**Supplemental Package #1/1: Replace State General Fund Due to Lower Extended FMAP**

**Description:** This enhancement is requested so that services may be maintained at the current level for individuals funded with Medicaid. A recently enacted federal law provides a two-quarter extension of the enhanced ARRA FMAP. However, the enhanced percentage was lower for these two quarters than the first two quarters of SFY 2011. The adjustment made in the 2010 legislative assumed the FMAP percentage would be the same for all four quarters. This lower FMAP percentage creates a $14,828,378 SGF deficit in all SRS Medicaid programs. Because of the ARRA and the Affordable Care Act eligibility restrictions the only method available to manage this reduction would be a 6 % provider rate reduction across all Medicaid programs.

**How will this impact the Division's Goals?** This funding will allow Kansans in need of services to live, safe, successful, self-determined lives in their homes and communities.

**Why is this increase needed?** If the enhancement is not received, provider rates will need to be reduced which could impact the quality and availability of services for consumers.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
The same level of services will continue to the current population.

**Performance Measures:**

| OUTCOME MEASURES | FY 2011 Current Year | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|---|
| Numer of Persons Whose Services Would Be Impacted | 95,579 | 95,579 | 95,579 |

## Expenditures and Financing

| Item (include caseload numbers if applicable) | FY 2011 Current Year | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|---|
| Caseload Expenditures: | | | |
| Average Monthly Families | | | |
| Average Monthly Persons | | | 0 |
| Monthly Cost Per Person | | | 0 |
| Subtotal Caseload Expenditures | - | | |
| *Total Expenditures* | - | *0* | *0* |
| | | | |
| Financing: | | | |
| SGF Community Based Services 1000-3030 | 3,048,834 | $0 | $0 |
| SGF MHRS Aid and Assistance 1000-4010 | 6,419,623 | $0 | $0 |
| SGF Other Medical Assistance 1000-3020 | 5,359,921 | $0 | $0 |
| Federal Medical Assistance 3414-0445 | (14,828,378) | $0 | $0 |
| *Total Financing* | 0 | $0 | $0 |
| | | | |
| FTE Positions | | | |
| Non-FTE Unclassified Permanent | | | |
| *Total Positions* | *0* | *0* | *0* |

**Enhancement Package #1/14: Replace Fee Funds in Waivers (Developmental Disabilities, Technology Assistance, Traumatic Brain Injury)**

**Description:** This enhancement is requested so that services may be maintained at the current level for individuals being served on the TBI, TA, and DD Waivers. These waivers provide Medicaid funding for a variety of community supports and services for persons whose disabilities are severe enough to qualify them for institutional services but who choose to live in their home and community. To manage increases in HCBS Waivers in FY 2011, one-time fee funds were used to match Medicaid federal funds. These funds were available only because of the ARRA enhanced FMAP in the state hospitals. Since the enhanced FMAP ends June 30, 2011 these funds are not available in FY 2012. The requirements of the Affordable Care Act prohibit changing eligibility requirements for persons on the waivers. Because of that restriction and because all other practical service reductions have previously been taken, rates paid to providers for these programs would have to be reduced.

**How will this impact the Division's Goals?** It is the goal of the agency that individuals with disabilities be provided needed supports allowing them to live safe, healthy, successful, self-determined lives in their homes and communities.

**Why is this increase needed?** If the enhancement is not received, rates to providers will need to be reduced and consumers may receive reduced levels of service.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
Services will continue to be provided to the current waiver population with no decrease in services.

**Performance Measures:**

| | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| OUTPUT MEASURES | | |
| Increased Funding | $26,601,328 | $26,601,328 |
| | | |
| OUTCOME MEASURES | | |
| Number of Persons Whose Services Would Be Impacted | 8,697 | 8,697 |

## Expenditures and Financing

| Item | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Caseload Expenditures | | |
| | | |
| DD Waiver Assistance - Obj Code 5500 | $20,544,902 | $20,544,902 |
| TBI Waiver Assistance - Obj. Code 5500 | $3,215,370 | $3,215,370 |
| TA Waiver Assistance - Obj. Code 5500 | $2,841,056 | $2,841,056 |
| Subtotal Other Expenditures | $26,601,328 | $26,601,328 |
| | | |
| *Total Expenditures* | *$26,601,328* | *$26,601,328* |
| | | |
| Financing: | | |
| SGF Community Based Services 1000-3030 | $ 2,512,811 | $ 2,512,811 |
| SGF MHRS Aid and Assistance 1000-4010 | $ 8,524,080 | $ 8,524,080 |
| Medical Assistance 3414-0446 | $15,564,437 | $15,564,437 |
| *Total Financing* | *$26,601,328* | *$26,601,328* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | - | - |

