Approved: February15,2011
Date

MINUTES OF THE HOUSE AGING & LONG-TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 9:05 a.m. on January 20, 2011, in Room 144-S of the Capitol.

All members were present except:
Representative Broderick Henderson- excused
Representative Jim Kelly- excused
Representative Scott Schwab- excused
Representative Kathy Wolfe Moore- excused
Representative Kay Wolf- excused

Committee staff present:
Katherine McBride, Office of Revisor of Statutes
Gordon Self, Office of Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Craig Callahan, Kansas Legislative Research Department
Linda Martin, Committee Assistant

Conferees appearing before the Committee:
Tanya Dorf-Brunner- Oral Health Kansas
Richard Shank- Alliance for Kansans with Developmental Disabilities
Jane Rhys- Kansas Council on Developmental Disabilities
Tom Laing- Interhab

Others attending:
See attached list.

Chairman Bethell asked if there were any bills to be introduced today. There were no bills to be introduced.

Chairman Bethell then called on the conferees to introduce themselves and to give an overview of their organization/agency:

Tanya Dorf-Brunner- Oral Health Kansas (Attachment 1)

Richard Shank- Alliance for Kansans with Developmental Disabilities (Attachment 2)

Jane Rhys- Kansas Council on Developmental Disabilities (Attachment 3)

Tom Laing- Interhab (Attachment 4)

Iraida Orr, KLRD, handed out a list of acronyms to the committee members and staff. There is a link to a more detailed list of acronyms, if needed. (Attachment 5)

Chairman Bethell said the committee would continue with more conferee testimony on Tuesday, January 25 and stated that Secretary Siedlecki from SRS would attend the committee meeting on Thursday, January 27.

The next meeting is scheduled for January 25, 2011.

The meeting was adjourned at 10:05 a.m.

PLEASE CONTINUE TO ROUTE TO NEXT GUEST

HOUSE AGING & LONG-TERM CARE COMMITTEE GUEST LIST

DATE: Jan 20, 2011

NAME	REPRESENTING
TOM LAING	InterHab
Bill McDaniel	KDoA
SEAN MILLER	CAPITOL STRATEGIES

ORAL HEALTH KANSAS

House Aging and Long-Term Care Committee
January 18, 2011

Chairman Bethell and members of the Committee, thank you for the opportunity to talk with you today about Oral Health Kansas. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

We see three types of barriers to accessing oral health in our state: access to a payment source; access to a provider; and willingness to access services. With our partners in the oral health field, we are working to address each of these through a variety of means.

Access to a payment source

Through the Affordable Care Act and the Children's Health Insurance Program Reauthorization Act, all children in the United States will be guaranteed access to a payment source for dental services. There is no such guarantee for adults. This means our culture has set up a system to allow people to age out of dental services. Further, the Medicare program offers no dental benefit for people who have worked throughout their lives and are now retired.

A few years ago the Legislature authorized a dental benefit for people who are on the Medicaid Home and Community-Based Services waivers. Through this benefit thousands of Kansans had access to basic dental services, including cleanings, root canals, and basic fillings, but thousands more were left out of the benefit, including people who reside in nursing homes. Funding for the waiver dental services was eliminated in budget cuts last year.

Oral Health Kansas will advocate for implementation of a full dental benefit for all people eligible for Medicaid. We believe all people deserve access to a way to pay for routine dental services, rather than being forced to suffer through dental pain and risk disease.

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ohks@oralhealthkansas.org

www.oralhealthkansas.org

HOUSE AGING & LTC
DATE: 01/20/11
ATTACHMENT #1

Research shows that people who receive routine dental services are able to better manage oral health problems that could lead to more serious and costly health problems, including pneumonia, strokes, and heart conditions. Investing in routine, preventive dental services can help reduce future health costs.

Access to a provider

The Legislature implemented an Extended Care Permit (ECP) for dental hygienists in 2003. Through this law, eligible hygienists are able to provide dental hygiene services for populations who have difficulty in going to a dental office. ECP Hygienists are able to provide services in schools, nursing homes, CDDOs, and Head Starts, among others. While the ECP law has allowed unprecedented outreach to underserved populations, it has not been as effective as it could be.

