Approved: al Ramines 1-28-93

#### MINUTES OF THE SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Chairperson Alfred Ramirez at 1:30 p.m. on January 25, 1993 in Room 531-N of the Capitol.

All members were present except: Senator Lee - Excused

Committee staff:

Julian Efird, Legislative Research Department

Carolyn Rampey, Legislative Research Department

Fred Carman, Revisor of Statutes Jackie Breymeyer, Committee Secretary

Conferees appearing before the committee: Donna Whiteman, Secretary, SRS

Others attending: See attached list

Chairman Ramirez called the committee to order and welcomed Donna Whiteman, Secretary, SRS, to the

Secretary Whiteman distributed two handouts. (Attachments 1 & 2) and asked the committee to take the last sheet of paper from the first handout which contained the organizational chart. She also asked them to find the pink sheet of paper which contained the Commissioners names. She said if there was a question of concern in any area, the appropriate commissioner could be contacted.

Secretary Whiteman told the committee she had brought a ten-minute video on the overview of the structure of SRS and what programs the Department provides. The Department has provided this for the new employees. One of Secretary Whiteman's goals is to do a better job of training employees when they come into the system and to inform them of all the different programs the Department has for a focus of the same results and outcomes as an agency.

Some of the statements contained in the video were as follows: SRS is the comprehensive state agency with primary responsibility for nearly all programs related to human services. The pivotal funding of SRS activities comes from state tax dollars. Though a substantial amount of SRS's budget consists of federal money, most federal dollars are matched funds. They are only available to match funds allocated by the state legislature. The Governor appoints the Secretary of SRS who serves on the Governor's cabinet. The Secretary appoints the Commissioners.

For most Kansans, the vast array of SRS programs and services come together in one place, the area office. Area offices serve specific regions of the state, with branch offices in every county. An area director reports to the Secretary.

There are approximately 8,000 full-time people employed by the Department. There are also numerous parttime staff. The diversity of staff includes social workers, clerical support staff, nurses, attorneys, home care workers, investigators, physicians and many others.

After the video, Secretary Whiteman directed the committee's attention to the organizational chart and the eight different program areas within SRS.

The Income Support and Medical Services Commission is the Department's largest commission. Currently the Commission has over \$733 million dollars coming into it; about sixty percent of it is federal dollars. Food stamps are totally provided by the U.S. Department of Agriculture. This is called an off-budget item. There are no state funds in it; it is all federal dollars.

#### **CONTINUATION SHEET**

MINUTES OF THE SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION, Room 531-N Statehouse, at 1:30 p.m. on January 25, 1993.

Administrative Services basically processes 21,000 payments a day to medicaid providers. By statute, the Department is required to have an area office in all 105 counties.

The Alcohol and Drug Abuse Services budget is approximately \$17.7 million dollars. The Commission provides dollars to local providers who deliver these services.

Rehabilitation Services entails a \$34.1 million dollars program. About 80% of those dollars are federal; 20% state. This is basically vocational rehabilitation services to those individuals who are disabled.

Youth and Adult Services is about a \$98.1 million dollars program comprised mostly of federal dollars for child welfare and foster care. It also includes the four Youth Centers.

Mental Health and Retardation Services operates the three mental retardation hospitals and the four mental health hospitals. This budget is about \$69 million dollars total. One of the major goals is to de-institutionalize this population, not only in mental health and mental retardation, but in foster care and also in nursing homes.

The Secretary stated that we have relied too heavily for too long on institutional care and the cost is exorbitant. A better job is trying to be done at the community level.

Workforce Development is the KanWork program. I an AFDC program is operated, a jobs program must also be operated.

Secretary Whiteman turned to the second handout which clarified the Federal/State Entitlement Programs and spent a few minutes going through this handout.

Secretary Whiteman stated that \$65 million in child support had been collected last year and the goal for this year is \$75 million. Only one-third of the increases in medicaid are due to population growth which would be the pregnant women and children and case-load increases. In-patient hospitalization and nursing homes use the most medicaid dollars. The elderly and disabled are the populations that are driving the medicaid budgets at the national and state level. A major effort must be made to reduce the reliance on nursing home care and institutional care. The Medicaid budget has doubled in the last four years and although 60% of the money comes from the federal government, it is a tremendous challenge to come up with 40%.

A unique child support situation was described by one of the committee members and Secretary Whiteman responded by stating that whenever an AFDC application is taken at any of the area offices, an automatic check is made to see if there is a father and try to capture that back child support immediately, because if the natural parent doesn't pay, it means that the Kansas taxpayer, you and I, are paying. The child has a right to be supported by the natural parent.

Secretary Whiteman reiterated that 90% of the long-term care budget is for nursing home care.

The subject of consultants was brought up and their use questioned. This was discussed. Basically consultants look at data, tour facilities and make recommendations.

Taking a closer look at the nursing home situation was suggested by one member of the committee.

The situation of the student in Western Kansas where the school is being forced to pay approximately \$475 per day from the special education fund, was brought up.

The House of Representatives has been directing the agency over the last three or four years to move toward the closure of a mental health facility. It will take a five-year phase-down to get all the 300 clients out of the institution. It needs to be done correctly. For a while two systems will have to be managed. There are close to 900 beds in three institutions system wide.

One of the committee members commented on how huge the agency was and how it seems unmanageable.

The Secretary disagreed with these comments, stating that two-thirds of Medicaid goes to providers. The agency cannot continue to allow providers to drive the system and right now the providers are driving the system.

Chairman Ramirez thanked Secretary Whiteman for her presentation. Senator Feleciano moved to approved the minutes of the 1/14/93 meeting with a second from Senator Papay. The meeting was adjourned.

The next meeting is scheduled for January 26, 1993.

GUEST LIST

<u> </u>	UEST LIST	
Senate  Senate  Sovernmental D	regulation DATE	:
-	ADDRESS	COMPANY/ORGANIZATION
JACKSON GUMB	TOPEKA	SRS
Janala Hamir Canlor	Topela	KDHR KC 10 0
Wars Whitema	Toxelsa	Ksgovit Consult
·		
*		



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

#### KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

LEGISLATIVE TESTIMONY ON AGENCY PROGRAMS AND ISSUES Prepared for the Senate Governmental Organization Committee January 25, 1993

The Department of Social and Rehabilitation Services is a cabinet level agency responsible for the administration of programs to provide relief to individuals who may have claims upon the aid society. The agency administers many programs which are at least partially Federally funded , including:

- Aid to Families with Dependent Children (AFDC)
- Alcohol and Drug Abuse Block Grant
- Child Abuse and Neglect Program
- Child Care and Development Block Grant
- \* Child Dependent Care Planning and Development Grant
- Children's Justice Assistance Act
- Child Support Enforcement
- Child Welfare Services
- Community Services Block Grant
- Community Stability Project Grant
- Community Youth Activity Program Block Grant
- Disability Determination and Referral Program
- Emergency Assistance Program
- Federal Surplus Food Distribution
- Food Stamp Program
- Foster Care and Adoption Assistance
- Job Opportunities and Basic Skills (JOBS)
- Juvenile Detention Facility Capital Improvement Fund
- Juvenile Detention Facility Fund
- Juvenile Justice and Delinquency Prevention (JJDP) Grants
- Low Income Home Energy Assistance Program
- Medicaid
- Mental Health Services and Management Block Grant
- Nursing Home Certification
- Refugee Assistance Program
- Social Service Block Grant (SSBG)
- State Legalization Impact Assistance Grant
- Vocational Rehabilitation of Disabled Persons
- \* Vocational Rehabilitation Supplemental Employment

915 SW HARRISON STREET, TOPEKA, KANSAS 66612 G. Comm. Attachment / 1/25/93

cont.

