

Adult Protective Service Substantiations and Rates
 Comparison of Pre- and Post-Policy by Age

Cal Yr	Month	<i>Under 65</i>				<i>Over 65</i>			
		Total Investigations	Unsubstantiated	Substantiated	Substantiated Rate	Total Investigations	Unsubstantiated	Substantiated	Substantiated Rate
2009	Oct	435	370	65	14.9%	331	284	47	14.2%
	Nov	366	295	71	19.4%	292	253	39	13.4%
	Dec	317	255	62	19.6%	361	313	48	13.3%
	Average	373	307	66	17.7%	328	283	45	13.6%
2010	Jan	433	366	67	15.5%	317	276	41	12.9%
	Feb	356	288	68	19.1%	330	283	47	14.2%
	Average	395	327	68	17.1%	324	280	44	13.6%

PARENT FEE PROGRAM
Number of Families by Fee Level and Waiver
As Of November 3, 2010

Monthly Fee*	Waiver Program							TOTAL
	Autism	Developmental Disabilities	Physical Disabilities	Traumatic Brain Injury	Technologically Assisted	Serious Emotional Disturbance		
Total Eligibles	44	2,934	0	7	394	3,440	6,819	
\$10	1	18			8	48	75	
\$15	2	24			5	44	75	
\$20	1	19			5	46	71	
\$26		10			4	29	43	
\$33	1	18			2	15	36	
\$41	3	9			1	19	32	
\$49		9			3	9	21	
\$58	1	12			2	5	20	
\$68	1	6				2	9	
\$79	1	2				9	15	
\$90		4			2	5	11	
\$102		8			1	6	15	
\$115		4			1	1	6	
\$129	1	4			1	7	13	
\$143		2			3	1	6	
\$159	1				2		3	
\$174								
Over \$174	3	7			4	8	22	
Total Eligibles with Fees	16	156	0	0	47	254	473	
Total Eligibles without Fees	28	2,778	0	7	347	3,186	6,346	

Parent Fee Schedule

(Sometimes referred to as "Sliding Fee Scale")

Effective February 1, 2010

Federal Poverty Level (FPL)	Monthly Fee	A		B		C		D	
		Family of Two *		Family of Three *		Family of Four *		Family of Five or More *	
		Adjusted Gross Income		Adjusted Gross Income		Adjusted Gross Income		Adjusted Gross Income	
		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
100%	\$0	\$14,570	\$1,214	\$18,310	\$1,526	\$22,050	\$1,838	\$25,790	\$2,149
151%	\$0	\$22,001	\$1,833	\$27,648	\$2,304	\$33,296	\$2,775	\$38,943	\$3,245
176%	\$0	\$25,643	\$2,137	\$32,226	\$2,686	\$38,808	\$3,234	\$45,390	\$3,783
201%	\$10	\$29,286	\$2,441	\$36,803	\$3,067	\$44,321	\$3,693	\$51,838	\$4,320
226%	\$15	\$32,928	\$2,744	\$41,381	\$3,448	\$49,833	\$4,153	\$58,285	\$4,857
251%	\$20	\$36,571	\$3,048	\$45,958	\$3,830	\$55,346	\$4,612	\$64,733	\$5,394
276%	\$26	\$40,213	\$3,351	\$50,536	\$4,211	\$60,858	\$5,072	\$71,180	\$5,932
301%	\$33	\$43,856	\$3,655	\$55,113	\$4,593	\$66,371	\$5,531	\$77,628	\$6,469
326%	\$41	\$47,498	\$3,958	\$59,691	\$4,974	\$71,883	\$5,990	\$84,075	\$7,006
351%	\$49	\$51,141	\$4,262	\$64,268	\$5,356	\$77,396	\$6,450	\$90,523	\$7,544
376%	\$58	\$54,783	\$4,565	\$68,846	\$5,737	\$82,908	\$6,909	\$96,970	\$8,081
401%	\$68	\$58,426	\$4,869	\$73,423	\$6,119	\$88,421	\$7,368	\$103,418	\$8,618
426%	\$79	\$62,068	\$5,172	\$78,001	\$6,500	\$93,933	\$7,828	\$109,865	\$9,155
451%	\$90	\$65,711	\$5,476	\$82,578	\$6,882	\$99,446	\$8,287	\$116,313	\$9,693
476%	\$102	\$69,353	\$5,779	\$87,156	\$7,263	\$104,958	\$8,747	\$122,760	\$10,230
501%	\$115	\$72,996	\$6,083	\$91,733	\$7,644	\$110,471	\$9,206	\$129,208	\$10,767
526%	\$129	\$76,638	\$6,387	\$96,311	\$8,026	\$115,983	\$9,665	\$135,655	\$11,305
551%	\$143	\$80,281	\$6,690	\$100,888	\$8,407	\$121,496	\$10,125	\$142,103	\$11,842
576%	\$159	\$83,923	\$6,994	\$105,466	\$8,789	\$127,008	\$10,584	\$148,550	\$12,379
601%	\$174	\$87,566	\$7,297	\$110,043	\$9,170	\$132,521	\$11,043	\$154,998	\$12,917

