

MINUTES OF THE PRESIDENT'S TASK FORCE ON MEDICAID REFORM.

The meeting was called to order by Chairperson Senator Stan Clark on adjournment of the Senate on March 7, 2003 in Room 231-N of the Capitol.

All members were present except: Senator Barnett, excused
Senator Brungardt, excused

Committee staff present: Emalene Correll, Legislative Research
Jim Wilson, Revisor of Statutes
Ann McMorris, Secretary

Conferees appearing before the committee: none

Others attending: See attached list

Approval of Minutes

Moved by Senator Feleciano, seconded by Senator Lee, minutes of the meeting of the Task Force on Medicaid Reform on March 4, 2003 be approved. Motion carried.

The following information was distributed to the committee:

1. Senator Pete Brungardt - Ideas on Medicaid Reform (Attachment 1)
2. Robert Day - Pharmacy Program Cost Containment Efforts (Attachment 2)
3. CMHC - Michael Hammond - Letter with five attachments (Attachment 3)
 - Total Numbers served by CMHC for FY 2002 - adults
 - Total numbers served by CMHC for FY 2002 - children & adolescents
 - Excerpt -Outlines Basic and specialized CMHC services for adults - p. 57
 - Excerpt - Outlines basic and specialized CMHC services for children and adolescents
pages 126-127
 - Community Mental Health Centers
4. Health Grant Opportunities in Kansas (Attachment 4)
5. K.S.A. 39-709 - Mentally Ill.... (Attachment 5)

Robert Harder provided written comments concerning the work and final report of the Task Force. He enumerated issues in Long Term Care, Prescription Drugs, Internal Management, Beyond the State and New Structure. (Attachment 6)

Chairman Clark asked Mr. Harder to lead the discussion on the various areas the Task Force had discussed in their round table discussions

1. Long Term Care Issues
 - Insurance would include tax credit, tax deductible, long term shelter, liens and reverse mortgages
 - Emphasis on HCBS and maximum use of consumer choice
 - Caps incorporated into the eligibility process
2. Internal Management
 - SRS obligation to insist to the fiscal agent that SRS wants to lessen the hassle factor to the providers. Full accounting of unpaid bills in excess of 60 days.
 - Fiscal agent should submit a report accounting for funds not simply in the aggregate by program but also by individual headcount to determine over spending in relation to increase in caseload
 - Total medical expenditures should indicate whether special programs are included.
 - Review of the issues of management care and involvement of more physicians
3. Beyond the State
 - Consideration of a purchasing coop to include the surrounding states
 - Dual eligible persons should be fully a federal responsibility

CONTINUATION SHEET

MINUTES OF THE PRESIDENT'S TASK FORCE ON MEDICAID REFORM at on March 7, 2003 in Room 231-N of the Capitol.

4. Prescription Drugs

Help the local pharmacist and keep them in the program.

Implementation of the Hiawatha patient review system in pilot locations to study possibly a statewide program

The round table discussion subjects were -children with Medicare card, participation by drug manufacturers, role of Veterans Administration, eligibility for drugs thru VA, federal requirements that hinder SRS, programs the SRS has implemented, waivers, flexibility of services offered.

The next meeting of the Task Force will be on Monday, March 10.

Adjournment

Respectfully submitted

Ann McMorris, Secretary

Attachments - 6

President's Task Force on Medicaid Reform

DATE: MARCH 7, 2003

Name	Representing
Ron Super	Hein Law Firm
Vicki Whitaker	Ks Health Care Assn.
BOB ALDERMAN	Ks. PHARMACISTS Assoc.
Josie Torres	KACIL
Bob Harder	UMC - KS
Paul Hinton	Post Audit
JERRY SLAUGHTER	KABS
Tanya Dorf	SRS
Mike Hammond	Assoc. of Cmtes
Shelia Sweener	RDO &
Walter Water	NC-FH AAA
Kirk Lowry	TILRC
Sharon Joseph	KS ADAP &
Susan Kennon	KS Health Institute
Andy Allison	KHI

TO: Senator Stan Clark, Chairperson
President's Task Force on Medicaid Reform

FROM: Senator Pete Brungardt
Task Force Member

DATE: Friday, March 7, 2003

SUBJECT: Ideas on Medicaid Reform

Immediate Actions in Medicaid Reform

- Case Management for the most expensive cases (disabled, dual eligibles, heart, diabetic cases, etc.)
- Use primary care, hospital nurses, academics? residents?
- Review of most expensive medications, polypharmacy, atypical psychotic drugs
- Study leading to Case Management in Mental Health cases. Psychiatry, Mental Health, Physician, etc.
- Review who is eligible for long term care – should our increased numbers be supported going forward. Review optional coverages.
- Tighten poverty and wealth rules for long term care eligibility.
- Monitor current estate planning strategy in spend down activity as related to long term care.
- Attempt to give control (and incentives to use fewer services) to patients when appropriate.
- Attempt to use H.C.B.S. alternatives to delay long term care costs.
- On poverty level recipients, permit functional improvements that allow more education, and job advancement. Try to help people no longer “need” medicaid.

Longer Term Ideas

- Public Health initiative on smoking, all drug use, obesity, exercise, etc.
- Redesign coverage to place the patient at some risk for choices. Try to encourage saving and desired behavior.
- Look at long term policy to encourage people to acquire long term care coverage
- Consider drug formularies, restricting allowable tests, pre-authorization of high cost therapy, tests or medications (i.e. safe but lower levels of cost and care)

President's Task Force
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Attachments 1-1

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary



Health Care Policy / Medical Policy
Robert Day, Director



Information: (785) 296-3981

Fax Number: (785) 296-4813

MEMORANDUM

To: Senator Stan Clark, Chairman
President's Task Force on Medicaid

From: Robert Day, Ph.D.

Subject: Pharmacy Program Cost Containment Efforts

Date: March 6, 2003

As requested by Senator Lee during committee meetings this week, attached is a listing of cost containment efforts that have been made in the pharmacy program over the last several years. Also attached is a summary spreadsheet comparing Kansas Medicaid's pharmacy reimbursement formula and dispensing fee to other states. Please note that average wholesale price (AWP) is a standard price nationally, and is the same for every state.

Please let me know if you have any questions or if other information is needed. Thank you.

President's Task Force
on Medicaid Reform
March 7, 2003
Attachments 2-1

Numerous cost containment measures have been in place in the pharmacy program for many years, such as prior authorization, drug utilization review and lock-in. Other measures have been implemented over the last six years. Policies intended to address appropriate drug utilization and prevent over-utilization:

- **Mandated use of generic substitutes** unless the physician has specifically ordered the brand name drug.
- **Quantity Limits**
- **Gender edits** (i.e. for drugs that are indicated for use in female or male only are limited to the appropriate gender)
- **Prior authorization.** In these cases physicians must assure that the patient's condition meets accepted clinical criteria determined by research to be appropriate for use of the specific drug.
- **Days supply limit** (was reduced from 34 to 31 days in FY 2002. Reduces waste due to unused medication or stockpiling. In the commercial marketplace, the standard is a 30 or 31-day supply.
- **Early refill limit** - At least 80% of prescription must be utilized before a refill is allowed. Prevents stockpiling and waste.
- **Electronic prospective drug utilization review edits at the point of sale.** (i.e. duplicate prescriptions denied)
- **Individual patient review after a specified threshold of concurrent prescriptions has been reached.** As directed by the legislature last year, a program is being established to review patients after they've reached a threshold limit of prescriptions specified by the Drug Utilization Review Board. Because the systems programming with this edit is so complex, the decision was made to incorporate this change into the design of the new Medicaid Management Information System (MMIS), which will be online in October 2003.
- **Retrospective drug utilization review.** (i.e. studies utilization patterns to detect drug therapy problems such as under- or over-utilization, or appropriateness in certain populations such as the elderly)
- **Lock-in program** that locks patients in to a single physician, pharmacy and hospital if a clinical review indicates that abuse of medical services has occurred.
- **Preferred drug list** implemented in FY 2002 for classes of drugs determined by an independent advisory panel to be clinically equivalent.
- **Drug Rebate Program:**
 - **Interest charged on delinquent rebates.**
 - **Aggressive management of drug rebates increased collections from 16% in FY 1996 to 20% in FY 2001. Projected to be 22% in FY 2003.**
 - **Supplemental rebates started with preferred drug list implementation.**

2-2

Other cost containment activities in the pharmacy program intended to assure appropriate reimbursement levels include:

- **Utilization of federal upper limit (FUL) pricing.**
- **Utilization of State maximum allowable cost (MAC) pricing.**
- **Return/credits for unused, prepackaged unit-dose medications in nursing home setting.**
- **Reimbursement reduction from average wholesale price (AWP) less 10% for all drugs to AWP less 11% for brand-names and AWP – 27% for generics in FY 2001.**
- **Further reimbursement reduction for brand name drugs from AWP –11% to AWP – 13% in fiscal year 2002.** It is estimated that each percentage point reduction equates to approximately \$1 million in savings (all funds). It is important to note that this reimbursement reduction places Medicaid reimbursement rates, which have been historically the highest in the marketplace, more in line with commercial plans reimbursement rates.
- **Medicaid reimburses pharmacies the lesser of the billed charge, MAC, federal upper limit (FUL), AWP – 13% for brand-names and AWP – 27% for generics.**
- **Dispensing fee reduced from \$4.50 per prescription to \$3.40 per prescription in FY 2001.** This reduction, as with the ingredient cost reduction above places Medicaid reimbursement in line with commercial rates.
- **Prescription copay increased from \$2.00 to \$3.00 per prescription in FY 2001.**

