

MINUTES OF THE HOUSE AGING AND LONG TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on January 27, 2009, in Room 711 of the Docking State Office Building. This was a joint meeting with the House Social Services Budget Committee and co-chaired by Representative Peggy Mast.

All members of both committees were present.

Committee staff present:

Doug Taylor, Office of the Revisor of Statutes
Nobuko Folmsbee, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Amy Deckard, Kansas Legislative Research Department
Judith Holliday, Committee Assistant
Cyndie Rexler, Committee Assistant

Conferees appearing before the committee:

Secretary Kathy Greenlee, Kansas Department on Aging
Secretary Don Jordan, Kansas Department of Social and Rehabilitation Services
Ray Dalton, Deputy Secretary, Kansas Department of Social and Rehabilitation Services

Others attending:

See attached list.

Representative Bob Bethell, Chairman of the House Aging and Long Term Care Committee, called the meeting to order. He welcomed Chairman Peggy Mast and the members of the House Social Services Budget Committee to the joint meeting to listen to the reports on Home and Community Based Services and the Money-Follows-the-Person program.

Before the staff presentations began, Chairman Bethell issued a Fitness Team Challenge from the Aging and Long Term Care Committee to the Social Services Budget Committee. Representative Hawk offered to get pedometers for each of the members to begin the program.

Chairman Bethell called on Terri Weber, Kansas Legislative Research Department, for the staff overview of the Interim Report of the Joint Committee on Home and Community Based Services Oversight to the 2009 Kansas Legislature. (Attachment 1) The Joint Committee, comprised of five Representatives and four Senators, was created by the 2008 Legislature in Senate Bill 365 to review the long-term care system in Kansas. The issues discussed included funding for direct care staff; single portal for information on services; vocational training in schools, case management; global funding, global HCBS waiver; and hearing recommendations from agencies, stakeholders and providers on solutions to long-term care issues.

Ms. Weber explained that after discussions, the Interim Committee reached eleven recommendations and conclusions which are contained in the Interim Report.

Amy Deckard, Legislative Research, reviewed the Money-Follows-the-Person program, which is explained in the Kansas Long-Term Care Annual Report. (Attachment 2) Ms. Deckard explained that this is actually two separate programs. The federally funded Money-Follows-the-Person (MFP) demonstration grant is designed to enhance participating states' ability to increase the capacity of approved HCBS programs to serve individuals that are currently residing in institutional settings. The benefit for Kansas is enhanced federal funding to create additional community capacity, facilitate private facility voluntary closure, train staff, and ensure individuals have the supports in their homes to be successful, reducing the risk of re-institutionalization.

The Kansas Money-Follows-the-Person project, "Community Choice," is a demonstration project that is designed to provide opportunities for individuals that are currently residing in qualified institutional settings to move into their home communities.

Don Jordan, Secretary, Kansas Department of Social and Rehabilitation Services (SRS), gave an overview

CONTINUATION SHEET

Minutes of the House Aging And Long Term Care Committee at 3:30 p.m. on January 27, 2009, in Room 711 of the Docking State Office Building.

of how SRS and the Kansas Department on Aging (KDOA) each handle large parts of the long-term care system, and the need for efforts need to be made to work together on various issues. The two agencies determined that after the budget was submitted and had the Governor's budget recommendation, the two agencies would submit a long-term care budget containing the total of institutional services and the total Home and Community Based Services in the total long-term care budget to show the balance between the institutions and the expenditures. The Legislature requested the two departments to submit a yearly joint report on the Money-Follows-the-Person program.

Kathy Greenlee, Secretary, KDOA, told the Committee that long-term care is among the costliest categories in Medicaid. Nationally, seniors and individuals with disabilities comprise one-quarter of Medicaid enrollees, yet account for nearly 70 percent of Medicaid Expenditures. The State of Kansas has a long commitment to providing services to Kansans, and the American Association of Retired Persons (AARP) ranks Kansas as tenth in the nation with our leadership in this area. In recent years, Kansas has received several federal grants aimed at long-term care reform. Secretary Greenlee stated that being tenth is not good enough; we can do better. She stated that nursing homes will always be needed.

SRS administers several waivers and not all fit into the long-term care definition. These waivers include the waivers for individuals with physical disabilities, developmental disabilities, and traumatic brain injuries. The Department on Aging administers the Frail Elderly waiver. An overview of each waiver program is included in the Kansas Long Term Care Annual Report.

Secretary Greenlee compared the federal entitlement that individuals receive in an institution and what they would receive in the community. Home and Community Based Services (HCBS) are not considered entitlements and require yearly funding recommended by the Governor and appropriated by the Legislature. The waivers come from the Legislature through appropriations

Secretary Greenlee stated that people want choices or alternatives to institutional care, but consumer choice is limited when waiting lists exist. The largest group on a waiver list is the Home and Community Based Services Mentally Retarded/Developmentally Disabled Waiver, with some individuals on the list since June 2005. A waiting list for the HCBS/Physical Disability Waiver was implemented in December 2008, but this Waiver was underfunded and many who needed services could not receive them. The waiting list was implemented to avoid further overspending while allowing continued services. No new persons will be added to this waiver unless they are in crisis or accessing services through the Money-Follows-the-Person grant. She stated that there has not been a waiting list for Frail Elderly Waiver since 2004.

Ray Dalton, Deputy Secretary, SRS, explained the charts and spreadsheets attached to the Kansas Long Term Care Annual Report which detailed the movement from institutional settings to HCBS. He told the Committee that people go in and out of institutional settings to a home setting according to their varying needs at a particular time in their lives. The spreadsheets showed the projected cost savings realized when moving from the institutions into HCBS. The full spreadsheets will be available to Committee members who want them.

Chairman Bethell stated that the charts represent only a small number of persons getting the services. Committee members asked questions regarding freedom of choice; the role of a guardian in making decisions on behalf of a severely disabled person; comparison of cost per person in Kansas for services and costs in other states; and length of time, number and age of persons on waiting lists.

Information was requested of Secretary Greenlee on acute care costs and the growth in that area. Chairman Bethell asked that information to be passed to this committee when it is received.

The meeting was adjourned at 5:10 p.m. The next meeting is scheduled for January 29, 2009.

HOUSE AGING & LONG TERM CARE COMMITTEE

DATE: 1/27/09

NAME	REPRESENTING
Carolyn Muddindorf	Ks St No Assn
DeMarise Hg	SKIL
Pam Borchling	
Conie Hueser	KKMC
MARK Boranysk	CAPITOL STRATEGIES
Amy Penrod	DOB
Aui Hyten	TILRC
Deborah Merrill	KHPA
Mary Ellen Conlee	Craig Home Care
Judy Luxem	Kansas Health Care Assoc
Jim Beckwith	KCAP
Joe Ewers	KAHSA

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**Report of the
Joint Committee on Home and
Community Based Services Oversight
to the
2009 Kansas Legislature**

CHAIRPERSON: Representative Bob Bethell

VICE-CHAIRPERSON: Senator Pat Apple

OTHER MEMBERS: Senators David Haley, Laura Kelly, and Dwayne Umbarger; and Representatives Jerry Henry, Brenda Landwehr, Melody McCray-Miller, and Sharon Schwartz

STUDY TOPIC

- **Long-Term Care System in Kansas.** Review the current system of long-term care in Kansas, including the potential for global funding of long-term care by which no one is denied service in the manner they choose. Study other states that have implemented this method of services, specifically Washington, Vermont, and New Jersey. Also review the implementation of a global home and community based services waiver that provides services regardless of determining factor for the individual to be eligible for service.

Joint Committee on Home and Community Based Services Oversight

REPORT

CONCLUSIONS AND RECOMMENDATIONS

Based on the testimony heard and the Committee deliberations, the Home and Community Based Services Oversight Committee reached the following conclusions.

- Individuals receiving waiver services should have the opportunity to be gainfully employed. Therefore, the Committee will further consider the availability of vocational training for these individuals during the upcoming year. In particular, the Committee will examine the availability and level of vocational training in school districts for individuals receiving waiver services. It also will examine the availability of good data to determine the effectiveness of the current training programs and any legal obstacles to collecting that data.
- The Committee will continue to pursue ways for individuals seeking social and health services to have the ability to access services information through a single portal regardless of where they live in the state. In particular, the Committee will look for ways to strengthen the current 2-1-1 referral system in place in the state and to expand the locations where the AAA Resource Directory is made available.
- The Committee will continue to study the feasibility of expanding waiver services to children ages three and four who have special needs. In particular, the Committee will examine whether a gap in services exists for these children. The Committee will review the number of three and four-year olds currently enrolled in therapeutic preschools or preschools that offer social services and the availability of preschools who accept children with special needs.
- The Committee will continue to monitor the number of individuals on waiting lists for waiver services, autism services and infant-toddler services.
- For all waiver services, the Committee will continue to monitor the high turnover rate of direct care staff. In particular, the Committee will review available options to help retain quality direct care staff including increased compensation, enhanced benefits, and better working conditions.
- For all waiver services, the Committee will review the significant advancements in health care technology that allow more services to be provided to individuals with special needs while utilizing less staff and enhancing the health, safety and security of those individuals. The review will include the use of technological advancements in rural areas. The Committee also recommends that the use of health care technology in the care of individuals with special needs be a topic of consideration in the appropriate committees and subcommittees during the 2009 Legislative Session.

- The Committee will continue to monitor the Money-Follows-the-Person Program. As set out in the charge for the Oversight Committee, the Committee will monitor the movement of individuals and the transfer of funding into home and community based services.
- In future committee meetings and where applicable, the Committee may consider reviewing the availability and adequacy of services provided to the parents of children who are in the process of being reintegrated into the family.
- The Committee and the appropriate state agencies will contact the Kansas Congressional Delegation concerning the need for adequate reimbursement rates from the federal government to better ensure the availability of services, particularly in rural areas. The Committee also will review the state's funding policies to ensure that the rural areas are being adequately served.
- The Committee will review the reimbursement rates for Home and Community Based Services to determine if the reimbursement rates allow providers to earn a return sufficient to continue providing services in the community.
- The Committee will begin the process of developing a comprehensive, integrated approach to the provision of health care in rural areas within the broader context of rural development. In particular, the Committee will take the dialogue concerning rural health beyond the Committee and begin to work with other entities in state government, such as the newly created Division of Rural Development within the Department of Commerce; with local communities; and with stakeholders. The goal of the Committee's efforts will be to make as many services available in rural communities as economically feasible.

Proposed Legislation: None.

BACKGROUND

The Joint Committee on Home and Community Based Services Oversight operates pursuant to KSA 39-7,159, *et seq.* The Oversight Committee was created by the 2008 Legislature in House Sub. for Senate Bill 365. Senate Bill 365 sets forth the goal that long-term care services, including home and community based services, are to be provided through a comprehensive and coordinated system throughout the state. The system, in part, is to emphasize a delivery concept of self-direction, individual choice, services in home and community settings, and privacy.

