



Kansas

Department for Aging
and Disability Services

Legislative Budget Committee Hearing
November 14, 2012

Update on Issues Previously Discussed and Possible
Committee Recommendations

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Introduction

Madame Chair and members of the Committee, thank you for the opportunity to appear before you today to discuss a number of programs and topics being administered by the Department for Aging and Disability Services (KDADS).

I am Shawn Sullivan, Secretary of the Kansas Department for Aging and Disability Services. Specifically, I am here to give an update on the Problem Gambling and Addiction Fund (PGAF), and to discuss state hospital census numbers, and staffing/salary issues.

Susan Fout, Acting Commissioner of Community Services and Programs for KDAS will also present an update on recent efforts to strengthen the integrity of the Physically Disabled waiting list and provide information over the Financial Management System.

1) Problem Gambling and Addiction Fund Review

- During the October hearing, a question was raised about the legality of using funds from the PGAF for other expenditures.
- As requested by the Committee, KDADS asked its Chief Counsel to review the law concerning use of the problem gambling and addictions grant fund.
- K.S.A. 79-4805, as amended, establishes the problem gambling and addictions grant fund. All expenditures from the Fund must be made in accordance with appropriations acts. K.S.A. 79-4805(c)(2) states that "money in the problem gambling and addictions grant fund may be used to treat alcoholism, drug abuse and other addictive behavior."
- During the 2012 Session, the Legislature passed *House Substitute for Senate Bill 294*.
- S.B. 294 was an omnibus appropriations bill.
 - In Section 58(d) of the bill, the Legislature authorized the transfer of \$300,000 from the problem gambling and addictions grant fund to the domestic violence grants fund of the governor's department.
 - In Section 58(e), the Legislature authorized the transfer of \$150,000 from the fund to the child advocacy center grants fund of the governor's department.
 - Finally, in Section 103(h), the Legislature authorized the transfer of \$500,000 from the fund to the community corrections special revenue fund of the department of corrections.
- Therefore, Fund expenditures in FY 13 for domestic violence, child advocacy, and community corrections were expressly authorized by the Legislature.

- In FY 14, KDADS has recommended that \$6.5 million be expended from the Fund for Addictions and Prevention Services Managed Care.
- This expenditure falls directly within the wording of K.S.A. 79-4805(c)(2) since it is used to treat addictive behaviors.
- In summary, use of the Fund in FY 13 for domestic violence, child advocacy, and community corrections is authorized by *House Substitute for Senate Bill 294*.
- Research and services designed to treat multiple diagnoses, one of which includes addictions, would not be a violation of K.S.A. 79-4805.
- Furthermore, in the last hearing, questions were raised about the Outcome Measures that were summarized in the Strategic planning process for the Problem Gambling and Addictions Fund.
- I will outline a few specific outcomes related to program effectiveness.
- Problem Gambling Prevention:
 - The Communities that Care school survey is completed each year.
 - Problem Gambling questions are included in this survey which measures how well our problem gambling prevention efforts are working.
- Problem Gambling Treatment:
 - At intake, counselors ask questions about pathological gambling urges and then the question is asked again at discharge.
 - Another outcome measurement is if the problem gambler has self-excluded (chosen to sign a voluntary agreement with the casinos to stay out of their facility) at discharge?
 - Additional determiners include “do they now have a home, job, etc” because sometimes individuals come into facility without these basic requirements.
 - Finally, a large outcome is whether the fully completed treatment or left early.
- Problem Gambling Awareness:
 - State is currently doing a survey over the effectiveness of public awareness efforts.
 - They are trying to measure how effective our marketing is in the media.
 - If you have a good Public Service Announcement (PSA) and other effective marketing efforts, then it would be a likely assumption that hotline numbers would go up.
 - We saw a steady increase as #2 and #3 casino opened (December 2011-February 2012), but then call numbers leveled off.
 - There were 4 counties that generated a large volume of the calls Wyandotte, Shawnee, Johnson, and Sedgwick. (not weighted per capita)

2) Update on PD Waiting List and Steps taken by KDADS to reduce Waiting List

HCBS Physical Disabilities (PD) Waiver Waiting List

- The integrity of the PD Waiver Waiting list was recently examined.
- It is critical to have correct data in order to make sound policy decisions.
- In July, 2012, we contracted with a third-party call center to contact each of the 3,462 people who had been placed on the PD waiting list, using the telephone contact information that had been supplied by the provider who placed them on the waiting list. The call center was asked to conduct a brief survey about their continuing needs for services.
- The telephone survey only succeeded in contacting 377 people, or 11 percent of the people on the waiting list, using the contact information provided.
- These results forced us to conclude that the waiting list as it existed for the PD waiver was not a credible basis for making policy decisions.
- Therefore, we contacted each of the PD waiver service provider agencies and asked them to review, correct, remove when appropriate, and otherwise update the waiting list information submitted by their agency.
- The results of the certification process provided this data:
 - The results of the re-survey showed that the Centers for Independent Living and other Case Management Entities were able to certify that **1,226 individuals** should be removed from the waiting list.
 - 31%-Unknown reason (the certifying agency did not identify the cause)
 - 24%-Unable to make contact
 - 20%-Case file Closed
 - 10%-Already receiving waiver services
 - 5% -No longer wants/refused services
 - 5%-Not functionally eligible for waivers
 - 3%-Entered Nursing Facilities
 - 2%-Moved out of State
 - The net result of the process is that the PD waiting list was **reduced by approximately one-third, to 1,947.**
 - Approximately 250 new individuals were added to the list since the process began, for a **current total of 2,197.**

- Individuals who were removed from the list in error will remain in our records so they will not lose their place in the waiting list line should we determine at a later date that they are eligible for services.
- In addition, the 2012 Legislature appropriated funds to move 100 people into the waiver program from the waiting list during this fiscal year.
- We will now begin that process of moving those individuals into the program and providing them additional services.

3) Financial Management System update

- There has been little change in this area.
- Recently, the Financial Management Workgroup (FMS) met with the Managed Care Organizations (MCOs) to review the groups work on FMS and to discuss how FMS works under KanCare, self-direction philosophy and budget authority.
- Finally, we continue to have 64 FMS providers and there is continued interest from others who want to participate.

This concludes my testimony. Thank you for allowing me to provide you with this information today. I will take any questions you may have.