**Enhancement Package #2/14:** Restore Community Mental Health MediKan Eligibility from 12 to 24 months

**Description:** This enhancement request restores MediKan eligibility from 12 to 24 months. MediKan provides a state funded safety net for persons seeking federal disability benefits that lead to Medicaid eligibility, but who are not eligible for presumptive disability. (The Presumptive Disability program administered by the Kansas Health Policy Authority provides immediate Medicaid eligibility for persons whose severity of disability is determined very likely to meet the federal disability criteria.) Persons eligible for General Assistance who do not meet Presumptive Disability requirements are enrolled in MediKan pending their final federal disability determination. MediKan funds the same array of community mental health services as Medicaid.

This enhancement would allow MediKan funding to be restored to approximately 806 persons who lost benefits when the time limit for eligibility was reduced. Community mental health centers (CMHCs) are having great difficulty serving these people because, not only have they lost MediKan funding, but the CMHCs have also had the grants they use to serve the uninsured substantially cut. Lack of funding for the uninsured has required Kansas to substantially reduce the expectation that CMHCs serve all persons in need of community mental health services without regard to their ability to pay. (See Mental Health Grants 32200 for additional details) Based on recent research it appears that state mental health hospitals have experienced an increase in admissions from people who were previously MediKan eligible.

**How will this impact the Division's Goals?** This funding will increase the number of Kansans who will experience recovery and live, safe, successful, self-determined lives in their homes and communities.

**Why is this increase needed?** This enhancement will reduce the likelihood that Kansans with a severe and persistent mental illness are unnecessarily admitted to residential or inpatient treatment.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)** This will require a basic policy change by KHPA and SRS community mental health managed care organization.

**Performance Measures:**

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| OUTCOME MEASURES | | |
| Increase in number of people served | 806 | 826 |
| Fewer admissions of persons on MediKan to the state mental health hospitals | (200) | (205) |

## Expenditures and Financing

| Item (include caseload numbers if applicable) | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Caseload Expenditures: | | |
| Average Monthly Families | | |
| Average Monthly Persons | 806 | 826 |
| Monthly Cost Per Person | $349 | $349 |
| Subtotal Caseload Expenditures | $3,371,329 | $3,455,612 |
| | | |
| *Total Expenditures* | *$3,371,329* | *$3,371,329* |
| | | |
| Financing: | | |
| State General Funds | $3,371,329 | $3,371,329 |
| | | |
| *Total Financing* | *$3,371,329* | *$3,371,329* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | | |

**Enhancement Package #3/14: Restore General Assistance from 12 to 24 Months with no Hardship**

**Description:** During FY 2010, the maximum months of assistance for General Assistance adults not eligible for federal disability benefits (GA Tier II adults) was reduced from 24 months to 12 months. In addition, the monthly General Assistance benefit was reduced from an average of $160 per person to $100. This enhancement restores the General Assistance time limit and benefit level. The combined cost of the enhancement is $4,550,106. Reinstating the 24-month limit would result in an increase of 1,393 monthly adults served and cost $2,106,846. The 24-month time limit would exclude continued eligibility under hardship criteria. Under the previous policy, adults were allowed to remain on assistance beyond the 24-month limit if their application for federal disability benefits was being appealed. Reinstating the benefits to the level prevailing before the reduction would cost $2,443,260.

**Relationship to Program Goals and Objectives:** This enhancement restores a vital safety net to Kansans living in extreme poverty and who need assistance to meet their basic needs. Those eligible for the General Assistance Program are adults with disabilities living in extreme poverty and who do not qualify for any other SRS program. The 12-month assistance limit is often insufficient to bridge the time period in which federal disability decisions are determined. The reinstatement of the General Assistance benefit would assist General Assistance adults in meeting essential needs, although the benefit would remain very low. Communities would also be relieved of providing services to this population.