A number of programs <u>funded</u> by <u>purely State dollars</u> are also administered by SRS, including:

- \* General Assistance
- \* Income Eligible Home Care
- \* Medikan

These programs are all administered "to empower individuals and families to achieve and sustain independence and to participant in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth and by providing care, safety and support in collaboration with others." (SRS 1993 Mission Statement)

A number of <u>issues</u> related to SRS will be discussed this year. <u>Caseloads</u>, the total number of persons SRS serves, have grown significantly over the past few years, increasing the difficulty of delivering quality services to those Kansas who are dependent on SRS. Likewise changes in <u>Federal requirements</u> for various programs have increased demands for services without accompanying increases in Federal funding have impaired the State's ability to implement these Federal programs. Kansas courts limited the agency's ability to modify or discontinue programs to reduce expenditures.

To appropriately assist those children in families who come to the attention of SRS because of abuse, neglect, or other indications of inability of the parents to raise their children, it will be necessary to continue the children's initiatives which were begun last session. It is much more efficient and effective to assist troubled families than to remove children from their homes to substitute care facilities or foster homes. This is particularly true with the growing numbers of children coming to the attention of SRS.

Continued implementation of the Federal Job Opportunities and Basic Skills (JOBS) program is not only required under Federal law, but holds the promise of reducing long-term reliance on public assistance. However, it is still too early for the state's program, called "KanWork", to show results. Many of the people dependent on SRS for subsistence do not have the education or skills to get and keep employment which will allow them to maintain a household without It takes time to prepare these people for skilled assistance. employment and place them in adequate employment. This particularly difficult in the kind changing economy we have experienced in the recent past. Compliance with Federal performance standards gains increased match for AFDC and the JOBS program for support of Kansas' families, and, eventually, in decreased reliance on public assistance.

cont.

During the 1992 Kansas legislative session, Senate Bill 182 passed authorizing SRS to implement a Preadmission Assessment and Referral program. This program will provide all persons seeking nursing facility care an assessment of need and referrals to available resources in the community or area which meet those needs. Individuals are not charged a fee for this service. The assessments are provided by both SRS staff and registered nurses, social workers, and other professionals in the community. By incorporating the Level I PASARR screening with the Kansas Preadmission Assessment and Referral Instrument (KPARI), federal matching funds are available for the entire assessment process. This program will become the basis of delaying and diverting individuals from costly institutional care.

Medicaid regulations allow for recovery of medical care costs from the estates of certain Medicaid recipients who prior to their death were at least 65 years of age or had received long-term care services. Operation of an estate recovery program enables a state to offset some of the ever-increasing state and federal Medicaid costs. During the 1992 Kansas legislative session, legislation was passed with broad support which allowed the state to establish such an estate recovery program. The Department has since initiated efforts to establish claims against the estates of deceased Medicaid recipients for purposes of recovering medical expenses paid on their behalf. The program is anticipated to recover sufficient monies to pay for itself in the first year with increasing recoveries in each successive year.

The Federal Omnibus Budget Reconciliation Act of 1990 (OBRA '90) changed the ability of the States to recoup and reimburse the costs of hospitals which serve a <u>disproportionate</u> share of those individuals unable to pay for health care. It is expected that the costs of providing health care to those who are unable to pay for it will continue to escalate, while the OBRA '90 changes effectively cap payments from the Federal government. As a result, Kansans will be expected to pay for this care through increased cost shifting, or those unable to pay for health care will be denied necessary services.

This has been a very brief and broad overview of the functions and issues regarding the Kansas Department of Social and Rehabilitation Services. Additional detail is available and will be presented upon request and as it relates to specific issues being considered by this committee.

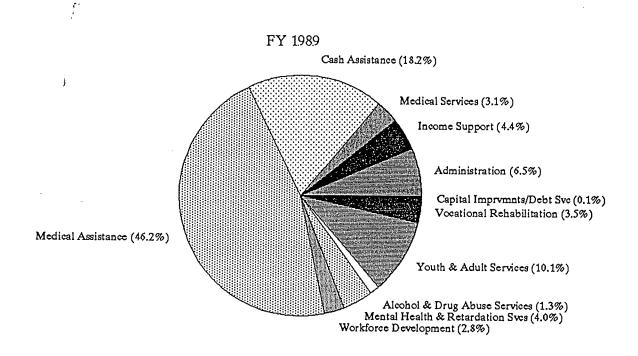
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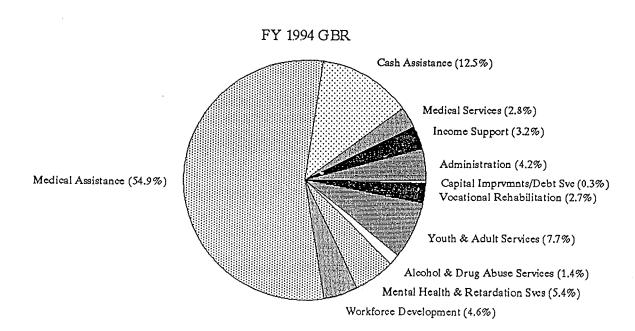
### SRS Expenditures : FY 1989 - FY 1994 GBR (in millions)

					GE	BR
<u>Program</u>	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994
Administration	\$45.7	\$42.8	\$42.1	\$46.9	\$55.0	\$53.8
Income Support	30.8	33.0	36.1	34.7	38.8	40.9
Medical Services	21.8	25.7	25.7	29.6	35.6	36.1
Cash Assistance	127.9	135.3	134.7	144.6	159.0	158.8
Medical Assistance	325.0	409.7	485.7	542.8	637.3	697.4
Workforce Development	19.4	22.2	22.6	31.5	51.3	58.9
Mental Health & Retardation Svcs	28.1	33.1	49.4	54.3	63.1	69.1
Alcohol & Drug Abuse Services	9.0	10.8	13.5	13.9	16.6	17.7
Youth & Adult Services	70.9	83.0	79.3	92.0	94.2	98.4
Vocational Rehabilitation	24.3	23.4	26.2	30.1	34.0	34.1
Capital Imprvmnts/Debt Svc	<u>0.4</u>	<u>0.4</u>	0.2	<u>0.6</u>	<u>7.0</u>	<u>4.1</u>
Total	\$703.4	. \$819.4	\$915.4	\$1,021.0	\$1,192.0	\$1,269.3
State General Funds	330.6	384.2	400.8	399.9	376.4	418.6
FTE	3,145.8	3,257.7	3,216.7	3,216.7	3,917.0	3,903.5
					GB	R
Expenditure Category	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994
Salaries	\$94.8	\$104.2	\$103.1	\$110.6	\$131.1	\$143.0
Other Operating Expenditures	58.5	55.1	58.5	59.4	73.7	70.2
Local Aid	26.4	32.3	53.0	70.5	70.9	75.1
Assistance & Benefits	523.4	627.5	700.6	779.8	909.6	976.9
Capital Improvements & Debt Svc	<u>0.4</u>	<u>0.4</u>	<u>0.2</u>	0.6	<u>6.7</u>	<u>4.0</u>
Total	\$703.4	\$819.4	\$91 <del>5.4</del>	\$1,021.0	\$1,192.0	\$1,269.3

cont.

