#### MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

The meeting was called to order by Chairman Pete Brungardt at 10:30 a.m. on February 4, 2004 in Room 231-N of the Capitol.

All members were present except: Senator Donald Betts- excused

Committee staff present:

Russell Mills, Legislative Research Theresa Kiernan, Revisor of Statutes' Office John Beverlin, Committee Secretary

Conferees appearing before the committee:

Janet Schalansky, Secretary, Department of Social and Rehabilitation Services

Others attending:

See Attached List.

Chairperson Brungardt called the meeting to order and asked the committee for bill introductions.

Senator Vratil asked the committee to introduce a bill concerning income tax credits for contributions to community service organizations involved in addiction recovery and crime prevention.

Senator Teichman made a motion to introduce the bill. The motion was seconded by Senator Gilstrap. The motion to introduce the bill passed.

Senator Vratil asked the committee to introduce a bill concerning tax exemptions for hospital property.

Senator Teichman made a motion to introduce the bill. The motion was seconded by Senator Barnett. The motion to introduce the bill passed.

Chairperson Brungardt welcomed Janet Schalansky to the podium.

Janet Schalansky provided a department overview of the Department of Social & Rehabilitation Services (Attachment 1).

Chairperson Brungardt asked the committee for questions.

Senator Clark asked about page nine. He wanted to know whether it was possible to have duplicated numbers if a child was listed in foster care and then adopted, and therefore placed also on the adoption line.

Ms. Schalansky stated that it was possible if the child moved from foster care to adoption within the same year.

Senator Vratil asked for the reason for the decrease of child support numbers.

Ms. Schalansky stated that SRS did not have a specific reason. She stated that many advocates would cite the fact that SRS has left 700 employment spots vacant. She explained that when area directors prioritize staff, they will often fill a child protective service worker vacancy before they will fill a child support worker vacancy. She also stated that the reason may be because of the high case load.

Senator Teichman asked if there was less savings than expected with the closure of SRS offices.

Ms. Schalansky answered that the department had started to close offices to see if money could be saved. She stated that the important thing was the access by the consumers. She then explained the use of access points to the committee.

#### **CONTINUATION SHEET**

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE at 10:30 a.m. on February 4, 2004 in Room 231-N of the Capitol.

Senator Teichman asked how the reorganization was going and whether the department was receiving positive feedback.

Ms. Schalansky explained that the feedback received from clients was good. She said there were employees that had to get used to the reorganization. She explained there are some staff that are not happy about having to drive farther.

Senator Vratil asked how an individual would go about getting on the Adult Abuse Registry.

Ms. Schalansky explained that the department would receive a complaint about abuse. They would then send out a social worker to investigate and, depending on the situation, law enforcement may also be sent. The department would then make a determination as to whether the individual perpetrated abuse against a senior. They would then notify the person accused of abuse. The accused could then appeal the charge to an appeals committee. She then explained that the accused's name would not go on the registry until after due process.

Senator Vratil asked how it compared to the Child Abuse Registry.

Ms. Schalansky stated it was the same process.

Senator Clark asked about new waivers applied for by the department.

Ms. Schalansky explained the legislature approved the Working Healthy Program for individuals who were hesitant to leave the disability rolls and go to work because of insurance fears. The program allowed people to go to work and get medicaid insurance, paying a premium based on their income. She explained that a waver from the Federal Government was needed. Ms. Schalansky then explained the cash and counseling waver. She explained that individuals received cash and counseling to enable more flexibility. Ms. Schalansky then explained an additional waiver for individuals with attendant care.

Chairperson Brungardt asked the committee for additional questions. None were asked.

The meeting was adjourned at 11:35. The next meeting is scheduled for Thursday, February 5, at 10:30 a.m. in room 231-N.