**Performance Measures:**

| | Actual FY 2009 | Actual FY 2010 | Current Year FY 2011 | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|---|---|---|
| OUTPUT MEASURES | | | | | | |
| Monthly adults receiving General | 4,391 | 2,394 | 2,000 | 3,393 | 3,719 | 3,905 |

## Expenditures and Financing:

| | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|
| EXPENDITURES | | | |
| Grants and Assistance | $4,550,106 | $5,277,220 | $5,692,281 |
| *Total Expenditures* | *$4,550,106* | *$5,277,220* | *$5,692,281* |
| | | | |
| FINANCING | | | |
| SGF - Cash Assistance | $4,550,106 | $5,277,220 | $5,692,281 |
| *Total Financing* | *$4,550,106* | *$5,277,220* | *$5,692,281* |

## Enhancement Package #4/14: Restore Mental Health Grant Reduction

**Description:** This enhancement request restores cuts made to grants to Community Mental Health Centers that are used to serve uninsured persons who do not have the means to pay. The grant cuts have prevented the CMHCs from serving all persons who are uninsured and have no means to pay for services. This has resulted in prioritizing who receives community mental health services with the remaining limited grant funds. (See Mental Health Grants 32200 for additional details) If funded, this enhancement would permit the re-establishment of Kansas' policy that CMHCs serve all persons needing community mental health services without regard to their ability to pay. This would help ensure that persons with a mental illness will be less likely to decompensate and need a preventable admission to a state mental health hospital, community hospital inpatient psychiatric program, psychiatric residential treatment facility, or nursing facility for mental health.

**How will this impact the Division's Goals?** More Kansans with mental illness will experience recovery and live safe, healthy, successful, self-determined lives in their homes and communities.

**Why is this increase needed?** Eliminate the need for CMHCs to prioritize who receives services and establish waiting lists.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
Grant funding will be expanded and CMHC contract expectations would be reinstated to previous levels.

**Performance Measures:**

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Increase in Persons Served | 3,800 | 3,800 |
| | | |
| OUTCOME MEASURES | | |
| Preventable admissions to inpatient and residential treatment | (70) | (70) |

## Expenditures and Financing

| Expenditures: | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Assistance | 10,983,347 | 10,983,347 |
| Subtotal Expenditures | $10,983,347 | $10,983,347 |
| *Total Expenditures* | *$10,983,347* | *$10,983,347* |
| Financing: | | |
| State General Funds | $10,983,347 | $10,983,347 |
| *Total Financing* | *$10,983,347* | *$10,983,347* |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | | |

**Enhancement Package # 5/14: Restore Developmental Disabilities Grants Reduction**

**Description:** These grant funds support persons with developmental disabilities who are not eligible for DD Waiver services or do not need the level of support provided by the waiver. These funds also provide for services such as early childhood intervention, housing and transportation at the local community level. The grant funds were reduced for FY 2010 by $6,788,174. It is estimated that this reduction reduced services or negatively impacted 4,838 individuals and their families. Examples of the impact included the reduction or elimination of family support funding that was provided through the grants to assist families with things such as transportation to out of state medical appointments and the purchase of non-covered medical supplies. These funds are also utilized to reimburse for day and residential services for individuals who may not be Medicaid eligible or who are not DD waiver eligible.

Coverage of the services provided by this funding allows families to receive some level of service while their child is waiting for waiver services or provide funding that prevents a higher level of service as is provided by the HCBS waiver.

**How will this impact the Division's Goals?** Persons with developmental disabilities will receive the supports and services they need to live a safe, healthy, and successful life in the community.

**Why is this increase needed?** The funding would be utilized to restore services to their previous level.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
Grant funding would be restored July 1, 2011.

**Performance Measures:**

| | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| OUTPUT MEASURES | | |
| Increased Expenditures for services | $8,088,174 | $8,088,174 |
| OUTCOME MEASURES | | |
| Increased Number of Persons Served | 4,838 | 4,838 |

## Expenditures and Financing

| Item (include caseload numbers if applicable) | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Caseload Expenditures: | | |
| Average Monthly Families | | |
| Average Monthly Persons | | |
| Monthly Cost Per Person | | |
| Subtotal Caseload Expenditures | $0 | $0 |
| | | |
| Other Expenditures: | | |
| 555900- Assistance | $ 8,088,174 | $ 8,088,174 |
| Subtotal Other Expenditures | $8,088,174 | $8,088,174 |
| | | |
| *Total Expenditures* | *$8,088,174* | *$8,088,174* |
| | | |
| Financing: | | |
| State General Fund 1000-4010 | $ 8,088,174 | $ 8,088,174 |
| *Total Financing* | *$8,088,174* | *$8,088,174* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | - | - |

**Enhancement Package #6/14: Restore Addiction and Prevention Services Grants Reduction**

**Description:** This enhancement request reinstates $2,547,403 in state general funds that were cut from substance abuse treatment and prevention providers in FY 2010. The combination of Federal block grant and state funds provide the infrastructure for the delivery of prevention and treatment services across Kansas. Reductions in this program severely impact community-based providers' ability to provide access to and delivery of quality services. Many agencies have had to lay off staff or hold positions open. As a result, the number of counselors in the workforce has decreased creating more waiting lists for services across the state.