One key example is the services that are allowed to be provided in school settings. The law states that ECP Hygienists may see children who are eligible for Medicaid or free and reduced school lunch. In many cases, schools are hesitant to provide the list of eligible children to the ECP Hygienist, for fear of stigmatizing the children.

Throughout the fall, Oral Health Kansas helped convene a committee to explore the barriers to effective ECP practice. One of the recommendations of that committee is to modify the law to allow ECP Hygienists to see any child in school who has not had a routine dental visit in the last year, with parental permission. With this change in the ECP law, ECP Hygienists would be able to do far more to address the basic oral hygiene needs of schoolchildren across the state.

Another priority for Oral Health Kansas is modifying the agreement Kansas has with the University of Missouri at Kansas City School of Dentistry. The agreement we have allows approximately 20 Kansas students per year to attend the dental school with in-state tuition. This benefit is equal to about $30,000 per year. While this agreement has been invaluable in creating an avenue for Kansans to become dentists, it could be strengthened to do more.

We believe the agreement needs to include a requirement that a Kansas student who benefits from the in-state tuition must practice in Kansas for the number of years he received the in-state tuition. In most cases, this means dental school graduates will practice in Kansas for at least four years after graduation.

Willingness to access services

For as many years as most of us can remember, oral health has taken a back seat to overall health in terms of our shared and individual priorities. Dental insurance is considered an optional benefit, and many people do not recognize the connection between oral health and overall health. To that end, Oral Health Kansas engages in a variety of projects increase people's awareness of the importance of taking good care of their teeth. In the past few years we have worked on oral health awareness projects with Area Agencies on Aging, nursing homes, CDDOs, Head Starts, and even the Boys and Girls Clubs. Through these projects we are able to raise awareness for people that all mouths indeed matter.

Thank you for your time today. I am happy to stand for any questions.

TESTIMONY BY RICHARD SHANK OF HUTCHINSON REPRESENTING ALLIANCE FOR KANSANS WITH DEVELOPMENTAL DISABILITIES

TO: Chairman Bob Bethell and members of the Aging and long Term Care Committee

GOOD MORNING, I AM RICHARD SHANK APPEARING ON BEHALF OF THE ALLIANCE FOR KANSANS WITH DEVELOPMENTAL DISABILITIES.

DURING THE PAST YEAR, IT HAS BEEN MY GOOD FORTUNE TO WORK WITH THE ALLIANCE AND, IN PARTICULAR ON ISSUES INVOLVED IN RESTORING CUTS THAT WERE MADE TO THE MEDICAID BUDGET IN 2010.

THE ALLIANCE IS MADE UP OF ORGANIZATIONS IN 15 COMMUNITIES THAT PROVIDE CARE FOR HUNDREDS OF KANSANS WITH DEVELOPMENTAL DISABILITIES.

FIRST, LET ME THANK CHAIRMAN BETHELL AND THE MEMBERS OF THIS COMMITTEE FOR THEIR TIRELESS EFFORTS DURING THE 2010 SESSION TO RESTORE FUNDS TO THE MEDICAID BUDGET.

IT SEEMS THAT MUCH HAS BEEN ACCOMPLISHED AND MUCH REMAINS TO BE DONE. MEMBERS OF THE ALLIANCE CONTINUE TO EXPERIENCE A LACK OF FUNDING TO NOT ONLY SERVES OUR CLIENTS BUT TO EMPLOY THE PROFESSIONALS NEEDED TO OPERATE THESE ORGANIZATIONS.

IN TRAVELING THROUGHOUT KANSAS TO ORGANIZATIONS WITHIN THE ALLIANCE, I HAVE HAD THE OPPORTUNITY TO VISIT WITH CONSUMERS SERVED AND THE PROFESSIONALS WHO SUPPORT THEM. THOSE RECEIVING SERVICES MAINTAIN A HAPPY AND HEALTHY OUTLOOK ON LIFE, DUE IN LARGE PART TO THE GREAT LEADERSHIP OF THESE ORGANIZATIONS AND THE DIRECT SUPPORT

HOUSE AGING & LTC

DATE: 01/20/11

ATTACHMENT #2

PROFESSIONALS WHO PROVIDE THE SERVICES. MANY OF THE CONSUMERS HAVE SPECIAL NEEDS THAT REQUIRE 24 HOURS PER DAY OF HIGHLY TRAINED CARE.

