

Approved: 3-30-94  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 22, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes  
William Wolff, Legislative Research Department  
Emalene Correll, Legislative Research Department  
Jo Ann Buntin, Committee Secretary

Conferees appearing before the committee:

State Representative Phill Kline  
State Representative Jim Garner  
State Representative Tom Robinett  
Keith R. Landis, Christian Science Committee on Publication for Kansas

Others attending: See attached list

### Hearing on HB 2929 - Social welfare eligibility standards and program requirements

Representatives Phill Kline, Jim Garner and Tom Robinett briefed the Committee on **HB 2929** which is a comprehensive bipartisan welfare reform effort and sponsored by 77 House members. The bill incorporates portions of SRS' Actively Creating Tomorrow for Families welfare reform proposal and is called the Harnessing Opportunity for Personal Excellence (HOPE) plan which focuses on individual and family responsibilities while eliminating government imposed artificial barriers to opportunity. **HB 2929** addresses the concerns raised regarding teenage pregnancies and absent fathers, the two primary reasons for increased welfare costs. The bill also changes the eligibility requirements for the AFDC program -- minors must live with their parents, elimination of the marriage penalty, and both parents must be identified. KANWORK participation would be limited to those who are deemed employable and the establishment of "Individual Development Accounts". The key elements of the bill were outlined in the attached written testimony. (Attachment 1)

A member requested statistics on participants of the KANWORK program relating to the comment that 17% have a sixth grade education, and concern was also expressed with protecting the children in regard to taking people off of AFDC if they quit a job voluntarily. Representative Kline commented that if a person voluntarily quits their job and assuming they fall under a penalty provision, they would lose their benefits, but their family would continue receiving benefits. He noted that is the distinction between the SRS proposal and the HOPE proposal. Under the original SRS ACT proposal, they would lose their benefits completely -- under the HOPE proposal, focus was placed on the individual's decision making, and the family would not be penalized for that individual's decision.

In answer to a member's question regarding what impact the bill would have on the employment security system and unemployment compensation, Representative Kline noted more information could be obtained on that issue, and that paternity identification is not voluntary but a requirement - to identify the father or mother of the child if benefits are requested, however, SRS has rule and regulatory authority to provide exceptions which is a recommendation from the Joint Committee on Children and Families.

Written testimony was received from SRS on **HB 2929** that outlined the five basic policy shifts as well as a comparison of the bill with current SRS policy and the ACT for Families Proposal. (Attachment 2)

The Chair noted that the bill has also been referred to the Senate Ways and Means Committee, and questions should be directed to general policy relating to welfare reform. Ways and Means would be dealing with the fiscal implications of those welfare reform measures, and recommendations made would be referred to that committee.

Keith R. Landis, representing Christian Science, indicated that his group may have a problem with New Section 16, page 24, lines 9-20, of **HB 2929**, because the amendment would require the secretary of SRS to establish

## CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S  
Statehouse, at 10:00 a.m. on March 22, 1994.

requirements "that prescribe minimum standards and procedures for immunizations and vaccinations for dependent children, including all immunizations and vaccinations that are required by law for school attendance or in association with child care arrangements for the dependent children." He noted they would be concerned with what those standards might be, and that the Committee might want to amend that section. (Attachment 3)

A member questioned if this bill addressed child care and divorced parents, and Secretary Whiteman noted that in all of their fiscal estimates they have included necessary child care to cover that issue even though it is not addressed in the bill.

**Discussion on Sub. for HB 2581** - Establishing the client assessment referral and evaluation (CARE) program

Senator Hardenburger briefed the Committee on a balloon of **Sub. for HB 2581** and noted that she had met with the Health Care Association, the Social Workers Association, Homes for the Aging, Secretary Hurst (Aging) and Secretary Whiteman (SRS) to refine **Sub for HB 2581**, and that most of the changes made clarified certain language in the bill as well as the composition of the governing board. (Attachment 4)

During Committee discussion it was noted that the new definition for "nursing facility" as amended in the bill relates to critical care. It was felt that limiting the assessment form to one page in length was too restrictive, and language was changed to allow for the adjustment necessary to carry out the stated purpose. Some of the concerns expressed related to language on page 2 (e) that would basically allow SRS to continue to screen everybody including private pay, the phase-in gap when shifting from SRS to the Department Aging, the policy change on page 2, Subsection (3) that could be written in rules and regs, the effective date of July 1, 1994 to repeal K.S.A. 39-966 that would relate to the policy question on page 2, and the fiscal impact on the two agencies.

The meeting was adjourned at 11:05 a.m.

The next meeting is scheduled for March 23, 1994.

# GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 3-22-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Ann Koci	DSOB	SRS
Dona Boae	DSOB	SRS
<del>X</del> <del>DSOB</del>	<del>DSOB</del>	<del>SRS</del>
D. Hanzlick	Topeka	KS Dental Assn
Linda Ramirez Clanto	Topeka	KDHR
Mary ELLA Simon	Topeka	Lg. of Women Voters
Rich Guthrie	KC	Honeta Medical
W. Gross	"	Prattree Men Med Cntr
Millie Walter	Topeka	EDS
Joe Furjanic	Topeka	KCA
John Grabe	"	KARA
Chick Allen	Topeka	KHCA
Annette Siebert	Topeka	KARA
Tom Rickman	KC Mo	MMN INC.
Janne Deert	Topeka/Lawrence	KDOA
Wanna J. Kidd	Topeka, Kansas	JAAA
Amy Martin	Clay Center, KS	Close-Up
Bridget Bowen	Clay Center, KS	Close-Up Kansas
GARMIE L. BROWN	Clay Center, KS <sup>67432</sup>	Close-Up
Lynnda Dunn	Topeka	KDOA
Adam Bauer	Clay Center, KS	Close-Up
Chet Hightower	Clay Center, KS	Close Up
Eric	Colby KS	Close-Up

## GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 3-22-94

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## **S PONSORS**

Phil  
Jim Garner  
Tom Robinett  
Barbara Ballard  
Lisa Benlon  
Garry Boston  
Tom Bradley  
Bill Bryant  
Tim Carmody  
Darlene Cornfield  
Vernon Correll  
Ray Cox  
Delbert Crabb  
Rex Crowell  
Carol Dawson  
Herman Dillon  
Les Donovan  
Cindy Empson  
Denise Everhart  
Mike Farmer  
Joann Flower  
Joann Freeborn  
Fred Gatlin  
Kent Glasscock  
Greta Goodwin  
Clyde Graeber  
Bob Grant  
Gary Haulmark  
Gary Hayzlett  
Walker Hendrix  
Jerry Henry  
Robin Jennison  
Joe Kehr  
Kenny King  
Phil Kline  
Bob Krehbiel  
Rich Lahti  
Al Lane  
Doug Lawrence  
Steve Lloyd  
Judy Macy  
Bill Mason  
Carol Mayans  
Doug Mays  
Laura McClure  
Ed McKechnie  
Dennis McKinney  
Bob Mead  
Russell Mills  
Melvin Minor  
Gayle Mollenkamp  
Jim Morrison  
Don Myers  
Melvin Neufeld  
Rocky Nichols  
Mike O'Neal  
Greg Packer  
Janice Pauls  
Marge Pettey  
Jo Ann Pottorff  
Ted Powers  
Rand Rock  
Keith Roe  
Alex Scott  
Tim Shallenburger  
Gene Shore  
Marvin Smith  
Vince Snowbarger  
Bob Tomlinson  
John Toplikar  
Jene Vickrey  
Susan Wagle  
Bob Watson  
Elaine Wells  
Jack Wempe  
Steve Wiard  
Kenny Wilk

# **Harnessing Opportunity for Personal Excellence H.O.P.E.**

## **TESTIMONY OF REP. PHILL KLINE**

**Tuesday, March 22, 1994**

Madame Chairmen and members of the committee, thank you for the opportunity to address you today and for your interest in the important topic of welfare reform.

I am before you today to present the HOPE plan, H.B. 2929, a comprehensive bipartisan welfare reform effort that has 77 sponsors and received 115 votes in the House last week.

The original bill has been modified and incorporates portions of SRS' Actively Creating Tomorrow for Families welfare reform proposal. These modifications were agreed to in a series of meetings between myself, Reps. Jim Garner and Tom Robinett, and SRS staff and Secretary Whiteman. All parties agree that this bill takes a major step towards welfare reform while recognizing the difficult economic climate for our state.

➤ The HOPE plan focuses on individual and family responsibility while eliminating government imposed artificial barriers to opportunity. The bill addresses the concerns raised by teenage pregnancies and absent fathers, the two primary reasons for increased welfare costs.

The following pages detail the key elements of the bill and provide relevant statistics. We will review the bill and then be available for any questions.

*Senate PH&C*  
*Attachment #1*  
*3-22-94*

# H.O.P.E. Proposals

Page 2.

## PROMOTING PARENTAL, FAMILY AND INDIVIDUAL RESPONSIBILITY

**THE FACTS:** Currently, state policy provides financial incentives for unwed teenage mothers to leave their parents' home, for fathers to refuse to assume responsibility for their children, for extended family members to ignore the needs of their family members and for single mothers to continue to have children that they cannot afford. The following facts, therefore, should not be surprising.