* Number of exemptions claimed on your Federal Income Tax Return

AGI - Adjusted Gross Income per your Federal Income Tax Return

For Incomes Below 601% of the Federal Poverty Level

- 1 Find the column for your family size
- 2 Find the lines that your AGI fall between
- 3 Find the corresponding estimated "Monthly Parent Fee" for the smaller of the 2 AGIs in Step 2.

EXAMPLE

- 1 For a family of two (Col A), with an AGI of \$36,000
- 2 The AGI falls between \$32,928 and \$36,571.
- 3 The Monthly Parent Fee of \$15 that corresponds to the smaller AGI of \$32,928 is the estimated fee.

For Incomes Above 601% of the Federal Poverty Level

- 1 Fee is 3% of the income of a family size of 2 at the corresponding FPL

EXAMPLE

- 1 For a family of four (Col C) with an AGI of \$225,000
- 2 Divide \$225,000 by \$22,050 = 1021% of FPL
- 3 Multiply 1021% by \$14,570 (AGI for Family of 2-Col A) = \$148,760
- 4 Multiply \$148,760 by 3% = \$4,462
- 5 Divide \$4,462 by 12 Months = \$371.84 (Monthly Fee)

**PARENT FEE PROGRAM
COLLECTION INFO**

As of November 3, 2010

Waiver Program	# of Accounts	Total Outstanding & eligible for SDO *
Autism	6	5,052.00
Developmental Disability	53	176,988.39
Physical Disability	0	
Traumatic Brain Injury	0	
Technologically-Assisted	13	31,200.00
Serious Emotional Disturbance	158	132,115.25
TOTAL	171	345,355.64

* SDO = State Debt Set Off

Reports generated by the Parent Fee Program software are cumulative from the beginning of the Parent Fee Program.

Collections through SDO

SFY	DD	SED	TA	TOTAL
2010	10,643.00	2,552.00	284.00	13,479.00
2009	2,403.00	5,318.00	1,210.00	8,931.00
2008	9,462.00	5,914.00	1,318.00	16,694.00
2007	4,101.00	1,559.00		5,660.00
2006	8,688.00	2,573.00	317.00	11,578.00
2005	19,599.00		1,739.00	21,338.00
TOTAL	54,896.00	17,916.00	4,868.00	77,680.00

HOME AND COMMUNITY BASED SERVICES OVERSIGHT COMMITTEE

ANNUAL REPORT FOR THE 2011 LEGISLATIVE SESSION

The Home and Community Based Services Oversight Committee is charged by statute to submit an annual written report on the statewide system for long-term care services to the President of the Senate and the Speaker of the House of Representatives at the start of each regular legislative session. The authorizing legislation (KSA 39-7,159) creating a comprehensive and coordinated statewide system for long-term care services became effective July 1, 2008.

