

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on March 12, 2008, in Room 514-S of the Capitol.

All members were present except Representatives Ballard and George who were excused.

Committee staff present:

Kimbra Caywood McCarthy, Kansas Legislative Research Department  
Nobuko Folmsbee, Office of Revisor of Statutes  
Judy Holliday, Committee Assistant

Conferees appearing before the committee:

Representative Nile Dillmore  
Jane Rhys, Executive Director, Kansas Council on Developmental Disabilities  
Ray Dalton, Deputy Secretary, Department of Social and Rehabilitative Services  
Bill McDaniel, Commissioner of Programs and Nursing, Kansas Department on Aging  
Kathy Lobb, Legislative Liaison, Self-Advocate Coalition of Kansas  
Matt Fletcher, Associate Director, InterHab  
Maury Thompson, Executive Director, Johnson County Developmental Supports, Johnson County  
Ron Pasmore, Executive Director, KETCH, Wichita  
Gary Daniels, Former Secretary, Department of Social and Rehabilitative Services  
Patty Knauff, Director Human Resources, KETCH, Wichita  
Donald Wilson, Hutchinson  
Andrea McMurray, Direct Support Supervisor, Cottonwood, Lawrence  
Coelet Galloway-Obu, Direct Support Professional, Cottonwood, Lawrence  
Carolyn Hill, Executive Director, Starkey, Wichita  
Reverend Michael and Mrs. Shelly Dunaway, Hiawatha  
Wendy Parent, Associate Professor, University of Kansas  
Bill Craig, Executive Director, Lakemary Center, Paola  
Tom Laing, Executive Director, InterHab

Written testimony submitted:

Mike Oxford, Executive Director, Topeka Independent Living Resource Center  
Lori Feldkamp, Executive Director, Big Lakes Developmental Services, Manhattan  
Jennifer Schwartz on behalf of Statewide Independent Living Council of Kansas, Inc. (SILCK),  
and Kansas Association of Centers for Independent Living (KACIL)  
Angela Bauer, Parent Support Specialist, Families Together, Inc.

Others attending:

See attached list

**Continued hearing on HB 2761--Home and community based services under DD, PD, FE and TBI medicaid waivers, waiting lists, service provider rates, multi-year appropriations.**

Kathy Lobb, Legislative Liaison, Self-Advocate Coalition of Kansas, testified as a proponent of **HB 2761**. (Attachment 1) Ms. Lobb told the Committee about her opportunities to own her own home, pay taxes, receive services, and live independently. Empowering people to become more independent ultimately saves money for the state. She called attention to the people on the waiting list and the fact that as people go off the list, more go on. She appealed to the Committee to adjust the wages for direct care staff to enable them to earn a decent living wage.

Jane Rhys, Executive Director, Kansas Council on Developmental Disabilities, testified as a proponent of **HB 2761**. (Attachment 2) Ms. Rhys stated that her agency receives no state funds. The mission of the agency is to advocate for individuals with developmental disabilities to receive the supports they need to make choices about where they live, work, and learn. A developmental disability occurs before age 22 and results in major functional limitation in three or more areas of major life activity such as self-care, mobility, and economic self-sufficiency, and requires lifelong supports.

## CONTINUATION SHEET

MINUTES OF THE House Social Services Budget Committee at 3:30 p.m. on March 12, 2008, in Room 514-S of the Capitol.

In March 2008, of the 1413 adults and families with children waiting for services, none received Developmental Disabilities services. Kansas spends three to four times the amount for residents in a state hospital that they spend for individuals served in the community. An additional 2,032 persons from all areas of the state are waiting for additional services.

Representative Nile Dillmore testified as a proponent of **HB 2761**. (Attachment 3) Representative Dillmore told the Committee his testimony was a result of the many letters he received during the interim in support of **HB 2761**. He shared a letter from a staff member of KETCH, which provides services for the mentally retarded and developmentally disabled. The letter told of a patient in the facility and how her behaviors were influenced by the turnover in staff. This turnover would be eliminated if they received adequate pay.

Ray Dalton, Deputy Secretary, Department of Social and Rehabilitative Services, testified as a proponent of **HB 2761**. (Attachment 4) **HB 2761** provides funding over a three-year period for three of the Home and Community Based Services Waivers administered by SRS: the Mentally Retarded/Developmentally Disabled Waiver; the Physical Disabilities Waiver; and the Traumatic Brain Injury Waiver. These programs are funded through a combination of federal and state funding (60/40).

Mr. Dalton called the Committee's attention to charts at the back of his testimony regarding estimated waiver costs, average number of persons served, cost per person, and budget increases for each of the Waiver programs.

Bill McDaniel, Commissioner of Programs and Nursing, Kansas Department on Aging (KDOA), testified as neutral on **HB 2761**. (Attachment 5) His testimony dealt with the Home and Community Based Services-Frail Elderly (HCBS-FE). This waiver has allowed the State of Kansas to meet the needs of seniors aged 65 or older in their homes and communities. The HCBS-FE Waiver does not have a waiting list at this time. Seniors prefer to live in the community and the HCBS-FE services are a cost-effective alternative to nursing home care. The services provided focus on independence, productivity, and community living. Wages paid to community direct care staff through reimbursement rates to providers needs to be addressed.

Matt Fletcher, Associate Director, InterHab, testified as a proponent of **HB 2761**. (Attachment 6) Mr. Fletcher called the Committee's attention to Article Seven of our State Constitution, stating that the government was to provide for the welfare of persons with disabilities. Between 1880 and 1960, institutions for the developmentally disabled were opened (Winfield, Parsons, Norton, and KNI and Cappers in Topeka). Starkey in Wichita opened in 1930 to provide supports for persons in the community. Public perceptions changed about the developmentally disabled, first through education, then through community-based services as alternatives to institutional care.

Mr. Fletcher noted that reimbursement rates to providers since 1995 have increased only five times in thirteen years, and that if the Legislature gave the same yearly cost-of-living adjustments to this program there wouldn't be a need for **HB 2761**.

Mr. Fletcher discussed the wages and benefits for Direct Support Professionals which are the backbone of the service system. Although they provide constant support for persons with severe disabilities by cooking meals, bathing, etc., they are paid only \$8.83 per hour. The result is a high and costly staff turnover. If raising wages for State-employed Direct Service Providers helps curb rising turnover in state institutional positions, it will do the same in communities across Kansas.

Maury Thompson, Executive Director, Johnson County Developmental Supports, testified as a proponent of **HB 2761**. (Attachment 7) Mr. Thompson spoke to the changes experienced in the community developmental disability system the future of the community developmental disability system and the Legislature's role in that future; the waiting list and the underfinanced reimbursement rates for the Home and Community Based Services waiver.

Ron Pasmore, President and CEO, KETCH, Wichita, testified as a proponent of **HB 2761**. (Attachment 8) Mr. Pasmore told the Committee that early in his career at Winfield State Hospital, state institutions were the primary network of care for persons with developmental disabilities because there was no place for them in

## CONTINUATION SHEET

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their community. They lived their entire lives in the institution setting. Now, through the network of the community service system, there are places in the community for persons with disabilities where they can live, work, and thrive. This is made possible by a dedicated staff, a responsive business community in which jobs are available, responsive state and community funding sources, and persons with disabilities who have the courage and desire to strive for greater self-sufficiency.

The most troubling problem is the inadequate workforce to meet all of needs of those served. The state institutions for the past served all who sought their services often without sufficient resources to meet the increase in demand. The community network is faced with much of the same challenge today.

Gary Daniels, Former Secretary, Department of Social and Rehabilitative Services, testified as a proponent of **HB 2761**. (Attachment 9) Mr. Daniels served as superintendent at Parsons State Hospital working with persons with disabilities. He called attention to the support of people with disabilities by the State Legislature since the formation of statehood and in the Kansas constitution.

The passing of the Developmental Disability Reform Act of 1996, and more recently the Five-year Strategic Plan presented to this group in 2005, outlined goals in setting public policy, community capacity building, service delivery, and financing. Mr. Daniels stated that Kansas has earned an enviable reputation as a leader in services and programs for the disabled.

Donald Wilson, Hutchinson, testified as a proponent of **HB 2761**. (Attachment 10) Mr. Wilson was a resident at Parson's State Hospital for seven years before moving to TECH at Hutchinson. Since then, he moved to his own apartment where he has lived for 15 years. He has trainers who help him budget his money and buy groceries. He has worked at Carlos O'Kelly's for almost 10 years. He enjoys fund-raising, bowling, and swimming, and is a certified scuba diver. His story wouldn't be possible without access to the community services available to him. He urged support of **HB 2761**.

Patty Knauff, Director Human Resources, KETCH, Wichita, testified as a proponent of **HB 2761**. (Attachment 11) Ms. Knauff told the Committee her job is to locate and hire staff to keep the agency running, and how the many barriers that are in place keep potential staff from being hired. Even when someone is hired, there is still high turnover due to the low wages offered and the opportunity for other employment. She stressed that rate increases to the direct care staff helps to not only retain that staff, but benefits those persons served.

Andrea McMurray, Direct Support Supervisor, Cottonwood, Inc., Lawrence, testified as a proponent of **HB 2761**. (Attachment 12) Ms. McMurray started at Cottonwood while in school fifteen years ago and still makes a wage classified by government standards as below poverty level. In fact, the direct service professionals working in the state's institutions start at \$12.05 per hour; she has worked 15 years at Cottonwood and still don't make that much. Direct service positions are considered entry level, but the many tasks she does—bookkeeping, medication monitoring, financial counseling, property management, emergency response, driving, etc.—if taken individually would all pay more. She receives ongoing education and is always improving her work skills. Yet, in spite of the high skill level required, the low wages paid makes for constant turnover, position openings and an inconsistent workforce. The effect this can have on the consumers is devastating, because they need staff who will be there, know their needs, treats them with dignity, build trust, security and self-worth. By passing **HB 2761**, good staff will stay and the people served will benefit.

Coelet Galloway-Obu, Direct Support Professional, Cottonwood, Inc., Lawrence, testified as a proponent of **HB 2761**. (Attachment 13) Ms. Galloway-Obu stated that direct care professionals greatly impact people with disabilities, and she loves her job. However, her wage is \$8.83 compared to \$12.05 earned by state direct care workers for the same work. Ms. Galloway-Obu told the Committee that if the low wages continue, it will be impossible to keep qualified, trained direct support professionals employed at Cottonwood.

Carolyn Hill, Executive Director, Starkey, Inc., Wichita, testified as a proponent of **HB 2761**. (Attachment 14) Ms. Hill reminded the Committee that one year ago she shared with them examples of the challenges Starkey and others face in supporting people with the dual diagnosis of an intellectual disability and a mental illness. She stated this situation has worsened and a tragedy that would result in immediate changes to our state system is seconds away.

CONTINUATION SHEET

MINUTES OF THE House Social Services Budget Committee at 3:30 p.m. on March 12, 2008, in Room 514-S of the Capitol.

Ms. Hill related the story of a patient who because of dual diagnosis is at times violent and requires restraints, often resulting in injury to staff members. Starkey has tried with limited success to gain access to mental health facilities or state hospitals. She posed the question, If community hospitals will not treat individuals with dual diagnosis, if mental health facilities refuse admission because these individuals are considered too violent, and if there are no beds for them at state hospitals, who do they turn to for consultation and support? She stated that the Social and Rehabilitative Services regulations have not been updated for more than a decade, and they do not support Starkey in meeting the needs they are trying to address today.

Ms. Hill stated that the risk they are confronting is enormous—to the individual, to the other people they serve, to the staff, and to the organization. It only takes one incident to cause permanent injury, disability or death, one allegation of suspected abuse or neglect, to devastate an organization.

Mrs. Shelly Dunaway provided testimony as a proponent of **HB 2761**. (Attachment 15) Mrs. Dunaway told the Committee her son, Corey, is a 19-year old with Down Syndrome. She and her family chose to reside in Hiawatha partially because of the services they understood would be available to Corey from Brown County Developmental Services upon graduation from high school in 2008. They recently found out that he is 1,926 on the statewide waiting list for services, which means he won't graduate for two more years.

Mrs. Dunaway told the Committee that being forced to spend time on a 'waiting list' stifles the children's enthusiasm and momentum, and frustrates their desire for independence as they wait to become a productive member of society.

Wendy Parent, Associate Professor, University of Kansas, testified as a proponent of **HB 2761**. (Attachment 16). Ms. Parent provided statistics on the number of disabled workers in the United States, and the number of those who are employed. She reported that statistics show there are more jobs than people to fill them, and that the labor force needs these workers. Employers have reported that their employees with disabilities perform as well or better than the nondisabled coworkers, are as dependable and productive, and costs for accommodations were minimal and worth the expense. She stated that individuals who work in competitive jobs become tax-paying citizens contributing to our economy, rather than receiving government subsidies.

Bill Craig, Executive Director, Lakemary Center, Paola, testified as a proponent of **HB 2761**. (Attachment 17) Mr. Craig told the Committee his personal story of being a parent to a son with significant disabilities that will require lifelong care. He stated that investing taxpayer funds for 18 years in persons with disabilities and watching them languish while on the state's waiting list is frustrating to the client and the families. The skills learned, as well as their enthusiasm, are quickly lost as they sit and wait.

Tom Laing, Executive Director, InterHab, testified as a proponent of **HB 2761**. (Attachment 18) Mr. Laing told the Committee that **HB 2761** was a legislative effort to address the challenges facing the statewide network and by eliminating the waiting lists, to ensure quality based community expansion of services. He provided the Committee with pictures of "Madison," a Down Syndrome child with significant medical challenges. He told the Committee that the next chapter of the story of Madison's future is one that they will write.

Written testimony only on **HB 2761** from:

Mike Oxford, Executive Director, Topeka Independent Living Resource Center (Attachment 19)

Lori Feldkamp, Executive Director, Big Lakes Developmental Services, Manhattan (Attachment 20)

Jennifer Schwartz on behalf of Statewide Independent Living Council of Kansas, Inc. (SILCK), and Kansas Association of Centers for Independent Living (KACIL) (Attachment 21)

Angela Bauer, Parent Support Specialist, Families Together, Inc. (Attachment 22)

The hearing was closed on **HB 2761**.

The meeting adjourned at 5:50 p.m. The next meeting will be on Thursday, March 13.

# HOUSE SOCIAL SERVICES COMMITTEE GUEST LIST

DATE: 3-12-08

| NAME                | REPRESENTING                                    |
|---------------------|---|
| Pat Eaker           | KEOC  |
| Mary Pearson        | KEOC Intern                                     |
| Kathy Johnson       | TARC, Topeka, Ks                                |
| Donald Wilson       | Tech  |
| Angela Woodruff     | TECH, Inc                                       |
| Grinda Loch         | BCDS Inc.                                       |
| Shelley Dunaway     | parent of child on waiting list                 |
| Angie Bauer         | Parent/Families Together                        |
| Jennifer Schreiner  | Parent  |
| Mary Ann Keating    | TARC  |
| Pia McEllwain       | Jwin Rivers                                     |
| Cliff Sperry        | CLASS LTD - <sup>COPO &amp;</sup> <sub>SK</sub> |
| Marty Crane         | Jwin Rivers                                     |
| Alise Lackey        | NICTC   |
| Jennifer Schwartz   | KACH  |
| Rebecca Hoff        | SKIL  |
| Erin Roberts        | Interhab  |
| Marilyn L. Thompson | Johnson County Developmental Sup.               |
| RON PASMORE         | KETCH   |

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# HOUSE SOCIAL SERVICES COMMITTEE GUEST LIST

DATE: 3-12-08

| NAME                 | REPRESENTING                         |
|----------------------|--------------------------------------|
| LURENA MEAN          | JCPD                                 |
| Gattie Knauff        | KETCH                                |
| Sheri Holmes         | Cottonwood Inc.                      |
| ANDREA MCMURRAY      | COTTONWOOD, Inc.                     |
| Colet Galloway OBU   | COTTONWOOD Inc.                      |
| Jane Rhys            | KCAD                                 |
| <del>Robby</del> LEB | SACK                                 |
| Craig Knutson        | SACK                                 |
| MATT FLETCHER        | INTERHAB                             |
| GARY DANIELS         | <del>Persons with disabilities</del> |
| Bill Craig           | Lakemary                             |
| Carolyn Kiskey Hill  | Starkey, Wichita                     |
| Kay Seeler           | KDOA                                 |
| Barb Cozart          | KDOA                                 |
| Dave Ranney          | KHI                                  |
|                      |                                      |
|                      |                                      |
|                      |                                      |
|                      |                                      |



Promoting empowerment and Independence.

Dear legislators,

I am a Self Advocate from the Self Advocate Coalition of Kansas representing people with developmental disabilities. I would encourage you to support HB 2761 and help people to come off the waiting list for Developmental Disability services. All people have the right to live and receive services in the community. Living in the community promotes empowerment and independence. For example, thanks to the opportunity to live in the community, I own my own home and have paid taxes on it for the last nine years. Ultimately, empowering people to become more independent results in saving money for the state in the long run. I hope you will support this important bill to eliminate the waiting list for developmental disability services in Kansas.

Sincerely,

Kathy Lobb

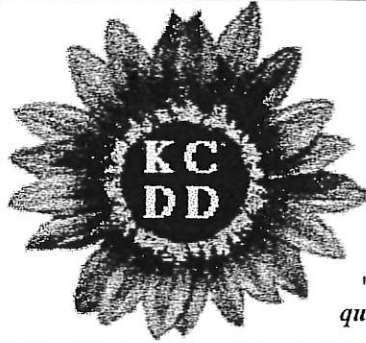
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*House social Services Budget Committee  
March 12, 2008  
Attachment 1*



## ***Kansas Council on Developmental Disabilities***

KATHLEEN SEBELIUS, Governor  
Scott Shepherd, Chairperson  
JANE RHYS, Ph. D., Executive Director  
kcdd@alltel.net

Docking State Off. Bldg., Room 141, 915 SW Harrison  
Topeka, KS 66612-1570  
Phone (785) 296-2608, FAX (785) 296-2861  
<http://kcdd.org>

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

### **HOUSE SOCIAL SERVICES BUDGET COMMITTEE**

**March 12, 2008**

Testimony in Regard to House Bill 2761, AN ACT making and concerning appropriations for the fiscal years ending June 30, 2009, June 30, 2010, June 30, 2011, and June 30, 2012, for the Department On Aging and the Department Of Social And Rehabilitation Services.

Mr. Chairman, Members of the Committee, I am appearing today on behalf of the Kansas Council on Developmental Disabilities in support of H.B.2761.

The Kansas Council is federally mandated and funded under the Developmental Disabilities Assistance and Bill of Rights Act of 2000. We receive no state funds. Members are appointed by the Governor and include primary consumers, immediate family, and representatives of the major agencies who provide services for individuals with developmental disabilities. Our mission is to advocate for individuals with developmental disabilities to receive adequate supports to make choices about where they live, work, and learn. The Council is a member of the Big Tent Coalition and supports the budget requests as adopted by the coalition and presented to you yesterday by Rocky Nichols.

