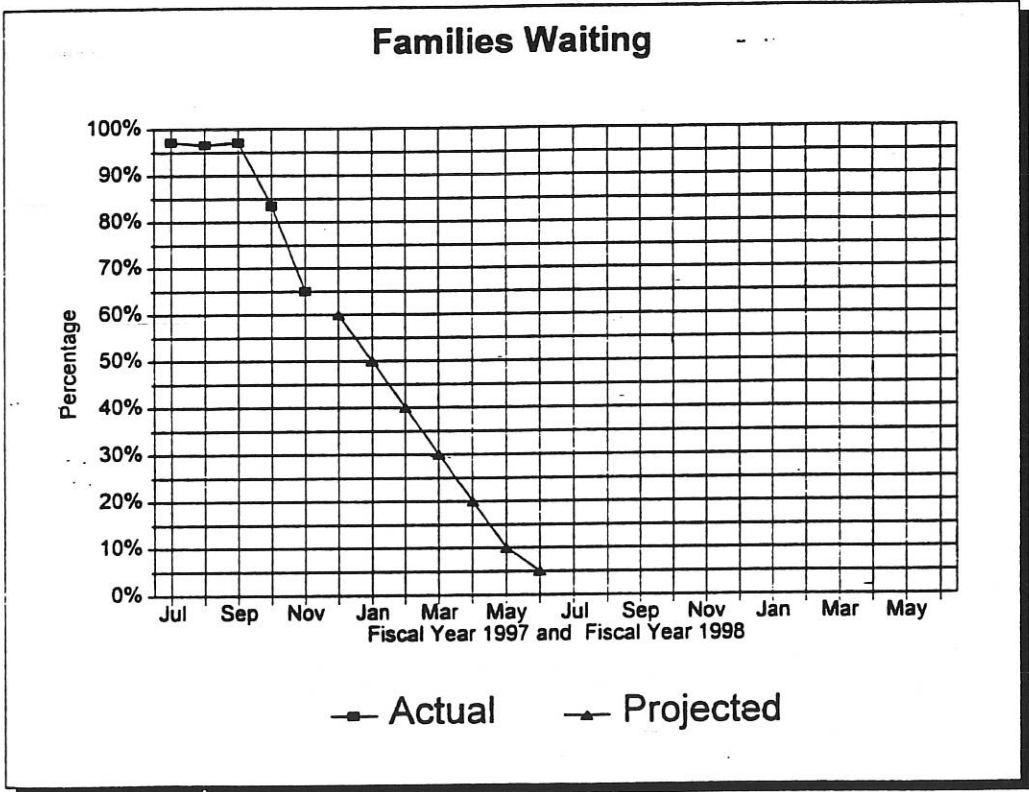
Measure

Contact person for this measure: Darvin Hirsch, 296-3561

Definition: The percent of eligible families with children who are DD needing services who experience longer than a sixty day wait from application to service provision.

Demonstrates: Sixty days, or less, to wait for service provision demonstrates CDDOs are responding to identified needs in a timely manner and that, although families with children who are DD will always be applying for services, there should be no waiting list.

Analysis: The percent of families with children who are DD reported on the "waiting list" by CDDOs who wait longer than sixty days is very high. This may be because there is confusion in determining who wants services right away and who is seeking services later in FY97. Also, some families may not have been eliminated from CDDOs' list when the conversion was made to the Basic Assessment and Services Information System (BASIS). We expect this percent to decrease as these families are removed from the lists.



6-90

Rehabilitation Services

1997-1998
Business Plan

Joyce A. Cussimano, Commissioner

February 10, 1997

REHABILITATION SERVICES

MISSION

Working in partnership with Kansans with disabilities to achieve their goals for employment and independence.

GOAL #1

To increase competitive, integrated employment for people with disabilities.
(Rehabilitation Services and the Division of Services for the Blind)

Objectives:

To provide comprehensive vocational rehabilitation (VR) services to prepare persons with disabilities to achieve and sustain gainful employment.

To assure consumer satisfaction with services.

To provide community-based instruction to help persons who have lost their eyesight adjust to blindness and increase their ability to live independently.

Strategies:

Emphasize competitive employment in quality jobs.

Collaborate with the Kansas State Board of Education and local school districts to provide transition planning services so that special education students with severe disabilities will progress directly from school to employment or other services.

Collaborate with other SRS programs to implement welfare reform.

Use cooperative agreements to expand program capacity and develop new services for people with severe disabilities.

Require performance-based employment outcomes from grant programs.

Use assistive technology to help people with severe disabilities achieve employment; collaborate with other public and private service providers to develop a coordinated approach to providing assistive technology.

Seek consumer and public input into agency planning and direction; conduct regional public forums and regular meetings of advisory councils; measure consumer satisfaction through surveys and other methods.

Increase employment of people with disabilities

Performance



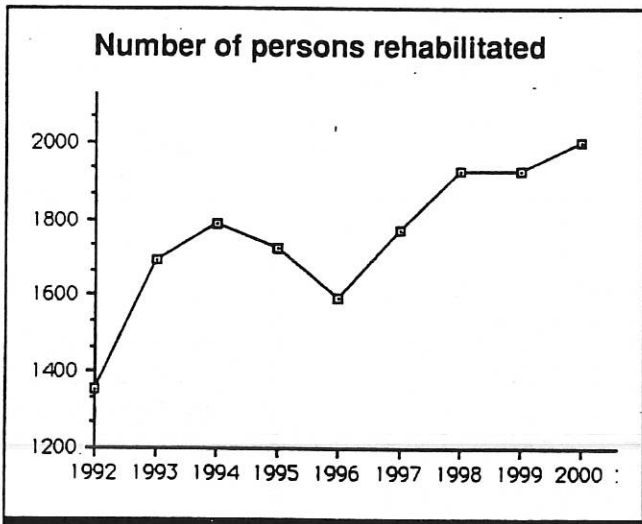
Measure

Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: The number of persons rehabilitated is an unduplicated count of the number of persons with disabilities who have received individualized services and successfully completed their vocational rehabilitation plans. As defined by federal regulations, the number of persons rehabilitated includes people who have achieved employment outcomes for at least 60 days and people who have achieved other rehabilitation outcomes such as homemaker or unpaid family worker.

Demonstrates: People with disabilities who are rehabilitated lead more independent lives and contribute to their communities as productive employees and taxpayers. They also contribute as consumers, buying goods and services, renting an apartment or owning a home, and shopping at local merchants. The taxpayers of the state receive a return on their investment in rehabilitation through increased taxable earnings and reduced reliance on public assistance.

Analysis: Significant increases in the percent of people rehabilitated who achieve employment reflect success in the Commission's emphasis of employment vs. other rehabilitation outcomes. The percent of persons rehabilitated who have severe disabilities has also increased significantly, from 63% in 1992 to 82% in 1996. Overall production was impacted when services for people with non-severe disabilities were closed from October 1, 1994 to January 1, 1996. (This type of shut-down of services to certain categories of eligible individuals is required by federal law when a state VR program does not have sufficient resources to serve all eligible persons who apply. Called Order of Selection, this procedure emphasizes services to persons with the most severe disabilities who generally require more intensive, multiple and long-term services.) Achievement of rehabilitation outcomes has also been impacted by counselor vacancies; in 1996 the vacancy rate in counselor positions was 8.5% due to the hiring freeze. This outcome should increase as Rehabilitation Services implements streamlining initiatives and continues to redistribute resources to direct consumer services in SFY 1997.



Information is based on combined general and services for the blind data.

