

Approved: 2-3-09
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on January 21, 2009, in Room 784 of the Docking State Office Building.

All members were present except: Representatives Ward, Finney, and Schwab.

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Reed Holwegner, Kansas Legislative Research Department
Janet Grace, Committee Assistant

Conferees appearing before the committee:

Secretary Don Jordan, Department of Social and Rehabilitation Services
Secretary Kathy Greenlee, Kansas Department On Aging

Others attending:

See attached list.

Chairman Landwehr called the meeting to order. The Chair explained she asked the different agencies that work with this community to present what their agencies do, their expectations for 2009, and for the committee to ask them questions. This will help the Representatives respond to bills and with calls from constituents. The agencies will be presenting this week and next week.

Secretary Don Jordan, Department of Social and Rehabilitation Services (SRS), briefed the Committee on SRS. (Attachment 1) Their mission is to protect children and promote adult self-sufficiency. This is done through partnering to connect Kansans with supports and services to improve lives. This is one of the most important and controversial programs provided by government. The vast majority of their budget (89.1%) is spent on direct assistance programs serving individuals. The agency is spending their dollars more effectively and efficiently. (Attachments 1, 3) Secretary Jordan pointed out a discrepancy with one of the charts, and the agency will correct the chart. They will also provide information on how much is spent on addiction vs. prevention programs.

Services and Purposes of the Agency (Attachment 1)

- Addiction and Prevention Services
- Mental Health Services
- State Mental Health Hospitals
- Community Supports and Services
- Private/Public Intermediate Care Facilities
- Children and Family Services
- Economic and Employment Support
- Rehabilitation Services
- Child Support Enforcement

The agency used to have a waiting list for their services, but the list has been eliminated. Secretary Jordan responded to the request of explaining the difference between Medicaid and MediKan. Medicaid is the federally funded program for lower income people. MediKan is state funded and is mainly for single adults waiting for assistance in other programs. MediKan is evenly distributed across the state. The agency receives some of the MediKan funds back from the federal government.

Secretary Jordan responded to the question of what to say or do when constituents call about having their children removed from their home. There is a belief that SRS removes children from homes. Secretary Jordan placed emphasis on the fact that SRS does not remove children from homes. The agency also does not make money by removing children. The federal government does not provide funds for child removal. SRS makes recommendations to the appropriate authorities.

Secretary Jordan responded to a question about constituents having their food stamps decrease due to an increase in Social Security. The interaction between their income and amount they pay for housing, utilities,

CONTINUATION SHEET

Minutes of the House Health And Human Services Committee at 1:30 p.m. on January 21, 2009, in Room 784 of the Docking State Office Building.

and medical care determines the allocation of food stamps. If other expenses stay the same and income goes up, then there will be a reduction in their food stamp allocation. The reverse is also true. If their expenses increase and income stayed the same, their food stamp allocation would increase. It is a formula and set by federal guidelines. A summary of expenditures and persons served was included along with an SRS acronym list.

Mr. Jordan listed the 2009 SRS Legislature Proposals. (Attachments 2) These three legislative proposals are required for three of the SRS FY 2010 budget reductions:

- Grandparents as Caregivers Program
- No Removal into SRS custody for youth 16 and older for non-abuse/neglect reasons
- Secretary's custody ends at age 18

Secretary Kathy Greenlee briefed the Committee on the Kansas Department on Aging. (KDOA) (Attachment 3) She also will provide the committee with an acronym list. The organizational structure and description of agency responsibilities was reviewed. She will provide phone numbers at a later date. Introduction of the members was provided.

Ms. Greenlee discussed KDOA's regulatory responsibilities, purchasing responsibilities, advocacy, initiatives, and possible legislation. The following is the KDOA's budget recommendations (Attachment 4):

Impact of the Governor's 2009 Budget Recommendation

- 75% of the KDOA's budget is for nursing home caseload
- FY 2009 a 2% reduction

Fiscal Year 2010 Governor's Recommendations

- Nursing home rate freeze
- Reduction in Senior Care Act
- Suspend core funding for the Area Agencies on Aging

The agency is responsible for surveys. The survey includes the core of the quality of health care in nursing care facility, to the environment, nutrition provided, number of bedridden residents, talk with family members about care, the residents in the facility and the workers. A document is sent to the facility based on this information, so that the facility has an opportunity to correct its deficiencies. The longer nursing facilities delay correcting the deficiencies, the more severe the fines from KDOA.

SRS and KDOA requested computer compability between the agencies to better serve the constituents.

Secretary Greenlee discussed the questions concerning the Seniors Farmers Market program. It was not managed well and was inefficient. The agency did not apply for the program this year. It is a program that is needed and wanted, but it needs to be fixed first.

Secretary Greenlee said that the agency will not be bringing much legislation to the legislature this year.

Bill introduction: Representative Siegfroid announced that he will draft and submit a bill next week.

The next meeting is scheduled for January 22, 2009.

The meeting was adjourned at 2:00 p.m.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: January 21, 2009

NAME	REPRESENTING
Carolyn Muddendorf	Ks St No Care
Janyak	SRS
Steve Solomon	TFI Family Services
Patrick Jagelsberg	Kearney
Candy Shively	SRS
Don Jordan	SRS.
Anne Nugent	KHI
Joe Mosierann	Hein Law Firm
Michelle Ballek	Cap. Strategies
Wrena Neal	JEDS
Suzanne Wikle	KAC
Shannon Bell	LGR

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KANSAS

DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Agency Overview

Don Jordan, Secretary

HEALTH AND HUMAN SERVICES
DATE: 01/21/09
ATTACHMENT: 1



KANSAS

DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Mission

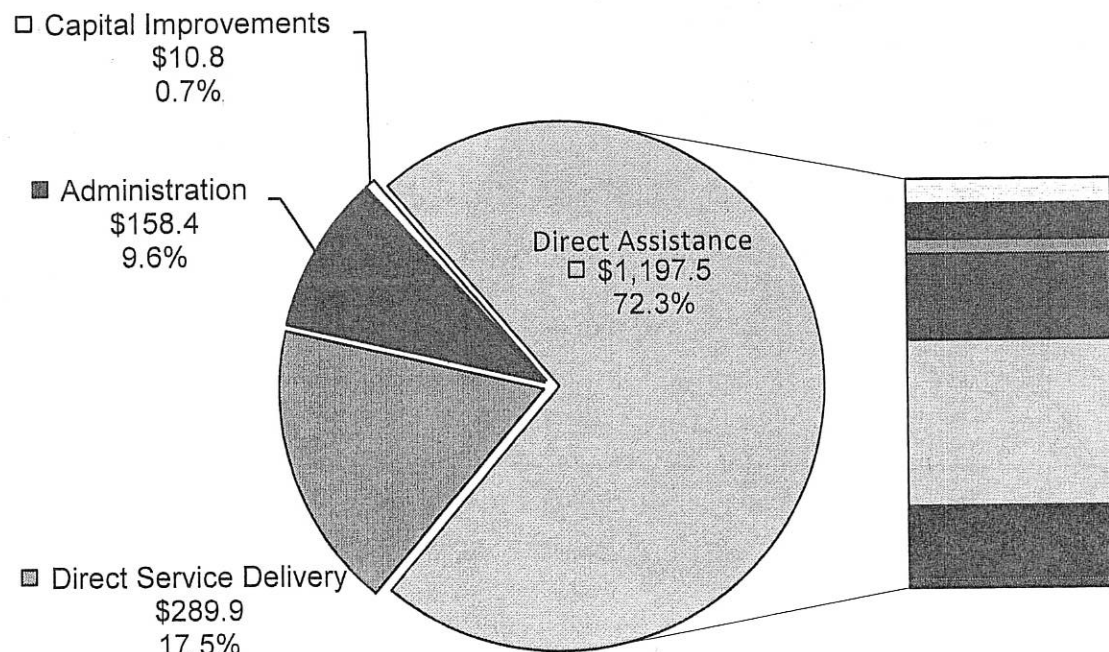
To protect children and
promote adult
self-sufficiency

Vision

Partnering to connect Kansans
with supports and services to
improve lives

FY 2010 SRS Governor's Budget Recommendations including State Hospitals

Expenditures (in millions)