A Developmental Disability occurs before age 22, is lifelong, and results in major substantial functional limitation in three or more areas of major life activity such as self-care, mobility, and economic self-sufficiency. These disabilities require lifelong supports.

You have heard from us before regarding the issue of large waiting lists for people with developmental disabilities. The last time there were no persons waiting for DD services in Kansas was 1998. As of March 7, 2008, there are **1,413 adults and family members with children** who are waiting for services; these individuals receive no DD services. As others have noted, Kansas spends from **\$120,000 to \$170,000 per year** for each individual who resides in a state hospital and approximately \$39,000 for

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March 12, 2008  
Attachment 2-1*



individuals served in the community. There are few differences in these two populations – people with very severe disabilities live in both settings.

In addition, there are **2,032 persons waiting for additional services**. They receive some services but are in need of more as is shown in Attachment 3. They are also from all areas of the state. We know that this is a population whose services are expensive, due to the nature and severity of the disability and there are no cures. We also appreciate the additional funds that you and the Governor have put in the DD budget for many years. We have been patient while watching the numbers of people waiting for services increase dramatically. We want to know when it will be our turn.

This bill is a comprehensive three-year plan that will enable Kansas to greatly reduce our waiting list in developmental disabilities and keep the very low waiting lists for those on the Frail Elderly, Attendant Care for Independent Living, Physical Disability, and Traumatic Brain Injured Home and Community Based Services Waivers. This Bill addresses our concerns, including concerns about adequate pay for direct care workers. Therefore, we urge you to pass this Bill. It is the right thing to do for the many people in Kansas who, through no fault of their own, have a disability and need services to stay in their community as active members.

Thank you for your time and I would be happy to answer any questions.

Jane Rhys, Ph.D., Executive Director  
Kansas Council on Developmental Disabilities  
Docking State Office Building, Room 141  
915 SW Harrison  
Topeka, KS 66612-1570  
785 296-2608  
jrhys@alltel.net

## Monthly Unserved Report

Date of Report: 03/07/2008

|                            | Adults    |            |               |                |                | Families  |            |               |                |                |
|----------------------------|-----------|------------|---------------|----------------|----------------|-----------|------------|---------------|----------------|----------------|
|                            | Immediate | Past Due   | Within 1 Year | Within 2 Years | Within 3 Years | Immediate | Past Due   | Within 1 Year | Within 2 Years | Within 3 Years |
| Achievement Services       | 1         | 6          | 3             | 0              | 0              | 0         | 3          | 0             | 0              | 0              |
| Arrowhead West Inc         | 2         | 16         | 3             | 1              | 0              | 0         | 3          | 0             | 0              | 0              |
| Big Lakes                  | 2         | 3          | 3             | 2              | 0              | 0         | 12         | 2             | 0              | 0              |
| Brown Co Dvlpmntl Ctr      | 0         | 4          | 1             | 0              | 0              | 1         | 2          | 0             | 0              | 0              |
| CLASS Ltd                  | 2         | 29         | 1             | 0              | 0              | 6         | 30         | 0             | 3              | 0              |
| COF                        | 0         | 8          | 2             | 0              | 0              | 2         | 9          | 1             | 0              | 0              |
| ComCare                    | 17        | 177        | 30            | 12             | 4              | 9         | 175        | 10            | 7              | 4              |
| Cottonwood                 | 0         | 10         | 1             | 0              | 0              | 0         | 2          | 0             | 0              | 1              |
| Cowley County Dev Services | 2         | 9          | 1             | 0              | 0              | 0         | 1          | 0             | 0              | 0              |
| DPOK                       | 2         | 17         | 1             | 1              | 0              | 3         | 10         | 0             | 0              | 0              |
| DSNWK                      | 2         | 33         | 4             | 4              | 2              | 1         | 9          | 0             | 0              | 0              |
| Flinthills                 | 0         | 6          | 0             | 1              | 0              | 1         | 18         | 0             | 0              | 0              |
| Futures Unlimited          | 1         | 8          | 0             | 0              | 1              | 0         | 1          | 1             | 1              | 0              |
| Harvey-Marion County CDDO  | 1         | 19         | 0             | 0              | 1              | 1         | 6          | 2             | 1              | 0              |
| Hetlinger Dev Services     | 2         | 25         | 0             | 0              | 0              | 1         | 16         | 0             | 1              | 2              |
| JCDS                       | 5         | 82         | 5             | 3              | 1              | 10        | 155        | 9             | 6              | 1              |
| MCDS                       | 1         | 4          | 0             | 0              | 0              | 0         | 7          | 0             | 0              | 0              |
| Nemaha Co Trng Ctr         | 0         | 0          | 1             | 0              | 0              | 0         | 0          | 0             | 0              | 0              |
| New Beginnings             | 1         | 1          | 0             | 0              | 0              | 0         | 7          | 0             | 0              | 1              |
| Riverside Resources        | 2         | 12         | 0             | 1              | 1              | 1         | 8          | 0             | 1              | 0              |
| SDSI                       | 3         | 54         | 1             | 0              | 0              | 7         | 30         | 2             | 1              | 0              |
| TARC                       | 4         | 28         | 1             | 0              | 0              | 3         | 25         | 1             | 0              | 0              |
| TECH                       | 2         | 21         | 0             | 1              | 0              | 2         | 11         | 0             | 1              | 1              |
| Tri-Ko                     | 2         | 5          | 0             | 0              | 0              | 0         | 8          | 1             | 0              | 0              |
| Tri-Valley                 | 1         | 20         | 0             | 0              | 0              | 1         | 3          | 0             | 0              | 3              |
| Twin Valley                | 0         | 1          | 0             | 0              | 0              | 0         | 1          | 0             | 0              | 0              |
| Wyandotte CDDO             | 4         | 43         | 4             | 1              | 2              | 2         | 18         | 1             | 3              | 1              |
| <b>Totals</b>              | <b>59</b> | <b>641</b> | <b>62</b>     | <b>27</b>      | <b>12</b>      | <b>51</b> | <b>570</b> | <b>30</b>     | <b>25</b>      | <b>14</b>      |
| Number of CDDOs            | 27        |            |               |                |                |           |            |               |                |                |

### Summary Of Unserved Adults And Families

| CDDO                  | Adults                       |            |                  |                     |                        |                          | Families                     |           |                  |                     |                        |                          |
|-----------------------|------------------------------|------------|------------------|---------------------|------------------------|--------------------------|------------------------------|-----------|------------------|---------------------|------------------------|--------------------------|
|                       | Unduplicated Number Unserved | Day Only   | Residential Only | Day And Residential | In Home Family Support | Direct Financial Support | Unduplicated Number Unserved | Day Only  | Residential Only | Day And Residential | In Home Family Support | Direct Financial Support |
| Achievement Services  | 10                           | 4          | 1                | 5                   | 0                      | 0                        | 3                            | 0         | 1                | 0                   | 0                      | 2                        |
| Arrowhead West Inc    | 22                           | 11         | 3                | 5                   | 7                      | 0                        | 3                            | 0         | 0                | 0                   | 3                      | 0                        |
| Big Lakes             | 10                           | 1          | 0                | 9                   | 2                      | 0                        | 15                           | 1         | 0                | 1                   | 6                      | 14                       |
| Brown Co Dvlpmntl Ct  | 5                            | 2          | 0                | 3                   | 1                      | 0                        | 3                            | 0         | 0                | 0                   | 0                      | 3                        |
| CLASS Ltd             | 32                           | 5          | 2                | 25                  | 7                      | 0                        | 40                           | 1         | 1                | 13                  | 35                     | 17                       |
| COF                   | 10                           | 0          | 0                | 10                  | 1                      | 0                        | 13                           | 0         | 0                | 2                   | 6                      | 7                        |
| ComCare               | 240                          | 59         | 21               | 144                 | 82                     | 5                        | 206                          | 10        | 2                | 15                  | 175                    | 105                      |
| Cottonwood            | 11                           | 3          | 0                | 8                   | 0                      | 1                        | 3                            | 1         | 0                | 0                   | 1                      | 1                        |
| Cowley County Dev S   | 12                           | 1          | 0                | 10                  | 3                      | 1                        | 1                            | 0         | 0                | 0                   | 1                      | 0                        |
| DPOK                  | 21                           | 2          | 1                | 16                  | 5                      | 0                        | 13                           | 0         | 0                | 4                   | 13                     | 1                        |
| DSNWK                 | 45                           | 10         | 6                | 28                  | 8                      | 1                        | 11                           | 0         | 0                | 1                   | 9                      | 2                        |
| Flinthills            | 7                            | 2          | 0                | 5                   | 2                      | 0                        | 19                           | 0         | 1                | 1                   | 14                     | 10                       |
| Futures Unlimited     | 10                           | 3          | 0                | 4                   | 7                      | 2                        | 3                            | 1         | 0                | 1                   | 2                      | 1                        |
| Harvey-Marion County  | 21                           | 6          | 3                | 11                  | 7                      | 0                        | 10                           | 0         | 1                | 4                   | 7                      | 0                        |
| Hellinger Dev Service | 27                           | 4          | 3                | 20                  | 8                      | 0                        | 20                           | 0         | 2                | 1                   | 20                     | 12                       |
| JCDS                  | 96                           | 11         | 14               | 67                  | 45                     | 15                       | 181                          | 1         | 14               | 8                   | 174                    | 98                       |
| MCDS                  | 5                            | 0          | 0                | 4                   | 2                      | 0                        | 7                            | 0         | 0                | 0                   | 6                      | 4                        |
| Nemaha Co Trng Ctr    | 1                            | 0          | 1                | 0                   | 0                      | 0                        | 0                            | 0         | 0                | 0                   | 0                      | 0                        |
| New Beginnings        | 2                            | 0          | 0                | 1                   | 1                      | 0                        | 8                            | 0         | 0                | 1                   | 5                      | 3                        |
| Riverside Resources   | 16                           | 3          | 3                | 8                   | 6                      | 3                        | 10                           | 0         | 0                | 1                   | 7                      | 4                        |
| SDSI                  | 58                           | 11         | 0                | 40                  | 22                     | 1                        | 40                           | 6         | 0                | 6                   | 24                     | 34                       |
| TARC                  | 35                           | 6          | 0                | 24                  | 5                      | 0                        | 30                           | 0         | 1                | 2                   | 27                     | 1                        |
| TECH                  | 24                           | 6          | 1                | 17                  | 8                      | 0                        | 15                           | 0         | 0                | 1                   | 14                     | 0                        |
| Tri-Ko                | 7                            | 3          | 0                | 4                   | 2                      | 0                        | 9                            | 0         | 0                | 1                   | 9                      | 4                        |
| Tri-Valley            | 21                           | 3          | 4                | 12                  | 5                      | 0                        | 7                            | 0         | 1                | 4                   | 3                      | 2                        |
| Twin Valley           | 1                            | 0          | 0                | 1                   | 0                      | 0                        | 1                            | 0         | 0                | 1                   | 1                      | 0                        |
| Wyandotte CDDO        | 54                           | 14         | 2                | 37                  | 8                      | 4                        | 25                           | 3         | 1                | 4                   | 12                     | 14                       |
| <b>Totals</b>         | <b>803</b>                   | <b>170</b> | <b>65</b>        | <b>518</b>          | <b>244</b>             | <b>33</b>                | <b>696</b>                   | <b>24</b> | <b>25</b>        | <b>72</b>           | <b>574</b>             | <b>339</b>               |

### Summary Of Under Served Adults And Families

| CDDO                  | Adults                       |            |             |                        |                          | Families                     |            |             |                        |                          |
|-----------------------|------------------------------|------------|-------------|------------------------|--------------------------|------------------------------|------------|-------------|------------------------|--------------------------|
|                       | Unduplicated Number Unserved | Day        | Residential | In Home Family Support | Direct Financial Support | Unduplicated Number Unserved | Day        | Residential | In Home Family Support | Direct Financial Support |
| Achievement Services  | 14                           | 6          | 12          | 1                      | 0                        | 3                            | 1          | 1           | 2                      | 0                        |
| Arrowhead West Inc    | 19                           | 15         | 7           | 3                      | 0                        | 16                           | 2          | 1           | 15                     | 0                        |
| Big Lakes             | 47                           | 19         | 42          | 2                      | 0                        | 5                            | 4          | 3           | 3                      | 0                        |
| Brown Co Dvlpmntl Ct  | 5                            | 2          | 3           | 0                      | 0                        | 4                            | 2          | 0           | 2                      | 0                        |
| CLASS Ltd             | 48                           | 29         | 26          | 3                      | 0                        | 25                           | 17         | 12          | 8                      | 5                        |
| COF                   | 34                           | 18         | 21          | 4                      | 0                        | 15                           | 2          | 3           | 11                     | 0                        |
| ComCare               | 215                          | 75         | 180         | 19                     | 9                        | 190                          | 40         | 33          | 62                     | 95                       |
| Cottonwood            | 87                           | 47         | 67          | 11                     | 0                        | 67                           | 14         | 15          | 49                     | 1                        |
| Cowley County Dev S   | 8                            | 5          | 6           | 1                      | 0                        | 12                           | 5          | 4           | 8                      | 0                        |
| DPOK                  | 49                           | 24         | 31          | 5                      | 0                        | 63                           | 11         | 11          | 52                     | 0                        |
| DSNWK                 | 63                           | 30         | 55          | 13                     | 0                        | 18                           | 4          | 4           | 13                     | 0                        |
| Flinthills            | 17                           | 7          | 12          | 2                      | 0                        | 16                           | 2          | 2           | 15                     | 0                        |
| Futures Unlimited     | 11                           | 8          | 4           | 2                      | 0                        | 4                            | 1          | 1           | 1                      | 2                        |
| Harvey-Marion County  | 15                           | 4          | 10          | 3                      | 0                        | 16                           | 5          | 4           | 11                     | 0                        |
| Hettinger Dev Service | 26                           | 12         | 19          | 1                      | 0                        | 20                           | 1          | 3           | 17                     | 0                        |
| JCDS                  | 289                          | 146        | 231         | 16                     | 0                        | 45                           | 9          | 24          | 22                     | 0                        |
| MCDS                  | 22                           | 14         | 13          | 1                      | 2                        | 17                           | 6          | 3           | 8                      | 3                        |
| Nemaha Co Trng Ctr    | 7                            | 0          | 7           | 0                      | 0                        | 3                            | 1          | 1           | 1                      | 0                        |
| New Beginnings        | 1                            | 0          | 1           | 0                      | 0                        | 3                            | 1          | 0           | 2                      | 0                        |
| Riverside Resources   | 24                           | 14         | 14          | 3                      | 0                        | 13                           | 1          | 0           | 12                     | 0                        |
| SDSI                  | 48                           | 36         | 26          | 12                     | 1                        | 93                           | 22         | 16          | 78                     | 0                        |
| TARC                  | 100                          | 63         | 71          | 15                     | 0                        | 72                           | 19         | 18          | 54                     | 0                        |
| TECH                  | 29                           | 13         | 19          | 5                      | 0                        | 1                            | 1          | 1           | 0                      | 0                        |
| Tri-Ko                | 10                           | 1          | 8           | 1                      | 0                        | 5                            | 0          | 0           | 4                      | 1                        |
| Tri-Valley            | 11                           | 8          | 6           | 2                      | 0                        | 21                           | 9          | 7           | 17                     | 0                        |
| Twin Valley           | 1                            | 1          | 0           | 0                      | 0                        | 0                            | 0          | 0           | 0                      | 0                        |
| Wyandotte CDDO        | 62                           | 29         | 40          | 9                      | 0                        | 23                           | 7          | 4           | 16                     | 0                        |
| <b>Totals</b>         | <b>1262</b>                  | <b>626</b> | <b>931</b>  | <b>134</b>             | <b>12</b>                | <b>770</b>                   | <b>187</b> | <b>171</b>  | <b>483</b>             | <b>107</b>               |

Underserved In "Day Services" = Waiting for day services and being served in either residential, in home, or direct financial services.  
 Underserved In "Residential Services" = Waiting for residential services and being served in either day, in home, or direct financial services.  
 Underserved In "In Home Services" = Waiting for in home services and being served in either residential, day, or direct financial services.  
 Underserved In "Direct Financial Services" = Waiting for in direct financial services and being served in either residential, day, or in home services.

## STATE OF KANSAS

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TOPEKA

HOUSE OF  
 REPRESENTATIVES

Testimony in Favor of HB 2761  
 March 12, 2008

During the interim, I received many letters in support of the objectives of HB 2761. All of the letters were from individuals who lived in my district and all of them told the very personal story of why we need to pass this bill.

Of all of the letters sent to me, the one attached to my testimony is the one I would like to share with you today. This letter touched me because of its power to speak to the basic problem that HB 2761 seeks to address. We must be willing to commit the funds necessary to stem the tide of staff turnover in programs like the one that employs Nina.

I am not going to read the entire letter from Nina. I beg you to take the time to do that for yourself. I am going to read excerpts from her letter as she describes one of her clients and the importance of consistent care.

*"My most challenging client is an elderly lady that spent her life in institutions. Terrible things happened to her there and she carries physical and mental scars (sp). She opens her mouth to speak and you need to be very patient as the delay can be long. It frustrates her and can cause her to have more frequent outbursts. She is often in pain when trying to do simple tasks such as transferring to the toilet, getting in and out of a chair or bed. Dana often screams and has verbal outburst of very bad language. Sometimes this response is that she is unable to find appropriate words to express herself by saying, "I am in pain" so she instead cusses and screams until you find what gives her comfort. Many do not understand her and take her words personally and try to correct her which escalates her behaviors. She cries and imagines people hitting her, talking bad to her and basically thinking someone is going to hurt her. She will imagine someone is hurting her and then she will get mad and be out of control. She will hit and scratch. Trust in who she works with is critical to Dana feeling safe. It takes her more time than other clients to adjust to staff, she will be out of control until she knows she is safe with you. This can take months. After past years of physical and emotional abuse Dana deserves to spend her last years feeling safe without fear of others. Staff turnover does not give D the stability she deserves. Strangers (to Dana) showing up to take care of her increases*

House Social Services Budget Committee  
 March 12, 2008  
 ATTACHMENT 3-1

*her risk. She loses all emotional control overtaken by fear. With stable staff Dana shows progress and improves her quality of life.”*

Dana’s plight is at the heart of what HB 2761 is all about; improving quality of life through continuity of care.

Some of you will remember when we closed the State Hospitals and transitioned to community-based services. When that conversation took place, the State of Kansas made a commitment to provide the funds necessary to insure that clients like Dana would be given the highest standards of care.

I ask you to support this bill and fulfill that commitment.

Dear Rep Nile Dillmore:

My name is Nina I have worked for Ketch for 2 years. We provide services for the MR/DD population.