DUE TO INSUFFICIENT FUNDING, WAITING LISTS REMAIN A MAJOR PROBLEM AND A NUMBER OF THE THOSE WITH DEVELOPMENTAL DISABILITIES ARE BEING CARED FOR BY AGING PARENTS.

AND, AS YOU KNOW, THE FAMILY'S HEALTH INSURANCE, MORE OFTEN THAN NOT, FAILS TO PROVIDE MORE THAN ROUTINE MEDICAL NEEDS.

DIRECT SUPPORT PROFESSIONALS ARE THE BACKBONE OF THIS ORGANIZATION AND, PERPHAPS, ALL THE ORGNAIZATIONS IN THIS ROOM TODAY.

THE ALLIANCE IS AWARE OF A PROVIDER ASSESSMENT THAT MAY BE CONSIDERED DURING THE 2011 SESSION AND FEEL THAT THE IDEA HAS MERIT. WE ARE RESEARCHING THE ISSUE TO DETERMINE IF THIS MIGHT BE A LONG TERM SOLUTION TO FUNDING OUR ORGANIZATIONS.

THANK YOU CHAIRMAN BETHELL AND THE MEMBERS OF THIS COMMITTEE FOR YOUR PAST SUPPORT. WE LOOK FORWARD TO WORKING WITH YOU DURING THE 2011 SESSION AND ARE HOPEFUL THAT WE CAN FIND SOLUTIONS TO ASSIST THIS SPECIAL GROUP OF CITIZENS WHO ARE THE MOST VULNERABLE MEMBERS OF OUR SOCIETY.

Richard Shank, Hutchinson, Governmental Affairs, Alliance for Kansans with Developmental Disabilities (shankr@prodigy.net) (620-664-1517)

Kansas Council on Developmental Disabilities

SAM BROWNBACK, Governor
KRISTIN FAIRBANK, Chairperson
JANE RHYS, Ph. D., Executive Director
jrhys@kcdd.org

Docking State Off. Bldg., Rm 141,
915 SW Harrison Topeka, KS 66612
785/296-2608, FAX 785/296-2861
htpp://kcdd.org

"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"

House Committee on Aging and Long Term Care

January 18, 2011

Mr. Chairman, Members of the Committee, thank you for the opportunity of introducing the Kansas Council on Developmental Disabilities. The Council is federally mandated and funded under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and receives no state funds. The role of the Council is to:

> "(1) engage in advocacy, capacity building, and systemic change activities that ... contribute to a system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life." Public Law 106-402

In other words, we work to improve the DD system so that persons who have a developmental disability have access to the same opportunities in life as you and I. The first attachment provides the definition for developmental disabilities found in state law. I provided a more simple explanation and the actual definition found in K.S.A. 39-1801.

The nineteen Council members are appointed by the Governor and include primary consumers, immediate family members, and representatives of the major agencies who provide services for individuals with developmental disabilities. Our members are from different parts of the State and represent many of the different ethnic and racial groups found in Kansas. Attachment 2 lists our members.

HOUSE AGING & LTC
DATE: 01/20/11
ATTACHMENT #3

Our mission is to advocate for individuals with developmental disabilities to receive adequate supports to make choices about where they live, work and learn. In that role, you will often see myself and/or other Council staff at hearings, testifying, and providing information to you. We are also available if you need any information. There are DD (Developmental Disabilities) Councils in all fifty states and we can readily obtain info from them regarding their DD systems. We also have expertise and/or know leading experts in the fields of employment, housing, personal care and other services related to persons who have a developmental disability.

We use part of our federal funding to directly improve our State's ability to provide services. For example, we have a grant with Oral Health Care of Kansas to develop and provide training to dentists and other dental care providers on how to provide services to persons who have a developmental disability. We also work extensively in the employment through providing information to consumers and their families on how to get and keep a job. We have also funded many persons with DD to start their own business. Several of the businesses are thriving, even in the current economy, paying Kansas taxes, and their owners are even employing other persons who have a disability, thus contributing to the overall economy and growth of Kansas.