As the available funding for prevention decreases, it becomes increasingly more difficult to meet federally mandated standards such as the Synar amendment, which requires states (SRS) to ensure that retailers are not selling tobacco products to underage youth. Regional Prevention Center's are also tasked with assisting communities to address a myriad of issues such as: underage drinking, problem gambling, methamphetamine production, and the pervasive use of marijuana, especially among youth. As the state is faced with fewer resources overall, the importance of preventing substance abuse related issues as well as providing rapid access to treatment when indicated, becomes paramount. According to the National Institute on Drug Abuse, the return on investing in treatment alone may exceed 12:1; that is, every dollar spent on treatment can reduce future burden costs by $12 or more in reduced drug-related crime and criminal justice and health care.* (*Shoveling Up II, the impact of Substance Abuse on Federal, State and Local budgets)

**How will this impact the Division's Goals?** The mission of the Addiction and Prevention Services program is to promote prevention and recovery in Kansas communities. A study commissioned by SRS in 2005 estimated that 63,500 adults and 7,000 children who were eligible for state funding also needed treatment for substance use disorders. During FY 2010, 8,780 individuals received treatment with SAPT and state grant funds for substance use disorders, a difference of 55,000 individuals still in need of treatment services. In FY 2010, treatment agencies across the state provided over $1 million in ***unreimbursed*** services to eligible Kansans needing substance abuse treatment.

**Why is this increase needed?** As the economy continues to struggle, the misuse of substances, particularly alcohol, becomes more prevalent. With this additional burden on the publicly funded treatment system, this increase would allow more individuals to access needed substance use disorder treatment services.

Restoration of funds to the prevention system will assist the state in meeting federal compliance standards as well as assist communities with their efforts to reduce the prevalence of substance misuse as well as the demand for substance use disorder treatment.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
Treatment and prevention grants will be restored.

## Performance Measures:

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Increased Funding | $2,547,403 | $2,547,403 |
| | | |
| OUTCOME MEASURES | | |
| Increased Number of Persons Served | 1,500 | 1,500 |

## Expenditures and Financing

| Expenditures: | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Assistance | 2,547,403 | 2,547,403 |
| Subtotal Expenditures | $2,547,403 | $2,547,403 |
| *Total Expenditures* | *$2,547,403* | *$2,547,403* |
| Financing: | | |
| State General Funds | $2,547,403 | $2,547,403 |
| *Total Financing* | *$2,547,403* | *$2,547,403* |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | | |

**Enhancement Package #7/14: Restore Dental Services to Waivers**

**Description:** Dental services were eliminated from the PD, DD, and TBI waivers on January 1, 2010 due to projected over expenditures of the allocated budgets for the waivers as well as the budget circumstances in the state at that time. Restoring dental services will allow persons receiving waiver services access to necessary oral health care that is not provided through the Medicaid State Plan. Without appropriate oral health care individuals with disabilities are at high risk of infection, increased behavioral issues and possible hospitalization. The total cost to reestablish dental services to the waivers is $1,259,361 AF ($522,509 SGF). For each individual waiver, the costs are: DD Waiver $681,586 AF ($282,790 SGF); PD Waiver $529,983 ($219,890 SGF); TBI Waiver $47,792 AF ($19,829 SGF).

**How will this impact the Division's Goals?** Persons with disabilities will receive the supports and services they need to live a safe, healthy, and successful life in the community.

**Why is this increase needed?** The funding would be utilized to restore services to their previous level.

**How will this increase be implemented and executed?** A waiver amendment would need to be approved by the Center for Medicare and Medicaid Services for approval to restore the services. Dental services would be restored September 1, 2011.