I work in a day program with 20 clients. My most challenging client is an elderly lady that spent her life in institutions. Terrible things happened to her there and she carries physical and mental scars. Unlike the general public our lower functioning clients do not have the reasoning ability to benefit by therapy to address their past trauma. Dana is now diagnosed with intermittent explosive behavior. She also suffers from Tardif Dyskanesia. This is a result of long term strong medications with terrible side effects used years ago in institutions. TD is irreversible. TD appears somewhat like loss of muscle control such as excessive drooling, involuntary muscle movements, and delayed messages from the brain to speak and move. She opens her mouth to speak and you need to be very patient as the delay can be long. It frustrates her and can cause her to have more frequent outbursts. Dana has Hydrocephalus (fluid in the brain) her physical abilities are regressing over the last few years. She is often in pain when trying to do simple tasks such as transferring to the toilet, getting in and out of a chair or bed. Her eating abilities are becoming more risky (loss of muscle control in the throat) and she recently was hospitalized due to aspirating. Dana often screams and has verbal outburst of very bad language. Sometimes this response is that she is unable to find appropriate words to express her-self by saying, "I am in pain" so she instead cusses and screams until you find what gives her comfort. Many do not understand her and take her words personally and try to correct her which escalates her behaviors. She cries and imagines people hitting her, talking bad to her and basically thinking someone is going to hurt her. She will cry and tell you Dana is being bad. She will imagine someone is hurting her and then she will get mad and be out of control. She will hit and scratch. Trust in who she works with is critical to Dana feeling safe. It takes her more time than other clients to adjust to staff; she will be out of control until she knows she is safe with you. This can take months. After past years of physical and emotional abuse Dana deserves to spend her last years feeling safe without fear of others. Staff turnover does not give Dana the stability she deserves. Strangers (to Dana) showing up to take care of her increases her risk. She loses all emotional control overtaken by fear. With stable staff Dana shows progress and improves her quality of life. I encourage Dana to use her walker daily. I take her to the bathroom hourly to support her maintaining her toileting skills (this takes 20 minutes to get her to stand transfer and stand and transfer back). We work daily on continuing physical therapy. We blend her food to ensure we do our best to reduce her risk of choking again. We sing and do puzzles to offer her meaningful stimulation. Keeping Dana stable allows her to go into the community and socially interact. You have to know Dana to know when she is getting sick. There is not any line by line information that can prepare you. It does not start with a fever, a cold or more common signs. She will just have an increase in behaviors and start loses her abilities and strength. One time she got so ill before her staff

or her Dr. knew it that she went into a coma and was hospitalized for several months. Dana is very special to me and many at Ketch. We understand her and what her challenges are and what types of atmosphere and supports she needs to function with some quality of life. When Dana is experiencing staff turnover she loses control and her emotional and over-all health risks increase tremendously.

I watch her Mother visit and advocate for her. It upsets her Mother and causes her emotional stress when she is not sure her child is safe. I too have a child with a Mental illness. The stress is over-whelming to try to ensure they get the proper care with what is available in our systems.

Parents and the public when informed are frustrated and can not understand why our wages are so poor and make efforts to spread the word to help others to understand how this turnover is damaging their family's daily lives.

I am married so my husband's income allows us to get by. But over and over I see staff come and go because they can not take care of them-selves or families. They have to move on to better wages. This of course keeps our clients in constant turmoil and defeats our goal of creating independency, health and safety and emotional stability when there is never any consistency in their lives. Imagine being dependent on others and constantly going through changes over and over because others do not know you. Imagine the risk of getting the wrong medication or falling because people that do not know you do not react quickly enough when your knees buckle or just giving you a potato chip could kill you.

Please remember we no longer put them in a corner or strap them down or over medicate them to keep them quiet. We are truly trying to change the times and give them quality of life. We have to have your support to do our job. They are humans just like you and I. We have got to get more money to keep good people to ensure their needs and safety. They are Gods children too.

If you care and you work in this field you daily work to try to understand how our world can justify not taking care of them, not ensuring their safety because of money.

Please help us so we can do our jobs with pride and know we are making a difference. Please help us to be able to go to sleep and know they will be safe today or tonight. Please help us to know they will not be with a stranger and afraid.

I thank you for all you do. I know your job is hard and there are so many needs in so many places. Remember us and believe we do not ask you for our-selves but for others we know are deserving. Please vote to increase staff wages so we can decrease turnover and know our families are safe. Thank you, Nina Sanchez



Kansas Department of  
Social and Rehabilitation Services  
Don Jordan, Secretary



House Social Services Budget Committee  
March 11, 2008

HB 2761 – Home & Community Based Services Waivers  
Don Jordan, Secretary

For Additional Information Contact:  
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*House Social Services Budget Committee  
March 12, 2008  
Attachment 4-1*

HB 2761 – Home & Community Based Services Waivers  
House Social Services Budget Committee  
March 11, 2008

Chairman Bethell and members of the Committee, I am Don Jordan, Secretary of SRS. Thank you for the opportunity to appear before you today to discuss House Bill 2761. This bill provides funding for three of the Home and Community Based Services Waivers which are administered by SRS. Those waivers are the HCBS-MR/DD waiver, which serves individuals with mental retardation or developmental disabilities, the HCBS –PD waiver which serves individuals with physical disabilities, and the HCBS-TBI waiver which serves individuals who have sustained a traumatic brain injury. House Bill 2761 allocates, over a period of three years, specific amounts of state general funds to these waivers to reduce, eliminate or forestall the creation of waiting lists for the waivers. The bill also includes state general funding amounts specific to each waiver listed for the expressed purpose of increasing rates of payments to service providers.

**Background**

Home and community based service waivers have allowed the state of Kansas to meet the needs of individuals with disabilities while they continue to live in their homes and communities. Home and community based waivers, also known as 1915(c) waivers, are allowed under section 1915(c) of the Social Security Act and give states the flexibility to meet the states individual needs. These programs are funded through a combination of state and federal funding, approximately 60 percent federal and 40 percent state funds.

**The Numbers**

Earlier this legislative session I presented you with information regarding the different waivers that are administered by SRS so I won't go over that today. I will provide you with information regarding the impact of HB 2761 on each of the waiver programs referenced in the bill that SRS administers. You will also find attached to my testimony documents that were attached to the fiscal impact statement that was prepared for this bill which outlines the use of the proposed funds over the three year period.

At this time the PD Waiver does not have a waiting list and is serving 6,493 individuals. It is projected that the waiver will be serving 6,716 persons by the end of this fiscal year. The bill allocates an additional \$19.5 million in state general funds to serve new individuals and increase reimbursement rates. This will allow for the continuation of no waiting list for the next three years. The PD Waiver is projected to serve an additional 683 new individuals in FY 2009, 657 in FY 2010, and 634 in FY 2011 with the proposed funding.

The proposed funding for increased reimbursement rates for providers is \$2 million for each of the next three years. The PD Waiver received funding for a rate increase for services provided in FY 2008. At that time the legislature approved \$826,799 SGF, which was utilized to increase the rate for personal services from \$11.94 per hour to \$12.29 per hour. SRS will work with stakeholders to determine the best way to allocate the rate increases across the services provided.

Kansas Department of Social and Rehabilitation Services  
Don Jordan, Secretary

For the TBI Waiver, the bill allows for an additional \$3 million in state general funding and would also enable the continuation of a no waiting list and provide for rate increases. The TBI Waiver is currently serving 196 individuals and would be able to serve an additional 44 new persons in FY 2009, 42 persons in FY 2010 and 40 persons in FY 2011 with the additional funding.

The TBI Waiver received \$318,282 SGF in FY 2008 for an increase in reimbursement rates. After meeting with stakeholders a decision was made to utilize the funding for an increase in rates for the therapies which are provided through the waiver. At that time, Physical Therapy, Occupational Therapy, and Speech Therapies were not being provided as needed due to the low reimbursement rate. The rate was increased from \$50 per visit, to \$69.84 per visit. This was the first funding for rates increases that the waiver had received since it was implemented in 1991. This bill proposes an additional \$200,000 each year for the next three years for an increase in reimbursement rates. SRS will work with stakeholders to determine the best way to allocate the rate increases across the services provided.

The MR/DD Waiver is currently serving 6,866 individuals and is projected to have 1,796 individuals waiting for services by the end of FY 2008. Of this number approximately 28 percent or 502 are individuals who are receiving some type of waiver services but are requesting an increase in services. This has been referred to as the underserved population. An example of this population might be an individual who is receiving day services and in home family supports. They may request to move to a residential setting which has a higher cost. They would be placed on the waiting list until funding becomes available for the higher cost service. This could also be a young person graduating from high school who may be in need of day services. The needs of this group are currently being met with waiting list dollars that are allocated by the legislature.

HB 2761 would increase the state general funding to the DD Waiver by \$70 million over the next three years. This funding is to be utilized to serve persons waiting for services and concurrent annual rates increases for providers. This would allow the program to serve approximately 644 underserved and 2,268 unserved individuals over three years. This number includes an estimated 280 new persons applying for services each year. During FY 2009 the waiting list would decrease by 453. In FY 2010 the waiting list would decrease by 363, and in FY 2011 the waiting list would decrease by 612.

Please find attached a map that shows the CDDO regions, with the number of current waiting list consumers that live in each region. This is broken down by the number of adults and children in each region. The dollar amounts shown include the rate increase for current consumer services, funding for persons currently on the waiting list, funding for projected new individuals, and the rate increase for new individuals applying for services.

As stated, this bill allows for annual rate increases for providers. For the MR/DD Waiver there were no rate increases provided from FY 2000 to FY 2005. Beginning in FY 2006 the following amounts were allocated for rate increases:

FY 2006 - \$3.0 million SGF or \$7.5 million AF

FY 2007 - \$4.172 million SGF or \$10.5 million AF

FY 2008 - \$5.5 million SGF or \$19.1 million AF

The funding that was allocated for an increase in reimbursement rates was utilized to increase the rates paid to providers of services provided through the MR/DD waiver. SRS met with stakeholders to determine the percent of funding to be channeled to each service. The biannual rate studies were also utilized to assist with this process. It should be noted that with the proposed rate increases, the average cost for serving and individual in the community will increase. For FY 2008 the monthly average cost to serve an individual on the DD waiver is \$3,341. In FY 2009 the average monthly cost will increase to \$3,676, in FY 2010 it will increase to \$3,981, and in FY 2011 it will increase to \$4,217.

### **Systems Transformation**

SRS has a federal Systems Transformation Grant which allows the agency to take a comprehensive look at the payment methodology structure for the waivers, eligibility/level of care determinations, and individual budgeting/self direction. This grant is for \$1.8 million over 5 years. We are in the second year of the grant. One project that is being developed with this grant is the study of the funding and payment methodology structure for the waivers. SRS will have a contract in place October 1, 2008 to begin this study which is to be completed one year later. The contractor will conduct a study that will identify the costs of providing services to individuals (aging and disabled) in community settings with a focus on "independence, productivity and community living". They will also identify any capacity issues the system faces and make recommendations regarding the funding and payment methodology structure in Kansas. It is felt that this information will assist SRS in better understanding the needs of providers and the needed reimbursement rates to serve individuals in the community setting.

SRS understands that the provision of services to individuals is reliant on our local community service providers. With this, careful consideration should be given to the wages paid to community direct care staff funded through reimbursement rates to providers. SRS supports a systematic review of compensation for HCBS direct care workers and a multi-year plan to expand community capacity through rate adjustments and to continue to work towards the elimination of waiting lists for services. As part of any multi-year plan, SRS would foresee enhanced departmental review of providers to ensure community service providers are meeting the primary purpose of enhancement of direct care workforce needs.

This concludes my testimony regarding HB 2761. I will now stand for any questions.

Kansas Department of Social and Rehabilitation Services  
 Disability and Behavioral Health Services  
 HCBS/PD Waiver Program

| PD Waiver                                   |       | Avg Number of<br>Persons Served<br>EOY FY | Avg monthly<br>cost per person | SGF                      | All Funds            | SGF         | All Funds    |
|---|-------|---|--------------------------------|--------------------------|----------------------|-------------|--------------|
| <b>FY 2008 Current Estimate</b>             |       | 6,716                                     | \$1,366                        |                          | \$110,088,672        |             |              |
| FY 2009                                     |       |   |                                |                          |                      |             |              |
| Base Rate Increase                          | 4.11% | 6,716                                     | \$56                           | \$1,813,477              | \$4,524,644          |             |              |
| Maintain no WL                              |       | 683                                       | \$1,366                        | \$4,487,251              | \$11,195,736         |             |              |
| Rate Increase No WL                         |       | 683                                       | \$56                           | \$184,426                | \$460,145            |             |              |
|   |       |   |                                | Proposed Budget Increase |                      |             |              |
| Total Cost to Maintain No Waiting List      |       |   |                                | \$4,487,251              | \$11,195,736         | \$4,500,000 | \$11,227,545 |
| Total Rate Increase Costs                   |       |   |                                | \$1,997,903              | \$4,984,789          | \$2,000,000 | \$4,990,020  |
| <b>Total FY 2009 Estimated Waiver Costs</b> |       | <b>7,399</b>                              | <b>\$1,422</b>                 | <b>\$50,608,694</b>      | <b>\$126,269,197</b> |             |              |
| FY 2010                                     |       |   |                                |                          |                      |             |              |
| Base Rate Increase                          | 3.62% | 7,399                                     | \$51                           | \$1,832,035              | \$4,570,945          |             |              |
| Maintain no WL                              |       | 657                                       | \$1,422                        | \$4,493,839              | \$11,212,172         |             |              |
| Rate Increase No WL                         |       | 657                                       | \$51                           | \$162,677                | \$405,881            |             |              |
|   |       |   |                                | Proposed Budget Increase |                      |             |              |
| Total Cost to Maintain No Waiting List      |       |   |                                | \$4,493,839              | \$11,212,172         | \$4,500,000 | \$11,227,545 |
| Total Rate Increase Costs                   |       |   |                                | \$1,994,712              | \$4,976,826          | \$2,000,000 | \$4,990,020  |
| <b>Total FY 2010 Estimated Waiver Costs</b> |       | <b>8,056</b>                              | <b>\$1,474</b>                 | <b>\$57,097,245</b>      | <b>\$142,458,195</b> |             |              |
| FY 2011                                     |       |   |                                |                          |                      |             |              |
| Base Rate Increase                          | 3.23% | 8,056                                     | \$48                           | \$1,843,670              | \$4,599,975          |             |              |
| Maintain no WL                              |       | 634                                       | \$1,474                        | \$4,493,502              | \$11,211,333         |             |              |
| Rate Increase No WL                         |       | 634                                       | \$48                           | \$145,095                | \$362,014            |             |              |
|   |       |   |                                | Proposed Budget Increase |                      |             |              |
| Total Cost to Maintain No Waiting List      |       |   |                                | \$4,493,502              | \$11,211,333         | \$4,500,000 | \$11,227,545 |
| Total Rate Increase Costs                   |       |   |                                | \$1,988,765              | \$4,961,989          | \$2,000,000 | \$4,990,020  |
| <b>Total FY 2011 Estimated Waiver Costs</b> |       | <b>8,690</b>                              | <b>\$1,521</b>                 | <b>\$63,579,512</b>      | <b>\$158,631,517</b> |             |              |

Kansas Department of Social and Rehabilitation Services  
 Disability and Behavioral Health Services  
 HCBS/TBI Waiver Program

| TBI Waiver                                  |       | Avg Number<br>of Persons<br>Served EOY | Avg monthly<br>cost per person | SGF                      | All Funds           | SGF       | All Funds   |
|---|-------|--|--------------------------------|--------------------------|---------------------|-----------|-------------|
| <b>FY 2008 Current Estimate</b>             |       | 198                                    | \$3,773                        |                          | \$8,964,648         |           |             |
| FY 2009                                     |       |  |                                |                          |                     |           |             |
| Base Rate Increase                          | 4.50% | 198                                    | \$170                          | \$161,686                | \$403,409           |           |             |
| Maintain no WL                              |       | 44                                     | \$3,773                        | \$798,451                | \$1,992,144         |           |             |
| Rate Increase No WL                         |       | 44                                     | \$170                          | \$35,930                 | \$89,646            |           |             |
|   |       |  |                                | Proposed Budget Increase |                     |           |             |
| Total Cost to Maintain No Waiting List      |       |  |                                | \$798,451                | \$1,992,144         | \$800,000 | \$1,996,008 |
| Total Rate Increase Costs                   |       |  |                                | \$197,617                | \$493,056           | \$200,000 | \$499,002   |
| <b>Total FY 2009 Estimated Waiver Costs</b> |       | <b>242</b>                             | <b>\$3,943</b>                 | <b>\$4,589,099</b>       | <b>\$11,449,848</b> |           |             |
| FY 2010                                     |       |  |                                |                          |                     |           |             |
| Base Rate Increase                          | 3.70% | 242                                    | \$146                          | \$169,797                | \$423,644           |           |             |
| Maintain no WL                              |       | 42                                     | \$3,943                        | \$796,455                | \$1,987,164         |           |             |
| Rate Increase No WL                         |       | 42                                     | \$146                          | \$29,469                 | \$73,525            |           |             |
|   |       |  |                                | Proposed Budget Increase |                     |           |             |
| Total Cost to Maintain No Waiting List      |       |  |                                | \$796,455                | \$1,987,164         | \$800,000 | \$1,996,008 |
| Total Rate Increase Costs                   |       |  |                                | \$199,266                | \$497,169           | \$200,000 | \$499,002   |
| <b>Total FY 2010 Estimated Waiver Costs</b> |       | <b>284</b>                             | <b>\$4,089</b>                 | <b>\$5,584,820</b>       | <b>\$13,934,181</b> |           |             |
| FY 2011                                     |       |  |                                |                          |                     |           |             |
| Base Rate Increase                          | 3.10% | 284                                    | \$127                          | \$173,129                | \$431,960           |           |             |
| Maintain no WL                              |       | 40                                     | \$4,089                        | \$786,594                | \$1,962,561         |           |             |
| Rate Increase No WL                         |       | 40                                     | \$127                          | \$24,384                 | \$60,839            |           |             |
|   |       |  |                                | Proposed Budget Increase |                     |           |             |
| Total Cost to Maintain No Waiting List      |       |  |                                | \$786,594                | \$1,962,561         | \$800,000 | \$1,996,008 |
| Total Rate Increase Costs                   |       |  |                                | \$197,514                | \$492,799           | \$200,000 | \$499,002   |
| <b>Total FY 2011 Estimated Waiver Costs</b> |       | <b>324</b>                             | <b>\$4,215</b>                 | <b>\$6,568,928</b>       | <b>\$16,389,540</b> |           |             |