Issues

Waiting Lists - We mentioned that we advocate for persons with DD. The key issue facing persons who have a Developmental Disability is money – money to fund those currently in service and those waiting for services. Attachment 3 shows the growth of the Home and Community Based Services Developmental Disabilities Waiver's Waiting List. As you can see, the list of persons who are *unserved*, who currently receive no Waiver services, has grown from 393 in 1999 to 2,383. The latter number was provided by the Department of Social and Rehabilitation Services this week.

The effect on the individual who receives no services may mean that there is no one to assist them in getting up in the morning, getting dressed and getting breakfast. No one can take them to work, if they have a job, or assist them in buying food, getting and keeping their clothing clean - all basic daily activities most of us take for granted. If they have family members, the effect on the family can also be devastating. Depending upon the severity of their disability, a family member must

quit their job to stay home and care for the person. As family members, especially parents, become older their own health may suffer due to caring for their loved one.

We do not expect this problem to be solved overnight because it is one that has grown over the years. We do ask, and the many persons who are waiting for service and their family members ask, that you carefully study this issue and make plans to reduce the Waiting List numbers. Many Kansans who have this disability can be strong contributing members of our society. They just need assistance.

Institutional Closure - Finally, we support Governor Brownback's proposal to close Kansas Neurological Institute. Winfield State Hospital (WSH) was successfully closed in the mid 1990s and the savings used to bring our DD waiting list to almost nothing. An outside study commissioned by the Legislature and Developmental Disabilities Council showed that overall health and welfare of WSH residents improved after their movement to the community. Closure of another state DD hospital would greatly benefit both persons with Developmental Disabilities and the State. Alaska, Hawaii, Indiana, Kentucky, Maine, Minnesota, New Hampshire, New Mexico, Oregon, Rhode Island, Vermont, and West Virginia have no state institutions. Illinois recently closed an institution and in the past five years, Louisiana went from nine institutions to three and closed another one last year.

We do appreciate appearing before you today and look forward to working with you in meeting the needs of persons who have a developmental disability. Please feel free to contact me with any questions you may have or if you need any information.

Jane Rhys, Ph.D., Executive Director
Kansas Council on Developmental Disabilities
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What is a Developmental Disability?

Developmental Disabilities are physical or mental impairments that begin before age 22, and alter or substantially inhibit a person's capacity to do at least three of the following:

1. Take care of themselves (dress, bathe, eat, and other daily tasks)
2. Speak and be understood clearly
3. Learn
4. Walk/ Move around
5. Make decisions
6. Live on their own
7. Earn and manage an income

Kansas Definition

(f) "Developmental Disabilities" means:

(1) Mental retardation; or

(2) a severe, chronic disability, which:

(A) Is attributable to a mental or physical impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of mental retardation and mental illness;

(B) is manifest before 22 years of age;

(C) is likely to continue indefinitely;

(D) results, in the case of a person five years of age or older, in a substantial limitation in three or more of the following areas of major life functioning: Self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency;

(E) reflects a need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated; and

(F) does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging.

K.S.A. 39-1801 *et seq*

Attachment 2

KANSAS COUNCIL ON DEVELOPMENTAL DISABILITIES

APPOINTED MEMBERS

1/14/11

James Bart[2]
1451 Legends Circle
Lawrence, KS 66049
(913) 634-0922 Work
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Gary Bowley[1]
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(620) 244-8770 Home

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Director, Rehabilitation Services
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Kristin Fairbank[2] Chairperson
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and Families
Department of Health and Environment
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April Santiago[1]
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[1] person with a developmental disability

[2] parent/guardian of a person with a developmental disability

KANSAS COUNCIL ON DEVELOPMENTAL DISABILITIES

APPOINTED MEMBERS

1/14/11

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Dawn R Wilson[2]
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Ex-Officio Members

Margaret Zillinger
Director of Community Based Services
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Agency Designees

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785-296-8616 (fax)

[1] person with a developmental disability

[2] parent of a person with a developmental disability

Attachment 3

Kansas DD Waiver Waiting List

Kansas Developmental Disabilities System

Kansas has a Medicaid Home and Community Based Services Waiver for persons who have a developmental disability and who meet the State definition. We have had a DD Waiver Waiting List for many years. Unfortunately, it has grown significantly! Below is a spreadsheet showing this growth in both the *unserved* and *underserved* population in chart format. *Unserved* means that the individual receives no DD services. *Underserved* means that they receive some services but need more.

