

Kansas Department of

Social and Rehabilitation Services

Don Jordan, Secretary

Kansas Autism Task Force
August 13, 2007



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**Testimony to the Autism Task Force
Department of Social and Rehabilitation Services**

Mr. Chairman, and Task Force members, I am Margaret Zillinger, the Director of Community Supports and Services within SRS. Thank you for giving me the opportunity today to provide you with information regarding three of the programs which are administered by SRS, Targeted Case Management (TCM), the home and community based services waiver which provides services for individuals with developmental disabilities, and the newly proposed autism waiver which will serve children with Autism Spectrum Disorders (ASD).

Medicaid State Plans Services vs. Home and Community Based Service Waivers

Title XIX is a part of the federal Social Security Act that provides funding of health care services for certain groups of eligible individuals. Each State develops and submits a State Plan to the Center for Medicare and Medicaid Services (CMS) which lists all of the health care services the State intends to provide. Examples are pharmacy, physician, and hospital services. Title XIX State Plan services receive an approximate 60% match rate from CMS. State General Funds (SGF) pay the remaining 40% share of the total cost. Title XIX eligible groups include individuals who meet the financial and program requirements for Temporary Assistance to Families (TAF), Foster Care (FC) Children, Social Security for Aged, Blind and Disabled, and Supplemental Security Income (SSI). All of these eligibility groups are eligible to receive any of the Title XIX State Plan services when determined medically necessary.

Section 1915 of the Social Security Act allows CMS to waive three sections of Title XIX law in order to allow States to provide HCBS programs. Sections waived include: state wideness, eligible population, and standards of eligibility. By waiving these sections, states can choose to cover non-traditional or expanded health care services to limited populations, in limited areas or use special eligibility rules. It is the state's decision to identify some services, like case management or attendant care, to be either State Plan or waiver services. The decision is usually dependent upon the population to be served and financing methodologies available. Consumers eligible for HCBS programs are Title XIX eligible and therefore receive both HCBS and State Plan services.

Targeted Case Management (TCM)

Purpose: Case management services are those services designed to assist an individual in gaining access to medical, social, educational and other needed services.

Target Population: TCM is currently reimbursed for the following populations:

- Individuals with mental illness
- Individuals with mental retardation or developmental disabilities
- Individuals who have sustained a traumatic brain injury
- Technology dependent children
- Individuals with physical disabilities

Services: Targeted case management includes the following services:

- Assessment of an eligible individual to determine service needs.
- Development of a plan of care.
- Referral and related activities to help an individual obtain needed services.
- Monitoring and follow-up activities, including activities and contact that are necessary to ensure the plan of care is effectively implemented and meets the needs of the individual.

Funding: TCM services are Medicaid State Plan services and reimbursement is a combination of state and federal funding.

Changes for FY08: During the past year there have been numerous changes made to TCM as a result of recommendations made to the State by CMS. Changes included the following:

- A consistent definition of case management is being used for all TCM.
- The unit of service for some TCM moved from a monthly unit to a 15 minute unit.
- KHPA contracted with a vendor to develop a uniform methodology for rate establishment for all TCM.
- Certified public expenditures are no longer used in the funding of MR/DD TCM.
- CDDOs are no longer the only enrolled Medicaid provider for MR/DD TCM.

HCBS MR/DD Waiver

Purpose: Consistent with the Developmental Disabilities Reform Act of 1995 (DDRA), the goals and objectives of this waiver center around the policy of the State to provide individuals who have mental retardation and/or developmental disabilities access to services and supports which allow for opportunities for choices that increase their independence, productivity, and inclusion in the community. The waiver offers individuals an alternative to institutional placement.

Target population: The population served by this waiver are individuals ages 5 and over who would otherwise require institutionalization in an intermediate care facility for the mentally retarded (ICF-MR).

Services:

- Residential Supports: These supports are provided to individuals who live in a residential setting and do not live with their birth or adoptive parents. This service provides assistance, acquisition, retention and/or improvement in skills related to activities of daily

living and the social and adaptive skills necessary to enable an individual to reside in a non-institutional setting.

- **Day Supports:** These are regularly occurring activities that provide a sense of participation, accomplishment, personal reward, and personal contribution and thereby serve to maintain or increase adaptive capabilities, productivity, independence or integration and participation in the community. These opportunities can include socialization, recreation, community inclusion, adult education, and skill development in the areas of employment, transportation, daily living, self sufficiency, and resource identification and acquisition.
- **Personal Assistant Services:** One or more personal assistants supporting or supervising an individual with the tasks the person would typically do for themselves or by themselves if they did not have a disability. Such services include assisting individuals in performing a variety of tasks promoting independence, productivity, and integration.
- **Assistive Services:** These are supports or items that meet an individual's assessed need by improving and/or promoting the person's health or independence. Examples include, but are not limited to wheelchair modifications, ramps, lifts, modifications to bathrooms, and assistive technology.
- **Supported Employment:** Competitive work in an integrated setting with on-going support services for individuals who receive services through the waiver. Competitive work is work for which an individual is compensated in accordance with the Fair Labor Standards Act.
- **Family-Individual Supports:** Family-Individual Supports are an array of supports consisting of Supportive Home Care, Respite Care and Night Support that are available to individuals who reside with a person/persons who meet the definition of family. This service provides for paid staff to perform essential in-home assistance any hour of the night or day, in the absence of non-paid cared givers, as determined to meet the individual's needs.