#### Distribution of Program Expenditures for FY 1989 & FY 1994



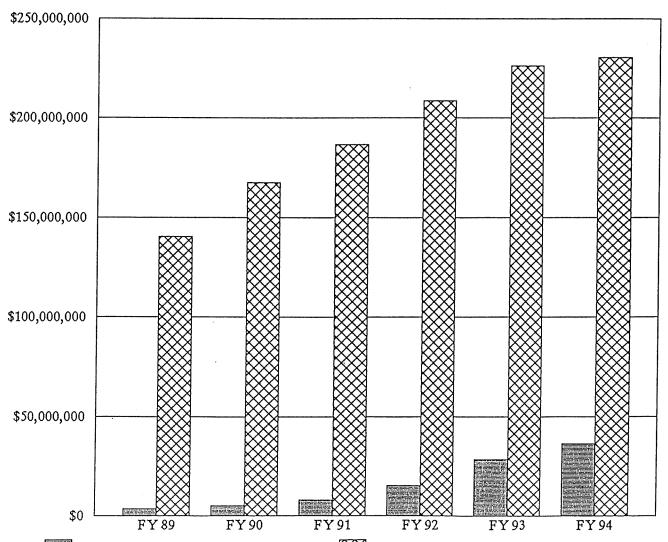


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Medical Assistance: FY 1989 - FY 1994 GBR

Program	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
Regular Medical	\$181,094,675	\$237,330,817	\$291,130,065	\$319,015,118	\$382,512,045	\$430,680,676
Adult Care Home	140,427,654	167,456,662	186,798,341	208,725,608	226,362,294	230,363,131
Community—Based Care	3,503,656	4,935,201	7,772,960	15,082,005	28,387,860	36,331,326
Total Medical Assistance	\$325,025,985	\$409,722,680	\$485,701,366	\$542,822,731	\$637,262,199	\$697,375,133
j				-		
Percent Increase	38.2%	26.1%	18.5%	11.8%	17.4%	9.4%

#### Adult Care Home and Community Based Care Expenditures



cont.

#### Community Based Services FY 1991 - FY 1994 GBR

GBR									
Item	FY 1991	FY 1992	FY 1993	GBR FY 1994					
MHRS continued									
► Shawnee County Mental Health Center Pilot Project	0	0	442,740	792,418					
► MR / Vocational Rehabilitation Grants	0	399,320	395,326	395,326					
► MR Family Subsidy	o	600,000	792,000	792,000					
Subtotal Expenditures	19,767,258	27,376,977	45,146,587	58,998,008					
Alcochol & Drug Abuse Services ► Alcohol & Drug Community Treatment Admissions	10,189,579 <i>17,087</i>	10,357,456 <i>17,988</i>	12,200,883 <i>18,528</i>	12,779,212 19,083					
Subtotal Expenditures	10,189,579	10,357,456	12,200,883	12,779,212					
Youth Services ► Family Services ► Adoption Support	2,695,060 2,299,033	3,301,063 2,691,735	6,632,928 3,000,000	8,695,551 3,411,600					
► Transitional Treatment Grants	374,333	384,175	374,000	374,000					
► New Start (Diversion) Grant	0	93,244	120,692	120,692					
➤ Sedgwick County Youth Project Grant	304,026	363,575	397,850	397,850					
► Juvenile Offender Day Reporting Grants	О	0	729,959	729,959					
Subtotal Expenditures	5,672,452	6,833,792	11,255,429	13,729,652					
Vocational Rehabilitation ► Client Services	5,462,880	7,385,516	6,240,904	6,744,101					
► Supported Employment	686,995	342,935	403,055	286,636					
► Independent Living	955,290	868,107	1,846,295	1,846,295					
Subtotal Expenditures	7,105,165	8,596,558	8,490,254	8,877,032					
Total Community Based Expenditures Percent Increase	73,510,440	93,565,006 27.3%	142,209,476 52.0%	166,629,266 17.2%					

cont.

#### Community Based Services FY 1991 - FY 1994 GBR

Item	FY 1991	FY 1992	GBR FY 1993	GBR FY 1994
nem	1.1.1001	1002		1 1 100 1
Services Related to Nursing Facilities				
► Homecare (HCBS & Income Eligible)	10,918,961	11,562,498	16,572,057	17,139,891
► HCBS Elderly Waiver	na	5,313,388	6,438,484	6,438,484
<ul> <li>Pre-Screening :         Administrative Costs         Nursing Facility Diversion     </li> </ul>	0	0	871,278 (3,786,983)	1,494,414 (3,976,332)
Nulsing Facility Diversion		5	(0,700,000)	(0,010,002)
Subtotal Expenditures	10,918,961	16,875,886	23,881,819	
Subtotal Savings	0	0	(3,786,983)	(3,976,332)
Other Medical Assistance				
<ul> <li>Youth Behavior Management &amp; In−Home Crisis Intervention (Fed Match)</li> <li>Local Education Agencies Federal</li> </ul>	0	0	1,449,131	1,521,588
(Federal Match)	0	0	10,260,000	10,773,000
► Community Mental Health Centers	12,255,594	13,653,443	16,710,228	19,743,105
► Home Health Agencies	5,729,894	7,864,103	9,575,022	11,189,206
► Non-CMHC Partial Hospitalization	1,871,537	2,006,791	2,493,205	2,945,674
► Head İnjured	0	0	746,918	1,000,000
Subtotal Expenditures	19,857,025	23,524,337	41,234,504	47,172,573
Mental Health & Retardation Services				
<ul><li>Mental Health Reform</li><li>MH St. Hospital Avg Census Change</li></ul>	1,417,000 <i>(33)</i>	3,565,485 <i>(32)</i>	7,414,996 <i>(50)</i>	11,714,996 <i>(20)</i>
► MR Special Purpose / Alternate Care	11,522,813	13,187,990	15,021,757	16,533,116
► HCBS MR Waiver  MR St. Hospital Avg Census Change	6,827,445 <i>(30)</i>	9,624,182 <i>(40)</i>	21,079,768 <i>(75)</i>	28,770,152 ( <i>85<sub>/</sub></i>

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#### FY 1992 MAJOR ELIGIBILITY CATEGORIES OF THE KANSAS MEDICAL ASSISTANCE PROGRAM

Kansas Department of Social and Rehabilitation Services Division of Management Services

		71
Aid to Families w/ Dependent Children	Supplemental Security Income	Foster Care and Adoptees
childbithinewborn care.	out would be reasing name and pila macy expenses.	
FY 92 Average monthly medical cost \$99 FY 92 Total Cost \$97,100,000	FY 92 Average monthly medical cost \$302 \$439	FY 92 Average monthly caseload 5,700  Number of different persons served 9,600  FY 92 Average monthly medical cost \$223  FY 92 Total Cost \$15,200,000
Inpatient Hospital	10,000,000 29,000,000 Physician Services   4,800,000 10,500,000	Top Five Combined Services   \$8,700,000
Medically Needy — AFDC Families	Medically Needy — Aged & Disabled (SSI)	Low Income Pregnant Women & Children
beyond this, Medicald will pay them — if they are a covered service.  If their monthly income is below \$470 their is no requirement that they pay toward a covered service. The \$470 figure is known as the Protected	\$442 (\$30 for ACH client) must have been devoted toward medical expenses. If expenses exceed this, Medicaid will pay them—if they are for a covered service.  The vast majority of these people were well covered by Medicare and perhaps a Medicap policy. That is until they entered an ACH.	Any of the following persons are eligible, regardless of the families marital situation, upon applying. This population is a product of leveral progressively more liberal federal OBRA's intended to address this nation's poor infant mortality/low birth weight performance.  Family Income Mo. Inc. (3)  Pregnant Women
FY 92 Total Cost \$8,300,000	FY 92 Average monthly service cost \$936 \$1,157	FY 92 Average monthly caseload: 3,600 13,900 Number of different persons served 11,800 32,500 FY 92 Average monthly service cost \$551 \$112 FY 92 Total Cost \$23,800,000 \$18,600,000
390,000	Inpatient Hospital	Iop Five Services         \$24,500,000           Inpatient Hospital         \$1,400,000           Outpatient Hospital         1,500,000           Prescription Drugs         1,300,000           Local Health Dept         600,000
AFDC Extended Medical	Qualified Medicare Beneficiary (QMB)	Medicald And Medikan For Gen Asst Clients
the Family Support Act which established the JOBS program. A family does not have to perticipate in that program in oder to receive this transitional coverage.	level persons. While the MCCA was repealed, this provision was not. In FY 92 the Medicare premiums, deductibles, and co-payments were paid for anyone below 100% of the federal poverty level. This is a	There are two populations on the GA Cash Assistance program. First are families who, while poor, cannot quality for AFDC due usually to the presence of two parents in the home. All children in these families, and all pregnant women, are Medicaid clients. The larger group are individuals who are disabled for 30 days or more who do not yet have a decision regarding parmanent lederal disability status. These are MedKan clients. The MedKan program will be modified Jan 1, 1983.
FY 92 Average monthly service cost \$60 FY 92 Total Cost \$6,800,000	FY 92 Average monthly service cost \$23	FY 92 Average monthly caseload 4,800 2,400 No. of different persons served 11,600 600 FY 92 Average monthly service cost \$1,948 134 FY 92 Total Cost \$22,600,000 300
Inp Five Services	Medicare Premiums	Top Five Services