The Oversight Committee is composed of nine members, five from the House of

Representatives and four from the Senate. Members are appointed for terms that coincide with their elected or appointed legislative terms. The Committee is to meet at least four times each year at the call of the chairperson. In its oversight role, the Committee is to oversee the savings resulting from the transfer of individuals from state or private institutions to home and community based services and to ensure that any proceeds resulting from the successful transfer be applied to the system for the provision of services for long-term care and home and community based services. Additionally, the Committee is to review and study other components of the state's long-term care system.

As required in Senate Bill 365, at the beginning of each regular session, the Committee is to submit a written report to the President of the Senate and the Speaker of the House of Representatives which includes: the number of individuals transferred from state or private institutions to home and community based services; the average daily census in state institutions and long-term care facilities; the savings resulting from the transfer of individuals to home and community based services as certified by the Secretary of Social and Rehabilitation Services and the Secretary of Aging; and the current balance in the Home and Community Based Services Savings Fund. Additionally, the Kansas Department on Aging (KDOA) and the Kansas Department of Social and Rehabilitation Services (SRS), in consultation with the Kansas Health Policy Authority, are to submit an annual report on the long-term care system to the Governor and the Legislature during the first week of each regular session.

COMMITTEE ACTIVITIES

The Oversight Committee held four one-day meetings in the 2008 Interim. The Committee's work focused on the following areas:

- Reviewing the funding targets recommended in the Legislative Budget Committee Report to the 2007 Legislature with the intent that the funding targets be used as guidelines for future funding, planning and policy making;
- Reviewing the number of individuals who, since July 1, 2008, have been transferred from state or private institutions and long-term care facilities to home and community based services and the associated cost savings and other outcomes of the Money-Follows-the-Person Program;
- Providing oversight of the savings resulting from the transfer of individuals from

state or private institutions to home and community based services to ensure that proceeds resulting from successful transfers be applied to the system for the provision of services for long-term care and home and community based services;

- Studying and determining the effectiveness of the transfer program and the impact on state institutions and long-term care facilities;
- Determining whether adequate progress is being made to transfer individuals from institutions and from waiver waiting lists to home and community based services; and
- Considering whether sufficient funding is provided for the enhancement of wages and benefits and for the training of direct, individual care workers.

Additionally, the Legislative Coordinating Council (LCC) requested that the Committee review the current system of long-term care in Kansas, including the potential use of global funding for long-term care. The LCC also requested the Committee to review the implementation of a global home and community based services waiver that would allow long-term care services to be provided regardless of the specific waiver factors that make individuals eligible for long-term care services.

Within the framework of the above directives, the Committee received testimony from state agencies, providers, associations, and other stakeholders in the areas discussed below.

Review of the Report of the Legislative Budget Committee to the 2007 Kansas Legislature

The Committee received an overview of the funding recommendations made in the Legislative Budget Committee Report to the 2007 Legislature. The funding recommendations

were made to establish a phased-in effort to accomplish the linked programmatic goals of expanding community capacity and eliminating the waiting list for Home and Community Based Services for persons with Developmental Disabilities (HCBS/DD) waiver. The funding recommendations included:

- Adding \$15 million from the State General Fund in FY 2008 and \$10 million State General Fund in FY 2009 and FY 2010 to expand community capacity through rate adjustments which would more closely reflect parity between community wages and state institutional wages.
- Adding \$10 million from the State General Fund in both FY 2008 and FY 2009 and \$15 million in FY 2010 to eliminate the waiting lists for developmental disability waiver services.

Status of Long-Term Care Services in Kansas

The Committee received testimony on the status of long-term care services in Kansas. The testimony included information on long-term care trends in the state and the home and community based service waivers currently being implemented.

Kathy Greenlee, Secretary of Aging, provided an overview of the American Association of Retired Persons (AARP) report *A Balancing Act: State Long-Term Care Reform* which examined the extent to which states have balanced the delivery of Medicaid-funded long-term care services and supports between institutions and home and community based services. Secretary Greenlee stated that, of its Medicaid long-term care dollars for older persons and adults with physical disabilities, Kansas allocates a greater percentage (34 percent) to home and community based services as compared to the U.S. average (25 percent). In 2006, Kansas ranked tenth in the country in the percent of Medicaid dollars spent

on home and community based services. She also stated that Kansas should look to Oregon, New Mexico, Washington, and Arkansas as peer states to emulate.

Dr. Rosemary Chapin, who directs the Office of Aging and Long Term Care (OALTC) at the University of Kansas School of Social Welfare, discussed research that OALTC has conducted in collaboration with the Kansas Department on Aging, the Kansas Department of Social and Rehabilitation Services, the Area Agencies on Aging (AAAs), the Kansas University School of Pharmacy, and the Kansas University School of Medicine. Dr. Chapin stated that Kansas has made great strides in rebalancing the long-term care system and using tax dollars more effectively. However, Kansas is still institutionalizing older citizens at a higher rate than the national average which is costing the state more money than necessary to meet the needs of many Kansans. Conclusions drawn from three studies showed that Medicaid Home and Community Based Services are cost effective and typically are less costly for the state than nursing home services. Also, older adults appear to stabilize after a period of receiving HCBS services and are able to live in the community without state funded services, often with informal care provided by family and friends.

Dr. Chapin also discussed the trends expected to affect long-term care between now and 2020. OALTC used a 2002 AARP report on trends in long-term care as a framework to explore long-term care trends in Kansas. She stated that the older adult population in Kansas will incrementally increase in contrast to the national trend. Also, the older adult population in Kansas is becoming more diverse and disparities in disability and poverty among racial and ethnic groups exist that could impact their demand for long-term care. Additionally, Dr. Chapin discussed mental health services for older adults and stated that, currently, older adults with mental health needs are underserved.

A representative from AARP Kansas provided written testimony about the state of long-term care in Kansas noting that the ranking for Kansas in dollars spent for home and community based services changes when the statistics for older Kansans are reviewed. Compared to the U.S. as a whole, Kansas had a significantly higher rate of persons age 65 and over living in nursing homes. In 2007, for every 100 persons over age 65 in Kansas, 5.15 were nursing home residents as compared to the national number of 3.6 nursing home residents. Kansas is ranked sixth highest in the nation.

Testimony was provided by the Executive Director of the Kansas Area Agencies on Aging Association (K4A), which represents the 11 AAAs in Kansas. The Executive Director stated that the Area Agency on Aging system is funded by federal, state, and local resources; is administered locally; and the service delivery decisions are made at the community level - often in the homes of seniors who need services that make independent living a viable option. The Committee was provided with copies of the 2008 Quality Review Report for the Home and Community Based Services for the Frail Elderly (HCBS/FE) Waiver prepared by the Department on Aging which showed that the overall statewide compliance score for the AAAs for the first quarter of FY 2008 was 97 percent.

An individual representing the Northeast Kansas AAA, stated that the AAAs are federally mandated to advocate for seniors and are the single point of entry for seniors needing services. It was stated that the HCBS/FE waiver is the most cost efficient of the major waivers, had the most clients, and realized an annual savings to taxpayers of more than \$115 million.

Representatives of SRS and KDOA updated the Committee on existing long-term services that included information on the waiting lists for the HCBS waivers, the status of the Money-Follows-the-Person program (MFP), adult day care services, and budget issues.

The Committee received an overview of the Program of All-Inclusive Care for the Elderly (PACE) program from a representative of the Department on Aging who explained that PACE is a capitated benefit authorized by the federal government in 1997. It is a comprehensive service delivery system that integrates Medicare and Medicaid financing and allows most participants to continue to live at home while receiving services. Representatives of the two PACE providers in the state, Via Christi HOPE located in Wichita and Midland Care PACE located in Topeka, provided testimony about their programs. The PACE representatives noted that PACE is an alternative to traditional long-term care placement; providers are at full risk for all costs approved by the PACE Interdisciplinary Team Program; the state can realize savings from the co-payments made by program enrollees whose incomes are above \$747 per month; and with capitated payments from Medicaid, PACE enhances the state's ability to predict costs for the long-term care population as well as fulfilling an individual's goal of remaining in the home.

Stakeholder Concerns and Recommendations for Changes to the Long-Term Care System

The Committee requested input from stakeholders on suggested changes to the state's long-term care system. The stakeholders providing testimony included representatives of state agencies, associations, and service providers.

Agency Recommendations. Representatives of the Department of Social and Rehabilitation Services highlighted the need for advocacy, whether through the role of the State Long-Term Care Ombudsman or self-advocacy; the need to ensure that the HCBS waivers are of high quality, offering care that does not focus on paperwork; the need to ensure that patients' expectations are being met; and the need to ensure that the state is getting what it pays for while patients are getting what they need. The Real Choice-Systems

Transformation Planning grant was discussed as allowing Kansas to conduct an independent, unbiased review of the systems that are in place to assess the long-term care needs of individuals. It also will assess the operational structure of the long-term care system including cost determination of the services provided.

A representative of the Department on Aging stated that the Department continues to support self-direction, individual choice, home and community-based services, and privacy. The Department continues to conduct quality assurance surveys which have shown a high level of satisfaction with the services provided. Additionally, the Department, along with SRS and the Kansas Health Policy Authority, work closely with stakeholders and advocates in designing and implementing long-term care services.

A representative of the Kansas Health Policy Authority reiterated the Authority's role to ensure compliance with the state and federal laws and rules governing the state's Medicaid programs. The representative also noted the importance of continued collaboration among the state and federal agencies responsible for the development of Medicaid policy.

The State Long-Term Care Ombudsman stated that, at present, ombudsman services do not include private homes or other non-licensed settings. The representative recommended that the Oversight Committee begin a dialogue to explore advocacy options within the Money-Follows-the-Person program. Also, he recommended that two more ombudsmen be added to bring Kansas in line with the Institute of Medicine's recommendation of one ombudsman for every 2,000 residents.

The executive director of the Area Agencies on Aging Association, cautioned the Committee against developing health care institutions in individuals' homes. Additionally, a representative from the Northeast Kansas AAA, opposed

moving to a single waiver system (global home and community based waiver). He stated that waiver philosophies are different, waiver goals for participants are different, waiver services are different for different targeted populations, and individual needs are different. Concerning the Money Follows the Person Program (MFP), he stated that the AAAs are committed to making the MFP Program work. However, concerns were expressed about the definition of a "home"; that payment for services provided by the AAAs would be delayed until the person actually leaves the nursing facility; that no payment would be received if the person does not leave the nursing facility; that only 48 hours of "transition services" are allowed; that some areas of the state lack affordable housing; and that some Plans of Care will cost more than the care provided in a nursing facility.