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State	Reimbursement Formula ¹	Dispensing Fee ²
Kansas	AWP - 13% for brands, AWP - 27% generics, MAC or FUL	\$3.40
Oklahoma	AWP - 12%	\$4.15 Maximum
Nebraska	AWP-11% ,MAC or FUL	\$4.66 average, range = \$3.20 to \$5.05
Missouri	AWP -10.43%; WAC + 10%, MAC or FUL	\$4.09
Iowa	AWP - 10%	\$5.17
Michigan	AWP - 13.5% for independents, AWP -15.1% for chains, MAC or FUL	\$3.77
Indiana	AWP-13.5% for brands, AWP-20% for generics	\$4.90
Minnesota	AWP - 9%	\$3.65
Arkansas	AWP - 14% for brands, AWP - 20% for generics	\$5.51
Illinois	AWP - 12% for brands, AWP - 25% for generics	\$3.40 for brands, \$4.60 for generics
Wisconsin	AWP - 11.25%	\$4.88
North Carolina	AWP - 10%	\$4.00
North Dakota	AWP - 10%	\$5.10
South Dakota	AWP - 10.5%	\$4.75
Wyoming	AWP - 11%	\$5.00

¹ Average Wholesale Price (AWP) is standard nationally and represents the price that pharmaceutical manufacturers suggest wholesalers charge retail pharmacies.

² Dispensing fee is a per prescription fee paid to pharmacies for processing and dispensing a prescription, including counseling.



Association of Community Mental Health Centers of Kansas, Inc.

720 SW Jackson, Suite 203, Topeka, KS 66603
Telephone (785) 234-4773 Fax (785) 234-3189
Web Site: www.acmhck.org

March 3, 2003

The Honorable Stan Clark, Chairman
Medicaid Reform Task Force
Statehouse, Room 449-N
Topeka, KS 66612

Dear Senator Clark:

I would like to express my appreciation to you for allowing The Association of Community Mental Health Centers of Kansas, Inc., the opportunity to share our thoughts and concerns with you concerning the Kansas Medicaid program as it relates to the populations served by Community Mental Health Centers (CMHCs).

As I understand it, the Task Force asked for additional information concerning the total number of individuals served by CMHC as well on the various services provided by CMHCs. Enclosed you will find the following:

1. Listing of CMHCs and their satellite offices;
2. Total numbers served by CMHC for FY 2002 – adults;
3. Total numbers served by CMHC for FY 2002 – children and adolescents;
4. An excerpt from the Performance Partnership Block Grant Application for FY2003-2004 (page 57) which outlines basic and specialized CMHC services for adults;
5. An excerpt from the Performance Partnership Block Grant Application for FY2003-2004 (pages 126-127) which outline basic and specialized CMHC services for children and adolescents.

Thank you for the opportunity to provide you with this follow-up information. If you have any questions, please feel free to contact me.

Sincerely,

Michael J. Hammond
Interim Executive Director

cc: Dan Hermes
Stuart Little
David Johnson

President's Task Force
on Medicaid Reform
March 7, 2003
Attachments 3-1

TOTAL NUMBERS SERVED BY CMHC FOR FY 2002

	Total Adults	Non-SPMI	SPMI
Area MHC	2989	2456	533
Bert Nash	2570	2111	459
Center for C & C	1925	1835	90
Central Kansas	2117	1877	240
COMCARE	5013	3491	1522
Cowley County	1330	1098	232
Crawford County	947	676	271
Family Consult. Servc	891	887	4
Family Life	557	374	183
Fam. Serv. & Guid. C	128	115	13
Four County	2207	1628	579
Franklin County	949	805	144
The Guidance Center	1689	1285	404
High Plains	3495	2804	691
Horizons	2700	2149	551
Iroquois	389	256	133
Johnson County	4966	3707	1259
Kanza	974	812	162
Labette	934	728	206
MHC East Central KS	1761	1116	645
Miami County	916	782	134
Pawnee	5229	4755	474
Prairie View	3024	2477	547
S. Central MH Couns	1120	975	145
Southeast KS	1957	1488	469
Southwest Guid. Cntr	570	417	153
Sumner	405	260	145
Valeo	4782	3366	1416
Wyandot	<u>2662</u>	<u>1767</u>	<u>895</u>
Adults total	59196	46497	12699

TOTAL NUMBERS SERVED BY CMHC FOR FY 2002

	Children Total	Non-SED	SED
Area MHC	1539	1245	294
Bert Nash	1079	597	482
Center for C & C	367	294	73
Central Kansas	1211	736	475
COMCARE	1212	402	810
Cowley County	883	545	338
Crawford County	655	139	516
Family Consult. Serv	2102	1872	230
Family Life	746	244	502
Fam. Serv. & Guid. C	2594	1291	1303
Four County	1098	485	613
Franklin County	450	302	148
The Guidance Center	893	543	350
High Plains	1345	558	787
Horizons	1318	717	601
Iroquois	177	134	43
Johnson County	2042	907	1135
Kanza	720	553	167
Labette	686	348	338
MHC East Central KS	940	360	580
Miami County	385	288	97
Pawnee	1852	1265	587
Prairie View	1195	736	459
S. Central MH Couns.	663	560	103
Southeast KS	935	427	508
Southwest Guid. Cntr	214	111	103
Sumner	320	210	110
Valeo			
Wyandot	<u>1583</u>	<u>552</u>	<u>1031</u>
Children total	29204	16421	12783

and recovery center for the consumers of the area. The Kansas City, Kansas metro area includes two CMHCs, and representatives from each are on the task force, in addition 42% of the members are also consumers of mental health services.

COMMUNITY MENTAL HEALTH CENTER SERVICES

Kansas has twenty-seven (27) Community Mental Health Centers (CMHCs), with two (2) affiliates. The Community Support Programs of the CMHCs generally organize services for the targeted population at the local level for adults with SPMI. Case management is the core service.

This network of CMHCs has a combined staff of over 2,000 providing mental health services to every county in Kansas. Together they form an integral part of the total mental health system in Kansas. The independent, locally operated CMHCs are dedicated to fostering a quality, freestanding system of services and programs for the benefit of citizens needing mental health care and treatment. CMHCs initiate and maintain close cooperative working relationships with other groups, organizations, and individuals having similar interests and goals.

Treatment and services

As licensed comprehensive CMHCs, these agencies offer the following required basic services for adults:

- * Outpatient
- * 24-hour emergency services
- * Consultation and Education
- * Screening
- * Aftercare
- * Case Management
- * Medication Management
- * Attendant Care

Specialized Services include:

- * Observation/Stabilization
- * Respite Care
- * In-Home Family Therapy
- * Drop-In Services for persons with severe and persistent mental illness
- * Vocational Services for persons with severe and persistent mental illness
- * Homeless Projects
- * Residential Programs
- * Social Detox for Alcohol and Drug Abuse Services
- * Intermediate Residential Care for Alcohol and Drug Treatment
- * Half-Way Houses for Alcohol and Drug Services
- * Early Parenting Programs for Children
- * Child Abuse Treatment Programs
- * Parent Education Classes
- * Psychosocial treatment groups
- * Deaf and Hard of Hearing programs

health services for young children who experience or are at risk for SED. Funding was to be utilized for new initiatives and services and not to supplant any current activities.

CMHCs who had an existing early childhood program could apply for grant funding but needed to indicate how the new funding builds or expands the existing program. Incorporating a mental health component into an existing non-CMHC community based early childhood program was also allowed. Programs were developed in collaboration with parents and other agencies and/or systems involved with young children such as regular and special education, Head Start, public health departments, Interagency Coordinating Councils (the agencies responsible for coordinating birth to 3 services), the local Child Welfare office, etc. Programs are community based, allow family involvement, provide parent support and outreach services, and track program outcomes.

COMMUNITY MENTAL HEALTH CENTER SERVICES

Services for children in the targeted population are generally organized at the local level by the Community Based Services Programs of the Community Mental Health Centers for children/adolescents with SED. Case management is the foundation of the home and community based service delivery model for children. Case management builds upon the strengths of children and their families to coordinate services that create a strong network of support. Case management tasks include case coordination, resource acquisition, parenting support and education, finding crisis services, creating new services, providing ongoing assessment of children to monitor progress, and includes intensive home-based work with the child and child's family.