- Eighty percent of Kansas children who benefit from AFDC payments do not receive any support from absent fathers.
- Over 50% of all Kansas AFDC clients are children.
- Collecting child support reduces the average stay on welfare six months and can prevent many from ever receiving public assistance.
- Births to single Kansas teens have risen 19% from 1987-91, to 1992, totalling 3,268 births in 1992.
- The number of Kansas children living in poverty increased 25% during the 1980s.
- One in four children live in poverty in Bourbon, Chase, Chautauqua, Cherokee, Marion, Wallace and Wyandotte counties.



Children born to teenage, unwed mothers face numerous obstacles that continue throughout childhood. Such children suffer disproportionate poverty, low birth weight, malnutrition, violence and abuse. Over 61% of the 4,575 Kansas children born to teenagers in 1991, had mothers on public assistance. We must act.

Representatives Phill Kline, Jim Garner and Tom Robinett

1-2

**PROMOTING PARENTAL, FAMILY AND INDIVIDUAL RESPONSIBILITY**

→ **THE PROPOSALS:** We must promote and encourage the stability of two-parent families. Stable families with two parents are the best protector against poverty, poor health and educational failure.



- Elimination of the marriage penalty, **keeping families together**. Current law makes it difficult for families to stay together.
- Unwed minors who have children must live with their parents to receive AFDC (hardship exceptions are provided).
- AFDC benefits are not provided unless **both parents are identified** (exceptions provided).
- Recipients will notify extended family members that if they are willing to assume some financial responsibility for a welfare recipient that the family member will receive an income tax credit. The contribution will be used to leverage federal matching funds, more than doubling the monies available. The recipient will receive greater benefits, the state general fund will receive savings and all administrative expenses will be covered.
- SRS will contract with selected hospitals to establish a **paternity outreach program designed to identify fathers at the time of birth**. Fathers are more likely to be present at birth and their names can be placed on the birth certificate, preventing many potential problems.
- Local grant programs for teenage pregnancy reduction efforts will be expanded and \$400,000 of funding provided. Teen pregnancies in Shawnee Co. dropped 22% during such a program. Also, prenatal care is extended to the first month of pregnancy.
- ~~AFDC benefits are limited to two children, however, the income that can be earned outside the home is increased. Families with more children will receive benefits as they first come on the program and multiple births are covered.~~



### **MAKING KANWORK - WORK**

**THE FACTS:** KANWORK has been highly criticized for its failure to provide meaningful employment opportunities to its participants. Additionally, the program has extensive educational costs, with limited success. Among the reasons for these problems are expensive attempts to educate those who will receive little benefit from such efforts and the limited personal incentive for participants to work their way off the program.

### **THE PROPOSALS:**

- KANWORK participation will be limited to those who are deemed employable. Currently, we have large waiting lists for KANWORK benefits while many people on the program are unable to benefit from available benefits.
- Participants will have 9 months to complete a G.E.D. program and 30 months of total educational and job training benefits. This is well with-in the time frame suggested for the type of degree programs offered under KANWORK and within the average 6 month timeline for a G.E.D.
- Employable KANWORK participants will receive benefits for thirty months, after which they will only receive existing transitional benefits. These participants will not receive public assistance again for at least three years. Participants families do remain eligible.

### **ELIMINATING WASTE AND THEFT**

- A debit card program is established in select KANWORK counties **eliminating the theft and misuse of foodstamps and cash benefits.**
- **Felony fugitives shall be ineligible** for assistance. Once apprehended, fugitives will be forced to repay any benefits received.
- SRS will establish a cross-referencing system with the Dept. of Revenue to determine if recipients are working and not reporting their income.
- Penalties will be established for those who report income status late.

## EDUCATION

**THE FACTS:** The average single parent in Kansas with less than a high school degree earns less than \$6,200 annually. The average parent with a high school degree has an average annual income of \$13,400, and with a college degree, over \$24,000. Promoting, encouraging and supporting educational efforts is of fundamental interest to our state. It also serves as a poverty preventor. H.O.P.E. and A.C.T. as amended serve to promote this interest.

### **THE PROPOSALS:**

- **Children will be able to save their own earned income for educational purposes** without affecting parental eligibility for welfare.
- The establishment of "Individual Development Accounts" - allowing all Kansans to invest up to \$2,000 annually, which accrues interest tax free. Funds are to be used for educational purposes. A \$2,000 account earning 10% interest only reduces tax revenues by \$15 a year while dedicating private dollars to investments which prevent the future spending of big amounts of state funds.
- Cash benefits are reduced 10% for each child unlawfully not attending school.



## ENCOURAGING WORK AND SELF SUFFICIENCY



- Increasing the earnings disregards - currently recipients reach an iron ceiling, increases in income, no matter how minimal, result in a loss of benefits. The result is that many choose to avoid new opportunities. The proposal breaks this ceiling by **allowing the individual to keep part of their earned income up to the poverty level.** This is a work incentive and moves people off welfare.
- Those who voluntarily quit their job do not receive benefits. **The bill protects those forced to quit** because of, for example, the presence of sexual harassment.
- Both parents are required to register for work, increasing the likelihood that one will find a job.



## **PE - Amendments Added on the House Floor**

The following amendments were added on the House floor:

1. Current law provides that a welfare recipient has a \$1,500 exemption for a car. In other words a car with a value of \$1,500 or less is not accounted as an asset when determining eligibility for welfare. A floor amendment added to the bill provides the exemption for one car per family, regardless of value. This is part of the ACT original proposal.
2. A second amendment establishes fraud and estate recovery units within SRS.

Fiscal estimates are that the bill will save close to \$2 million in FY '95 and over \$3.5 million in FY '96, the first full year of implementation.

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Donna L. Whiteman, Secretary  
Senate Public Health and Welfare Committee  
Testimony on Welfare Reform  
March 22, 1994

\*\*\*\*\*

SRS MISSION STATEMENT

"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."

\*\*\*\*\*

Madam Chairman and members of the Committee, thank you for this opportunity to present testimony on the agency's welfare reform plan, Actively Creating Tomorrow (ACT) for Families. The goal of this reform effort is to support and reward work, promote parental responsibility, and lessen the costs of long-term welfare dependency. For this effort to succeed, five basic policy shifts must occur:

1. **Make Work Pay:** A combination of a minimum wage job, AFDC, food stamps and earned income tax credit should lift a family above the poverty line.
2. **Assure Access to Health Care:** Loss of Medicaid and inability to purchase health insurance is a serious obstacle to work.
3. **Strengthen Child Support Enforcement to Supplement the Earnings of Poor Families:** Child support in combination with wages can lift a family out of poverty. Currently, only 16% of Kansas AFDC recipients receive child support payments.
4. **Expand Welfare to Work Programs:** Local government, state agencies and private enterprise must work in partnership to provide on-the-job training opportunities for welfare recipients. Welfare recipients' greatest need is reconnection to the job market and the opportunity to learn a job on the job.
5. **Offer Community Service Jobs:** This is a viable alternative for people who cannot find or keep private jobs. Society cannot require work as a condition of public assistance without guaranteeing the opportunity to work.

Enabling people to work and become self-sufficient will reap large dividends later; fewer people on assistance, more people paying taxes, and fewer children trapped in poverty characterized by unemployment, crime and hopelessness.

*Senate PH&W*  
*Attachment #2*  
*3-22-94*

House Bill 2929, which has been forwarded to the Senate, supports many of the initiatives in A.C.T. However, two initiatives not included are critical for our overall Welfare Reform effort to succeed.

Individual self-sufficiency plans with clients would have an important role. The plan would be simple, listing basic responsibilities such as reporting changes, cooperating with necessary inquiries, and pursuing other sources of support such as child support or unemployment. The plan would also make clear from the beginning that assistance is intended to be temporary and that recipients who are able must work toward self-sufficiency through participation in agency programs and seeking employment. The few minutes spent on this simple plan could make a big difference in the agency/client relationship and lives of many clients.

Caretakers of children over three months old should be required to participate in training and work-related activities. The current policy, which exempts all caretakers of children under age three, does not provide early motivation or support for parents to seek self-sufficiency.