Association Recommendations. Testimony from a representative of the Kansas Health Care Association noted that the barriers to community placement should be removed; adequate funding must be provided for the spectrum of facility and HCBS services; quality assurance systems must be built into all services and support programs; and consumer protections must be enforced through appropriate government regulation; and accountability measures need to be put in place for taxpayer funds when hiring non-traditional caregivers. Additionally, the representative recommended the Committee review Tennessee's Long Term Care Community Choices Act of 2008.

A representative of the Kansas Advocates for Better Care mentioned the need for an independent, objective, authority able to intervene to address safety, health, and welfare issues on behalf of adults who will receive home and community-based services as they make the transition from nursing homes to community settings with services. The representative also noted that the current State Long-Term Care Ombudsman program does not have the authority, staff, or funding to provide adequate oversight.

A representative of the Kansas Association of Homes and Services for the Aging reiterated its commitment to promote diversification; to participate in development of quality indicators and core competencies for community-based service providers; and to work with policymakers and state agencies in identifying policies that support transformation of nursing homes into aging service centers.

Testimony from a representative of the Kansas Association of Centers for Independent Living discussed the need to continue to support self-direction in Kansas; maintain and expand funding in all HCBS programs; establish a solid diversion program which includes expedited service delivery for all HCBS waiver programs; and increase direct care worker rates.

A representative of the Kansas Home Care Association discussed the need for reimbursing at a rate that allows agencies to recruit competitively and retain staff by offering a sufficient living wage. In addition, the representative noted the importance of supporting the expansion of technological advances such as telecare.

A representative of the Disability Rights Center of Kansas discussed the need to eliminate all waiting lists; to expand capacity over a three year period; to right-size institutional beds; and to add less expensive more desired HCBS services.

A representative from InterHab noted the need to increase reimbursement rates to allow providers to offer wages for direct care staff that are comparable with what the state pays its own direct care workers and to eliminate the two waiting lists by implementing the Legislative Budget Committee recommendations.

Provider Recommendations. The Committee received testimony from representatives of HCBS providers; one representative shared his sense of urgency that the waiting list currently in place for persons

with developmental disabilities be eliminated within three years as was suggested by the Legislative Budget Committee Report to the 2007 Legislature. He expressed urgency that adequate resources be made available for the expansion of community services as also recommended by the Legislative Budget Committee. Concerns were expressed that funding for the federally mandated Infant-Toddler Services (*tiny-k*) Program has not kept pace with the increase of children coming into the Program and urged that the Program be fully funded. By federal law, *tiny-k* Programs cannot turn a child away. Additionally, the representative requested that the Committee examine the state policy that arbitrarily sets an age limit of five years or older to be eligible to participate in the HCBS Developmental Disability Waiver (HCBS/DD).

The President of Developmental Services of Northwest Kansas (DSNWK), expressed concern about the funding shortfalls for community services for the developmentally disabled and shared with the Committee the service closures that DSNWK has begun to implement in response to the funding shortfalls. The representative also urged the Committee to implement the recommendations made in the Legislative Budget Committee Report to the 2007 Legislature a top priority.

The President of the Kansas Elks Training Center for the Handicapped (KETCH), provided testimony to demonstrate that the best assistance for persons with developmental disabilities is to help them become employed in competitive jobs. He stated that employment leads to increased levels of independence, a better quality of life, and can result in cost savings for services the developmentally disabled receive. He stated that the maximum Social Security Income benefit is \$637 per month or \$7,644 per year which is below the federal poverty level of \$10,400. He also provided the results of a 2006 Gallup poll, a DePaul University study commissioned by the Chicago Chamber of Commerce, and two national studies by the Harris Poll supporting

the positive benefits of hiring persons with developmental disabilities. He also stated that the largest barrier continues to be the attitude of employers that persons with disabilities cannot work. Other barriers include the initial training costs, fear of loss of other benefits, and instability of funding for employment service providers. Additionally, the August 2008 Developmental Disability Service Report published by SRS indicated that of all persons with developmental disabilities receiving funding in Kansas for day services, only 19 percent are employed.

The Executive Director of InterHab stated that the underfunding of reimbursement rates has placed the progress made in the developmental disabilities programs in doubt and the system is in jeopardy. He cited the difference between the approximately \$12 average hourly wage of state institutional workers as compared to the approximately \$9 average hourly wage of community workers as the most dramatic instance of rate inadequacy. Additionally, programs offering employment and vocational training for persons with disabilities are in danger of disappearing from the community network. He recommended that the Oversight Committee support the funding recommendations in the Legislative Budget Committee Report to the 2007 Legislature.

In written testimony, representatives of the Coordinating Council on Early Childhood Developmental Services responded to the LCC request concerning a global home and community based services waiver. The Council encouraged the Committee to revisit the current policy provision that limits most HCBS waivers to persons over the age of five years. Additionally, the Council urged consideration for adequate funding to meet the needs for all individuals on waiting lists for services. The Council also requested that serious consideration be given to make the waiver process as user-friendly as possible in that Kansas families still struggle to navigate a very complicated system.

Other Long-Term Care Issues

Funding for Direct Care Staff. The Oversight Committee received an update concerning the issue of adequate funding for direct care workers. An auditor from Legislative Post Audit, provided a review of the 2008 Performance Audit, *Disability Waiver Programs: Reviewing the Use of Appropriations Intended to Upgrade the Wages of Certain Caregivers*. The Post Audit noted that the Legislature appropriated \$27.5 million in FY 2007, and \$27.2 million in FY 2008 for the reduction of the waiting lists for the Developmental Disabilities and Physical Disabilities waivers and to increase wages for direct caregivers. The increase for caregiver wages was specified by the Legislature for FY 2007 but not specified for FY 2008. In a 2007 memorandum from the Department of Social and Rehabilitation Services to service providers, there was no mention of the Legislature's intention to provide a wage increase for direct care workers. Post Audit sampled five developmentally disabled service providers, and determined that the direct caregivers average hourly wages were increased by approximately three to 11 percent in FY 2007, and two to 10 percent in FY 2008. Additionally noted was that not every caregiver received an increase due to other various factors. Post Audit sampled five physically disabled service providers, and determined that only two of the five providers increased direct caregivers average hourly wages by three to 10 percent in FY 2008. The other three providers reported using the additional funding to increase administrative staff positions, pay for overhead costs, and pay for existing debt. Legislative Post Audit recommended that to "help ensure that any funding appropriated by the Legislature for specific purposes is used as intended, the Department of Social and Rehabilitation Services should clearly and formally communicate that intent to service providers."

Single Portal for Information on Services. The Committee discussed the need for individuals seeking social and health services to have the

ability to access information about services through a single portal regardless of where they live in the state. The Committee commented that the state has made a substantial dollar investment in providing social and health services and that it is important that individuals have access to all available services to better ensure that they receive the right level of care which, in turn, can reduce the cost of services. The Committee asked questions about existing outreach efforts and discussed additional efforts to communicate the availability of services. In addition to the resource directories made available by the AAAs, suggestions for expanded or additional outreach included the use of local newspapers, churches and the 2-1-1 Information and Referral Search service. A representative of United Way of the Plains located in Wichita, which is the parent agency for the 2-1-1 service in Kansas, stated that she would suggest that United Way do an article about the service in rural newspapers. She also mentioned that the strength of the 2-1-1 system relies on the input of the various agencies.

Vocational Training in Schools. The Committee received testimony from a representative of the Kansas State Department of Education who stated that issues for students with special needs are driven by an Individualized Education Plan (IEP) for each student. The IEP is to ensure that each student has access to the general curriculum in the least restrictive environment. The Committee also received testimony from representatives of the Girard and Olathe school districts who described their respective vocational training programs. The Committee acknowledged the value of the vocational training being provided but expressed concern about the follow up provided to students entering postsecondary education or transitioning into the labor market.

Targeted Case Management. The Committee reviewed the effects of the implementation of the new targeted case management (TCM) rules. The Committee discussion centered around the concerns that service providers are no longer

allowed to submit for reimbursement the time used for travel to visit clients and the potential difficulties faced by the Area Agencies on Aging because the Department on Aging may no longer limit targeted case management services for the HCBS/FE waiver and must allow any qualified provider to perform the services. The topic was assigned to the Legislative Budget Committee and the Committee's complete discussion can be found in the Legislative Budget Committee Report to the 2009 Legislature.

Global Funding; Global HCBS Waiver. The Committee was provided an overview of the topic of global funding (global budgeting) and it was noted that there is no standard definition of global budgeting which created difficulties in reporting the states that have implemented it. The Committee specifically reviewed the policies implemented by Vermont and Washington. The executive director for the Statewide Independent Living Council of Kansas (SILCK) provided another perspective on global funding. She stated that global funding should not be thought of as all programs being in a single state agency, nor a single HCBS strategy for each consumer in the program, it needs to be thought of in terms of uniform and interchangeable funding between the agencies, it should hold each HCBS program accountable for the well being of each person, it should open the door for SRS and KDOA to make a global report as to the amount of money being spent for all long term care services, and it should allow the comparison of activities of various programs to see what lessons can be learned between the programs.

Annual Report to the 2009 Legislature

As discussed above, the Oversight Committee is charged by statute to submit an annual written report to the President of the Senate and the Speaker of the House of Representatives at the start of each regular legislative session. The Committee's Annual Report is to be based on information submitted quarterly to the Committee by the Secretary of Social and

Rehabilitation Services and the Secretary of Aging. Because the authorizing legislation creating a comprehensive and coordinated statewide system for long-term care services was effective July 1, 2008, implementation of the data reporting requirements is preliminary, with only one quarter of information available to the Committee. Therefore, the initial Annual Report is included as this section of the Interim Report.

In preparation for the Annual Report, the Committee received testimony from representatives of the Department of Social and Rehabilitation Services, the Department on Aging, and the Kansas Legislative Research Department (KLRD). In the initial Quarterly Report submitted to the Committee, representatives of SRS and KDOA provided examples of the data being collected to meet the statutory reporting requirements.

- Number of individuals transferred from state or private institutions to home and community based services -

For each transferred person, the report included the waiver program the person was participating in; whether that person was eligible for the federal Money-Follows-the-Person Program or the state Money-Follows-the-Person Program; and the pre-institutional setting for the person. No transfers were made in the initial reporting quarter but the agencies have begun the process of identifying persons who may be eligible to transfer to a community setting.

- Savings resulting from the transfer of individuals to home and community based services as certified by the Secretary of Social and Rehabilitation Services and the Secretary of Aging -

For each transferred person, the Quarterly Report provided the previous institutional setting; the annualized cost for that institution; the date of admission and discharge from the institution;

the community waiver services being received; the federal and state costs for the annual plan of care; the Money-Follows-the-Person Program supplements and, where appropriate, the ICF/MR bed closure cost; the quarterly projected costs and savings; and the projected year one and out year costs and savings. The costs and savings information included in the initial Quarterly Report were for illustrative purposes only.

