

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice-Chairman Peggy Mast at 1:30 P.M. on January 18, 2007 in Room 526-S of the Capitol.

All members were present.

Committee staff present:

Rena Jeffries, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Tatiana Lyn - Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Dr. Marcie Nielson, Executive Director, Kansas Health Policy Authority

Others Attending:

See Attached List.

Vice-Chair Mast opened the floor for bill introductions.

Susan Kang, Policy Director of Kansas Department of Health and Environment described a bill which would modernize and enhance enforcement remedies of existing child care law, amend license renewal fees, and technical clean-up of existing statute. (Attachment 1)

Representative Hill motioned to introduce this bill. Representative Trimmer seconded. Motioned carried.

Vice-Chair Mast introduced **Dr. Marcie Nielson**, Executive Director of the Kansas Health Policy Authority (K.H.P.A.). Dr. Nielson stated the K.H.P.A. became an independent Agency in July, 2005. The general charge of the Authority is to develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion-oriented public health strategies that are driven by data.

Transfer of responsibilities to the Authority are staggered. In 2006 Medicaid, MediKan, State Children's Health insurance Program, Ticket to Work/Working Healthy, Medicaid Management Information System, Medicaid Drug Utilization Review, State Employee Health Insurance, State Workers Compensation, Health Care Data Governing Board, and Business Health Partnership Programs were transferred. The Authority has submitted plans to the legislature for additional program transfers. (Attachment 2)

Following the presentation, Chair Landwehr opened the floor for questions. Questions were related to the make-up of the K.H.P.A. Board and how members are selected, Health Wave, Acronyms included in attachment 2, guidelines for the legislature, and how mental health fits into the Authority mission.

Chair Landwehr introduced **Kyle Kessler**, Deputy Secretary of Social and Rehabilitative Services (S.R.S.) who provided the committee a list of Acronyms (Attachment 3) which had been requested on January 10 when Acting Secretary Don Jordan made his presentation on the agency. Mr. Kessler also provided written responses to several of the questions asked on January 10. (Attachment 4) The committee asked Mr. Kessler several additional questions.

Chair Landwehr announced that the training scheduled for today would be delayed until Tuesday, January 23.

The meeting was adjourned at 2:30. Next meeting is January 22.

**HOUSE HEALTH AND HUMAN SERVICES
COMMITTEE GUEST LIST**

DATE: JANUARY 18, 2007

NAME	REPRESENTING
John Petersa	Capitol Strategies, Inc.
Tara Olsen	JSA
Will Deer	Federico Consulting
Derek Hess	Hess Law Firm
Tom Brown	Brown Associates
BRANDON BOHNING	DAMRON P.A.
Katie Gubayk	Kearney & Associates
John Breiner	intern for Rep Ward
Christy Campbell	Little Gov't Relations
Pam Hurley	PAT HURLEY & Co
Missy Taylor	League of Women Voters
Dolores Furtado	League of Women Voters.
Janis McMillen	League of Women Voters
JOHN C. BOTTEMBERG	BOTTEMBERG & Assoc.

65-504. Licenses; contents; limitations; posting; inspections; temporary permits; access to premises; temporary licenses; denial or revocation of license; procedure.

(a) The secretary of health and environment shall have the power to grant a license to a person to maintain a maternity center or child care facility for children under 16 years of age. The license shall state the name of the licensee, describe the particular premises in or at which the business shall be carried on, whether it shall receive and care for women or children, and the number of women or children that may be treated, maintained, boarded or cared for at any one time. No greater number of women or children than is authorized in the license shall be kept on those premises and the business shall not be carried on in a building or place not designated in the license. The license shall be kept posted in a conspicuous place on the premises where the business is conducted. The secretary of health and environment shall grant no license in any case until careful inspection of the maternity center or child care facility shall have been made according to the terms of this act and until such maternity center or child care facility has complied with all the requirements of this act. Except as provided by this subsection, no license shall be granted without the approval of the secretary of social and rehabilitation services. The secretary of health and environment may issue, without the approval of the secretary of social and rehabilitation services, a temporary permit to operate for a period not to exceed 90 days upon receipt of an initial application for license. The secretary of health and environment may extend, without the approval of the secretary of social and rehabilitation services, the temporary permit to operate for an additional period not to exceed 90 days if an applicant is not in full compliance with the requirements of this act but has made efforts towards full compliance.

(b) (1) In all cases where the secretary of social and rehabilitation services deems it necessary, an investigation of the maternity center or child care facility shall be made under the supervision of the secretary of social and rehabilitation services or other designated qualified agents. For that purpose and for any subsequent investigations they shall have the right of entry and access to the premises of the center or facility and to any information deemed necessary to the completion of the investigation. In all cases where an investigation is made, a report of the investigation of such center or facility shall be filed with the secretary of health and environment.

(2) In cases where neither approval or disapproval can be given within a period of 30 days following formal request for such a study, the secretary of health and environment may issue a temporary license without fee pending final approval or disapproval of the center or facility.

(c) Whenever the secretary of health and environment refuses to grant a license to an applicant, the secretary shall issue an order to that effect stating the reasons for such denial and within five days after the issuance of such order shall notify the applicant of the refusal. Upon application not more than 15 days after the date of its issuance a hearing on the order shall be held in accordance with the provisions of the Kansas administrative

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procedure act.

(d) When the secretary of health and environment finds upon investigation or is advised by the secretary of social and rehabilitation services that any of the provisions of this act or the provisions of K.S.A. 59-2123 and amendments thereto are being violated, or that the maternity center or child care facility is maintained without due regard to the health, *safety*, comfort or welfare of *any woman, child or the residents*, the secretary of health and environment, after giving notice and conducting a hearing in accordance with the provisions of the Kansas administrative procedure act, ~~shall~~ *may* issue an order revoking such license. The order shall clearly state the reason for the revocation.

(e) If the secretary revokes ~~or refuses to renew~~ a license, the licensee who had a license revoked ~~or not renewed~~ shall not be eligible to apply for a license or for a certificate of registration to maintain a family day care home under K.S.A. 65-518 and amendments thereto for a period of ~~one year~~ *three years* subsequent to the date such revocation ~~or refusal to renew~~ becomes final.

(f) Any applicant or licensee aggrieved by a final order of the secretary of health and environment denying or revoking a license under this act may appeal the order in accordance with the act for judicial review and civil enforcement of agency actions.

History: L. 1919, ch. 210, § 4; R.S. 1923, 65-504; L. 1951, ch. 358, § 1; L. 1961, ch. 285, § 1; L. 1974, ch. 352, § 86; L. 1978, ch. 236, § 3; L. 1982, ch. 258, § 3; L. 1983, ch. 147, § 2; L. 1984, ch. 313, § 93; L. 1985, ch. 209, § 2; L. 1988, ch. 239, § 1; L. 1989, ch. 188, § 1; L. 1990, ch. 145, § 37; L. 1991, ch. 184, § 1; L. 1994, ch. 279, § 7; L. 2000, ch. 137, § 1; July 1.

65-521. Denial, revocation or nonrenewal of certificate of registration; notice and hearing; application for certificate of registration or licensure after revocation or refusal to renew.