**For the DD Waiver**
**Performance Measures:**

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Increased funding | $681,586 | $681,586 |
| | | |
| OUTCOME MEASURES | | |
| Increased Number of Persons Served | 1,420 | 1,420 |

## Expenditures and Financing:

| Item (include caseload numbers if applicable) | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Caseload Expenditures: | | |
| Average Monthly Families | | |
| Average Monthly Persons | 1,420 | 1,420 |
| Monthly Cost Per Person | $40 | $40 |
| Subtotal Caseload Expenditures | $681,586 | $681,586 |
| | | |
| *Total Expenditures* | *$681,586* | *$681,586* |
| | | |
| Financing: | | |
| State General Funds 1000-4010 | $282,790 | $282,790 |
| Federal Funds - 3414-0446 | $398,796 | $398,796 |
| *Total Financing* | *$681,586* | *$681,586* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | - | - |

## For the PD Waiver
## Performance Measures:

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Increased funding | $529,983 | $529,983 |
| | | |
| OUTCOME MEASURES | | |
| Increased Number of Persons Served | 1,105 | 1,105 |

## Expenditures and Financing

| Item (include caseload numbers if applicable) | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Caseload Expenditures: | | |
| Average Monthly Families | | |
| Average Monthly Persons | 1,105 | 1,105 |
| Monthly Cost Per Person | $40 | $40 |
| Subtotal Caseload Expenditures | $529,983 | $529,983 |
| | | |
| *Total Expenditures* | *$529,983* | *$529,983* |
| | | |
| Financing: | | |
| State General Fund 1000-3030 | $219,890 | $219,890 |
| Federal Funds 3414-0446 | $310,093 | $310,093 |
| *Total Financing* | *$529,983* | *$529,983* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | - | - |

## For the TBI Waiver
## Performance Measures:

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Increased Funding | $47,792 | $47,792 |
| | | |
| OUTCOME MEASURES | | |
| Increased Number of Persons Served | 100 | 100 |

## Expenditures and Financing

| Item (include caseload numbers if applicable) | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Caseload Expenditures: | | |
| Average Monthly Families | | |
| Average Monthly Persons | 100 | 100 |
| Avg Monthly Cost Per Person | $40 | $40 |
| Subtotal Caseload Expenditures | $47,792 | $47,792 |
| | | |
| *Total Expenditures* | *$47,792* | *$47,792* |
| | | |
| Financing: | | |
| State General Fund 1000-4010 | *$19,829* | *$19,829* |
| Federal Funds - 3414-0446 | *$27,963* | *$27,963* |
| *Total Financing* | *$47,792* | *$47,792* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | - | - |

**Enhancement Package # 8 /14: Restore Funding in Regions for Direct Service Staff**

**Description:** This enhancement requests funding for 230 positions to reinstate the staffing level in the SRS regional offices that existed two years ago. The prolonged recession and unremitting caseload increases are creating a severe strain on regional staff. The depth of the 2007 recession is mirrored in the rapid caseload increases shown in the upper section of the following table. Simultaneously, the vacancies among regional staff have risen more than eight percent, as indicated in the lower section.

| Item | June 2008 | June 2010 | Increase |
|---|---|---|---|
| **Selected Major Caseloads** | | | |
| Food Assistance | 29,974 | 36,202 | 20.8% |
| Temporary Assistance for Families | 191,186 | 277,579 | 45.2% |
| Medical Elderly & Disabled | 85,318 | 94,828 | 11.1% |
| **Regional Staffing** | | | |
| Vacant Positions | 307 | 537 | 230 |
| Vacancy Rate | 10.6% | 18.9% | 8.3% |

**Relationship to Program Goals and Objectives:** The department's central objective is to manage the essential responsibilities of processing caseloads, completing investigations to ensure the safety of children and vulnerable adults, and satisfying federal performance requirements. The rapid rise in caseloads is undermining the agency's capacity to attend to these basic requirements. This request enables the agency to re-establish its staffing level in order to provide appropriate services to SRS clients and to avoid federal penalties.