Increase employment of people with disabilities

Performance

2

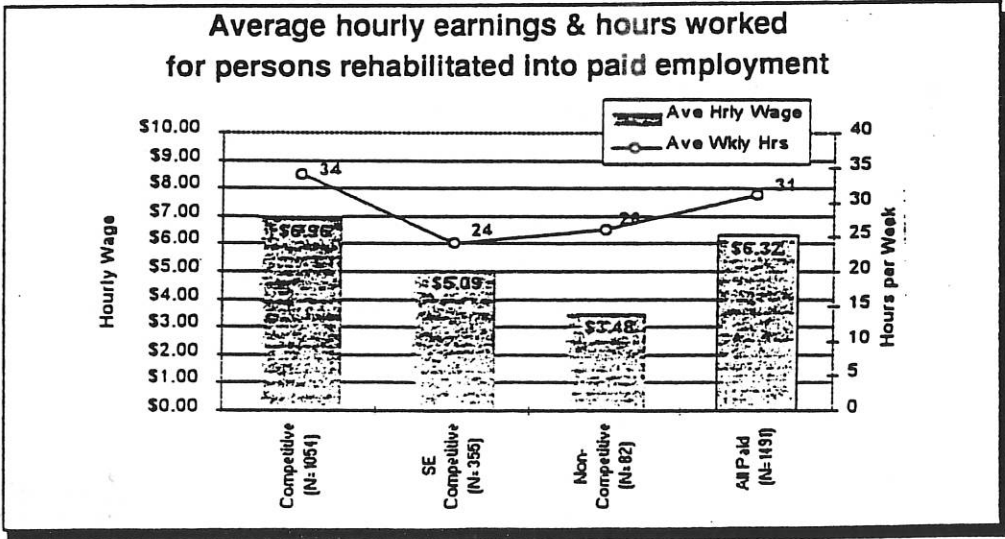
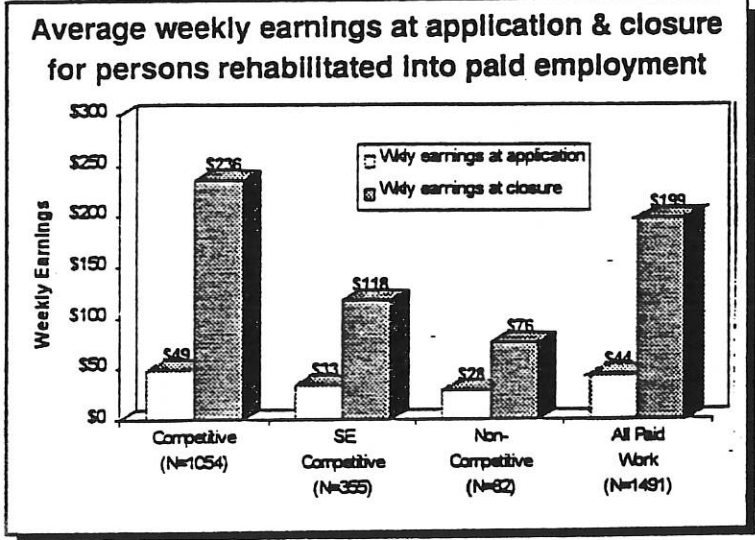
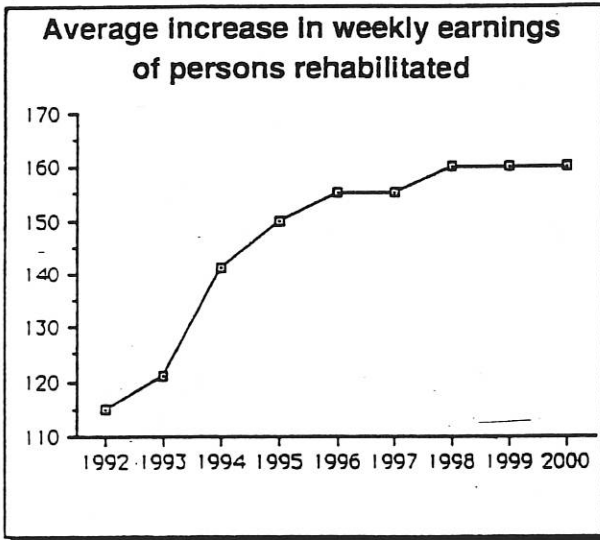
Measure

Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: The average hourly wage is a report of the actual earnings of persons rehabilitated at case closure.

Demonstrates: An increase in the average weekly earnings reflects the program's the level of success in assisting people with disabilities to improve their employment potential through vocational rehabilitation and to become more self-sufficient.

Analysis: The upward trend in the average weekly earnings of persons rehabilitated indicates that the quality of rehabilitation outcomes is improving. In SFY 1996, of the persons meeting the federal definition of employment outcomes, 96% achieved or maintained some form of paid employment after receiving vocational rehabilitation services. Persons in competitive employment accounted for 71% of those with paid jobs; persons in competitive supported employment accounted for 24%; and persons in non-competitive employment accounted for about 6%. The average hourly wage for all paid work statuses was \$6.32 with an average of 31 hours worked per week. Differences in wages and hours among types of paid employment outcomes increase, as would be expected, as the "competitiveness" of employment increases.



Information is based on combined general and services for the blind data.

6-94

GOAL #2

To develop and implement a program of information and referral; advocacy; public education; and direct services for persons who are deaf or hard of hearing.
(Kansas Commission for the Deaf and Hard of Hearing)

Objectives:

To provide coordination of interpreting services and a system to evaluate and improve the professional skills of sign language interpreters.

To provide public information and advocacy on issues related to deafness and hearing loss.

Strategies:

Coordinate referral of qualified interpreters to public and private organizations.

Administer the Kansas Quality Assurance Screening, a certification system for determining skill levels of interpreters.

Continue registration of interpreters.

Pilot test the new interpreter fee schedule based on experience, ability and education.

Provide skill building training opportunities for interpreters.

Educate the public about deafness and hearing loss.

Provide technical assistance on assistive listening devices and systems.

Inform human service agencies, businesses and the public about how to meet the accessibility needs of people who are deaf or hard of hearing.

Increase the number of interpreters receiving skill certification

Performance



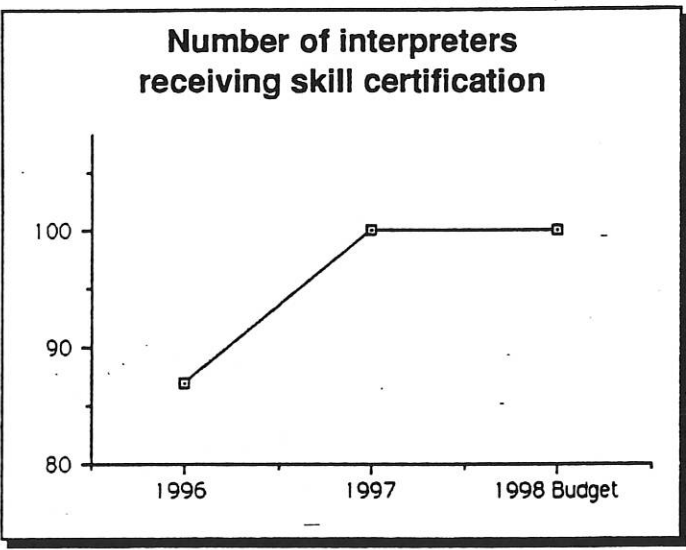
Measure

Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: The Kansas Quality Assurance Screening (KQAS) is the screening program for certification of sign language interpreters. KQAS consists of two major components: a written exam which measures an applicant's knowledge of general interpreting procedures, deaf culture and situational ethics; and a performance evaluation which measures the applicant's expressive and receptive skills in interpreting (American Sign Language) and transliterating.