- Current balance in the Home and Community Based Services Savings Funds -

There were no transfers made to the Home and Community Based Services Savings Funds administered by the Department of Social and Rehabilitation Services and the Department on Aging in the initial reporting quarter.

- Average daily census in state institutions and long-term care facilities -

The average daily census for the first reporting quarter from July 1, 2008 to September 30, 2008 showed the following changes:

Kansas Neurological Institute - the average daily census changed from 157 to 158, with one discharge to the community.

Parsons State Hospital - the average daily census changed from 188 to 182, with eight discharges to the community.

Private ICFs/MR - the average daily census changed from 278 to 224, with 56 discharges to the community.

Nursing Facilities - the average daily census changed from 17,939 to 17,793, with 2,146 discharges to the community.

It should be noted that the discharges to the community include, but are not solely, transfers to home and community based services.

As background information, KLRD staff also provided a ten-year average daily

census for the state mental hospitals and the state developmental disabilities hospitals. In discussion with the Committee, representatives of SRS and KDOA explained the complexities of the reporting requirements, that savings can only be spent on one-time startup costs such as modification of housing, and that the initial move from an institution to a community can cost the state more than was being provided for institutional care.

CONCLUSIONS AND RECOMMENDATIONS

Based on the testimony heard and the Committee deliberations, the Home and Community Based Services Oversight Committee reached the following conclusions.

- Individuals receiving waiver services should have the opportunity to be gainfully employed. Therefore, the Committee will further consider the availability of vocational training for these individuals during the upcoming year. In particular, the Committee will examine the availability and level of vocational training in school districts for individuals receiving waiver services. It also will examine the availability of good data to determine the effectiveness of the current training programs and any legal obstacles to collecting that data.
- The Committee will continue to pursue ways for individuals seeking social and health services to have the ability to access services information through a single portal regardless of where they live in the state. In particular, the Committee will look for ways to strengthen the current 2-1-1 referral system in place in the state and to expand the locations where the AAA Resource Directory is made available.
- The Committee will continue to study the feasibility of expanding waiver services to children ages three and four who have special needs. In particular, the Committee will examine whether a gap in services exists for these children. The Committee will review the number of three and four-year olds currently enrolled in therapeutic preschools or preschools that offer social services and the availability of preschools who accept children with special needs.
- The Committee will continue to monitor the number of individuals on waiting lists for waiver services, autism services and infant-toddler services.
- For all waiver services, the Committee will continue to monitor the high turnover rate of direct care staff. In particular, the Committee will review available options to help retain quality direct care staff including increased compensation, enhanced benefits, and better working conditions.
- For all waiver services, the Committee will review the significant advancements in health care technology that allow more services to be provided to individuals with special needs while utilizing less staff and enhancing the health, safety and security of those individuals. The review will include the use of technological advancements in rural areas. The Committee also recommends that the use of health care technology in the care of individuals with special needs be a topic of consideration in the appropriate committees and subcommittees during the 2009 Legislative Session.
- The Committee will continue to monitor the Money-Follows-the-Person Program. As set out in the charge for the Oversight Committee, the Committee will monitor the movement of individuals and the transfer of funding into home and community based services.

- In future committee meetings and where applicable, the Committee may consider reviewing the availability and adequacy of services provided to the parents of children who are in the process of being reintegrated into the family.
- The Committee and the appropriate state agencies will contact the Kansas Congressional Delegation concerning the need for adequate reimbursement rates from the federal government to better ensure the availability of services, particularly in rural areas. The Committee also will review the state's funding policies to ensure that the rural areas are being adequately served.
- The Committee will review the reimbursement rates for Home and Community Based Services to determine if the reimbursement rates allow providers to earn a return sufficient to continue providing services in the community.
- The Committee will begin the process of developing a comprehensive, integrated approach to the provision of health care in rural areas within the broader context of rural development. In particular, the Committee will take the dialogue concerning rural health beyond the Committee and begin to work with other entities in state government, such as the newly created Division of Rural Development within the Department of Commerce; with local communities; and with stakeholders. The goal of the Committee's efforts will be to make as many services available in rural communities as economically feasible.



KANSAS

DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES



KANSAS

DEPARTMENT ON AGING



Kansas Long Term Care Annual Report



January 2009

HOUSE AGING & LONG TERM CARE
DATE: 1/27/09
ATTACHMENT: 2

Kansas Long Term Care

Executive Summary

Long term care is the services and supports individuals need when a chronic illness or disability reduces their ability to care for themselves. Today, long term care is among the costliest of service categories provided by Medicaid. As the nation's demographics change, the demand, and the corresponding cost, is going to continue to grow. Therefore, state programs need to focus on cost effectiveness and serving more people without a resultant escalation in spending.

Nationally, seniors and individuals with disabilities comprise approximately one quarter of Medicaid enrollees, yet account for nearly 70% of Medicaid expenditures. In 2006, 36% of the \$304 billion national Medicaid expenditures were for long term care services.¹

The State of Kansas provides Medicaid long term care services to targeted populations in both community and institutional settings. In the aggregate, community based services are more cost effective than institutional care.

In recent years, much emphasis has been placed on rebalancing the long term care system. The American Association of Retired Persons (AARP) ranked Kansas tenth in the nation for Medicaid long term care expenditures for home and community based services for older adults and individuals with physical disabilities in 2006.²

The State of Kansas operates long term care services through two cabinet level state departments (The Kansas Department of Social and Rehabilitation Services and the Kansas Department on Aging), which operate Medicaid Home and Community Based Service (HCBS) Waivers through a memorandum of understanding with the Kansas Health Policy Authority, the Medicaid Authority for the State of Kansas.

The population to be served often dictates the goals and outcomes of the program and services that are provided. These differing goals drive service design and delivery. The State of Kansas administers four HCBS Waiver programs which provide long term care services. Waiver programs for individuals with physical disabilities, developmental disabilities and traumatic brain injuries are managed by the SRS, while KDOA manages the frail elderly waiver. An overview of each waiver program, including institutional equivalent, eligibility, point of entry, services, average monthly persons served and expenditures is included in this report.

In recent years, the state has been the recipient of several federal grants aimed at long term care reform. In 2005 KDOA was awarded a three year grant from the Administration on Aging and CMS to advance the single point of entry concept through development of Aging and Disability Resource Centers (ADRC) in Kansas. The \$2.2 million Real Choice Systems Transformation grant awarded to SRS in 2006 addresses needed system infrastructure changes, including an emphasis on self-direction opportunities across all HCBS services and gathering valid statistically accurate cost data on which to build reimbursement methodologies.

¹ The Kaiser Foundation. *The Medicaid Program at a Glance*. http://www.kff.org/medicaid/upload/7235_03-2.pdf

² AARP. *Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Kansas and the US, 2006*. http://assets.aarp.org/rgcenter/il/2008_10_ltc_ks.pdf

The Centers for Medicare and Medicaid Services (CMS) awarded a five year "Money Follows the Person" demonstration grant to SRS in 2007. The purpose of the demonstration is to transition consumers out of institutions into the community, allowing their Medicaid funding to pay for community based services. Money Follows the Person is a five-year grant award which concludes in 2011. Kansas' goal is to transition 963 seniors and individuals with disabilities out of institutions into community based settings.

Implementation of the project began July 1, 2008 and the efforts have already begun to make an impact on the Kansas long term care system. The grant allows the state to provide incentives to facilities to transition from institutional based care to providing home and community based services for individuals with disabilities. As a part of this effort, the last private, large bed Intermediate Care Facility for Mental Retardation (ICF/MR) in Kansas closed its doors in August 2008 and 50 individuals successfully transitioned to community based services.

As Kansas continues efforts to strengthen its long term care system, both to provide the best possible services to older adults and individuals with disabilities and to administer services in the most efficient means possible, quality of life, independence and choice must remain our guiding principles. Continuing challenges to expanded community options include: institutional bias within the Medicaid program, stability in care and staff, lack of adequate program infrastructure and access to health care in the community environment.

Community Based Care

Home and Community Based Services (HCBS) Waivers.

Medicaid waivers are federally approved requests to waive certain specified Medicaid rules. For instance, federal Medicaid rules generally allow states to draw down federal Medicaid funds for services provided in institutions for persons with severe disabilities. Many of the community supports and services provided to persons with disabilities such as respite care, attendant care services, and oral health care are not covered by the regular federal Medicaid program. Home and Community Based Services (HCBS) waivers give the state approval to draw down federal Medicaid matching funds for community supports and services provided to persons who are eligible for institutional placement, but who choose to receive services that allow them to continue to live in the community. CMS requires that the cost of services paid through HCBS waivers be, on the average, less than or equal to the cost of serving people in comparable institutions.

SRS provides long term care through administration of HCBS waivers for individuals with physical disabilities, developmental disabilities, and traumatic brain injury. SRS also provides non-waiver community based services for persons with developmental disabilities. KDOA manages the HCBS frail elderly waiver.

The overview that follows provides information on each of the waiver services as well as developmental disability non-waiver services.