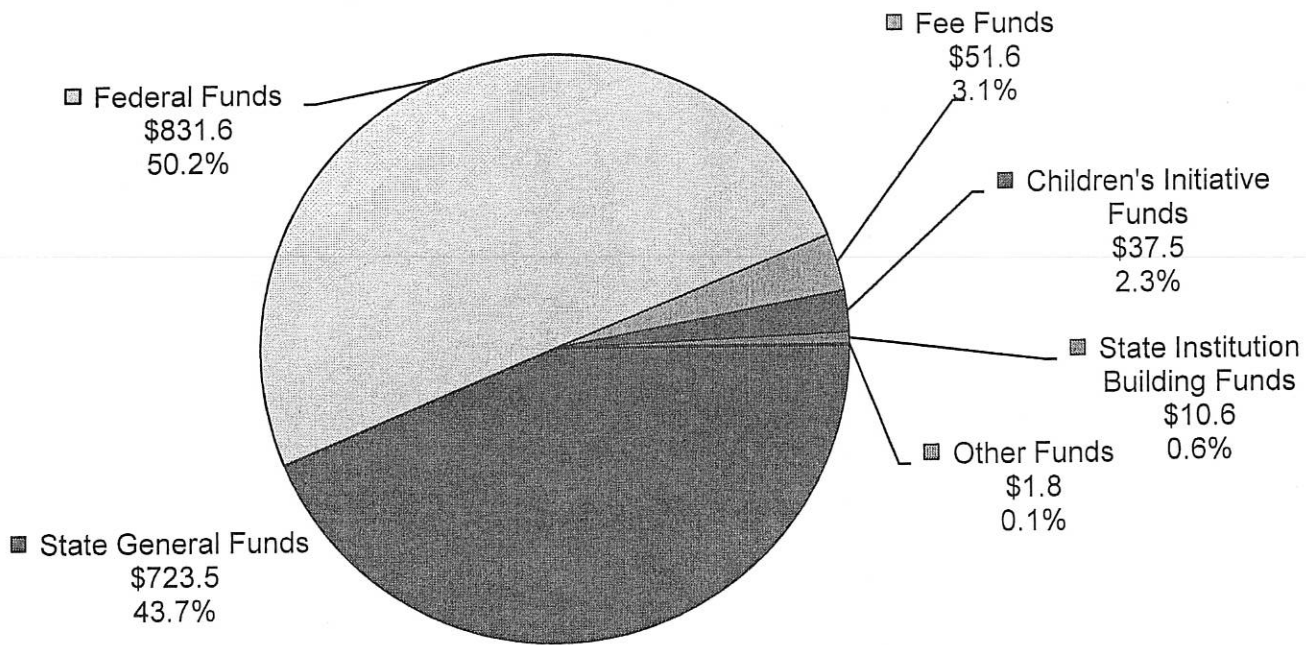


Total Budget \$1,656.6 million

Direct Assistance

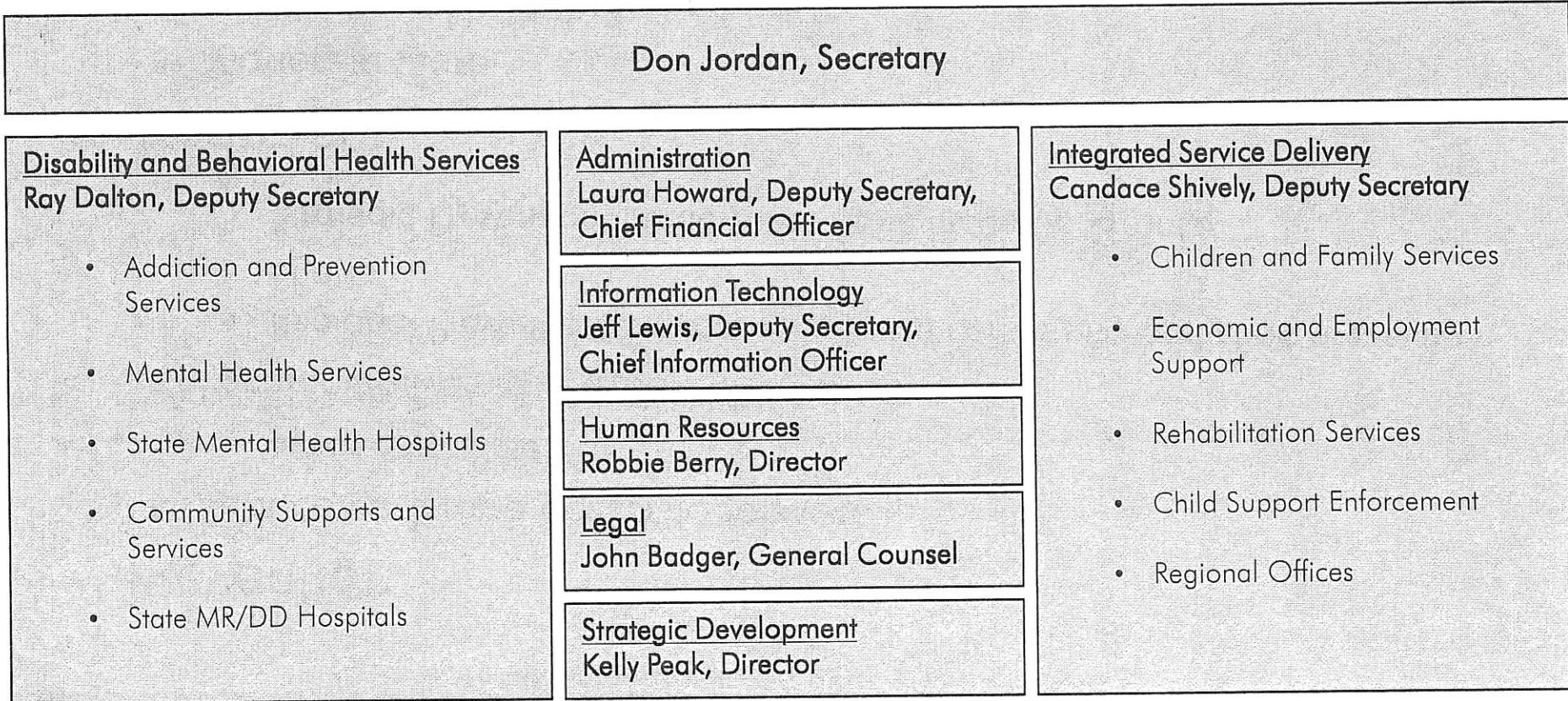
- Cash Assistance
\$73.2
- Child Care and Employment Services
\$103.5
- ▣ Addiction and Prevention Services
\$43.2
- Mental Health Services
\$253.5
- Developmental and Physical Disabilities Services
\$485.7
- Children and Family Services
\$208.9
- Rehabilitation Services
\$29.4
- Other
\$0.1

FY 2010 SRS Governor's Budget Recommendations including State Hospitals Funding (in millions)



Total Budget \$1,656.6 million

Organization



Addiction and Prevention Services

Work to prevent substance abuse and provide treatment for persons with alcohol, drug, and gambling addictions

- Prevention
 - Reduce underage access to tobacco
 - › Synar amendment
 - Local initiatives to prevent addictions
 - › Regional Prevention Centers coordinate community addiction prevention efforts
 - › Strategic Prevention Framework - State Incentive Grants
- Treatment
 - Managed Care
 - › Block grant and Medicaid funds
 - Serves people with addictions who may lack financial means

Mental Health Services

Care for Kansans with symptoms of mental illness

- Mental Health Managed Care
 - Medicaid and MediKan
 - › Serve people with severe and persistent mentally illness, who may lack financial means
- Psychiatric Residential Treatment Facility
 - Provide sub-acute residential mental health and/or substance abuse treatment for children and youth with a severe emotional disturbance
- Nursing Facilities for Mental Health
 - Provide residential treatment for adults with severe and persistent mental illness

State Mental Health Hospitals

Inpatient psychiatric treatment for Kansans experiencing severe mental health symptoms determined a danger to themselves or others, and forensic mental health services

- Osawatomie State Hospital
 - Provides acute inpatient treatment for adults with mental illness.
 - SPTP Transition Program
- Rainbow Mental Health Facility
 - Provides primarily short-term, acute inpatient treatment for adults with mental illness
- Larned State Hospital
 - Psychiatric Services Program - provides inpatient treatment to children, adolescents and adults
 - State Security Program - provides evaluation, competency restoration and inpatient treatment for forensic patients
 - Sex Predator Treatment Program