Home and Community Based Services Developmental Disabilities Waiver Waiting Lists

Year	Number Unserved	Number Underserved	Totals
1999	393	0	**393**
2004	1,120	1,169	**2,289**
2009	1,733	1,812	**3,545**
2010	2,182	1,957	**4,139**
2011	2,383	1,008	**3,391**

INDEPENDENCE
INCLUSION
INNOVATION

INTERHAB

January 19, 2011

TO: Representative Bob Bethell, Chair, and

Members of House Committee on Aging and Long Term Care

FR: Tom Laing, Executive Director, on behalf of

InterHab: The Resource Network for Kansas with Disabilities

I am grateful to the Chair and the committee for this chance to discuss the developmental disability service network of Kansas. The House has often been the strongest voice in the Statehouse asking government to re-order its priorities to address the needs of Kansans with disabilities, their families, and the organizations that meet their service and support needs in the community. We thank you and urge your continuing interest in the lives of these important citizens and the organizations that help them.

Today I will walk you through three documents:

1. The telling of the numbers which illustrate the challenges we face.
2. An outline of our organization's agenda, our platform of ideas, for your consideration.
3. A briefing on a financing matter that we will ask you to consider this session.

But before we do that, I would ask that as you listen, you remember the human face of the issue, by considering this:

The world has changed for persons with intellectual disabilities more than it had previously changed during the entire history of humankind. We cannot go backwards. The era is over when families were encouraged to abandon their children born with disabilities. The era is over when states invested all of their service dollars in locked and isolated custodial institutions. The era is over when persons with intellectual disabilities were dismissed from the slightest consideration as valued persons in our society.

Today we are more true to the promise of our nation, that we are all equal in the eyes of the law. Kansans with disabilities who testify annually before the legislature prove this point. They represent humanity as much as you, or me, or anyone else.

We are one people. Denial of their opportunities we now understand is a denial of who we are as a people. If they are denied, we are denied. You can make a difference in these continuing efforts.

Please consider these matters and support our work to address them this session.

HOUSE AGING & LTC

DATE: 01/20/11

ATTACHMENT #4 4-1

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KANSAS DEVELOPMENTAL DISABILITY UPDATE

INTERHAB

INDEPENDENCE · INCLUSION · INNOVATION

COMMUNITY CAPACITY

Despite the fact that community providers have successfully transitioned hundreds of persons out of costly institutions, the state has fallen woefully behind in adequately funding the community system. **Compare these changes since 1993:**

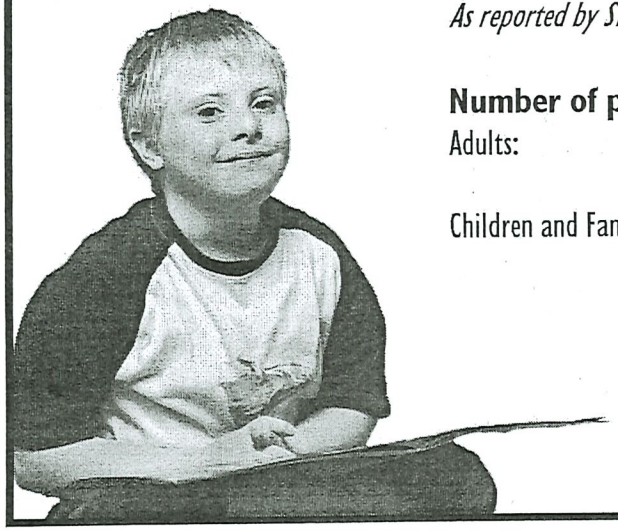
- **State's DD Tech I position increased more than 75%**
- **Inflation increased more than 52%**
- ***The HCBS MR/DD waiver increased only 29% from rate increases given by the Legislature.***

WAITING LISTS

The lists of persons with developmental disabilities has grown steadily since 1996. Currently, SRS maintains two waiting lists. One for children and adults who receive no services at all, and another for children and adults who need additional services to live successfully in our communities. Every year, approximately 300 new persons are added to the list.