(a) The secretary may deny, revoke or refuse to renew a certificate of registration upon a determination by the secretary that the registrant falsified information on the application, *the safety evaluation form* or willfully and substantially has violated K.S.A. 65-516 through 65-522, and amendments thereto *or any rules and regulations adopted by the secretary pursuant to K.S.A. 65-522*. The secretary shall not revoke or refuse to renew any certificate without first giving notice and conducting a hearing in accordance with the provisions of the Kansas administrative procedure act.

(b) If the secretary revokes or refuses to renew a certificate of registration, the registrant who has had a certificate of registration revoked or not renewed shall not be eligible to apply for a certificate of registration or for a license to maintain a child care facility under K.S.A. 65-504 and amendments thereto for a period of ~~one year~~ *three years* subsequent to the date such revocation or refusal to renew becomes final.

History: L. 1980, ch. 184, § 7; L. 1984, ch. 313, § 96; L. 1986, ch. 230, § 4; L. 1988, ch. 239, § 2; L. 1989, ch. 188, § 2; L. 1994, ch. 279, § 19; July 1.

65-523. Grounds for suspension, *modification or restriction* of license, certificate of registration or temporary permit.

The secretary may suspend, *modify or restrict* any license, certificate of registration, or temporary permit *or any term or terms thereof* issued under the provisions of K.S.A. 65-501 through 65-522, and amendments thereto, upon any of the following grounds and in the manner provided in this act:

- (a) Violation by the licensee, registrant or holder of a temporary permit of any provision of this act or of the rules and regulations promulgated under this act;
- (b) aiding, abetting or permitting the violating of any provision of this act or of the rules and regulations promulgated under this act;
- (c) conduct in the operation or maintenance, or both the operation and maintenance, of a child care facility or family day care home which is inimical to health, welfare or safety of either an individual in or receiving services from the facility or home or the people of this state;
- (d) the conviction of a licensee, registrant or holder of a temporary permit, at any time during licensure or registration or during the time the temporary permit is in effect, of crimes as defined in K.S.A. 65-516 and amendments thereto; and
- (e) a third or subsequent violation by the licensee, registrant or holder of a temporary permit of subsection (b) of K.S.A. 65-530 and amendments thereto.

History: L. 1985, ch. 209, § 3; L. 1994, ch. 279, § 20; July 1.

65-524. Prohibition of new admissions, suspension of license, certificate of registration or temporary permit prior to hearing; procedure.

(a) The secretary may issue an order prohibiting new admissions into any child care facility or family day care home, prior to any hearing when, in the opinion of the secretary, the action is necessary to protect any child in the child care facility or family day care home from physical or mental abuse, abandonment or any other substantial threat to health or safety.

(b) The secretary may suspend any license, certificate of registration or temporary permit issued under the provisions of K.S.A. 65-501 through 65-522, and amendments thereto, prior to any hearing when, in the opinion of the secretary, the action is necessary to protect any child in the child care facility or family day care home from physical or mental abuse, abandonment or any other substantial threat to health or safety.
~~Administrative proceedings under this section shall be conducted in accordance with the emergency adjudicative proceedings of the Kansas administrative procedure act and in accordance with other relevant provisions of the Kansas administrative procedure act.~~

(c) Administrative proceedings pursuant to subsections (a) and (b) shall be conducted in accordance with the emergency adjudicative proceedings of the Kansas administrative procedure act and in accordance with other relevant provisions of the Kansas administrative procedure act.

History: L. 1985, ch. 209, § 4; L. 1994, ch. 279, § 21; July 1.

65-526. Civil fine assessed against licensee or registrant; limitations.

(a) The secretary of health and environment, in addition to any other penalty prescribed under article 5 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, may assess a civil fine, after proper notice and an opportunity to be heard in accordance with the Kansas administrative procedure act, against a licensee or registrant for each violation of such provisions or rules and regulations adopted pursuant thereto which affects ~~significantly and adversely~~ the health, safety or sanitation of children in a child care facility or family day care home. Each civil fine assessed under this section shall not exceed \$500. In the case of a continuing violation, every day such violation continues shall be deemed a separate violation.

(b) All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

History: L. 1988, ch. 239, § 3; L. 1994, ch. 279, § 22; L. 1999, ch. 19, § 1; L. 2001, ch. 5, § 219; L. 2004, ch. 145, § 20; July 1, 2005.

65-505. License fees and renewal application.

(a) The ~~annual~~ fee for a license to conduct a maternity center or child care facility shall be *paid every three years and* fixed by the secretary of health and environment by rules and regulations in an amount not exceeding the following:

- (1) For a maternity center, ~~\$75 225~~;
- (2) for a child placement agency, ~~\$75 225~~;
- (3) for a child care resource and referral agency, ~~\$75 225~~; and
- (4) for any other child care facility, ~~\$35 105~~ plus \$1 3 times the maximum number of children authorized under the license to be on the premises at any one time.

The license fee shall be paid to the secretary of health and environment when the license is applied for. ~~and annually~~ *A complete application to renew the license and fee shall be filed every three years* thereafter. The fee shall not be refundable. No fee shall be charged for a license to conduct a home for children which is a family foster home as defined in K.A.R. 28-4-311, and amendments thereto. Fees in effect under this subsection (a) immediately prior to the effective date of this act shall continue in effect on and after the effective date of this act until a different fee is established by the secretary of health and environment by rules and regulations under this subsection.

(b) Any person who fails to renew the person's license within the time required by rules and regulations of the secretary shall pay to the secretary a late renewal fee ~~of \$10 in an amount not exceeding \$75~~. *If the complete application to renew the license and license fee are not submitted prior to the renewal date, then such license is automatically canceled.*

(c) Any licensee applying for an amended license shall pay to the secretary of health and environment a fee established by rules and regulations of the secretary in an amount not exceeding \$35.

(d) The secretary of health and environment shall remit all moneys received by the secretary from fees under the provisions of this section to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

(e) This section shall take effect and be in force from and after July 1, 2008, and its publication in the statute book.

History: L. 1919, ch. 210, § 5; R.S. 1923, 65-505; L. 1974, ch. 352, § 87; L. 1978, ch. 236, § 4; L. 1982, ch. 259, § 1; L. 1985, ch. 210, § 2; L. 1986, ch. 230, § 1; L. 1991, ch. 184, § 2; L. 1994, ch. 279, § 8; L. 2001, ch. 5, § 217; July 1.

65-522. Registration; rules and regulations.

The secretary shall adopt rules and regulations to implement the registration provisions of K.S.A. 65-516 ~~to~~ *through* 65-~~522~~531, inclusive.

History: L. 1980, ch. 184, § 8; July 1.