Demonstrates: Skill certification assures that interpreters with appropriate qualifications are used for various settings. (Interpreting for legal, mental health and medical situations requires more advanced skills than non-technical situations where communications can be interrupted for clarification and feedback.) Availability of qualified interpreters improves access to the community for Kansans who are deaf.

Analysis: The performance testing portion of KQAS has been privatized through service provider agreements. Currently five organizations are under contract. This action has reduced the waiting list, giving interpreters quicker access to the screening process needed for certification. The number of interpreters receiving skill certification is expected to increase in future years as a result.



6-96

GOAL #3

To provide ombudsman services.
(Client Assistance Program)

Objectives:

Provide information, referral and conflict resolution for applicants and clients.

Strategies:

Provide information and referral services to Kansans regarding disability issues and vocational rehabilitation services, resulting in clients who better understand available services.

Resolve client concerns or conflicts, resulting in fewer formal appeals.

Provide technical assistance to counselors.

Resolve conflicts without formal appeals

Performance

1

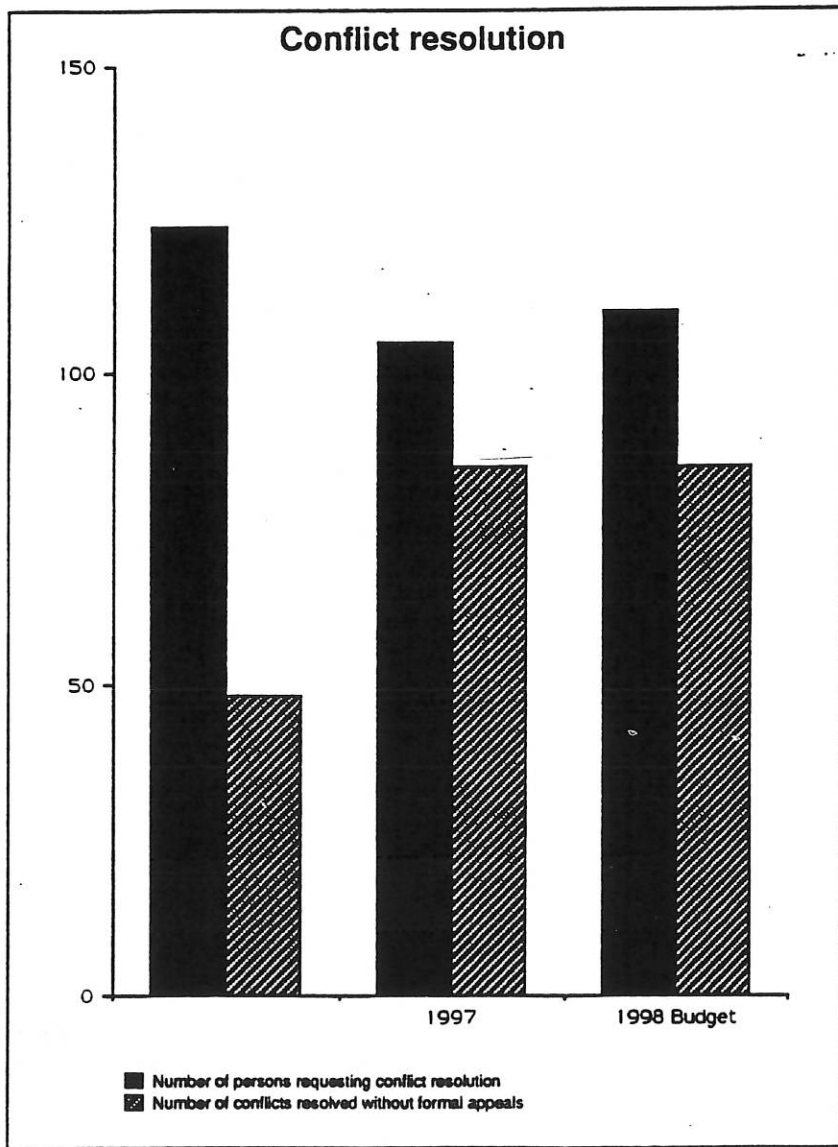
Measure

Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: The Client Assistance Program receives requests from applicants and consumers of vocational rehabilitation and independent living services for assistance in resolving questions and conflicts about service delivery issues. To be counted as a "request for conflict resolution," a formal case must be opened, the issue must relate to the individual written rehabilitation plan or the independent living plan, multiple contacts must be required to resolve the issue, and the consumer must complete a release of information form to allow the program to intervene. "Conflicts resolved without formal appeals" are such open cases that do not enter the fair hearing process.

Demonstrates: This measure demonstrates efforts to resolve conflicts at the lowest possible level, the commitment to consumer satisfaction and choice, and recognition of the consumer's ability for self-determination and self-advocacy.

Analysis: The number of requests for conflict resolutions has remained steady. The increase in the number of conflicts resolved without formal appeals is a result of greater face-to-face interventions.



6-98

GOAL #4

To increase opportunities for independence and community participation of people with disabilities.
(Independent Living Program)

Objectives:

To assist in maintaining and developing a network of independent living centers with a diverse funding base to foster consumer independence and community change.

To support and collaborate with the Statewide Independent Living Council.

Strategies:

Continue funding for existing independent living centers to provide independent living skills training; peer counseling; information and referral and advocacy.

Provide funding to establish new centers in the unserved areas of southwest Kansas and southcentral-Hutchinson.

Increase the number of persons receiving independent living services

Performance

1

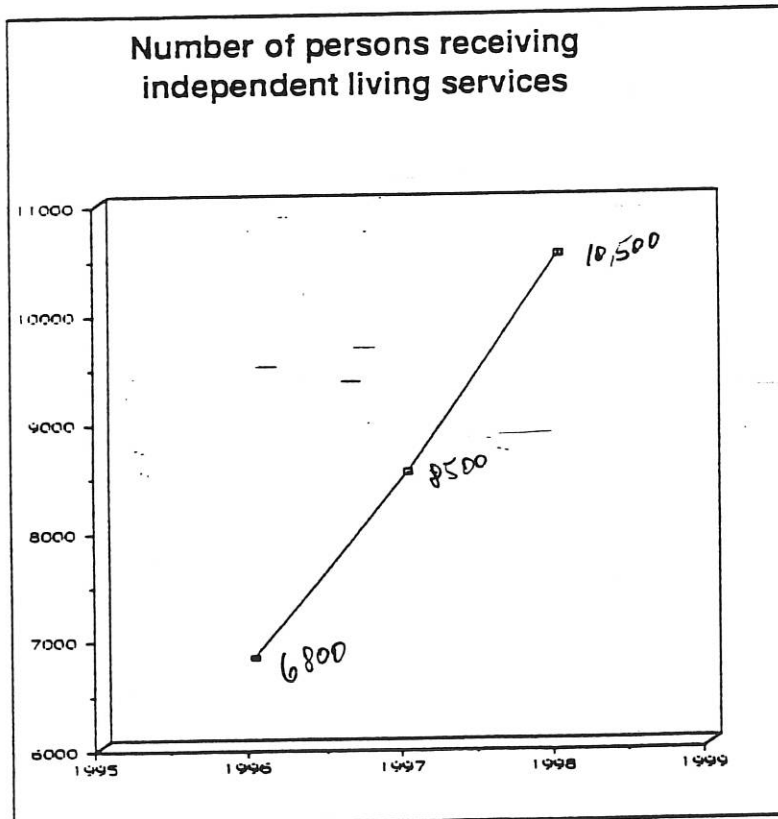
Measure

Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: This measure is an unduplicated count of the number of persons receiving services through independent living centers. Core services are: information and referral; peer counseling; independent living skills training; and advocacy.