The Committee's Annual Report is to be based on information submitted quarterly to the Committee by the Secretary of Social and Rehabilitation Services and the Secretary of Aging. The Annual Report is to provide:

- The number of individuals transferred from state or private institutions to home and community based services including the average daily census in state institutions and long-term care facilities;
- The savings resulting from the transfer of individuals to home and community based services as certified by the Secretary of Social and Rehabilitation Services and the Secretary of Aging; and
- The current balance in the Home and Community Based Services Savings Fund.

Number of individuals transferred from state or private institutions to home and community based services including the average daily census in state institutions and long-term care facilities:

Number of Individuals Transferred – the following chart provides a summary of the number of individuals transferred from developmental disability institutional settings into home and community based services during state fiscal year 2010, together with the number of individuals added to home and community based services due to crisis or other eligible program movement during state fiscal year 2010.

DD. INSTITUTIONAL SETTINGS	
Private ICFs/MR ~ number served at start of SFY 2010	178
State DD Hospitals – SMRH ~ number served at start of SFY 2010	358
MFP (# persons discharged into MFP program) Private ICFs/MR	-7
MFP (# persons discharged into MFP program) Public ICFs/MR SMRH	-14
(# persons discharged NOT into MFP) Private ICFs/MR	-6
(# persons discharged NOT into MFP) Public ICFs/MR SMRH	-12
Sub-Total - Private ICFs/MR	165
Sub-Total - Public ICFs/MR -SMRH	332
New Admissions Private ICFs/MR	7
New Admissions Public ICFs/MR	18

Sub-Total - Private ICFs/MR	172
Sub-Total - Public ICFs/MR -SMRH	350
Net TOTAL Changes Private ICFs/MR	-6
Net TOTAL Changes Public ICFs/MR	-8
TOTAL DD Institutional Changes	-14
DD HCBS WAIVER SERVICES	
DD Waiver Community Services ~ number served at start of SFY 2010	7596
MFP ~ number joining into this program throughout SFY 2010	21
Subtotal	7617
Net number of persons added to DD HCBS waiver community services due to crisis/other eligible programs	173
Subtotal	7790
Total Net Changes DD Waiver	194
Total Net Changes DD Waiver and Institutional	180

The following chart provides a summary of the number of individuals transferred from nursing facility institutional settings into home and community based services during state fiscal year 2010, as well as other eligible institutional service growth during state fiscal year 2010; and reflects the grand total net changes across all related systems.

FE / PD / TBI INSTITUTIONAL SETTINGS	
Nursing Homes-Avg Mo Caseload SFY 09	10,817
MFP FE (# persons discharged into MFP program receiving FE Services)	-40
MFP PD (# persons discharged into MFP program receiving PD services)	-38
MFP TBI (# persons discharged into MFP program receiving TBI services)	-4
Additional people-Net Admissions/Discharges	-293
Nursing Homes-Avg Mo Caseload SFY 10	10,442
FE / PD / TBI COMMUNITY SERVICES	
FE WAIVER ~ number served at start of SFY 2010	5,706
PD WAIVER ~ number served at start of SFY 2010	7,400
TBI WAIVER ~ number served at start of SFY 2010	294
FE MFP ~ number joining into this program throughout SFY 2010	40
PD MFP ~ number joining into this program throughout SFY 2010	38
TBI MFP ~ number joining into this program throughout SFY 2010	4
SUBTOTAL FE	5,746
SUBTOTAL PD	7,438
SUBTOTAL TBI	298
Change due to OTHER reasons FE Waiver	67
Change due to OTHER reasons PD Waiver	-511
Change due to OTHER reasons TBI Waiver	79
SUBTOTAL FE	5,813
SUBTOTAL PD	6,927
SUBTOTAL TBI	377
Total Net Changes FE/PD/TBI Waivers	-283
Total Net Changes FE/PD/TBI Waivers and Institutional	-658
GRAND TOTAL NET CHANGES ALL SYSTEMS – DD/FE/PD/TBI HCBS and INSTITUTIONAL	-478

Average Daily Census -

Kansas Neurological Institute: FY 2008 – 160
FY 2009 – 158
FY 2010 - 157

Parsons State Hospital: FY 2008 – 194
FY 2009 – 192
FY 2010 - 186

Private ICFs/MR: FY 2008 – 236
FY 2009 – 178
FY 2010 - 171

Nursing Facilities: FY 2008 – 10,581
FY 2009 – 10,817
FY 2010 – 10,442

Savings resulting from the transfer of individuals to home and community based services.