MARCIA J. NIELSEN, PhD, MPH
Executive Director

ANDREW ALLISON, PhD
Deputy Director

SCOTT BRUNNER
Chief Financial Officer

Testimony on:
Kansas Health Policy Authority Overview

presented to:
House Committee on Health and Human Services

by:
Dr. Marcia Nielsen
Executive Director

January 18, 2007

For additional information contact:

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ATTACHMENT **2-1**

Agency Website: www.khpa.ks.gov
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Medicaid and HealthWave:
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Fax: 785-296-4813

State Employee Health
Benefits and Plan Purchasing:
Phone: 785-296-6280
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State Self Insurance Fund:
Phone: 785-296-2364
Fax: 785-296-6995

House Committee on Health and Human Services
January 18, 2007

Kansas Health Policy Authority Overview

Good afternoon, Madame Chair and members of the Committee. I appreciate the opportunity to update the House Committee on Health and Human Services regarding the Kansas Health Policy Authority's activities since last legislative session. I want to give you a brief overview of the work this agency has done and continues to do in the mission of improving health care for Kansans.

We believe we are an agency that coordinates health and health care for a thriving Kansas. In fact, that is our vision statement, and I believe it correlates well with the mission the Legislature gave us. In addition to launching our vision statement for our employees this past Monday, the Authority has taken on a number of initiatives since we became a new independent agency in July of last year:

- ***Focused on budget and finance.*** Since I became Executive Director in July, the Kansas Health Policy Authority has placed a focus on the budget and finance areas of the agency.
 - KHPA developed and received Board approval for its first budget as a state agency.
 - KHPA is now engaged in monthly public reporting of budget performance and financial status, including key administrative and programmatic details.
 - KHPA is reorganized to reflect the increased focus on financial and budgetary responsibilities; including the hiring of the agency's first Chief Financial Officer, Scott Brunner, former Director of the Kansas Medicaid and HealthWave programs.
- ***Increased communication.*** Transparency is an important part of the process of advancing health policy in the state, and effective communication is a significant means to increase our transparency. The Kansas Health Policy Authority has worked to increase its communication efforts with all stakeholders.
 - KHPA developed a new website, which is updated daily, to better inform consumers, providers, and purchasers about our programs and policies.
 - The agency instituted new ways to communicate with its staff, including the creation of a staff e-newsletter, which is distributed weekly to staff members, and established quarterly all-staff town hall meetings.
 - KHPA conducted five town hall meetings for stakeholders. These community meetings were held in Hays, Kansas City, Wichita, Pittsburg, and Garden City, allowing area residents an opportunity to voice opinions regarding the future of the Kansas health system.
 - KHPA created an Interagency Deputy Secretaries Planning Group to better coordinate the health issues and policies facing the State and Kansans. The group meets monthly to discuss new initiatives, share ideas, and facilitate effective programmatic coordination.
- ***Developed and maintained relationships with stakeholders.*** Partnership is vital to successful programs and operations of the Kansas Health Policy Authority, and the agency has continued to develop its relationships with various stakeholders throughout Kansas.
 - KHPA collaborated with stakeholders to ensure the continued success of the Provider Assessment program.

Kansas Health Policy Authority Overview

Kansas Health Policy Authority ♦ Presented on: 1/18/07

- The first two of an ongoing series of Disproportionate Share Hospital (DSH) policy planning meetings for hospitals were conducted to provide input that ensures funding is equitable and the program advances state health policy.
 - KHPA worked with other state agencies to develop and oversee implementation of a CMS audit, deferral, and disallowance work plan to resolve outstanding issues, led by Dr. Barb Langner, Associate Professor at The University of Kansas School of Nursing.
 - KHPA has continued to support broadly collaborative efforts focused on health information technology and health information exchange initiatives aimed at improving quality and efficiency in health and health care.
- ***Renewed emphasis on health and wellness.*** With data showing the importance of a healthy lifestyle, the Kansas Health Policy Authority has worked to emphasize the importance of health and wellness.
 - L.J. Frederickson was hired as the State Employee Health Benefits and Plan Purchasing Director and is working to increase the promotion of health and wellness in the State Employees Health Benefits Plan (SEHBP), including signing a new pharmacy benefits manager contract with Caremark which will save the State \$3.6 million annually.
 - KHPA's quality and innovation team has analyzed State Employee Health Benefits Plan data, and planning has begun to enhance wellness efforts for state employees.
 - KHPA has explored additional health and wellness initiatives for Medicaid beneficiaries as outlined by the submitted FY 2008 budget, including reimbursement to physicians for weight management counseling, integrating Medicaid immunization records with KDHE, and a request for funding to study and implement health promotion programs for Medicaid beneficiaries.
 - ***Strengthened Medicaid and HealthWave programs.*** As the single state agency for Medicaid, the Kansas Health Policy Authority has strengthened its Medicaid and HealthWave programs to provide affordable and quality care to enrolled Kansans.
 - On July 1, 2006, KHPA became the single state Medicaid agency, bringing efficiency to the program and maximizing the state's purchasing power. KHPA is applying this leadership role in the multi-agency Medicaid program to increase transparency, improve cooperation, and streamline operations.
 - KHPA signed two contracts for Medicaid managed care services with two contractors, saving the state between \$10 to \$15 million annually and introducing choice and competition into this important and growing market.
 - KHPA submitted six Medicaid transformation grant proposals which will work to increase quality and efficiency of care.
 - KHPA conducted a systematic review of its Medicaid Information Technology Architecture (MITA) to identify opportunities for structural improvement in data management and operational structures. Future MITA reviews will focus on organization structure to more effectively coordinate health care purchasing.

In terms of a vision and broad goals for the Authority -- which is the purview of the Health Policy Authority Board -- the legislation is clear. The Kansas Health Policy Authority shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with health promotion oriented public health strategies. The powers, duties, and functions of the Authority are intended to be exercised to improve the health of the people of Kansas by increasing the quality, efficiency, and effectiveness of health services and public health programs.

Kansas Health Policy Authority Overview

Kansas Health Policy Authority ♦ Presented on: 1/18/07

At the Board Retreat held in February 2006, there were a number of strategies and long-term goals developed to assist the Board in meeting its broad mission and charge. Using these strategies as a guideline, the Board, during recent meetings and after many spirited discussions, identified overall priorities and goals for the Authority. This fall, the Board refined and approved the draft Vision Principles to include the six areas as described below.

- Access to Health Care
- Quality and Efficiency in Health Care
- Affordable and Sustainable Health Care
- Promoting Health and Wellness
- Stewardship
- Education and Engagement of the Public

Access to Health Care. The intent of the first vision principle, Access to Health Care, is that Kansans should have access to patient-centered health care and public health services which ensure the right care, at the right time, and at the right place. The Authority will analyze and seek to eliminate the many barriers Kansans face in attaining preventive health services. This includes making available non-emergent care options for uninsured populations seeking primary care services.

Quality and Efficiency. The second principle, Quality and Efficiency, addresses how the health delivery system in Kansas should focus on quality, safety, and efficiency, and be based on best practices and evidence-based medicine. It also means that health promotion and disease prevention should be integrated into the delivery of health services. Addressing quality and safety are very important in ensuring that Kansans receive the appropriate care to prevent further health complications. Ensuring that Kansans receive appropriate care, while containing costs, is a challenge for all health care providers. A great deal of work is currently being done in the field of health information technology and exchange. Several initiatives currently underway include the Governor's Health Care Cost Containment Commission (staffed by the Authority), Advanced Technology ID cards, and the Community Health Record of which e-prescribing is a critical part. Evidence-based medicine is the conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patients. Employing these concepts yields efficiency in health finance, and that leads to the next principle.