#### **Kansas Department of Social** and Rehabilitation Services

Donna L. Whiteman, Secretary (913) 296-3274

Office of Public Information (913) 296-3271

Tim Hoyt, Public Information Officer Barb Conant, Public Information Officer

Mission: "The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."

#### **Administrative Services**

Herman Hafenstein, Commissioner (913) 296-3241

- Administrative services for the department and area offices
- Data processing, automated eligibility, accounting, audits and budgeting

#### Alcohol and Drug Abuse Services

Andrew O'Donovon, Commissioner (913) 296-3925

- Coordinates efforts with local community services to provide alcohol and drug abuse prevention, education and treatment programs

#### **Income Support/Medical** Services

Robert Epps, Commissioner (913) 296-6750

- Cash assistance programs (Aid to Families with Dependent Children, General Assistance, Low Income Energy Assistance Program, Refugee Assistance, burial assistance and emergency assistance)
- Food Stamps
- Medical assistance programs funded by Medicaid and MediKan.
- Community-Based Long-Term
   Care and Community Living and
   Day programs
- Child Support Enforcement

#### **Management Services**

Rita Wolf, Director (913) 296-3329

- SRS budget, caseload projections and reports
- Current data and information about SRS programs and activities.
- Develops new grants and reviews existing client-centered contracts and grants

#### **Mental Health and Retardation Services**

George Vega, Commissioner (913) 296-3773

- Administers the four mental health institutions
- Administers the three mental retardation hospitals
- Provides aid for community mental health centers and community mental retardation centers

#### **Rehabilitation Services**

Glen Yancey, Commissioner (913) 296-3911 (voice) (913) 296-7029 (TDD)

- Kansas Industries for the Blind;
   Business Enterprise Program;
   Rehabilitation Teaching; the
   Rehabilitation Center for the Blind
- Kansas Vocational Rehabilitation Center/Salina
- Vocational Rehabilitation Unit/ Topeka
- Transition Planning, Independent
   Living and the Commission for the
   Deaf and Hard of Hearing
- Directs vocational rehabilitation

services to persons who are blind, visually impaired or deaf-blind — Disability and blindness determinations for the U.S. Department of Health and Human Services

### Workforce Development

Janet Schalansky, Director (913) 296-3273

- SRS personnel, staff training and development, administrative hearings, employment preparation services, volunteer services and the SRS ombudsman office
- Two federally mandated work programs:

JOBS/KanWork program for AFDC recipients

MOST program for food stamp recipients

- JOBS/KanWork offers transitional services to eligible individuals who become employed
- Child care services for AFDC,
   General Assistance, food stamp
   recipients and other income eligible
   persons

#### Youth and Adult Services

Carolyn Hill, Commissioner (913) 296-3284

- Provides services to protect the health and welfare of children
- Oversees the operation of the four state youth centers
- Foster care and adoption services
- Adult abuse investigations and adult guardianships

(Over)

### How can we help you?

If you have questions about what programs are available through SRS, program eligibility or

the application process for any SRS program:

Contact your nearest local SRS office or one of the following area offices. Several of the area offices have ombudsmen to help you determine who to call and/or what resources are available.

#### SRS AREA OFFICES

The 12 SRS Area Offices and the local offices located in each of the state's 105 counties determine eligibility and process applications for: public assistance, medical assistance, food stamps, investigate allegations of abuse and neglect of both children and elderly adults. SRS Area Offices also coordinate foster care services for those children who are placed in the custody of the State by the courts, provide direct services to the home-bound elderly and disabled, and enforce child support orders.

**Chanute Area Office** 

O.D. Sperry, director Sandra Robb, ombudsman 1500 W. 7th Chanute, KS 66720 (913) 431-7100

**Emporia Area Office** 

Joe Meyer, director 1015 Scott Emporia, KS 66801 (316) 342-2505

Garden City Area Office

Dale Barnum, director 907 Zerr Road Garden City, KS 67846 (316) 275-0583

**Hays Area Office** 

Gene Dawson, director 3000 Broadway Hays, KS 67601 (913) 628-1066

**Hutchinson Area Office** 

Gary Nelson, director 501 N. Monroe Hutchinson, KS 67504 (316) 663-5731

Kansas City Area Office

Eva Whitmire, acting director Robena Farrell, ombudsman I Gateway Center 66101 Kansas City, KS 66117-0248 (913) 586-4516

CHILD & ADULT ABUSE HOTLINE
1-800-922-5330

1-800-922-5330 All calls are confidential Lawrence Area Office

Jim Wann, director Ernie Dyer, ombudsman 1901 Delaware Lawrence,KS (913) 832-3700

**Manhattan Area Office** 

Flordie Pettis, director 327 Colorado Manhattan, KS 66502 (913) 776-4011

Olathe Area Office

Mike VanLandingham, director Bank IV Bldg. / 3rd Fl. 100 E. Santa Fe Olathe, KS 66061 (913) 562-1210

Salina Area Office

Dave Jacobs, director Ann Rollins, ombudsman 2130 S. Ohio Graves Plaza Salina, KS 67401 (913) 825-8111

Topeka Area Office

Oliver Green, acting director 235 Kansas Topeka, KS 66601 (913) 296-2500

Wichita Area Office

John Sullivan, director Patty Mitts, ombudsman 3244 E. Douglas Wichita, KS 67201 (316) 651-5300

FRAUD & ABUSE HOTLINE 1-800-432-3913 All calls are confidential

#### YOUTH CENTERS

<u>Youth Center at Atchison</u> Philip Knapp, Superintendent (913) 367-6590

Youth Center at Beloit

Denis Shumate, Superintendent (913) 738-5735

Youth Center at Larned

Dell Hayden, Superintendent (316) 285-2131

Youth Center at Topeka

Harold Allen, Superintendent (913) 296-7709

#### STATE INSTITUTIONS

Kansas Neurological Institute,

**Topeka** 

Bob Day, Superintendent (913) 296-5301

**Larned State Hospital** 

Mani Lee, Superintendent (316) 285-2131

Osawatomie St. Hospital

Norma Stephens, Superintendent (913) 755-3151

**Parson State Hospital** 

Gary Daniels, Superintendent (316) 421-6550

Rainbow Mental Health

Facility, Kansas City

Jack Southwick, Superintendent (913) 384-1880

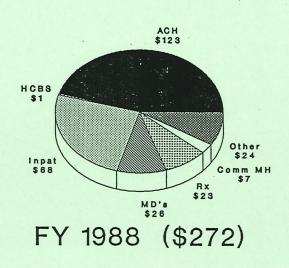
**Topeka State Hospital** 

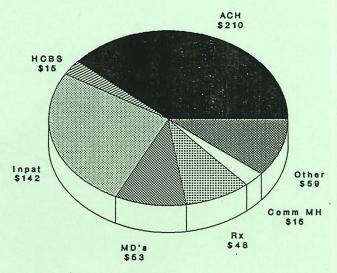
David Sofferin, Superintendent (913) 296-4222