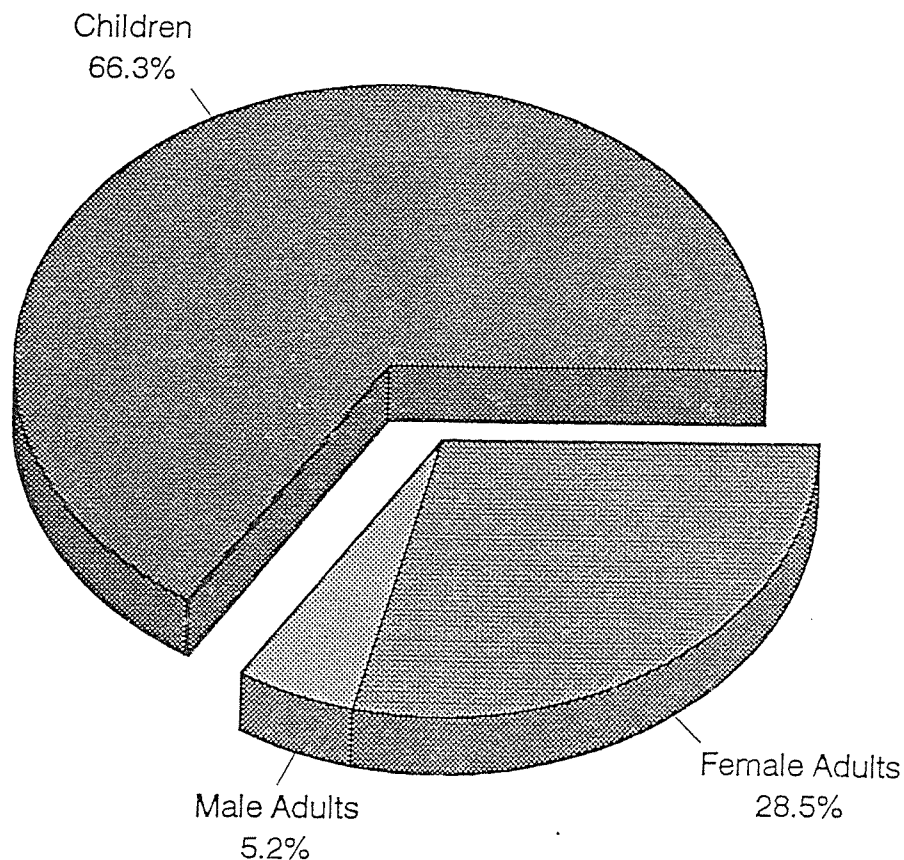
Additionally, the House concurred with the A.C.T. recommendation to extend transitional medical benefits from 12 to 24 months. However, co-payment requirements ranging from 25% to 75% of the cost of medical care were stipulated for the second 12 months. Such requirements are complex to administer, difficult to explain to clients, and confusing to medical providers. If the intent was to provide a longer period of transition to employment, the agency recommends these co-payments be deleted.

With the passage of House Bill 2929 and incorporation of these changes, I feel that Kansas will make major strides toward Welfare Reform.

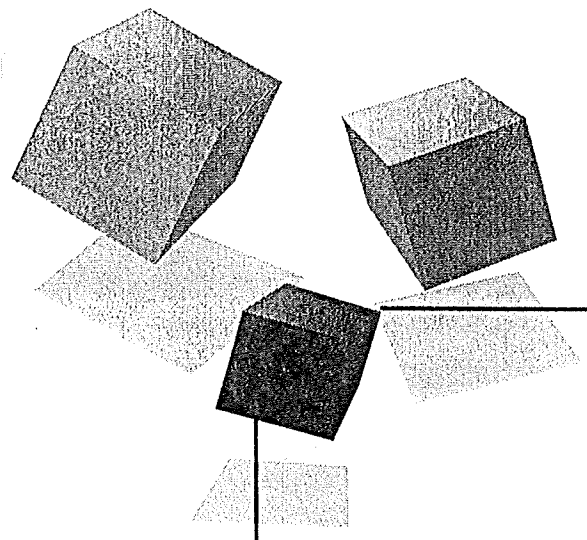
Thank you for the opportunity to present this testimony.

## Profile of AFDC Beneficiaries

- The average Kansas AFDC family consists of three family members, usually a single mother and two children
- The typical Kansas AFDC family receives an average monthly grant of \$348; about \$119 per family member
- 48% were either divorced or separated; 22% were married
- 78% had lived in Kansas for five or more years; only 2% had lived in the state for less than 6 months
- In the KanWork program 44% of the people had completed high school or had a GED
- Approximately 10% of our AFDC beneficiaries are currently working
- In an average month in fiscal year 1993 the AFDC program served 87,393 people of which 66% were children



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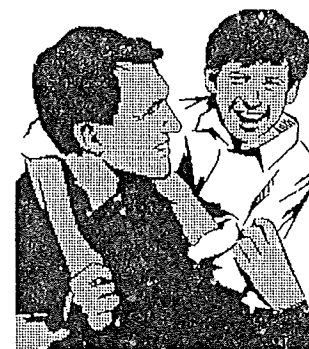


# Actively Creating Tomorrow (ACT) for Families

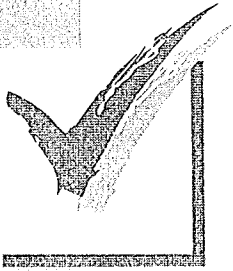
Kansas Welfare Reform Initiative

1995

Kansas Department of Social & Rehabilitation Services  
February 1994





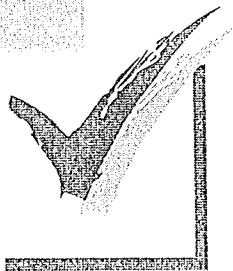


# **What is the mission of ACT?**

## **To Strengthen Kansas Families**

This mission can be accomplished through a shared vision among all Kansans by:

- promoting personal and parental responsibility;
- developing opportunities for economic self-sufficiency; and,
- creating an environment so the financial and emotional needs of children are met, and individuals and families can strive to reach their maximum potential.



# **How Will Families Be Strengthened?**

## **Five Basic Strategies Will Be Used**

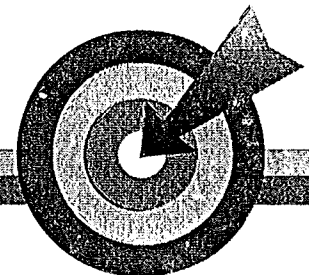
- Prevent Costs Associated With Long Term Welfare Dependency
- Deter Fraud & Program Abuse and Recover Misspent Funds
- Promote Parental and Individual Responsibility
- Support and Award Work
- Provide Training & Work Experience to Those Who Cannot Find a Job

# Initiatives For Success

2-1

## Waiver Not Required

1. Contract with selected hospitals to establish paternity for a child at the time of birth. In addition, initiate outreach on paternity establishments at local health departments during pre-natal and well baby visits.
2. Promote parental responsibility both financially and emotionally by mandating that paternity be established prior to including an alleged father in the AFDC assistance case.
3. Maximize state dollars spent on Medicaid by shifting costs of eligible individuals to Medicare through increased efforts in the Buy-in process.
4. Increase the collection of public assistance overpayments by developing a centralized claims collection unit to aggressively pursue repayment by persons no longer receiving assistance, and by hiring staff for each SRS area dedicated to increasing the identification of fraud and collection of overpayments.
5. Increase child support collections, prevent fraud, and make more timely adjustments to assistance payments by obtaining legislation which will require the immediate filing of all employees' W-4 forms with the state and provide for immediate compiling and updating of this information with direct access by SRS.
6. Reduce dependency on state funds in the medical assistance program by expanding the Estate Recovery Program. This would include increasing the number of probates filed, and the implementation of a process to recover and liquidate real property.

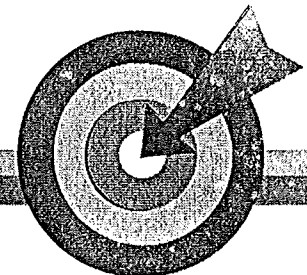


# Initiatives For Success - (cont'd)

7. Increase the collection of public assistance overpayments and reporting activity by modifying the KAECSSES system.
8. Expand the Community Work Experience Program to private sector business, thus increasing opportunities for SRS clients to gain skills for gainful employment. Currently, CWEP is offered only through not-for-profit and government organizations.
9. Increase non-custodial parents participation in the financial and emotional support of their children by providing paternity visitation and custody services to non-custodial parents.
10. Reduce errors, improve prevention initiatives and service delivery to clients, reduce agency costs due to excessive turnover, and avoid federal sanctions by initiating a staffing plan that is responsive to changes in public assistance caseloads.
11. Contract with a firm or university to determine the amount of income which is required to live frugally but adequately meet all basic needs. The state is required by federal law to reevaluate it's need standard every three years.

## Waiver Required

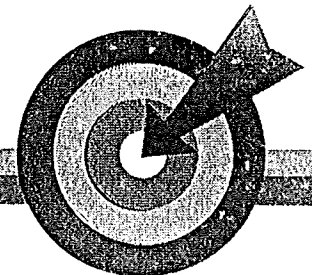
1. New income consideration policies would be adopted which motivate, rather than penalize, individuals who seek work and retain employment.
2. Both parents in two parent families would be required to look for work or otherwise comply with participation requirements of the JOBS program.



# Initiatives For Success - (cont'd)

2-9

3. Prohibit assistance for the entire family when the caretaker refuses to cooperate with Child Support Enforcement in establishing paternity or obtaining child support.
4. Assistance would not be provided to a family when the legally responsible adult voluntarily quits a job without good cause.
5. Extend health care coverage to families who no longer receive AFDC due to earnings of a family member from the current 12 month policy to 24 months of coverage following the start of their employment
6. Increase paternity establishment and child support collections in all programs by mandating that all affected food stamp households cooperate with CSE..
7. Exempt one vehicle when determining available resources in order to allow a family to have reliable transportation for employment and education.
8. Penalties currently imposed only upon employed recipients for failure to report changes on a timely basis would be extended to apply to all recipients who fail to timely report.
9. Encourage families to stay together by removing restrictions on two parent families participating in the AFDC program.
10. Seek AFDC eligibility for women in their first two trimesters of pregnancy. These women currently receive GA. In addition, if in the home, fathers of these unborns would also receive AFDC, thus allowing their income to be counted in the eligibility determination.