**Kansas Department of Social and Rehabilitation Services  
Disability and Behavioral Health Services  
HCBS/DD Waiver Program**

| DD Waiver                                   | Persons Waiting for Services | Avg Number Persons Served EOY FY | Avg monthly cost per person | 6 mo cost WL & Rate AF | SGF                  | All Funds            | Dollars Remaining to Annualize WL | SGF | All Funds |
|---|------------------------------|----------------------------------|-----------------------------|------------------------|----------------------|----------------------|-----------------------------------|-----|-----------|
| <b>FY 2008 Current Estimate</b>             |                              | 6,846                            | \$3,341                     |                        | \$110,776,024        | \$274,469,832        |                                   |     |           |
| <b>End of Year 2008 Waiting List</b>        | <b>1,796</b>                 |                                  |                             |                        |                      |                      |                                   |     |           |
| <b>New Waiting List Persons</b>             | <b>280</b>                   |                                  |                             |                        |                      |                      |                                   |     |           |
| Base Rate Increase                          | 12.48%                       | 6846                             | \$417                       |                        | \$13,727,837         | \$34,251,090         |                                   |     |           |
| <b>FY 2009</b>                              |                              |                                  |                             |                        |                      |                      |                                   |     |           |
| Unservd WL                                  | (522)                        | 522                              | \$3,341                     | \$10,464,012           | \$4,193,976          | \$10,464,012         |                                   |     |           |
| Unservd Rate Increase                       |                              | 522                              | \$417                       | \$1,305,804            | \$523,366            | \$1,305,804          |                                   |     |           |
| Underservd WL                               | (211)                        | 211                              | \$1,582                     |                        | \$1,605,031          | \$4,004,569          |                                   |     |           |
| Underservd Rate Increase                    |                              | 211                              | \$197                       |                        | \$200,292            | \$499,730            |                                   |     |           |
| <b>Total Persons Added to Full Service</b>  |                              | <b>733</b>                       |                             |                        |                      |                      |                                   |     |           |
| Total Waiting List Costs                    |                              |                                  |                             |                        | \$5,799,007          | \$14,468,581         | \$10,481,519                      |     |           |
| Total Rate Increase Costs                   |                              |                                  |                             |                        | \$14,451,495         | \$36,056,625         | \$1,368,525                       |     |           |
| <b>Total FY 2009 Estimated Waiver Costs</b> |                              | <b>7,368</b>                     | <b>\$3,676</b>              |                        | <b>\$130,258,011</b> | <b>\$324,995,038</b> | <b>\$11,850,044</b>               |     |           |
| <b>End of Year 2009 Waiting List</b>        | <b>1,343</b>                 |                                  |                             |                        |                      |                      |                                   |     |           |
| <b>New Waiting List Persons</b>             | <b>280</b>                   |                                  |                             |                        |                      |                      |                                   |     |           |
| <b>Cost to Annualize 522 from EOY 2009</b>  |                              |                                  |                             |                        | <b>\$4,614,503</b>   | <b>\$11,513,232</b>  |                                   |     |           |
| Base Rate Increase                          | 6.89%                        | 7,368                            | \$253                       |                        | \$8,974,777          | \$22,392,158         |                                   |     |           |
| <b>FY 2010</b>                              |                              |                                  |                             |                        |                      |                      |                                   |     |           |
| Unservd WL                                  | (460)                        | 460                              | \$3,676                     | \$10,145,068           | \$4,066,143          | \$10,145,068         |                                   |     |           |
| Unservd Rate Increase                       |                              | 460                              | \$253                       | \$698,995              | \$280,157            | \$698,995            |                                   |     |           |
| Underservd WL                               | (183)                        | 183                              | \$1,779                     |                        | \$1,565,754          | \$3,906,572          |                                   |     |           |
| Underservd Rate Increase                    |                              | 183                              | \$123                       |                        | \$107,880            | \$269,163            |                                   |     |           |
| <b>Total Persons Added to Full Service</b>  |                              | <b>643</b>                       |                             |                        |                      |                      |                                   |     |           |
| Total Waiting List Costs                    |                              |                                  |                             |                        | \$5,631,897          | \$14,051,640         | \$10,898,460                      |     |           |
| Total Rate Increase Costs                   |                              |                                  |                             |                        | \$9,362,815          | \$23,360,316         | \$1,589,784                       |     |           |
| <b>Total FY 2010 Estimated Waiver Costs</b> |                              | <b>7,828</b>                     | <b>\$3,981</b>              |                        | <b>\$149,867,226</b> | <b>\$373,920,226</b> | <b>\$12,488,244</b>               |     |           |

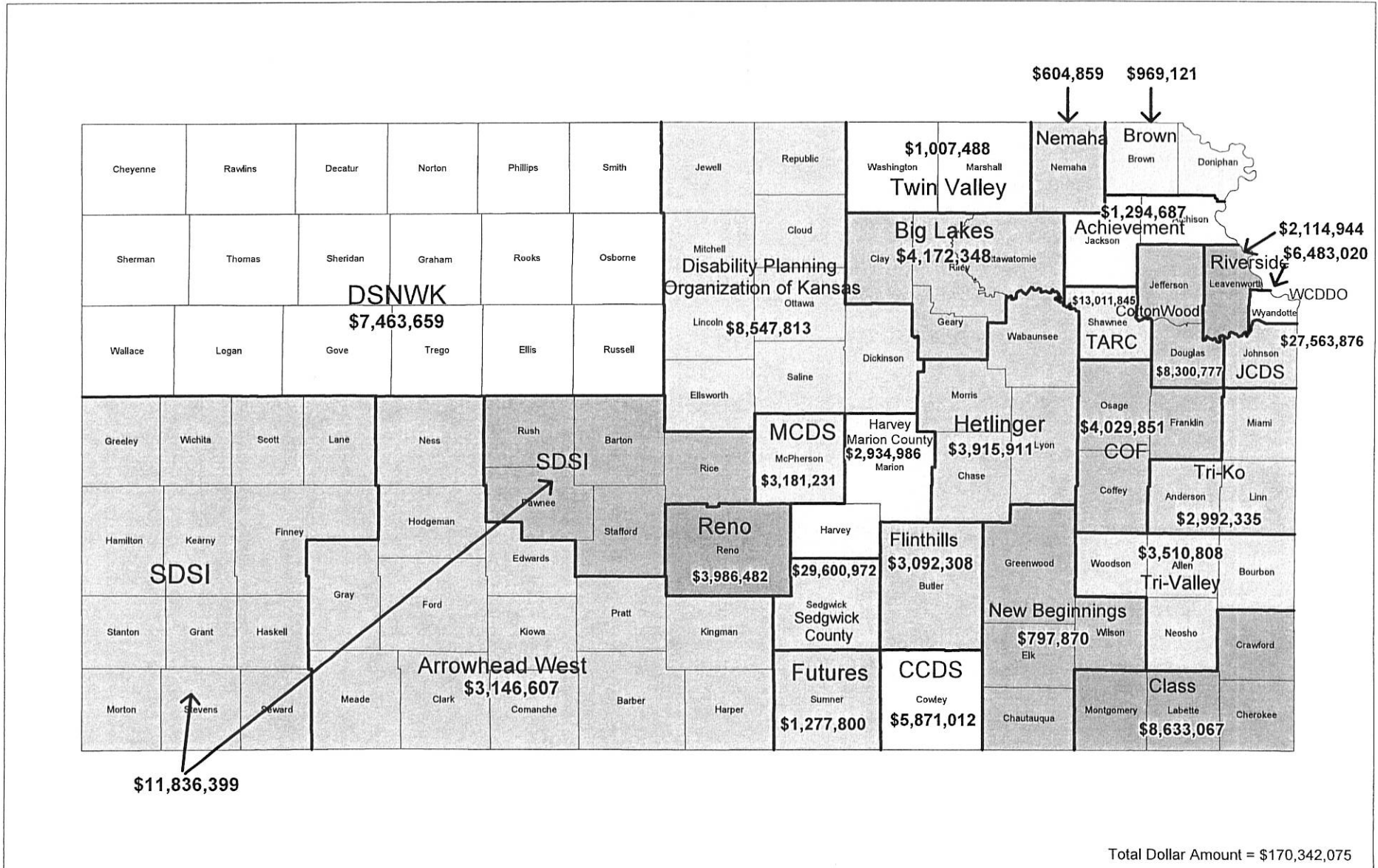
|                                 |              |  |
|---------------------------------|--------------|--|
| <b>Proposed Budget Increase</b> |              |  |
| \$10,000,000                    | \$24,950,100 |  |
| \$15,000,000                    | \$37,425,150 |  |

|                                 |              |  |
|---------------------------------|--------------|--|
| <b>Proposed Budget Increase</b> |              |  |
| \$10,000,000                    | \$24,950,100 |  |
| \$10,000,000                    | \$24,950,100 |  |

| DD Waiver                                   | Persons Waiting for Services | Avg Number Persons Served EOY FY | Avg monthly cost per person | 6 mo cost WL & Rate AF | SGF          | All Funds      | Dollars Remaining to Annualize WL | SGF                  | All Funds                |
|---|------------------------------|----------------------------------|-----------------------------|------------------------|--------------|----------------|-----------------------------------|----------------------|--------------------------|
| <b>End of Year 2010 Waiting List</b>        |                              | <b>980</b>                       |                             |                        |              |                |                                   |                      |                          |
| New Waiting List Persons                    |                              | 280                              |                             |                        |              |                |                                   |                      |                          |
| Cost to Annualize 460 from EOY 2010         |                              |                                  |                             |                        | \$4,403,814  | \$10,987,560   |                                   |                      |                          |
| Base Rate Increase                          | 5.88%                        | 7,828                            | \$234                       |                        | \$8,812,193  | \$21,986,509   |                                   |                      |                          |
| FY 2011                                     |                              |                                  |                             |                        |              |                |                                   |                      |                          |
| Unserved WL                                 | (642)                        | 642                              | \$3,981                     | \$15,333,213           | \$6,145,552  | \$15,333,213   |                                   |                      |                          |
| Unserved Rate Increase                      |                              | 642                              | \$234                       | \$300,531              | \$120,453    | \$300,531      |                                   |                      |                          |
| Underserved WL                              | (250)                        | 250                              | \$1,902                     |                        | \$2,286,386  | \$5,704,556    |                                   |                      |                          |
| Underserved Rate Increase                   |                              | 250                              | \$112                       |                        | \$134,440    | \$335,428      |                                   |                      |                          |
| Total Persons Added to Full Service         |                              | <b>892</b>                       |                             |                        |              |                |                                   |                      | Proposed Budget Increase |
| Total Waiting List Costs                    |                              |                                  |                             |                        | \$8,431,938  | \$21,037,769   | \$16,387,380                      | \$15,000,000         | \$37,425,150             |
| Total Rate Increase Costs                   |                              |                                  |                             |                        | \$9,067,085  | \$22,622,468   | \$2,327,632                       | \$10,000,000         | \$24,950,100             |
| <b>Total FY 2011 Estimated Waiver Costs</b> |                              |                                  |                             |                        | <b>8,470</b> | <b>\$4,217</b> | <b>\$171,770,064</b>              | <b>\$428,568,023</b> | <b>\$18,715,012</b>      |
| <b>End of Year 2011 Waiting List</b>        |                              | <b>368</b>                       |                             |                        |              |                |                                   |                      |                          |
| Cost to Annualize 642 from EOY 2011         |                              |                                  |                             |                        | \$6,510,549  | \$16,243,884   |                                   |                      |                          |



# Distribution of Proposed Funding By CDDO Regions



Total Dollar Amount = \$170,342,075

Date of Map January 31, 2008

- Includes:
- Rate increase for current persons served
  - Funding for current waiting list
  - Funding for projected new individuals
  - Rate increase for new individuals

**Testimony on House Bill 2761**  
**To**  
**The House Committee on Social Services**  
**By Bill McDaniel**  
**Commissioner, Program and Policy Commission**

**March 12, 2008**

Chairman Bethell and members of the Committee, I am Bill McDaniel, Commissioner of Program and Policy Commission at the Kansas Department on Aging (KDOA). Thank you for the opportunity to appear before you today as a neutral conferee on House Bill 2761. This bill provides multi-year funding for the Home and Community Based Services-Frail Elderly (HCBS-FE) Waiver which is administered by KDOA.

House Bill 2761 appropriates state general funds for three years, 2009-2011, to two accounts. One account is for a waiting list priority to reduce or eliminate waiting lists for the waivers. The second account is for community capacity expansion to increase payment rates to service providers.

**Background**

The HCBS-FE waiver has allowed the state of Kansas to meet the needs of seniors 65 or older in their homes and communities. The senior must be functionally eligible for nursing home care and meet Medicaid financial eligibility criteria to receive payment for HCBS-FE services. Home and community based service waivers, also known as 1915(c) waivers, are allowed under section 1915(c) of the Social Security Act. The waivers are funded at the federal financial participation (FFP) rate which is approximately 60 percent federal with 40 percent state matching funds.

**The Program Impact**

The Waiting List Priority account will be used to reduce or eliminate HCBS-FE waiting lists. The \$1.6 million state general fund appropriated each year will generate another \$2.4 million in FFP matching funds. The total increased funding available in each of the three years is approximately \$4 million. The amount in the Waiting List Priority account in excess of \$100 at the end of the fiscal year will be re-appropriated to the next fiscal year.

The attached chart shows the nursing home and HCBS-FE caseload from state fiscal year 1998 through the 2009 projections. At this time, the HCBS-FE Waiver does not have a waiting list. However, when a waiting list was implemented in state fiscal year 2002, the HCBS-FE caseload went down while the nursing home caseload went up. Seniors prefer to live in the community and the HCBS-FE services are very cost effective alternative to nursing home care. It makes sense to avoid waiting lists for home and community based services.

The projected average monthly number of seniors to be served in SFY 2008 is 5,874. The projected average monthly number of seniors is expected to increase to 6,000 in SFY 2009. House Bill 2761 provides approximately \$4 million in funding in SFY 2009 for additional caseload should the projection be exceeded.

The Community Capacity Expansion account will be used for increased provider payment rates. The \$500,000 state general fund appropriated for rate increases will generate another \$750,000 for a total increase of approximately \$1,250,000 in each of the three years. The amount in the Community Capacity Expansion account in excess of \$100 at the end of the fiscal year will be re-appropriated to the next fiscal year.

The HCBS-FE providers have had two rate increases since SFY 1999. The providers received a 6% rate increase, effective July 1, 1999. They did not receive another rate increase until July 1, 2006, at which point, they received a 4% increase. The attached chart reflects the rates for each HCBS-FE service from July 1, 1998 through July 1, 2006.

There was no provider rate increase on July 1, 2007. A budget enhancement request for SFY 2009 included a 2% rate increase for the HCBS-FE providers. The projected cost was \$1,276,891 (\$519,950). This is slightly higher than the amount included in House Bill 2761 for SFY 2009.

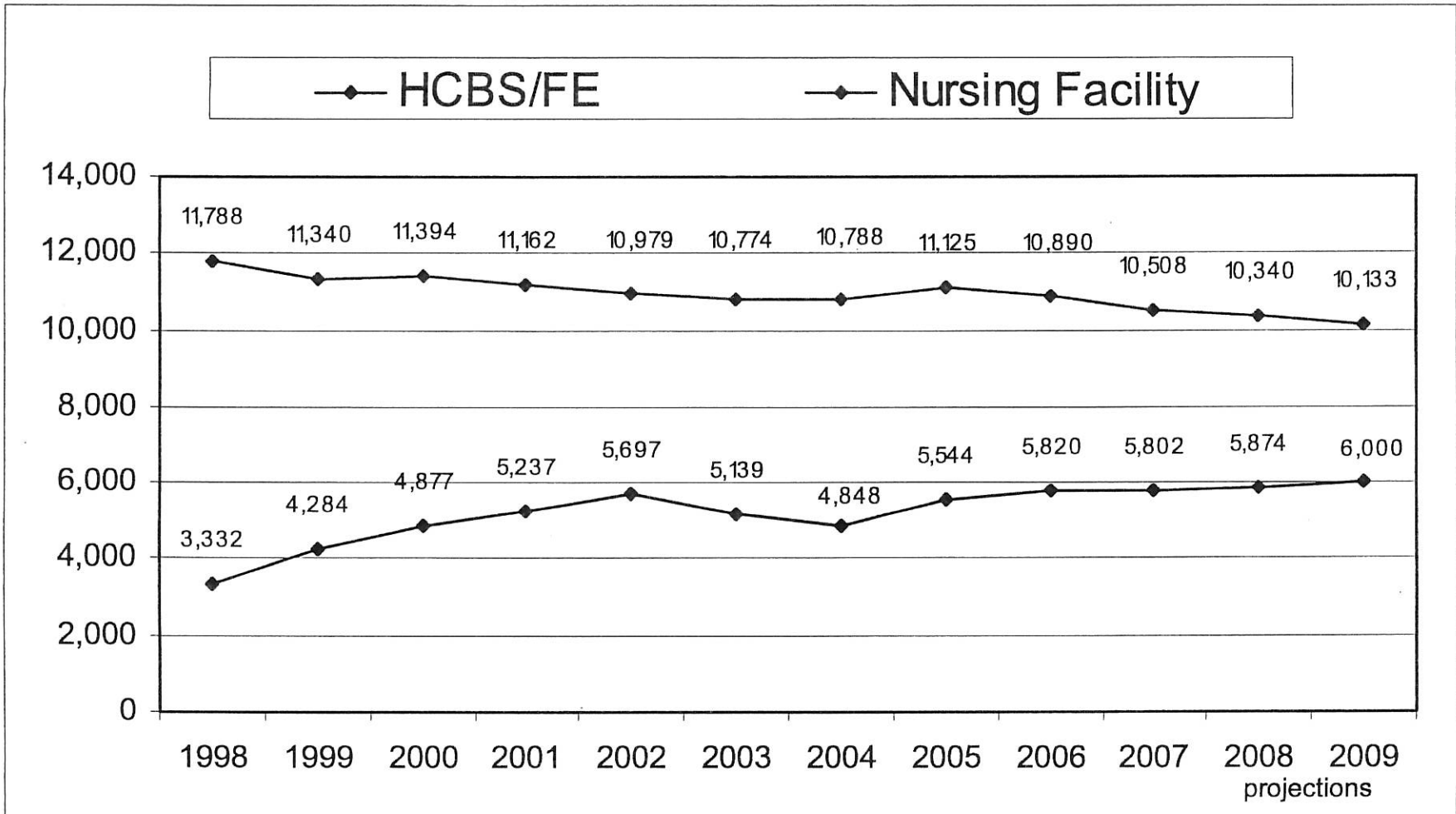
### **Systems Transformation**

The KDOA has been actively participating with the Department of Social and Rehabilitation Services (SRS) in the federal Systems Transformation Grant. The grant provides the agencies the opportunity to review the payment methodology structure for the waivers, functional eligibility determinations, and individual budgeting/self direction. SRS will have a contract in place September 1, 2008 to begin a study of the payment methodology which is to be completed one year later. The contractor will conduct a study to identify the costs of providing services to individuals (aging and disabled) in community settings with a focus on "independence, productivity and community living". This information will be used to make recommendations regarding the funding and payment methodology for the waivers.

The KDOA will collaborate with SRS to study wages paid to community direct care staff funded through reimbursement rates to providers. KDOA agrees that the issue of adequate reimbursement needs to be addressed.