Unserved Waiting List*:	**2,908 Children & Adults**	
Underserved Waiting List*:	**1,668 Children & Adults**	**As of January 7, 2011*
TOTAL:	**4,576 Children & Adults**	

THE PEOPLE



As reported by SRS January 7, 2011

Number of persons receiving services:

Adults:	7,532
Children and Families:	1,224

THE PRICE

Community services are underfunded compared to institutional services. Compare the average annual per-person funding:

Parsons State Hospital:	**$135,415**
KNI:	**$169,725**
Community DD Services:	**$35,663**

Direct care workers at the State's two DD institutions make a starting wage of $12.35 per hour.

Direct care workers doing the similar work in your community make an average wage of $8.78 per hour.

2011 InterHab Legislative Platform

Assisting persons with developmental disabilities in increasing their independence, productivity, integration and inclusion into the community.

Quality-Based Community Expansion:

Expansion of service numbers requires expanded community capacity. Serving more persons requires a quality-based expansion of service capacity, in terms of program enhancements and human resource infrastructure.

To that end, InterHab fully supports passage of legislation which would allow Kansas to take advantage of potential changes to Federal regulations regarding applying a provider assessment to HCBS waiver-based services. A provider assessment could net the Kansas DD system an additional $25 million for HCBS waiver-based services in its first year. However, even a provider assessment cannot provide the long-term solution to funding challenges that face the community DD system. InterHab urges the Legislature to adopt a multi-year funding strategy to ensure that community DD supports are funded adequately and reasonably, as called for by the Kansas DD Reform Act.

Improved waiting list management will better enable planning to meet waiting list needs of thousands of "Invisible Kansans". We must do a better job of assessing the needs of persons waiting for services, and presenting those needs to legislators, of both those who are under-served as well as those who are un-served. InterHab applauds the legislature's addition of funds in FY 2011 to help reduce the numbers of children and adults on the State's waiting lists, and calls for the Legislature to adopt a multi-year funding strategy to eliminate these lists entirely.

Responsive Programming and Services:

Children's needs must be addressed with meaningful financial resources applied to meaningful services, to maximize the long- term benefits of early intervention for children, and the long term savings for taxpayers. We will seek new funds for programs serving infants and toddlers with disabilities, advocate for protocols ensuring the rights of children with disabilities in foster care, and to assure that the needs of children with disabilities are included in all early childhood initiatives.

Programs to create employment opportunities must be nurtured. We must assure an expanded effort to promote employment and employment related training for persons with developmental disabilities. InterHab fully supports 'Employment First' legislative initiatives that will provide more opportunities for Kansans with developmental disabilities to work.

Family services must be designed/funded in a fashion that reflects unique family needs. We must develop family services that address basic family needs. Families are sometimes diverted into the most available funding stream (the current HCBS DD Waiver) but would be better assisted by more effective models (e.g. the Family Subsidy model, a new Family Services waiver, etc.).

Persons with challenging diagnostic profiles – including those with dangerous behaviors and emerging age-related medical conditions – require an immediate response from the State. InterHab calls on the State of Kansas to lead efforts that will build increased collaboration between the mental health and developmental disability service systems in order to better support these individuals.

System Management that Meets the Needs of Individuals:

DD Services must better meet the mandates of the DD Reform Act. A comprehensive review must be undertaken to assess the proficiencies of current service providers. The expansion of services, growth of non-licensed providers, and lack of adherence to core standards cause concern that standards for safeguarding consumers have been sacrificed in order to compensate for resource shortages. Quality-based standards must be established and maintained, and reimbursement rate structures must reflect a commitment to such standards.

Decisions regarding current institutional resources must be made within a context of how to allocate resources to best meet the needs of individuals with developmental disabilities wherever they live in the State. Specialized and technical supports and/or the resources invested in such supports must be considered as a part of the larger resource base for the Kansas system, and must not be lost in any move to consolidate or close institutional programs.