As licensed comprehensive Community Mental Health Centers, CMHCs offer the following required basic services for children and adolescents:

- A. Outpatient Clinical Services
- B. 24 -hour emergency services
- C. Consultation and Education
- D. Screening
- E. Aftercare
- F. Case Management
- G. Medication management

In addition to providing the required services above, all Community Mental Health Centers offer an array of community based mental services to children and adolescents with severe emotional disturbance. Case management is the core service of a community based treatment approach. Other services may include but are not limited to:

- Home-based Family Therapy
- Partial Hospitalization
- Attendant Care
- Respite Care
- Wraparound Services
- Psycho-social Rehabilitation Programs
- Parent Support and Education Services.

All licensed CMHCs statewide also provide at least one specialized mental health service for children and adolescents. Specialized Services may include:

- * Observation/Stabilization
- * Independent Living Skills
- * Transitional Services for Adolescents
- * Respite Care
- * Drop-In Services for persons with serious emotional disturbance
- * Vocational Services for persons with serious emotional disturbance
- * Residential Programs
- * Social Detox for Alcohol and Drug Abuse Services
- * Intermediate Residential Care for Alcohol and Drug Treatment
- * Parenting Support Services
- * Mental Health Consultation to School Systems
- * Therapeutic Classrooms/School Base Mental Health Programs
- * Early Parenting Programs for Children
- * Preschool Day Treatment Programs
- * Children's Day Hospital
- * Child Abuse Treatment Programs
- * Parent Education Classes
- * Crisis Services
- * Crisis Stabilization Services
- * Alcohol and Drug Treatment Services
- * Therapeutic Foster Care
- * Compeer Services
- * Multi Systemic Therapy Programs
- * Other specialized services focusing on areas such as anger management, self-awareness, sexual abuse treatment, etc.

Most of the programs are quite limited in the number of children they can serve and not all 29 CMHCs and affiliates have all the services listed above. However, through the Children's Mental Health Home and Community-Based Services Waiver and the Family Centered System of Care, MHSAPTR continues to work towards enhancing and expanding community based programming in CMHCs statewide.

Priorities for children and adolescents with SED and their families are similar. For both children and adults those who receive substantial amounts of public funds or services are targeted for the case management services. Therefore, case managers in this program will be working with the most challenging and functionally limited individuals.

Kansas plans to maintain provision of case management services to each adult with SPMI and each child with SED who receives substantial amounts of public funds or services in fiscal year 2000. In addition to the priorities for case management services outlined in the Standards (see above), further assurances case management is provided to all such individuals is included in the Contract Establishing a Participating Mental Health Center. This contract with MHSAPTR requires each participating CMHC to "provide appropriate and needed case management and other community

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Community Mental Health Centers

AREA MENTAL HEALTH CENTER

1111 EAST SPRUCE STREET
GARDEN CITY, KS 67846-5999

PHONE#: (620) 275-0625

FAX#: (620) 275-7908

EXECUTIVE DIRECTOR: RIC DALKE

ASSOCIATE OFFICES:

GARDEN CITY OFFICE

1111 EAST SPRUCE
GARDEN CITY, KS 67846-5999
(620) 276-7689 FAX (620) 276-6117

SATELLITE OFFICES:

LAKIN
SYRACUSE

DODGE CITY OFFICE

2101 W. HIGHWAY 50 BYPASS
P.O. BOX 1376
DODGE CITY, KS 67801-1376
(620) 227-8566 FAX (620) 225-5824

SATELLITE OFFICES:

BUCKLIN
CIMARRON
JETMORE

ULYSSES OFFICE

404 N. BAUGHMAN P.O. BOX 757
ULYSSES, KS 67880-0757
(620) 356-3198 FAX (620) 356-3101

SATELLITE OFFICES:

ELKHART
JOHNSON CITY

SCOTT CITY OFFICE

210 W. 4TH
SCOTT CITY, KS 67871-1205
(620) 872-5338 FAX (620) 872-2879

SATELLITE OFFICES:

DIGHTON
LEOTI
TRIBUNE

COMMUNITY SUPPORT SERVICES

222 S. MAIN, P.O. BOX 477
GARDEN CITY, KS 67846-0477
(620) 275-9434 FAX (620) 275-1448

COMMUNITY SUPPORT SERVICES

3000 N 14TH PO BOX 370
DODGE CITY, KS 67801-0370
(620) 227-5040 FAX (620) 227-7306

INPATIENT SERVICES

BEHAVIORAL HEALTH SERVICE
ST. CATHERINE HOSPITAL
410 EAST WALNUT
GARDEN CITY, KS 67846-5672
(620) 272-2500 FAX (620) 272-2508

BUSINESS OFFICE

1111 EAST SPRUCE
GARDEN CITY, KS 67846-5999
(620) 275-0625 FAX (620) 275-7908

COUNTIES SERVED:

FINNEY	FORD	GRANT	HAMILTON	GRAY
GREELEY	HODGEMAN	KEARNY	LANE	MORTON
SCOTT	STANTON	WICHITA		

LARNED CATCHMENT AREA

III - 1

3-9

BERT NASH COMMUNITY MENTAL HEALTH CENTER

200 MAINE STREET, SUITE A
LAWRENCE, KS 66044

PHONE#: (785) 843-9192	FAX#: (785) 843-0264
WEBSITE: www.bertnash.org	EMERGENCY#: (785) 843-9192

EXECUTIVE DIRECTOR: DAVID E. JOHNSON
EMAIL: djohnson@bertnash.org

OPERATIONS DIRECTOR: THOMAS PETRIZZO, JD, MSW

SATELLITE OFFICES:

314 EAST 8TH STREET
EUDORA, KS 66025
(785) 843-9192
(OUTREACH)

814 HIGH STREET
BALDWIN, KS 66006
(785) 843-9192
(OUTREACH)

COUNTY SERVED:

DOUGLAS

CENTER FOR COUNSELING AND CONSULTATION SERVICES

5815 BROADWAY
GREAT BEND, KS 67530

PHONE#: (620) 792-2544

FAX#: (620) 792-7052

1 (800) 875-2544

EXECUTIVE DIRECTOR: DWIGHT YOUNG, MBA, LCP

SATELLITE OFFICES: (CALL MAIN OFFICE FOR HOURS AND APPOINTMENTS)

LARNED
LYONS
STAFFORD

COUNTIES SERVED:

BARTON
PAWNEE
RICE
STAFFORD

CENTRAL KANSAS MENTAL HEALTH CENTER

809 ELMHURST
SALINA, KS 67401

PHONE#: (785) 823-6322	FAX#: (785) 823-3109
EMAIL: ckmhc@ckmhc.org	EMERGENCY#: (785) 823-6324

EXECUTIVE DIRECTOR: PATRICIA MURRAY, LSCSW

SATELLITE OFFICES:

(ALL APPOINTMENTS SCHEDULED THROUGH (785) 823-6322)

ABILENE
ELLSWORTH
HERINGTON
LINCOLN
MINNEAPOLIS

COUNTIES SERVED:

DICKINSON
ELLSWORTH
LINCOLN
OTTAWA
SALINE

LARNED CATCHMENT AREA

3-12

III - 4

COMCARE OF SEDGWICK COUNTY

635 NORTH MAIN
WICHITA, KS 67203

PHONE#: (316) 383-8251	FAX#: (316) 383-7925
EMERGENCY#: (316) 263-3770	TTY#: (316) 832-1813
WEBSITE: www.comcareks.org	CENTRALIZED INTAKE: (316) 832-0852

EXECUTIVE DIRECTOR: MARILYN COOK
EMAIL:

SATELLITE OFFICES:

ADDICTION TREATMENT SERVICES
(316) 383-8015

OUTPATIENT SERVICES
(316) 832-0318

CENTER CITY MENTAL HEALTH
HOMELESS PROJECT
(316) 264-1770

FAMILY AND CHILDREN
COMMUNITY SERVICES
(316) 681-1185

COMMUNITY SUPPORT SERVICES
(316) 838-3234

CRISIS INTERVENTION SERVICES
(316) 383-7291

COUNTY SERVED:

SEDGWICK

COMMUNITY MENTAL HEALTH CENTER OF CRAWFORD COUNTY

911 EAST CENTENNIAL
PITTSBURG, KS 66762

PHONE#: (620) 231-5141

FAX#: (620) 231-1152

EMERGENCY#: (620) 232-7283

EXECUTIVE DIRECTOR: RICHARD PFEIFFER, LMSW

DIRECTOR: DAVID BOYD, LMLP, DIRECTOR OF MENTAL HEALTH SERVICES

EMAIL: david@cmhccc.org

COUNTY SERVED:

CRAWFORD

3-14

COWLEY COUNTY MH AND COUNSELING CENTER

22214 D STREET
WINFIELD, KS 67156

PHONE#: (620) 442-4540 or (620) 221-9664	FAX#: (620) 442-4559
EMAIL: ccmhcc@hit.net (Center Email)	EMERGENCY#: (620) 442-4554 or (620) 221-9686

EXECUTIVE DIRECTOR: LINDA YOUNG
EMAIL: youngl@onemain.com

COUNTY SERVED:

COWLEY

3-15

FAMILY CONSULTATION SERVICES*

560 NORTH EXPOSITION
WICHITA, KS 67203

PHONE#: (316) 264-8317

FAX#: (316) 264-0347

EMERGENCY#: (316) 263-3770

EXECUTIVE DIRECTOR: RANDALL M. CLASS, LSCSW

SATELLITE OFFICES:

PLANEVIEW - COLVIN
(316) 688-9343

COUNTY SERVED:

SEDGWICK

*AN AFFILIATE OF COMCARE OF SEDGWICK COUNTY

FAMILY LIFE CENTER INC.