Affordable and Sustainable Health Care. The third principle, Affordable and Sustainable Health Care, speaks to the financing of health care in Kansas and how it should be equitable, seamless, and sustainable for consumers, purchasers, and government. Regardless of geography or insurance status, access to affordable health care must meet the varying needs of Kansans across the State. Kansans should be able to depend upon a stable health system for their families without undermining the economic growth of our State.

Health and Wellness. The next principle, Promoting Health and Wellness, emphasizes that Kansans should pursue healthy lifestyles with a focus on wellness – to include physical activity, nutrition, and refraining from tobacco use – as well as through the informed use of health services over their life course. Whenever possible, the Authority intends to implement programs that seek to encourage Kansans to improve their own health. These programs will include evaluation, education, and even incentives. Combined with incentives, providing affordable health care for Kansans may result in more individuals taking advantage of preventive services. Additionally, we will encourage partnerships among health care providers and patients, and incentives for providers and beneficiaries to promote prevention and healthy behaviors will need to be explored.

Responsible Stewardship. The next principle, Stewardship, means that the Authority will operate with the highest level of integrity, responsibility, and transparency for the resources entrusted to us by the citizens and the State of Kansas. First and foremost, the members of the Authority Board will make every effort to ensure that the policy options we put forth balance the best interests of all involved parties, including taxpayers and those that need and provide health services. At the same time, the State has created this as an independent agency to encourage decision making and idea fostering with regard to health care to not be affected by other political forces that commonly affect State agencies. The Authority plans to take advantage of this objective decision making environment that holds such a noble goal in the forefront.

Education and Engagement of the Public. Last but not least, Education and Engagement of the Public calls for Kansans to be educated about both health and health care delivery to encourage public engagement in developing an improved health system for all Kansans. One of the greatest challenges of the health system is communicating its issues outside of the health community. The system is complicated and as a result, it is easy for the public to become disengaged. And yet, every Kansas family is directly affected by their and others' health care costs. This is the reason that the Authority seeks to engage the public in the discussion about improving our health system and also our personal responsibility for our own health.

These vision principles will be used to help guide the Authority in the direction of formulating a comprehensive health agenda to achieve the goals laid out by the legislature.

As required by statute, in 2006, the Kansas Health Policy Authority Board developed and approved an initial set of health indicators that correlate with each vision principle. These indicators will include baseline and trend data on health care, health outcomes, healthy behaviors, KHPA operational integrity, and health costs.

In 2007, these health indicators will be prioritized, reviewed, and approved by the KHPA Board. The next step will be to identify the best way to quantify and measure these indicators to observe changes over time and track the impact of state health policy initiatives. The process for identifying the specific measures to be used will soon be finalized and options will be discussed by the Board in the near future.

On January 22-23, the Board will be holding its annual retreat at the Eldridge Hotel in Lawrence. We will be discussing a number of items as well as hearing from Chairman Barnett, Governor Kathleen Sebelius, and House and Senate leaders regarding their health care goals for the Legislative session. We will also be discussing our goals for the future of health care in Kansas.

As we participate in this legislative process and look to the future, we look forward to working closely with you to advance these ambitious goals to improve the health of all Kansans. I thank you for your time and welcome any of your questions.



KHPA: Legislative History

Marcia J Nielsen PhD MPH
Executive Director, Kansas Health Policy Authority

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K1



- Created in 2005 Legislative Session
- Built on an "Executive Reorganization Order" proposed by the Governor
- Modified by State Legislature to:
 - Create a nine member Board to govern health policy
 - Executive Director reports to Board
 - Added a specific focus on health promotion and data driven policy making

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Kansas Health Policy Authority

- The general charge of the Authority is to:
 - (1) develop and maintain a coordinated health policy agenda that
 - (2) combines effective purchasing and administration of health care
 - (3) with health promotion oriented public health strategies
 - (4) which is driven by health data

2005 Summary of Legislation, Kansas Legislative Research Department

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Kansas Health Policy Authority



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KHPA Board Members

- Nine voting board members
 - Three members appointed by the Governor
 - Six members appointed by legislative leaders.
- Seven nonvoting, *ex officio* members include:
 - Secretaries of Health and Environment, Social and Rehabilitation Services, Administration, and Aging; the Director of Health in the Department of Health and Environment; the Commissioner of Insurance; and the Executive Director of the Authority.

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Programs Transferred to KHPA in 2006

- | | |
|---|---|
| ■ Medicaid (Regular Medicaid) | ■ Medicaid Drug Utilization Review & related programs |
| ■ MediKan | ■ State Employee Health Insurance |
| ■ State Children's Health Insurance Program | ■ State Workers Compensation |
| ■ Ticket to Work/Working Healthy | ■ Health Care Data Governing Board |
| ■ Medicaid Management Information System | ■ Business Health Partnership Program |

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*KHPA: Coordinating health
and health care for a
thriving Kansas*

7



Vision Principles

- Adopted by the Board this fall
- Will provide direction to the Board as they and this agency develops and maintains a coordinated health policy agenda
- Guiding framework of the Board and the work the Agency intends to accomplish

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Six Vision Principles

- Access to Care
- Health and Wellness
- Quality and Efficiency
- Responsible Stewardship
- Affordable and Sustainable Health Care
- Education and Engagement of the Public

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Access to Care

Kansans should have access to patient-centered health care and public health services which ensure the right care, at the right time, and the right place.

- Analyze and seek to eliminate barriers
- Make available non-emergent care options for uninsured populations seeking services

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Quality and Efficiency

The delivery of care in Kansas should emphasize positive outcomes, safety and efficiency and be based on best practices and evidence-based medicine.

- *Health promotion and disease prevention should be integrated*
- *Ensure Kansans receive appropriate care to prevent future health complications*

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Affordable & Sustainable Health Care

The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

- *Access to care must meet the varying needs of Kansans across the State*
- *Accessible stable health system without undermining State's economic growth*

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Health and Wellness

Kansans should pursue healthy lifestyles with a focus on wellness as well as a focus on the informed use of health services over their life course.

- Implement programs to encourage Kansans to improve own health
- Encourage partnerships among providers and patients
- Incentives for providers and beneficiaries will be explored

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Responsible Stewardship

The KHPA will administer the resources entrusted to us by the citizens and the State with the highest level of integrity, responsibility and transparency.

- *Ensure policy options balance best interests of all involved parties*
- *Take advantage of this objective decision-making environment to foster ideas*

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Education & Engagement of the Public

Kansans should be educated about health and health care delivery to encourage public engagement in developing an improved health system for all.