Community Supports and Services

Provide resources and support to help Kansans with disabilities live self-directed lives in their community

- Transition from facilities to the community
 - Money Follows the Person grant
- Medicaid waivers for home and community based services
 - Physical Disability Waiver
 - › Serves individuals age 16-65 who would otherwise require institutionalization in a nursing facility
 - Mental Retardation/Developmental Disability Waiver
 - › Provides community based services for individuals age 5 and up who otherwise would be eligible for placement in an intermediate care facility
 - Traumatic Brain Injury Waiver
 - › Serves individuals age 16-64 who have a traumatically acquired, non-degenerative, structural brain injury
 - Technology Assisted Waiver
 - › This program assists children, age 0-21 years who are chronically ill and medically fragile and dependent upon a life-sustaining medical device to compensate for loss of a vital body function
 - Autism Waiver
 - › An early, intensive intervention service targeting children up to age 5 who would otherwise be served in a state mental health hospital

Private/Public Intermediate Care Facilities

Residences for Kansans with disabilities who require intensive supports

- State Mental Retardation/Developmental Disability Hospitals
 - Kansas Neurological Institute
 - › 98% of residents are severely to profoundly mentally retarded and require intensive medical supports
 - Parsons State Hospital and Training Center
 - › 86% of residents present with behavioral challenges or symptoms of emotional disturbance and require more intensive supports
- Private Intermediate Care Facilities (ICF/MRs)
 - Funded by Medicaid, these facilities serve individuals who need continuous, intensive services.
 - They work closely with community developmental disability organizations to arrange supports and services when the individual is ready to live more independently

Children and Family Services

Protect children from abuse and neglect, provide in-home services to preserve families, and seek safe, permanent homes for children

- Prevention Efforts
 - Grants for community services to avoid abuse and neglect and promote good parenting
- Child Protective Services
 - Investigate reports of alleged abuse and neglect
- Family Preservation Services
 - Intensive in-home services that seek to keep families together
- Permanency
 - Foster care, reintegration and adoption services. After court-ordered removal, 89% of children are placed in a family-like setting. Assistance may be offered for adoption or permanent custodianship.

Economic and Employment Support

*Promote self-sufficiency by assisting individuals and families
to prepare for and maintain gainful employment*

- Support Employment
 - Temporary Assistance for Families
 - › Provides training and work experience for participants and up to 60 months of cash assistance.
 - Child Care Assistance
 - › Provides support to working families who need childcare
- Provide Economic Assistance
 - General Assistance/MediKan
 - › Provides cash and medical assistance to disabled Kansans waiting for federal disability determination.
 - Food Stamps
 - › Helps low-income persons buy food with an electronic benefit card
 - Low Income Energy Assistance Program
 - › Provides assistance to keep homes heated and helps weatherize dwellings
 - Food Distribution Programs
 - › Provide foodstuffs to charitable institutions, soup kitchens and, in emergencies, directly to consumers
- Protect Vulnerable Adults
 - Adult Protective Services
 - › Investigate reports of alleged abuse, neglect, and exploitation

Rehabilitation Services

Support Kansans with disabilities in gaining and keeping employment, and determine medical eligibility for federal disability programs

- Vocational Counseling and Guidance
- Education and Training
- Job Placement and Supported Employment
 - Contract for services that support people seeking employment
- Disability Determination Services
 - Determine medical eligibility for Social Security Disability Insurance and Supplementary Security Income

Child Support Enforcement

Promote self-sufficiency by facilitating receipt of child support payments

- Establish paternity
- Establish and modify financial and medical support orders
- Collect and disburse support payments
 - Enforce income withholding and court actions

51-1

Summary of Expenditures & Persons Served

Annual Expenditures in Millions

Disability and Behavioral Health Services	Caseload Unit	SFY 2008		SFY 2009 GBR		SFY 2010 GBR	
		Expenditures	Persons Served	Expenditures	Persons Served	Expenditures	Persons Served
Autism Waiver	Annual Consumers	< \$.1	12	\$1.2	45	\$1.2	45
Developmental Disability Waiver	Annual Consumers	\$274.8	6,822	\$289.8	6,985	\$285.1	6,902
Physical Disability Waiver	Annual Consumers	\$109.4	6,512	\$125.8	6,574	\$104.9	5,595
Traumatic Brain Injury Waiver	Annual Consumers	\$8.8	196	\$8.0	179	\$8.0	179
Technology Assistance Waiver	Annual Consumers	\$0.1	40	\$21.6	335	\$21.6	335
Other Developmental Disability Services	Annual Consumers	\$63.2	10,914	\$62.7	10,792	\$56.5	9,356
Other Physical Disability Services	Annual Consumers	\$28.4	277	\$8.5	4,347	\$12.7	6,476

Summary of Expenditures & Persons Served

Annual Expenditures in Millions

Disability and Behavioral Health Services	Caseload Unit	SFY 2008		SFY 2009 GBR		SFY 2010 GBR	
		Expenditures	Persons Served	Expenditures	Persons Served	Expenditures	Persons Served
Addiction and Treatment Services	Annual Consumers	\$48.2	15,705	\$44.8	16,176	\$45.0	16,661
Mental Health Services	Annual Consumers	\$309.0	121,861	\$261.3	123,676	\$260.8	124,363
State Hospitals	Caseload Unit	Expenditures	Persons Served	Expenditures	Persons Served	Expenditures	Persons Served
Larned State Hospital	Average Daily Census	\$42.1	278	\$42.1	284	\$41.6	284
Sexual Predator Treatment Program	Average Daily Census	\$11.9	170	\$13.2	186	\$13.0	206
Osawatomie State Hospital	Average Daily Census	\$26.4	169	\$26.5	171	\$27.1	171
Rainbow Mental Health Facility	Average Daily Census	\$8.3	44	\$7.9	50	\$8.1	50
Kansas Neurological Institute	Average Daily Census	\$28.4	160	\$28.7	160	\$28.3	160
Parsons State Hospital	Average Daily Census	\$25.1	194	\$25.4	198	\$24.7	198

Summary of Expenditures & Persons Served

Annual Expenditures in Millions

Children and Family Services	Caseload Unit	SFY 2008		SFY 2009 GBR		SFY 2010 GBR	
		Expenditures	Persons Served	Expenditures	Persons Served	Expenditures	Persons Served
Family Preservation Services	Annual Families	\$10.2	2,531	\$10.2	2,443	\$10.5	2,598
Child Abuse/ Neglect Reports	Annual Reports	*	53,888	*	54,741	*	55,608
Reintegration/Foster Care	Average Monthly Children	\$142.6	5,635	\$157.5	5,402	\$138.2	5,154
Adoption Subsidy and Permanent Custodian	Average Monthly Children	\$25.7	6,716	\$28.8	7,159	\$32.2	7,605
Independent Living Subsidy	Annual Youth	\$1.9	868	\$1.9	865	\$1.5	865
Child Support Enforcement	Caseload Unit	Collections	Persons Served	Collections	Persons Served	Collections	Persons Served
Child Support Collections	Annual Cases	\$187.2	129,001	\$203.9	128,487	\$212.3	129,691

*Direct services associated with child abuse/neglect investigations included in other child welfare categories

Summary of Expenditures & Persons Served

Annual Expenditures in Millions

Economic & Employment Support	Caseload Unit	SFY 2008		SFY 2009 GBR		SFY 2010 GBR	
		Expenditures	Persons Served	Expenditures	Persons Served	Expenditures	Persons Served
Adult Protective Services	Annual Persons Served	\$0.4	8,705	\$0.4	8,966	\$0.4	9,235
Child Care Assistance	Average Monthly Children	\$78.1	21,211	\$81.8	22,000	\$80.1	21,181
TAF Employment Services	Average Monthly Adults	\$11.0	12,229	\$12.0	12,520	\$12.0	12,200
Food Stamps	Average Monthly Persons	\$205.4	187,375	\$239.5	201,853	\$261.4	216,580
TAF Cash Assistance	Average Monthly Persons	\$48.0	32,773	\$48.2	34,280	\$50.8	39,103
Energy Assistance	Annual Persons	\$17.7	98,952	\$19.3	99,316	\$14.3	99,316
General Assistance	Average Monthly Persons	\$9.0	4,206	\$9.6	4,546	\$7.1	3,231
Rehabilitation Services	Caseload Unit	Expenditures	Persons Served	Expenditures	Persons Served	Expenditures	Persons Served
Vocational Rehabilitation	Average Monthly Persons	\$18.6	9,168	\$21.7	9,436	\$21.7	9,501
Blind and Visually Impaired Services	Annual Persons	\$2.2	1,583	\$2.5	1,616	\$2.5	1,651
Disability Determination	Annual Claims Processed	\$13.7	31,891	\$14.7	33,000	\$14.9	33,000