INTERHAB

INDEPENDENCE · INCLUSION · INNOVATION

Policy Briefing:

Provider assessment program for HCBS DD waiver:

General Description:

Raise non-SGF revenues to draw additional Federal assistance for DD community reimbursement rates.

Background:

Federal law allows States to enact assessments on providers of certain services (most notably hospitals, adult care homes, and intermediate care facilities). Kansas has employed that Federal law to adopt provider assessments for hospitals and adult care homes.

In the provider assessment model providers contribute to the State's matching funds and thereby draw additional Federal funds for purposes specified in State laws which enact such provider assessments.

This law also allows CMS to adopt rules to allow classes of service providers to be eligible for provider assessments. CMS is currently considering a rule to add DD community services.

A provider assessment for Kansas DD community service providers:

In this session we will propose legislation to establish a provider assessment for Kansas DD community service providers, subject to the adoption of the rule at CMS, and CMS approval of the Kansas plan which would arise from the adoption of this legislation.

1. The assessment would:

    - be established to the maximum extent allowed by Federal law, which is currently 5.5%, but which will rise to 6% at the end of Federal Fiscal year 2011;
    - be assessed on all revenue received by a community service provider for waiver-defined services, but from Medicaid reimbursements, and private pay revenues;
    - would enable the State to increase reimbursement rates for the HCBS DD waiver; and

2. The financial impact will be as follows:

    In the first year, an estimated $17.0 million in provider assessments will be collected, and will match an additional $24.6 million in Federal assistance. In the out-years, further growth in this number will be far less inasmuch as the bulk of collections will be devoted to the already established increased reimbursement rates.

3. The collections from the assessment would:

    - be dedicated to increase the State's financial matching funds for HCBS DD services;
    - be directed by statute to adjust reimbursement rates for HCBS DD services (the actual percentage increase would not be in statute, but is estimated to be in the 7% range).

4. The impact of the provider assessment would benefit all DD community service providers.

Rationale for adoption of a DD provider assessment:

1. Reimbursement rates lag far behind every economic indicator which measures the purchasing power of the dollar.

2. The 2011 legislative environment faces a significant SGF shortage and we recognize that available SGF dollars in this session would more likely be directed to reduce the waiting list.

3. Another year of unadjusted reimbursements makes our hole deeper for the network and for the state in any effort to maintain a stable, reliable, trained work force.

4. The adoption of a provider assessment would help finance short term relief from further erosion of the purchasing power of our reimbursement rates, and therefore the system.

Rationale for acting in advance of the establishment of the CMS rule:

1. There is no risk in adopting the statute now. The language in the legislation would not allow the act to be implemented until the CMS rule is adopted.

2. There is a good chance that CMS will adopt such a rule this coming year. To enact this legislation now (rather than waiting until 2012) will allow benefits to the State's community service providers to begin sooner rather than later.

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KANSAS HEALTH POLICY AUTHORITY

ABBREVIATIONS AND ACRONYMS
Used by Kansas Health Policy Authority
January 2009

AF	All Funds
ACH	Adult Care Home; Any nursing facility, intermediate personal care home, one to five bed adult care home, or any boarding care home. All such classifications of adult care homes are required to be licensed by the Secretary of Health and Environment. Adult care home does not mean adult family home.
ADA	American Dental Association
AE	Automated Eligibility
APD	Advanced Planning Document
BCBSKS	Blue Cross/Blue Shield of Kansas
BCV	Base Claim Volume as it relates to claims-based pricing.
BOHA	Board of Healing Arts
CAP	Corrective Action Plan
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid
COBRA	Consolidated Omnibus Budget Reconciliation Act
DD	Developmentally Disabled
DISC	Division of Information Systems and Communications (Dept of Administration)
DME	Durable Medical Equipment
DRA	Deficit Reduction Act
DRG	Diagnostic Related Groups
DSH	Disproportionate Share for Hospitals Program
DSS	Decision Support System
EDS	Electronic Data Systems
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment (as described in Title XIX of the Social Security Act, EPSDT is now call KAN Be Healthy)
ERU	Estate Recovery Unit
FE	Frail Elderly
FFS	Fee for Service
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
FY	Fiscal Year
GBR	Governor's Budget Recommendations
HCBS	Home and Community Based Services; Programs designed to provide long-term care services to beneficiaries living outside of an institution who would be institutionalized without them.
HCBS/DD	HCBS/Developmentally Disabled
HCBS/FE	HCBS/Frail Elderly
HCBS/TBI	HCBS/Traumatic Brain Injury