201 WEST WALNUT
COLUMBUS, KS 66725

PHONE#: (620) 429-1860	FAX#: (620) 429-1041
EMAIL: famlife@columbus-ks.com	EMERGENCY#: 1-866-634-2301

EXECUTIVE DIRECTOR: SCOTT JACKSON, MA

SATELLITE OFFICES:

BAXTER SPRINGS OUTPATIENT
445 EAST 11TH
BAXTER SPRINGS, KS 66713
(620) 856-2184 FAX (620) 856-5215

JUVENILE JUSTICE SERVICES
445 EAST 11TH
BAXTER SPRINGS, KS 66713
(620) 856-5355 FAX (620) 856-5215

GALENA OUTPATIENT
719 EAST 7TH
GALENA, KS 66739
(620) 783-5744 FAX (620) 783-5077

CHILDREN SERVICES & PARENT
SUPPORT SERVICES
720 EAST 6TH
GALENA, KS 66739
(620) 783-2900 FAX (620) 783-2901

COMMUNITY SUPPORT PROGRAM
723 EAST 7TH
GALENA, KS 66739
(620) 783-1994 FAX (620) 783-2464

COUNTY SERVED:

CHEROKEE

3-17

FAMILY SERVICE & GUIDANCE CENTER OF TOPEKA, INC. *

ADMINISTRATION
325 SW FRAZIER
TOPEKA, KS 66606

PHONE#: (785) 232-5005	FAX#: (785) 232-0160
WEBSITE: www.fsgctopeka.com	Email: fsgc@fsgctopeka.com
EMERGENCY#: (785) 232-5005 (ALL LOCATIONS)	

CEO: BRENDA MILLS

SATELLITE OFFICES:

PRESCHOOL
2055 CLAY
TOPEKA, KS 66604
(785) 234-5663 FAX (785) 234-4853

ADMISSIONS AND OP SERVICES
325 SW FRAZIER
TOPEKA, KS 66606
(785) 232-5005 FAX (785) 232-0160

YOUTH DEVELOPMENT PROGRAM
2029 SW WESTERN AVENUE
TOPEKA, KS 66604
(785) 232-4411 FAX (785) 232-4098

COUNTY SERVED:

SHAWNEE

* AN AFFILIATE OF VALEO BEHAVIORAL HEALTH CARE

OSAWATOMIE CATCHMENT AREA

3-18

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FOUR COUNTY MENTAL HEALTH CENTER

3751 WEST MAIN
INDEPENDENCE, KS 67301

PHONE#: (620) 331-1748	FAX#: (620) 332-8540
TDD#: (620) 331-0134	EMERGENCY#: 1 (800) 499-1748

EXECUTIVE DIRECTOR: RONALD G. DENNEY, MA, LMLP

EMAIL: rdenney@fourcounty.com

BRANCH OFFICE:

813 UNION
COFFEYVILLE, KS 67337
(620) 251-8180 FAX (620) 252-2125

SATELLITE OFFICES:

CEDAR VALE
(620) 758-2248

FREDONIA
(620) 378-4455

HOWARD
(620) 374-2370

NEODESHA
(620) 325-2611

SEDAN
(620) 725-3115

COUNTIES SERVED:

CHAUTAUQUA
ELK
MONTGOMERY
WILSON

OSAWATOMIE CATCHMENT AREA

COMMUNITY SERVICES:

3751 WEST MAIN
INDEPENDENCE, KS 67301
(620) 331-3131 FAX (620) 332-8590

CRISIS DIVERSION SERVICES:

3751 WEST MAIN
INDEPENDENCE, KS 67301
(620) 331-5151 FAX (620) 332-8540

3-19

FRANKLIN COUNTY MENTAL HEALTH CENTER

204 EAST 15TH STREET
OTTAWA, KS 66067

PHONE#: (785) 242-3780	FAX#: (785) 242-6397
EMAIL: fcmhc@ott.net	EMERGENCY#: (785) 242-3781

EXECUTIVE DIRECTOR: DIANE ZADRA DRAKE, MN, ARNP

COUNTY SERVED:

FRANKLIN

3-20

THE GUIDANCE CENTER

818 NORTH 7TH STREET
LEAVENWORTH, KS 66048-1422

PHONE#: (913) 682-5118

FAX#: (913) 682-4664

EXECUTIVE DIRECTOR: KEITH RICKARD

EMAIL: krickard@nekmhgc.org

SATELLITE OFFICES:

ATCHISON
1301 N. 2ND STREET
ATCHISON, KS 66002
(913) 367-1593 FAX (913) 367-1627

LEAVENWORTH (COMMUNITY SUPPORT SERVICES)
2301 10TH AVE.
LEAVENWORTH, KS 66048
(913) 682-6953 FAX (913) 682-0132

OSKALOOSA
1102 WALNUT
P.O. BOX 127
OSKALOOSA, KS 66066
(785) 863-2929 FAX (785) 863-2972

COUNTIES SERVED:

ATCHISON
JEFFERSON
LEAVENWORTH

HIGH PLAINS MENTAL HEALTH CENTER

208 EAST 7TH STREET
HAYS, KS 67601-4199

PHONE#: (785) 628-2871	FAX#: (785) 628-1438
WEBSITE: highplainsmentalhealth.com	EMERGENCY#: (785) 628-2871 or 1 (800) 432-0333

EXECUTIVE DIRECTOR: KERMIT GEORGE, ACSW

EMAIL: kgeorge@media-net.net

BRANCH OFFICES:

COLBY BRANCH OFFICE
750 S. RANGE
COLBY, KS 67701
(785) 462-6774 FAX (785) 462-3690

GOODLAND BRANCH OFFICE
723 MAIN
GOODLAND, KS 67735
(785) 899-5991 FAX (785) 899-2533

NORTON BRANCH OFFICE
211 S. NORTON
NORTON, KS 67654
(785) 877-5141 FAX (785) 877-5142

OSBORNE BRANCH OFFICE
121 WEST MAIN
OSBORNE, KS 67473
(785) 346-2184 FAX (785) 346-2487

PHILLIPSBURG BRANCH OFFICE
425 F STREET
PHILLIPSBURG, KS 67661
(785) 543-5284 FAX (785) 543-5285

OTHER LOCATIONS:

WOODHAVEN
(CSS PROGRAM)
1412 EAST 29TH
HAYS, KS 67601
(785) 625-2400

WESTSIDE ALTERNATIVE SCHOOL
(CBS PROGRAM)
323 WEST 12TH
HAYS, KS 67601
(785) 623-2416

ONE DAY A WEEK OFFICES:

ATWOOD
RAWLINS CO HEALTH CTR
ATWOOD, KS 67730
(785) 462-3690

HOXIE
SHERIDAN CO HEALTH COMPLEX
HOXIE, KS 67740
(785) 462-3690

OBERLIN
DECATUR CO HEALTH DEPT
OBERLIN, KS 67749
(785) 877-5141

SMITH CENTER
SMITH CO MEMORIAL HOSP
SMITH CENTER, KS 66967
(785) 346-2184

QUINTER
GOVE COUNTY MEDICAL CENTER
QUINTER, KS 67752
(785) 628-2871

COUNTIES SERVED:

CHEYENNE
LOGAN
RAWLINS
SHERMAN

DECATUR
NESS
ROOKS
SMITH

ELLIS
NORTON
RUSH
THOMAS

GOVE
OSBORNE
RUSSELL
TREGO

GRAHAM
PHILLIPS
SHERIDAN
WALLACE

3-22

HORIZONS MENTAL HEALTH CENTER

1715 EAST 23RD AVENUE
HUTCHINSON, KS 67502-1188

PHONE#: (620) 665-2240

FAX#: (620) 665-2276

CRISIS MANAGEMENT SERVICE (CALL 24 HOURS)
HUTCHINSON# (620) 665-2299
CALL TOLL FREE 1 (800) 794-0163 (CRISIS MANAGEMENT ONLY)

ADMINISTRATIVE DIRECTOR: MICHAEL R. TRUMAN

MEDICAL DIRECTOR: BRUCE E. KLOSTERHOFF, M.D.