Acronyms

Used by the Kansas Department of Social and Rehabilitation Services
January 2007

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

COTS	Commercial Off the Shelf
CPS	Child Protective Services
CRO	Consumer Run Organization
CSAP	Centers for Substance Abuse Prevention
CSE	Child Support Enforcement
CSP	Community Service Provider
CSS	Community Supports and Services
CW	Child Welfare
CWCBS	Child Welfare Community Based Service
CY	Calendar Year
D	
DAB	Departmental Appeals Board
DCA	Division of Cost Allocation
DD	Developmental Disabilities
DDS	Disability Determination Services
DHPF	Division of Health Policy and Finance
DHS	Department of Human Services
DMIE	Demonstration to Maintain Independence
DOB	Division of the Budget
DOC	Department of Corrections
DRA	Deficit Reduction Act of 2005
DRG	Diagnostic Related Groups
DSH	Disproportionate Share for Hospitals
DUR	Drug Utilization Review
E	
EBP	Evidence-Based Practice
EBT	Electronic Benefit Transfer
ECP	Enterprise Circle Plan
EES	Economic and Employment Support
EHS	Early Head Start
ERO	Executive Reorganization Order
ETV	Education and Training Voucher
F	
FBI	Federal Bureau of Investigation
FCSOC	Family Centered System of Care
FDA	Food and Drug Administration
FE	Frail Elderly
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FMR	Financial Management Review
FPL	Federal Poverty Level
FTE	Full Time Equivalent
FUL	Federal Upper Limit

FY	Fiscal Year
G	
GA	General Assistance
GBA	Governor's Budget Amendment
GBR	Governor's Budget Recommendation
GPRA	Government Performance Results Act
H	
HCAIP	Health Care Access Improvement Panel
HCBS	Home and Community Based Services
HCP	Health Care Policy
HH	Household
HHA	Home Health Agencies
HHS	Health and Human Services, Department of
HIPPS	Health Insurance Premium Payment System
HIPAA	Health Insurance Portability & Accountability Act of 1996
HMO	Health Maintenance Organization
HR	Human Resources
HSM	Human Services Management
I	
ICF/MR	Intermediate Care Facility for Persons with Mental Retardation
ICPC	Interstate Compact for the Placement of Children
IDDT	Integrated Dual Diagnosis Treatment
IMD	Institutes for Mental Disease
IPE	Individual Plan for Employment
ISD	Integrated Service Delivery
ITB	Intrathecal Baclofen
ITS	Information Technology Services
IVR	Interactive Voice Response
IWAP	Individual Work Adjustment Plan
IWO	Income Withholding Order
J	
JJA	Juvenile Justice Authority
JRRC	Joint Rules and Regulations Committee
K	
KACCRRRA	Kansas Association of Child Care Resource and Referral Agencies
KAECSES	Kansas Automated Eligibility and Child Support Enforcement System
KAMU	Kansas Society for the Medically Underserved
Kan-SAIL	Kansas Seniors Achieving Independent Living
KBI	Kansas Bureau of Investigation
KCDHH	Kansas Commission for the Deaf and Hard of Hearing
KCPC	Kansas Client Placement Criteria
KDHE	Kansas Department of Health and Environment

KDOA	Kansas Department on Aging
KEHS/HS	Kansas Early Head Start/Head Start
KHPA	Kansas Health Policy Authority
KIPBS	Kansas Institute for Positive Behavior Supports
KLO	Kansas Lifestyle Outcomes
KNI	Kansas Neurological Institute
KPC	Kansas Payment Center
KQAS	Kansas Quality Assurance Screening
KSA	Kansas Statutes Annotated (Laws)
KSBVI	Kansas Services for the Blind and Visually Impaired
L	
LEA	Local Education Agencies
LEAP	Leadership, Education, and Advocacy Program
LEP	Limited English Proficiency
LIEAP	Low Income Energy Assistance Program
LJCF	Larned Juvenile Correctional Facility
LMHCF	Larned Mental Health Correctional Facility
LPA	Legislative Post Audit
LSH	Larned State Hospital
M	
MAC	Maximum Allowable Cost
MCO	Managed Care Organization
ME/QC	Medical Eligibility/Quality Control
MFP	Money Follows Person
MH	Mental Health
MHFS	Mental Health Field Staff
MMA	Medicare Prescription Drug, Improvement and Modernization Act
MMIS	Medical Management Information System
MOA	Memorandum of Agreement
MOE	Memorandum of Effort
MP/M	Medical Policy/Medicaid
MR/DD	Mental Retardation/Developmental Disabilities
N	
NRC	National Resource Center
NF	Nursing Facility
NFC	(President's) New Freedom Commission
NF/MH	Nursing Facility for Mental Health
NIDA	National Institute of Drug Abuse
NIS	National Immunization Survey
NOM	National Outcome Measures
O	
OACS	Office of Audit and Consulting Services

OIG	Office of Inspector General
OSH	Osawatomie State Hospital
P	
PA	Prior Authorization
PAHP	Prepaid Ambulatory Health Plan
PASRR II	Pre-admission Screening and Resident Review (version) II
PASS	Plan for Achieving Self-Support
PATH	Projects for Assistance in Transition from Homelessness
PBS	Positive Behavior Supports
PCCM	Primary Care Case Management/Manager
PD	Physically Disabled
PERM	Payment Error Rate Measure
PES	Prevention and Employee Supports
PGS	Public and Governmental Services
PIHP	Prepaid In-Patient Health Plan
PLE	Poverty Level Eligible
PPG	Performance Partnership Grant
ProDUR	Prospective Drug Utilization Review
PRTF	Psychiatric Residential Treatment Facility
PSH&TC or PSH	Parsons State Hospital & Training Center
Q	
QA	Quality Assurance
QE	Quarter Ending
R	
RADAC	Regional Alcohol and Drug Assessment Center
RCBVI	Rehabilitation Center for the Blind and Visually Impaired
RetroDUR	Retrospective Drug Utilization Review
RFP	Request for Proposal (purchase and grants)
RMHF	Rainbow Mental Health Facility
RPC	Regional Prevention Center
RS	Rehabilitation Services
RT	Rehabilitation Teaching
S	
SACWIS	Statewide Automated Child Welfare Information System
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SCHIP	States Children's Health Insurance Program
SE	Supported Employment
SED	Serious Emotional Disturbance
SGF	State General Fund
SMHH	State Mental Health Hospital
SNAP	Simplified Nutrition Assistance Program
SPMI	Severe and Persistent Mental Illness

SPTP	Sexual Predator Treatment Program
SRS	Social & Rehabilitation Services, Department of
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSDI	Social Security Disability Insurance
SSH	State Security Hospital
SSI	Supplemental Security Income
STAT	Statewide Training Action Team
T	
TA	Technology Assistance
TAF	Temporary Assistance for Families
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TEACH	Teacher Education and Compensation Helps
THS	Transitional House Service
TMA	Transitional Medical Assistance
TPL	Third Party Liability
U	
USDA	United States Department of Agriculture
V	
VNS	Vagus Nerve Stimulation
VR	Vocational Rehabilitation
W	
WORK	Work Opportunities Reward Kansans

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

2009 LEGISLATIVE PROPOSALS

These three legislative proposals are required for three of the SRS FY 2010 budget reductions

Grandparents as Caregivers Program

The Grandparents as Caregivers Program will be funded by federal TANF funds rather than State General Funds. Changes to the program would include the following:

- Income of the grandparents will no longer be considered when determining eligibility, significantly increasing the number of caretaker families that could be served
- Legal custody of the child by the grandparent will no longer be required
- There will be no minimum age limit for the grandparent
- Child care assistance would be available for the grandparents who are employed, with no family share deduction applied
- Parental responsibility is promoted through mandatory referral to and cooperation with Child Support Enforcement
- Child's eligibility would reduce from age 21 to age 18 or up to age 19 if in secondary school