Winfield State Hospital and Training Center

William Lybarger, Superintendent (316) 221-6660

### Kansas Medicaid Doubles in 4 Years Comparision by Type of Service

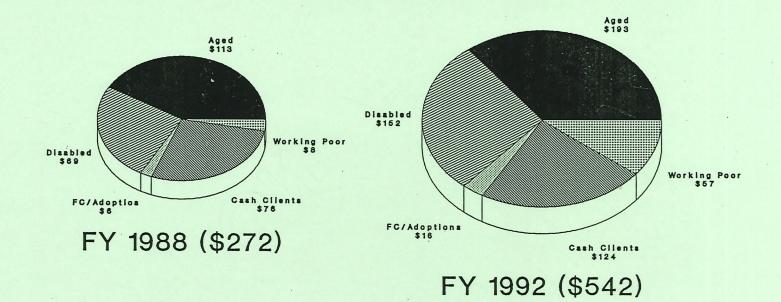




FY 1992 (\$542)

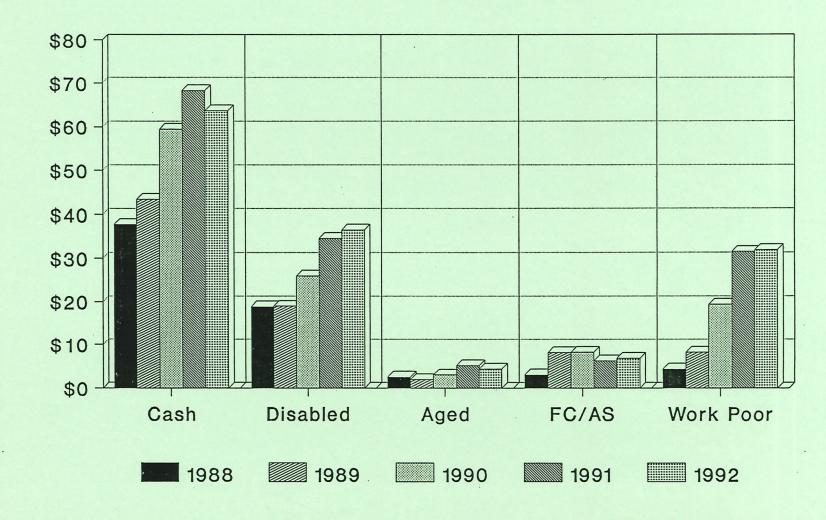
JAS 7/12/92 (All \$'s in Millions)

### Kansas Medicaid Doubles in 4 Years Comparision by Populations Served



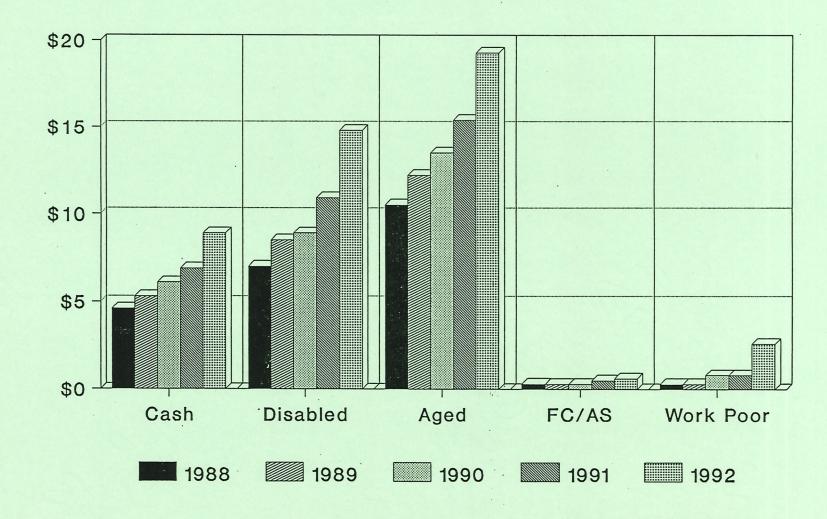
JAS 7/12/92 (All \$'s in Millions)

# Use of Inpatient Hospital FY88-FY92 By Population Served

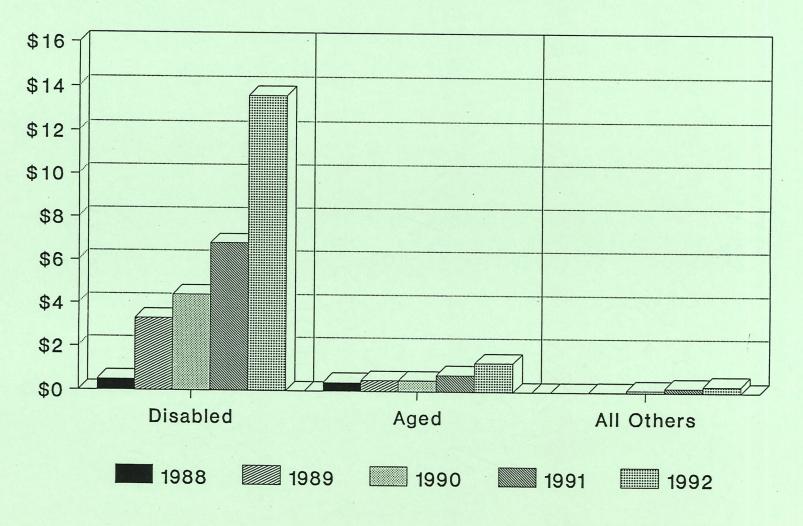


JAS 7/12/92 (All \$'s im Millions)

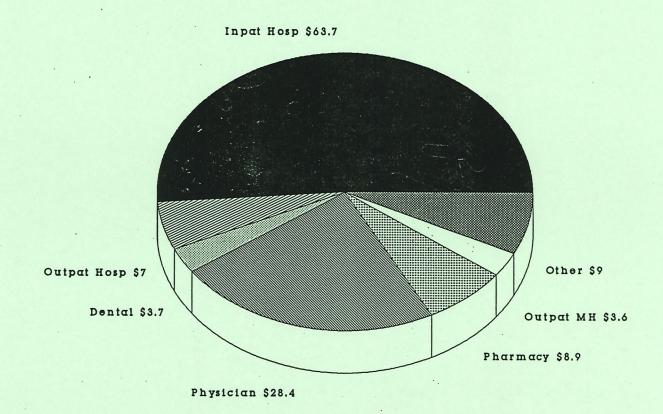
# Use of Pharmacy FY 88-FY92 By Population Served



# Use of Home/Comm Based Care FY88-FY92 By Population Served

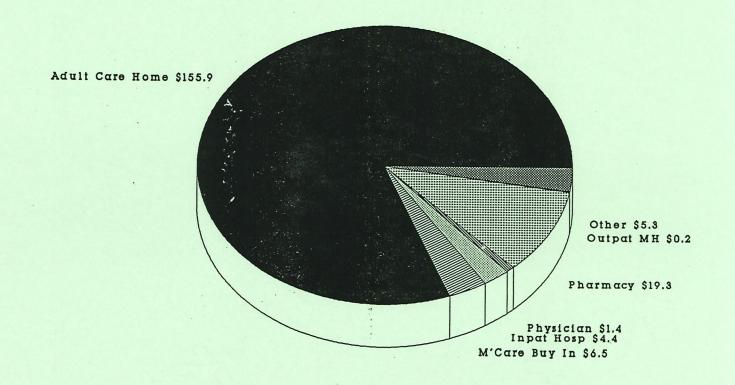


### Medical Svs Used by Cash Clients in FY92 Cash = AFDC, GA, and Refugee Clients



JAS 7/12/92 (All \$'s in Millions)