Waiver participation rates and expenditures

Updated 12-11-08

2-4

Long Term Care Services	DEVELOPMENTAL DISABILITY WAIVER	PHYSICAL DISABILITY WAIVER	TRAUMATIC BRAIN INJURY WAIVER	FRAIL ELDERLY WAIVER (operated by KS dept. on Aging)
Institutional Equivalent	Intermediate Care Facility for Persons with Mental Retardation	Nursing Facility	Head Injury Rehabilitation Facility	Nursing Facility
Eligibility	<ul style="list-style-type: none"> ➤ Individuals age 5 and up ➤ Meet definition of mental retardation or developmental disability ➤ Eligible for ICF/MR level of care 	<ul style="list-style-type: none"> ➤ Individuals age 16-64* ➤ Determined disabled by SSA ➤ Need assistance with the activities of daily living. ➤ Eligible for nursing facility care <p><i>*Those on the waiver at the time they turn 65 may choose to stay on the waiver</i></p>	<ul style="list-style-type: none"> ➤ Individuals age 16-65 ➤ Have traumatic, non-degenerative brain injury resulting in residual deficits and disabilities ➤ Eligible for in-patient care in a Head Injury Rehabilitation Hospital 	<ul style="list-style-type: none"> ➤ Individuals age 65 or older ➤ Choose HCBS ➤ Functionally eligible for nursing care ➤ No waiver constraints
Point of Entry	Community Developmental Disability Organization	Case management Entities	Case management Entities	Case management Entities
Financial Eligibility Rules	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee ➤ Income over \$727 per month must be contributed towards the cost of care 	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee ➤ Income over \$727 per month must be contributed towards the cost of care 	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee ➤ Income over \$727 per month must be contributed towards the cost of care 	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ Income over \$727 per month must be contributed towards the cost of care

	DEVELOPMENTAL DISABILITY WAIVER	PHYSICAL DISABILITY WAIVER	TRAUMATIC BRAIN INJURY WAIVER	FRAIL ELDERLY WAIVER <small>(operated by KS dept. on Aging)</small>
Services/ Supports Additional regular Medicaid services are provided	<ul style="list-style-type: none"> ➤ Assistive Services ➤ Day Services ➤ Medical Alert Rental ➤ Oral Health Services ➤ Sleep Cycle support ➤ Personal Assistant Services ➤ Residential Supports ➤ Supported Employment ➤ Supportive Home Care ➤ Temporary and Overnight Respite ➤ Wellness Monitoring ➤ Family/Individual Supports 	<ul style="list-style-type: none"> ➤ Personal Services ➤ Assistive Services ➤ Sleep Cycle Support ➤ Personal Emergency Response ➤ Personal Emergency Response Installation ➤ Oral Health 	<ul style="list-style-type: none"> ➤ Personal Services ➤ Assistive Services ➤ Rehabilitation Therapies ➤ Transitional Living Skills ➤ Sleep Cycle Support ➤ Personal Emergency Response ➤ Personal Emergency Response Installation ➤ Oral Health 	<ul style="list-style-type: none"> ➤ Adult Day Care ➤ Assistive Technology ➤ Attendant Care Services ➤ Medication Reminder ➤ Nursing Evaluation Visit ➤ Oral Health ➤ Personal Emergency Response ➤ Senior Companion ➤ Sleep Cycle Support ➤ Wellness monitoring
Average Monthly Number Persons Served FY 08	6,822	6,512	196	5,765
FY 08 Expenditures	\$274,843,416	\$109,353,112	\$8,774,567	\$65,780,222
Estimated Average Waiver expenditure Mo/year	\$3,357 / \$40,288	\$1,399 / \$16,793	\$3,731 / \$44,768	\$ 950 / \$11,410
Institutional Setting Cost Per Person per Year	Private ICF/MR \$68,907 Public ICF/MR \$151,332	Nursing Facility \$32,236	Head Injury Rehab Facility \$314,751	Nursing Facility \$32,236

Nursing Facility Care

At the end of SFY 2008, 323 Medicaid certified nursing homes provided 24-hour skilled nursing care. The Medicaid rates are case mix adjusted based on the acuity level of Medicaid residents. Services were provided to an average of 10,581 Medicaid eligible residents each month during the year, a decrease of 0.7% from the previous year. Approximately 92% of all nursing facility residents were over age 65, and about 72% were female. The average age of female nursing home residents was 85, and the average age for male residents was 80. The combined average age was 83.

The total nursing home expenditure in SFY 2008 was \$355.5 million (\$143.4 million state funds) a 3.3% increase from the previous year. The budget is approximately 60% federally funded and 40% state funded.

Long term care initiatives

Aging and Disability Resource Center (ADRC)

The Aging and Disability Resource Center (ADRC) grants create streamlined access to program information, application processes and eligibility determination for all aging and disability services. In Kansas, the ADRC project is collaborating closely with the Real Choice Systems Transformation project as well as other projects that are focused on improving access to community services.

The Kansas ADRC has pilot sites in Wichita (Central Plains Area Agency on Aging and Independent Living Resource Center) and in Hays (Northwest Kansas Area Agency on Aging, Living Independently in Northwest Kansas, and Southeast Kansas Independent Living Resource Center). Staff members from the pilot site agencies are working with staff from KDOA, KHPA and SRS as well as community organizations, service providers and consumers to develop tools that will improve access to services. Work teams are developing a searchable online database of available resources; a referral and assessment process that will speed up referrals between partner agencies; and a web-based interface that will help streamline the Medicaid application process.

ADRC is funded by a combined grant from the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). AoA provides 56% of the funding, CMS provides 39%, and the state provides 5%. In the 2007 grant year, AoA provided \$146,125; CMS provided \$103,875; and the state provided \$13,158.

Hospital Discharge Model grant

In 2008, KDOA was awarded a grant from CMS to develop a Person-Centered Hospital Discharge Planning Model to develop hospital discharge models that put patients and caregivers at the center of the discharge planning process; focus on discharging patients home with community-based services; and reduce the number of default discharges to nursing facilities. KDOA will partner with state agencies, Area Agencies on Aging, Centers for Independent Living, local hospital networks and community organizations to

- create a program that elicits patients' input in the discharge planning process;

- develop a comprehensive assessment, information and education program to support caregivers;
- build a strong, collaborative discharge team to support patients' and caregivers' goals; and
- ensure that resources are available to meet patients' discharge goals.

The project will be piloted in three communities that represent the wide range of population demographics in Kansas. We anticipate that our proposed interventions will divert 35% of hospital discharges from nursing home placement to community-based care in our target communities, generating an estimated cost savings of \$5.2 million.

Systems Transformation

CMS awarded a 5 year, \$2.3 million Real Choice System Transformation grant to SRS in 2006. This project seeks to promote community living for Kansans of all ages with long-term support needs by continuing or building upon achievements from previous New Freedom grants awarded to Kansas. The primary goal of the project is to encourage community living options by enhancing consumer control and direction through a coordinated service delivery system.

Specific goals toward achieving this purpose are: enhancement of self-directed service delivery system, transformation of information technology to support systems change and creation of a system that more effectively manages the funding for long-term supports that promote community living options.

A steering committee comprised of consumers, advocates, service providers and state agency staff (SRS, KDOA and KHPA) oversees the work of the project, which is largely comprised of a series of studies designed to assist Kansas in planning for a more effective long term care system. These studies are focused upon:

- Identification of critical elements for individualized planning across long term care services
- Identification of critical elements for individualized budgeting and employer options
- The study and development of appropriate quality assurance systems/tools and data collection instruments across long-term care services
- Study of the Level Of Care documentation, tools, process to make a determination if the current tools utilized are effective in identifying needs of Kansans
- Extensive cost study of the long term care funding systems and payment methodologies

Money Follows the Person

The federally funded Money Follows the Person (MFP) demonstration grant is designed to enhance participating states' ability to increase the capacity of approved HCBS programs to serve individuals that are currently residing in institutional settings. The benefit for Kansas is enhanced federal funding to create additional community capacity, facilitate private ICFs/MR voluntary bed closure, train staff, and ensure individuals have the supports in their homes to be successful, reducing the risk of re-institutionalization.

Target populations for this grant include persons currently residing in nursing facilities and intermediate care facilities for the mentally retarded. Individuals must have resided in the facility for a minimum of six months and have been Medicaid eligible for a minimum of 30 days to be eligible to move into the community.

SRS and KDOA are working together with the LTC Ombudsman office to identify individuals that are currently residing in qualified institutional settings and assist them to move into home settings of their choice. SRS estimates that approximately 963 individuals will make this choice.

SRS, as the lead agency for the demonstration grant, has partnered with the Kansas Department on Aging to develop benchmarks and implementation strategy. Additionally, KHPA is an integral partner as the Single State Medicaid Agency (SSMA).

The required Operational Protocol (implementation strategy) was approved by CMS in April of 2008, and the transition planning process began immediately after receiving the approval. The first actual move dates were July 1, 2008. The individuals transitioning into the community are representing the mentally retarded/developmentally disabled (MR/DD), traumatic brain injury (TBI), physically disabled (PD) and elderly populations groups. Kansans who have chosen community living include 4 persons with physical disabilities, 1 person with a traumatic brain injury and 3 persons that are elderly. Additionally, Kansas has closed 78 private ICFs/MR beds through a voluntary closure process, as a direct result of the MFP demonstration grant project

The MFP movement report, which includes data on numbers of individuals transferred from institutions to community based care and the resultant cost savings to the state is attached as Appendix A. To date, no actual savings have been transferred to the Long Term Care fund.

Challenges to expanded community options

Developmentally Disabled Waiver Waiting List

The MR/DD waiver serves individuals with a developmental disability. At this time there are 1,609 people on the waiting list receiving no waiver services and another 864 people receiving some services who are waiting for additional services. Each year on the average, 208 people come off the waiver and these positions are filled by individuals in crisis situations. SRS maintains one statewide waiting list for HCBS-MR/DD services which includes both the unserved and the underserved. A person's position on the waiting list is determined by the request date for the service(s) for which the person is waiting. Each fiscal year, if funding is made available, people on the statewide waiting list are served, beginning with the oldest request dates at the top of the list. Currently, the persons at the top of the list have been waiting since June 27, 2005.

Physical Disability Waiver Waiting List

On December 1, 2008 SRS implemented a waiting list for the HCBS/PD Waiver. During FY 2008 the rate of growth in the waiver increased significantly. Due to this growth, the program will overspend the appropriated funding. The waiting list was implemented not to cut the budget, but to avoid further overspending. This will allow continuing service provision to the approximately 7,300 individuals currently receiving services. However, no new participants will be added to the HCBS/PD waiver unless they are found to be in crisis, or accessing services through the Money Follows the Person grant.

SRS will monitor the number of requests as well as the crisis situations, and will also work with the Kansas Department on Aging to monitor the number of nursing facility admissions in order to determine if the development of a waiting list increases the number of nursing facility admissions.

Different Funding Methods

The Medicaid system is inherently biased in favor of institutional care because such care is considered a federal entitlement. An individual who is financially eligible for Medicaid and functionally eligible for long term care will receive those services in an institution, unless the institutional requirement is waived. As a result of this bias, Kansas had adopted two distinct funding approaches for long term care.

For institutional services, the budgets for the respective state agencies are achieved through a consensus caseload process. On an annual basis, provider rates are established based on a complex system of reporting health care and operational costs. Inflationary costs of the providers are compensated based on a statutorily required rate setting methodology.

Home and community based services, however, are not considered federal entitlements and yearly funding of these services (provided through the various Medicaid waivers) is subject to recommendation of the Governor and appropriation by the legislature. There is no formal process to accomplish automatic caseload growth and systematic review of provider costs.

Access to Services

Consumer access to long term care services is impacted by the differences in the budget process. In order to provide a true alternative, HCBS services must be available twenty four hours a day in every part of the state. Growth in the community provider network is an essential component of rebalancing the long term care system. Additionally, home and community based services need to be seen by consumers and families as a viable, stable alternative to institutional care.

Limitations on Consumer choice

Individual choice is key to providing effective long term care services. When there are waiting lists for waivers, consumer choice is limited. Not only does the population of individuals receiving long term care services vary in age, disability and need, but also in spending and enrollment patterns and choice of care settings. There is no single model of service delivery that is appropriate to meet the needs of all individuals at all stages of their lives. Long term care policy must take into account individual need and choice to ensure a broad and effective continuum of service options is available; the right options at the right time.