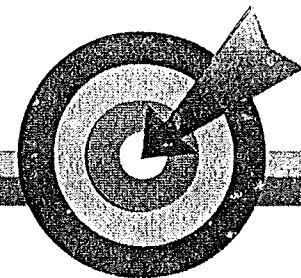
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# Initiatives For Success - (cont'd)

11. A teen pregnancy initiative would grant funds to a community agency for a media campaign to promote public awareness of teen pregnancy issues. In addition, SRS staff would be dedicated to encouraging and establishing initiatives which address the prevention of teen pregnancy. There is currently no coordinated statewide effort in this area.
12. Allow AFDC funds for all foster care children and children living with a legally established guardian or conservator.
13. Modify the TransMed program to eliminate the submittal of monthly reporting forms and the 185% of poverty gross earnings test. These cause excessive paperwork and are a barrier to program effectiveness.
14. Require caretakers of infants over 3 months old to participate in education and work related activities. The current policy which exempts all caretakers of children under age three does not provide early motivation or support for parents to seek self-sufficiency.
15. Develop projects with local governments which would serve as resources for community projects as well as provide training for SRS clients and assist in transitioning to self-sufficiency.

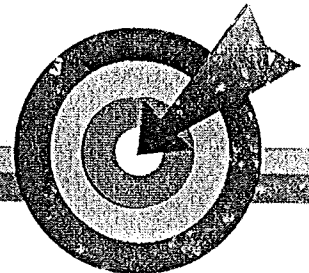
## Additional Items

1. Require applicants and recipients to enter into an agreement of understanding and responsibility with the agency to work toward self-sufficiency. Assistance for the family could be terminated if the terms of the contract are not met.
2. Increase self-sufficiency opportunities for assistance recipients through the development of on-the-job training opportunities.



# Initiatives For Success - (cont'd)

3. Increase employment opportunities of unemployed parents not meeting their child support obligations and by giving authority to hearings officers and courts to mandate referral to an employment preparation program for public service employment or basic job search activity.
4. Encourage participation in school by providing funds for children receiving public assistance to enable them to participate in classes and activities which require fees or other costs.
5. Explore alternate service delivery methods and pilot prior to implementation.
6. Provide better information to SRS recipients and the public by developing handouts and informational brochures for all programs. Thus, improving understanding of program requirements and responsibilities, as well as the scope of services available.
7. Evaluate the effectiveness of cash incentives which reward children for staying in school by testing in a pilot project.
8. Promote greater participation in the work and training programs by reimbursing clients the actual mileage costs they incur.
9. Promote more financial stability and encourage families to economize by sharing household expenses by eliminating the policy which requires reduction of a family's assistance payment when households share costs.



# Teen Pregnancy

## FACTS:

- 4,575 adolescents aged 10-19 gave birth in Kansas in 1991.

61% of these teens received assistance from SRS, many of these due to the outreach effort of the Medicaid program for pregnant women in which only a medical card is provided.

- Nearly 75% of AFDC mothers under 30 began as teen parents.
- Teen parents are unlikely to finish school - Only 5% complete high school.
- If teen mother has 2nd child, 85% likelihood she will be long-term welfare dependent.

## OTHER FACTORS:

- Lack of employment opportunities for teen parents.
- Greater risk of low birth-weight babies and infant mortality.
- Greater risk of child abuse and neglect.
- Women with one child are twice as likely to leave public assistance through employment than women with three children
- 1985 Kansas survey: AFDC clients with fewer children had shorter stays on AFDC, shorter lengths of time between employment, higher educational levels, and better day care access.

## A.C.T. PROPOSAL:

- Develop comprehensive life skills curriculum for K-12 in all schools.
- Preventive community health services for elementary and secondary students.
- Increased opportunities for teens completing high school (compulsory attendance for persons 18 and under, youth apprenticeship programs, alternative education).
- Intensive case management services for all pregnant or parenting teens to delay or prevent 2nd birth.
- Grants for increased media campaign.
- Establishment of paternity at hospitals.
- Parenting education.

## CHILD SUPPORT ENFORCEMENT

### Purpose:

- The goal of Child Support Enforcement is to prevent the need for public assistance by insuring reliable support payments.
- Child Support Enforcement (CSE) services, including establishment of paternity and establishment and enforcement of support orders, are available to both AFDC and non-AFDC families.
  - o AFDC - Support rights are assigned to the state, and cooperation with CSE is mandatory for recipients. The first \$50 collected is given to the family as an incentive. The rest is retained and shared by the state and federal governments as reimbursement for AFDC expenditures.
  - o Non-AFDC - Federal law requires the state to provide child support services to anyone who applies, regardless of income.

### Statistics:

- 250,000 Kansans receive CSE services
- Collections have increased 353% since FY 1987. In increased collections, Kansas ranks in the top 10 nationally.
- Collections in FY 1993 were \$80 million.  
Collections in FY 1994 are anticipated to be \$94 million.
- CSE collection efforts resulted in the closure of 3,368 AFDC cases in FY 1993 for a cost avoidance of approximately \$13.3 million.
- Paternity was established for over 3,200 children in FY 1993.

## ISSUE: Limiting Time on AFDC

### FACTS:

#### o National

Over 50% of AFDC recipients receive assistance less than 1 year

Almost 75% of recipients are off rolls within 2 years.

#### o Kansas - No time limit on assistance.

Over 60% receive for less than 1 year

Almost 80% are off rolls within 2 years.

#### o Successful enforcement of child support can shorten stay on AFDC by 6 months or prevent need for assistance

#### o Majority of families not on assistance continuously but in separate spells.

### PROBLEMS:

#### o Ignores individual and family circumstances

#### o What happens to families at end of time period who still need help?

#### o Hardship on children

#### o Families may have to extend continuous time on assistance to access training and education opportunities

#### o Focus attention away from individual assessments and employability planning to preoccupation with time.

### A.C.T. PROPOSAL:

#### o Develop individual and family responsibility agreements with time table for transitioning from public assistance

#### o Agreements time limited with focus on employability, other self-support skills.

#### o Failure to fulfill conditions of the agreement will result in loss of benefits.



ISSUE: Assistance for Teen Parents

- o Under Kansas' current policy, teen parents must live with family/adults to receive assistance
  - unless determined to be able to act in own behalf by marriage, court action or meeting rigid agency criteria.
- o Kansas has chosen the most restrictive option allowable under federal law.
- o In other states, but not in Kansas:
  - teen parents can receive their own benefits while living in a parent's/relative's home
  - teen parents can receive assistance outside an adult's home even though not determined to be able to act in own behalf.
- o Few teen parents receive their own benefits in Kansas
  - out of 30,000 AFDC cases now open, only 110 are headed by a teen parent
  - in the last 6 months 55 teen parents were denied assistance because the agency determined they were not able to act in own behalf.

## ISSUE: Capping Size of Family

### FACTS:

#### o National

70% of AFDC families have only 1 or 2 children

AFDC family size decreasing:

1969 - 32.5% with 4 or more children

1989 - only 9.6% with 4 or more children.

#### o Kansas - No cap. Assistance based on family size.

Approximately 75% of AFDC families have only 1 or 2 children.

Average number of children in AFDC family - 1.8

Average family size - 2.9

Maximum grant amount for family of 3 - \$403 (only 41% of 1991 federal poverty level).

Value of AFDC benefit declines as family size increases.

#### o Federal Health and Human Service Survey shows:

- Number of out-of-wedlock births is not affected by whether State has high or low benefit.

- Number of births not affected by whether benefit levels rise with family size, stay the same, or decrease.

#### o Few states have adopted cap. Most have rejected idea.

### PROBLEMS:

#### o Creates inequity between applicant and recipient families

#### o Creates hardships for all children

#### o Based on false presumption that benefit level affects family size

#### o Increases administrative complexity and cost.

### A.C.T. PROPOSAL:

#### o Focus on individual and family responsibility agreements which promote social and parenting skills and achieve self-sufficiency

#### o Greater focus on teen pregnancy with more intensive case management services for pregnant and parenting teens to delay or prevent birth of second child.