## Medical Svs Used by the Aged in FY92 Aged = SSI Aged and M Needy Aged (No QMB



JAS 7/12/92 (All \$'s in Millions)

### MAJOR ELIGIBILITY CATEGORIES OF THE KANSAS MEDICAL ASSISTANCE PROGRAM Kansas Department of Social and Rehabilitation Services Division of Management Services Budget Office Based on FY 92 Appropriation as of 3/12/92

		based on FT 92 Appropriation as of 3/12/92	
1	ND TO FAMILIES W/DEPENDENT CHILDREN 1	SUPPLEMENTAL SECURITY INCOME 2	FOSTER CHILDREN/ADOPTEES 3
4	Anyone receiving AFDC is automatically given a Medical card. Families average well under 12 months on AFDC, particularly two parent ones. The maximum grant in most cases is only \$396 per month. This amount is reduced nearly dollar for dollar for earnings, unemployment comp, or other income. Nearly half of all medical expenses involve childbirth/newborn care.	Anyone receiving SSI is automatically eligible to receive a Medical card as well. They must apply for the card at an SRS Office for us to be aware aware of their SSI status. A large percent are on Medicare. These individuals seek M'Caid for Nursing Home and Rx expenses.	These are children in the custody of the SRS for a variety of reasons. This also includes approximately 500 children who have been adopted and because of special needs are still being supported medically by the Medicaid program. NOTE: Over 3/4ths of all expenses involve psychatric care.
	Y 92 Average monthly medical cost:	FY 92 Average monthly caseload:         Aged 7,100         Disabled 17,300           Number of different persons served:         8,100         21,000           FY 92 Average monthly service cost:         \$354         \$465           FY 92 Total cost per GBR:         \$30,200,000         \$96,500,000	FY 92 Average monthly caseload: 5,700 Number of different persons served: 9,600 FY 92 Average monthly service cost: \$205 FY 92 Total cost per GBR: \$14,000,000
	Injsican Services         23,000,000           Prescription Drugs         5,000,000           Dutpatient Hospital         5,800,000	Top Five Combined Services	Top Five Combined Services         \$5,500,000           Inpatient Hospital         \$5,500,000           CMHC/Psychologists         2,400,000           Rehabilitation (Level 6 Homes)         2,150,000           Physicians Services         1,800,000           Prescribed Drugs         650,000
2		00,000	770001200 D70ga
1			
	MEDICALLY NEEDY—AFDC FAMILY 1a	MEDICALLY NEEDY-AGED/DISABLED (SSI) 2a	LOW INCOME PREGNANT WOMEN AND CHILDREN 4
	f a family meets all the criteria for being on AFDC but their income is too great, they may still receive a Medical card. They will need to devote all noome above \$470 (family of three) toward medical expenses. If they as expenses beyond this, Medicaid will pay them—if they are a covered service. If their monthly income is below \$470 their is no requirement that they pay toward a covered service. The \$470 figure is known as the Protected Income Level (PIL). The income in excess of this that they must inst devote to medical expenses is known as the "spend—dwy" expenses.	If a person meets all the criteria for being on SSI but his income is too great, he may still receive a Medical card. He will need to devote all income above \$442 (\$30 for ACH client) toward medical expenses. If he has expenses beyond this, Medicaid will pay them—if they are for a co-vered service.	Any of the following persons are eligible, regardless of the families marital situation, upon applying. This population is a product of several progressively more liberal federal CBRA's Intended to address this nations poor infant mortality/low birth weight performance.  If Family Income: Monthly For Fm
1	Protected income Level (PiL). The income in excess of this that they must irst devote to medical expenses is known as the "spend—down" amount.	The vast majority of these people were well covered by Medicare and perhaps a Medicap policy. That is until they entered an ACH.  _Aged	Pregnant Women
	Yumber of different persons served: 17,000 FY 92 Average monthly service cost: \$128	FY 92 Average monthly caseload: 14,300 3,900 Number of different persons served: 21,500 8,000 FY 92 Average monthly service cost: \$495 \$1,165 FY 92 Total cost per GBR: \$170,700,000 \$54,500,000	FY 92 Average monthly caseload:         Women         Children           Number of different persons served:         11,000         31,000           FY 92 Average monthly service cost:         \$888         \$115           FY 92 Total cost per GBR:         \$28,000,000         \$18,000,000
F	1,000,000   1,00	Top Five Combined Services	Top Five Services   Inpatient Hospital   \$29,500,000   Physician Services   11,000,000   Outpatient Hospital   1,400,000   Outpatient Hospital   1,200,000   Prescription Drugs   1,200,000   Lab and X—Ray   500,000
8			
1	AFDC EXTENDED MEDICAL 16	QUALIFIED MEDICARE BENEFICIARY (QMB) 2b	MEDICALD AND MEDIKAN FOR OUR AGOT OF THE
T n	The majority of AFDC families who, by obtainting employment are no longer need AFDC assistance, are eligible for a 12 months of transitional Meldicaid overage. This gives the family time to establish themselves firancially. This as a mandated coverage group on the Family Support Act which created the JOBS program. A family does not have to participate in that program in order to receive this transitional coverage.		MEDICAID AND MEDIKAN FOR GEN ASST CLIENTS  There are two populations on the GA Cash Assistance program. First are families who, while poor, cannot qualify for AFDC due usually to the presence of two parents in the home. All children in these families, as well as all pregnant women, are MEDICAID clients.  The larger group are individuals who are disabled for 30 days or more who do not yet have a decision regarding permanent federal disability status. These are MEDIKAN clients.  Disabled Family
1 /	Y 92 Average monthly caseload:  fumber of different persons served:  Y 92 Average monthly service cost:  Y 92 Total cost per GBR:  10,000 25,000 \$58 \$7,000,000	FY 92 Average monthly caseload:         2,400           Number of different persons served:         5,000           FY 92 Average monthly service cost:         \$52           FY 92 Total cost per GBR:         \$1,500,000	FY 92 Average monthly caseload:  Number of different persons served:  FY 92 Average monthly service cost:  FY 92 Total cost per GBR:  \$23,000,000 \$
	\$3,000,000   \$3,	Breakdown of ald; Medicare Premiums	Top Five Services

1-30

#### Department of Social & Rehabilitation Services Medicaid Pregnant Women & Children FY 1989 - FY 1994

#### History of Participation and Expenditures

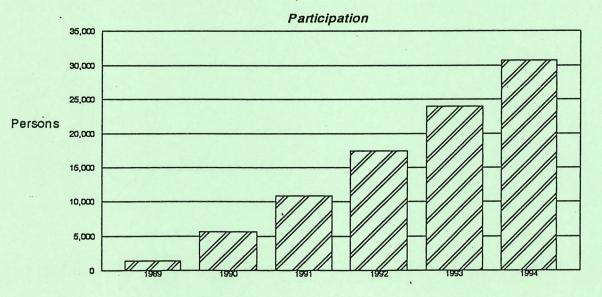
	Chil	dren	Pregnant & Inf		Tota	al
FY	Persons E	xpenditures	Persons E	xpenditures	Persons E	xpenditures
1989	na	na	na	na	1,401	3,244,385
1990	na	na	na	na	5,657	18,204,302
1991	na	na	na	na	10,924	32,208,557
1992	10,099	5,454,100	7,377	35,907,909	17,477	41,362,009
1993	14,813	8,176,776	9,145	43,364,414	23,958	51,462,500
1994	20,014	11,287,896	10,669	53,529,622	30,683	71,500,000