No removal into SRS custody for youth 16 and older for non-abuse/neglect reasons

Only youth age 16 or older who have been maltreated will be placed in the custody of the Secretary

- Youth over the age of 16 with circumstances such as out-of-control behavior, truancy, or running away will remain at home with services to help improve family functioning
- A portion of the foster care savings resulting from this decision is offset by an increase in in-home services to support the youth and their family, including:
 - Family Preservation
 - Truancy prevention programs
 - Strengths-based family support services aimed at stabilizing families
 - Programs focused on crisis intervention, improving parenting skills and making connections with community resources
 - Services to help assure youth graduate from high school including identification of educational risk factors, working with schools to ensure all school credits are counted and providing services to youth
- In addition mental health, substance abuse and community developmental disability support services would be available

Secretary's custody ends at age 18

Foster children will be released from custody when they turn 18 or finish high school

- There is no change in benefits for these youth through the Independent Living Program. Program benefits include:
 - An SRS case manager who meets with the youth on a monthly basis
 - Supports for daily living skills training and career planning
 - Kansas Regents tuition waiver program
 - Medicaid eligibility to age 21
 - Independent living monthly subsidy up to \$300 per month until age 21
 - Financial coverage up to \$300 for one-time start up costs of rent or housing
 - Financial coverage up to \$500 for one-time start up costs of utilities, furniture or housing supplies
 - Financial assistance up to \$3,500 in the first year for education and training related expenses

House Health and Human Services

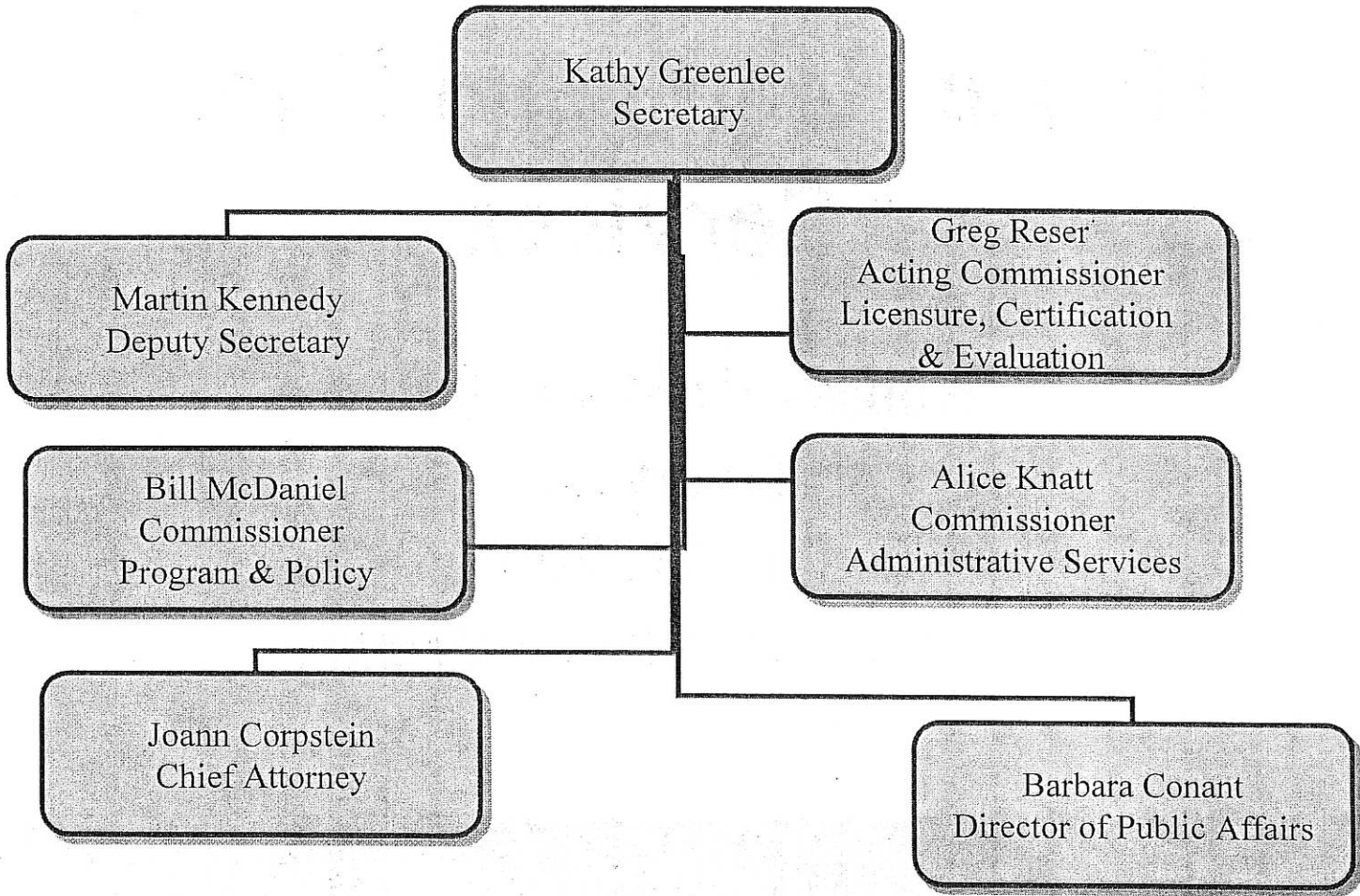
Kansas Dept. on Aging
Overview

Jan. 21, 2009

Kathy Greenlee, Secretary

KDOA

Organizational structure



KDOA's Regulatory Responsibilities

(as of 1/20/09)

- Licensure and Certification of Adult Care Homes
 - Nursing Facilities 291
 - Nursing Facilities/Mental Health 11
 - Assisted Living Facilities 125
 - Residential Health Care Facilities 46
 - Boarding Care Homes 16
 - Home Plus 80
 - Adult Day Care 9
 - Intermediate Care Facilities for Mentally Retarded 29
 - Mental Retardation Hospitals 2
 - Long Term Care Units 46

KDOA's

Regulatory Responsibilities

- Long-term Care Division – Responsible for the development of state regulations and conducting physical environment inspections of adult care homes following construction projects.
- Also provides consultation to providers regarding federal and state regulations.
- Complaint Hotline – 1-800-842-0078

KDOA's Purchasing Responsibilities

- **Nursing facility care** – the average monthly Medicaid payment in SFY 08 for a resident in a nursing facility is \$2,800.
 - 10,581 persons in NFs
 - Total cost = \$355.5 million (\$143.4 million SGF)
- **Home and Community Based Services** – Frail Elderly Waiver – the average monthly Medicaid payment in SFY 08 for a person served by the HCBS-FE waiver was \$950.
 - 5,765 persons served
 - Total cost = \$65.7 million (\$26.5 million SGF)

KDOA's

Purchasing Responsibilities

- **Targeted Case Management** – provides long care case management to Medicaid-eligible seeking assistance to remain in their homes.
 - 4,455 served in 2008
 - Average cost/customer/month = \$99
 - Total cost of services = \$5.3 million (\$2.1 million SGF)
- **Client Assessment and Referral Evaluation (CARE)** – assesses customers to determine appropriate placement in long term care facilities.
 - 12,926 Level 1 assessments; 510 Level II assessments

KDOA's

Purchasing Responsibilities

- **Program for the All-inclusive Care for the Elderly (PACE)** – a form of long term managed care. The provider accepts a capitated rate in the form of a monthly premium, to provide all Medicaid and Medicare long term care and medical services.
 - Two PACE programs in Kansas: Wichita and Topeka
 - 204 of persons served
 - Wichita: 184
 - Topeka: 20
 - Total cost \$3.2 million (\$1.3 million SGF)

Advocacy – KDOA's original mission

- Older Americans' Act
 - Area Agencies on Aging – service delivery system
 - 220,000 Total Served
- Senior Care Act
 - 3,008 Persons served
 - SGF funding \$3.1 million (FY 08 Actual)
 - Social Service Block Grant
- Nutrition
 - 38,600 Persons served
 - SGF funding \$3.0 million (FY 08 Actual)
- Aging and Disability Resource Center (ADRC)
- SMP (formerly Senior Medicare Patrol)

