

Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Secretary

Legislative Budget Committee

September 11, 2006

Update of the Developmental Disability Strategic Plan

Health Care Policy

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Update of the Developmental Disability Strategic Plan

Chairperson Umbarger and members of the committee, thank you for this opportunity to present testimony regarding Kansas' developmental disability programs. I am Gary Daniels, Secretary of the Kansas Department of Social and Rehabilitation Services. Today I would like to provide you with information regarding the implementation of the DD Strategic Plan, our quality assurance programs, and an update on other activities that are occurring within the DD system.

In June, 1995 the Kansas Legislature passed the Developmental Disabilities Reform Act. As you are aware there have been many exciting changes as well as growth in the DD system since the DD Reform Act was signed. There are currently 9,048 individuals with developmental disabilities being served in their homes and communities through waiver funding or through grant funding to the CDDOs. This breaks out to 6,826 individuals receiving services through the Home and Community Based Services (HCBS) Medicaid waiver and 2,222 receiving services through state funded programs (grant funding to CDDOs). There continues to be approximately 1,235 individuals waiting for waiver services that currently receive no waiver services and approximately 590 individuals who are requesting additional waiver services in addition to the services that they currently receive.

During the 2006 legislative session, additional funding was allocated for the HCBS DD waiver as well as funding for a rate increase for DD service providers. With the additional funding, reimbursement rates for DD services were increased by 4.3%, and approximately 400 individuals will either begin receiving waiver services or additional services will be provided to individuals who were requesting an increase in services or access to a higher cost service. The total DD waiver budget is \$250,678,698. The funding for services provided through grant funding is \$18,998,609. The grant funding is utilized to provide day and residential services and family support and subsidy funding for individuals who are either not Medicaid eligible or are on the waiting list for DD waiver services.

Strategic Plan for Developmental Disabilities

The five year strategic plan for addressing the needs of individuals with developmental disabilities was presented to the Kansas Legislature during the 2005 session. Stakeholders including individuals with disabilities, direct care support staff, administrators, providers, state

agency staff, and parents participated in the development of the plan. The mission of the strategic plan is:

“ Kansas will provide individuals with developmental disabilities the opportunity to choose from a broad array of high quality, accessible, and sustainable community supports and services that lead to productivity, independence, integration, and inclusion.”

The strategic plan focuses on three(3) strategic areas:

1. Policy
2. Capacity Building and Program Services and Delivery
- 3 Financing the System

Each of these strategic areas has up to five (5) goals that lead the DD system in meeting the mission as stated above.

An outcome of the 2005 Legislative Session was a request that the Department of Social and Rehabilitation Services(SRS) reconvene its strategic planning committee and form a work group to prioritize system review activities within the developmental disabilities strategic plan to address the concerns identified by the Committee regarding conflict of interest in the system. The concerns identified included the degree in which SRS oversight of the Community Developmental Disability (CDDO) county delegation regulations may need to be reviewed, the development of methods to measure customer complaints and to evaluate and benchmark the system’s capacity to address and resolve customer complaints, the implementation by SRS of a state sponsored, peer-monitored model for CDDO compliance review, with input and participation from system stakeholders during the development of such a model.

This directive has led the work being done with the strategic plan for the past fourteen (14) months. This directive covers all areas of the plan.

OUTCOMES AS A RESULT OF THE DIRECTIVE

- * Consensus between stakeholders and SRS that a CDDO review process is needed.
- * Agreement that SRS should take the lead in a review process.
- * A team approach should be used to conduct the reviews. The teams would be made up of SRS staff, a CDDO representative from a CDDO that is not being reviewed, a community service provider, consumer/family member, and a consumer advocate.
- * The review instrument must have a method of measuring outcomes. If outcomes were not met by the CDDO, there would be a process that included different levels of correction. Actions could include the request for a corrective action plan, fines, amendments to the CDDO’s contract with SRS, or termination of the

CDDO contract with SRS. A process would need to be formalized by the development of policies by SRS.

- * SRS should work to contract with a University to conduct a consumer survey that will obtain direct feedback from consumers/families regarding the way that CDDO's are handling complaints and grievances and assist SRS in the development of a tool to continue ongoing tracking of complaints and grievances that are received.

Since the sub-committee made the above recommendations, SRS has continued to move forward with the recommendations made by the committee. Actions include:

- A. A CDDO review tool has been developed and was presented to the DD Strategic Planning Oversight Committee on August 31, 2006. The Oversight Committee is now reviewing the tool for final approval. The committee did recommend that SRS pilot the tool in two (2) CDDO areas, which we will do. The CDDOs to be reviewed have not been selected.

Next steps for SRS are to recruit and train review teams that will go into the CDDO areas and complete the reviews. All team members will be from a different CDDO area than is being reviewed. It is the goal of SRS to have the first two reviews completed by February, 2007.

The results from the review of the two pilot areas will be taken back to the Oversight Committee for review where they may make recommendations for needed changes in the process.