The “savings” through Money Follows the Person translates into real dollars only when individuals move into a community setting from an institutional setting and the bed is closed behind the individual. This process would result in a decreased budget for private ICFs/MR and an increase in the MR/DD Waiver budget as a result of the transfers.

For nursing facilities and state ICFs/MR, the process is consistent in regards to individuals moving to the community. The difference is seen in regards to “savings”. As stated above, savings are only seen if the bed is closed. In nursing facilities and state ICFs/MR the beds may be refilled when there is a request by an individual for admission that requires the level of care provided by that facility. Therefore the beds are not closed. Further, even when a bed is closed only incremental savings are realized in the facility until an entire unit or wing of a facility can be closed.

In addition to these considerations, the fact that people come onto the waivers for reasons other than transferring from an institution affects what possible savings there are in the respective systems. The savings realized are cost avoidance savings, in that individuals transferring from institutional to community services results in a smaller growth in institutional service utilization. This supports an increase in access to community based services, retains all resources within the service system, and results in proportionally slower growth of costs in the system.

As certified by the Secretary of Social and Rehabilitation Services and the Secretary on Aging, the savings resulting from the individuals to home and community based services as of November 1, 2010 was \$0.

Current Balance in the SRS Home and Community Based Services Savings Fund and the KDOA Home and Community Based Services Savings Fund.

SRS Savings Fund - the balance in the SRS Savings Fund as of November 1, 2010 was \$0.

KDOA Savings Fund - the balance in the KDOA Savings Fund as of November 1, 2010 was \$0.

HOME AND COMMUNITY BASED SERVICES OVERSIGHT COMMITTEE

FIRST QUARTER FY2011

Number of Individuals Transferred – the following chart provides a summary of the number of individuals transferred from developmental disability institutional settings into home and community based services during the 1st quarter of state fiscal year 2011, together with the number of individuals added to home and community based services due to crisis or other eligible program movement during the 1st quarter of state fiscal year 2011.

DD INSTITUTIONAL SETTINGS	
Private ICFs/MR ~ number served at start of SFY 2011	172
State DD Hospitals – SMRH ~ number served at start of SFY 2011	350
MFP (# persons discharged into MFP program) Private ICFs/MR (1 st quarter)	-1
MFP (# persons discharged into MFP program) Public ICFs/MR SMRH (1 st quarter)	-4
(# persons discharged NOT into MFP) Private ICFs/MR (1 st quarter)	-5
(# persons discharged NOT into MFP) Public ICFs/MR SMRH (1 st quarter)	-4
Sub-Total - Private ICFs/MR	166
Sub-Total - Public ICFs/MR -SMRH	342
New Admissions Private ICFs/MR (1 st quarter)	2
New Admissions Public ICFs/MR (1 st quarter)	4
Sub-Total - Private ICFs/MR	168
Sub-Total - Public ICFs/MR -SMRH	346
Net TOTAL Changes Private ICFs/MR	-4
Net TOTAL Changes Public ICFs/MR	-4
TOTAL DD Institutional Changes	-8
DD HCBS WAIVER SERVICES	
DD Waiver Community Services ~ number served at start of SFY 2011	7794
MFP ~ number joining into this program throughout the 1 st quarter of SFY 2011	5
Subtotal	7799
Net number of persons added to DD HCBS waiver community services due to crisis/other eligible programs	92
Subtotal	7891
Total Net Changes DD Waiver	97
Total Net Changes DD Waiver and Institutional	89

The following chart provides a summary of the number of individuals transferred from nursing facility institutional settings into home and community based services during the 1st quarter of state fiscal year 2011, as well as other eligible institutional service growth during the 1st quarter of state fiscal year 2011; and reflects the grand total net changes across all related systems.