Agency Initiatives

- Culture Change
- Money Follows the Person
- Hospital Discharge Grant

PEAK Nursing Home Award Recipients

2008 Recipients

- Atchison Senior Village, Atchison
- Brandon Woods Retirement Community, Lawrence
- Brewster Place, Topeka
- Brookside Retirement Community, Overbrook
- Cheney Golden Age Home, Cheney
- Greeley County Hospital Long Term Care Unit, Tribune
- Johnson County Nursing Center, Olathe
- Minneapolis Good Samaritan Center, Minneapolis
- Parkside Homes, Hillsboro
- Village Shalom, Overland Park

2007 Recipients

- Bethel Health Care Centre, North Newton
- Brewster Health Center, Topeka
- Greeley County Health Services/ Long-Term Care Unit, Tribune
- Medicalodge of Kinsley
- Pleasant View Home Inc., Inman
- Salina Presbyterian Manor, Salina
- Schowalter Villa, Hesston
- Village Manor, Abilene
- Village Shalom, Overland Park

Possible Legislation

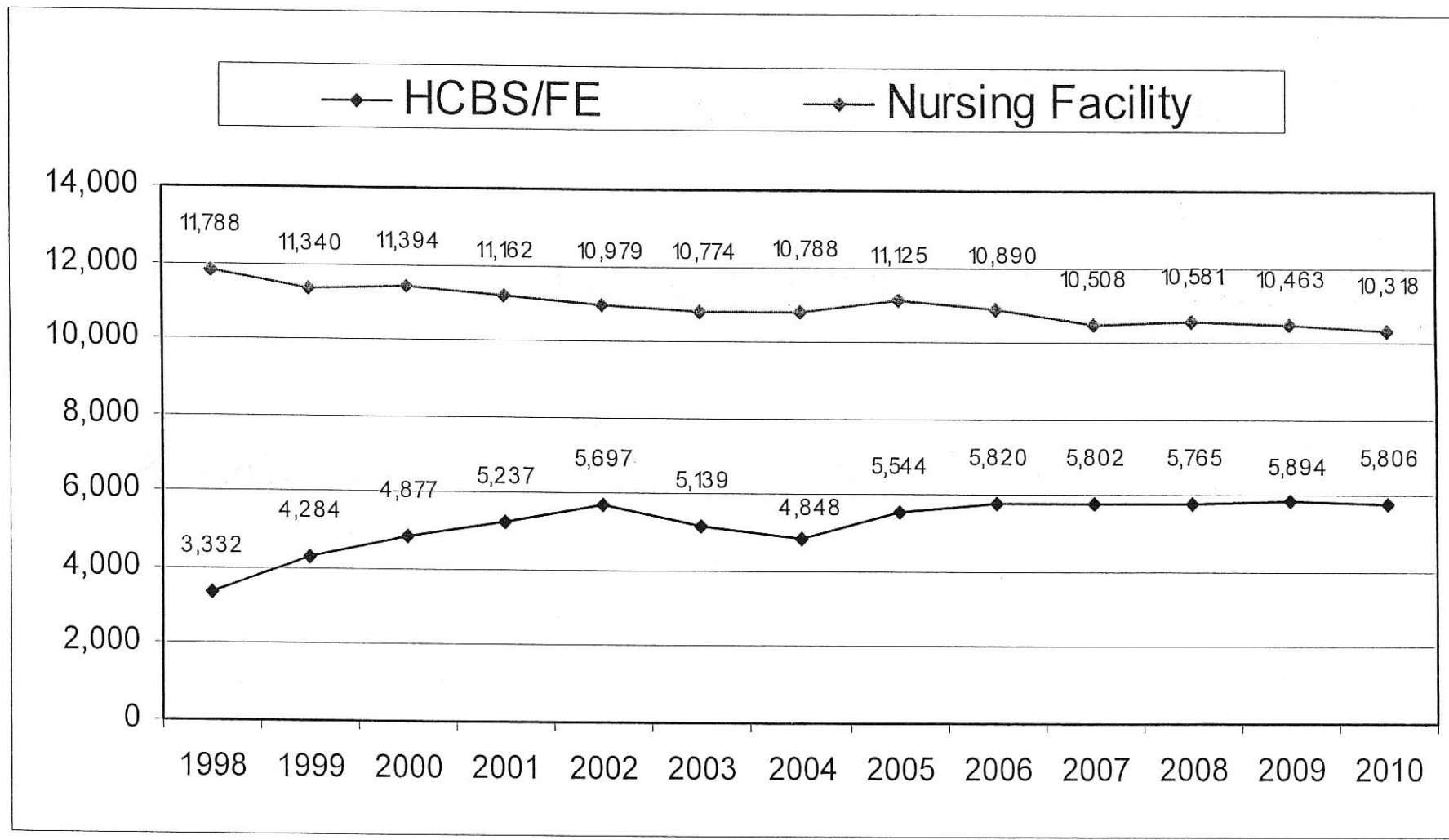
- Adding “theft” to the list of prohibited crimes under the Adult Care Home Licensure Act.
- Provider assessment (KHPA)

Impact of the Governor's 2009 Budget Recommendations

FY 2009 -- 2% reduction, as reflected by Sept. 15 budget submission

- Caseloads for nursing facility and Targeted Case Management were held harmless from the 2% reduction.
- KDOA did not request a supplemental for FY 2009.
- Reduce \$912,703 SGF from the Program for All-inclusive Care for the Elderly (PACE). The revised PACE budget is \$1,905,443.
- Additional 1% reduction as requested by the Governor (\$450,000 SGF)
 - Revision in PACE (\$250,000)
 - Suspended Senior Farmers Market Nutrition Program (\$25,157)
 - Suspended SGF funding for Seniors Together Enjoy Physical Success (STEPS) (\$25,000)
 - Reduce Senior Care Act (\$149,843)
- Also, the Division of Budget:
 - Swept \$174,647 in KSIP funds
 - Reduced SGF for Targeted Case Management (\$287,627)
- In addition, we are freezing hiring on nonessential positions, limiting out-of-state travel and closely reviewing other operational expenses.
- Absent additional FY 2009 budget reductions, we do not foresee starting a waiting list on the HCBS-FE waiver.

KDOA LTC Medicaid Customers



FY 2010

Governor's Recommendations

- Nursing home rate freeze
- Reduction in Senior Care Act
- Suspend core funding for the Area Agencies on Aging

KDOA FY 2010 Governor's Budget Recommendation Proposed Expenditures

- **Nutrition** **\$ 10.8**
- Congregate
- Home Delivered Meals

- **Access and In-Home** **\$ 89.1**
- Older Americans Act (OAA)
- Senior Care Act (SCA)
- Home and Community Based Services for Frail Elderly (HCBS/FE)
- Targeted Case Management (TCM)

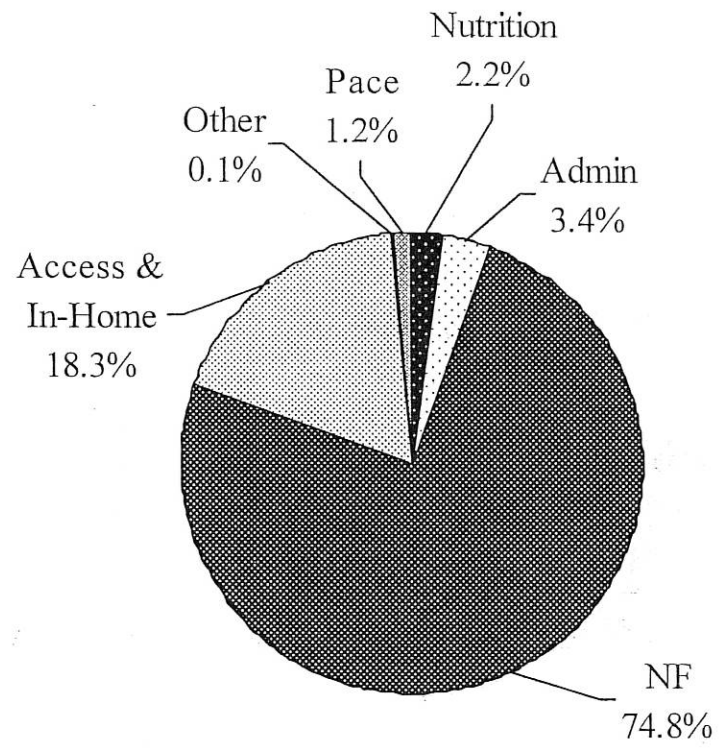
- **Program of All-inclusive Care for the Elderly (PACE)** **\$ 5.8**