Demonstrates: Independent living services help people with disabilities live in their home communities in the least restrictive environment possible. Services support deinstitutionalization and developmental disability reform.

Analysis: New centers will be established in 1997 in southwest Kansas and Hutchinson. As a result, the number of persons served is expected to increase.



6-100

**Provide efficient processing
of claims for federal
disability benefits**

Performance

1

Measure

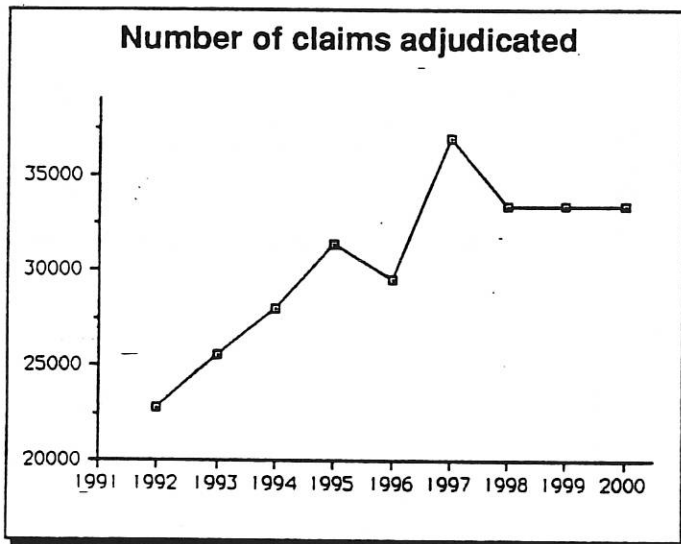
Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: Disability Determination Services makes disability and blindness determinations for the U.S. Department of Health and Human Services on most Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims filed or reviewed in Kansas.

Demonstrates: Number of claims adjudicated reflects the workload for this unit.

Analysis: In addition to processing the regular claims filed each year in Kansas, DDS will see a jump in the number of claims to process as a result of several federal initiatives:

- Welfare reform legislation changed the definition of disability for children; as a result, 2,700 cases will be reviewed and reconsidered.
- Reform of the federal disability system will result in reconsideration of all cases where there is evidence of drug addiction or alcoholism.
- The Adamson case from the 10th Circuit Court will result in reconsideration of about 1,100 Kansas claims.
- Congress has also mandated efforts to increase the number of continuing disability reviews conducted; in FY 1996, 1,800 reviews were conducted; in 1997, 2,600 will be conducted; in 1998, it is projected that 4,200 will be conducted.



6-101

Provide efficient processing of claims for federal disability benefits

Performance

2

Measure

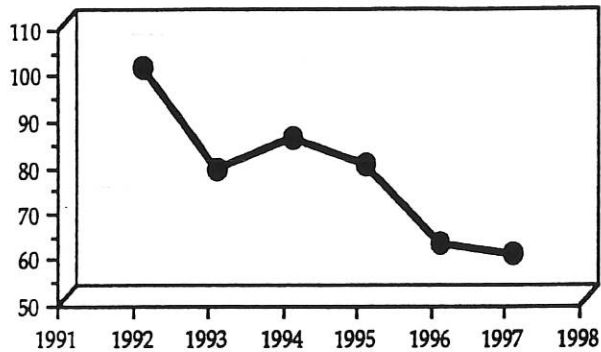
Contact person for this measure: Joyce A. Cussimano, Rehabilitation Services Commissioner, 296-3911

Definition: Disability Determination Services makes disability and blindness determinations for the U.S. Department of Health and Human Services on most Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims filed or reviewed in Kansas.

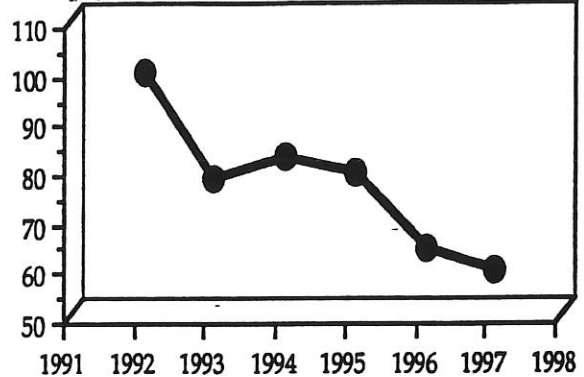
Demonstrates: Efficiency and effectiveness are measured through processing time and combined initial accuracy rates. Consumer satisfaction improves as claims are processed more quickly.

Analysis: Efforts to improve processing time have been effective at the same time the accuracy rate has also improved.

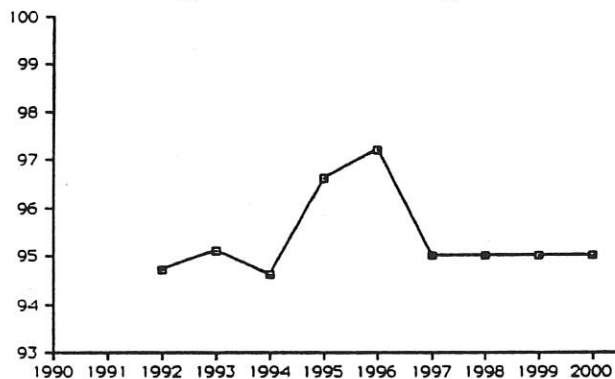
Processing time in days/Title II



Processing time in days/Title XVI



Combined annual initial accuracy rate (percent accuracy)



6-102

Department of Social and Rehabilitation Services
Child Support Enforcement Program

Background

Title IV-D of the social security act, creating the Child Support Enforcement Program, was enacted by the Congress in 1975 to counteract the ballooning cost of public assistance for children not being support by both parents and to decrease the risk of children living in poverty. Each state must operate a statewide child support program to reduce tax expenditures for cash, food stamps, foster care, and medical assistance; to help families become independent of public assistance; to return responsibility for supporting children to parents whenever possible; and to improve the economic security of children.

The enactment of federal welfare reform legislation will bring many changes to the CSE Program in future years. The most prominent program features are creation of state and federal New Hires Directories, new administrative tools for locating parents and enforcing orders, and establishment of statewide support payment centers for processing collections.

The Department of Social and Rehabilitation Services is the designated Title IV-D (CSE) agency for the State of Kansas. CSE services are provided by 449 full and part-time SRS staff and through contracts with a variety of government and private entities, including a county attorney, several district court trustees, private collection agencies, private law firms, credit bureaus, process servers, and a genetic testing laboratory.