	Senate Federal and State	Affairs Committee	
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### **Kansas Department of Social** and Rehabilitation Services

Agency Overview

For Senate Federal and State Affairs Committee Janet Schalansky, Secretary February 4, 2004

## SRS Mission and Vision



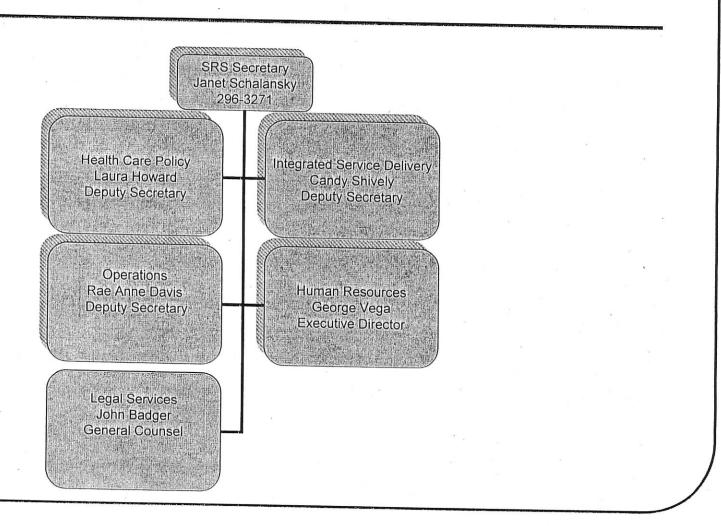
Mission: To Protect Children and Promote Adult Self-Sufficiency

Vision: Partnering to connect Kansans with supports and services to improve lives

## SRS Guiding Principles

All of us, every day, working on behalf of and with Kansans are guided by these principles: Act with integrity and respect in our work with customers, partners, and each other ☐ Champion customer success □Demonstrate leadership without regard to position or title; embrace responsibility, take risks, make decisions and act to overcome challenges Strive for continuous improvement Demonstrate passion for our mission Recognize the value of partnerships both within the agency and with community partners to stretch capacity and achieve extraordinary results

### Kansas Department of Social and Rehabilitation Services



## SRS Expenditures by Category

FY 2005 Budget -Governor's Budget Recommendation (in Millions)

**Direct Service Delivery** 

\$248.5 (10.1%)

Administration

\$170.8 (7.0%)

Total SRS Filled FTE (Dec. 2003)

5,580.20

**Capital Improvements** 

\$14.5 (.6%)

**Direct Assistance** 

\$2,016.3 (82.3%)

Cash Assistance

\$70.9

\$38.9

Child Care & Employment \$80.2

Medical Assistance \$1,218.9

Substance Abuse \$21.1

Mental Health \$67.3

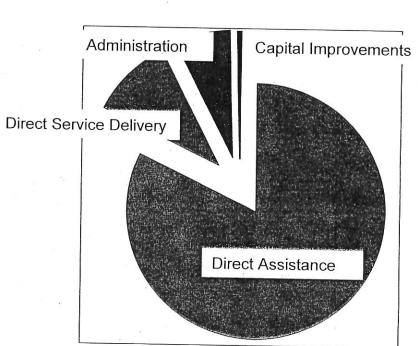
Developmental & Physical

Disability \$329.3

Child Welfare Services \$167.5

Rehabilitation Services \$22.2

Other

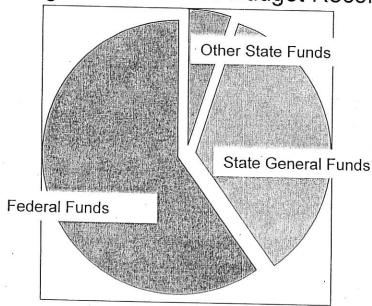


Total \$2,450.1 (All Funds)

Totals may not add due to rounding

## SRS Expenditures by Revenue Source

FY 2005 Budget - Governor's Budget Recommendation (In millions)



**Total \$2,450.1 (All Funds)** 

(Totals may not add due to rounding)

State General Funds Federal Funds

Other State Funds

Fee Funds Children's Initiative Fund (tobacco)

State Institution Building Fund

Other

\$856.5 (35.0%)

\$1,470.3 (60.0%)

\$123.3 (5.0%)