2-17

WELFARE REFORM  
STATE COMPARISONS

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immuniza- tion and Health Care	Transition- al Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
CALIFORNIA A) Statewide 12/92  B) Pilot in Los Angeles County 1/93	A) Grant Reduction	A) Pregnant & Parenting Teens who have not completed H.S. would be required to participate in Cal Learn		A) Job Club - voluntary to AFDC recipients who cannot be served in GAIN (Calif. JOBS Program)			A) 30 and 1/3 with no time limitations	A) 100 Hr. Rule	A) Residency requirement was overturned in District Court as being unconstitutional  B) Fingerprinting required as a condition of AFDC elig.; failure to comply results in ineligibility. Use of Early Prevention and Detection Services are available
GEORGIA A) Pilot in one county 1/93  B) Statewide 1/94				B) Increased Family Planning Services and Parenting Skills training	A) Required for preschool children				A) Those in sample would need to take part or probably face sanctions for the child's portion of the AFDC grant  B) Elimination of benefits via "Family Cap" and exclusion from the AFDC grant for adults refusing full time employment

2-18

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immuniza- tion and Health Care	Transition- al Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
ILLINOIS A) Waivers for 5 demos in a variety of sites, 7/94				A) Lower the JOBS participation age from 16 to 14; Serve non- custodial parents aged 18-35 who have a child that receives AFDC, and will agree to participate for 2 years, and have custodial parent's consent		A) For AFDC homeless, increase TCC and TMA to 24 months	A) For AFDC homeless, disregard income up to need standard and increase asset limit to \$3,000	A) Waive 100- hr work history	A) For AFDC homeless, allow E.A. for up to six months in any 12 month period. FFP will be provided  Allow the state to use a two- month prospective budgeting method and to budget retrospectively thereafter  The Consolidated Intake Process would allow the state to combine the AFDC and CSE intake processes, so the AFDC intake workers could ask CSE related questions during the AFDC intake interview
MARYLAND A) Statewide 7/92	A) Increased grant 6.3%	A) Sanction if children attend less than 80% of classes (good cause exception)			A) Add benefits for those having pre-natal care, health check-ups & sanctions occur when child is not adhering to EPSDT stds				

2-19

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immunization and Health Care	Transitional Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
MICHIGAN A) Statewide 10/92 (see notes at the end)		A) no waiver needed to pursue Higher AIMS program, which provides incentives/disincentives to all families based upon elementary school attendance		A) JOBS resources may be used to provide activities for non-custodial parents; equal access for mandatory/voluntary clients; extend Job search before assessment for more than 3 weeks			A) Continuous (not time limited) disregard of \$200 plus 20% of the remaining earnings; student earnings exclusion up to age 19 (also for FS)	A) Waive 100-hr. work history requirements & unemployment rules	A) Prevent diversion of certain funeral related assets to persons not XIX eligible and discourage shifting of resources into irrevocable annuity policies or use by non client joint owners with the use of a penalty; also require XIX recipients to meet spend-down requirement & pay such to the state in the form of a monthly premium
MINNESOTA A) Pilot for teens in 1 school district 6/93							A) Participating teens: disregard/exclude their income from 185% of need std test; allow 30 and 1/3 disregard		
MISSOURI A) Pilot in Kansas City 1/93				A) Voluntary work supplementation for up to 48 months			A) Asset limit of resources up to \$10,000; disregard 30 & 1/3 for 48 months; disregard CSE paid to family that exceeds grant amount	A) 100 hr rule is waive for those in demonstration	

2-22

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immuniza- tion and Health Care	Transition- al Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
NEW JERSEY A) Statewide 10/92			A) No increase in benefits for additional children born 10 months after applying for AFDC	A) Require recipients employed 30+ hrs per week to participate in JOBS (if appropriate)		A) Provide 24 months of TMA	A) Increase disregards for those under age 25; families who have additional children and JOBS participants who work as family day care providers.	A) Married families with incomes less than 150% of poverty or state need std. where the husband is not the father of the children, can receive benefits	A) Require all AFDC recipients with a child under age 2 to participate in counseling and vocational assessment ( recipients with a child 2 years of age and over will be required to participate in JOBS)
OREGON A) Statewide 7/93				A) Allow participation in job search for as long as necessary; full time participation in JOBS for parents with children age 1 to 6; minor custodial parents under age 16 to participate in basic education; serve medically able pregnant women under age 20, without children, in basic education;					A) Mandatory JOBS participants may be required to participate in mental health and substance abuse diagnostic, counseling, and treatment programs

2-21

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immuniza- tion and Health Care	Transition- al Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
UTAH A) Statewide 3/93				A) All AFDC parents and eligible children age 16+ (and not in school) must participate in JOBS or other activities; also serve noncustodial parents			A) Changed to \$100 and 45% of gross earnings minus the disregard; resource limit will be raised to \$2000; FS-vehicle asset exemption to \$,8000, educational income exempted while on AFDC and for 1 year after leaving AFDC, other offsets	A) Additional TCC and TMA	A) Allows a 1-time AFDC diversion payment (not to exceed three times the monthly grant for the household size) will be allowed to meet the basic or special needs of AFDC applicants who are not likely to warrant ongoing assistance and who agree to have their AFDC appl. denied; demo may include a variety of counseling activities; sanction of \$100 for failure to participate in demo; other incentives related to demo
VERMONT A) Statewide 7/94 (providing state legislature approves)				A) Pregnant/parenting minors must attend school or an education/ training activity, must live with a parent or in an alternative approved living arrangement; allow unrestricted job search; require parents with temporary disabilities to participate in JOBS training/rehab.; require parents in 2nd & 3rd trimesters of pregnancy to participate in JOBS		A) 36 months of TMA up to 185% poverty level	A) participants in community service jobs will be paid through grant diversion; exclude parental income for teen parents; disregard JTPA stipends; allow unlimited vehicle disregard	A) waive 100-hour work history, and unemployment rules	A) The demo project time limits welfare: it requires those without a job to participate in a subsidized community service job after 30 months on AFDC for single parent families and after 15 months for AFDC-UP recipients; sanctions will be used for failures

2-22

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immuniza- tion and Health Care	Transition- al Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
VIRGINIA A) Demo in 3 middle schools 9/92	A) 100% state standard of need								A) Teams of school personnel will be established to work with families to meet determined goals; families failing to meet attendance, achievement or parental involvement goals get counseling; If the family fails to respond, sanctions on benefits will begin, starting at 90% of state level of need.



2-23

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immuniza- tion and Health Care	Transition- al Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
<p>WISCONSIN</p> <p>A) Pilot in 6 counties 7/93</p> <p>B) Pilot in 3-6 counties 7/94</p> <p>C) Statewide 7/94</p> <p>D) Statewide 7/94</p> <p>E) 2 county pilot (Work Not Welfare)</p>	<p>B) Two- tiered benefits based on residency</p> <p>E) FS cashout &amp; combined with AFDC grant</p>		<p>A) second child born qualifies family for 1/2 of grant increase; no grant increase for third or additional children</p>	<p>A) First-time parents under 20, their spouses, and noncustodial parents are required to participate in JOBS</p> <p>E) Educ/Training only in first 12 months with penalties for failure</p>			<p>A) Disregard \$200 and 1/2 deduction (that would not be time limited)</p> <p>C) \$10,000 asset limit if saved in special resource account (there are many restrictions)</p> <p>D) \$2,500 vehicle disregard</p> <p>E) \$30+ 1/6 disregard - not time limited</p>	<p>A) Eliminate the 100 hour rule and unemployment rules</p> <p>E) 100 hrs rule is eliminated for recipients but not applicants</p>	<p>A) Expand AFDC eligibility for young stepparent families</p> <p>B) This may be in litigation as was true for California</p> <p>E) IF AFDC/FS eligibility ceases, recipient may still be eligible for Medicaid; all current monthly CSE (as well as arrearages) will go directly to family (with some exceptions); throughout this pilot there are possibilities for exemptions and extensions of benefits</p>

2-24

State, Site, Date Implemented	Benefits	Learnfare	Family Cap	JOBS	Immunization and Health Care	Transitional Child Care (TCC) and Medicaid (TMA)	Earnings Rules	AFDC-UP Rules	Additional Information
WYOMING A) Pilot and Statewide 9/93				A) Education Limits (Statewide): there is only 1 opportunity for advanced educational activity; (Pilot areas) - there is some work or work experience mandatory with established criteria; some noncustodial parents (with qualifications) will be permitted to participate in JOBS			A) Resources are increased from \$1,000 to \$2,500 in households with paid employed adult as long as adult continues to work		A) (Pilot areas) Will be a reduction in benefits (each month) for minors who have completed the 8th grade or who are 16 years old without graduation from H.S. who refuse to attend school or to accept suitable work

NOTE: Michigan has a number of initiatives which do not require waivers: require child support agencies to put in place mechanisms to identify persons with access to health insurance coverage, and to aggressively enforce health insurance orders; mandatory withholding; hospitals accept and record paternity acknowledgments as part of birth registration; Friends of the Court to report CSE obligations to consumer reporting agencies; streamline CSE orders; allow denial/revocation of professional business or trade licenses for persons who have child support arrearages; include SSN on Driver's licenses and license plate tabs; expand JOBS program so there is a partnership with education for vocational training; expand self-employment, entrepreneurial efforts in the JOBS program; strengthen Family Preservation efforts; expect all adult recipients to have a social contract. Wisconsin in 1988, in a county administered state, developed LEARNFARE and experienced many problems in the implementation process as school data bases (in some instances) could not track attendance easily, so unjust hardships occurred. Wisconsin continually looks toward additional waivers and as such have developed a Welfare Reform division within their department.

Material for this project was collected from reading Welfare Reform waivers from a variety of states, publications from APWA and CLASP.

# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

# 225

Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
1	Minors Must Live with Parents	Minors must live with family/adult or be determined self-responsible.	No Provision	Minors who have a child or are pregnant must live with parent, legal guardian, or other relative, except if whereabouts unknown; health or safety would be jeopardized; or the child has lived apart one year  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0
2,3	Family Support Tax Credit	None	No Provision	Establishes means by which extended family members may contribute to the support of AFDC recipients and receive a partial tax credit. Of money received 80% to be credited to SGF, 15% to federally-matchable benefits to family, and 5% to administration.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0 22 FTE
4	School Attendance Policies	Children over 15 must attend school or participate in KanWork.	Pilots paying incentives to students for satisfactory attendance.  <u>SRS Fiscal Note:</u> FY 1995 \$211,330 FY 1996 \$572,311	10% cash penalty if dependent child is not attending school. The application of this penalty is at the discretion of the Secretary.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0
5	Child's Earnings	Child's earnings exempt as income, but counted as a resource.	Child's earnings exempt as income and as resource.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0	Exempt child's earnings as income and resource, if saved for education in an IDA.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0



# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

2-26

Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
6	Individual Development Account	No Provision	No Provision	Any Kansas resident may deposit up to \$2,00 for each holder, plus \$1,000 for each dependent child, to be established with fiduciary, used for education. Interest exempt from state income tax.  Dept. of Revenue Fiscal Note: No estimate; only interest exempt.
7	Elimination of Marriage Penalty, Coverage through Pregnancy, and Foster Care issues.	Two parent families not eligible for AFDC, certain pregnant women in their first 6 months of pregnancy, and certain foster children receive 100% state-funded GA.	Waives rigid AFDC unemployed parent criteria and bases criteria on need. Also covers pregnant women in first 2 trimesters and foster children living with guardian or conservator.  <u>SRS Fiscal Note:</u> FY 1995 (\$2,526,336) FY 1996 (\$3,225,587)	Waives rigid AFDC unemployed parent criteria and bases criteria on need. Also covers pregnant women in first 2 trimesters and foster children living with guardian or conservator.  <u>SRS Fiscal Note:</u> FY 1995 (\$2,526,335) FY 1996 (\$3,225,587)
8	Electronic Benefit Transfer	SRS is developing a system for electronic transfer of assistance benefits.	Supports current development.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0	EBT Pilot in KanWork counties selected by Secretary, to include cash, food stamps, and medical assistance.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0
9(a)	Exempt one vehicle as a resource.	Cash and food stamps limit exemptions by equity, market value, or use of vehicle.	One vehicle exempt in all programs.  <u>SRS Fiscal Note:</u> FY 1995 \$118,746 FY 1996 \$249,308	One vehicle exempt in all programs.  <u>SRS Fiscal Note:</u> FY 1995 \$118,746 FY 1996 \$249,308
9(b)	Two Parent Work Registration	Both parents must register except AFDC Unemployed Parent cases in remote areas.	Both parents must register, including those in remote areas.  <u>SRS Fiscal Note:</u> FY 1995 (\$28,391) FY 1996 (\$58,661)	Both parents must register, including those in remote areas.  <u>SRS Fiscal Note:</u> FY 1995 (\$28,391) FY 1996 (\$58,661)



# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

2-27

Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
9(c)	Paternity Identification	In AFDC, absent parents must be identified and paternity established for in-home fathers.	Current policy was initiated as a result of A.C.T.  <u>SRS Fiscal Note:</u> FY 1995 (\$57,039) FY 1996 (\$58,927)	Requires identity of absent parent in all AFDC cases.  <u>SRS Fiscal Note:</u> FY 1995 (\$57,039) FY 1996 (\$58,927)
9(l)	Fugitives Ineligible	No Provision	No Provision	Fugitives from felony charges ineligible.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0
9(l)	Voluntary Job Quit	AFDC mandatory work program registrants receive progressive penalties up to 6 months. 1st penalty waived if cooperative. Also, applicants lose earnings disregards.	Applicant or recipient family ineligible for 3 months if voluntary quit or fired due to gross misconduct as defined by rules & regs. Good Cause provisions available.  <u>SRS Fiscal Note:</u> FY 1995 (\$224,874) FY 1996 (\$464,635)	Individual applicant or recipient ineligible if voluntarily quitting or fired due to gross misconduct as defined by R & R.  <u>SRS Fiscal Note:</u> FY 1995 (\$54,112) FY 1996 (\$112,553)
9(l)	Late Monthly Reporting Penalty	Late reporters with earnings receive no income disregards. Only families with earnings are penalized.	Percentage reduction of benefits to all late reporters.  <u>SRS Fiscal Note:</u> FY 1995 (\$246,445) FY 1996 (\$509,205)	Percentage reduction of benefits to all late reporters.  <u>SRS Fiscal Note:</u> FY 1995 (\$246,445) FY 1996 (\$509,205)
10	Transitional Medical Assistance	12 months of transitional medical available after loss of AFDC due to employment.  Present eligibility based upon income remaining under 185% of FPL. Requires intermittent client reporting as a condition of continued eligibility.	Increases Transitional Medical to 24 months. <u>SRS Fiscal Note:</u> FY 1995 \$217,522 FY 1996 \$461,580  Eliminate income limits and mo. reports. <u>SRS Fiscal Note:</u> FY 1995 \$107,162 FY 1996 \$113,698	Transitional Medical for 24 mos, with recipient co-pay of 25% in months 13-16; 50% in months 17-20, and 75% in months 21-24. Requires restructured eligibility and reprogramming in FY95. No income limits imposed.  <u>SRS Fiscal Note:</u> FY 1995 \$376,198 FY 1996 \$344,488



# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

2-28

Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
11-13	KanWork Changes	Pregnant women and single parents of children up to age 3 are exempt from work and training.	Removes exemption for pregnancy and reduces exemption for child from 3 yrs. to 3 months.  <u>SRS Fiscal Note:</u> FY 1995 \$1,110,300 FY 1996 \$2,089,743 56 FTE	30-month limit for education and training under KanWork, for those deemed employable" by the Secretary. Of that 30 months, no more than 9 months are to be for attainment of GED. There is a 3 year limit on return to Public Asst. No change to child age exemption.  <u>SRS Fiscal Note:</u> FY 1995 (\$43,678) FY 1996 (\$213,385)
14	Earned Income Disregard	\$90, \$30, and one-third of remaining income on time-limited basis.	\$90 & 40% of gross monthly earned income without time limit.  <u>SRS Fiscal Note:</u> FY 1995 (\$138,726) FY 1996 (\$785,520) * 7 FTE  * Included in Needs-Based Staffing provision	\$90 & 40% of gross monthly earned income without time limit.  <u>SRS Fiscal Note:</u> FY 1995 (\$138,726) FY 1996 (\$785,520) 7 FTE
15	Individual Assistance Support Trust	No Provision	No Provision	Individual assistance support trusts could be created by 501(c)(3)'s. The Secretary of SRS can accept money from such a trust for deposit in a state support trust fund. The 501(c)(3) may retain 5% of any grant received; the Secretary shall deposit 10% in SGF; 5% to credit of social welfare fund; and the balance (80%) used to match federal funds in accordance with the terms of the agreement.  <u>SRS Fiscal Note:</u> FY 1995 \$0 FY 1996 \$0
16	Required Immunizations	No Provision	No Provision	Establishes required child immunizations as a condition of continued eligibility. At minimum, these would be those required by school and day care regulations.  <u>SRS Fiscal Note:</u> FY 1995 \$108,807 FY 1996 \$153,796 21 FTE



# Comparision of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

2-29

Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
17	Medicare Buy-In Unit	Buy-In Medicare premiums is a sumbersome process causing loss of 3rd party coverage and reimbursement.	Enhances efficient identification and processing of Medicare-payable claims.  <u>SRS Fiscal Note:</u> FY 1995 (\$104,130) FY 1996 (\$208,424) 33 FTE	Enhances efficient identification and processing of Medicare-payable claims.  <u>SRS Fiscal Note:</u> FY 1995 (\$104,130) FY 1996 (\$208,424) 33 FTE
17	Claims Collection Unit	No staff dedicated to collection of overpayments.	Establish an overpayment recovery network.  <u>SRS Fiscal Note:</u> FY 1995 \$53,990 FY 1996 (\$81,905) 25 FTE	Establish an overpayment recovery network.  <u>SRS Fiscal Note:</u> FY 1995 \$53,990 FY 1996 (\$81,905) 25 FTE
17	Estate Recovery Expansion	Current resources insufficient to pursue all possible estate recoveries.	Provides resources to adequately pursue estate recoveries.  <u>SRS Fiscal Note:</u> FY 1995 (\$321,158) FY 1996 (\$440,784) 3 FTE	Provides resources to adequately pursue estate recoveries.  <u>SRS Fiscal Note:</u> FY 1995 (\$321,158) FY 1996 (\$440,784) 3 FTE
20	Teen Pregnancy	Family Planning a covered SRS Medicaid servie -- KDHE has 4 pilot projects; KS Health Foundation funds others.	Funding for case management & media campaign.  <u>SRS Fiscal Note:</u> FY 1995 \$400,627 FY 1996 \$416,652	Recommend appropriation to KDHE for teen pregnancy prevention, with a recommendation that KDHE give a high priority to AFDC recipients to receive matching federal funds. Review current allocation when consider KDHE budget.  <u>SRS Fiscal Note:</u> FY 1995 \$400,627 FY 1996 \$416,652
21	Paternity Outreach Program	No Provision	Grants to hospitals to establish paternity at time of birth.  <u>SRS Fiscal Note:</u> FY 1995 \$213,190 FY 1996 \$213,190	Grants to hospitals to establish paternity at time of birth.  <u>SRS Fiscal Note:</u> FY 1995 \$213,190 FY 1996 \$213,190



# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

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Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
Comm Rpt	System Automation	Resources unavailable for essential improvements to KAECSSES system.	Resources to update KAECSSES.  SRS Fiscal Note: FY 1995 \$359,699 FY 1996 \$319,828 15 FTE	Resources to update KAECSSES.  SRS Fiscal Note: FY 1995 \$359,699 FY 1996 \$319,828 15 FTE
Comm Rpt	Employment Security Cross-Match	Existing corssmatch with automated systems is insufficient contingent on passage of H.B. 2503. H.B. 2503 FN: Net savings to state due to increase in CSE collections, but 1.0 FTE	Improves corss-match and new-hire information availability (W-4).  SRS Fiscal Note: FY 1995 (\$105,866) FY 1996 (\$105,866)	Improves corss-match and new-hire information availability (W-4).  SRS Fiscal Note: FY 1995 (\$105,866) FY 1996 (\$105,866)
Total HB 2929				FY 1995 (\$1,994,623) FY 1996 (\$4,103,555)



# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

1-2-2

Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
Other 1	Family Investment Agreement (Responsibility Contracts)	No Provision	Contracts establishing client and agency responsibilities and expectations.  SRS Fiscal Note: FY 1995 \$203,637 FY 1996 \$306,377 28 FTE	No Provision
Other 2	CWEP Expansion to Private Sector	CWEP in private non-profit or government entities only.	Expands CWEP to private enterprise.  SRS Fiscal Note FY 1995 \$102,613 FY 1996 \$183,390	No Provision.
Other 3	Custody and Visitation.	No Provision.	Contract for custody and visitation services.  SRS Fiscal Note FY 1995 \$70,277 FY 1996 \$70,277	No Provision.
Other 4	Needs Based Staffing	No Provision.	Baseline increase with adjustments made according to caseload study.  SRS Fiscal Note FY 1995 \$709,001 FY 1996 \$924,079 130 FTE	No Provision.
Other 5	Needs Standard Evaluation	Required every 3 years for AFDC under federal law.	Provides for contract to conduct study.  SRS Fiscal Note FY 1995 \$40,875 FY 1996 \$0	No Provision.
Other 6	AFDC Child Support Enforcement Non-Cooperation Penalties.	Non-cooperating individuals are penalized.	Penalty progresses to ineligibility for family after 3 months of non-cooperation.  SRS Fiscal Note FY 1995 (\$28,170) FY 1996 (\$58,208)	No Provision.
Other 7	Child Support Enforcement in the Food Stamp Program	No Provision.	Require FS recipients to cooperate with Child Support Enforcement program.  SRS Fiscal Note FY 1995 \$70,986 FY 1996 \$141,970	No Provision.
Other 8	Public Service Employment	No Provision.	PSE projects developed with government and businesses.  SRS Fiscal Note FY 1995 \$56,841 FY 1996 \$107,155	No Provision.



# Comparison of Final HB 2929 with Current SRS Policy and the ACT for Families Proposal

Kansas Department of Social and Rehabilitation Services

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Final Sec #	Topic	Current SRS Policy	ACT Provision	Final House Action
Other 9	Increased OJT Opportunities	Limited OJT	Increase OJT availability.  SRS Fiscal Note FY 1995 \$684,643 FY 1996 \$846,617	No Provision.
Other 10	Work Programs for Absent Parents	No Provision.	Abdent parents failing child support obli- gations assigned to work programs.  SRS Fiscal Note FY 1995 \$486,878 FY 1996 \$905,430	No Provision.
Other 11	Class and Activity Fees	No Provision.	Provides class and activities fees for school children's special activities.  SRS Fiscal Note FY 1995 \$78,760 FY 1996 \$169,325	No Provision.
Other 12	Service Delivery	Cash assistance and work programs are handled by different staff.	Pilot alternative service delivery.  SRS Fiscal Note FY 1995 \$112,109 FY 1996 \$109,494 7 FTE	No Provision.
Other 13	Develop Program Guides	Current material out-of -date.	Support material and staff to develop effective program information.  SRS Fiscal Note FY 1995 \$35,256 FY 1996 \$36,684	No Provision.
Other 14	Transportation Costs in Work Prgms.	\$25 of \$30 dollar standard, based on activity.	Pay actual transportation costs at state mileage rates.  SRS Fiscal Note FY 1995 \$892,434 FY 1996 \$1,834,965	No Provision.
Other 15	Eliminate Shared Living Penalty	Cash assistance families living with others received reduced benefits.	Eliminate shared living penalty.  SRS Fiscal Note FY 1995 \$1,965,585 FY 1996 \$4,061,291	No Provision.
Totals ACT			FY 1995 \$4,521,326 FY 1996 \$8,135,644	

# Christian Science Committee on Publication For Kansas

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To: Senate Committee on Public Health and Welfare

Re: HB 2929

New Section 16, (page 24, lines 9-20), added to this bill by floor amendment, would require the secretary of social and rehabilitation services to establish requirements "that prescribe minimum standards and procedures for immunizations and vaccinations for dependent children, including all immunizations and vaccinations that are required by law for school attendance or in association with child care arrangements for the dependent children."

The wording of this section seems to indicate that the secretary could adopt any requirements, without limit, so long as current statutory requirements were included.

Surely there is no intention to establish a separate standard of care for families who receive assistance under this program or to give the secretary unlimited authority to "adopt rules and regulations prescribing criteria and guidelines" for children's immunizations and vaccinations.

We have no objection to the secretary implementing a program which is limited to "all immunizations and vaccinations that are required by law ..." and request that you amend this section to provide that limitation. We are concerned that additional, unspecified requirements may be authorized by this section.

Thank you for considering this request.



Keith R. Landis  
Committee on Publication  
for Kansas

*Senate P & W*  
*Attachment #3*  
*3-22-94*

# Substitute for HOUSE BILL No. 2581

By Committee on Public Health and Welfare

2-25

8 AN ACT establishing the client assessment, referral and evaluation  
9 program (CARE); assessment and referral to community-based  
10 services and long-term care facilities; establishing a voluntary over-  
11 sight council; amending K.S.A. 39-931a and repealing the existing  
12 section; also repealing K.S.A. 39-966.

13  
14 *Be it enacted by the Legislature of the State of Kansas:*

15 New Section 1. (a) To achieve a quality of life for Kansans with  
16 long-term care needs in an environment of choice that maximizes  
17 independent living capabilities and recognizes diversity, this act es-  
18 tablishes a program which is intended to encourage a wide array of  
19 quality, cost-effective and affordable long-term care choices. This  
20 program shall be known as client assessment, referral and evaluation  
21 (CARE). The purposes of CARE is for data collection and individual  
22 assessment and referral to community-based services and appropriate  
23 placement in long-term care facilities.

24 (b) As used in this section:

25 (1) "Assessment services" means evaluation of an individual's  
26 health and functional status to determine the need for long-term  
27 care services and to identify appropriate service options which meet  
28 these needs utilizing the client assessment, referral and evaluation  
29 (CARE) ~~data~~ form.

30 (2) "Health care data governing board" means the board created  
31 under K.S.A. 1993 Supp. 65-6803 and amendments thereto.

32 ~~[(3)]~~ "Secretary" means the secretary of aging.

33 (c) There is hereby established the client assessment, referral  
34 and evaluation (CARE) program. The CARE program shall be ad-  
35 ministered by the secretary of aging and shall be implemented on  
36 a phased-in basis in accordance with the provisions of this section.

37 (d) Prior to January 1, 1995, the health care data governing board  
38 shall adopt by rules and regulations a client assessment, referral and  
39 evaluation (CARE) data form ~~[of not to exceed one page in length].~~  
40 The purpose of this form is for data collection and referral services.

41 ~~[Medicaid eligibility determinations shall be subordinate to this pur-  
pose, but may be included so long as the primary purpose of the  
form is not compromised.]~~ The client assessment, referral and eval-

[Material within brackets would be deleted]

(3) "Medical care facility" shall have the meaning ascribed to such term under K.S.A. 65-425 and amendments thereto.

(4) "Nursing facility" shall have the meaning ascribed to such term under K.S.A. 39-923 and amendments thereto.

(5)

entry

Such form shall be concise and questions shall be limited to those necessary to carry out the stated purposes.

*Senate PHW  
Attachment #4  
3-22-94*

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uation (CARE) data form shall include, but not be limited to, the preadmission screening and annual resident review (PASARR) questions. Prior to the adoption of the client assessment, referral and evaluation (CARE) data form by the health care data governing board, the secretary of aging shall approve the form. The client assessment, referral and evaluation (CARE) data form shall be used by all persons providing assessment services.