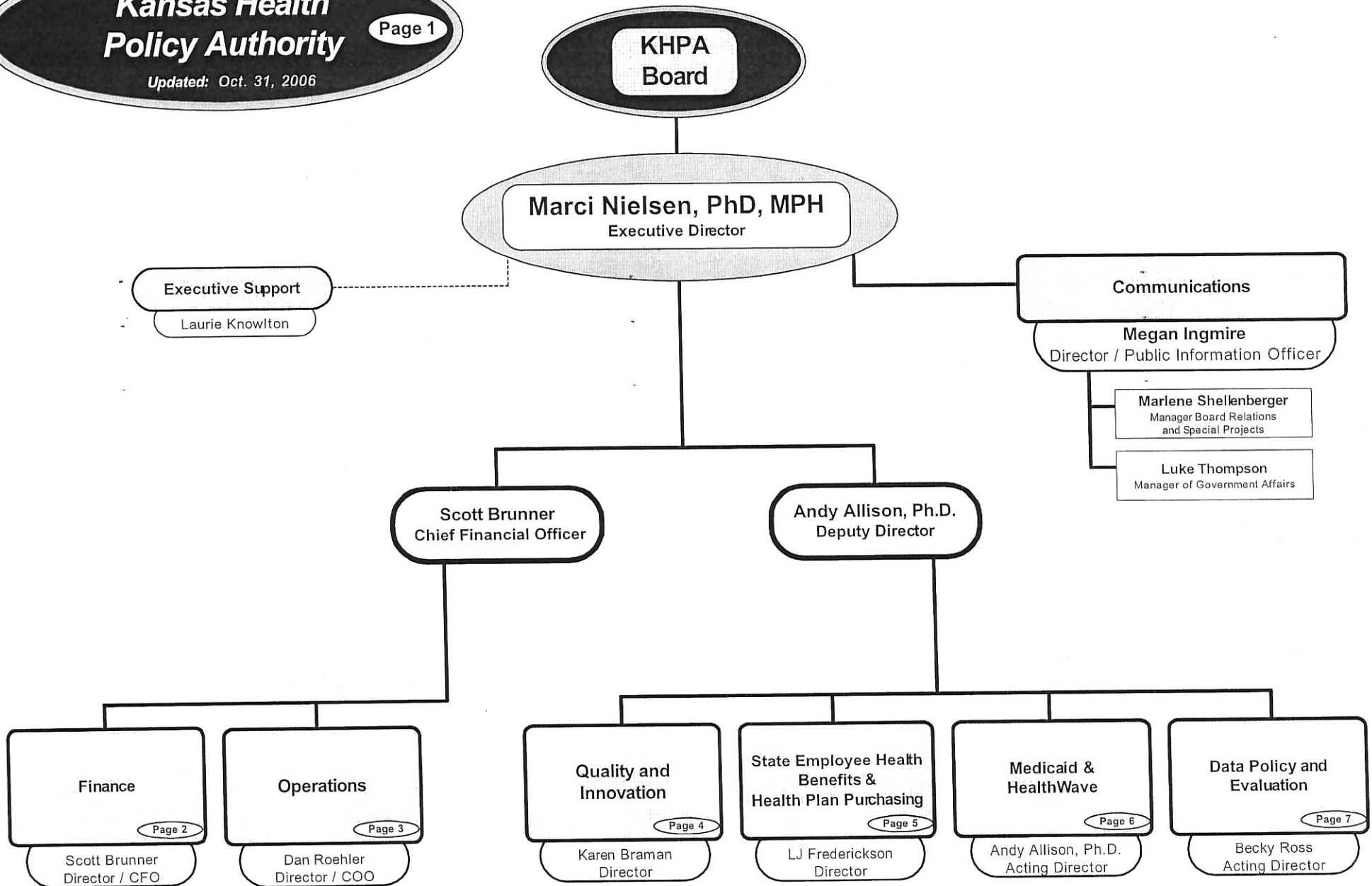
- *Communicate issues outside of the health community*
- *Public engagement key to improving our health system*

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Kansas Health Policy Authority

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Updated: Oct. 31, 2006



Executive Support

Laurie Knowlton

Communications

Megan Ingmire
Director / Public Information Officer

Marlene Shellenberger
Manager Board Relations
and Special Projects

Luke Thompson
Manager of Government Affairs

Scott Brunner
Chief Financial Officer

Andy Allison, Ph.D.
Deputy Director

Finance

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Scott Brunner
Director / CFO

Operations

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Dan Roehler
Director / COO

Quality and
Innovation

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Karen Braman
Director

State Employee Health
Benefits &
Health Plan Purchasing

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LJ Frederickson
Director

Medicaid &
HealthWave

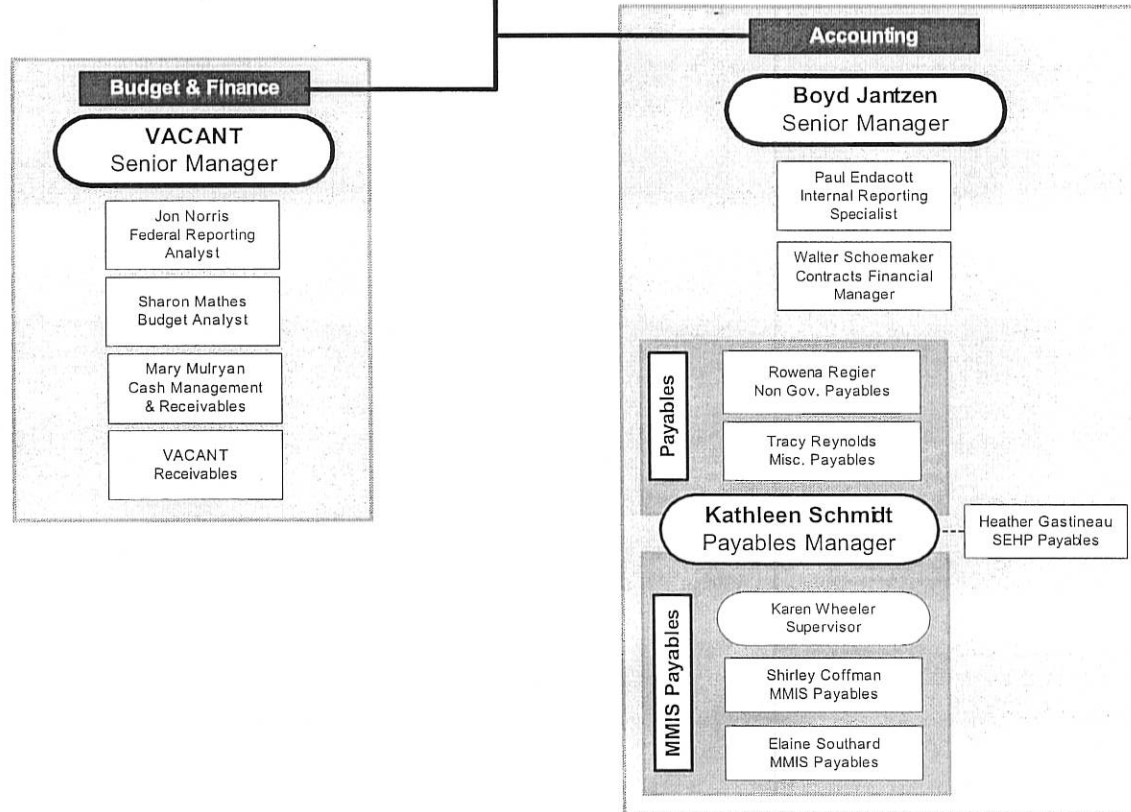
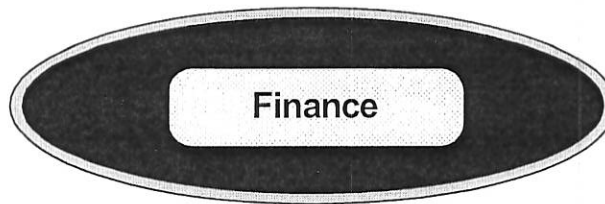
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Andy Allison, Ph.D.
Acting Director