**Performance Measures:**

| | Actual FY 2009 | Actual FY 2010 | Current Year FY 2011 | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|---|---|---|
| OUTPUT MEASURES | | | | | | |
| Regional Vacancies at Close of FY | 398 | 537 | 537 | 307 | 307 | 307 |
| Regional Vacancy Rate at Close of FY | 13.5% | 18.9% | 18.9% | 10.8% | 10.8% | 10.8% |

**Expenditures and Financing:** The cost allocation for these positions was developed by shifting limited federal funding amounts to the State General Fund. It is emphasized that no additional positions are requested in this enhancement.

| | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|
| EXPENDITURES | | | |
| Salaries | $11,548,626 | $11,895,085 | $12,251,938 |
| *Total Expenditures* | *$11,548,626* | *$11,895,085* | *$12,251,938* |
| | | | |
| FINANCING | | | |
| SGF - State Operations | $8,862,993 | $9,128,883 | $9,402,750 |
| SNAP Administration | 1,037,625 | 1,068,754 | 1,100,816 |
| CSE | 897,498 | 924,423 | 952,156 |
| IV-E Foster Care | 125,948 | 129,726 | 133,618 |
| IV-E Adoption | 22,567 | 23,244 | 23,941 |
| Med Adm | 601,995 | 620,055 | 638,657 |
| *Total Financing* | *$11,548,626* | *$11,895,085* | *$12,251,938* |
| | | | |
| FTE Positions | - | - | - |
| Non-FTE Positions | - | - | - |
| *Total Positions* | - | - | - |

**Enhancement Package #9/14: Restore Funding for Centers for Independent Living**

**Description:** This enhancement restores the $321,956 reduction to Centers for Independent Living. Centers utilize Independent Living funding to provide staff for services to consumers such as Information and Referral, developing Independent Living plans, teaching independent living skills, and advocating for inclusion of individuals with disabilities.

**Relationship to Program Goals and Objectives:** Rehabilitation Services Independent Living Program services are driven by the Statewide Plan for Independent Living which is developed with consumer input across the state. The statewide plan is developed and submitted jointly by Rehabilitation Services and the Statewide Independent Living Council of Kansas. On a local level, Centers for Independent Living develop and provide cross-disability service at the direction of a consumer controlled board. Centers work to advocate for consumers and to build systemic inclusion, teach basic living skills and work with consumers on employment goals. All centers work to provide the four core services: Information and Referral, Independent Living Skills Training, Peer Counseling and Advocacy. In addition to these services, Deinstitutionalization services are also provided. Many centers also provide additional Independent Living services as allowed by the Rehabilitation Act. Deinstitutionalization, provision of assistive technology, home/vehicle/workplace modifications, and assistive devices are cost-effective methods of assisting people with disabilities in living independently. The need for services is evidenced by the number of people requesting services from the 12 centers funded in Kansas; as well as the growing population of individuals eligible for services. The primary purpose of Centers for Independent Living and the services they provide is to assist individuals with disabilities to maintain or enhance their ability to live independently in their communities and not be required to pursue higher cost institutional care. This enhancement will allow the Centers for Independent Living to return or again provide services to as many as 2,786 persons with disabilities with the goal of maintaining or enhancing their independence.

**Performance Measures:**

| | Actual FY 2009 | Actual FY 2010 | Current Year FY 2011 | Budget Year FY 2012 | Out-Year 1 FY 2013 | Out-Year 2 FY 2014 |
|---|---|---|---|---|---|---|
| OUTPUT MEASURES | | | | | | |
| Increase in Annual Persons | - | - | - | 2,786 | 2,786 | 2,786 |

## Expenditures and Financing:

| | Budget Year FY 2012 | Out-Year 1 FY 2013 | Out-Year 2 FY 2014 |
|---|---|---|---|
| EXPENDITURES | | | |
| Grants and Assistance | $321,956 | $321,956 | $321,956 |
| *Total Expenditures* | *$321,956* | *$321,956* | *$321,956* |
| | | | |
| FINANCING | | | |
| SGF - VR Aid & Assistance | $321,956 | $321,956 | $321,956 |
| *Total Financing* | *$321,956* | *$321,956* | *$321,956* |

**Enhancement Package #10/14:** Restore Mental Health Grant Funding Shifted to Medicaid Match

**Description:** Prior to FY 2008 SRS paid the federal share and a portion of the required state share of the Medicaid funding to the community mental health centers (CMHCs). The CMHCs certified the remaining portion of the required state share from State General Fund grants provided by SRS. When the Center for Medicare and Medicaid Services (CMS) approved the 1915 (b) waiver, the CMHCs were no longer required to certify the state share of match for Medicaid. However, to cover the state share of Medicaid $26,191,960 the CMHCs used for certified match was moved from grants to Medicaid funded community mental health services. The Governor's 2008 budget amendment (GBA) recommended replacing $10,000,000 of these grant funds. The Legislature agreed with the GBA and added an additional $7,000,000 to CMHC grants for FY 2009. The net amount the grants were reduced to provide state matching funds for community mental health services was $9.2 million. This request reinstates that grant reduction.