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DATE: 01/20/11
ATTACHMENT #5

HCBS/PD	HCBS/Physically Disabled
HCBS/SED	HCBS/Severe Emotional Disturbance
HCBS/TA	HCBS/Technology Assisted
HEDIS	Health Plan Employer Data & Information Set
HIPPA	Health Insurance Portability and Accountability Act
HIT/HIE	Health Information Technology/Health Information Exchange
HMO	Health Maintenance Organization
HSA	Health Savings Account
HW	HealthWave
JJA	Juvenile Justice Authority
KAR	Kansas Administrative Regulation
KBH	KAN Be Healthy
KDHE	Kansas Dept of Health and Environment
KDOA	Kansas Dept of Administration
KDoA	Kansas Dept on Aging
KDOC	Kansas Dept on Corrections
KDOL	Kansas Dept on Labor
KFMC	Kansas Foundation for Medical Care
KHPA	Kansas Health Policy Authority
KPERS	Kansas Public Employee Retirement System
KUMC	Kansas University Medical Center
LEA	Local Education Agencies
LPA	Legislative Post Audit
LTC	Long Term Care; This term refers to beneficiary care, including room, board, and all routine services and supplies.
MCO	Managed Care Organization
MFCU	Medicaid Fraud Control Unit
MITA	Medical Information Technology Access
MMA	Medicare Modernization Act
MMIS	Medical Management Information System
MOU	Memorandum of Understanding
NCQA	National Committee for Quality Assurance
OIG	Office of Inspector General
PA	Prior Authorization
PACE	Program of All-Inclusive Care for the Elderly- A capitated program providing primary, acute, and long-term care services for the frail, elderly, and physically disabled population who are eligible for nursing facility care.
PCCM	Primary Care Case Manager or PCC Management Programs
PCP	Primary Care Physician
PDL	Preferred Drug List
PE	Presumptive Eligibility
PERM	Payment Error Rate Management
PHI	Protected Health Information
PMDD	Presumptive Medical Disability Determination
PRTF	Psychiatric Residential Treatment Facility
RHC	Rural Health Clinic
SCHIP	State Childrens Health Insurance Program
SEHBP	State Employees Health Benefit Plan
SSIF	State Self Insurance Fund
SRS	Dept of Social and Rehabilitation
TANF	Temporary Assistance to Needy Families
TPL	Third Party Liability
UMKC	University of Missouri-Kansas City
UPL	Upper Payment Level
VA	Veterans Administration
WIC	Women, Infants and Children

SOCIAL SERVICES ACRONYMS

AAA	Area Agency on Aging
CDDO	Community Developmental Disability Organization
CHIP	Children's Health Insurance Program (State)
CIF	Children's Initiatives Fund
CIL	Center for Independent Living
CMHC	Community Mental Health Center
CMS	Center for Medicare and Medicaid Services
CSS	Community Supports and Services (a division of SRS)
DD	Developmental Disability
FE	Frail Elderly
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level/Federal Poverty Guideline
HCBS	Home and Community Based Services
KDOA	Kansas Department on Aging
KHPA	Kansas Health Policy Authority
MH	Mental Health
PIL	Protected Income Level
PD	Physical Disability
SED	Serious Emotional Disturbance (children)
SGF	State General Funds
SMPI	Severe and Persistent Mental Illness (adults)
SRS	Social and Rehabilitation Services
TANF/TAF	Temporary Assistance for Needy Families/Temporary Assistance for Families (Federal/State)
TBI	Traumatic Brain Injury
VR	Vocational Rehabilitation

A list of acronyms and abbreviations is available on the SRS website at:
http://www.srs.ks.gov/agency/Pages/acroynms/acroynms.aspx