The Kansas CSE Program must satisfy numerous, specific federal requirements concerning all phases of operation. Failure to meet federal CSE requirements can result in fiscal sanctions to the State's federally funded assistance programs and to the CSE program. CSE must provide a full range of services, from establishment of paternity and support orders through modification and enforcement, in two types of cases:

- ◆ **Public Assistance (PA)** – When a child's custodian applies for public assistance, the child support rights are assigned to the State. If CSE collects support in certain federally funded cases (AFDC is the major category), it is used to reimburse the State and federal governments for the assistance provided to the child's family. Any support collections beyond the claim for reimbursement are passed on to the family. In other types of assistance cases, CSE participation may be mandatory (child care and, soon, food stamps) or voluntary, but the child support goes to the family to increase their household income and reduce dependence on public assistance.
- ◆ **Non-Public Assistance (Non-PA)** – Since the inception of the IV-D program in 1975, federal law has required CSE to provide the same support enforcement services to anyone, regardless of income, who applies for CSE's services. The idea is to prevent the family's need for public assistance by ensuring reliable support payments, and to provide equal treatment under the law for all children. It is important to note that approximately 60% of Non-PA cases have received AFDC in the past.

The current CSE caseload consists of approximately 141,000 PA and Non-PA cases serving roughly a

quarter in Kansas. Over the last ten years, collections have increased 595% to \$113,000,000 in FY96 from \$19,000,000 in FY86.

By operating a program in compliance with federal requirements, Kansas qualifies for three types of federal IV-D funding:

- Kansas retains 41% of support collections applied toward reimbursement of federally-funded public assistance. The federal government receives the remaining 59%;
- Kansas receives 66% federal financial participation (FFP) of allowable administrative costs of the IV-D program; and
- Kansas earns an incentive of about 6%, each, for PA and Non-PA collections. The Non-PA incentive is limited to 115% of the PA incentive.

In addition, a cost recovery fee of 2% is charged on collections in cases which have no current public assistance eligibility (cash, medical, food stamps, or day care). This fee is split with the federal government as program income. By effectively using these funding mechanisms, CSE has always been a cost-effective, revenue-producing program for the State of Kansas.

Another fiscal benefit results from closure of AFDC cases when IV-D support collections exceed the AFDC grant. CSE's services automatically continue to enhance the family's ability to remain independent of AFDC, and the State benefits from this AFDC cost avoidance. IV-D collection efforts in FY96 resulted in the closure of 5,144 AFDC cases.

The CSE program also establishes and enforces thousands of medical support (health insurance) orders each year - 4,580 were established in FY96 alone. Using the SRS automated system, CSE shares this health insurance information with the Medicaid fiscal agent. This, in turn, allows the child's medical care to be billed to the responsible insurers rather than paid by the State.

Paternity establishment also plays a vital role in the overall agency mission by reducing public assistance and allowing recovery of state-paid birth expenses. Paternity establishment and educational outreach also positively affect the teen pregnancy problem by highlighting parental responsibility. A significant number of children benefit each year from having their parentage clearly established, opening the avenue to both cash and medical support. They also gain access to complete family medical information as well as potential inheritance and other rights. In FY96, CSE established paternity for over 11,363 children.

Initiatives currently being pursued by the CSE Program include:

- Enhanced computerization - completion of a major project (KESSEP) to enhance the existing KAECSES system and meet federal certification requirements (Family Support Act of 1988);
- In-hospital paternity establishment - expansion of early intervention and education efforts at the prenatal stage to encourage voluntary paternity acknowledgment at the time of birth;
- Privatization - use of private resources to perform appropriate functions whenever efficiency or effectiveness can be enhanced; and
- Expanded public assistance referrals - extension of CSE services to families receiving child care or food stamp assistance.

Child Support Enforcement

Number of Attorneys

The Child Support has a total of 63.4 attorneys, 59.4 assigned to establishment and enforcement work across the state, 1 working as part of the interstate unit and two with departmental administrative duties as well as the program director.

Caseload

The current caseload is 141,000, including interstate cases. The Kansas caseload is 130,764 (up from 127,983 a year ago). This includes: 26,852 related to open AFDC cases, 16,100 related to current or prior Foster care, 16,816 AFDC arrearage only and 70,996 Non-AFDC. 75% of these Non-AFDC cases are currently receiving or have previously received AFDC, Medicaid, Food Stamps or Day Care funds.

Every AFDC public assistance case (currently 21,719) is referred for services unless there is no parent absent from the family i.e. AFDC-UP (824 cases) or there is a determination, based on documented evidence, of good cause not to pursue (approximately 100 cases). The program is also required to provide continued services to every AFDC and Medical assistance case which closes unless the family specifically request termination.

The program is responsible to locate and relocate addresses, employment and assets, establish paternity and cash and medical support obligations, enforce obligations administratively and legally, and collect, receipt, distribute and disburse funds appropriately for all these cases. In FY 1996, the program established paternity for 11,363 children, 16,017 cash support obligations and 4,586 medical support obligations.

Collections

In FY 1996, the program collected \$112,885,211, including Child Support for Kansas and other States, Medical recoveries and certain expenditure recoveries, e.g. genetic testing costs. This included 67 million in current support or 55.7% of the amount which came due. See attached chart, **CSE Child Support Collection Totals**

The bulk of the collections were passed on to Non-AFDC families to meet their ongoing needs and assist them in remaining independent of public assistance. In FY 1996, over \$3 million was paid to AFDC assistance families through the passthrough of up to \$50/month of current support. (Passthrough ended in October when the federal government ceased funding.)

Contract Costs

In FY 1996, CSE paid 7,153,170 in administrative reimbursement, cost recovery fees and incentives to contractors for enforcement assistance in collecting support. \$4,294,429 was reimbursed by the federal government leaving the State share of costs at \$2,858,741. In return, CSE was able to generate \$14.8 mil. in State funds.

Projected contract costs under the new performance based contracts are \$10.5 mil. with \$6.7 mil. to be federally reimbursed, for a State share of \$3.8 mil. See charts, **Projected Contract Costs** With the State retaining cost recovery fees and incentives, it is projected CSE will be able to generate \$18.2 mil. in State funds. In using this approach, the program was also able to save \$729,000 in salary costs by eliminating 25 positions.

901-9

CSE Child Support Collection Totals

This is gross distributed collections for Kansas and other states Title IV- D cases by State fiscal year.

	ADC KANSAS	ADC OTHER	ADC TOTAL	NADC KANSAS	NADC OTHER	NADC TOTAL	KANSAS TOTAL	OTHER TOTAL	GRAND TOTAL
FY-96	27,290,816	3,863,784	31,154,600	75,466,063	5,447,234	80,913,297	102,756,879	9,311,018	112,067,897
FY-95	25,889,510	3,593,287	29,482,797	68,063,286	5,375,056	73,438,342	93,952,796	8,968,343	102,921,139
FY-94	24,424,553	2,947,270	27,371,823	59,358,024	5,353,682	64,711,706	83,782,577	8,300,952	92,083,529
FY-93	22,289,705	2,616,020	24,905,725	50,266,040	5,134,879	55,400,919	72,555,745	7,750,899	80,306,644
FY-92	19,619,939	2,001,027	21,620,966	43,111,851	4,255,725	47,367,576	62,731,790	6,256,752	68,988,542
FY-91	18,029,498	1,693,021	19,722,519	36,749,281	3,783,347	40,532,628	54,778,779	5,476,368	60,255,147
FY-90	15,348,638	1,593,719	16,942,357	27,110,885	3,392,143	30,503,028	42,459,523	4,985,862	47,445,385
FY-89	12,957,358	1,540,554	14,497,912	19,427,036	2,863,312	22,290,348	32,384,394	4,403,866	36,788,260
FY-88	12,232,517	1,110,891	13,343,408	14,250,889	2,119,331	16,370,220	26,483,406	3,230,222	29,713,628
FY-87	11,156,501	911,726	12,068,227	9,187,721	1,513,995	10,701,716	20,344,222	2,425,721	22,769,943
FY-86	11,665,090	769,146	12,434,236	5,524,474	1,075,460	6,599,934	17,189,564	1,844,606	19,034,170
FY-85	9,560,378	UNKNOWN	9,560,378	1,746,942	UNKNOWN	1,746,942	11,307,320		11,307,320
FY-84	8,914,283		8,914,283	2,345,716		2,345,716	11,259,999		11,259,999
FY-83	7,504,462		7,504,462	2,059,586		2,059,586	9,564,048		9,564,048
FY-82	5,725,389		5,725,389	1,820,471		1,820,471	7,545,860		7,545,860
FY-81	5,108,414		5,108,414	1,696,653		1,696,653	6,805,067		6,805,067
FY-80	4,024,115		4,024,115	624,753		624,753	4,648,868		4,648,868
FY-79	3,452,308		3,452,308	357,625		357,625	3,809,933		3,809,933
FY-78	3,599,678		3,599,678	123,116		123,116	3,722,794		3,722,794
FY-77	3,171,543		3,171,543	UNKNOWN			3,171,543		3,171,543
FY-76	2,882,422		2,882,422	UNKNOWN			2,882,422		2,882,422