BRANCH OFFICES:

BARBER COUNTY AREA OFFICE
102 SOUTH MAIN
P.O. BOX 212
MEDICINE LODGE, KS 67104-0212
(620) 886-5057 FAX (620) 886-3473

HARPER COUNTY AREA OFFICE
125 NORTH JENNINGS
P.O. BOX 296
ANTHONY, KS 67003-0296
(620) 842-3768 FAX (620) 842-5881

KINGMAN COUNTY AREA OFFICE
437 NORTH CEDAR
KINGMAN, KS 67068-0434
(620) 532-3895 FAX (620) 532-3710

PRATT COUNTY AREA OFFICE
101 EAST 8TH
PRATT, KS 67124-2867
(620) 672-2332 FAX (620) 672-3162

COUNTIES SERVED:

BARBER HARPER KINGMAN PRATT RENO

LARNED CATCHMENT AREA

3-23

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IROQUOIS CENTER FOR HUMAN DEVELOPMENT INC

610 E. GRANT ST.
GREENSBURG, KS 67054

PHONE#: (620) 723-2272 TOLL FREE#: (888) 877-0376	FAX#: (620) 723-3450
CRISIS#: (620) 723-2656	

EXECUTIVE DIRECTOR: C. SHELDON CARPENTER, LMLP, LCP
EMAIL: sheldoncarpenter@irqcenter.com

SATELLITE OFFICES:

ASHLAND
COLDWATER
KINSLEY
MINNEOLA

COUNTIES SERVED:

CLARK
COMANCHE
EDWARDS
KIOWA

LARNED CATCHMENT AREA

3-24

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JOHNSON COUNTY MENTAL HEALTH CENTER

6000 LAMAR, SUITE 130
MISSION, KS 66202

PHONE#: (913) 831-2550	FAX#: (913) 826-1608
WEBSITE: www.jocoks.com/mentalhealth	EMERGENCY#: (913) 384-3535

EXECUTIVE DIRECTOR: DAVID WIEBE, LSCSW
EMAIL: wiebe@jocoks.com

SATELLITE OFFICES:

OLATHE OFFICE
1125 WEST SPRUCE
OLATHE, KS 66061
(913) 782-2100 FAX (913) 782-1186

COMMUNITY SUPPORT SERVICES
6440 NIEMAN ROAD
SHAWNEE, KS 66203
(913) 962-9955 FAX (913) 962-7843

FAMILY FOCUS (CHILDREN'S SERVICES)
1125 WEST SPRUCE
OLATHE, KS 66061
(913) 782-2100 FAX (913) 782-1186

ADOLESCENT CENTER FOR TREATMENT
301 NORTH MONROE STREET
OLATHE, KS 66061
(913) 782-0283 FAX (913) 782-0609

ADULT DETOXIFICATION UNIT
8000 WEST 127TH STREET
OVERLAND PARK, KS 66213
(913) 897-6101 FAX (913) 897-6802

COUNTY SERVED:

JOHNSON

OSAWATOMIE CATCHMENT AREA

3-25

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KANZA MENTAL HEALTH AND GUIDANCE CENTER

909 SOUTH SECOND STREET
P.O. BOX 319
HIAWATHA, KS 66434

PHONE#: (785) 742-7113

FAX#: (785) 742-3085

AFTER HOURS EMERGENCY#: (785) 742-2131

CHIEF EXECUTIVE OFFICER: BILL D. PERSINGER, JR.

EMAIL: bpersinger@ksmhc.org

SATELLITE OFFICES:

HOLTON (785) 364-4536

KICKAPOO INDIAN RESERVATION

SABETHA

SENECA

TROY

FOR APPOINTMENTS IN SATELLITE OFFICES: 1) CALL HOLTON DIRECTLY,
2) ALL OTHER SATELLITES, CALL HIAWATHA NUMBER.

COUNTIES SERVED:

BROWN

DONIPHAN

JACKSON

NEMAHA

3-26

LABETTE CENTER FOR MENTAL HEALTH SERVICES INC.

1730 BELMONT
P.O. BOX 258
PARSONS, KS 67357

PHONE#: (620) 421-3770
or (620) 421-3771

FAX#: (620) 421-0665

WHEN OFFICE IS CLOSED -
EMERGENCY#: (620) 421-4880 (24 HOURS)
LABETTE COUNTY MEDICAL CENTER

ADMINISTRATOR: MATTHEW M. ATTEBERRY, LSCSW
EMAIL: matteberry@lcmhs.com

COMMUNITY SUPPORT PROGRAM
(620) 421-9402 OR (620) 421-9476

SATELLITE OFFICE:

OSWEGO
(620) 795-2733

COUNTY SERVED:

LABETTE

3-27

MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS

1000 LINCOLN
EMPORIA, KS 66801

PHONE#: (620) 343-2211	FAX#: (620) 342-1021
WEBSITE: www.cadvantage.com/~mhceck	EMERGENCY#: (620) 343-2626 AFTER HOURS CALL TOLL FREE (866) 330-3310

EXECUTIVE DIRECTOR: JOHN RANDOLPH, Ph.D.
EMAIL: randolph@cadvantage.com

SATELLITE OFFICES:

ALMA
BURLINGTON
COTTONWOOD FALLS
COUNCIL GROVE
EUREKA
OSAGE CITY

COUNTIES SERVED:

CHASE
COFFEY
GREENWOOD
LYON
MORRIS
OSAGE
WABAUNSEE

3-29

MIAMI COUNTY MENTAL HEALTH CENTER

401 NORTH EAST STREET
PAOLA, KS 66071

PHONE#: (913) 557-9096

FAX#: (913) 294-9247

EXECUTIVE DIRECTOR: BOB CURTIS
EMAIL: bcurtis@mcmhc.net

COUNTY SERVED:

MIAMI

3-30

PAWNEE MENTAL HEALTH SERVICES

P.O. BOX 747
MANHATTAN, KS 66505-0747

PHONE#: (785) 587-4361

FAX#: (785) 587-4377

EMERGENCY#: 1 (800) 609-2002 (ALL OFFICES)

EXECUTIVE DIRECTOR: EVERETT "JAKE" JACOBS

SATELLITE OFFICES:

BELLEVILLE OFFICE
REPUBLIC COUNTY HOSPITAL
BELLEVILLE, KS 66935
(785) 527-2549

BELOIT OFFICE
207-5 NORTH MILL
BELOIT, KS 67420
(785) 738-5363

CLAY CENTER OFFICE
532 LINCOLN
CLAY CENTER, KS 67432
(785) 632-2108

CONCORDIA OFFICE
210 W 21ST STREET
CONCORDIA, KS 66901
(785) 243-8900 FAX (785) 243-8933

JUNCTION CITY OFFICE
814 CAROLINE AVENUE
JUNCTION CITY, KS 66441
(785) 762-5250 FAX (785) 762-2144

MANKATO OFFICE
114 EAST MAIN
MANKATO, KS 66956
(785) 378-3898

MARYSVILLE OFFICE
1017 BROADWAY
MARYSVILLE, KS 66508
(785) 562-3907

ST. MARYS OFFICE
503 EAST HWY 24
ST. MARYS, KS 66536
(785) 437-6233

WASHINGTON OFFICE
321 C STREET, SUITE 102
P.O. BOX 95
WASHINGTON, KS 66968
(785) 325-3252

COUNTIES SERVED:

CLAY
MARSHALL
RILEY

CLOUD
MITCHELL
WASHINGTON

GEARY
POTTAWATOMIE

JEWELL
REPUBLIC

OSAWATOMIE CATCHMENT AREA

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3-31

PRAIRIE VIEW INC.

1901 EAST 1ST STREET
BOX 467
NEWTON, KS 67114

PHONE#: (316) 284-6400	FAX#: (316) 284-6491
WEBSITE: www.prairieview.org	EMERGENCY#: (316) 284-6400

CHIEF EXECUTIVE OFFICER: MELVIN GOERING
EMAIL: mmg@pvi.org

SATELLITE OFFICES:

MARION
(620) 382-3701

McPHERSON
(620) 245-5000

COUNTIES SERVED:

HARVEY
MARION
McPHERSON

3-32

SOUTH CENTRAL MENTAL HEALTH COUNSELING CENTER, INC.

2365 WEST CENTRAL
EL DORADO, KS 67042

PHONE#: (316) 321-6036

FAX#: (316) 321-6336

EMERGENCY#: ENTERPRISE 20357

EXECUTIVE DIRECTOR: KEN TAYLOR, EXECUTIVE DIRECTOR

SATELLITE OFFICES:

ANDOVER
(316) 733-5047

AUGUSTA
(316) 775-5491

COUNTY SERVED:

BUTLER

3-33

SOUTHEAST KANSAS MENTAL HEALTH CENTER

304 NORTH JEFFERSON
P.O. BOX 807
IOLA, KS 66749

PHONE#: (620) 365-8641

FAX#: (620) 365-8642

EMERGENCY#: 1-888-588-6774

EXECUTIVE DIRECTOR: ROBERT F. CHASE
EMAIL: rchase@sekmhc.org

OFFICES:

CHANUTE
(620) 431-7890

FORT SCOTT
(620) 223-5030

GARNETT
(785) 448-6806

IOLA
(620) 365-5717

PLEASANTON
(913) 352-8214

HUMBOLDT
(620) 473-2241

OUTREACH OFFICE:

YATES CENTER
(620) 365-5717

COUNTIES SERVED:

ALLEN
LINN

ANDERSON
NEOSHO

BOURBON
WOODSON

3-34

SOUTHWEST GUIDANCE CENTER

P.O. BOX 2945
LIBERAL, KS 67905-2945

PHONE#: (620) 624-8171

FAX#: (620) 624-0114

E-MAIL: swguide@swk_.net

EXECUTIVE DIRECTOR: JIM KARLAN, LCP, LMLP, CBHE
EMAIL: jkarlan@yahoo.com

SATELLITE OFFICES:

HUGOTON
(316) 544-8511

MEADE
(316) 873-2112

SUBLETTE
(316) 675-2686

COUNTIES SERVED:

HASKELL
MEADE
SEWARD
STEVENS

SUMNER MENTAL HEALTH CENTER

1601 W. 16TH STREET
P.O. BOX 607
WELLINGTON, KS 67152-0607

PHONE#: (620) 326-7448

FAX#: (620) 326-6662

EMERGENCY#: 1 (800) 369-8222

CHIEF EXECUTIVE OFFICER: GREGORY G. OLSON, MS

COUNTY SERVED:

SUMNER

VALEO BEHAVIORAL HEALTH CARE

ADMINISTRATION OFFICE
5401 WEST 7TH STREET
TOPEKA, KS 66606

PHONE#: (785) 273-2252

FAX#: (785) 273-2736

CHIEF EXECUTIVE OFFICER: TOM ZABROWSKI
EMAIL: tomz@cjnetworks.com

MENTAL HEALTH & SUBSTANCE ABUSE SERVICES OFFICE

(785) 233-1730 FAX (785) 233-0085

AFFILIATED AGENCIES:

BREAKTHROUGH INC
(785) 232-6807

COMMUNITY SERVICE OFFICE
(785) 232-7214

FAMILY SERVICE AND GUIDANCE CENTER
(785) 232-5005

ST. FRANCIS HOSPITAL & MEDICAL CENTER
(785) 295-8380

STORMONT-VAIL REGIONAL MEDICAL CENTER
(785) 354-6000

COUNTY SERVED:

SHAWNEE

OSAWATOMIE CATCHMENT AREA

3-37
III - 28

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.

3615 EATON STREET
P.O. BOX 3228
KANSAS CITY, KS 66103-0228

PHONE#: (913) 831-0024	FAX#: (913) 831-1300
WEBSITE: http://www.kumc.edu/wmhc	EMAIL: cullumber_e@wmhci.org
EMERGENCY#: (913) 831-1773	

EXECUTIVE DIRECTOR: PETER W. ZEVENBERGEN

SATELLITE OFFICES:

BONNER SPRINGS
420 N. PARK
BONNER SPRINGS, KS 66012
(913) 441-1400 FAX (913) 441-1463

MEADOWLARK
1223 MEADOWLARK LANE
KANSAS CITY, KS 66102
(913) 287-0007 FAX (913) 287-0354

WASHINGTON WEST
7840 WASHINGTON AVE.
KANSAS CITY, KS 66112
(913) 328-4600 FAX (913) 328-4604

WASHINGTON EAST
1300 N. 78TH STREET
KANSAS CITY, KS 66112
(913) 831-9500

COUNTY SERVED:

WYANDOTTE

OSAWATOMIE CATCHMENT AREA

3-38

Health Grant Opportunities for Kansas

There are approximately 220 foundations listed as members of Grant Markers in Health, but all of them do not make grants in Kansas. A substantial number of them are restricted to making grants within a single state (such as the Colorado Trust), in a small region (such as the Duke Endowment which makes grants in only North and South Carolina), or in a larger geographic area (such as the Northwest Health Foundation). Kansas may be able to draw upon several Kansas-only health philanthropies and a handful of national foundations. The prospects of obtaining a federal grant to finance the redesigning of the Kansas Medicaid system are slim. Below is a brief list of the most promising grant opportunities. Supplemental information from the foundation's Web sites are also attached.

Kansas Foundations

Kansas Health Foundation The largest health foundation in the state, KHF does not currently focus on health care issues. Its primary areas of grant making are public health, children's issues, and leadership.

Sunflower Foundation Created out of the not-for-profit assets of the Blue Cross and Blue Shield of Kansas, Sunflower is the newest health foundation in the state and might be interested a high visibility project.

United Methodist Health Ministry Fund UMHMF is not a richly endowed foundation, but in the past it has funded health insurance projects and its president is knowledgeable about health insurance and the interplay between Medicaid and the uninsured.

Wyandotte Health Foundation This foundation does not have a Web site. I believe it is restricted to making grants only in Wyandotte County. However, because of Medicaid's disproportionate impact on Wyandotte County, the foundation might be persuaded to contribute.

National Foundations/Programs

Robert Wood Johnson Foundation The Johnson Foundation is the most important health policy philanthropy in the country. It makes grants through several program offices. The most reasonable opportunities are:

- Changes in Health Care Financing and Organization
- State Coverage Initiatives
- Medicaid Managed Care Program (Center for Health Systems Strategies)

Milbank Memorial Fund Milbank has supported other health policy studies in Kansas with small grants.

Ewing Marion Kaufman Foundation This Kansas City-based foundation has not traditionally made awards to Kansas nor does it concentrate on health policy. However, it has a new president who previously served as president of the Health Insurance Association of America.

Large Businesses

Because of the cost-shifting that occurs on the provider level, large employers may be willing to finance a Medicaid system that improves provider payments, reduces the number of uninsured, or both.

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39-709

Chapter 39.—MENTALLY ILL, INCAPACITATED AND DEPENDENT PERSONS;SOCIAL WELFARE Article 7.—SOCIAL WELFARE

39-709. Eligibility requirements of applicants for and recipients of assistance; penalties for failing to comply with reporting and other requirements; automatic assignment of support rights. (a) *General eligibility requirements for assistance for which federal moneys are expended.* Subject to the additional requirements below, assistance in accordance with plans under which federal moneys are expended may be granted to any needy person who:

(1) Has insufficient income or resources to provide a reasonable subsistence compatible with decency and health. Where a husband and wife are living together, the combined income or resources of both shall be considered in determining the eligibility of either or both for such assistance unless otherwise prohibited by law. The secretary, in determining need of any applicant for or recipient of assistance shall not take into account the financial responsibility of any individual for any applicant or recipient of assistance unless such applicant or recipient is such individual's spouse or such individual's minor child or minor stepchild if the stepchild is living with such individual. The secretary in determining need of an individual may provide such income and resource exemptions as may be permitted by federal law. For purposes of eligibility for aid for families with dependent children, for food stamp assistance and for any other assistance provided through the department of social and rehabilitation services under which federal moneys are expended, the secretary of social and rehabilitation services shall consider one motor vehicle owned by the applicant for assistance, regardless of the value of such vehicle, as exempt personal property and shall consider any equity in any additional motor vehicle owned by the applicant for assistance to be a nonexempt resource of the applicant for assistance.

(2) Is a citizen of the United States or is an alien lawfully admitted to the United States and who is residing in the state of Kansas.

(b) *Assistance to families with dependent children.* Assistance may be granted under this act to any dependent child, or relative, subject to the general eligibility requirements as set out in subsection (a), who resides in the state of Kansas or whose parent or other relative with whom the child is living resides in the state of Kansas. Such assistance shall be known as aid to families with dependent children. Where husband and wife are living together both shall register for work under the program requirements for aid to families with dependent children in accordance with criteria and guidelines prescribed by rules and regulations of the secretary.

(c) *Aid to families with dependent children; assignment of support rights and limited power of attorney.* By applying for or receiving aid to families with dependent children such applicant or recipient shall be deemed to have assigned to the secretary on behalf of the state any accrued, present or future rights to support from any other person such applicant may have in such person's own behalf or in behalf of any other family member for whom the applicant is applying for or receiving aid. In any case in which an order for child support has been established and the legal custodian and obligee under the order surrenders physical custody of the child to a caretaker relative without obtaining a modification of legal custody and support rights on behalf of the child are assigned pursuant to this section, the surrender of physical custody and the assignment shall transfer, by operation of law, the child's support rights under the order to the secretary on behalf of the state. Such assignment shall be of all accrued, present or future rights to support of the child surrendered to the caretaker relative. The assignment of support rights shall automatically become effective upon the date of approval for or receipt of such aid without the requirement that any document be signed by the applicant, recipient or obligee. By

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applying for or receiving aid to families with dependent children, or by surrendering physical custody of a child to a caretaker relative who is an applicant or recipient of such assistance on the child's behalf, the applicant, recipient or obligee is also deemed to have appointed the secretary, or the secretary's designee, as an attorney in fact to perform the specific act of negotiating and endorsing all drafts, checks, money orders or other negotiable instruments representing support payments received by the secretary in behalf of any person applying for, receiving or having received such assistance. This limited power of attorney shall be effective from the date the secretary approves the application for aid and shall remain in effect until the assignment of support rights has been terminated in full.

(d) *Eligibility requirements for general assistance, the cost of which is not shared by the federal government.*

(1) General assistance may be granted to eligible persons who do not qualify for financial assistance in a program in which the federal government participates and who satisfy the additional requirements prescribed by or under this subsection (d).