Thank you for this opportunity to provide you with this information and I will now stand for any questions.

# KDOA LTC Medicaid Customers



HOME AND COMMUNITY BASED SERVICE FOR THE FRAIL ELDERLY WAIVER  
KANSAS DEPARTMENT ON AGING  
SERVICE RATE CHART

5-1

**HCBS/FE**

| Service:                           | Previous Rate:            | 6% Increase<br>Rate 7/1/99: | Rate 2/1/03:   | Rate 9/1/03:   | Rate 1/1/04:                 | Rate 1/1/05           | 4% Increase<br>Rate 7/1/06                |
|------------------------------------|---------------------------|-----------------------------|----------------|----------------|------------------------------|-----------------------|---|
| Adult Day Care                     | \$13.00 / unit            | \$13.78 / unit              | same           | same           | \$20.67 / unit (1-5 hours)   | same                  | \$21.50 / unit (1-5 hours)                |
| Attendant Care Level I             | \$12.00 / hour            | \$12.72 / hour              | same           | same           | \$3.18 / 15 min (\$12.72/hr) | same                  | \$3.31 / 15 min (\$13.24/hr)              |
| Attendant Care Level II            | \$13.25 / hour            | \$14.05 / hour              | same           | same           | \$3.52 / 15 min (14.08/hr)   | same                  | \$3.66 / 15 min (14.64/hr)                |
| Attendant Care - Self-Directed     | n/a                       | n/a                         | \$11.64 / hour | \$11.96 / hour | \$2.99 / 15 min (\$11.96/hr) | same                  | \$3.11 / 15 min (\$12.44/hr)              |
| Personal Emerg. Response - Rental  | \$20 / month              | \$25 / month                | same           | same           | same                         | same                  | \$26.00 / month                           |
| Personal Emerg. Response - Install | \$50 / one time           | \$53 / one time             | same           | same           | same                         | same                  | \$55.15 / one time                        |
| Respite Care                       | \$12.00 / unit            | \$12.72 / unit              | same           | same           | \$19.08 / unit (1-6 hours)   | Ended 12/31/04        | n/a                                       |
| Sleep Cycle Support                | \$20.00 / unit (6-12 hrs) | \$21.20 / unit              | same           | same           | same                         | same                  | \$22.00 / unit                            |
| Wellness Monitoring                | \$35.00 / visit           | \$37.10 / visit             | same           | same           | same                         | same                  | \$38.60 / visit                           |
| Assistive Technology (7/00)        | n/a                       | Purchase                    | same           | same           | same                         | same                  | same                                      |
| Nursing Evaluation Visit (7/00)    | n/a                       | \$37.10 / visit             | same           | same           | same                         | same                  | \$38.60 / visit                           |
| Medication Reminder (1/05)         | n/a                       | n/a                         | n/a            | n/a            | n/a                          | \$15.00 / unit (1 mo) | \$15.00 / unit (1 mo)                     |
| TCM                                | \$10.00 / unit (15 min)   | \$10.00 / unit              | same           | same           | same                         | same                  | \$10.60 / unit<br>7/1/07 = \$10.83 / unit |



700 SW Jackson, Suite 803, Topeka, KS 66603-3737 phone 785/235-5103 fax 785/235-0020 interhab@interhab.org www.interhab.org

March 12, 2008

TO: Representative Bob Bethell, Chair, and members of the  
House Social Service Budget Committee  
FR: Matt Fletcher, Associate Director, InterHab  
RE: HB 2761

Chairman Bethell and members of the Committee, thank you for the opportunity to speak to you today and share some background on the Kansas Legislature's historic connection with the community developmental disabilities service system, and the challenges that currently face the system.

**The Legislature's Past Commitment to DD Services:**

Over one hundred years ago The State of Kansas, in Article Seven of our constitution, agreed that a responsibility of State government was to provide for the welfare of persons with disabilities.

*"Benevolent institutions. Institutions for the benefit of mentally or physically incapacitated or handicapped persons, and such other benevolent institutions as the public good may require, shall be fostered and supported by the state, subject to such regulations as may be prescribed by law."*

For close to a century, The Kansas Legislature interpreted this language in its most literal sense – the building, maintenance and usage of brick and mortar to 'store' generations of Kansans with disabilities behind locked doors. This was not done out of desire to punish. It was felt, by the leading medical authorities, that little else could be done. Institutions were the "humane" choice for families, and they often were a better choice than the hushed and horrid anecdotes told of whole lives lived in barns, storm cellars and closets.

In 1881, The State of Kansas opened its first institution for the developmentally disabled, in Lawrence (and later moved to Winfield). Three more institutions followed (Parsons, Norton, KNI) by 1958.

During the first half of the Twentieth Century a new phenomenon also began to appear, almost unnoticed at first. In 1920, Arthur Capper formed a charitable organization in Topeka to care for children with disabilities in the community. In 1930, a community advocate in Wichita formed an organization called "Starkey" to provide supports for persons with disabilities in the community. Formation of many other entities across the state soon followed. These organizations were formed organically by families, local health professionals, and local units of government as a response to community needs.

By the 1960's, medical knowledge, and more importantly, public perceptions regarding developmental disabilities began to change radically. Funding changes at the federal level soon followed. Community-based services became an official government surrogate for the old service model of institutional care, first through special education in schools, and then in community-based services such as those that exist today.

*House Social Services Budget Committee  
March 12, 2008  
Attachment G-1*

Kansas followed the federal lead in selecting community-based models over any further expansion of institutional care. Initial monies given to community DD service providers were grant funds, given through the Kansas Department of Social Welfare (later named "Social and Rehabilitation Services"). Only nine licensed community entities provided service by 1965. Service delivery would remain lopsided for years, with more than 2,000 clients still in institutions and only approximately 250 in community programs by 1971.

The next thirty years witnessed unprecedented growth in community-based services. From those nine providers referenced above, the network grew to more than 200 organizations today. State funding grew as well, as legislators increasingly acknowledged that the State's focus should be the promotion of community-based alternatives to institutional care. In 1983, following federal changes to Title XIX that allowed for the use of Medicaid dollars to fund DD services, the Home and Community-Based Services Waiver for persons with developmental disabilities was established in Kansas by SRS, creating the primary funding stream that pays for community-based care today.

The State expressed its ultimate endorsement of community-based services in the Developmental Disabilities Reform Act (DDRA) of 1995; a statute which codifies the Legislature's commitment and responsibility to quality community-based care for Kansans with disabilities as the preferred service delivery system.

In 2008, it can be interpreted that the philosophy contained within the Constitution's original charge of creating "*Institutions for the benefit of mentally or physically incapacitated or handicapped persons...shall be fostered and supported by the state*" not only applies to the literal brick and mortar buildings of the State's two remaining hospitals, but also to the community-based services that the State has designated by statute as its replacement for the care of persons with developmental disabilities.

#### **Funding ≠ Commitment:**

Since passage of the DD Reform Act, funding provided by the Legislature has not matched the Legislature's stated support for community services, although the DD Reform Act includes specific language to ensure adequate and reasonable funding for the community system.

While the HCBS DD Waiver, the primary funding mechanism for the system, has continued to grow, that growth can be almost entirely attributable to the addition of more persons to the waiver. Actual increases in reimbursement rates that pay for these services in the community have been few and far between.

After passage of the DDRA in 1995, the Legislature increased reimbursement rates to community DD service providers **only five times during the following thirteen years**. Those five adjustments totaled just 16% in increases to the reimbursement rate. During that same time, consumer price inflationary indexes grew by at least 43%. Other inflationary indexes for that period – such as for health-related services - grew even higher.

The increases that were given by the legislature since 1995 – 4% in 1999, 2% in 2000, 3% in 2005, 4.3% in 2006 and 2.4% in 2007 – amount to 'cost of living' adjustments for those years. If the Legislature had adopted this approach each and every year, we wouldn't be here today discussing HB 2761. And, even if the measures contained within HB 2761 are passed this year by the Legislature, we will be here next year reminding you that its time for another 'cost of living' increase. Because, every year, the cost of providing services will go up. Reimbursement rates must be adjusted accordingly.

#### **Costs:**

The majority of provider costs are human resource related. The developmental disability service field is heavily dependent on people to do the work the State has charged it to do. As much as 75% to 80% of provider budgets go to staff-related costs including wages and benefits.

**Wages and Benefits:**

InterHab members report an average wage of \$8.83 per hour for Direct Support Professionals. These professionals form the backbone of the service system. They provide the constant support needed for persons with severe disabilities to stay out of costly institutional settings. They work in residential settings, cooking meals and helping to bath, clothe and toilet persons with disabilities. Often these professionals work with individuals who have challenging behaviors including physically aggressive outbursts, that are often pointed directly at these professionals. Direct Support Professionals also assume some health-related duties such as changing feeding tubes for dependent persons. In fact, as one provider shared with me, these DSP's often save lives.

They are required to perform this work in somewhat isolated settings with little direct supervision. These professionals are invaluable. They do the jobs that very few of us in this room could or would do.

And they make \$8.83 per hour on average.

As you might imagine, many people don't stay long in these jobs. The result is a 'revolving door' of costly staff turnover. Costly for providers (over \$2,000 per incident – per a 1998 KSU study) and costly to persons with developmental disabilities who are faced with a constant stream of new faces to help with their most intimate needs.

InterHab members report outpacing the State by a margin of **two to one** when it comes to increasing wages for direct support professionals. For every dollar the State put in for reimbursement rate increases in the past 10 years, providers have put in two dollars, on average, for direct support professional wages.

During these lean years, many providers chose to "rob Peter to pay Paul" in order to come up with additional funds to provide wage increases. Methods included eliminating or delaying the filling of staff positions, cutting purchases of needed equipment, cutting building and vehicle maintenance, postponing capital improvements, reducing training for staff and more.

The costs of providing benefits for employees continue to rise as well. One needs only to look at the trend for rising health insurance premiums to understand the challenges. The Kaiser Family Foundation and Health Research and Educational Trust reports that nationally, premiums for employer-sponsored health insurance rose 6.1% in 2007, and 7.7% in 2006. Kaiser also reports that premiums for family coverage have increased by 78% since 2001 – with workers shouldering significant amounts of these premiums with their wages.

**You've Already Solved This Problem:**

None of this information regarding the difficulty attracting and retaining Direct Support Professionals is news to the State.

You see, you've already solved this problem.

Take a look at the starting wages you pay your own State-employed Direct Support Professionals at Parsons State Hospital and KNI. The "DD Tech 1" position within those two institutions is currently \$12.05 per hour. These are the same workers who earn an average of \$8.83 in the community.

In fact, your own Direct Support Professionals have received raises twelve times in the last thirteen years. In 2005, you applied an extra wage increase of 5% just for these DSP's in part, on the basis of the Governor's budget request language:

*"For a number of years, significant inequalities between the beginning salary ranges for state hospital employees and similar direct care positions in both the state and private sectors have been developing. Such inequalities have led to high employee*



*turnover, which has been costly in terms of training, recruitment, and employee performance..."*

As the saying goes, "what's good for the goose is good for the gander". If raising wages for State-employed DSP's helped curb rising turnover in these state institutional positions, it will do the same in communities across Kansas.

**Conclusion:**

HB 2761 represents an historic opportunity for the Kansas Legislature to reclaim its role as leading partner in the development of quality services for Kansans with developmental disabilities. It's a role that dates back to the ratification of Article Seven of the Kansas Constitution. It's also a role that, quite frankly, the Legislature has abdicated since passage of the Developmental Disabilities Reform Act in 1995.

HB 2761 represents an opportunity to restore this vital system of supports for persons with disabilities. This afternoon, you will hear from several conferees who, together, will provide a complete picture of the challenges facing the community DD service system, as well as the opportunities that HB 2761 would offer for a brighter future for Kansans with developmental disabilities.

Thank you.



# Community Developmental Disabilities Services Update

## The People:

As reported by SRS, February 13, 2008:

| Number of persons receiving services: |              | Number of persons waiting to receive services: |       |                            |                                  |
|---------------------------------------|--------------|--|-------|----------------------------|----------------------------------|
| Adults:                               | 7,475        | Unserved:                                      | 1,471 | <b>SGF</b><br>\$20,984,109 | <b>All Funds</b><br>\$52,460,273 |
| Children and Families:                | 2,446        | Underserved:                                   | 2,012 | \$15,291,200               | \$38,228,000                     |
| Infants and Toddlers:                 | 3,680 est. * | Total:   | 3,483 | \$36,275,309               | \$90,688,273                     |

\*FY 2007 As reported by KDHE

## The Program:

Community services for persons with disabilities have become the normal way of life for persons who many years ago would have spent their entire lifetimes in state institutions. Community services allow persons to live, work and socialize in their home communities across Kansas. Services are provided 24 hours a day, 365 days a year, in all 105 counties and include:

- supported employment
  - school transition
  - life skills training
  - physical therapy
  - self determination
  - after-school programs
- respite for families
  - home modifications
  - pre-employment training
  - support with daily life activities
  - family subsidy
  - wellness monitoring
- case management
  - infant services
  - supported living
  - retirement services
  - occupational therapy
  - in-home family support

and assistance in accessing transportation, housing, medical care, or any other community resource as may be necessary.

## The Price:

|   |                               |                 |
|---|-------------------------------|-----------------|
| Community services are underfunded compared to institutional services. Compare average annual per-person funding: | Parsons State Hospital:       | \$129,575       |
|   | KNI:                          | \$167,535       |
|   | <b>Community DD Services:</b> | <b>\$35,663</b> |

## The Problem:

Despite the fact that community providers have successfully transitioned hundreds of persons out of costly institutions, the state has fallen woefully behind in adequately funding the community system. Compare these changes since 1993:

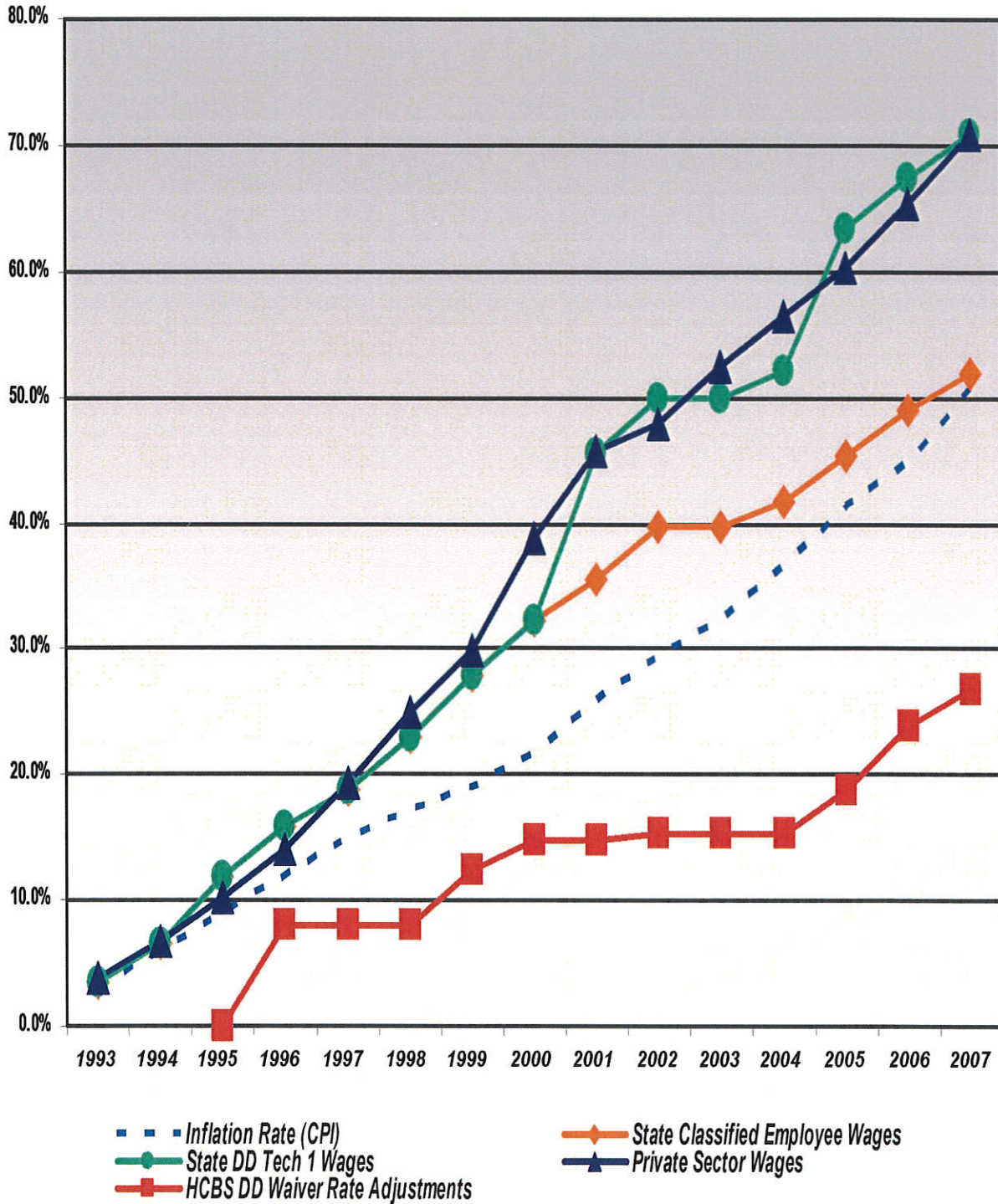
|  |  |
|--|--|
| <p><b>State's DD Tech 1 position increased more than 71%</b></p> <p><b>Inflation increased more than 51%</b></p> | <p><b>Since 1993, the HCBS MR/DD waiver increased only 24% from rate increases Given by the Legislature.</b></p> |
|--|--|

February 20, 2008



# HCBS MR/DD WAIVER RATE ADJUSTMENTS

Since 1993:



Information derived from "Increases in Salaries for State Classified Employees, Regents' Faculty and Classroom Teachers of School Districts, in Private Sector Wages, and in the Rate of Inflation" created by the KS Legislative Research Dept., October 2002 as well as from "Expenditures From All Funds and State General Fund" by Kansas Legislative Research Dept., October 2002. FY04 -FY07 CPI figures and private sector wage figures obtained from the Bureau of Labor Statistics. Additional figures derived from SRS legislative testimony.



March 12, 2008

**To:** Social Services Budget Committee

**From:** Maury Thompson, Executive Director  
Johnson County Developmental Supports

**RE:** House Bill 2761

Chairman Bethell and members of the Committee, thank you for the opportunity to speak with you today. This afternoon I have the privilege to “set the stage” for a number of individuals who will speak to 1.) the changes we have experienced in the community developmental disability (DD) system in the last many years – our past, 2.) a present capacity crisis, and finally, and perhaps most importantly, 3.) the future of the community DD system – and to the role you will play in that future. I believe the best, and probably most effective way to begin today is with a reminder of the Legislative Budget Committee’s comprehensive review of the community developmental disability system and their subsequent recommendations in the fall of 2006.