Projected Contract Costs - - First Year Projection

Judicial District	Contractor	% Bid Year 1	First Year Projected			Cost	State Share of Cost
			ADC Collections	NON-ADC Collections	Total Collections		
1	Lvnworth County	11.75%	\$792,294	\$1,979,770	\$2,772,064	\$325,717	\$110,744
2	None		\$0	\$0	\$0	\$0	\$0
3	Maximus 1+	12.82%	\$1,777,149	\$10,696,013	\$12,473,162	\$911,322	\$309,849
4	Maximus 1+	19.29%	\$540,000	\$720,000	\$1,260,000	\$243,054	\$82,638
5	None		\$0	\$0	\$0	\$0	\$0
6	Maximus 1+	16.96%	\$334,287	\$1,185,201	\$1,519,488	\$226,780	\$77,105
7	Maximus 1+	12.71%	\$341,697	\$1,211,471	\$1,553,168	\$173,719	\$59,064
8	Court Trustee	15.45%	\$1,124,936	\$3,374,808	\$4,499,744	\$695,210	\$236,372
9	Court Trustee	15.25%	\$331,575	\$1,289,936	\$1,621,511	\$202,261	\$68,769
10	Court Trustee	23.00%	\$1,606,610	\$10,392,785	\$11,999,394	\$1,478,081	\$502,547
11	Maximus 1+	19.35%	\$581,380	\$2,478,516	\$3,059,896	\$449,988	\$152,996
12	None		\$0	\$0	\$0	\$0	\$0
13	Forbes & Pohl	15.50%	\$353,997	\$1,396,998	\$1,750,995	\$219,478	\$74,622
14	Maximus 1+	16.87%	\$503,006	\$1,509,018	\$2,012,024	\$339,428	\$115,406
15	Court Trustee	13.80%	\$141,822	\$406,546	\$548,368	\$75,675	\$25,729
16	Court Trustee	11.50%	\$117,280	\$1,115,951	\$1,233,231	\$53,949	\$18,343
17	Court Trustee	15.00%	\$165,904	\$4,087,901	\$4,253,805	\$99,543	\$33,844
18	Court Trustee	17.00%	\$3,378,370	\$10,135,110	\$13,513,480	\$2,297,292	\$781,079
19	None		\$0	\$0	\$0	\$0	\$0
20	None		\$0	\$0	\$0	\$0	\$0
21	None		\$0	\$0	\$0	\$0	\$0
22	Court Trustee	12.00%	\$410,854	\$664,461	\$1,075,316	\$129,038	\$43,873
23	None		\$0	\$0	\$0	\$0	\$0
24	None		\$0	\$0	\$0	\$0	\$0
25	None		\$0	\$0	\$0	\$0	\$0
26	None		\$0	\$0	\$0	\$0	\$0
27	None		\$0	\$0	\$0	\$0	\$0
28	Audrey Magana	17.85%	\$633,325	\$1,899,975	\$2,533,300	\$452,194	\$153,746
29	Maximus	19.37%	\$3,188,240	\$6,601,800	\$9,790,040	\$1,896,331	\$644,752
30	None		\$0	\$0	\$0	\$0	\$0
31	Maximus 1+	17.25%	\$405,938	\$1,217,814	\$1,623,752	\$280,097	\$95,233

16,728,663 62,364,074 79,092,738 10,549,157 3,586,713

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Projected Contract Costs - Accepted

Based on percentage bid and collection estimates

Judicial District	Bidder	1st Year Cost	2nd Year Cost	3rd Year Cost	Total Three Years	4th Year Cost	5th Year Cost	Total Five Years
1	Lvnworth County	325,717	358,289	394,118	1,078,125	433,530	476,883	1,988,538
2	None	0	0	0	0	0	0	0
3	Maximus 1+	911,322	763,179	779,287	2,453,788	857,216	942,937	4,253,940
4	Maximus 1+	243,054	203,603	207,955	654,613	228,751	251,626	1,134,990
5	None	0	0	0	0	0	0	0
6	Maximus 1+	226,780	189,888	193,992	610,661	213,391	234,730	1,058,783
7	Maximus 1+	173,719	145,536	148,678	467,932	163,546	179,900	811,378
8	Court Trustee	695,210	764,731	816,704	2,276,645	850,461	889,390	4,016,496
9	Court Trustee	202,261	222,487	244,735	669,483	286,862	315,548	1,271,893
10	Court Trustee	1,478,081	1,625,889	1,788,478	4,892,447	1,967,326	2,164,058	9,023,831
11	Maximus 1+	449,988	376,804	384,939	1,211,731	423,433	465,776	2,100,940
12	None	0	0	0	0	0	0	0
13	Forbes & Pohl	219,478	236,753	253,575	709,806	269,509	290,240	1,269,555
14	Maximus 1+	339,428	284,400	290,442	914,270	319,486	351,434	1,585,190
15	Court Trustee	75,675	83,242	90,239	249,156	99,263	109,190	457,609
16	Court Trustee	53,949	59,344	65,278	178,571	71,806	78,987	329,363
17	Court Trustee	99,543	109,497	120,446	329,486	132,491	145,740	607,717
18	Court Trustee	2,297,292	2,527,021	2,697,966	7,522,279	2,877,831	3,066,688	13,466,798
19	None	0	0	0	0	0	0	0
20	None	0	0	0	0	0	0	0
21	None	0	0	0	0	0	0	0
22	Court Trustee	129,038	140,759	154,835	424,631	168,887	185,776	779,294
23	None	0	0	0	0	0	0	0
24	None	0	0	0	0	0	0	0
25	None	0	0	0	0	0	0	0
26	None	0	0	0	0	0	0	0
27	None	0	0	0	0	0	0	0
28	Audrey Magana	452,194	466,761	502,708	1,421,663	542,863	569,332	2,533,858
29	Maximus	1,896,331	1,561,511	1,609,864	5,067,706	1,770,851	1,947,936	8,786,493
30	None	0	0	0	0	0	0	0
31	Maximus 1+	280,097	234,697	239,698	754,493	263,668	290,035	1,308,196