\$75.4

\$33.1

\$14.2 \$.6

# Summary of Expenditures Annual Expenditures in Millions for State Fiscal Years 2002 & 2003 (AF)

Child, Adult, and Family Safety and Well-Being Services	SFY 2002	SFY 2003
Adoption/Alternative Permanencies	\$28.2	\$32.3
Adoption Subsidy	\$17.1	\$17.6
Foster Care	\$91.9	\$88.4
Financial and Employment Services		8
Child Care	\$50.8	ФЕ <b>Л</b> Б
Child Support Collections (This line-item is not an expenditure, but total SRS child support collected on behalf of families)	\$143.1	\$54.5 \$146.8
Disability Determination Services	\$3.5	<b>Ф</b> 2 О
Food Assistance		\$3.9
General Assistance	\$106.8	\$133.9
Low Income Energy Assistance	\$6.0	\$6.9
Vocational Rehabilitation and Services for the Blind	\$8.8	\$12.6
	\$18.0	\$17.3
Temporary Assistance for Families (TAF)	\$49.0	\$53.7
TAF Employment Services (In Millions)	\$8.0	\$9.6

## Summary of Expenditures

Health and Medical Services	SFY 2002	OFV 0000
State Mental Retardation Hospitals	\$46.6	SFY 2003
Developmental Disability Services	\$232.4	\$44.0
Mental Health Services	\$75.8	\$235.7 \$80.1
Physical Disability Services	\$65.8	
State Mental Health Hospitals	\$56.5	\$66.5
Sexual predator Treatment Program	# 000000000	\$55.9
Addiction and Prevention Services	\$1.6	\$2.4
Health Care Services:  People Primarily in Managed Care Programs  Families	\$18.3	\$18.3
Children	\$106.6 \$118.9	\$128.4 \$136.4
Pregnant Women	\$37.6	\$42.8
People Primarily in the Fee-for-Service Program Persons who are Elderly and Disabled	\$471.7	\$490.2
Children in Foster Care, Adoption, or JJA	\$34.0	\$40.4
Persons Provided Partial Health Care Coverage	\$13.2	\$14.4
MediKan Fee-for-Service	\$17.5	\$20.6 (In Million
Children's Health Insurance Program	\$43.2	\$47.6

# Summary of Persons Assisted Number of consumers/beneficiaries for state fiscal years 2002 & 2003

Child, Adult, and Family Safety and Well-Being	SFY 2002	SFY 2003
Services		
Adoption/Alternative Permanencies	1,546	1,608
Adoption Subsidy	4,303	4,673
Foster Care	3,264	3,046
inancial and Employment Services		
Child Care	16,151	16,723
Child Support Disability Determination Services	308,239 2,750	299,809 2,730
ood Assistance	131,723	155,800
Seneral Assistance	. 3,152	3,660
ow Income Energy Assistance (Households)	31,834	38,346
ocational Rehabilitation and Services for the Blind	7,859	7,406
emporary Assistance for Families (TAF)	34,453	37,757
AF Employment Services	11,342	14,182
	4 *	

## Summary of Persons Assisted

Health and Medical Services	SFY 2002	SFY 2003
State Mental Retardation Hospitals	375	367
Developmental Disability Services	8,876	9,162
Mental Health Services	24,726*	25,700*
Physical Disability Services	4,875	5,016
State Mental Health Hospitals	431	409
Sexual Predator Treatment Program	65	82
Addiction and Prevention Services	14,111	14,999
Health Care Services:	,	14,333
People Primarily in Managed Care Programs		
Families	52,400	62,041
Children	71,900	76,508
Pregnant Women	5,700	6,247
People Primarily in the Fee-for-Service Program		10
Persons who are Elderly and Disabled	63,060	64,072
Children in Foster Care, Adoption, or JJA	10,000	10,322
Persons Provided Partial Health Care Coverage	6,660	7,652
MediKan Fee-for-Service	2,970	3,458
Children's Health Insurance Program	24,264	28,945
*Figure represents persons served per year	- ',=0 '	20,040
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#### Consensus Caseloads