(A) To qualify for general assistance in any form a needy person must have insufficient income or resources to provide a reasonable subsistence compatible with decency and health and, except as provided for transitional assistance, be a member of a family in which a minor child or a pregnant woman resides or be unable to engage in employment. The secretary shall adopt rules and regulations prescribing criteria for establishing when a minor child may be considered to be living with a family and whether a person is able to engage in employment, including such factors as age or physical or mental condition. Eligibility for general assistance, other than transitional assistance, is limited to families in which a minor child or a pregnant woman resides or to an adult or family in which all legally responsible family members are unable to engage in employment. Where a husband and wife are living together the combined income or resources of both shall be considered in determining the eligibility of either or both for such assistance unless otherwise prohibited by law. The secretary in determining need of any applicant for or recipient of general assistance shall not take into account the financial responsibility of any individual for any applicant or recipient of general assistance unless such applicant or recipient is such individual's spouse or such individual's minor child or a minor stepchild if the stepchild is living with such individual. In determining the need of an individual, the secretary may provide for income and resource exemptions.

(B) To qualify for general assistance in any form a needy person must be a citizen of the United States or an alien lawfully admitted to the United States and must be residing in the state of Kansas.

(2) General assistance in the form of transitional assistance may be granted to eligible persons who do not qualify for financial assistance in a program in which the federal government participates and who satisfy the additional requirements prescribed by or under this subsection (d), but who do not meet the criteria prescribed by rules and regulations of the secretary relating to inability to engage in employment or are not a member of a family in which a minor or a pregnant woman resides.

(3) In addition to the other requirements prescribed under this subsection (d), the secretary shall adopt rules and regulations which establish community work experience program requirements for eligibility for the receipt of general assistance in any form and which establish penalties to be imposed when a work assignment under a community work experience program requirement is not completed without good cause. The secretary may adopt rules and regulations establishing exemptions from any such community work experience program requirements. A first time failure to complete such a work assignment requirement shall result in ineligibility to receive general assistance for a period fixed by such rules and regulations of not more than three calendar months. A subsequent failure to complete such a work assignment requirement shall result in a period fixed by such rules and regulations of ineligibility of not more than six calendar months.

(4) If any person is found guilty of the crime of theft under the provisions of K.S.A. 39-720, and amendments thereto, such person shall thereby become forever ineligible to receive any form of general assistance under the provisions of this subsection (d) unless the conviction is the person's first conviction under the provisions of K.S.A. 39-720, and amendments thereto, or the law of any other state concerning welfare fraud. First time offenders convicted of a misdemeanor under the provisions of such statute shall become ineligible to receive any form of general assistance for a period of 12 calendar months from the date of conviction. First time offenders convicted of a felony under the provisions of such statute shall become ineligible to receive any form of general assistance for a period of 60 calendar months from the date of conviction. If any person is found guilty by a court of competent jurisdiction of any state other than the state of Kansas of a crime involving welfare fraud, such person shall thereby become forever ineligible to receive any form of general assistance under the provisions of

this subsection (d) unless the conviction is the person's first conviction under the law of any other state concerning welfare fraud. First time offenders convicted of a misdemeanor under the law of any other state concerning welfare fraud shall become ineligible to receive any form of general assistance for a period of 12 calendar months from the date of conviction. First time offenders convicted of a felony under the law of any other state concerning welfare fraud shall become ineligible to receive any form of general assistance for a period of 60 calendar months from the date of conviction.

(e) *Requirements for medical assistance for which federal moneys or state moneys or both are expended.*

When the secretary has adopted a medical care plan under which federal moneys or state moneys or both are expended, medical assistance in accordance with such plan shall be granted to any person who is a citizen of the United States or who is an alien lawfully admitted to the United States and who is residing in the state of Kansas, whose resources and income do not exceed the levels prescribed by the secretary. In determining the need of an individual, the secretary may provide for income and resource exemptions and protected income and resource levels. Resources from inheritance shall be counted. A disclaimer of an inheritance pursuant to K.S.A. 59-2291, and amendments thereto, shall constitute a transfer of resources. The secretary shall exempt principal and interest held in irrevocable trust pursuant to subsection (c) of K.S.A. 16-303, and amendments thereto, from the eligibility requirements of applicants for and recipients of medical assistance. Such assistance shall be known as medical assistance.

(f) *Eligibility for medical assistance of resident receiving medical care outside state.* A person who is receiving medical care including long-term care outside of Kansas whose health would be endangered by the postponement of medical care until return to the state or by travel to return to Kansas, may be determined eligible for medical assistance if such individual is a resident of Kansas and all other eligibility factors are met. Persons who are receiving medical care on an ongoing basis in a long-term medical care facility in a state other than Kansas and who do not return to a care facility in Kansas when they are able to do so, shall no longer be eligible to receive assistance in Kansas unless such medical care is not available in a comparable facility or program providing such medical care in Kansas. For persons who are minors or who are under guardianship, the actions of the parent or guardian shall be deemed to be the actions of the child or ward in determining whether or not the person is remaining outside the state voluntarily.

(g) *Medical assistance; assignment of rights to medical support and limited power of attorney; recovery from estates of deceased recipients.* (1) Except as otherwise provided in K.S.A. 39-786 and 39-787, and amendments thereto, or as otherwise authorized on and after September 30, 1989, under section 303 and amendments thereto of the federal medicare catastrophic coverage act of 1988, whichever is applicable, by applying for or receiving medical assistance under a medical care plan in which federal funds are expended, any accrued, present or future rights to support and any rights to payment for medical care from a third party of an applicant or recipient and any other family member for whom the applicant is applying shall be deemed to have been assigned to the secretary on behalf of the state. The assignment shall automatically become effective upon the date of approval for such assistance without the requirement that any document be signed by the applicant or recipient. By applying for or receiving medical assistance the applicant or recipient is also deemed to have appointed the secretary, or the secretary's designee, as an attorney in fact to perform the specific act of negotiating and endorsing all drafts, checks, money orders or other negotiable instruments, representing payments received by the secretary in behalf of any person applying for, receiving or having received such assistance. This limited power of attorney shall be effective from the date the secretary approves the application for assistance and shall remain in effect until the assignment has been terminated in full. The assignment of any rights to payment for medical care from a third party under this subsection shall not prohibit a health care provider from directly billing an insurance carrier for services rendered if the provider has not submitted a claim covering such services to the secretary for payment. Support amounts collected on behalf of persons whose rights to support are assigned to the secretary only under this subsection and no other shall be distributed pursuant to subsection (d) of K.S.A. 39-756, and amendments thereto, except that any amounts designated as medical support shall be retained by the secretary for repayment of the unreimbursed portion of assistance. Amounts collected pursuant to the assignment of rights to payment for medical care from a third party shall also be retained by the secretary for repayment of the unreimbursed portion of assistance.

(2) The amount of any medical assistance paid after June 30, 1992, under the provisions of subsection (e) is (A) a claim against the property or any interest therein belonging to and a part of the estate of any deceased recipient or, if there is no estate, the estate of the surviving spouse, if any, shall be charged for such medical assistance paid to either or both, and (B) a claim against any funds of such recipient or spouse in any account under K.S.A. 9-1215, 9-1216, 17-2263, 17-2264, 17-5828 or 17-5829, and amendments thereto. There shall be no recovery of medical assistance correctly paid to or on behalf of an individual under subsection (e) except after

the death of the surviving spouse of the individual, if any, and only at a time when the individual has no surviving child who is under 21 years of age or is blind or permanently and totally disabled. Transfers of real or personal property by recipients of medical assistance without adequate consideration are voidable and may be set aside. Except where there is a surviving spouse, or a surviving child who is under 21 years of age or is blind or permanently and totally disabled, the amount of any medical assistance paid under subsection (e) is a claim against the estate in any guardianship or conservatorship proceeding. The monetary value of any benefits received by the recipient of such medical assistance under long-term care insurance, as defined by K.S.A. 40-2227, and amendments thereto, shall be a credit against the amount of the claim provided for such medical assistance under this subsection (g). The secretary is authorized to enforce each claim provided for under this subsection (g). The secretary shall not be required to pursue every claim, but is granted discretion to determine which claims to pursue. All moneys received by the secretary from claims under this subsection (g) shall be deposited in the social welfare fund. The secretary may adopt rules and regulations for the implementation and administration of the medical assistance recovery program under this subsection (g).

(h) *Placement under code for care of children or juvenile offenders code; assignment of support rights and limited power of attorney.* In any case in which the secretary of social and rehabilitation services pays for the expenses of care and custody of a child pursuant to K.S.A. 38-1501 *et seq.* or 38-1601 *et seq.*, and amendments thereto, including the expenses of any foster care placement, an assignment of all past, present and future support rights of the child in custody possessed by either parent or other person entitled to receive support payments for the child is, by operation of law, conveyed to the secretary. Such assignment shall become effective upon placement of a child in the custody of the secretary or upon payment of the expenses of care and custody of a child by the secretary without the requirement that any document be signed by the parent or other person entitled to receive support payments for the child. When the secretary pays for the expenses of care and custody of a child or a child is placed in the custody of the secretary, the parent or other person entitled to receive support payments for the child is also deemed to have appointed the secretary, or the secretary's designee, as attorney in fact to perform the specific act of negotiating and endorsing all drafts, checks, money orders or other negotiable instruments representing support payments received by the secretary on behalf of the child. This limited power of attorney shall be effective from the date the assignment to support rights becomes effective and shall remain in effect until the assignment of support rights has been terminated in full.