As a person ages, whether the individual has a disability or not, their needs naturally change and the options that work best today may not be the options that best meet the individual's needs five years into the future.

The Kansas long term care system should ensure a broad array of services over the course of a lifetime, appropriate to the individual's age and lifestyle, with flexibility to change service options as needs and circumstances change.

Cost Effectiveness

In the aggregate, community based long term care services are more cost effective than institutional based care:

**Cost Effectiveness of
Home and Community Based Services¹ (HCBS) vs. Institutional Care²**

SFY08

	Institutional Setting	HCBS
Funding	\$434,167,133 (49% of total)	\$ 458,717,795 (51% of total)
Average Number Persons Served	11, 201 (37% of total)	19,295 (63% of total)
Average Cost Per Person	\$38,761	\$23,774

¹ HCBS costs and persons served include waiver services for developmental disability, physical disability, traumatic brain injury and frail elderly

² Institutional costs and persons served reflect services provided in head injury rehabilitation hospitals, Kansas Neurological Institute, Parsons State Hospital and Training Center, private Intermediate Care Facilities for Mental Retardation and nursing facilities.

Long Term Care Services

	FY 2008 Actual		FY 2009 GBR		FY 2010 GBR	
	SGF	AF	SGF	AF	SGF	AF
<u>Institutions</u>						
Nursing Facilities	\$143,244,331	\$355,567,298	\$148,296,000	\$370,000,000	\$144,916,069	\$365,113,329
Intermediate Care Facilities for Mental Retardation	\$6,671,098	\$16,529,934	\$7,433,844	\$18,547,517	\$5,759,267	\$14,510,625
Head Injury Rehabilitation Hospitals	\$3,415,836	\$8,498,292	\$3,164,631	\$7,895,784	\$3,133,836	\$7,895,784
Kansas Neurological Institute	\$13,322,986	\$28,445,708	\$11,112,811	\$28,736,873	\$11,396,168	\$28,385,028
Parsons State Hospital and Training Center	\$10,218,511	\$25,125,901	\$10,614,646	\$25,446,488	\$10,424,288	\$24,794,984
Subtotal Institutions	\$176,872,762	\$434,167,133	\$180,621,932	\$450,626,662	\$175,629,628	\$440,699,750
<u>Waivers</u>						
Physical Disability Waiver	\$44,154,607	\$109,353,112	\$50,430,867	\$125,825,519	\$42,032,126	\$104,870,576
Developmental Disability Waiver	\$109,485,986	\$274,809,894	\$114,469,307	\$289,843,578	\$114,284,890	\$287,943,789
Traumatic Brain Injury Waiver	\$3,542,533	\$8,774,567	\$3,221,037	\$8,036,517	\$3,221,037	\$8,115,485
Frail Elderly Waiver	\$26,246,366	\$65,780,222	\$28,970,590	\$72,281,911	\$28,553,333	\$71,940,874
Subtotal Waivers	\$183,429,492	\$458,717,795	\$197,091,801	\$495,987,525	\$188,091,386	\$472,870,724
Total Long Term Care Services	\$360,302,254	\$892,884,928	\$377,713,733	\$946,614,187	\$363,721,014	\$913,570,474

LTC Facility Movement Report

Facility	Census	Admissions	Discharges	Discharges	Census	Census	Admissions	Discharges	Discharges	Census
	7/1/08	Between 7/1/2008 - 9/30/2008	Between 7/1/2008 - 9/30/2008 Community	Between 7/1/2008 - 9/30/2008 Other	9/30/2008	10/1/2008	Between 10/1/2008 - 12/31/2008	Between 10/1/2008 - 12/31/2008 Community	Between 10/1/2008 - 12/31/2008 Other	12/31/2008
KNI	159	2	1	0	160	160	2	0	0	162
PARSONS	200	2	8	0	194	194	6	5	0	195
Private ICFs/MR Nursing Facilities*	236	4	56	2	182	182	0	1	2	179
TOTAL ***	17939	8994	2146	6994	17793	**	**	**	**	**
	18534	9002	2211	6996	18329	536	8	6	2	536

Facility	Census	Admissions	Discharges	Discharges	Census	Census	Admissions	Discharges	Discharges	Census
	1/1/09	Between 1/1/2009 - 3/31/2009	Between 1/1/2009 - 3/31/2009 Community	Between 1/1/2009 - 3/31/2009 Other	3/31/2008	4/1/2009	Between 4/1/2009 - 6/30/2009	Between 4/1/2009 - 6/30/2009 Community	Between 4/1/2009 - 6/30/2009 Other	6/30/2009
KNI										
PARSONS										
Private ICFs/MR Nursing Facilities										
TOTAL										

* Nursing Facility data represents residents in NF and LTC units, all eligibility levels (not limited to Medicaid eligible)
 ** Nursing Facility census data will be available on Feb 15, 2009
 *** Total does not reflect Nursing Facility census data; will be available on Feb 15, 2009

SRS / Aging LTC Savings Report - 2nd Qtr FY2009

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TOTAL RETARDATION / DEVELOPMENTAL DISABILITY SERVICES

Person Being Served		Pre-Institutional Setting		Institutional Setting					Community Service		Costs			Money Follows		
Person Receiving Services Name (First)	Last 4 digits Bene ID	Federal MFP Eligible Yes (Y) No (N)	State MFP Eligible Yes (Y) No (N)	Individual Setting PRIOR to Institution	Cost associated with that Setting	Date of Admission to Institution	Institution	ANNUALIZED Institutional Cost AF	ANNUALIZED Institutional Costs SGF	Date of Discharge	Start Date of Services	Waiver	Annual Plan of Care Costs (qualified services) AF	Annual Plan of Care Costs (qualified services) SFG 60% FFP	Annual Plan of Care Costs (qualified services) SFG 80%FFP	MFP supplemental & demonstration services AF
Sherry	1424	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Rafael	4338	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
Carol	5202	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$74,412.43	\$29,764.97	\$14,882.49	\$2,500.00
Dennis	5970	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$37,828.61	\$15,131.44	\$7,565.72	\$2,500.00
Homer	4432	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,500.00
Nancy	6026	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Kathryn	6094	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,500.00
Paul		N		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40			HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$0.00
Curtis	8041	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
David	6885	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$74,412.43	\$29,764.97	\$14,882.49	\$2,500.00
Kenneth	2083	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Sara	6794	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,500.00
Robert	3745	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,500.00
HP (Grant)	8350	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$82,660.40	\$33,064.16	\$16,532.08	\$2,500.00
Karen	6207	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Donald	1689	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Margaret	6319	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Steven	6444	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Paul	6503	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/28/2008	8/30/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,500.00
Phillip	4070	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$37,248.61	\$14,899.44	\$7,449.72	\$2,500.00
Kenneth	5774	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Cynthia	6367	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,500.00
Jeff	3699	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$94,285.74	\$37,714.30	\$18,857.15	\$2,500.00
Marjorie	2898	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/15/2008	8/16/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,500.00
Richard	7971	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/7/2008	8/30/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,500.00
Courtney	3472	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
Rodd	4097	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/7/2008	8/8/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,500.00
Roger	6314	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Zoe	6530	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
Mary	8410	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$2,500.00
Larry	5182	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
James	6751	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$2,500.00
Byron	8526	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$2,500.00
Lyn	6796	Y		Community	\$0.00		Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$74,412.43	\$29,764.97	\$14,882.49	\$2,500.00

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te	6824	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
	7042	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,500.00
Austin	8429	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/15/2008	7/16/2008	HCBS-DD	\$94,285.74	\$37,714.30	\$18,857.15	\$2,500.00
Stephen	1343	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
Melissa	7643	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$94,285.74	\$37,714.30	\$18,857.15	\$2,500.00
Christine	2239	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/28/2008	7/29/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Alvin	6929	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$74,412.43	\$29,764.97	\$14,882.49	\$2,500.00
Larry	7962	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/31/2008	8/1/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
Katherine	8436	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/28/2008	7/29/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$2,500.00
William	7216	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$2,500.00
Jack	7377	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	7/21/2008	7/22/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$2,500.00
Terry	7016	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/15/2008	8/16/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Kenneth	4705	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/15/2008	8/16/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$2,500.00
Bobby	5296	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/18/2008	8/19/2008	HCBS-DD	\$82,785.73	\$33,114.29	\$16,557.15	\$2,500.00
Johnnie	3370	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$74,412.43	\$29,764.97	\$14,882.49	\$2,500.00
Kelly	7444	Y	Community	\$0.00	Private ICF/MR	\$72,036.00	\$28,814.40	8/21/2008	8/22/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,500.00
Taylor	1271	Y	Community	\$0.00	Private ICF/MR	\$93,294.00	\$37,317.60	7/7/2008	7/8/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,000.00
William	4601	Y	Community	\$0.00	Private ICF/MR	\$93,294.00	\$37,317.60	7/10/2008	7/11/2008	HCBS-DD	\$29,828.44	\$11,931.38	\$5,965.69	\$2,400.00
Kendall	8805	Y	Community	\$0.00	Private ICF/MR	\$93,294.00	\$37,317.60	7/7/2008	7/8/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,500.00
Bradley	M0081	Y	Community	\$0.00	Private ICF/MR	\$93,294.00	\$37,317.60	6/30/2008	7/1/2008	HCBS-DD	\$52,659.63	\$21,063.85	\$10,531.93	\$0.00
Angela	2783	Y	Community	\$0.00	KNI	\$173,955.00	\$69,582.00	8/26/2008	8/27/2008	HCBS-DD	\$100,800.72	\$40,320.29	\$20,160.14	\$2,100.00
Randy	9074	Y	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	9/2/2008	9/3/2008	HCBS-DD	\$82,660.40	\$33,064.16	\$16,532.08	\$2,500.00
Joe	6542	Y	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	8/28/2008	8/29/2008	HCBS-DD	\$82,660.40	\$33,064.16	\$16,532.08	\$2,500.00
Kristen	4204	Y	Community	\$0.00	Private ICF/MR	\$73,054.75	\$29,221.90	9/1/2008	9/2/2008	HCBS-DD	\$74,412.43	\$29,764.97	\$14,882.49	\$1,525.00
Wayne	3405	Y	Community	\$0.00	Private ICF/MR	\$75,259.35	\$30,103.74	8/28/2008	8/29/2008	HCBS-DD	\$37,248.60	\$14,899.44	\$7,449.72	\$0.00
Terry B	4906	Y	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	12/3/2008	12/4/2008	HCBS-DD	\$102,362.84	\$40,945.14	\$20,472.57	\$2,500.00
Sam J	4609	Y	Community	\$0.00	Nursing Facility	\$35,364.00	\$14,145.60	11/23/2008	11/24/2008	HCBS-DD	\$67,873.23	\$27,149.29	\$13,574.65	\$1,250.00
Marvin C	4981	N	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	10/1/2008	10/1/2008	HCBS-DD	\$156,425.95	\$62,570.38	\$31,285.19	\$0.00
Gary H	4628	N	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	10/1/2008	10/1/2008	HCBS-DD	\$158,375.40	\$63,350.16	\$31,675.08	\$0.00
Scott W	6100	N	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	10/1/2008	10/1/2008	HCBS-DD	\$156,425.95	\$62,570.38	\$31,285.19	\$0.00
Jamie D	7959	N	Community	\$0.00	Parsons	\$135,831.10	\$54,332.44	11/4/2008	11/4/2008	HCBS-DD	\$85,196.38	\$34,078.55	\$17,039.28	\$0.00
Totals						\$5,283,426.80	\$2,113,370.72				\$3,065,686.20	\$1,226,274.48	\$613,137.24	\$141,775.00