### SRS Expenditures for Major Caseload Categories Governor's Budget Recommendation (Consensus Caseloads in Millions)

Population	FY 2003 Actual	FY 2004 FY 2005 GBR GBR		FY 2	003-2004 Change	FY 2004-2005 Change		
				Amount	%	Amount	%	
Temporary Assist/Families	\$53.7	\$59.0	\$63.5	\$5.3	10%	\$4.5	8%	
General Assistance	6.9	7.5	8.2	0.6	9%	0.7	9%	
Foster Care Contract	88.4	89.5	92.2	1.1	1%	2.6	3%	
Adoption Contract	32.3	33.6	34.9	1.3	4%	1.3	4%	
Regular Medical Assistance	915.7	1,039.0	1,161.9	133.4	15%	122.9	12%	
NF - Mental Health	13.5	13.1	13.1	(0.4)	-3%	0.0	0%	

#### Other Caseloads

SRS Expenditures for Major Caseload Categories

Governor's Budget Recommendation (Other Caseloads In Millions)

Population	FY 2003	FY 2004	FY 2005	FY 2003-2	004 Change	FY 2004-2	005 Change
	Actual	GBR	GBR	Amount	%	Amount	%
Child Care Assistance	54.5	59.4	59.4	4.9	9%	0.0	0%
Adoption Support	17.6	18.0	18.7	0.4	2%	0.7	14%
Family Preservation	9.4	10.0	10.0	0.6	6%	0.0	0%
Rehabilitation Services	13.5	15.5	15.5	(2.7)	-16%	0.0	0%
ICF-MR	19.5	17.0	17.0	(2.5)	-13%	0.0	0%
MR-DD Waiver *	199.4	206.1	213.8	10.2	5%	4.2	2%
PD Waiver *	61.1	63.8	71.4	3.6	6%	6.7	10%
HealthWave	47.9	51.6	57.0	3.7	8%	5.4	
Head Injured Waiver	4.6	6.0	6.0	1.4	30%	0.0	0%
Total (Consensus Caseloads and Other Caseloads)	\$1,531.7	\$1,692.6	\$1,841.6	160.9	11%	149.0	9%

<sup>\*</sup> At the end of FY 2003, SRS pended the Medicaid claims for the PD and DD waivers in order to ensure there would be sufficient funds available to pay them. Once submitted, two weeks worth of claims were held and did not go into payment status until the first week in FY 2004. Individual providers that experienced a hardship because of the pended claims were able to request special checks.

### Consensus Caseloads

Average Monthly People for Major Caseload Categories Governor's Budget Recommendation

Population	FY 2003 Actual	FY 2004 GBR	FY 2005 GBR		03-2004 Change	FY 20	004-2005 Change
				Amount	%	Amount	%
Temporary Assist/Families	37,757	41,034	43,812	3,277	8.7%	2,778	6.8%
General Assistance	3,660	3,975	4,329	315	8.6%	354	8.9%
Foster Care Contract	3,046	3,078	3,136	32	1.1%	58	1.9%
Adoption Contract	1,608	1,608	1,610	0	0.0%	2	0.1%
Regular Medical Assistance	230,299	243,115	257,121	12,816	5.6%	14,006	5.8%
NF - Mental Health	620	604	604	(16)	-2.6%	0	0.0%

### Other Caseloads

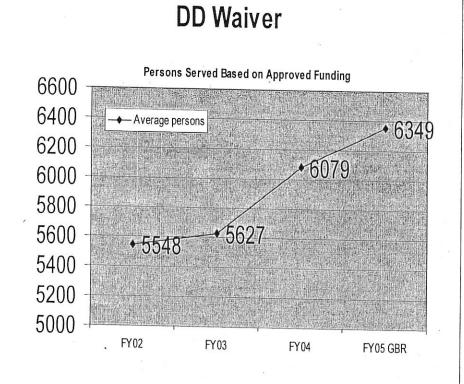
Average Monthly People for Major Caseload Categories Governor's Budget Recommendation