**How will this impact the Division's Goals?** This funding will increase the number of Kansans who will experience recovery and live, safe, successful, self-determined lives in their homes and communities.

**Why is this increase needed?** Eliminate the need for CMHCs to prioritize who receives services and establish waiting lists.

**How will this increase be implemented and executed? (Include regulatory, statutory, and/or state plan changes required; effective date)** Restoring funding will be expanded and expectations reinstated to previous levels.

**Performance Measures:**

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| OUTCOME MEASURES | | |
| Increased number of consumers served with grant funding | 3,200 | 3,200 |

## Expenditures and Financing

| | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Expenditures: | | |
| Assistance | $9,191,960 | $9,191,960 |
| Subtotal Expenditures | $9,191,960 | $9,191,960 |
| | | |
| *Total Expenditures* | *$9,191,960* | *$9,191,960* |
| | | |
| Financing: | | |
| State General Funds | $9,191,960 | $9,191,960 |
| *Total Financing* | *$9,191,960* | *$9,191,960* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | - | - |

**Enhancement Package #11/14: Restore Reduction to the Family Preservation Contracts**

**Description:** This request restores the reduction to the Family Preservation Program that occurred in FY2011, which deprived services to 75 families. Given the contract rate increases, this funding will restore services to 73 families.

**Relationship to Program Goals and Objectives:** Family Preservation Services are intensive in-home services provided through contracts with Child Welfare Case Management Providers. Services are designed to assist pregnant women and families to overcome problems which may, if not effectively resolved, lead to placement of children in out-of-home care. This request will assist in achieving the agency's goal to keep families together. Without this funding, prevention services to 73 families will not be available. The deprivation of services increases the risk of children coming into custody.

**Performance Measures:**

| | Actual FY 2009 | Actual FY 2010 | Current Year FY 2011 | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|---|---|---|
| OUTPUT MEASURES | | | | | | |
| Average Monthly Children Served | - | - | - | 2,622 | 2,624 | - |

**Expenditures and Financing:**

| | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|
| EXPENDITURES | | | |
| Grants and Assistance | $290,238 | $290,238 | $290,238 |
| *Total Expenditures* | *$290,238* | *$290,238* | *$290,238* |
| | | | |
| FINANCING | | | |
| SGF - Youth Aid & Assistance | $275,000 | $275,000 | $275,000 |
| IV-E Adoption (Fund 3312-0421) | 15,238 | 15,238 | 15,238 |
| *Total Financing* | *$290,238* | *$290,238* | *$290,238* |

**Enhancement Package #12/14: Restore Reductions to the Mental Health Community Medication Program**

**Description:** This enhancement request restores the Mental Health Community Medication program to previous funding levels. The Mental Health Community Medication Program pays for needed high cost mental health drugs, especially atypical antipsychotics, for persons who do not have the means to pay for them. These very expensive medications are critical for people with a severe and persistent mental illness to experience recovery. Because of Kansas' current financial challenges, this program was cut in half. As a result, on average, about 93 persons per month lost access to this funding for their needed mental health medication. This enhancement will restore funding to pay for mental health medications for these people. However, even with this restoration, many more persons have need of this support, especially treatment medication for substance use disorders.

**How will this impact the Division's Goals?** Restoring these funds will increase the likelihood that more Kansans with mental illness will experience recovery and live safe, healthy, successful, self-determined lives in their homes and communities.

**Why is this increase needed?** Many persons with severe mental illness and substance use disorder are uninsured and have no other means to pay for needed treatment. These medications are often very expensive and well out of reach of those without insurance.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
Increase the existing funding for the pharmacy benefit manager contract.

**Performance Measures:**

| OUTPUT MEASURES | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Increased Number of Persons Receiving Medication | 93 | 93 |
| OUTCOME MEASURES | | |
| Potential Reduction in State Mental Health Hospital Admissions | 10 | 10 |

## Expenditures and Financing

| | FY 2012 Allocated | FY 2013 Out Year #1 |
|---|---|---|
| Expenditures: | | |
| Contractual | 500,000 | 500,000 |
| Subtotal Other Expenditures | $500,000 | $500,000 |
| | | |
| *Total Expenditures* | *$500,000* | *$500,000* |
| | | |
| Financing: | | |
| State General Funds | $500,000 | $500,000 |
| *Total Financing* | *$500,000* | *$500,000* |
| | | |
| FTE Positions | | |
| Non-FTE Unclassified Permanent | | |
| *Total Positions* | | |

**Enhancement Package #13/14: Funeral Assistance Program**

**Description:** This enhancement requests funding for funeral assistance. Funding for the Funeral Assistance Program was terminated in FY 2010. The proposed program differs from the former program by requiring funeral homes to provide discounted services as a condition of SRS providing assistance to the family in need. In addition, the proposed program would expand the resource limit to cover all public assistance recipients, some of whom have higher limits than the standard $2,000. It would also establish the SRS contribution of $600 per funeral.