That body, after looking at the community DD system in depth, made historic recommendations. Many of you, hopefully all of you, are familiar with those recommendations, which read as follows:

***“The Legislative Budget Committee recommends that the Legislature establish a phased-in effort to accomplish the programmatically linked goals of community expansion and the elimination of the waiting list for services from the Home and Community-Based Services waiver for persons with Developmental Disabilities (HCBS/MRDD). This effort would consist of the following:***

- ***Expanding community capacity through rate adjustments to achieve rates which would more closely reflect parity between community wages and state institutional wages by adding \$15 million SGF in FY2008 and \$10 million SGF in FY2009 and FY2010; and***
- ***Eliminating the waiting lists for developmental disability (DD) services by adding \$10 million from the State General Fund in both FY2008 and FY2009, and \$15 million in FY2010.”***

These recommendations by the Committee address the most commonly understood needs in the community: **the waiting list and the underfinanced reimbursement rates for the HCBS waiver.**

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However, and additionally, the Legislative Budget Committee made the following recommendations:

- *“Assure that all programs are designed to meet the standards of the DD Reform Act;*
- *Examine, and replicate, if appropriate, models in other states which are better designed to assist families of dependent children;*
- *Establish minimum standards for all persons and entities who provide services;*
- *Assess current capacity planning; and*
- *Propose ways by which to upgrade employment related services”*

As you can see, these recommendations included both items requiring additional legislative appropriations to accomplish, and those that do not. We, the system managers, can begin, if not fulfill those recommendations of the Committee that do not require more money to accomplish. And, I am pleased to report that progress has been made on several of the identified issues. However, the dollars the Committee recommended to address waiting lists and community capacity have not materialized. We need you to appropriate the dollars as recommended. We are already a year behind the timetable established by the LBC.

Again, these historic recommendations were made after hearing the “state of the community DD system”. That message was based upon a concept coined “Q-Base”, or Quality-Based Community Expansion.

The Committee’s recommendations were consistent with the simple but critical premise of Q-Base –

**Waiting lists and rate increases must be addressed in combination if the State and its Community partners are to significantly expand community services for persons with developmental disabilities.**

The Governor’s budget has again proposed new funding to *reduce* the waiting list but has not addressed the equally critical need to increase waiver reimbursement rates to adequately compensate those who provide those services.

The vehicle to address the LBC’s appropriation recommendations has been identified. House Bill 2761 calls for the elimination of the community based services waiting list and community capacity expansion, consistent with the fiscal recommendations of the LBC.

I have been around long enough to see, year after year, the issue du jour taking precedence over the needs of the developmentally disabled. I simply ask that that not occur one more year. I simply ask that you help create a future that we can all be proud of, that honors the good work previous legislatures began, that addresses current needs, and that prepares us to build a quality-based system of service and support.

March 12, 2008

**To:** Social Services Budget Committee  
**From:** Ron Pasmore, President/CEO, KETCH  
**RE:** Testimony on HB 2761

My name is Ron Pasmore. I work as the President/CEO of KETCH, a community service provider located in Wichita. ***As you consider HB 2761, I think it is important to be reminded of the first developmental disability service system - the state institution.***

I spent the early years of my career as an employee of Winfield State Hospital. The story of Winfield is not very different from the hundreds of state institutions, which used to be the primary network of care for persons with developmental disabilities. There is a cemetery at the former state hospital. The first person buried there was Minnie Dow, born in 1871 and died in 1911 at the age of 40. Seven hundred fifty other persons who lived out most of their lives in isolation from family and community are buried there. One can only imagine their stories. ***Over its 116-year history, Winfield has been home to several thousand persons with disabilities. The primary reason was because there was not a place for them in their community.*** The only place deemed appropriate was the institution and the elected officials of State of Kansas declared that it was a duty of the State to provide such a place.

Thirty years ago, when I worked there, we regularly received babies within days after their birth. Their families were counseled by physicians to give up their children so they could be placed in the state hospital. The prevailing thought was that families could not handle the strain of rearing a severely disabled child. Certainly educational services were mostly non-existent in the community at that time.

Many of these babies had disabilities so severe that they were not expected to survive. They grew up in a setting that was very much like a hospital. The babies lived on wards, which were large rooms with tiled walls. There were about fifteen steel cribs in each ward. That is where they spent most of their time. The primary human interaction they received was during routine care such as feeding, changing diapers and bathing. These activities were performed in assembly-line fashion, as the number available staff was limited. When not in their cribs, children were strapped in their wheelchairs and placed in front of televisions.

During my employment, new federal funds became available that allowed us to begin educational services for infant and preschool aged children. I remember the preschool classrooms were set up in the former surgical rooms of the hospital building and the infant stimulation classroom was set up in the former morgue. I always thought it was ironic that we were teaching children new skills in the rooms that generations before were used to perform routine sterilization.

The adults also lived on wards. They slept in big rooms lined with rows of beds. Up to 20 people would sleep together, portable partitions erected between the beds. Attached to the sleeping areas were day rooms with a separate room for the staff to watch over them. The day rooms were large and contained hard plastic furniture. Each had a TV

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high up on the wall inside a locked cage. The TV always played, though no one paid attention to it. Sometimes individuals would be given toys such as pacifiers or hand held toys - again I am speaking about adults here - but most of the time they did not have access to anything. The living areas were kept locked at all times. Individuals did not have free access to move about their environment. The daily routine consisted of roaming the day room, being escorted to the dining room for meals and being taken to various areas of the institution for therapy. It was rare to get to have outings off campus.

***Today, through the network of the community service system, we have developed places for persons with disabilities to be a part of their community.*** At KETCH, we strive to help people with disabilities reach the goals that they have set for themselves - be it a job, a place to live, or involvement in their community. For some people, achievement of their goal is a short journey; for others, it can be a long and arduous step-by-step process. Some people have a rich network of support from family and friends; others come to KETCH literally alone in this world. Our job is to help them all to find pathways that work for them and assist them along their journey toward realizing their dreams. This is seemingly simple work; however, it is much more complicated than it appears. ***What makes all this happen is a dedicated staff who work well together, a responsive business community in which jobs are available, state and county funding sources that are knowledgeable and responsive, and persons with disabilities who have the courage and desire to strive for greater self-sufficiency.***

Our service system is a very labor-intensive business. Over our history, the key element of our success pulling all these variables together has been our employees. At an average hourly pay of \$8.36 an hour, our staff turnover rate is unacceptably high. Indeed, many positions go unfilled. HB 2761 would provide the funding necessary to correct this problem by allowing us to increase our pay for our direct care workers. Without an increase in our worker's pay, KETCH would be unable to hire the number of staff necessary to serve new persons from the waiting list if only that portion of this bill was funded.

***What worries me the most are the troubling signs that we are no longer doing what is necessary to achieve our goals because of the lack in quantity and quality of staff.*** It is troubling that we are constantly falling short of our own expectations in providing quality services. Despite our best efforts to prevent bad things from happening – we are overwhelmed because our workforce is inadequate to meet all the needs of those we serve. In many ways, I fear the community network is repeating some of the mistakes of the past because we are working without the necessary resources. The number one concern cited by guardians and persons we serve regarding their services is the lack of stability of their staff. The state institutions of the past served all who sought their services often without sufficient resources to meet the increase in demand. The community network is faced with much the same challenge today.

HOUSE BILL 2761

Presentation to  
House Social Services Budget Committee

Gary J Daniels

I retired from state civil service in 2007 as the Secretary of Social and Rehabilitation Services. I also served as Superintendent of Parsons State Hospital and Training Center for 26 years and have over 40 years of public service working for persons with disabilities. I stand before you in support of HB 2761. The governors and legislatures of Kansas have historically been very generous in their support of persons with disabilities. This support is grounded in the values present during the formation of statehood and the writing of the Kansas constitution. They have been passed down by families, our churches, and educational systems. The legislative support was evident in the passing of the Developmental Disability Reform Act of 1996 and more recently by the creation of the Five year Strategic Plan for persons with developmental disabilities. I presented this plan in 2005 to this committee and if my memory serves me the plan was requested by this very committee. The plan was created by a diverse group of Kansans and outlined eleven goals to be accomplished in setting public policy, community capacity building and service delivery, and financing. You now have a unique opportunity to affirm this history, these values, and the comprehensive planning while making a major commitment to persons with disabilities by supporting this bill.

The multi-year funding provisions of HB 2761 allow the agencies to establish and maintain more reasonable rates of payment for services and to reduce, eliminate, or forestall the creation of waiting lists for four HCBS waivers which serve persons from early development through their elderly years. Beyond funding the multi-year provisions make a major statement to SRS and the Department of Aging for setting departmental policy and priorities, to the staff and professionals serving these populations, and most importantly to the persons served by saying you are a person of value and may look to the future to realize your dreams and aspirations.

Kansas enjoys a significant reputation for its services and programs for persons with

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disabilities because of prior commitments made by the Kansas legislature. The vast network of public and private providers, the individual and agency advocates, the integration of our public schools, the research and training provided by our universities regarding disabilities, the leadership in our state hospitals, and the many natural and family supports comprise a system that is the envy of many states.

I urge you to support HB 2761 to continue making this commitment to persons with disabilities. This bill is really about you, me, our families, and friends. Some may realize a disability in their early years but we are all a person with a disability. It is only a matter of time.

My name is Donald Wilson. When I was 11 years old, I went to live at Parson's state hospital. I lived there for 7 years. I did not like living there because it felt like being in jail. The unit was scary and they did bad things. I worked in the laundry room there and would sometimes find loose change but I did not get to go shopping. When I moved from Parson's I lived with my sister for a year and then went to live at Friendship Manor in Haven. I liked living there a little bit because I made some new friends but I would sometimes get in trouble for not going to bed early.

In 1989 I moved to Hutchinson and started at TECH to live and work. At first I lived in a group home and went to the workshop. In 1993 I was able to move into my own apartment and have lived on my own for 15 years. I like living on my own because I am more independent and I can do what I want. I can decide when to go to sleep. I have trainers who help me budget my money, help me buy groceries, and help me sign up for activities that I like.

In 1998 I started looking for a job in the community. I started working at Carlos O'Kelly's in 1999. Next year I will celebrate my 10<sup>th</sup> anniversary. I work about 20 hours a week doing food prep. I like my job because I get to see friends and I get paid. I still go to the workshop 2 days a week and also go to the Computer lab. In the lab, I have learned how to email my friends, and make posters.

I enjoy fundraising and for the past 12 years I have helped raise money for the March of Dimes. I have also raised money for Big Brothers and Big Sisters for 7 years.

Since living in Hutchinson I have joined a bowling league. I also swim at the YMCA every week. I have also become a certified scuba diver and have logged 5 dives in Arkansas. I am planning to go on another trip this spring.

I am asking you to support House Bill 2761.

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March 12, 2008

TO: The House Social Services Budget Committee  
FROM: Pattie Knauff, Vice President of Human Resources, KETCH  
RE: Recruiting and Retention of Direct Care Staff from the Human Resources perspective

On behalf of the members of InterHab, thank you for allowing us this time today to testify.

My perspective on hiring and retaining direct care staff is a little different than you've heard before. My job is to locate and hire staff to keep our agency running. I am the VP of HR at KETCH; I am not a social worker and I don't have a social work background. I have a degree in business, with emphasis in Human Resources. I am also an SPHR, or Senior Professional in Human Resources, which is a nationally recognized certification. When I was first charged with accomplishing the hiring task back in '95, I thought it should be easy enough. Find the people, make the match and hire them. I struggled along for a year or so and I still had not managed to make a really good dent in our job openings. About this time, I was invited to attend a special preview for a restaurant grand opening because my sister works for Applebees Corporate headquarters. As I was enjoying my free meal, I noticed that they were fully staffed, from the hostesses in the front, the wait staff and table bussers in the middle, to the cooks and dishwashers in the back. They weren't even officially open yet! There were so many workers, they were tripping over each other. I was pretty sure they paid less than we do and I couldn't figure out how this new restaurant in town could get so many good people (at least they looked good to me), but I couldn't get my positions filled. I called my sister to ask what their secret was. She said, "That's easy. We don't do background checks."

Her comment started me thinking about all the barriers we put up before we can get one body in the door. The person must be **18 years of age**. They need to have a **stable work history**. We request their **KBI record**; they can't be on the **Abuse, Neglect or Exploitation registries** and there are three of them: for adults, children or the Kansas Department of Health and Environment. They have to pass a **drug screen**, and they can have **no drug convictions** because they'll be handling other people's medications. They have to be in **fairly good physical condition** if they're lifting, positioning, or moving individuals who are in wheelchairs, or possibly physically restraining people. They have to have a **valid driver's license** and a **good driving record**, and they also have to **have a vehicle that they are willing to use** in the course of employment because they'll be driving our folks to the grocery store and on outings. By the way, they will need to provide **proof of insurance** on that vehicle. All this for wages starting somewhere between \$7.15 and \$9.00 per hour. If you think of a track runner jumping hurdles, we just keep making those hurdles higher and higher as they go.

Most of you are aware of the basic rules of supply and demand. I'm no expert, but this is economics 101. I have attached a graph if you'd like to follow along. Where "P" equals "price" and "Q" equals "quantity", a business that is making a product is willing to make a lot more of the product (Q) the higher the price (P) goes - that's the basic rule of supply. Demand works the other way, in that the higher the price, the lower the demand. If we are selling widgets and the price is \$100 each, we'll only find a few people willing to buy a couple at that price. The trick is to find the point where supply meets demand. If you apply this same rule to the labor pool – the workers become the suppliers. While we might have a lot of people who would be willing to do the job at a wonderful wage, the first thing we'll have to do is shoot holes all up and down our "suppliers" because so many of them aren't going to be able to meet our minimum qualifications stated above. **Compound this with an imposed "P" that is lower than where supply meets demand, and the chances of ever being fully staffed become slim to impossible.**

As I write this testimony, I can see that we have over forty openings in Community Living alone. Several of these are part time. Over half the positions needed are for weekend workers, the others are second or third shift. The challenges in filling these positions go beyond jumping all those hurdles mentioned before. For example, you would think we could fill those weekend positions with students and people looking for second jobs. When we hire students or people who are employed full time during the week, they will rarely be able to attend a person's Plan meeting, and they struggle to keep up with the job training requirements. Because so many of the staff members work in the home of the person served without a supervisor present, we need people who are **independent thinkers** and can **make good decisions in a crisis**. They need to be **honest** and **dependable**. They teach our clients how to **cook, clean, balance a checkbook, plan a menu** and go **grocery shopping**. Therefore, we need staff members who know how to do those things themselves. We have found ourselves in a position of offering classes such as Basic Meal Planning to our staff. In other words, the process of getting and keeping good employees doesn't stop once they're in the door.

We recently had an opening in Human Resources at our agency. I received over one hundred applications for this position. I was fortunate to interview six and hired one. **For direct care staff, one employment advertisement typically brings in thirty to forty applications, less if you advertise too often.** Roughly half of those we might consider for interview. But after that, the odds are about the same as hiring for the HR position. For each six interviews, we might be able to hire one. Why didn't we hire them all if we needed them all? Here is an example: In a two week time frame, thirteen direct care staff were scheduled for interviews. Two didn't show up. One had a bad driving record, one had bad references. Others did poor interviews or the supervisors didn't feel they were a good match for the persons served. We hired three of those

thirteen. Another example: A supervisor brought me five applicants that she had interviewed and was very excited to bring on board. She had checked the references and asked me to check their backgrounds. The first person had a poor driving record. The next person had a criminal history. That left three. The next person had multiple DUI's and I don't know how he even was able to get a valid driver's license. We hired one. The last one withdrew.

I am co-chair of the InterHab Human Resources network. This network brings together Human Resources staff from agencies like KETCH located all over the state. I can assure you we are all experiencing the same frustrations recruiting staff. In a conversation with my counterpart, Dana Salinas, at Starkey, which is an agency across town in Wichita, I was told that they are also really struggling to get qualified applications. Besides the traditional recruiting avenues such as the newspaper and Internet, they have advertised in schools, on busses, in religious newspapers, and have gone so far as to use indoor billboard advertising on bathroom stalls. These ads ran for two months in bowling alleys and a variety of other places with public restrooms. They were able to hire one person from this resource. **When there is an excess of qualified workers in an area willing to work for lower pay, an employer might be able to lag the market, or pay lower than the point where demand meets supply. At the point we are advertising on the back of bathroom doors, it's clear we don't have an adequate number of people willing to work for the wages offered.**

On the subject of turnover, labor economics tells us to look at our pay rates when we see an increase in the number of people leaving for "other employment." In 1994, KETCH lost seven staff members due to "other employment." It was noted that two of those obtained their college degree and moved on to use it – and that's going to happen. In 2006, KETCH lost forty-four employees and in 2007, KETCH lost thirty-four who stated "other employment" as their reason for leaving, only one in 2006 and three in 2007 reported leaving to use his or her new college degree. **This single cause of turnover – "other employment" has gone up more than five and six-fold over the last few years, and yet our staff count has less than doubled.** This trend continues into 2008.

Another increasing trend that I see in my position is the number of employees who have no concern about being terminated for cause (fired). I am responsible for communicating to problem employees that he or she will no longer be employed due to some misdeed. Based upon the types of infractions and the responses of employees, I can only believe that low-paying jobs are plentiful and there isn't a whole lot of incentive for trying to jump all of our hurdles when they can go to so many other places in town and earn the same with less expectations. In 1998, there were sixteen staff terminated for violations ranging from absenteeism to time card falsification. Last year, there were twenty-six, in 2006 there were twenty and in 2005, there were thirty terminations for cause. 2008 has already seen seven. In recent years, I have terminated staff for coaching clients to say profanities, bringing a gun to work, and forgetting to

unload two persons served before parking the KETCH vehicle for the morning. Two staff members in 2007 were terminated for missing work due to being incarcerated. **Being 'terminated for cause' is second only to 'other employment' as to why we have turnover, and the types of infractions are increasingly placing persons served at risk.**

I would also like to assure you that rate increases do benefit direct care staff, and ultimately persons served. KETCH was able to provide 3% merit raises in the last year and we have known years that this was not possible. Ours is a pay-for-performance compensation system using a pay adjustment matrix based upon performance. This is a very important component in our efforts to retain staff. In addition, as you know the cost of doing business increases each year. As mentioned before, most of our direct care staff are required to use their own vehicle in the course of employment. We had to increase our mileage reimbursement rate from 30 to 40.5 cents per mile due to the increase in gas prices. Our health insurance costs increased by 18%, and KETCH absorbed much of that increase. Other agencies have volunteered that they have increased starting wages from 12 -15% over the last several years. **We are doing as much as we can with the resources available.**

As an HR person, I read employment ads for entertainment and education. I spotted one for a dancer that listed a single job requirement of "good teeth." Life isn't that simple for us. According to my Personnel/Human Resources textbook, fifth edition, written by Robert L. Mathis and John H. Jackson, **"When people work, they expect to receive fair value (equity) for their labor. This perception of fair value is at the heart of equity theory and has a significant impact on the satisfaction and performance of employees. By exchanging their labor and talents for rewards, employees are induced to continue contributing to the organization."** Thank you for your interest in our issues and for your time. We sincerely appreciate any effort you can make to improve this situation.