- **Nursing Facility** **\$ 365.1**

- **Other** **\$.6**

- **Administration** **\$ 16.7**
- Includes Licensure, Certification and Evaluation (LCE), Client, Assessment, Referral and Evaluation (CARE), SHICK & ADRC

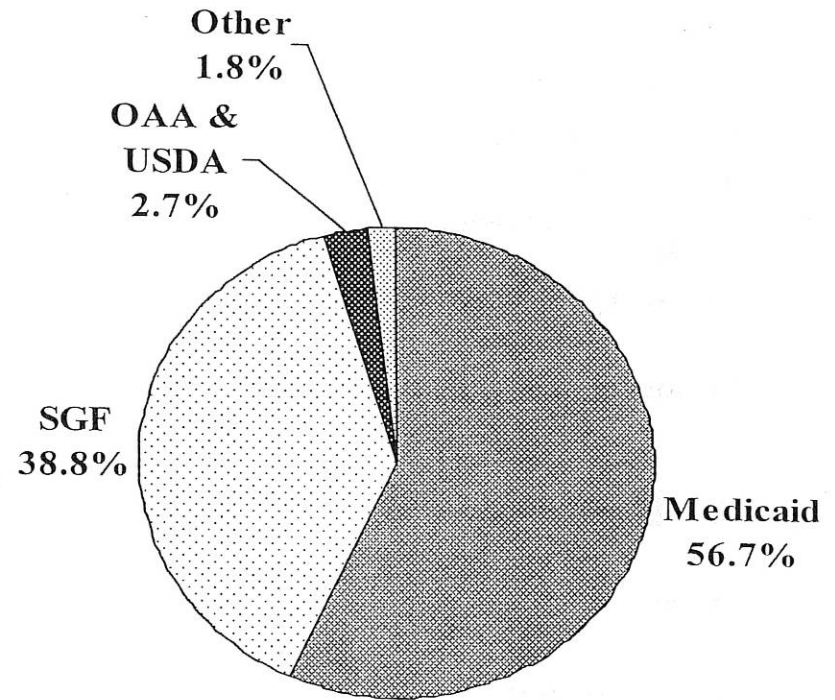
- **TOTAL** **\$ 488.1**
- (Totals in millions)



Governor's Budget Recommendation FY 2010 Funding Sources

Medicaid	\$ 276.7
State General Fund	\$ 189.6
OAA, NSIP & USDA	\$ 13.0
Other (includes Medicare, Social Service Block Grant, SHICK & ADRC)	\$ 8.8
Total	\$ 488.1

\$ in millions



**FY 2009 and FY 2010 SRS Budget
Governor's Budget Recommendations**

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<u>Additions</u>				
Spring 2008 Consensus Caseload Estimates				
Provides funding for the following SRS caseloads:				
Temporary Assistance for Families	--	3,290,075	--	5,080,635
General Assistance	96,000	96,000	496,000	496,000
Foster Care/OOH	(81,915)	(2,572,352)	(1,353,732)	(2,081,744)
Community Supports and Services	412,921	1,030,240	579,051	1,720,440
NF/MH	629,854	606,164	869,000	895,490
Mental Health	6,570,041	11,509,276	8,623,235	18,509,276
AAPS PIHP	<u>(848,451)</u>	<u>(2,116,894)</u>	<u>(845,168)</u>	<u>(1,898,970)</u>
Total Consensus Caseload	6,778,450	11,842,509	8,368,386	22,721,127
Maintain Service for the PD Home and Community Based Services (HCBS)	8,398,741	20,954,943	--	--
A waiting list was implemented for the PD Waiver in December 2008. This additional funding allows the program to continue to support those individuals already receiving services prior to the implementation of the waiting list. It is estimated that the additional funds will support a monthly average of 6,828 individuals in FY 2009.				
Energy Assistance	--	27,372,195	--	--
Increased federal funding will provide approximately \$27.4 million for energy assistance. Of this amount, \$100,000 will be used for Information Technology system changes, \$100,000 will be used for regional staffing to assist with the expected increase in LIEAP applications, and \$27.2 million will be used for LIEAP assistance.				
Funding Shifts to Maintain Current Level of Service	--	4,939,700	--	3,176,845
Provides for expenditures necessary to maintain the current service level for the DD Waiver, Adoption Support, and Permanent Custodianship programs. This will also fund the limited Adoption Contract in effect for FY 2010.				
Assistive Technology for Kansans	--	180,000	--	--
A one year contract was established to provide bridge funding to support the assistive technology contractor during the conversion to fee for service from grant funding.				

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
1.0 Percent COLA The Governor included a 1.0 percent COLA for state employees. For SRS, this totals \$1.5 million from all funding sources, including \$653,766 from the State General Fund. No additional funding was provided for this COLA. Consequently, the agency will have to absorb these additional expenditures.	--	--	--	--
Total Additions	15,177,191	65,289,347	8,368,386	25,897,972
<u>Reductions</u>				
<u>Reductions in Submitted Budget</u>				
Increase Salary Shrinkage Rates SRS will increase the number of vacancies by 29 in the regions and 13 in the central office. This equates to a 1.0 percent increase in shrinkage for the regions and a 2.0 percent increase for the central office.	(1,067,974)	(2,094,067)	(1,122,927)	(2,201,818)
Shift Expenditures from SGF to Fee Funds Fee funds will be used in place of SGF for Child Support Enforcement (CSE), Legal Contracts, Community Mental Health Center (CMHC) grants, and Addiction and Prevention Services (AAPS). The fee funds became available due to increases in collections for CSE and because SRS retained an administrative fee from the settlement of CMHC administrative claiming. The CMHC administrative claiming funds are one-time and will not be available in FY 2011.	(4,308,023)	--	(7,751,118)	--
Grandparents as Caregivers Savings This program has not grown as expected and is projected to generate savings in FY 2009 and FY 2010.	(955,800)	(955,800)	(675,000)	(675,000)
Family Preservation and Family Services at FY 2008 Level These two programs will remain at their current spending levels.	(1,800,000)	(1,800,000)	(1,800,000)	(1,800,000)
Behavior Management Savings The agency no longer has expenditures for this program as these services are now provided through the Youth Residential Centers.	(251,025)	(251,025)	(251,025)	(251,025)
Total Reductions in Submitted Budget	(8,382,822)	(5,100,892)	(11,600,070)	(4,927,843)
<u>GBR Reductions</u>				
Increase Shrinkage by 1.0 percent SRS will increase the number of vacancies in the regions and central office.	(879,483)	(1,830,678)	(886,715)	(1,848,389)

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<p>Limited Adoption Contract The Adoption Contractor's responsibilities will be limited to maintaining a statewide adoption resource exchange, providing a statewide system of intakes for families interested in adoption, and implementing strategies statewide to raise public awareness of the need for families. Given the reduction in required deliverables, the contract award was reduced from \$3,132,176 to \$377,340 for FY 2010. The amount for FY 2010 will be covered by the funding shifts described on the first page.</p>	--	--	(1,399,228)	(3,132,176)
<p>SGF/Fee Fund Switch Balances in various fee funds are being used to replace State General Fund expenditures.</p>	--	--	(2,200,000)	--
<p>Shift Addiction and Prevention Services (AAPS) Grants Funding from SGF to Gaming Revenue This will replace \$600,000 in State General Fund (SGF) monies for the Addiction and Prevention Services (AAPS) grants with a portion of the revenue anticipated in the Problem Gambling and Addictions Fund (PGAF) from the casino operations authorized by the Kansas Expanded Lottery Act. In addition, the program is being reduced by \$200,000.</p>	--	--	(800,000)	(200,000)
<p>Eliminate BARS Contract The BARS program will be eliminated. BARS is an education and monitoring program for retailers who sell tobacco products. BARS mainly benefits the retailers, and in other states, the cost of similar programs is borne by the industry. SRS has entered into a memorandum of understanding with the Kansas Department of Revenue which has enhanced the State's capacity for monitoring and enforcing laws related to sales of tobacco to minors. SRS will continue to combat underage tobacco use and maintain compliance with the Synar Amendment.</p>	--	--	(100,000)	(100,000)
<p>Eliminate Funeral Assistance This will end the funeral assistance program, which currently provides aid for approximately 1,200 funerals for former SRS recipients.</p>	--	--	(810,000)	(810,000)