- B. The Self-Help Network, through Wichita State University has conducted focus groups across the state to discuss with consumers, and family members their experiences in working with CDDOs and service providers. SRS/HCP has contracted with the Self-Help Network at Wichita State University to conduct focus groups and conduct telephone interviews with a random sample of individuals with developmental disabilities or their families. The focus of the information being gathered is to assist in assuring that consumers are offered a choice of providers, regardless of their CDDO. The questions will also focus on the individuals satisfaction with the CDDO and the interactions that they have had with the CDDO. Focus groups have been held in 4 locations, with 3 more locations to be completed by the end of September. The telephone interviews will begin the first week of October.

Other Activities That Have Taken Place as a Result of the Strategic Plan

1. Funding allocated by the 2006 Legislature for the implementation of the College of Direct Supports statewide.
2. Changes are being made to the DD system data system that will provide enhanced data regarding the number of individuals requesting services and the level of services that are needed.
3. There have been outcome measures added to the SRS/CDDO contract that focus on the strategic plan. These include employment outcomes and quality assurance outcomes.
4. Quality assurance activities that have been taken from recommendations in the Plan.

Quality Assurance and Enhancement Activities of Service Providers

There are 268 licensed community service providers that provide day and residential services as well as case management across the state. These providers are licensed on an annual basis by 11 quality enhancement staff.

There are several exciting activities in process that will enhance the ability of providers to provide the highest quality of service possible.

The first project is the College of Direct Supports. After hearing about the issues that providers face in recruiting and retaining staff to provide direct care services, the 2006 Legislature approved funding that will provide access to all licensed providers to this on-line training for direct care staff as well as supervisors. The curricula for this training was developed by the University of Minnesota and has been modified to meet the needs of Kansas.

The College of Direct Supports is a nationally recognized training program that is updated on a yearly basis to assure that the content is reflective of the most current knowledge and best practices. SRS is in the process of finalizing a contract with KUCDD - Parsons to administer this project. KU will assist providers in obtaining access to the training and provide technical assistance as needed. KU will also collect data as to the number of individuals who complete the training, and then track those individuals to see if they remained employed providing direct care services. This will assist in determining the impact that training has on the retention of direct care staff.

The second project that SRS and the CDDOs have been involved in is the development of a Quality Oversight Committee. The committee is made up of CDDO representatives and SRS/CSS. The group examines issues related to the appropriate oversight of MR/DD services being provided to individuals and families, consistent with the management of quality

enhancement/quality assurance requirements. For FY 2007 the Oversight Committee will focus on the development of performance outcome measures that will be utilized by all CDDOs to collect data for SRS to trend. This information will assist in guiding the CDDOs and SRS in working together on system enhancements related to the quality of services provided to individuals.

This group will also be working on a goal taken from the DD Strategic Plan which states: “ Kansas will have a system that reflects continuous and ongoing assessment of quality performance and achievement of outcomes for each individual”.

A project that SRS has started is the process of evaluating and looking at recommendations that will lead to a more effective utilization of resources statewide in the area of quality assurance and performance improvement. This involves evaluating the way that SRS staff at the regional offices conduct current licensing and quality assurance activities. The recommendations that are being reviewed would lead to the re-alignment of regional office staff and a change in the way that quality assurance and performance improvement activities are completed. This re-alignment will allow SRS to change our focus from monitoring the basics, which provided excellent quality assurance data, to the enhanced position of being able to assure the minimum requirements are in place and having a dedicated focus on improving the performance of both the system as a whole and the service delivery system statewide across all of the programs that are administered by SRS/HCP. At this time, an SRS management team is in the process of discussing the impact of implementing these changes. We will be able to provide further information related to this during the 2007 legislative session.

MR/DD Targeted Case Management Services

I would like to provide you with information regarding events that have focused on the current system of providing Targeted Case Management (TCM) to individuals with developmental disabilities. TCM is reimbursed through a certified match process whereby the CDDOs provide the matching dollars allowing for the state to draw down federal dollars for this service. In June, 2006, the Centers for Medicare and Medicaid Services (CMS) conducted a financial management review of TCM billed by CDDOs and claimed by Kansas for reimbursement. CMS made 4 on-site visits to CDDOs the week of June 26, 2006. Since the on-site visits SRS has provided additional information to CMS regarding the reimbursement of TCM. The questions that they have asked focus on the use of the certified funds and how the reimbursement rate for TCM was determined. We have not received a report from this review, but have been told by CMS that we should have a draft report sometime during September.

As a result of the review from CMS as well as concerns expressed by the Health Policy Authority regarding TCM, SRS has brought together a work group to review the current definition of case management and recommend any changes and review the current reimbursement methodology

and rate, then make appropriate recommendations for possible changes. These recommendations will be shared with the Kansas Health Policy Authority. The KHPA is leading a broader review of Targeted Case Management across all service systems in response to the national focus placed on these services by the Center for Medicare and Medicaid Services. There will be additional opportunities for stakeholder input during the KHPA process.

We will provide you with further information related to this when it is available.

Deficit Reduction Act of 2005

SRS has been and will continue to explore all options made available through the Deficit Reduction Act. We are presently, in collaboration with our partners, applying for the Money Follows the Person Grant recently made available through the Centers for Medicare and Medicaid Services.

That concludes my testimony. I will be happy to answer any questions that you have.