PHYSICAL DISABILITY SERVICES / NURSING FACILITY

Person Being Served		Pre-Institutional Setting		Institutional Setting					Community Service		Costs			Money Follows		
Person Receiving Services Name (First)	Bene ID	Federal MFP Eligible Yes (Y) No (N)	State MFP Eligible Yes (Y) No (N)	Individual Setting PRIOR to Institution	Cost associated with that Setting	Date of Admission to Institution	Institution	Institutional Cost AF	Institutional Costs SGF	Date of Discharge	Start Date of Services	Waiver	Annual Plan of Care Costs (qualified services) AF	Annual Plan of Care Costs (qualified services) SFG 60% FFP	Annual Plan of Care Costs (qualified services) SFG 80% FFP	MFP supplemental & demonstration services AF
Francis	9397	Y		Community	\$0.00	9/1/2007	Nursing Facility	\$35,364.00	\$14,145.60	8/12/2008	8/13/2008	HCBS-PD	\$44,197.20	\$17,678.88	\$8,839.44	\$3,580.00

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	4663	Y		Community	\$0.00	12/21/2007	Nursing Facility	\$35,364.00	\$14,145.60	8/5/2008	8/6/2008	HCBS-PD	\$84,074.40	\$33,629.76	\$16,814.88	\$3,020.00
	4782		Y	Community	\$0.00	6/25/2008	Nursing Facility	\$35,364.00	\$14,145.60	9/29/2008	9/30/2008	HCBS-PD	\$20,167.56	\$8,067.02	\$4,033.51	\$0.00
Christie	7678	Y		Community	\$0.00	11/29/2007	Nursing Facility	\$35,364.00	\$14,145.60	10/8/2008	10/9/2008	HCBS-PD	\$15,088.88	\$6,035.55	\$3,017.78	\$1,797.00
Sondra B	8362	Y		Community	\$0.00	12/15/2001	Nursing Facility	\$35,264.00	\$14,145.60	10/24/2008	10/25/2008	HCBS-PD	\$75,512.76	\$30,205.10	\$15,102.55	\$8,665.00
Percy G	1118	Y		Community	\$0.00	6/1/2007	Nursing Facility	\$35,264.00	\$14,145.60	12/28/2008	12/29/2008	HCBS-PD	\$62,204.40	\$24,881.76	\$12,440.88	\$3,800.35
Francesca	9885		Y	Community	\$0.00	6/2/2008	Nursing Facility	\$35,364.00	\$14,145.60	9/28/2008	9/29/2008	HCBS-PD	\$129,775.68	\$51,910.27	\$20,764.11	\$0.00
Totals								\$247,348.00	\$56,582.40				\$431,020.88	\$172,408.35	\$32,705.61	\$20,862.35

FRAIL ELDERLY / NURSING FACILITY

Person Being Served		Pre-Institutional Setting		Institutional Setting *					Community Service		Costs			Money Follows		
Person Receiving Services Name (First)	Bene ID	Federal MFP Eligible Yes (Y) No (N)	State MFP Eligible Yes (Y) No (N)	Individual Setting PRIOR to Institution	Cost associated with that Setting	Date of Admission to Institution	Institution	Institutional Cost AF	Institutional Costs SGF	Date of Discharge	Start Date of Services	Waiver	Annual Plan of Care Costs (qualified services) AF	Annual Plan of Care Costs (qualified services) SFG 60% FFP	Annual Plan of Care Costs (qualified services) SFG 80% FFP	MFP supplemental & demonstration services AF
Helen	9110	Y		Community	\$0.00	4/26/2006	Nursing Facility	\$35,364.00	\$14,145.60	8/15/2008	8/16/2008	HCBS-FE	\$6,645.00	\$2,658.00	\$1,329.00	\$1,510.00
Joyce	8241	Y		Community	\$0.00	11/17/2005	Nursing Facility	\$35,364.00	\$14,145.60	9/30/2008	10/1/2008	HCBS-FE	\$53,040.00	\$21,216.00	\$10,608.00	\$7,030.00
Harry	8095	Y		Community	\$0.00	3/1/2008	Nursing Facility	\$35,364.00	\$14,145.60	9/3/2008	9/4/2008	HCBS-FE	\$16,237.00	\$6,494.80	\$3,247.40	\$1,011.00
Charles	3714		Y	Community	\$0.00	12/6/2007	Nursing Facility	\$35,364.00	\$14,145.60	8/27/2008	8/27/2008	HCBS-FE	\$24,870.84	\$9,948.34	\$4,974.17	\$0.00
Robert	7699		Y	Community	\$0.00	9/12/2007	Nursing Facility	\$35,364.00	\$14,145.60	9/30/2008	9/30/2008	HCBS-FE	\$33,140.40	\$13,256.16	\$5,302.46	\$0.00
Totals								\$176,820.00	\$70,728.00				\$133,933.24	\$53,573.30	\$25,461.03	\$9,551.00

TRAUMATIC BRAIN INJURY / NURSING FACILITY

Person Being Served		Pre-Institutional Setting		Institutional Setting					Community Service		Costs			Money Follows		
Person Receiving Services Name (First)	Bene ID	Federal MFP Eligible Yes (Y) No (N)	State MFP Eligible Yes (Y) No (N)	Individual Setting PRIOR to Institution	Cost associated with that Setting	Date of Admission to Institution	Institution	Institutional Cost AF	Institutional Costs SGF	Date of Discharge	Start Date of Services	Waiver	Annual Plan of Care Costs (qualified services) AF	Annual Plan of Care Costs (qualified services) SFG 60% FFP	Annual Plan of Care Costs (qualified services) SFG 80% FFP	MFP supplemental & demonstration services AF
Kevin	M0499	Y		Community	\$0.00	1/1/2008	Nursing facility	\$35,364.00	\$14,145.60	7/29/2008	7/30/2008	HCBS-HI	\$120,191.04	\$48,076.42	\$19,230.57	\$1,514.89
Allyson D	M0413	Y		Community	\$0.00	6/11/2008	Nursing facility	\$35,364.00	\$14,145.60	12/23/2008	12/24/2008	HCBS-HI	\$128,375.52	\$51,350.21	\$20,540.08	\$7,500.00
Totals								\$70,728.00	\$28,291.20				\$248,566.56	\$99,426.62	\$39,770.65	\$9,014.89

GRAND TOTALS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$5,778,322.80	\$2,268,972.32	n/a	n/a	n/a	\$3,879,206.88	\$1,551,682.75	\$711,074.53	\$181,203.24
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MENTAL RETARDATION / DEVELOPMENTAL DISABILITY SERVICES

the Person Costs		Projected Costs and Savings (Plus or Minus) identified by Quarter								Year to Date	
MFP supplemental & demonstration services SFG	MFP ICF Bed Closure Cost SFG	1st Qtr FY09 Costs SFG	1st Qtr FY09 Savings + or -	2nd Qtr FY09 Costs SFG	2nd Qtr FY09 Savings + or -	3rd Qtr FY09 Costs SFG	3rd Qtr FY09 Savings + or -	4th Qtr FY 09 Costs SFG	4th Qtr FY09 Savings + or -	PROJECTED Year One Savings + or -	Projected Out Years Savings + or -
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$15,720.62	-\$8,517.02	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$1,931.91	-\$950.57
\$1,000.00	\$11,000.00	\$13,891.43	-\$6,687.83	\$1,891.43	\$5,312.17	\$1,891.43	\$5,312.17	\$1,891.43	\$5,312.17	\$9,248.68	\$13,682.96
\$1,000.00	\$11,000.00	\$13,491.42	-\$6,287.82	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$10,848.71	\$16,883.02
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$17,040.04	-\$9,836.44	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	-\$3,345.74	-\$11,505.89
\$0.00	\$0.00	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$22,848.71	\$16,883.02
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$15,720.62	-\$8,517.02	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$1,931.91	-\$950.57
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$17,040.04	-\$9,836.44	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	-\$3,345.74	-\$11,505.89
\$1,000.00	\$11,000.00	\$17,040.04	-\$9,836.44	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	-\$3,345.74	-\$11,505.89
\$1,000.00	\$11,000.00	\$16,133.02	-\$8,929.42	\$4,133.02	\$3,070.58	\$4,133.02	\$3,070.58	\$4,133.02	\$3,070.58	\$282.32	-\$4,249.76
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$13,491.42	-\$6,287.82	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$10,848.71	\$16,883.02
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$13,491.42	-\$6,287.82	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$10,848.71	\$16,883.02
\$1,000.00	\$11,000.00	\$16,714.29	-\$9,510.69	\$4,714.29	\$2,489.31	\$4,714.29	\$2,489.31	\$4,714.29	\$2,489.31	-\$2,042.75	-\$8,899.90
\$1,000.00	\$11,000.00	\$13,491.42	-\$6,287.82	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$10,848.71	\$16,883.02
\$1,000.00	\$11,000.00	\$17,040.04	-\$9,836.44	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	-\$3,345.74	-\$11,505.89
\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$17,040.04	-\$9,836.44	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	\$5,040.04	\$2,163.56	-\$3,345.74	-\$11,505.89
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$15,720.62	-\$8,517.02	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$1,931.91	-\$950.57