Data Policy and
Evaluation

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Becky Ross
Acting Director



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Operations

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Director / COO

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Support Staff

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Contracts & Regulations

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Jennifer Meyer
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Medical Subrogation

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Estate Recovery

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Spud Kent
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Mary Adkins
Sharon Bolyard

Connie Hafenstine
Ken Hasenbank
Richard Leighty

Cindy Hodges
Retirees &
Direct Bills

Sharon Lewis
Fred Madaus
Chuck Nicholson

John Aureli
T-XIX & T-XXI
Provider Relations

Deb Dumas
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Direct Bills

Jennifer Hoffmans
Flexible Savings
Accounts

Carolyn Bayless
T-XIX & T-XXI
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Active EE Group

Eilene Wason
COBRA, Non-State
Groups

Jeanne Wright
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Jan Sides
Nina Skidmore
Cecil Stout

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(12 "Key Temp" Personnel)

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Purchasing

Wendy Dressler
Facilities &
Web Administrator

DISC Customer
Support

Human Resources

VACANT
Human Resources
Professional

**Quality &
Innovation**

Karen Braman
Director

Dr. Craig Yorke

Chase Finnell

Cheryl Miller

Gretchen Speer

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**State Employee Health Benefits
& Health Plan Purchasing**

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VACANT
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State Self-Insurance Workers Comp.

Doug Hollandsworth
State Self-Ins. Fund
Administrator

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Lori Temple
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Carol Wilken
PCI

Jan Mattingly
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Jacque Murray
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Carrie Doyal
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Heather Prichard
Support Staff

Blythe Stewart
Support Staff

Plan Design & Contract Administration

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Acting Director

Robb Baker
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Nialson Lee
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Oversight and Supervision of
HC Delivery Systems, Benefits & Eligibility

Christiane Swartz
Administrator

Oversight and Supervision of
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Information Systems & Project Management

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Project Mgmt
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VACANT
Program Manager

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Program Manager

Fran Seymour-Hunter
Program Manager

Sandra Akpovona
Program Manager

Thelma Bowhay
Program Manager

Wayne Wallace
Medical Director

Scott Bears
Program Manager

Greta Hamm
Program Manager

Dennise Weichert
Support Staff

Presumptive Disability

Linda Patterson
Disability Examiner

Mark Votaw
Nurse Developer

"Key Temp"
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Case Developers

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Support Staff

Pharmacy

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Pharmacy
Manager

Anne Ferguson
DUR Program
Manager

Bobbie Graff-Hendrixson
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Delivery Systems

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Janelle Garrison
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Mary Truhe
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Eligibility

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Eligibility Manager

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VACANT
Trainer

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Senior Manager

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Claims Administrator

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Project Mgmt Coord.

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Sherry Kearney
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Post Imp. Activities

Lisa Wessel
Mgr, Policy Design
& Research

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Cynthia Ludwig
Mgr, Utilization Review

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Ops. & Contract Spec.

Teresa Graber
Ops. & Contract Spec.

Diane Dreyer
Ops. & Contract Spec.

Kim Wilson
Ops. & Contract Spec.

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Business Analysis & Testing Team

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Business Analyst

Kathy Moen
Business Analyst

Mark Rine
Business Analyst

VACANT
Business Analyst

Pam Smith
Test Coordinator

Connie Montgomery
Senior Manager

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Rolanda Ellis
Manager

Rhonda Kearney
Mgr, Financial Proc.

Janell Williams-Bey
Mgr, Claims Research

Eligibility

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Team Leader

Reyes Labrador
Team Leader

Gayle Myers
Team Leader

Carla Spicka
Team Leader

Tracy Chermak
Lynn Fletchall
Lisa Green
Yvonne May
Cynthany Miler
Sally O'Dell
Gayla Starkey

Rebecca Boucher
Linda Haglegantz
Christie Jacox
Sterling Montgomery
Danielle Swinger
Phyllis Terry

Terry Busby
Justina Campos
Beverly Droge
Martha Rodriguez-Hill
Patty Rosenbaum
Tom Spruill

Tammy Katsbulas
Janice Lewis
Lisa Morgan
Eduardo Nunez
April Perez
Sondra Twombly

Eligibility Specialists

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**Data Policy
and Evaluation**

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Yvonne Wright
Support Staff

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Senior Manager

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Caseload Projections

Sondra Clark
Fiscal Analyst

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Fiscal Analyst

Shana Godby
Ass't Forecaster

Marcia
Boswell-Carney
Fiscal Manager

Halie Fosdick
RHC Manager

Harvey Hillin
Policy & Program
Analyst

Pam McDonald
Fiscal Analyst

Joel Stottlemire
Information
Coordinator

Data Policy & Management

Larry Sherraden
Database Manager

Marilyn Cozad
Applications Dev. II

Murlene Priest
KHIS Manager

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Researcher

Debbie Huske
Strategic Policy
Researcher

Sharon Johnson
Strategic Policy
Researcher

Judy Allman
SEHP Data
Manager

Terri O'Brate
SEHP Data
Analyst



Kansas Health Policy Authority
Coordinating health & health care for a thriving Kansas

MARCIA J. NIELSEN, PhD, MPH
 Executive Director

ANDREW ALLISON, PhD
 Deputy Director

SCOTT BRUNNER
 Chief Financial Officer

ABBREVIATIONS AND ACRONYMS
 Used by Kansas Health Policy Authority
 January 2007

AF	All Funds
AMP	Average Manufacturer Price
APD	Advanced Planning Document
AWP	Average Wholesale Price
CAP	Corrective Action Plan
CMS	Centers for Medicare and Medicaid
COBRA	Consolidated Omnibus Budget Reconciliation Act
CPT	Current Procedural Terminology
DISC	Division of Information Systems and Communications (Dept of Administration)
DRG	Diagnosis Related Group
DSH	Disproportionate Share for Hospitals Program
DSS	Decision Support System
EDS	Electronic Data Systems
ERU	Estate Recovery Unit
FFS	Fee for Service
FPL	Federal Poverty Level
FFY	Federal Fiscal Year
FY	Fiscal Year
GBR	Governor's Budget Recommendations
HCBS	Home and Community Based Services
HCBS/DD	HCBS/Developmentally Disabled
HCBS/FE	HCBS/Frail Elderly
HCBS/TBI	HCBS/Traumatic Brain Injury
HCBS/PD	HCBS/Physically Disabled
HCBS/SED	HCBS/Severe Emotional Disturbance
HCBS/TA	HCBS/Technology Assisted
HCPCS	Healthcare Common Procedure Coding System
HDHP	High Deductible Health Plan
HIE	Health Information Exchange
HIT	Health Information Technology
HSA	Health Savings Account
HW	HealthWave
JJA	Juvenile Justice Authority
KAR	Kansas Administrative Regulation
KBH	KAN Be Healthy
KDHE	Kansas Dept of Health and Environment