Hello my name is Andrea McMurray. I am a supervisor in the residential department at Cottonwood Incorporated in Lawrence.

When I started at Cottonwood I was really just looking for a job that accommodated my school schedule. I had very little experience with people with developmental disabilities but I loved it immediately. I had been struggling with the "what do I want to do with my life" question and Cottonwood just felt right. Not that it was easy- I will never forget that first weekend shift. It started Friday at 4pm and ended Monday morning at 8:30. It went well, I learned a lot. But I remember getting home and just sitting there on my couch stunned by the whole experience. The responsibilities are enormous! It is EVERYTHING and around the clock. The list of roles you need to be able to fill are endless- and I don't mean the list is long...it is literally endless! I could be helping someone bathe at one point and later, while checking out at Target, have to explain to another person I serve what an interest rate is and why agreeing to the forcefully offered credit card is not a good deal. Like I said...its everything! It was truly overwhelming but, after some experience and extensive training and certification (we're talking first aid, safety, ethics, medication administration, how to handle aggressive behaviors, respectful interactions ...you name it) I am now a highly educated and skilled direct service PROFESSIONAL. I stress professional because you cannot just walk into this job, nor can you expect to coast through the work. The education we receive is on-going and always improving. With all we are learning about some of these diseases and disabilities like alzheimer's and autism our staff training is state of the art and can be geared to each consumer's individual needs- now that is high quality service. But due to how little they pay, direct service positions are considered entry level, stepping stones, or even temporary. It should not be that way- the services we provide are invaluable to people and a foundation for them to achieve their goals and live a full filling life. A simple example of this is the gentleman who only needs help with getting out of bed and in & out of the shower -sounds like no big deal but without someone to provide that service he can't get on with his life, get to his bus or his job where he is a prized member of their staff and a contributor to society.

I want to consider this a career. I want to be able and stay, improve and pass down wisdom- possibly till I retire. But how can I when my wages are classified even by government standards as below poverty level. I want this to be a career and not just "one of my four jobs".

At one point I held a coordinator position. I was in charge of of running six group homes and 27 staff. It was the big time-I had my own office. But even still I had to work a 2<sup>nd</sup> job to make ends meet. I bussed tables at a Greek place. The biggest responsibility I had there was to try not to break any dishes. Believe it or not I made more per hour at the restaurant. When I was kind of reviewing the list of everything I do at Cottonwood in my head... bookkeeping, medication monitoring, financial counseling, property management, emergency response, driving, etc. I realized that any one of those jobs taken individually pay more than my job- and I do ALL of those things!

O.K so what do we have here? Difficult positions requiring high skill level plus low wages equals high turnover , constant position openings, and an inconsistent workforce. The consequences of this? Well, we all know that training is expensive and wasted money if the employee leaves -but that's not my department. What I see is the effect it has on our consumers. It can be truly devastating. Imagine

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forming connections that are constantly broken- it is painful and often triggers depression. Just a couple of mornings ago I was filling in at a group home (with a perpetually open position) and I asked the women over breakfast if having different staff often bothered them- without hesitation one woman snapped, "How would you like different strangers helping you when you needed help in the bathroom or something?" Another woman added that she hated not knowing who would be driving her home from work – or if they were a good driver. It just creates a "one-step-forward-two-steps-back" kind of situation.

I also see what consistency CAN do. No matter what level of care a person needs, when they can depend on staff to be there, who appreciates their individuality, a staff who also knows their needs and treats them with dignity - it is amazing what that person can accomplish. Staff consistency builds trust, security, and self worth – a winning combination for anyone. So if you pass this bill to provide direct support professionals with a better wage the impact will be on many levels. Not only will it show respect for the services I provide but ultimately show higher a respect for the people I serve- that their quality of life is important. I want you to realize that I am not asking for this rate increase so I can buy more stuff- it is so I can afford to stay at this job. It will matter. Good staff will be able to stay and people served will have a conducive environment to reach their true potential- and everyone benefits from that.

On a side note- I just now read the statistic that direct service professionals who work in the State's institutions start at \$12.05 an hour. I have worked at Cottonwood for 15 years and have yet to make that much.

Thank you for the chance to discuss this with you.



TESTIMONY ON HOUSE BILL 2761  
FROM COELET GALLOWAY-OBU  
COTTONWOOD, INC.

Good afternoon ladies and gentlemen. My name is Coelet Galloway-Obu and I work as a Direct Support Professional at Cottonwood, Inc. in Lawrence. Today I'm here to talk about my experience as a DSP in terms of making ends meet financially as a DSP. I appreciate the opportunity to share with you the impact that direct support professionals as myself have in helping people with disabilities shape their own future. Not only do we help them, but our consumers are real contributors to society and I'd like to think that what I do as a direct support professional has a lot to do with this. However, as a DSP, the average wage is \$8.83 an hour, which for me doesn't meet my standard cost of living, and to be honest with you, I work a part time job as well and my wages are still below the poverty line. As a Direct Support Professional, who does the same work that state direct care workers do, my belief is not that we should get paid more than state workers but that we earn a starting wage in parity to the \$12.05 an hour of which state workers receive. Besides working 50 hours a week to try to make ends meet, sometimes I have to wrestle with what bill should I pay first, or who won't get paid this month. I am also a full time graduate student at Washburn University, striving to improve myself as an individual just as others may be. Don't get me wrong, I love my job. There's not a day that goes by that I don't smile about something I'm learning from our consumers. I just believe that as time passes and those people in the field in the future will be called

upon to do more and unfortunately if the struggle of low wages continues, along with the rise in the cost of living, it will be close to impossible to keep qualified, trained direct support professionals because of our challenge to provide adequate finances to help care for our families. My closest relatives live in Chicago, but I can't afford to go there on vacation or sometimes to see a simple movie at the theater. In closing, I'd like to thank you all for your support for House Bill 2761 and thank you for allowing me to speak today.



March 13, 2008

TO: Members of the House Social Service Budget Committee

FR: Carolyn Risley Hill, CEO  
Starkey, Inc., Wichita, Kansas

RE: Serving individuals with challenging behaviors

Chairman Bethell and members of the committee, thank you for the opportunity to speak with you today.

I am Carolyn Risley Hill, CEO of Starkey in Wichita. Starkey has nurtured the development and promoted the independence of people with intellectual disabilities since 1930. We are proud of the individuals we support and of their contributions to our community.

I have been with Starkey for six years and was with SRS for 20 years before that, so I have many perspectives on our service system. I firmly believe that serving people with disabilities in the community is the right thing.

One year ago in this committee, I shared with you examples of challenges Starkey and others face in supporting people who have the dual diagnosis of an intellectual disability and a mental illness. Today, I can tell you the situation has worsened, and we are mere seconds away from a tragedy that would no doubt result in immediate changes to our state system. Let us hope such an incident will never occur.

Last year, I introduced you to **Jane**. She is only one of many individuals with a dual diagnosis we support at Starkey. She is but one example of our changing service system, and the extreme needs that have caused us to reach out for resources that do not exist.

Jane is a former foster child, has mild mental retardation and is also diagnosed with bipolar disorder, post-traumatic stress disorder, attention deficit and hyperactivity disorder, and diabetes. She came from a Level VI facility, the most restrictive foster care placement. When she was violent, they used physical restraint, chemical restraint, seclusion and referral to a mental health inpatient program. These interventions are not available to Starkey or any other community providers, per SRS licensing requirements.

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Jane is aggressive toward herself and others. She engages in self-endangering behaviors that require her to be restrained, sometimes for hours at a time. She bites herself and spits out the tissue. She bangs her head on the floor, throws chairs, spits on staff and jerks their hair, runs into a busy street and stands in traffic, and uses sharp objects such as pens or tacks to reopen old wounds on her arms.

To illustrate the extent of staff support required for just one person with a dual diagnosis in the community, consider that:

- In one week last year, Jane had 24 incidents of self-injury and was restrained four times.
- In a two-month period, Jane damaged property 15 times and showed verbal aggression 38 times.
- Since October, Starkey staff has called police five times to assist with handling Jane.
- Emergency room staff at Via Christi St. Joseph have told Starkey staff not to bring Jane to the hospital anymore, but instead to “deal with her in our own system.”
- Multiple staff members are assigned to restrain Jane during violent aggressive behaviors.
- Multiple staff members have been injured in the course of working with Jane; no one has been hospitalized, but they have needed medical treatment.

In the past, Starkey and other providers have tried, with limited or no success, to gain access to mental health facilities or state hospitals to help people who have challenging behaviors, even temporarily. After many tries, the Sedgwick County Developmental Disability Organization recently was able to gain access to the Osawatomie State Hospital for Jane, for a period of one week. She has since returned to Starkey with a recommendation that she be placed at Parsons State Hospital.

If community hospitals will not treat individuals with a dual diagnosis, if mental health facilities refuse admission because these men and women are considered to be too violent, and if there are no beds for them at state hospitals, to whom will community organizations turn for consultation and support?

**Please consider the following points:**

1. We are asked to serve people from other systems with a broader array of interventions available to protect not only the individual, but other people as well. **Individuals transitioning from foster care placements, inpatient hospitalization or jail do not function well in the open environment and choice that we offer.**
2. The SRS regulations for serving individuals with developmental disabilities have not been updated for more than a decade. **They simply do not support us in meeting the challenging needs we are trying to address today.**

3. **We seem to be the only system that puts our own staff at such risk in dealing with individuals who are violent.** We have been told by two inpatient hospitals that they will not serve an individual because he is too violent. Law enforcement officers take immediate action to protect themselves and others, including responding in great numbers, wrestling the individuals to the ground and handcuffing them. We have neither the staff nor the tools to respond in a similar fashion.
4. Our compensation of employees is completely unrelated to the responsibilities they assume. We are asking employees who typically start at \$8.55 per hour to serve people with challenging behaviors while also serving as trainers, caregivers, medication managers, cooks and drivers. **Staff wages should be commensurate with the responsibility they carry.**
5. **The risk we are confronting is enormous**—to the individual, to the other people we serve, to the staff and to the organization. It only takes one incident to cause a permanent injury, disability or death for the people we serve or our staff. It only takes one allegation of suspected abuse or neglect to end an employee's career. It only takes one tragic situation to devastate an organization.

I am encouraged by recent conversations with SRS Secretary Don Jordan on this topic and the work so far this year by a task force comprised of InterHab members and the Association of Community Mental Health Centers of Kansas. We are in the beginning stages of collaboration, but we recognize that we are far from addressing the needs of people with dual diagnoses effectively.

I thank you for this opportunity to speak to you today and I urge you to support HB 2761 which would provide rate increases that will enable community providers to improve the wages of direct support staff and seek the ongoing consultation we need to better serve this population.

Greetings,

This letter is written on behalf of my son, Corey. He is a Nineteen year old with Down Syndrome, a disorder involving developmental delays and mental retardation. He was a junior last year at Clayton High School in Clayton, Missouri and was a senior at Hiawatha High School this year. Corey came with his father and me to Northeast Kansas about eight months ago when my husband accepted a call to serve Lutheran Church congregations in the Hiawatha and Sabetha area. We chose to reside in Hiawatha partially because of the services we were told would be available for Corey from Brown County Developmental Services after he graduated from High School in 2008. Unfortunately...we have since discovered that those services, which are so important for Corey, will not be available for quite some time, as he is 1,926 on the statewide waiting list.

It is unacceptable that children such as Corey should have to put their lives on hold because services which are so vital are being denied them. Corey, like so many kids with Down Syndrome and other developmental disabilities, desires independence and wishes to become a productive member of society. This is also our wish for him. His performance in Special Education classes and in vocational training has proven that he has the potential to accomplish this goal. With the services of places like BCDS, Corey and others with handicaps such as he has, can succeed...but only if afforded the opportunity. They cannot make a successful transition from school to the work environment by being forced to spend an inordinate amount of time some 'waiting list.' This untimely delay only serves to frustrate them and stifle their enthusiasm and momentum. They want to finish schools with their peers as much as any other kid.

Corey has told several family members that he was graduating this year, and now we are in the position of having to try and explain to him that he is not...that we want him to remain in school another year...until BCDS can assist him in job training and placement. We only ask that you who are in the position to shorten or eliminate this unacceptable 'waiting list' for BCDS service put yourself in not just our places...but in our children's places. Any one of you could have had...or may even have, children with special needs. I implore you, don't deny those needs please support HB #2761 which will fund the waiting list over a 3 year period.

Respectfully,

Shelley Dunaway

*House Social Services Budget Committee  
March 12, 2008  
Attachment 15*

TO: Representative Bob Bethell, Chair and Members  
House Social Services Budget Committee

FR: Wendy Parent, Research Associate Professor  
Assistant Director, KUCDD, Lawrence Site  
Kansas University Center on Developmental Disabilities

RE: HB 2761 and Employment Outcomes

"...we want jobs in the community like anyone else!" (Julie, AR, 2007)

"We want to be out there like everyone else working at a real job and making real money."  
(Ricky, TX, 2007)

"I want a job." (Bea, KS, 2007)

Currently, there are 22 million people of working age who have a disability in the U.S. Only 38% of individuals with a disability are employed as compared to 78% for those who don't have a disability (National Council on Disability, 2007). Among adults with a disability, more than a quarter live in poverty and more than 75% earn less than \$20,000 (Bowe, 2006). Yet, two out of three people not working state they would prefer to be employed (Louis Harris Poll, 2005).

Our workforce needs these employees. The Bureau of Labor Statistics projects that by the year 2010 there will be 151 million jobs to fill and only 141 million workers to fill them (McCary, Sun Trust Bank, 2003). Employers report that they are satisfied with their employees who have a disability and state that they perform as well or better than their nondisabled coworkers (Rehabilitation Research & Training Center on Workplace Supports, 2002). A recent study conducted by the Chicagoland Chamber of Commerce indicate that employees with disabilities who work in the healthcare, retail, and hospital industries were just as dependable and productive as employees without disabilities and the costs for accommodations were often minimal and worth the expense (DePaul University, 2008).

Numerous corporate initiatives exemplify the benefits of hiring workers who have a disability. Cincinnati Children's Hospital has identified the solution to their recruitment and retention problems through the hiring of more than 70 people who have a disability reporting that on the average these individuals have been employed five years, earn over \$8.00 an hour, work 32 hours a week and have full benefits. They report their experience to be enormously successful particularly at improving performance and high turnover in entry level positions. At the Walgreen's distribution center in Anderson, SC, 40% of the 700 employees who work there have a significant disability. All of their employees are valued and equal (World News with Charles Gibson, 2008). Bank of America, Safeway, Marriot Corporation are but a few of the many

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employers who have expanded the diversity of their workforce to include individuals with disabilities.

Individuals who work in competitive jobs become tax paying citizens contributing to our nation's economy rather than just receiving government subsidy. Employing individuals with disabilities is a much more cost-effective approach as indicated by a return on investment ranging from \$1.30 to \$4.00 for every \$1.00 invested as compared (DiLeo, 1995). A study in Wisconsin reports cost of \$5,402 per person per year for those working with supported employment services versus \$10,661 per person per year for those individuals with disabilities attending day service programs (Mills, 2006).



Date: March 12, 2008  
Testimony to: House Social Services Committee  
Topic: In Support of HB 2761  
Presented by: Bill Craig, CEO  
Lakemary Center



I am Dr. Bill Craig, CEO of Lakemary Center based in Miami County and also providing services in Johnson County.

My life's blessings are many, and among them are these:

- I am the father of three wonderful children, one of whom is a son with significant disabilities who will require services and supports throughout his life.
- I am the director of a program that provides supports for over 500 individuals with developmental disabilities across the lifespan from Tiny K early intervention through our retirement program. Most of the people we serve will rely on long-term supports and services at some level of intensity throughout their lives.
- I live in a state where legislators and community leaders understand how a statewide network of services and supports actually benefits every Kansan, not just those with the disabilities.

Every person has potentials that, when nurtured, can lift them beyond their limitations to unexpected levels of achievement -- even when the limitation is a disability. When unsupported, that potential withers and dies. I watch with great personal and professional frustration, when young men and women leave special education after as many as 18 years of taxpayer investments, at the peak of their potential, only to have no place to go but home to sit in front of their televisions, because the state's waiting list is so long. These young men and women in whom we invest so much quickly lose those skills and talents while they sit and wait.

Human development from the womb to the grave is a dynamic thing, never static. People are either making progress or falling behind. It cannot truthfully be said that we have a SYSTEM of care in Kansas until we have funded a seamless array of supports throughout the lifespan. Such a system plugs the gaps, called waiting lists, recognizes the economic benefits of succeeding, and anticipates the needs for

*House Social Services Budget Committee  
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Testimony Page 2

Dr. Bill Craig, Lakemary Center

growth and technological enhancement. You have been reminded today that we once had a system of care that relied solely on state hospitals. The promise to end that era will not have been fully kept until there is NO waiting list. With HB2761 you have the opportunity to finally deliver on that promise.

You have also been reminded today that an under-funded system of care will never have the capacity or the quality to perform as it must. The state network for persons with special needs relies first and foremost on one special and diminishing resource: our direct care workers. As a parent, there is no greater source of anxiety and guilt than the worry about the many "strangers" who pass through my son's life. So many questions: Are they properly trained? Can they make good decisions when stressed (they all have second jobs)? Have they ever been taken advantage of? And, if they are good at this work, how long will they last?

Again, you have the opportunity to answer these questions with confidence. The answer is HB 2761. I believe that in most of our careers, whether in the public or private sector, there are just a few moments of decision that crystallize who we were and what we stood for. This is one of those moments. Please don't let it pass.

Thank you.



700 SW Jackson, Suite 803, Topeka, KS 66603-3737 phone 785/235-5103 fax 785/235-0020 interhab@interhab.org www.interhab.org

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March 12, 2008

TO: Representative Robert Bethell, Chairperson and Members  
House Social Services Budget Committee

FR: Tom Laing, Executive Director  
InterHab: The Resource Network for Kansans with Disabilities

RE: House Bill 2761; to eliminate waiting lists and assure quality based community expansion of services.

Thank you, Chairman Bethell and members of the Committee for these hearings, and for the consideration you have given us today. We support the bill before you, and appreciate the efforts of you in this room and among the general membership of the House and Senate, who created a chance for us to shape the budget in a way that is long overdue.

**The case for legislative action:**

You have heard the constitutional and statutory guidelines that shaped Kansas disability policies. Those guidelines were born in the same way as today's bill was born; as a legislative effort to address the hopes of thousands of Kansas families and communities.

You have heard how the challenges of individuals with disabilities and their families have been met by friends and neighbors, and how community organizations have worked with the State to make public policy promises come true.