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\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$13,491.42	-\$6,287.82	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$10,848.71	\$16,883.02
\$1,000.00	\$11,000.00	\$16,714.29	-\$9,510.69	\$4,714.29	\$2,489.31	\$4,714.29	\$2,489.31	\$4,714.29	\$2,489.31	-\$2,042.75	-\$8,899.90
\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$16,714.29	-\$9,510.69	\$4,714.29	\$2,489.31	\$4,714.29	\$2,489.31	\$4,714.29	\$2,489.31	-\$2,042.75	-\$8,899.90
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$15,720.62	-\$8,517.02	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$1,931.91	-\$950.57
\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$13,862.43	-\$6,658.83	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$1,862.43	\$5,341.17	\$9,364.68	\$13,914.96
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$14,632.98	-\$7,429.38	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$2,632.98	\$4,570.62	\$6,282.47	\$7,750.55
\$1,000.00	\$11,000.00	\$16,139.29	-\$8,935.69	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$4,139.29	\$3,064.31	\$257.25	-\$4,299.89
\$1,000.00	\$11,000.00	\$15,720.62	-\$8,517.02	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$3,720.62	\$3,482.98	\$1,931.91	-\$950.57
\$1,000.00	\$11,000.00	\$13,491.42	-\$6,287.82	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$1,491.42	\$5,712.18	\$10,848.71	\$16,883.02
\$800.00	\$10,000.00	\$12,291.42	-\$2,962.02	\$1,491.42	\$7,837.98	\$1,491.42	\$7,837.98	\$1,491.42	\$7,837.98	\$20,551.91	\$25,386.22
\$960.00	\$10,000.00	\$12,451.42	-\$3,122.02	\$1,491.42	\$7,837.98	\$1,491.42	\$7,837.98	\$1,491.42	\$7,837.98	\$20,391.91	\$25,386.22
\$1,000.00	\$10,000.00	\$16,040.04	-\$6,710.64	\$5,040.04	\$4,289.36	\$5,040.04	\$4,289.36	\$5,040.04	\$4,289.36	\$6,157.46	-\$3,002.69
\$0.00	\$10,000.00	\$12,632.98	-\$3,303.58	\$2,632.98	\$6,696.42	\$2,632.98	\$6,696.42	\$2,632.98	\$6,696.42	\$16,785.67	\$16,253.75
\$840.00	\$0.00	\$5,880.04	\$11,515.46	\$5,040.04	\$12,355.46	\$5,040.04	\$12,355.46	\$5,040.04	\$12,355.46	\$48,581.86	\$29,261.71
\$1,000.00	\$0.00	\$5,133.02	\$8,450.09	\$4,133.02	\$9,450.09	\$4,133.02	\$9,450.09	\$4,133.02	\$9,450.09	\$36,800.36	\$21,268.28
\$1,000.00	\$0.00	\$5,133.02	\$8,450.09	\$4,133.02	\$9,450.09	\$4,133.02	\$9,450.09	\$4,133.02	\$9,450.09	\$36,800.36	\$21,268.28
\$610.00	\$0.00	\$4,330.62	\$2,974.85	\$3,720.62	\$3,584.85	\$3,720.62	\$3,584.85	\$3,720.62	\$3,584.85	\$13,729.41	-\$543.07
\$0.00	\$0.00	\$1,862.43	\$5,663.51	\$1,862.43	\$5,663.51	\$1,862.43	\$5,663.51	\$1,862.43	\$5,663.51	\$22,654.02	\$15,204.30
\$1,000.00	\$0.00	\$6,118.14	\$7,464.97	\$5,118.14	\$8,464.97	\$5,118.14	\$8,464.97	\$5,118.14	\$8,464.97	\$32,859.87	\$13,387.30
\$500.00	\$0.00	\$3,893.66	\$4,947.34	\$3,393.66	\$5,447.34	\$3,393.66	\$5,447.34	\$3,393.66	\$5,447.34	\$21,289.35	\$8,214.71
\$0.00	\$0.00	\$7,821.30	\$26,136.48	\$7,821.30	\$26,136.48	\$7,821.30	\$26,136.48	\$7,821.30	\$26,136.48	\$104,545.91	\$73,260.72
\$0.00	\$0.00	\$7,918.77	\$26,039.01	\$7,918.77	\$26,039.01	\$7,918.77	\$26,039.01	\$7,918.77	\$26,039.01	\$104,156.02	\$72,480.94
\$0.00	\$0.00	\$7,821.30	\$26,136.48	\$7,821.30	\$26,136.48	\$7,821.30	\$26,136.48	\$7,821.30	\$26,136.48	\$104,545.91	\$73,260.72
\$0.00	\$0.00	\$4,259.82	\$29,697.96	\$4,259.82	\$29,697.96	\$4,259.82	\$29,697.96	\$4,259.82	\$29,697.96	\$118,791.82	\$101,752.55
\$56,710.00	\$579,000.00	\$788,994.31	-\$260,651.63	\$153,284.31	\$375,058.37	\$153,284.31	\$375,058.37	\$153,284.31	\$375,058.37	\$864,523.48	\$887,096.24

PHYSICAL DISABILITY SERVICES / NURSING FACILITY

the Person Costs		Projected Costs and Savings (Plus or Minus) Identified by Quarter								Year to Date	
MFP supplemental & demonstration services SFG	MFP ICF Bed Closure Cost SFG	1st Qtr FY09 Costs SFG	1st Qtr FY09 Savings + or -	2nd Qtr FY09 Costs SFG	2nd Qtr FY09 Savings + or -	3rd Qtr FY09 Costs SFG	3rd Qtr FY09 Savings + or -	4th Qtr FY 09 Costs SFG	4th Qtr FY09 Savings + or -	PROJECTED Year to Date Savings + or -	Projected Out Years Savings + or -
\$1,432.00	\$0.00	\$3,641.86	-\$105.46	\$2,209.86	\$1,326.54	\$2,209.86	\$1,326.54	\$2,209.86	\$1,326.54	\$3,874.16	-\$3,533.28

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\$1,208.00	\$0.00	\$5,411.72	-\$1,875.32	\$4,203.72	-\$667.32	\$4,203.72	-\$667.32	\$4,203.72	-\$667.32	-\$3,877.28	-\$19,484.16
\$0.00	\$0.00	\$1,008.38	\$2,528.02	\$1,008.38	\$2,528.02	\$1,008.38	\$2,528.02	\$1,008.38	\$2,528.02	\$10,112.09	\$6,078.58
\$718.80	\$0.00	\$1,473.24	\$2,063.16	\$754.44	\$2,781.96	\$754.44	\$2,781.96	\$754.44	\$2,781.96	\$10,409.02	\$8,110.05
\$3,466.00	\$0.00	\$7,241.64	-\$3,705.24	\$3,775.64	-\$239.24	\$3,775.64	-\$239.24	\$3,775.64	-\$239.24	-\$4,422.95	-\$16,059.50
\$1,520.14	\$0.00	\$4,630.36	-\$1,093.96	\$3,110.22	\$426.18	\$3,110.22	\$426.18	\$3,110.22	\$426.18	\$184.58	-\$10,736.16
\$0.00	\$0.00	\$5,191.03	-\$1,654.63	\$5,191.03	-\$1,654.63	\$5,191.03	-\$1,654.63	\$5,191.03	-\$1,654.63	-\$6,618.51	-\$37,764.67
\$8,344.94	\$0.00	\$16,521.34	-\$2,375.74	\$8,176.40	\$5,969.20	\$8,176.40	\$5,969.20	\$8,176.40	\$5,969.20	\$15,531.85	-\$115,825.95

FRAIL ELDERLY / NURSING FACILITY

the Person Costs		Projected Costs and Savings (Plus or Minus) identified by Quarter								Year to Date	
MFP supplemental & demonstration services SFG	MFP ICF Bed Closure Cost SFG	1st Qtr FY09 Costs SFG	1st Qtr FY09 Savings + or -	2nd Qtr FY09 Costs SFG	2nd Qtr FY09 Savings + or -	3rd Qtr FY09 Costs SFG	3rd Qtr FY09 Savings + or -	4th Qtr FY 09 Costs SFG	4th Qtr FY09 Savings + or -	PROJECTED Year to Date Savings + or -	Projected Out Years Savings + or -
\$604.00	\$0.00	\$936.25	\$2,600.15	\$332.25	\$3,204.15	\$332.25	\$3,204.15	\$332.25	\$3,204.15	\$12,212.60	\$11,487.60
\$2,812.00	\$0.00	\$5,464.00	-\$1,927.60	\$2,652.00	\$884.40	\$2,652.00	\$884.40	\$2,652.00	\$884.40	\$725.60	-\$7,070.40
\$404.40	\$0.00	\$1,216.25	\$2,320.15	\$811.85	\$2,724.55	\$811.85	\$2,724.55	\$811.85	\$2,724.55	\$10,493.80	\$7,650.80
\$0.00	\$0.00	\$1,243.54	\$2,292.86	\$1,243.54	\$2,292.86	\$1,243.54	\$2,292.86	\$1,243.54	\$2,292.86	\$9,171.43	\$4,197.26
\$0.00	\$0.00	\$1,325.62	\$2,210.78	\$1,325.62	\$2,210.78	\$1,325.62	\$2,210.78	\$1,325.62	\$2,210.78	\$8,843.14	\$889.44
\$3,820.40	\$0.00	\$10,185.66	\$7,496.34	\$6,365.26	\$11,316.74	\$6,365.26	\$11,316.74	\$6,365.26	\$11,316.74	\$41,446.57	\$17,154.70

TRAUMATIC BRAIN INJURY / NURSING FACILITY

the Person Costs		Projected Costs and Savings (Plus or Minus) identified by Quarter								Year to Date	
MFP supplemental & demonstration services SFG	MFP ICF Bed Closure Cost SFG	1st Qtr FY09 Costs SFG	1st Qtr FY09 Savings + or -	2nd Qtr FY09 Costs SFG	2nd Qtr FY09 Savings + or -	3rd Qtr FY09 Costs SFG	3rd Qtr FY09 Savings + or -	4th Qtr FY 09 Costs SFG	4th Qtr FY09 Savings + or -	PROJECTED Year to Date Savings + or -	Projected Out Years Savings + or -
\$605.96	\$0.00	\$5,413.60	-\$1,877.20	\$4,807.64	-\$1,271.24	\$4,807.64	-\$1,271.24	\$4,807.64	-\$1,271.24	-\$5,690.92	-\$33,930.82
\$3,000.00	\$0.00	\$8,135.02	-\$4,598.62	\$5,135.02	-\$1,598.62	\$5,135.02	-\$1,598.62	\$5,135.02	-\$1,598.62	-\$9,394.48	-\$37,204.61
\$3,605.96	\$0.00	\$13,548.62	-\$6,475.82	\$9,942.66	-\$2,869.86	\$9,942.66	-\$2,869.86	\$9,942.66	-\$2,869.86	-\$15,085.41	-\$71,135.42
\$72,481.30	\$579,000.00	\$829,249.93	-\$262,006.85	\$177,768.63	\$389,474.45	\$177,768.63	\$389,474.45	\$177,768.63	\$389,474.45	\$906,416.49	\$717,289.57