Eligibility: To be eligible for MR/DD waiver services individuals must be 5 years of age or older, are mentally retarded or otherwise developmentally disabled, meet the criteria for ICF/MR level of care as determined by specified screening instrument, and choose to receive HCBS MR/DD Waiver services rather than ICF/MR services.

Funding: The Legislature appropriates funding for the waiver each year. For FY 2008 \$281,254,524 has been appropriated. The waiver currently serves 7,195 consumers and there are 1,029 unserved consumers waiting for services.

HCBS Autism Waiver

Purpose: The Autism Waiver is designed to provide intensive early intervention services to children with ASD. Studies show that early intensive intervention for these children is the most effective method for increasing functional skills, replacing challenging behavior, and improving quality of life. Not only will the program greatly benefit children with autism and their families,

but intensive early intervention treatment for children with autism also has the potential to provide dramatic cost avoidance to the state, as these children are less likely to depend on public services over the course of their lifetime.

Target population: The population to be served includes children with ASD. Children will be able to enter the waiver program from the age of diagnosis through the age of five and are eligible to receive waiver services for a time period of three years.

Services:

- Respite Care: Provides temporary direct care and supervision for the child to provide relief to families/caregivers of a child with an ASD.
- Parent Support and Training: The training and support necessary to ensure engagement and active participation of the family in the treatment process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.
- Intensive Individual Supports: Services provided to a child with an ASD designed to assist in acquiring, retaining, improving, and generalization of the self-help, socialization, and adaptive skills necessary to reside and function successfully in home and community settings.
- Consultative Clinical and Therapeutic Services: Services provided by an Autism Specialist to assist the family and paid support staff or other professionals with carrying out the individual program that supports the child's functional development and inclusion in the community.
- Family Adjustment Counseling: Counseling provided to the family members of a child with an ASD to help them cope with the child's illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing continuous, daily care required by the child with an ASD.

Eligibility: To be eligible for Autism Waiver services the child must receive a diagnosis by a licensed Medical Doctor or Ph.D. Psychologist. After receiving a diagnosis of an ASD, the child will be assessed for a Level of Care Determination to establish functional eligibility for waiver services. The Vineland II Adaptive Behavior Scales will be the tool used for the assessment.

Funding: The Legislature appropriated \$300,000 SGF for the Autism Waiver. When matched with federal Medicaid dollars, the total budget equals \$744,417. It is estimated that twenty-five children will receive Autism Waiver services in year one, fifty children will receive services in year two, and seventy-five children will receive services in year three (contingent upon continued funding of the program).

Implementation Timeline: The implementation date for the autism waiver is January 1, 2008. The application for a 1915c home and community based services waiver was submitted to the CMS on July 5, 2007. Upon receiving the application CMS has 90 calendar days to approve or deny the application. On July 31, 2007, SRS and CMS held a conference call to answer the first round of questions that CMS presented regarding the waiver application. SRS will have

responses to those questions to CMS before August 15, 2007. We anticipate follow-up questions once the responses are received by CMS.

As we are working with CMS on the approval of the waiver application, we are also working with the Kansas Health Policy Authority to make the necessary changes to the MMIS which will allow providers to enroll and bill for services provided.

Demographics:

Currently, autism can be diagnosed as early as eighteen months of age. Autism Spectrum Disorders (ASDs) occur four times more often in boys than girls. National statistics estimate that 1 in 150 children have an ASD.

	Total Kansas Population (Census 2000)	# of individuals with ASD*
Under age 5	188,708	1258
5 – 9	195,574	1304
10-14	204,018	1360
15-19	210,118	1401
20-24	190,167	1268
25-34	348,853	2326
35-44	420,351	2802
45-54	354,147	2361
55-59	121,645	811
60-64	98,608	657
Total	2,332,189	15,548

*calculated based on 1/150 prevalence rate

Within the developmental disability system, there are currently a total of 1,790 individuals identified as having either a primary or secondary diagnosis of autism. Of the 1,790, there are 846 adults, including 54 residing in either an Intermediate Care Facility for Mental Retardation (ICF/MR) or state hospital, and 944 children, including 4 residing in a state hospital. These identified individuals may be receiving HCBS waiver services, institutional services, or may be on the waiting list to receive waiver services.

Of the 5,730 youth currently in the Reintegration Foster Care System there are approximately 37 children in out of home placement identified as having an ASD.

That concludes my testimony. I would be glad to answer any questions you might have.