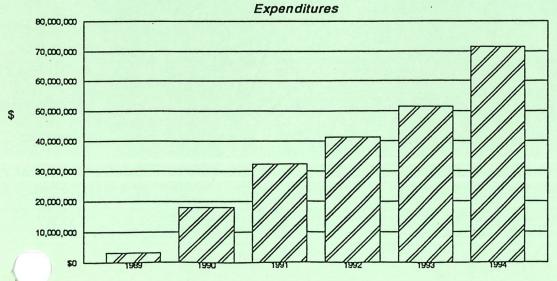
#### Federally Required Coverage

Family Income Pregnant Women & Infants < 150% FPL < 133% FPL

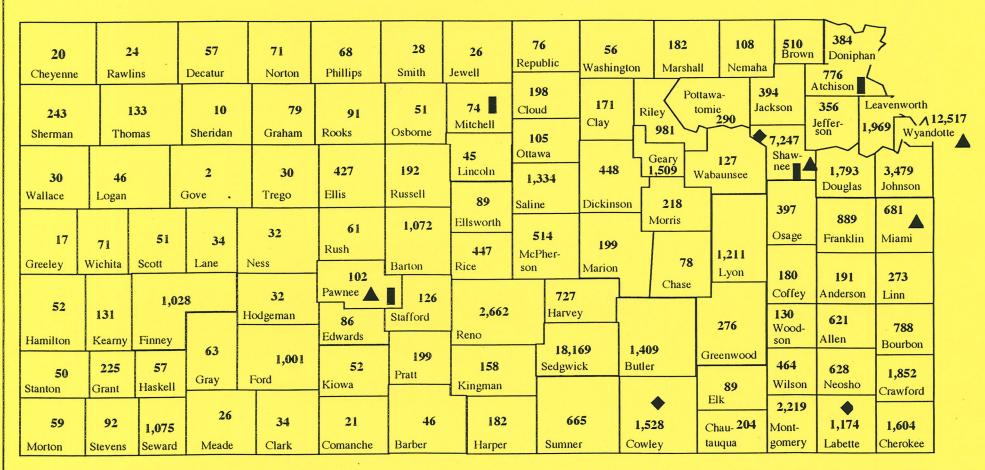
Children ages 1-5 Children 6 and over if born after September 30, 1983

<100% FPL





# Aid to Families with Dependent Children (AFDC) Average Number of Recipients/Month by County State FY 1992



▲ State psychiatric hospitals serving mentally ill clients

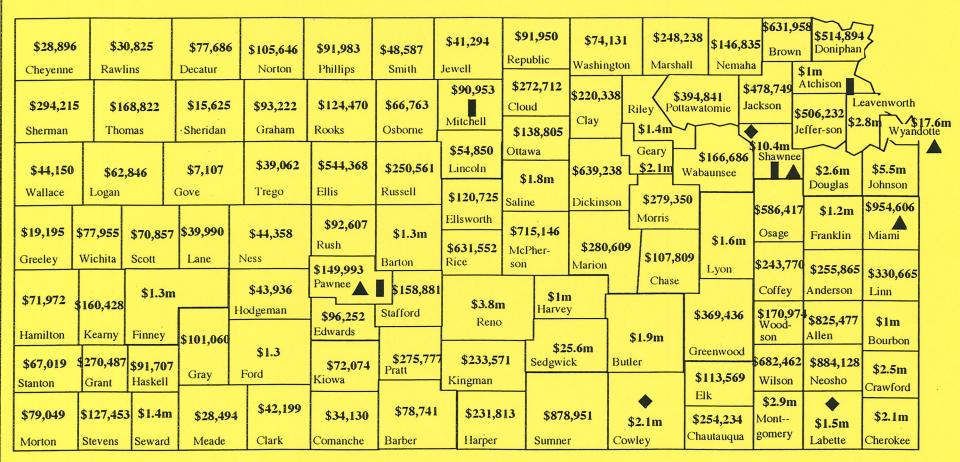
◆ State hospitals for people with mental and developmental disabilities

Youth Centers

Statewide Average Monthly Total: 83,570

\* County totals may not add due to rounding

### Aid to Families with Dependent Children (AFDC) Expenditures by County for State FY 1992



▲ State psychiatric hospitals serving mentally ill clients

◆ State hospitals for people with mental and developmental disabilities

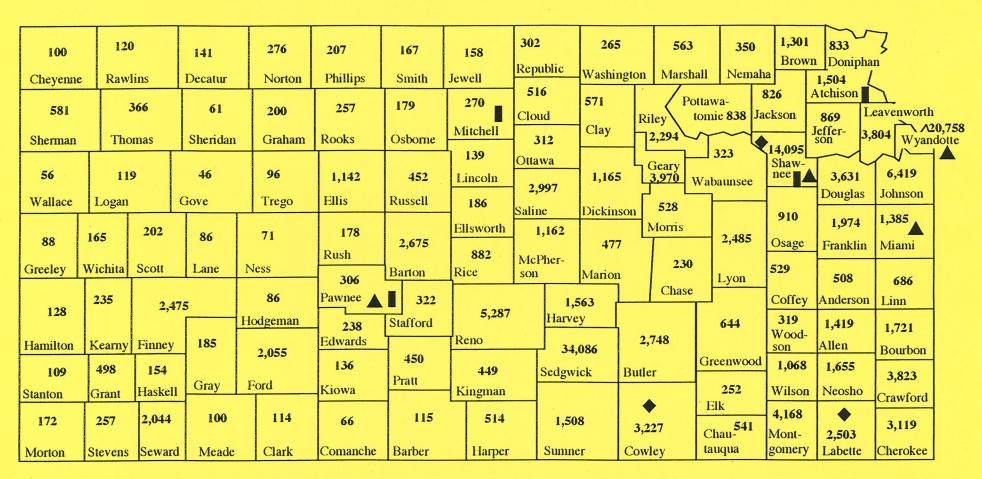
Youth Centers

Statewide Total Expenditures: \$117.2 million

\*County totals may not add due to rounding

# 1-23

# Food Stamps Average Number of Recipients/Month by County for State FY 1992



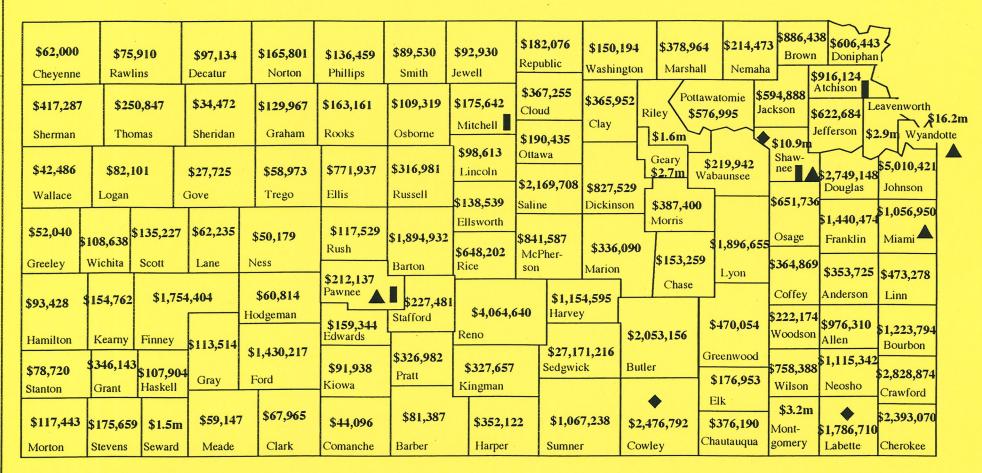
▲ State psychiatric hospitals serving mentally ill clients

♦ State hospitals for people with mental and developmental disabilities

Youth Centers

Statewide Average Monthly Total: 170,234 \*County totals may not add due to rounding

# Food Stamps Expenditures by County for State FY 1992



▲ State psychiatric hospitals serving mentally ill clients

◆ State hospitals for people with mental and developmental disabilities

Youth Centers

Statewide Total Expenditures: \$127.8 million \*County totals may not add due to rounding