Agency Website: www.khpa.ks.gov

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 Fax: 785-368-7180

House Health and Human Services

DATE: 1-18-07

ATTACHMENT 3 -1

KDoA	Kansas Dept of Administration
KDOA	Kansas Dept on Aging
KDOC	Kansas Dept on Corrections
KDOL	Kansas Dept on Labor
KFMC	Kansas Foundation for Medical Care
KHPA	Kansas Health Policy Authority
KPERS	Kansas Public Employee Retirement System
KUMC	Kansas University Medical Center
LEA	Local Education Agencies
LPA	Legislative Post Audit
MA	Medicare Advantage
MCO	Managed Care Organization
MFCU	Medicaid Fraud Control Unit
MITA	Medical Information Technology Access
MMA	Medicare Modernization Act
MMIS	Medical Management Information System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
OIG	Office of Inspector General
P4P	Pay for Performance
PA	Prior Authorization
PBM	Pharmacy Benefits Manager
PDL	Preferred Drug List
PDP	Prescription Drug Plan
PE	Presumptive Eligibility
PLE	Poverty Level Eligible
PMDD	Presumptive Medical Disability Determination
PRTF	Psychiatric Residential Treatment Facility
RBRVS	Resource Based Relative Value System
SCHIP	State Childrens Health Insurance Program
SEHBP	State Employees Health Benefit Plan
SSI	Social Security Income
SSIF	State Self Insurance Fund
SRS	Dept of Social and Rehabilitation
TAF	Temporary Assistance for Families
TPL	Third Party Liability
UMKC	University of Missouri-Kansas City

1-18-07

Acronyms

Used by the Kansas Department of Social and Rehabilitation Services
January 2006

A	
AAA	Area Agencies on Aging
AAPS	Addiction and Prevention Services
ACLSA	Ansell-Casey Life Skills Assessment
ACCESS	Access for Community Care and Effective Community Supports
ACIL	Attendant Care for Independent Living
ADC	Average Daily Census
AFDC	Aid to Families with Dependent Children
AG	Attorney General
AIMS	Automated Information Management System
APS	Adult Protective Services
APHSA	American Public Human Service Association
ASO	Administrative Service Organization
AWP	Average Wholesale Price
B	
BPS	Business Plan Enterprise
C	
CAC	Consumer Advisory Council <i>Child Advocacy Center</i>
CAP	Client Assistance Program
CARE	Client Assessment, Referral and Evaluation
CBH	Cenpatico Behavioral Health, LLC
CBS	Community-Based Service
CCDF	Child Care and Development Fund
CDA	Child Development Associate
CDC	Career Development Center
CDDO	Community Developmental Disability Organization
CFS	Children and Family Services
CFSR	Children and Family Services Review
CIL	Center for Independent Living
CINC/NAN	Children in Need of Care/Non-Abuse Neglect
CIP	Court Improvement Programs
CITO	Chief Information Technology Officer
CBS	Community Based Services
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CRO	Consumer Run Organization
CSAP	Centers for Substance Abuse Prevention
CSE	Child Support Enforcement

CSP	Community Service Provider
CSS	Community Supports and Services
CY	Calendar Year
D	
DAB	Departmental Appeals Board
DD	Developmental Disabilities
DDS	Disability Determination Services
DHPP	Division of Health Policy and Finance
DHS	Department of Human Services
DMIE	Demonstration to Maintain Independence
DOB	Division of the Budget
DOC	Department of Corrections
DRG	Diagnostic Related Groups
DSH	Disproportionate Share for Hospitals
DUR	Drug Utilization Review
E	
EBP	Evidence-Based Practice
EBT	Electronic Benefit Transfer
ECP	Enterprise Circle Plan
EES	Economic and Employment Support
EHS	Early Head Start
ERO	Executive Reorganization Order
ETV	Education and Training Voucher
F	
FBI	Federal Bureau of Investigation
FCSC	Family Centered System of Care
FDA	Food and Drug Administration
FE	Frail Elderly
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
FUL	Federal Upper Limit
FY	Fiscal Year
G	
GA	General Assistance
GBR	Governor's Budget Recommendation
GPRA	Government Performance Results Act
H	
HCAIP	Health Care Access Improvement Panel
HCBS	Home and Community Based Services
HCP	Health Care Policy
HCPF	Health Care Policy Finance

HHA	Home Health Agencies
HHS	Health and Human Services, Department of
HIPPS	Health Insurance Premium Payment System
HIPAA	Health Insurance Portability & Accountability Act of 1996
HMO	Health Maintenance Organization
HR	Human Resources
I	
ICF/MR	Intermediate Care Facility for Persons with Mental Retardation
ICPC	Interstate Compact for the Placement of Children
IDDT	Integrated Dual Diagnosis Treatment
IMD	Institutes for Mental Disease
IPE	Individual Plan for Employment
ISD	Integrated Service Delivery
ITB	Baclofen Intrathecal
ITS	Information Technology Services
IVR	Interactive Voice Response
IWAP	Individual Work Adjustment Plan
IWO	Income Withholding Order
J	
JJA	Juvenile Justice Authority
JRRC	Joint Rules and Regulations Committee
K	
KACCRRRA	Kansas Association of Child Care Resource and Referral Agencies
KAECSES	Kansas Automated Eligibility and Child Support Enforcement System
KAMU	Kansas Society for the Medically Underserved
KBI	Kansas Bureau of Investigation
KCDHH	Kansas Commission for the Deaf and Hard of Hearing
KDHE	Kansas Department of Health and Environment
KDOA	Kansas Department on Aging
KEHS/HS	Kansas Early Head Start/Head Start
KIPBS	Ks Institute for Positive Behavior Supports
KLO	Kansas Lifestyle Outcomes
KNI	Kansas Neurological Institute
KPC	Kansas Payment Center
KQAS	Kansas Quality Assurance Screening
KSA	Kansas Statutes Annotated (Laws)
L	
LEA	Local Education Agencies
LEAP	Leadership, Education, and Advocacy Program
LEP	Limited English Proficiency
LIEAP	Low Income Energy Assistance Program
LJCF	Larned Juvenile Correctional Facility