(e) (1) Prior to January 1, 1995, assessment and referral services for ~~persons who are required by federal law to have such services prior to admission to an adult care home~~ shall be provided by the secretary of social and rehabilitation services except that such services shall be provided by a medical care facility to a patient of the medical care facility who is considering becoming a resident of ~~an adult care home~~ upon discharge from the medical care facility.

medicaid-eligible persons who are considering becoming a resident of a nursing facility and for persons who are required by federal law to complete the preadmission screening and annual resident review (PASARR)

(2) On and after January 1, 1995, the secretary of aging, with the assistance of area agencies on aging, shall provide for assessment services and the preparation of the client assessment, referral and evaluation (CARE) data forms for individuals ~~to be admitted to adult care homes where such assessment services are required prior to admission to an adult care home to comply with federal law~~, except that such assessment services shall be provided by a medical care facility to a patient of the medical care facility who is considering becoming a resident of ~~an adult care home~~ upon discharge from the medical care facility.

a nursing facility

(3) On and after July 1, 1995, each individual ~~who is admitted to an adult care home and who is not required by federal law to receive assessment services prior to admission to the adult care home~~ preceding admission to ~~the adult care home~~ or within 10 days subsequent to admission to ~~the adult care home~~ shall receive assessment services. Assessment services under this paragraph shall be provided by the secretary of aging with the assistance of area agencies on aging except that (A) such assessment services shall be provided by a medical care facility to a patient of the medical care facility who is considering becoming a resident of ~~an adult care home~~ upon discharge from the medical care facility and (B) if the assessment services have not been provided prior to admission to the ~~adult care home~~ ~~the adult care home~~ shall request that an area agency on aging serving the geographic area in which the ~~adult care home~~ is located provide the assessment services within 10 days after admission of the resident to the ~~adult care home~~.

who are medicaid-eligible persons who are considering becoming a resident of a nursing facility or who are required by federal law to complete the preadmission screening and annual resident review (PASARR)

a nursing facility

(4) The provisions of this subsection (e) shall not apply to any individual exempted from preadmission screening under 42 code of federal regulations 483.106.

(f) The secretary of aging shall cooperate with the area agencies on aging providing assessment services under this section.

(g) The secretary of aging shall assure that each area agency on



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aging shall compile comprehensive resource information for use by individuals and agencies related to long-term care resources including all area offices of the department of social and rehabilitation services and local health departments. This information shall include, but not be limited to, resources available to assist persons to choose alternatives to institutional care.

(h) Adult care homes as defined under K.S.A. 39-923 and amendments thereto and medical care facilities as defined under K.S.A. 65-425 and amendments thereto shall make available information referenced in subsection (g) to each person seeking admission or upon discharge as appropriate. Any person licensed to practice the healing arts as defined in K.S.A. 65-2802 and amendments thereto shall make the same resource information available to any person identified as seeking or needing long-term care. Each senior center and each area agency on aging shall make available such information.

(i) The secretary shall adopt rules and regulations to govern such matters as the secretary deems necessary for the administration of this act.

~~[(i)]~~ (1) There is hereby established a ~~nine-member~~ <sup>eleven</sup> voluntary oversight council which shall meet monthly prior to July 1, 1995, for the purpose of assisting the secretary of aging in restructuring the assessment and referral program in a manner consistent with this act and shall meet quarterly thereafter for the purpose of monitoring and advising the secretary regarding the CARE program. The council shall be advisory only, except that the secretary of aging shall file with the council each six months the secretary's response to council comments or recommendations.

(j)

~~ten-member~~

(2) The secretary of aging shall appoint two representatives of hospitals, two representatives of nursing facilities ~~and~~ <sup>two</sup> two consumers. The secretary of health and environment and the secretary of social and rehabilitation services, or their designee, shall be members of the council in addition to the six appointed members. The secretary of aging shall serve as chairperson of the council. The appointive members of the council shall serve at the pleasure of their appointing authority. Members of the voluntary oversight council shall not be paid compensation, subsistence allowances, mileage or other expenses as otherwise may be authorized by law for attending meetings, or subcommittee meetings, of the council.

and ~~one~~ <sup>two</sup> representative of providers of home and community-based services.

~~[(j)]~~ (k) The secretary of aging shall report to the governor and to the legislature on or before December 31, 1995, and each year thereafter on or before such date, an analysis of the information collected under this section. In addition, the secretary of aging shall provide data from the CARE data forms to the health care data governing board. Such data shall be provided in such a manner so as not to identify individuals.

(k)

Sec. 2. K.S.A. 39-931a is hereby amended to read as follows:

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39-931a. (a) As used in this section, the term "person" means any person who is an applicant for a license to operate an adult care home or who is the licensee of an adult care home and who has any direct or indirect ownership interest of 25% or more in an adult care home or who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured, in whole or in part, by such facility or any of the property or assets of such facility, or who, if the facility is organized as a corporation, is an officer or director of the corporation, or who, if the facility is organized as a partnership, is a partner.

(b) Pursuant to K.S.A. 39-931 and amendments thereto, the licensing agency may deny a license to any person and may suspend or revoke the license of any person who:

(1) Has willfully or repeatedly violated any provision of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated and acts amendatory of the provisions thereof or supplemental thereto;

(2) has been convicted of a felony;

(3) has failed to assure that nutrition, medication and treatment of residents, including the use of restraints, are in accordance with acceptable medical practices; or

(4) has aided, abetted, sanctioned or condoned any violation of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated; or

(5) has willfully admitted a person to an adult care home as a resident of the home in violation of subsection (e)(2) of K.S.A. 39-966 and amendments thereto has willfully admitted a person to an adult care home as a resident of the home who has not received assessment and referral or assessment services under the provisions of paragraph (1) or (2) of subsection (e) of section 1 and amendments thereto or has as a resident in the adult care home a person who has not received assessment services in accordance with the provisions of paragraph (3) of subsection (e) of section 1 and amendments thereto.

Sec. 3. K.S.A. 39-931a and 39-966 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

a nursing facility in violation

(i) A level of retardation (mild, moderate, severe or profound) described in the American Association on Mental Retardation's Manual on Classification in Mental Retardation (1983). Incorporation by reference of the 1983 edition of the American Association on Mental Retardation's Manual on Classification in Mental Retardation was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51 that govern the use of incorporations by reference;<sup>2</sup> or

(ii) A related condition as defined by § 435.1009 of this chapter.

**.01 Source:**

As adopted, 57 F.R. 56450 (Nov. 30, 1992, effective Jan. 29, 1993), and corrected at 58 F.R. 25784 (Apr. 28, 1993, effective Jan. 29, 1993).

**[¶ 22,163.104]**

**§ 483.104 State plan requirement.**

As a condition of approval of the State plan, the State must operate a preadmission screening and annual resident review program that meets the requirements of § § 483.100 through 483.138.

**.01 Source:**

As adopted, 57 F.R. 56450 (Nov. 30, 1992, effective Jan. 29, 1993).

**[¶ 22,163.106]**

**§ 483.106 Basic Rule.**

(a) *Requirement.* The State PASARR program must require—(1) Preadmission screening of all individuals with mental illness or mental retardation who apply as new admissions to Medicaid NFs on or after January 1, 1989;

(2) Initial review, by April 1, 1990, of all current residents with mental retardation or mental illness who entered Medicaid NFs prior to January 1, 1989; and

(3) At least annual review, as of April 1, 1990, of all residents with mental illness or mental retardation, regardless of whether they were first screened under the preadmission screening or annual resident review requirements.

(b) *Admissions, readmissions and interfacility transfers.*—(1) *New admission.* An individual is a new admission if he or she is admitted to any NF for the first time or does not qualify as a readmission. With the exception of certain hospital discharges described in

paragraph (b)(2) of this section, new admissions are subject to preadmission screening.

(2) *Exempted hospital discharge.* (i) An exempted hospital discharge means an individual—

(A) Who is admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital;

(B) Who requires NF services for the condition for which he or she received care in the hospital; and

(C) Whose attending physician has certified before admission to the facility that the individual is likely to require less than 30 days nursing facility services.

(ii) If an individual who enters a NF as an exempted hospital discharge is later found to require more than 30 days of NF care, the State mental health or mental retardation authority must conduct an annual resident review within 40 calendar days of admission.

(3) *Readmissions.* An individual is a readmission if he or she was readmitted to a facility from a hospital to which he or she was transferred for the purpose of receiving care. Readmissions are subject to annual resident review rather than preadmission screening.

(4) *Interfacility transfers.*—(i) An interfacility transfer occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay. Interfacility transfers are subject to annual resident review rather than preadmission screening.

(ii) In cases of transfer of a resident with MI or MR from a NF to a hospital or to another NF, the transferring NF is responsible for ensuring that copies of the resident's most recent PASARR and resident assessment reports accompany the transferring resident.

(c) *Purpose.* The preadmission screening and annual resident review process must result in determinations based on a physical and mental evaluation of each individual with mental illness or mental retardation, that are described in § § 483.112 and 483.114.

(d) *Responsibility for evaluations and determinations.* The PASARR determinations of whether an individual requires the level of services provided by a NF and whether specialized services are needed—(1) For individuals with mental illness, must be made by the State mental health authority and be based on an independent physical and mental evalua-

<sup>2</sup> The American Association on Mental Retardation's Manual on Classification in Mental Retardation is available for inspection at the Health Care Financing Administration, Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland, or at the Office of the

Federal Register Information Center, Suite 700, 800 North Capitol St. NW., Washington, DC. Copies may be obtained from the American Association on Mental Retardation, 1719 Kalorama Rd., NW., Washington, DC 20009.