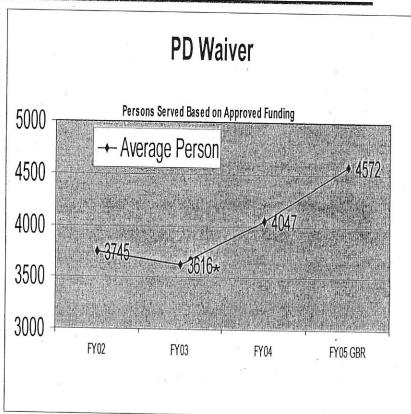
Population	FY 2003			FY 2003-200	4 Change	FY 2004-2005 Change		
	Actual	GBR	GBR	Amount	. %	Amount	%	
Child Care Assistance	16,723	18,214	18,214	1,491	8.9%	0	0.0%	
Adoption Support	4,673	5,036	5,438	359	7.7%	402	8.0%	
Family Preservation (Families)	2,570	2,574	2,511	4	0.2%	(63)	-2.4%	
Rehabilitation Services	7,406	7,847	7,867	441	6.0%	20	0.3%	
ICF-MR	321	295	295	(26)	0.40/			
MR-DD Waiver	5,627	6,079	6,349	OF EQUINE EXPENSES RESIDENTED FOR THE	-8.1%	0	0.0%	
PD Waiver	3,616	4,047	4,572	208	3.6%	323	5.4%	
Head Injured Waiver	115	123	123	250	6.5% 7.0%	0	14.7% 0.0%	
HealthWave	28,945	31,782	35,221	2,855	0.00/			
Total (Consensus Caseloads and Other Caseloads)	401,247	424,323	444,745	23,076	9.9%	3,200	10.1%	

# Federal Poverty Level 2003

The state of the s	announced and accommodification of House, the court by	Annual Income Guidelines for 1-5 Member Household				
Selected SRS Services	Percent of 2003 Federal Poverty Level	нн1	НН2	нн3	НН4	нн5
TAF and GA-Cash and Medical	32%	2,874	3,878	4,883	5,888	6,893
Elderly/Disabled Persons on SSI-Medicaid	72%	6,466	8,726	10,987	13,248	15,509
Children age 6-18 Medicaid/Waivers	100%	8,980	12,120	15,260	18,400	21,540
	110%	9,878	13,332	16,786	20,240	23,694
	120%	10,776	14,544	18,312	22,080	25,848
Food Assistance/Energy Assistance	130%	11,674	15,756	19,838	23,920	28,002
Children Age 1-5 Medicaid	133%	11,943	16,120	20,296	24,472	28,648
	140%	12,572	16,968	21,364	25,760	30,156
	145%	13,021	17,574	22,127	26,680	31,233
Pregnant Women & Infants-Medicaid	150%	13,470	18,180	22,890	27,600	32,310
	160%	14,368	19,392	24,416	29,440	34,464
	170%	15,266	20,604	25,942	31,280	36,618
	180%	16,164	21,816	27,468	33,120	38,772
Child Care Subsidy	185%	16,613	22,422	28,231	34,040	39,849
	190%	17,062	23,028	28,994	34,960	40,926
	195%	17,511	23,634	29,757	35,880	42,003
Children's Health Insurance Program	200%	17,960	24,240	30,520	36,800	43,080

## Persons Served Through PD & DD Waiver Based on Approved Funding

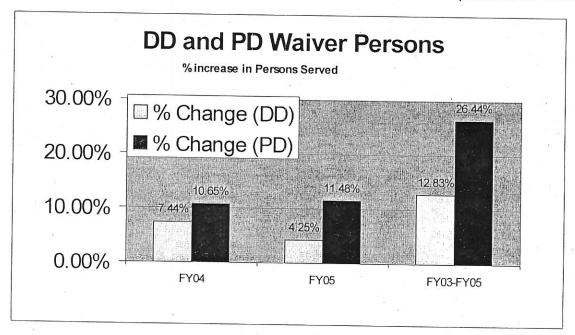




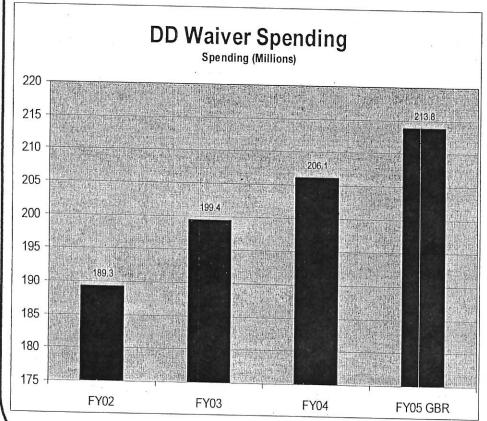
<sup>\*</sup> As a part of SRS' FY 2003 allotment, the level of care score on the Physical Disabilities (PD) waiver was raised from 26 to 30 for a few months. Also, services for persons who had been previously grandfathered in were discontinued. These level of care score changes account for the dip in the average number of persons served on the PD waiver during that year.