LMHCF	Larned Mental Health Correctional Facility
LPA	Legislative Post Audit
LSH	Larned State Hospital
M	
MAC	Maximum Allowable Cost
MCO	Managed Care Organization
ME/QC	Medical Eligibility/Quality Control
MH	Mental Health
MMA	Medicare Prescription Drug, Improvement and Modernization Act
MMIS	Medical Management Information System
MOA	Memorandum of Agreement
MOE	Memorandum of Effort
MP/M	Medical Policy/Medicaid
N	
NRC	National Resource Center
NF	Nursing Facility
NFC	(President's) New Freedom Commission
NF/MH	Nursing Facility for Mental Health
NIDA	National Institute of Drug Abuse
NIS	National Immunization Survey
NOM	National Outcome Measures
O	
OACS	Office of Audit and Consulting Services
OIG	Office of Inspector General
OSH	Osawatomie State Hospital
P	
PA	Prior Authorization
PASRR II	Pre-admission Screening and Resident Review (version) II
PASS	Plan for Achieving Self-Support
PATH	Projects for Assistance in Transition from Homelessness
PBS	Positive Behavior Supports
PCCM	Primary Care Case Management/Manager
PD	Physically Disabled
PERM	Payment Error Rate Measure
PGS	Public and Governmental Services
PLE	Poverty Level Eligible
PPG	Performance Partnership Grant
ProDUR	Prospective Drug Utilization Review
PSH&TC	Parsons State Hospital & Training Center
Q	
QA	Quality Assurance

R	
RADAC	Regional Alcohol and Drug Assessment Center
RetroDUR	Retrospective Drug Utilization Review
RFP	Request for Proposal (purchase and grants)
RMHF	Rainbow Mental Health Facility
RPC	Regional Prevention Center
RS	Rehabilitation Services
S	
SACWIS	Statewide Automated Child Welfare Information System
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SCHIP	States Children's Health Insurance Program
SE	Supported Employment
SED	Serious Emotional Disturbance
SGF	State General Fund
SNAP	Simplified Nutrition Assistance Program
SPMI	Severe and Persistent Mental Illness
SPTP	Sexual Predator Treatment Program
SRS	Social & Rehabilitation Services, Department of
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSDI	Social Security Disability Insurance
SSH	State Security Hospital
SSI	Supplemental Security Income
T	
TA	Technology Assistance
TAF	Temporary Assistance for Families
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TEACH	Teacher Education and Compensation Helps
TMA	Transitional Medical Assistance
TPL	Third Party Liability
U	
USDA	United States Department of Agriculture
V	
VNS	Vagus Nerve Stimulation
VR	Vocational Rehabilitation
W	
WKAC	Western Kansas Assessment Center
WORK	Work Opportunities Reward Kansans

**Kansas Department of Social and Rehabilitation Services
Don Jordan, Acting Secretary**

House Health and Human Services
January 17, 2007

Overview Questions

Has Osawatomie State Hospital ever had a waiting list?

There is no record that OSH has ever instituted a waiting list. All admissions screened and approved for admission by a CMHC have been accepted on arrival. We would be happy to pull specific records if we have specific names. Statute requires that this only occurs by the SRS Secretary and with notice to courts.

On rare occasion, when the hospital is at capacity, the CMHC's have been asked to consider delaying an admission if a person being screened was already in another psychiatric hospital. This was completely voluntary on the part of the CMHC and the request was general, not related to any specific patient. It is always understood with the CMHC's that if an admission is approved, we will accept the admission. We have no data that would indicate whether a CMHC chose to delay an admission.

SRS contacted Judge Wheeler. Judge Wheeler is not aware of any difficulty with admitting someone into OSH. His concern is that a person is assessed as needing admission to the state hospital due to mental illness and then discharged without notice to the courts, sometimes in just 24 hours. In just the last week, Judge Wheeler wrote a letter to Superintendent Valentine asking that he look into a specific case where this occurred.

What is the prevalence of SPMI in prisons and the homeless populations.

Prison System and SPMI:

As reported during a Nov. 21, 2006 presentation from KDOC to the House Public Safety Budget Committee on the KDOC mental health programs:

"Of those with Serious Axis I diagnoses, the number of inmates classified as Special Needs averaged 718 per month for FY2004, 894 for FY2005, and on November 16, 2006, the number was 723. This group, approximately 8% of the population, generally contains inmates with criteria that the mental health provider considers most likely to meet the community SPMI criteria."

Best estimates as of May 2006 indicate that of the 9100 inmates, 10% are assessed as SPMI.

Homelessness and SPMI:

Data from the Mental Health System (AIMS) indicates that 728 or 5% of individuals receiving any services at a Community Mental Health Center were identified as SPMI and homeless.

Provide more information about the Child Welfare slide. Why is there such a distinction between the numbers of cases investigated and the ones requiring SRS involvement?

Abuse and Neglect Reports (Including Non-Abuse/Neglect Reports)

When a report alleging abuse/neglect or that a family is in need of services is made to SRS, an initial assessment of the information is completed by a licensed social worker. During the assessment process, the social worker will review information in the report, review past history of the family and alleged perpetrator, potentially talk further with the reporter or talk with others involved in the report for additional information. After this assessment, the social worker determines if an investigation and/or further assessment is needed or if the report will be closed with no further action warranted.

A large percentage of intake reports received by this agency do not meet the criteria for investigation and/or further assessment. Examples would include the following:

- Parent forgot child at department store, or forgot to pick up at school, etc. Parents returned after a few minutes.
- Three year old in the street a few minutes before parent noticed and retrieved the child from the street.
- Parent's actions protects a child from a greater harm, for example, grabbing a child running out in front of a car or reaching for a pan off a hot stove
- Past CFS assessment does not indicate risk or safety factors

Investigations

The criteria for further investigation and/or assessment by the agency is based on the K.A.R. 30-46-10 definitions of abuse/neglect. During the investigation process, the social worker will interview the alleged victim, alleged perpetrator, parents/care-giver for the alleged victim, witnesses, and any other contacts who may have information regarding the concerns. The investigation comprises the fact-finding activities of the

case. During this same time period, the social worker is also conducting an assessment of the family's strength and need for supportive services, as well as assessing the risk factors for the family and ensuring the safety of the child(ren). This assessment also includes completing a case finding. The purpose of the case finding is to determine if the identified perpetrator poses a danger to children and should be entered into the Central Registry.

Families Meeting Criteria for SRS Involvement

After completing an investigation and/further assessment of the family's situation, SRS may determine the child/family are in need of supportive services. If the child can remain at home with services, SRS could make a referral to community resources through a family services case or make a referral to the family preservation contractor for more therapeutic and intensive services. However, if the safety of the child(ren) is at risk, placing a child in foster care may be recommended. The criteria for these services are based on the social worker's professional assessment of the family and the intensity level of services needed to address the risk of safety.

Adjudicated to Foster Care

Reintegration/Foster care services are provided to children and families when the court has found the child to be in need of care and the parents are not able to meet the safety and care needs of the child. Approximately half of the children who require foster care have been abused or neglected and have significant developmental, physical, and emotional needs, which require an array of services and care options. The other half of children who come into foster care are the children/youth who may have out-of-control behavior, are truant, are running away from home, and/or have substance abuse or mental health concerns whose families are feeling overwhelmed and not able to handle the child/youth's needs.

Clarification on the Traumatic Brain Injury Waiver.

In FY 2006, the average number of consumers served per month on the TBI waiver was 168. The number is going up for FY 2007. In October of this fiscal year we served 187, which is higher than any month in FY 2006.

Attached is a listing of acronyms frequently used by SRS.