(i) No person who voluntarily quits employment or who is fired from employment due to gross misconduct as defined by rules and regulations of the secretary or who is a fugitive from justice by reason of a felony conviction or charge shall be eligible to receive public assistance benefits in this state. Any recipient of public assistance who fails to timely comply with monthly reporting requirements under criteria and guidelines prescribed by rules and regulations of the secretary shall be subject to a penalty established by the secretary by rules and regulations.

(j) If the applicant or recipient of aid to families with dependent children is a mother of the dependent child, as a condition of the mother's eligibility for aid to families with dependent children the mother shall identify by name and, if known, by current address the father of the dependent child except that the secretary may adopt by rules and regulations exceptions to this requirement in cases of undue hardship. Any recipient of aid to families with dependent children who fails to cooperate with requirements relating to child support enforcement under criteria and guidelines prescribed by rules and regulations of the secretary shall be subject to a penalty established by the secretary by rules and regulations which penalty shall progress to ineligibility for the family after three months of noncooperation.

(k) By applying for or receiving child care benefits or food stamps, the applicant or recipient shall be deemed to have assigned, pursuant to K.S.A. 39-756 and amendments thereto, to the secretary on behalf of the state only accrued, present or future rights to support from any other person such applicant may have in such person's own behalf or in behalf of any other family member for whom the applicant is applying for or receiving aid. The assignment of support rights shall automatically become effective upon the date of approval for or receipt of such aid without the requirement that any document be signed by the applicant or recipient. By applying for or receiving child care benefits or food stamps, the applicant or recipient is also deemed to have appointed the secretary, or the secretary's designee, as an attorney in fact to perform the specific act of negotiating and endorsing all drafts, checks, money orders or other negotiable instruments representing support payments received by the secretary in behalf of any person applying for, receiving or having received such assistance. This limited power of attorney shall be effective from the date the secretary approves the application for aid and shall remain in effect until the assignment of support rights has been terminated in full. An applicant or recipient who has assigned support rights to the secretary pursuant to this subsection shall cooperate in establishing and enforcing support obligations to the same extent required of applicants for or recipients of aid to families with

dependent children.

History: L. 1937, ch. 327, § 8a; L. 1939, ch. 200, § 2; L. 1947, ch. 266, § 1; L. 1949, ch. 275, § 1; L. 1951, ch. 288, § 3; L. 1953, ch. 220, § 1; L. 1955, ch. 236, § 2; L. 1957, ch. 269, § 1; L. 1961, ch. 230, § 1; L. 1963, ch. 255, § 3; L. 1965, ch. 287, § 1; L. 1967, ch. 245, § 3; L. 1968, ch. 380, § 1; L. 1969, ch. 226, § 3; L. 1973, ch. 186, § 5; L. 1976, ch. 210, § 2; L. 1978, ch. 159, § 3; L. 1980, ch. 125, § 1; L. 1981, ch. 186, § 1; L. 1982, ch. 90, § 2; L. 1982, ch. 185, §§ 1, 2; L. 1983, ch. 143, § 3; L. 1985, ch. 149, § 1; L. 1985, ch. 115, § 43; L. 1986, ch. 165, § 1; L. 1986, ch. 137, § 23; L. 1988, ch. 143, § 8; L. 1989, ch. 124, § 2; L. 1989, ch. 125, § 1; L. 1992, ch. 150, § 7; L. 1993, ch. 180, § 1; L. 1994, ch. 265, § 8; July 1.

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Sen. Stan Clark

From: Robert Harder [rharder6@cox.net]
Sent: Wednesday, March 05, 2003 11:05 PM
To: Robert Day; clark@senate.state.ks.us; barnett@senate.state.ks.us; brungardt@senate.state.ks.us; feleciano@senate.state.ks.us; lee@senate.state.ks.us; huelskamp@senate.state.ks.us
Subject: FOLLOW-UP

Senator Clark and members of the President's Committee:

I appreciate the invitation to make comments concerning the work and final report of the Committee. I have found it interesting and challenging to listen to the discussion and to think of what might be some possible answers to the challenges at hand.

The ideas I present have not been screened or tested and some of them may be ideas already in place. The ideas I present will not have been reviewed for legality nor conformity with federal rules and regulations. In that I have been gone from SRS for some period of time, there may well be ideas that SRS is currently doing. One of the points which comes out in these discussions is that SRS is doing a number of things right and how can we add to that solid base. The ideas are presented in the spirit of the Chairman as he wanted a roundtable discussion. A worthwhile process that was beginning to emerge at the close of Wednesday's session.

1. LONG TERM CARE:

a. Less emphasis on institutional care is a move in the right direction. There needs to be a continued emphasis on HCBS. The move should be to make maximum use of consumer choice. Computer screens should be installed to look at exceptional cases and not routine cases. The management of the program should be by exception and not by 100% review.

b. Caps should be incorporated into the eligibility process. A review needs to be made to determine that lien information is incorporated into the eligibility process and a mechanism for that information to come to Legal in SRS. In this same vein, SRS attorneys should regularly go to the seminars which are being conducted to show middle-class families how they can make themselves eligible even though they have the resources to pay for long-term care.

c. This area of long-term care is a critical area for the well-being of many needy persons in our state and it is the kind of program which makes it possible to live an independent life. Care and nuturing needs to go into this program. On that basis, I would suggest a mult-discipline team of professionals, care-givers, consumers, advocates, SRS, and Aging meet on regular basis to continue to fine tune this program.

(Sorry about this open space, I am still learning how to be my own secretary.)

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d. The Committee ought to consider the possibility of having the office of the

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Governor and the office of the Insurance Commissioner develop a comprehensive, state-wide program telling of the benefits of long term insurance for the citizens of KS. This program should include some type of a tax deduction for those persons who participate. The program should be gear to individuals in their 50's because the premiums would be lower and less of a drain to the State from a revenue standpoint. This should be seen as a long-term endeavor geared to changing mind-sets concerning one's elder years.

PRESCRIPTION DRUGS:

a. The thrust in this area would be that of trying to help the local pharmacist and keep them in the program. On that basis, I would ask SRS and the legal staff to look at a new way of paying for drugs. I would recommend that the state pay only acquisition cost and that cost to be the lowest it is costing anyplace in the United States including VA and PHS. This system could be modeled after the way in which the state handles the purchase of liquor through Alcohol Beverage Control.

b. SRS has moved on many different fronts and all of those moves should be kept in place. In the drug area, there is another example of where there is the need for management by exception. The consultant, Mr. Muse, outlined some possible problem areas. Those examples should be examined and then screens put in place to review some of the suggested high utilization areas. A review team should be made-up of consumers/consumer advocates, physicians, pharmacists, and SRS.

c. The Hiawatha patient review system ought to be piloted in several areas throughout the state to see where, how, and what cost it would be to implement such a program on a state-wide basis.

INTERNAL MANAGEMENT:

a. SRS should be called upon to insist to the fiscal agent that SRS wants to lessen the hassle factor to the providers and that this is coming as a charge from the President's Committee. Additionally, the Committee through SRS wants a full-accounting of the aging of unpaid bills and explanations for those in excess of 60 days and still unpaid.

b. The fiscal agent through, SRS, should submit a report accounting for funds not simply in the aggregate by program but also, by individual headcount to make a determination if there is over-spending in relation to increase in caseload or an increase in payments.

c. SRS should sort out and provide to the committee a listing of special programs, like special education, which have evolved over time and they are included or not included in the total medical expenditures.

d. SRS should be asked to review the issues related to managed care to see if there could be a greater number of physicians involved in this area, but it be on the basis of managed care and not simply a gimmick for managed care companies to make extra money.

BEYOND THE STATE:

a. Members of the President's Committee should call a meeting of their counterparts from surrounding states to discuss the possibility of a purchasing coop which could be used to purchase prescription drugs, durable medical equipment and possibly other items as well.

b. The Committee should go to work with your counterparts in the other states to build the argument that the dual-eligible person should be fully a federal responsibility. This has the beauty of being a simple task without a lot of legislation, it provides immediate relief to the states, and it is the kind-of item that will be done in the future why not now.

A NEW STRUCTURE:

a. In a short period of time, the President's Committee covered a lot of ground. In

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that process it became apparent that there were a lot of good activities taking place in the medical assistance program. This did not happen by accident. It happened because there were a lot of good people working to ensure services to the needy populations in KS. It also became apparent that there are new beginnings and new insights which are molding and shaping the medical assistance program. There are individuals working to make sense out of the unsystem-system. It was not always clear that the right people were talking to each other and at the right time. I suggest that the President's Committee recommend that there be a small but representative group made-up of providers, consumers, consumer advocates, SRS, and Aging meet on regular basis to talk about how the system can be made to be more workable and consumer friendly and responsive to the needs of the legislature. They should be expected to report back to the President's Committee in 2004.

These are my best thoughts for the moment. I am available to be of further assistance, if that is the wish of the Chairman and the Committee. Bob Harder.

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