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<p>Reduce Community Mental Health Center (CMHC) Consolidated Grants This will reduce CMHC's consolidated grants funding, which currently supports approximately 1,700 individuals. While this reduction will decrease the ability of CMHC's to provide mental health services to the uninsured, services to the most vulnerable populations will still be maintained. This FY 2009 reduction represents 1.0 percent of the overall CMHC funding, while the FY 2010 figure represents 3.8 percent of overall funding.</p>	(1,800,000)	(1,800,000)	(7,000,000)	(7,000,000)
<p>Reduce Community Developmental Disability Organization (CDDO) State Aid Grants This will decrease CDDO grant funds for approximately 1,500 individuals with Developmental Disabilities (DD) who are not eligible for DD Waiver services or do not need the level of support provided by the waiver. Although this reduction will reduce the ability of CDDO's to provide services to a select population, it represents less than 1.0 percent of the total DD funding.</p>	--	--	(2,000,000)	(2,000,000)
<p>Integrate the Grandparents as Caregivers Program into the Temporary Assistance for Families (TANF) Program This will continue benefits to grandparents and relatives with Temporary Assistance for Families (TANF) funding. As a consequence, the monthly benefit will decrease, cooperation with child support enforcement will be required, the custody requirement will end, and the adult's income will not be considered. An estimated 249 families will be affected by this change. The FY 2009 amount represents additional savings identified in the program.</p>	(138,000)	(138,000)	(1,165,320)	(352,584)
<p>Limit General Assistance to 18 Months This limits assistance for those individuals unable to meet federal disability standards to 18 months of eligibility and revokes the current hardship provision. Currently, adults may receive General Assistance for up to 24 months, or longer, if the hardship criteria are met. It is estimated that 1,503 adults, or 32.7 percent of the General Assistance caseload, will lose eligibility under this reduction. The average monthly cost per person is \$160.</p>	--	--	(2,886,229)	(2,886,229)

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<p>Limit MediKan Mental Health Assistance to 18 Months</p> <p>This limits MediKan Mental Health Assistance for those individuals unable to meet federal disability standards to 18 months of eligibility and revokes the current hardship provision. It is estimated that 616 individuals will lose eligibility for MediKan funded mental health services under this reduction.</p>	--	--	(2,660,742)	(2,660,742)
<p>Release Secretary's Custody of Children in Need of Care (CINC) at Age 18</p> <p>Currently, young adults may remain in the custody of SRS until age 21. This reduction will end custody of a young adult at age 18. However, an exception is made for young adults who turn 18 while attending high school. This will affect an estimated 141 different young adults each year and reduce the foster care average monthly caseload by 94. This difficult choice is premised on these young adults being the least vulnerable in out-of-home care relative to the greater need for safety and security for younger children. The proposal will heighten the Department's emphasis on individual planning for the young adult's transition to independent living. Generally, these young adults are eligible for, and would receive services through other State programs to assist housing and living expenses, education or training assistance, and health insurance.</p>	--	--	(1,532,318)	(1,687,876)

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<p>Youth Age 16 and Older will not be Placed in Custody for Reasons other than Maltreatment Foster care services are provided when the court finds a child to be in need of care and the parents are unable to meet the safety and care needs of the child. Under this reduction, youth age 16 or older will continue to be placed in the custody of the Secretary for reasons of maltreatment. Youth with circumstances such as out-of-control behavior, truancy, or running away will be addressed through in-home services and will not be placed in the Secretary's custody. This will affect an estimated 298 different youth each year, and reduce the foster care average monthly caseload by 170. This avoids reductions to youth who have been harmed, and whose safety is at stake. A portion of the foster care savings resulting from this decision will be offset by an increase in services such as family services and family preservation to support the youth and their family.</p>	--	--	(2,280,052)	(2,561,769)
<p>Savings from Renegotiating Foster Care Efficiencies were gained in streamlining and reducing administrative costs of foster care case management by having one contract in each of the five regions rather than having foster care services as a requirement in both the contracts of family preservation and foster care.</p>	--	--	(14,099,718)	(15,056,820)
<p>No CIF for Community Funding and Family Services This eliminates approximately \$2.9 million in Children's Initiative Fund (CIF) monies for community funding and family services. The State General Fund will replace approximately \$2.6 million of this amount. The net effect is a reduction of \$324,470.</p>	--	--	2,601,259	(324,470)
<p>Moratorium on Employer Contributions This represents the savings from the statewide nine month moratorium on the payments to KPERS Death and Disability Fund and the seven pay period moratorium on the employer payments to the State Employee Health Fund. Both of these actions are possible due to the health of balances in the two funds.</p>	--	--	(2,804,665)	(6,348,920)
Total GBR Reductions	(2,817,483)	(3,768,678)	(40,023,728)	(46,969,975)

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<u>Proposed Reduced Resources Not Included in GBR</u>				
Reduce Child Care Assistance Income Limit from 185.0 percent to 170.0 Percent of the Federal Poverty Level This reduces the Child Care Assistance Eligibility income limit from 185.0 percent to 170.0 percent of the federal poverty level. This will reduce the child care caseload by an estimated 935 children in 487 families. Child Care will continue for families earning up to 170.0 percent of the federal poverty level, preserving services to those who are most in need.	--	--	(3,102,230)	(3,102,230)
Reduce Technology Assisted (TA), Traumatic Brain Injury (TBI), Physical Disability (PD), Developmental Disability (DD) Waiver Reimbursement Rates by 1.5 percent This reduces the reimbursement rates service providers receive through the Home and Community Based Services (HCBS) Waivers. The 2008 Legislature provided funding for a 2.0 percent rate increase. The net effect of this reduction will be a 0.5 percent increase in the reimbursement rates compared to rates from previous years. This reduction in rates was chosen as an alternative to removing individuals from services.	--	--	(2,384,804)	(5,923,454)
	SGF	AF		
DD Waiver	(1,573,971)	(3,909,515)		
PD Waiver	(596,201)	(1,480,826)		
TA Waiver	(143,088)	(355,409)		
TBI Waiver	<u>(71,544)</u>	<u>(177,704)</u>		
Total	(2,384,804)	(5,923,454)		
<u>Capital Improvements</u>				
<u>Reductions</u>				
Rehab and Repair and Debt Service Reduces funds for rehabilitation and repairs for the five state hospitals.	--	--	--	(1,044,700)

**FY 2009 and FY 2010 Hospital Budgets
Governor's Budget Recommendations**

Description	FY 2009 SGF	FY 2009 All Funds	FY 2010 SGF	FY 2010 All Funds
<u>Additions</u>				
Funding Shift for SPTP Transition Program Balances in other funds will be used to provide funding for 6.00 Mental Health Aid FTE positions and funding for six residents. This will bring the total capacity to twelve residents. The current census is ten residents.	323,928	323,928	323,928	323,928
<u>Reductions</u>				
<u>Reductions in Submitted Budget</u>				
Do not Open 30 Bed unit at OSH This new initiative will be delayed until the state's financial position improves. This avoids the need for an additional \$1.5 million in FY 2010 to annualize costs, including 49.8 FTE positions.	(1,473,800)	(1,473,800)	(1,473,800)	(1,473,800)
<u>GBR Reductions</u>				
1.0 Percent Decrease in SGF Operating Expenditures Decreases SGF operating expenditures at the five state hospitals by 1.0 percent. Balances in other funds were used to cover all of the reductions in FY 2009 and the reductions in the Mental Health Hospitals in FY 2010.	(640,369)	--	(898,690)	(229,786)
Moratorium on Employer Contributions This represents the savings from the statewide nine month moratorium on the payments to KPERS Death and Disability Fund and the seven pay period moratorium on the employer payments to the State Employee Health Fund. Both of these actions are possible due to the health of balances in the two funds.	--	--	(3,355,723)	(4,790,112)
Total GBR Reductions	(640,369)	--	(4,254,413)	(5,019,898)