You have heard the challenges facing our statewide network, and you have heard how they continue to struggle to make it work.

The outcomes are self-evident. More than 100 years of bricks-and-mortar policies have been re-made into policies in which the life of each person served is valued and the assistance to meet their individual needs is offered.

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One day at a time and one person at a time, you and everyone in this room have helped make our State a place where all persons' dreams are considered important. It is a great story, comprised of thousands of great chapters, but it is not complete.

**Each generation of legislators writes another chapter in the story:**

The 19<sup>th</sup> century chapters contained the promise that Kansans with disabilities would not be forgotten as this State was being built.

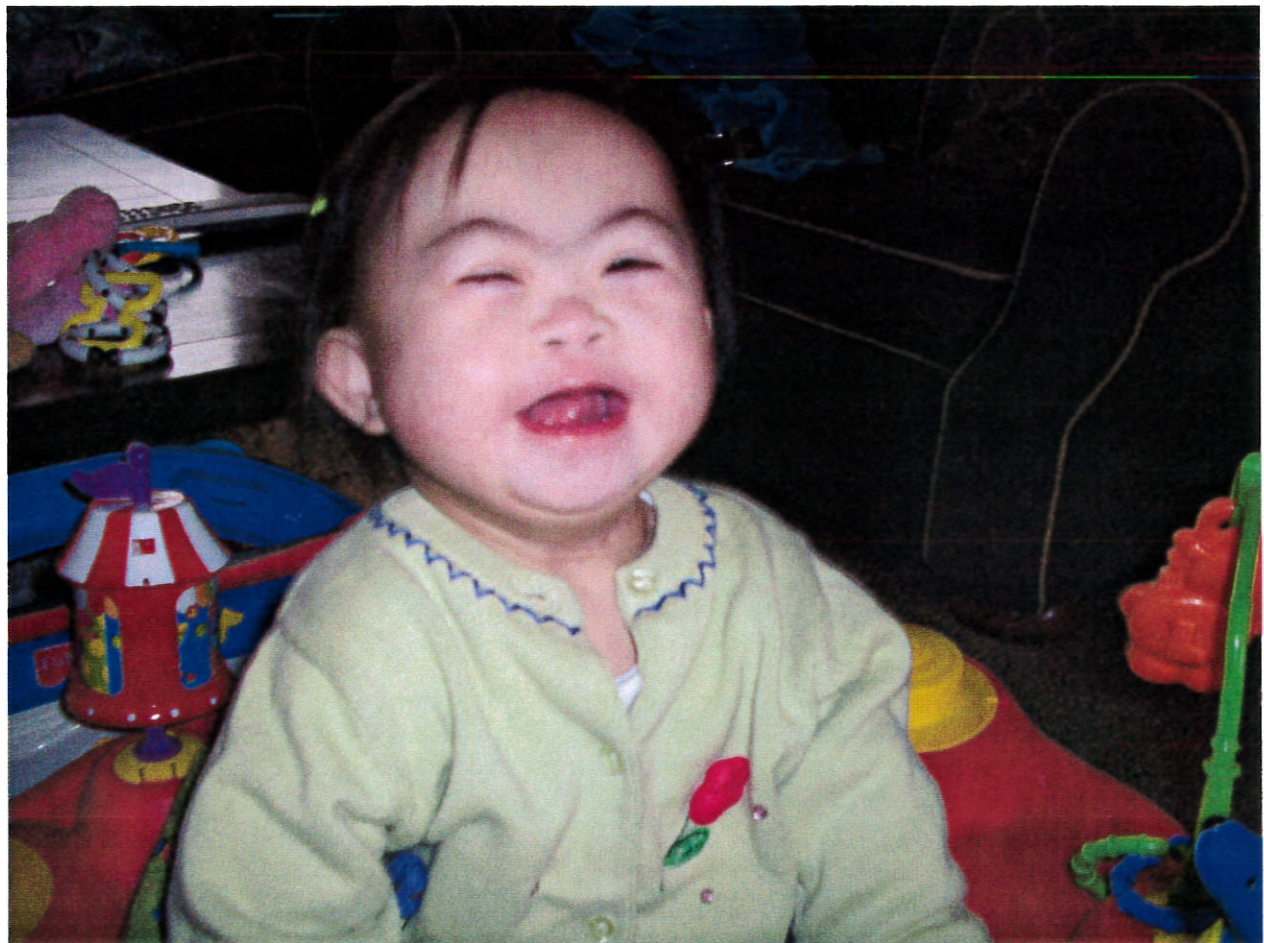
The 20<sup>th</sup> century chapters re-defined the promise into the one you heard yesterday from Ski Adams, who has taught us how technology and science helped give a voice to express his ideas and opinions from which we can all learn; and today, Donald Wilson, who emerged after living for so many years in a state institution finally to live in a community where he teaches us that everyone can succeed, *but only if they have a chance* to succeed.

**The 21<sup>st</sup> century chapter is yet to be written.**

**It will be the story of Madison, and it will be written by you.**

The Story of  
Madison Bauer-Schreiner

*By the 2008 Kansas Legislature.*





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# Topeka Independent Living Resource Center

785-233-4572 V/TTY • FAX 785-233-1561 • TOLL FREE 1-800-443-2207  
501 SW Jackson Street • Suite 100 • Topeka, KS 66603-3300

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**Testimony Presented to the House Social Services Budget Committee  
by Mike Oxford, Executive Director  
March 11, 2008**

For over 27 years, Topeka Independent Living Resource Center has worked in support of our mission to advocate for justice, equality and essential services for a fully integrated and accessible society for all people with disabilities. Throughout these 27 years, we have worked with people of all ages, with all types, natures, and severities of disabilities as we have offered support and resources for people who want to live, work and play in our communities. We appreciate the opportunity to present these comments in relation to HB 2761 and efforts to create parity in long term services and supports in Kansas.

Our work and our mission are supported by the vision of the Americans with Disabilities Act and the Kansas Act against Discrimination, and their recognition of and redress for the historical segregation and isolation from society experienced by people with disabilities. In their *Olmstead* decision, the United States Supreme Court deemed one of the most fundamental forms of isolation and segregation, the placement of people with disabilities in institutions instead of communities, to be discrimination prohibited by federal law.

*Olmstead*, the Americans with Disabilities Act, and our mission do not apply to some people and not to others. A person should not have less choice or less access because of her diagnosis, label or cause of disability. A person should not have to accept unwanted services or languish on a waiting list for essential services because of his type of disability. Our mission-based work promotes a fully integrated and accessible society for **all** people with disabilities.

We believe a system that maintains a waiting list for some people and some types of services is patently unjust. We believe a system that denies essential services based on how a person came to have a specific disability condition is patently unjust. We believe a system that unequally reimburses for similar services is patently unjust.

We also believe that, given the availability and support for systems change and critical analysis of service delivery systems, our state has an amazing opportunity to evaluate community capacity and long term care services in a meaningful way with recent federal grant opportunities such as the Systems Transformation and Money Follows the Person Grants. We would encourage this Committee to use the ideas from HB 2761 to further analyze the status of our communities to meet all members' needs, not necessarily through funding more of the same services, but through creatively addressing the support needs of individuals in our communities. We support efforts to redress inequalities among providers, promote equal access to services, and dedicate resources to building workforce and service capacities in Kansas communities.

Thank you again for the opportunity to engage in a dialogue about the importance of building inclusive, integrated communities and service systems to support the freedom and independence of all people.

**Advocacy and services provided by and for people with disabilities.**

*House Social Services Budget Committee  
March 12, 2008  
Attachment 19*

TO: House Social Services Budget Committee

FROM: Lori B. Feldkamp, President & CEO  
Big Lakes Developmental Center, Inc.

DATE: March 12, 2008

RE: HB 2761 – Appropriations for Home and Community Based Waiver Services for FY 2009, 2010, 2011 – Specifically services for the Developmentally Disabled (DD)

Good afternoon. My name is Lori Feldkamp and I am the President & CEO of Big Lakes Developmental Center in Manhattan. I am here to express my support for House Bill 2761 which looks to provide critical funding for services over the next three years, for individuals with developmentally disabilities, as well as for other individuals with disabilities. This bill provides funding to address the growing statewide waiting list for DD services but also attends to an issue that is reaching critical mass around the state: community capacity and the ability of providers to hire and retain qualified staff. This issue must be addressed, if providers are to be responsible to serve more individuals in the community.

#### Marketplace Economics

The ability for community service providers to be competitive in the marketplace to attract and retain staff is directly tied to the resources the organization. Community providers of DD services are dependent on the State as their sole customer AND determiner of rate of payment. As with most providers in the state, funds we receive from the state to provide services make up over 80% of our total budget. Most other funding we receive is earmarked for specific purposes that are not paid for by the state, for example, transportation, capital expenditures, room and board, etc.

The ability to develop a competitive wage and benefit structure is directly dependent upon the funding, you as a legislative body, see fit to provide. Since 1993, the HCBS DD Waiver rate adjustments have averaged 1.64% per year. For many of those years, there was NO adjustment to the rates at all. There are no automatic cost of living increases or assurances that rates will be increased annually to assist organizations with the increasing costs of doing business. Other community businesses simply increase their prices to offset rising costs, we do not have that ability.

With the assistance of the rate increase last year, we were able to increase our starting wage to \$9.00 per hour. That sounds like a lot, but applicants wouldn't even come in our door for less than \$9.00 per hour. The higher wage comes at a price, as we have to create part-time positions and are unable to provide part-time benefits and our full-time benefits had to be restructured, as well. In Manhattan, the competition for employees is brutal. Open a Sunday edition of the local paper and you will consistently find five pages full of help wanted ads. Local fast food restaurants offer \$8.00-\$10.00 per hour with automatic raises and benefits. Other

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entry level positions with no experience start for as high as \$12.30 per hour! None of which carry the awesome responsibilities that our direct care staff face each day.

In 2007, the average number of vacant direct care positions was 31 and turnover was 38%. Turnover costs are huge as initial training averages 45 hours with each new hire. Overtime costs in 2007 was a record \$32,000, and numbering over 5,700 hours of coverage. Recruitment advertising costs were over \$26,000. The first half of 2007, it took, on average, 49 days to fill a position. This number increased significantly the last half of the year when we tried to start our newest program for individuals with challenging behaviors.

### Community Expansion and Challenging Behaviors

The last few years, we have begun to see a significant change in kind of individual needing services. Dual diagnosis and aggressive behaviors are becoming increasingly common as "crisis" placements and exceptions to waiting list placement. Many of these individuals have aged out of the foster care system and have no family for support; others have less than ideal home environments strife with violence, drug and alcohol abuse and may be identified as eligible for services while in the justice system.

These types of placements, along with waiting list appropriations, and the closure of another service provider in our area has caused us to create 20 beds in residential services in the last three years and we are still at capacity. While we can procure apartments, homes and facilities for services, we can't manufacture employees to provide the services needed. An example of this dilemma is as follows:

In the spring of 2007, it quickly became evident that Big Lakes needed to develop a program to specifically address an increasing number of individuals with aggressive and explosive behavioral issues. These individuals presented their own set of challenges as they are young, strong, and very difficult to predict and control. On a daily basis staff are subject to hitting, kicking, biting, hair pulling and verbal abuse. Assuring the safety of our consumers, staff and the community under these circumstances, is difficult, at best.

In the traditional settings, consumers we serve are afraid and the quality of their service is affected as these few individuals brought disruptions due to violent outbursts and constant turmoil. In July, Big Lakes purchased a home to house the more difficult to serve and developed an alternative day and residential program to provide intensive one on one and two on one supports, as necessary. The home was fitted with fire and security alarms and sprinkler systems. We sent our trainers to advanced MANDT training. Risk assessments, behavior plans were developed. All we needed were the employees.

We knew it would be difficult to recruit and retain employees for this program, so we made the majority of positions full-time and we offered differential pay to work specifically with these individuals. Even though some of these positions provided promotion opportunities, we did not receive ONE internal transfer request. The day services program started in September, but it came to a quick halt when one staff quit within a month of hire and the other incurred an on the job injury while restraining a client and was off work for 10 weeks. The day program

turnover has been unusually high with two positions turning over three times. Normally daytime, Monday-Friday full-time positions are our easiest to fill and retain, but this has not been the case.

It took SIX MONTHS for us to find enough staff to begin residential services, January, 2008 and we are still not fully staffed. At the present time, this program operates at a loss. While it is too early in the program to have stable cost estimates, in February expenses exceeded reimbursement by over \$5,000. We believe we will continue to lose money on the operation at present reimbursement levels. While at some point in time, we may qualify for Extraordinary Funding for this program, it is not a certainty and there is a currently a waiting list for these funds. This program, while placing staff at risk, keeps our other consumers safe and continues to provide community services for individuals that might otherwise be in prison, a state hospital, or could possibly lose their life. If more individuals require this type of staff intensive service, I question our ability to make this happen in the present employment market at current reimbursement rates.

#### Summary

The challenge of staff recruitment and retention is expected to only worsen as baby boomers retire and the number of available workers decreases over the years. With the closure of institutions, the state has shifted the responsibility of serving our most vulnerable citizens to community service providers. While in the past, this process has been successful, it does not negate the government's responsibility to insure adequate funding is provided to ensure quality services in the future. The ability of service providers to serve aggressive and violent individuals is severely hampered without adequate resources to do so. It places consumers, staff, the organization and the community at risk.

House Bill 2761 is an important first step in assisting community service providers in recruitment and retention of employees for the next three years. The number of individuals waiting for services statewide number in the thousands. Failure to address community capacity will only set providers and individuals receiving services up for failure.

We respectfully request the committee vote YES on HB2761.

# SILCK / KACIL

Statewide Independent Living Council of Kansas, Inc.

Kansas Association of Centers for Independent Living

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House Social Service Budget Committee  
Representative Bethell, Chair  
HB 2761 Written Testimony  
March 12, 2008

Thank you for the opportunity to provide written testimony regarding HB 2761-a bill concerning appropriations for Home and Community Based Services waivers in Kansas. I am Jennifer Schwartz the director of the Kansas Association of Centers for Independent Living (KACIL). KACIL has worked with SILCK-The Statewide Independent Living Council of Kansas, to form a Public Policy Committee which is driven by a mission: *To Educate and advocate for a consumer driven long-term care system where there is parity and equity in the funding and services available through home and community based services as are currently available in nursing facilities and other institutions.*

KACIL and SILCK have a long history of advocating for each of the Home and Community based services waivers in our state. We have been active in development and implementation of each of these waivers.

The SILCK/KACIL Public Policy committee is very supportive of efforts to give people with disabilities, no matter their age or type of disability the choice of receiving long-term care services in the community by providing adequate funding to eliminating waiting lists and raise the reimbursement rate so that direct service providers make a reasonable wage; a wage that attracts more individuals into this type of profession.

HB 2761 provides a three year commitment to HCBS waivers in Kansas, and eliminates waiting lists. This bill provides funding to address waiting lists, works at capacity issues, and provides for rate increases moving us closer to rate parity. We support this legislation that would fully support individual choice of where they receive their long term care supports and services.

We would continue to challenge Kansas to move forward in balancing our long-term care system and providing greater opportunities for individuals to have a choice of where to receive the long-term care services, while maintaining cost effectiveness.

Thank you for your time and thoughtful consideration of HB 2761.

*House Social Services Budget Committee  
March 12, 2008  
Attachment 21*



# Families Together, Inc.

**March 12, 2008** *Parent Training & Information Centers for Kansas  
HB 2761*

Home Page:  
<http://www.familiestogetherinc.org>

Wichita Parent &  
Administrative Center  
3033 W. 2nd, Suite 106  
Wichita, KS 67203  
Voice/TDD (316) 945-7747  
1-888-815-6364  
Fax (316) 945-7795  
[wichita@familiestogetherinc.org](mailto:wichita@familiestogetherinc.org)

Topeka Parent Center  
501 Jackson, Suite 400  
Topeka, KS 66603  
Voice/TDD (785) 233-4777  
1-800-264-6343  
Fax (785) 233-4787  
[topeka@familiestogetherinc.org](mailto:topeka@familiestogetherinc.org)

Garden City Parent Center  
1518 Taylor Plaza  
Garden City, KS 67846  
Voice/TDD (620) 276-6364  
1-888-820-6364  
Espanol (620) 276-2380  
Fax (620) 276-3488  
[gardencity@familiestogetherinc.org](mailto:gardencity@familiestogetherinc.org)

Kansas City Parent Center  
1333 Meadowlark Ln., Suite 103  
Kansas City, KS 66102  
Voice/TDD (913) 287-1970  
1-877-499-5369  
Fax (913) 287-1972  
[kansascity@familiestogetherinc.org](mailto:kansascity@familiestogetherinc.org)

Statewide Spanish Parent Line  
1-800-499-9443

Thank you for the opportunity to provide written testimony on behalf of Families Together, Inc. Families Together is the federally funded, nationally recognized Parent Training and Information Center for Kansas. As a statewide organization, we provide support and education to families that include a child with a disability.

Each year we provide events that are planned and conducted to meet the specific and unique needs of families with a child with a disability. These parents are overwhelmed with the enormous responsibility and added financial stress that often occurs when individualized care is needed beyond that of a typically developing child. Families are then limited to accessing services for their sons and daughters due to the waiting list of the HCBS MR/DD waiver. The stress and challenges of these families often seem insurmountable.

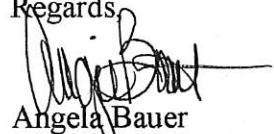
As Families Together staff members, we provide support to families with sons and daughters who have disabilities. During these conversations, current waiting list comes up time and time again. Parents come to our center for assistance and we hear their struggles and listen to their plights to gain better services for their children. The waiting list for the MR/DD waiver is leaving many families struggling to cope and children without much needed supports.

When children are removed from the waiting list the families must then find Direct Support Professionals to provide the care for their children. The responsibilities of these paid professionals are many. Care givers must have appropriate training to be skilled to perform the job. The Direct Support Professionals are making barely over minimum wage, this pay disparity between direct support professionals in the community and those who work in state institutions makes it difficult to find and retain good quality staff. As we look at the daunting task of removing individuals from the waiting list we must also look at the pay of those professionals who will be providing the services for these children. Bringing individuals off the waiting is simply not enough if you then can't pay support providers or even find quality professionals for the current level of pay. We must pay for the quality care that these children are receiving so that quality people continue their employment and children are provided consistent quality professional support.

*Assisting Parents and Their Sons and Daughters with Disabilities  
House Social Services Budget Committee  
March 12, 2008  
Attachment 22-1*

We want to thank you for your past support in eliminating waiting lists for other waivers. It is important to continue the forward motion of eliminating all waiting lists. We are certain that you will expand your financial support to the MR/DD waiver and remove those persons with disabilities from long waiting lists. We support HB 2761 and hope you will too!

Regards,

A handwritten signature in black ink, appearing to read 'Angela Bauer', with a long horizontal flourish extending to the right.

Angela Bauer  
Parent Support Specialist  
Families Together, Inc.