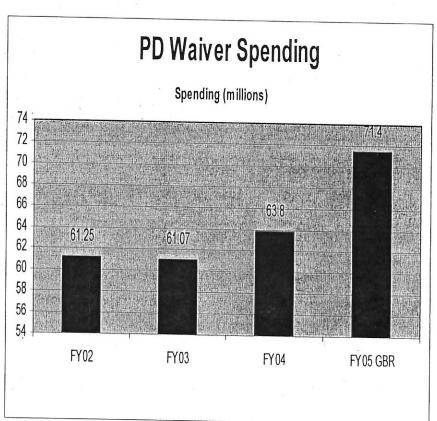
#### Change in Persons Served Through DD and PD Waiver SFY 2004 & SFY 2005

The chart summarizes the percentage increase in persons served in FY 04 and FY05 on both waivers, as well as the percentage increase in persons served during a two-year period. From FY 2003 - FY 2004, there has been an increase of 10.65% in the number of persons served on the PD waiver, and an increase of 7.44% in the number of persons served on the DD waiver. For FY 2005, there will be an increase of 11.48% in the number of persons served on the PD waiver and a 4.25% increase in the number of persons served on the DD waiver. During this two-year period, there will be an increase of 12.83% in persons served on the DD waiver and a 26.44% increase in persons served for the PD waiver.



## PD & DD Waiver Spending

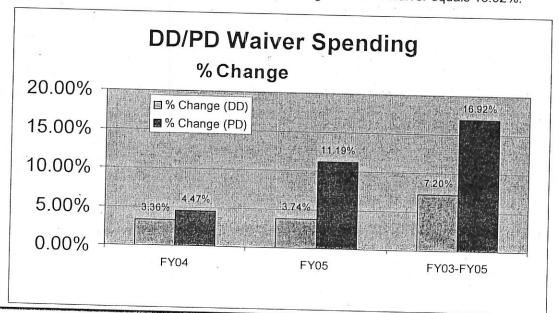




### Change in Total Spending for DD and PD Waivers FY 2004 & FY 2005

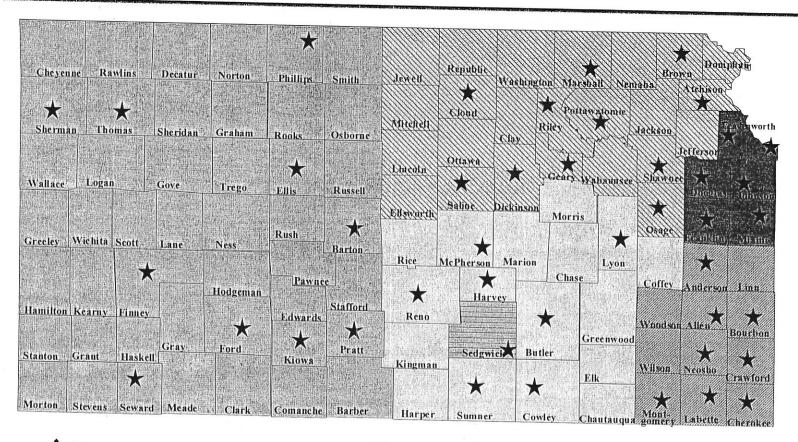
The chart below shows the total spending for the DD and PD waivers in FY 2004, FY2005 and for two years from FY03 to FY05.