**Relationship to Program Goals and Objectives:** The agency believes that the measure of dignity afforded to families facing the loss of a relative is an act of decency that should be performed. It is also a fundamental responsibility of government to bury the dead when close relatives lack the means to do so. To do otherwise is to neglect the courtesy owed to the family and unfairly burden funeral homes and local governments.

**Performance Measures:**

| | Actual FY 2009 | Actual FY 2010 | Current Year FY 2011 | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|---|---|---|
| OUTPUT MEASURES | | | | | | |
| SRS Assisted Funerals | 1,194 | 1,028 | - | 1,158 | 1,189 | 1,221 |

**Expenditures and Financing:**

| | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|
| EXPENDITURES | | | |
| Grants and Assistance | $764,047 | $784,800 | $805,800 |
| *Total Expenditures* | *$764,047* | *$784,800* | *$805,800* |
| | | | |
| FINANCING | | | |
| SGF - Cash Assistance | $764,047 | $784,800 | $805,800 |
| *Total Financing* | *$764,047* | *$784,800* | *$805,800* |

**Enhancement Package #14/14: Planning Money for Sexual Predator Treatment Program 90 Bed Expansion**

**Description:** The current census for the Sexual Predator Treatment Program (SPTP) at Larned State Hospital is 197 as of September 3, 2010. The designed bed capacity for the SPTP at LSH is 214. If the current projections on the growth of the SPTP hold true then the total bed capacity available at Larned will be reached in FY 2012. It is not clinically feasible or physically feasible (based on KDHE space requirements) to put more than one SPTP resident to a room. Therefore, it is critical to address the need to add additional beds now. As we will run out of bed space in FY2012 our plan now includes the temporary conversion of program space into bed space, while the expansion is being planned and constructed. The program space converted to bed space will have to be converted back to program space once the expansion is completed, in order to have appropriate space to meet the active treatment requirements of the program. In FY 2012 we are requesting $2.7 million in State Institutional Building Fund (SIBF) funding for planning funds for a 90 bed expansion at LSH, and $41.6 million over FY2013 and FY 2014 for construction of the new facility.

**How will this impact the Division's Goals?** To maintain the goal of "No New Victims", SPTP will continue to require additional funding to accommodate its growth.

**Why is this increase needed?** If the current projections on the growth of the SPTP hold true then the total bed capacity available at Larned will be reached in FY 2012.

**How will this increase be implemented and executed? (include regulatory, statutory, and/or state plan changes required; effective date)**
If funding is approved by the 2011 Legislature contracts for planning and design can begin July 1, 2011.
**Performance Measures:**

| | FY 2012 | FY 2013 | FY 2014 |
|---|---|---|---|
| OUTPUT MEASURES | Allocated | Out Year #1 | Out Year #2 |
| Increased Funding | $2,659,500 | $18,720,000 | $ 22,946,200 |
| | | | |
| OUTCOME MEASURES | | | |
| Increase capacity by 90 beds | yes | yes | yes |

## Expenditures and Financing

| | Budget Year FY 2012 | Out Year 1 FY 2013 | Out Year 2 FY 2014 |
|---|---|---|---|
| Expenditures: | | | |
| Capital Improvements | $ 2,659,500 | $ 18,720,000 | $ 22,946,200 |
| Subtotal Expenditures | $2,659,500 | $18,720,000 | $22,946,200 |
| *Total Expenditures* | *$2,659,500* | *$18,720,000* | *$22,946,200* |
| Financing: | | | |
| State Institutional Building Fund. 8100- N1 | $2,659,500 | $18,720,000 | $22,946,200 |
| *Total Financing* | *$2,659,500* | *$18,720,000* | *$22,946,200* |
| FTE Positions | | | |
| Non-FTE Unclassified Permanent | | | |
| *Total Positions* | | | |