10,549,157 10,354,391 10,983,938 31,887,485 11,941,169 12,956,208 56,784,862

CSE Enforcement Contract Accountability Features

1. Payment will be based on a percentage of amounts collected with a 300% cap on non-AFDC collections. This rewards the contractor for productivity and encourages the type of collections which generates the most State revenue.
2. Commitments for percentage of collections we would be charged were required for a five year period. Consequently, program expenses can be determined well into the future and contractors are bound to a certain percentage.
3. All contractors have committed to accepting the Secretary of SRS as their client; to using a single automation system and to follow the same federal, state, and program rules and regulations. This will insure program uniformity, equal treatment of customers and avoid duplication of effort.
4. Contracts can be terminated quickly for failure to perform. If the contractor fails to remedy performance deficiencies within 10 days after being notified, the contract can be terminated.
5. If the State of Kansas loses federal dollars because of the contractor's performance, the loss will be subtracted from payments the State owes the contractor.
6. Contractors must satisfy very specific performance time frames. For example;
 - set up case after referral - two days,
 - do case assessment to determine appropriate action - five days,
 - issue income withholdings within federal performance time frames,
 - issue income withholding to new employer - two days after location,
 - other enforcement actions - within 10 days after identifying the delinquency,
 - when service of process is needed to enforce judgments - service must be accomplished in 60 days,
 - case disposition must occur in 90% of referrals in three months, 98% in six months, and 100% in one year,
 - cases must be reviewed for modification at least every 36 months.
7. Contractors must show improvement in the following areas:
 - A paying case ratio of at least 50% (excluding offset);
 - A collection rate of 52% of current support due (excluding offset);
 - An average collection of \$210 per paying case;
 - An annual increase of 10% in AFDC dollars collected (over the course of the five year contract);
 - an annual increase of 10% in non-AFDC dollars collected.

Failure to maintain these levels will result in the contractor preparing a corrective action plan to resolve deficiencies and being subjected to a penalty of two percent of their annual fee for each deficiency.

8. Contractors must use numerous very specific remedies including liens, contempts, garnishments, revivors, license revocation, etc., to enforce judgments.
9. Very strict requirements are in place for high quality customer service.
 - Callers must have the option of talking personally to contractors' staff;
 - Written inquiry/complaint logs must be maintained;
 - Inquiries/complaints must be effectively dealt with within 48 hours;
 - All customers must be notified within two working days of all actions taken in their behalf to enforce or modify support;
 - Interpreter services must be provided;
 - Notary services must be provided;
 - Notices must be sent to customers to provide them with a primary case worker name.
10. SRS will monitor contractor performance by cite visits, review of case files and computer data. A new automated system is being developed which will allow for the assessment of performance and compliance with performance time frames.

If problems are detected, SRS may require the submission of a corrective action plan within 30 days. If such a plan is not submitted, a penalty of 10% of the next monthly contractor payment will be withheld. This penalty will continue in following months until the plan is received or the contract is terminated.

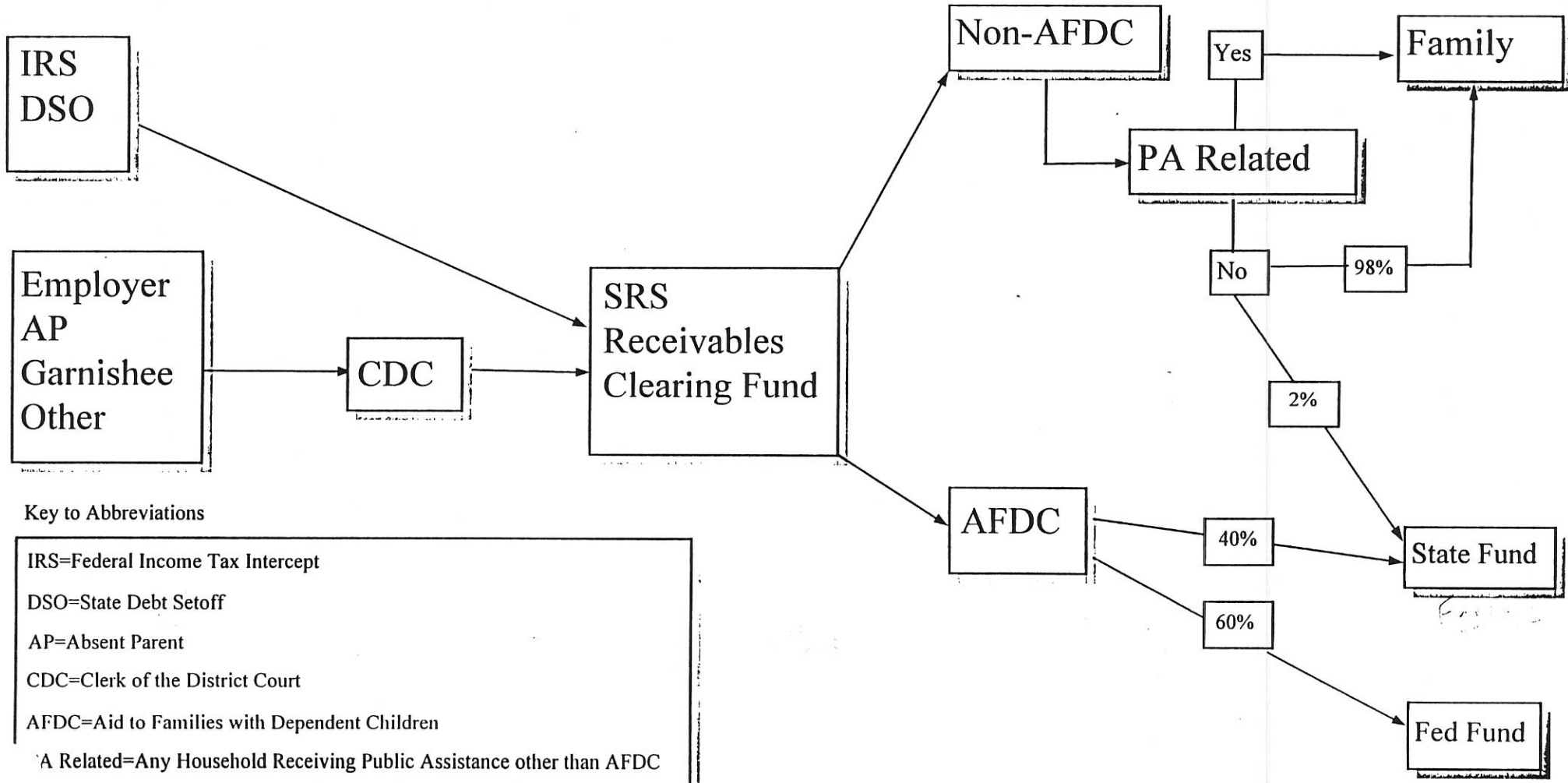
If a corrective action plan is submitted but deficiencies are not corrected in accordance with the plan, 15% of the next three months contractor fees will be withheld. Thereafter, the penalty will be increased by an additional 10% per quarter.

Child Support Distribution

Kansas Cases

6-111

Payors



Key to Abbreviations

- IRS=Federal Income Tax Intercept
- DSO=State Debt Setoff
- AP=Absent Parent
- CDC=Clerk of the District Court
- AFDC=Aid to Families with Dependent Children
- A Related=Any Household Receiving Public Assistance other than AFDC

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Rochelle Chronister, Secretary

Joint Committee on Legislative Post Audit
Monitoring Report #5

February 11, 1997

Mister Chair and Members of the committee, I am Teresa Markowitz, Commissioner of Children and Family Services. Thank you for the opportunity to testify on behalf of Rochelle Chronister, Secretary of Social and Rehabilitation Services, today regarding Monitoring Report #5.