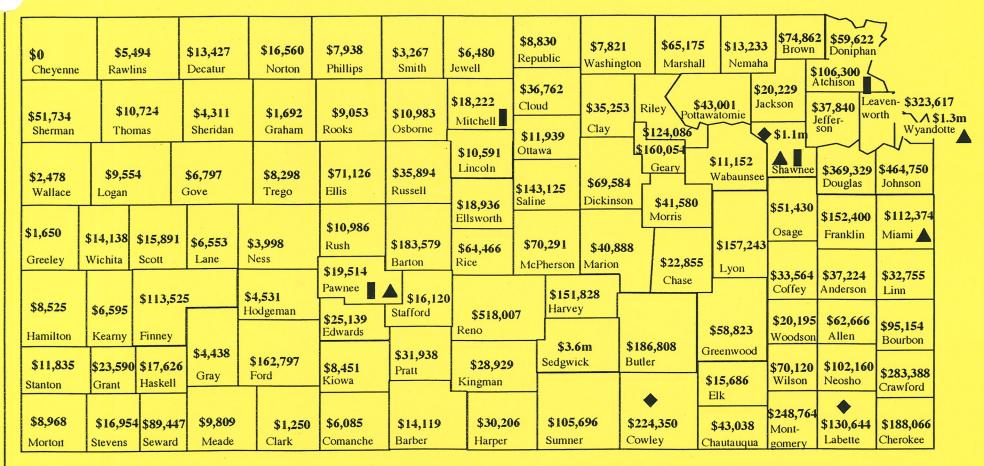
#### General Assistance Average Number of Recipients/Month by County for State FY 1992

0 Cheyenno		3 lins	8 Decatur	8 Norton	4 Phillips	3 Smith	4 Jewell	5 Republic	8 Washing	gton	<b>46</b> Marshall	6 Nemah	Brown	37 Donipha	, n
36 Sherman	The	6 omas	2 Sheridan	1 Graham	4 Rooks	6 Osborne	9 Mitchell	20 Cloud	24 Clay	Rile	Potta ton	A CONTRACTOR OF THE PARTY OF TH	ckson	leffer-	eavenworth  01 Wyandotte
1 Wallace		5	6 Gove	5 Trego	38 Ellis	20 Russell	6 Lincoln	Ottawa 79	44	Ge	· vv a	11 baunsee	Shaw-nee	189 Douglas	246 Johnson
1	Logan 8	13	4	3	7 Rush	115	8 Ellsworth	Saline 42	Dickinso 23		27 orris	92	28 Osage	90 Franklin	71 Miami
Greeley	Wichita	Scott 77	Lane	Ness 3	10 Pawnee	Barton	Rice	McPherson 80	Marion		13 Chase	Lyon	22 Coffey	19 Anderson	20 Linn
7 Hamilton	6 Kearny		3	Hodgeman 96	16 Edwards	Stafford 20	Reno	Harve		10		31	11 Wood- son	40 Allen	57 Bourbon
7 Stanton	15 Grant	15 Haskell	Gray	Ford	4 Kiowa	Pratt	17 Kingman	Sedgw	rick	Butler		9 Elk	39 Wilson	68 Neosho	184 Crawford
5 Morton	14 Stevens	54 Seward	7 Meade	3 Clark	3 Comanche	6 Barber	19 Harper		66 er	135 Cowley		Chau- 25	Mont- gomery	83 Labette	119 Cherokee

- ▲ State psychiatric hospitals serving mentally ill clients
- ◆ State hospitals for people with mental and developmental disabilities
- Youth Centers

Statewide Average Monthly Total: 7,505 \*County totals may not add due to rounding

### General Assistance Expenditures by County for State FY 1992



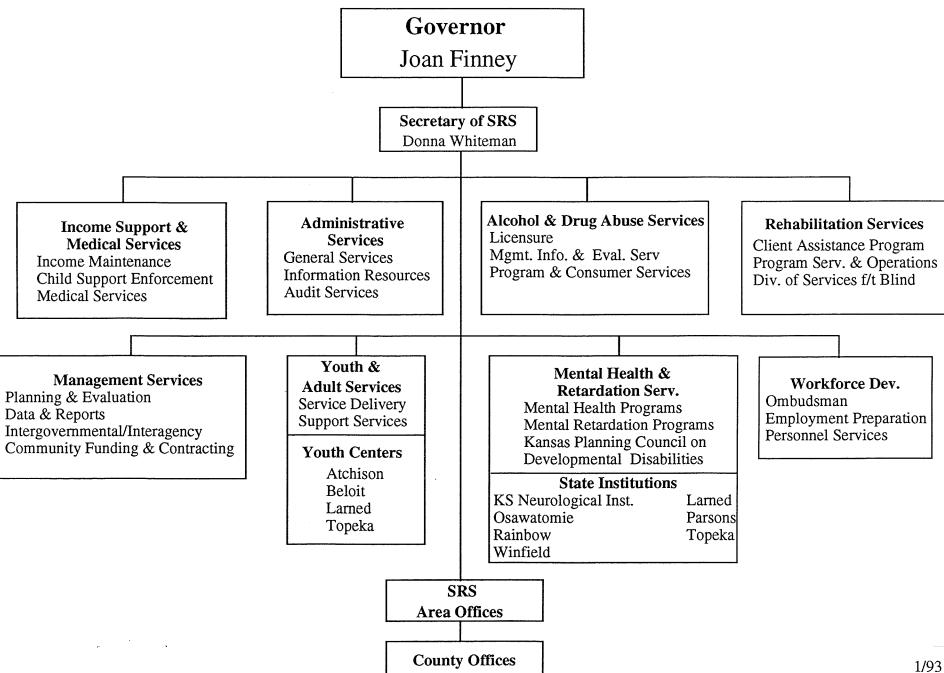
▲ State psychiatric hospitals serving mentally ill clients

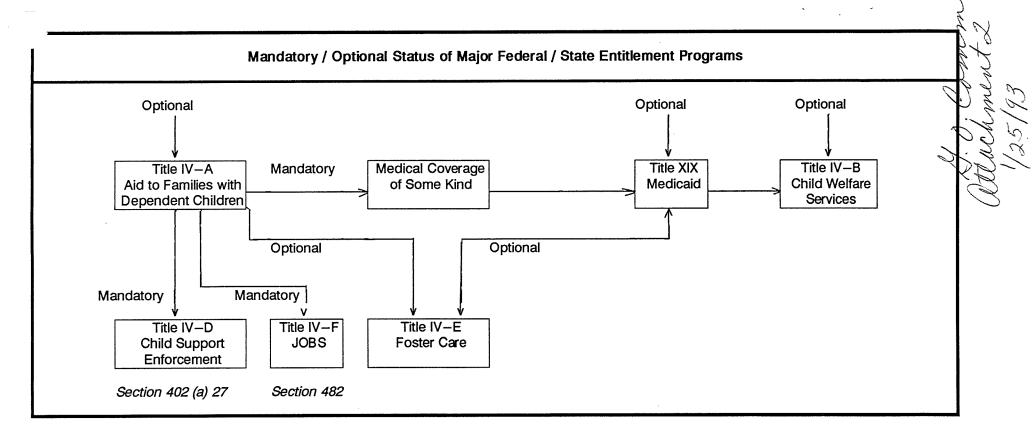
State hospitals for people with mental and developmental disabilities

Youth Centers

Statewide Total Expenditures: \$12.7 million\*
\*County totals may not add due to rounding

### SRS Organizational Chart





Note: This chart shows which major federal/state entitlement programs in the Social Security Act are mandatory or optional for states. Once a state chooses to participate in a particular program, there are further "federal mandates" governing the operation of that program.