- ■The approved budget for FY04 for the DD waiver, excluding the cost of pended claims, increased by 3.36% above actual FY03
- ■The approved budget for FY04 for the PD waiver, excluding the cost of pended claims, increased by 4.47% above actual FY03
- ■The GBR for FY05 is 3.74% more than the approved budget for FY04 for the DD waiver, excluding pended claims.
- ■The GBR for FY05 is 11.19% more than the approved budget for FY04 for the PD waiver, excluding pended claims.
- ■For the two years of FY03 to FY05, the percentage increase in spending for the DD waiver equals 7.20%.
- •For the two years of FY03 to FY05, the percentage increase in spending for the PD waiver equals 16.92%.



## Projected Service Delivery Redesign

Consolidation of Management Areas 6 Regions



Stars indicate anticipated service centers at the end of FY 2005

SRS presently has more than 400 access points and anticipates that amount to increase

## Governor's Budget Recommendation Highlights of SRS Changes

- Additional Funding for SRS' Fall 2003 Consensus Caseload estimates for Regular Medical, Temporary Assistance for Families (TAF), Nursing Facilities for Mental Health (NF/MH), General Assistance (GA), Foster Care, and Adoption in FY 2004 and FY 2005. There was an increase in SGF for Foster Care due to federal policy and funding changes. SGF for NF/MHs also increased due to changes in ages of the people at NF/MHs. Other changes were due to numbers of persons served and changes in cost.
- Restoration of the Protection Reporting Center (PRC) for FY 2004 and FY 2005. As part of SRS' FY 2003 allotment reductions, the PRC was contracted out to a private vendor. SRS reestablished the PRC as a state-operated 24 hours-a-day, seven-days-a-week hotline which will take Child in Need of Care and adult abuse and neglect reports statewide. Area Offices will continue to take calls during business hours.
- Additional funding for the Adoption Support caseload increase in FY 2004 and FY 2005.
- New SGF funds to establish the Assistive Technology Revolving Loan program. These are state matching funds to provide loans to assist persons with disabilities in accessing assistive technology. The University of Kansas will administer this grant, and the federal grant dollars are included in their budget.
- Additional funding for the Home and Community Based Services (HCBS) waiting lists for persons with physical disabilities and persons with developmental disabilities in FY 2004 and FY 2005. The FY 2004 GBR also increases SRS' fee funds spending limitation so fee funds could be used to pay the HCBS claims that were pended at the end of FY 2003.

# Governor's Budget Recommendations Highlights of SRS Changes

- Adds an enhancement of \$15.2 million AF (\$6.0 million SGF) in FY 2005 to provide additional people with in-home services for those with physical and developmental disabilities. The FY 2004 GBR increases our fee fund spending limitation so fee fund could be used to pay the HCBS claims that were pended at the end of FY 2003.
- Reduction in the SRS budget to account for the savings associated with reducing the number of SRS Management Areas
- Elimination of services for children ages 12 and under at Larned State Hospital, and providing mental health services for children in their homes and communities. SRS will be working with stakeholders to design alternative services for young children in their homes and communities.
- Additional funding for the census increase in the Sexual Predator Treatment Program in FY 2004. The program is increasing at a rate of three persons per month. Seventy-two FTE positions were added to provide the intensive services required by this population.
- Replacement of the Intergovernmental Transfer (IGT) funds with SGF. Due to changes in federal regulations, SRS will not receive \$8.0 million IGT funds for the HCBS waivers. SGF was needed to replace these state matching funds.

## Highlights for 2004 Legislative Session

#### SRS Legislative Proposals

- Access to Birth Records From KDHE HB 2571
- Title XXI: Removal of the Requirement that Managed Care Be Capitated SB 367
- Child Welfare Tuition Program
- Access to the Adult Abuse Registry

## On-Going Issues

- Rising Social Service Caseloads
- Managing Health Care Costs
- Preserving the Safety Net for Vulnerable Kansans
- Assessing the Future of State Hospitals and the Capacity of Community Service Provider Networks
- Balancing Demand for Services with Available Funding
- SRS Service Delivery Redesign
- Managing Programs with Fewer Dollars and Staff
- Coordinating Services and Operations Across State Government
- Increased Scrutiny From the Centers for Medicare and Medicaid Services of Social Service Programs and Financing
- Federal Reauthorization Temporary Assistance to Needy Families and Child Care Legislation
- Assessing the Fiscal and Programmatic Impact of the Federal Medicare Reform Legislation