We have reviewed Monitoring Report #5 completed by LPA. Primarily this report focuses on Case Review #1 related to Protective Service. This is the third read of these particular compliance obligations. Though improvements can be noted in ten of the 11 obligations, we do not view the results as acceptable.

First, I will highlight the improvements we have made. Then I would like to focus primarily on the corrective actions taken by the Secretary of SRS to further increase our performance.

Below you will find a table illustrating the obligations monitored for this Case Review. To the right of the obligation are the percentages achieved in each of the three reads. As noted, ten of the eleven obligations show improvement from the previous read, however, only one demonstrates compliance, thus the results are far from being acceptable.

Obligation		80% 10/25/94-4/26/95	90% 4/27/95-10/24/95	90% 10/25/95-4/26/96
I.D.	Initiation of Investigations: Conduct PRA	77%	64%	67%
	Respond and Ascertain Safety	73%	72%	75%
I.E.	Complete FBA	73%	83%	81%
	Complete FBA/45 working days	75%	80%	82%
	Complete Family Service Plan (FSP)	65%	73%	81%
	Complete FSP/45 working days	68%	72%	77%
I.F.	Interview all appropriate persons	61%	60%	70%
I.H.	Complete investigation/25 working days	46%	51%	60%
I.I.	Review of multiple unconfirmed reports	22%	19%	22%
	Document Results of review	22%	19%	22%
II.F.	ExParte Requests/LE Removal	100%	89%	100%

In an effort to evaluate why compliance is or is not being met, the department reviews compliance by evaluating performance within the twelve area office. By doing this, the department has been able to determine two significant issues: 1) all obligations are achievable, and 2) There are patterns where area offices are performing more successfully than others.

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It certainly was the goal of the department to have shown more statewide compliance than this read reflects. Over the past year, several initiatives were implemented to promote improvement. Most notably, these immediate initiatives included:

1. Articulating clearly to the field how obligations were to be scored so social workers knew specifically who was to do what, when.
2. Assuring that only obligations necessary for Settlement Compliance be part of this review.
3. Requiring results be given to the field at the time of the read so corrective action could begin immediately, rather than waiting 6 to 12 months for the "final results".

As a result of this review, additional departmental action has been implemented by the Secretary of SRS. See the attached plan. Specifically, this addresses four primary areas:

1. **Accountability:** as it relates to The Settlement.
2. **Personnel action:** as it relates to specific job performance.
3. **Internal Audits:** as it relates to recent concerns articulated by LPA.
4. **Privatization:** as it relates to shared responsibility with Contractors.

Additionally, and potentially more significantly; the department began implementation of the three phases of privatization as long term goals to assist in the achievement of the Settlement Compliance. Though immediate results may not be felt until implementation is complete, these initiatives are critical components in improving the welfare of children. This initiative compliments the goals of the Settlement Agreement in two very distinct ways:

1. With the transfer of family preservation (July 1, 1996), adoption (October 1, 1996) and foster care (March through May, 1997) to private providers, it will free-up SRS social workers to focus on the investigative and protective service components of SRS and to focus on compliance obligations.
2. The contracts have clearly articulated outcomes to allow us to monitor the welfare of children. These outcomes now become the conduit to evaluate the process pieces of SRS' policy and practice. Without having these outcomes, we could only make assumptions about whether or not children's lives were more or less at risk. Now, for what may be the first time, we will not only be able to monitor the process (as outlined primarily in the Settlement), but we will also be able to compare them to the outcomes which relate directly to the welfare of children and families.

At this time with your permission, Rochelle Chronister, Secretary of SRS, would like to address the committee to further describe these privatization initiatives.

Thank you.

Teresa Markowitz
Commissioner
Children and Family Services
(913) 296-4640

For: Rochelle Chronister
Secretary
Department of SRS

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**COMMISSION OF CHILDREN AND FAMILY SERVICES
ACTION PLAN TO ASSURE ACLU COMPLIANCE
JANUARY, 1997**

6-114

ISSUE	ACTION PLAN	RESPONSIBLE PARTY	TARGET DATE
I. Accountability	1. Review all Settlement Agreement elements and assign responsible party for each element. (See attached)	Teresa Markowitz	February 1, 1997
	2. Review assignments with all applicable parties and outline expectations to include:	Teresa Markowitz	February 14, 1997
	A. Develop specific corrective action for all elements that have not met Settlement requirements for CR 1.3. (Social Service Chiefs will not have to do action plan with those elements where they have successfully achieved compliance in two consecutive reads.)	Respective Social Service Chief. Assigned party(ies) from Central Office.	March 15, 1997
	B. Above action plans will be presented to Commissioner for review and approval. (Area Directors to approve Social Service Chief responsibilities prior to submitting to Commissioner.)	Respective Social Service Chief	March 17, 1997
	C. Develop action plan(s) for any future reviews when compliance has not been met, following the same guidelines as above.	Respective Social Service Chief	To Commissioner within 15 days of receipt of Shelly Bucher report.
II. Personnel Action	D. Review with Settlement Manager (Shelly Bucher) any elements that have not been finalized with Children's Rights, Inc. And make recommendation to Commissioner on how to proceed.	Assigned party (does not include case review elements)	March 15, 1997
	3. Area Offices must have settlement training at least every six months designed specifically for Social Service Supervisors.	Respective Social Service Chief. Mike Clarkin	Beginning with training in February
	1. All personnel involved with the Settlement must have this identified as part of their annual evaluation. Personnel include, but is not limited to the following; Area Director, Social Service Chief, Social Service Supervisor, Social Work line staff, Commissioner and Commission unit managers and Settlement Manager.	Respective Area Director Commissioner Respective Social Service Chief	Effective February 1, 1997 and on-going for all future reviews.

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ISSUE	ACTION PLAN	RESPONSIBLE PARTY	TARGET DATE
II. Personnel Actions (cont.)	2. All performance evaluations will include an evaluation of Settlement compliance. All personnel who do not specifically meet the required percentage will, at a minimum, be evaluated as unsatisfactory in the work processes and results category. All managers who have personnel who do not meet required outcomes will, at a minimum, be evaluated as unsatisfactory in the Program, project and process management category. (In all cases, compliance is determined by IQAMU.)	Respective Area Director Respective Social Service Chief	Effective February 1, 1997, and on-going for all future reviews.
	3. All Area Offices will assign one specific person to be responsible for the overall coordination of Settlement requirements. (Numerous office have already accomplished this.)	Respective Area Director	February 28, 1997
	4. In the event a social service supervisor is responsible for a unit who is out of compliance in three consecutive case reviews, disciplinary action must be considered.	Respective Area Director	Effective February 1, 1997, and on-going for all future reviews.
	5. In the event a social worker is responsible for being out of compliance in two consecutive case reviews, disciplinary action must be considered.	Respective Area director	Effective February 1, 1997, and on-going for all future reviews.
	III. Internal Audits	1. Assign full-time coordinator of IQAMU function.	Janet Schalansky
2. Redesign current IQAMU Team to be more directly associated to the auditing unit within the Commission of Administrative Services. Identify full-time personnel to assume responsibilities. (Maintain current KU students and secretarial support to assist in monitoring.)		Janet Schalansky Mary Hoover	February 14, 1997
3. Review plan with legal staff.		John Badger	February 7, 1997
IV. Privatization	1. Create position paper on elements as they relate to privatization. Go through each element and identify the impact, if any, on the Settlement.	Marilyn Jacobson Shelly Bucher	February 28, 1997
	2. Assure contractors have been fully trained on Settlement elements to meet compliance.	Shelly Bucher	March 1, 1997