FE / PD / TBI INSTITUTIONAL SETTINGS	
Nursing Homes-Avg Mo Caseload SFY 10	10,442
MFP FE (# persons discharged into MFP program receiving FE Services) (1 st quarter)	-19
MFP PD (# persons discharged into MFP program receiving PD services) (1 st quarter)	-37
MFP TBI (# persons discharged into MFP program receiving TBI services) (1 st quarter)	-2
Additional people-Net Admissions/Discharges (1 st quarter)	-423
Nursing Homes-Avg Mo Caseload SFY 11 (1 st quarter)	9,961
FE / PD / TBI COMMUNITY SERVICES	
FE WAIVER ~ number served at start of SFY 2011	5,813
PD WAIVER ~ number served at start of SFY 2011	6,927
TBI WAIVER ~ number served at start of SFY 2011	377
FE MFP ~ number joining into this program throughout the 1 st quarter of SFY 2011	19
PD MFP ~ number joining into this program throughout the 1 st quarter of SFY 2011	37
TBI MFP ~ number joining into this program throughout the 1 st quarter of SFY 2011	2
SUBTOTAL FE	5,832
SUBTOTAL PD	6,964
SUBTOTAL TBI	379
Change due to OTHER reasons FE Waiver (1 st quarter)	81
Change due to OTHER reasons PD Waiver (1 st quarter)	97
Change due to OTHER reasons TBI Waiver (1 st quarter)	38
SUBTOTAL FE	5,913
SUBTOTAL PD	7,061
SUBTOTAL TBI	417
Total Net Changes FE/PD/TBI Waivers	274
Total Net Changes FE/PD/TBI Waivers and Institutional	-207
GRAND TOTAL NET CHANGES ALL SYSTEMS – DD/FE/PD/TBI HCBS and INSTITUTIONAL	-118

Attachment A

Osawatomie State Hospital							
State Fiscal Year	Admissions	Average Daily Census	High Census	Low Census	Days Over Census	Per Cent Days Over Census	Average Length of Stay
2005	1,943	167	193	136	74	20%	31
2006	2,016	166	198	134	81	22%	29
2007	1,969	170	199	150	100	28%	28
2008	2,181	169	195	145	64	17%	25
2009	2,042	169	195	145	82	23%	30
2010	2,193	172	197	142	123	34%	29

Rainbow Mental Health Facility							
State Fiscal Year	Admissions Adult & Youth	Average Daily Census Adult Only	High Census Adult Only	Low Census Adult Only	Days Over Census	Per Cent Days Over Census	Average Length of Stay Adult Only
2005	671	24	40	3	76	21%	21
2006	664	26	41	10	52	14%	21
2007	671	30	40	20	19	5%	23
2008	810*	44	56	32	36	10%	19
2009	875	42	55	24	27	7%	17
2010	840	49	61	37	131	36%	22

* Stopped admitting children and adolescents. All children and adolescents are now served at KVC STAR.

Larned State Hospital Psychiatric Services Program							
State Fiscal Year	Admissions Adult & Youth	Average Daily Census Adult & Youth	High Census Adult Only	Low Census Adult Only	Days Over Census Adult Only	Percent Days Over Census Adult Only	Average Length of Stay Adult Only
2005	990	72	84	52	2	.5%	49
2006	1,064	81	86	59	31	8%	25
2007	1,097	82	92	56	34	9%	27
2008	1,177	94	102	71	259	71%	33
2009	1,071	86	99	63	141	39%	30
2010	1,223*	93	108	72	302**	83%	44

Note:

*Youth Services Closed May 6, 2010.

**Effective May 21, 2010, Psychiatric Services Program (PSP) capacity changed from 79 to 90, although the budgeted census remains at 79. The number above reflects days over our budgeted census of 79. There were 296 days or 81% of days over capacity.