Social and Rehabilitation Services Don Jordan, Secretary

Joint Committee on HCBS Oversight

October 22, 2008



Home & Community Based Services
General Information
Disability & Behavioral Health Services
Ray Dalton, Deputy Secretary

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HCBS General Information Joint Committee on HCBS Oversight October 22, 2008

Chairman Bethell and members of the Committee, I am Ray Dalton, Deputy Secretary of SRS. Thank you for the opportunity to appear before you today to present follow up information that you have requested regarding the HCBS programs administered by SRS.

Census at Institutions

You asked for the FY 2008 average census in the state institutions and long-term care facilities. The average daily census at Parsons State Hospital during FY 2008 was 194. The average daily census at KNI during FY 2008 was 160.

Average Cost of Institutional Care vs. Home and Community Based Services

Program	Average Monthly Cost	Average Annual Cost
MR/DD Waiver	\$3,013	\$36,157
Private ICF/MR	\$6,239	\$74,869
Public ICF/MR	\$12,908	\$154,893
PD Waiver	\$1,401	\$16,812
Nursing Facility	\$2,942	\$35,364

The above numbers are averages. You would be able to find situations where the monthly home and community based services cost was higher than an institution for an individual. There are also situations where the cost per month is much lower in the community.

The committee requested information related to costs of services provided outside of the MR/DD Waiver. In FY 2008 the costs for services provided outside the waiver averaged \$6,321 per year per individual. You add the waiver costs to the cost of services provided outside the waiver and the total average cost per year per waiver individual is \$42,478. Services provided outside of the waiver include inpatient hospital care, physician services, outpatient/clinic services, laboratory and x-rays and prescribed drugs. In our previous testimony we mistakenly reported that \$42,478 were waiver costs. In reviewing this, this number includes services provided outside of the waiver. We apologize for that error.

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Procedure for Individuals in a Crisis Situation

For the MR/DD Waiver there is a process in place for crisis situations. The process is outlined in the contract that SRS has with the individual CDDO's.

At this time access to new waiver services is limited to when a crisis/imminent risk of crisis situation arises. Persons who are in crisis or imminent risk of crisis and whose needs can only be met through services available through the MR/DD waiver are those persons who:

- a. Require protection from confirmed abuse, neglect, or exploitation or written documentation of pending actions for the same; or
- b. Are at significant, imminent risk of serious harm to self or others in their current situation.

The determination for crisis is made by the CDDO and tracked by SRS.

<u>Financial Impact of Lowering the Developmental Disability Waiver minimum age to 3</u>

The committee requested that SRS look at what the impact of lowering the eligibility age for the MR/DD waiver to age 3 from age 5. As is shown in the chart, if a policy decision were made to lower the age for MR/DD waiver services, the children currently on the waiting list would either need to be placed into service along with the children in the 3 to 4 year old age group, or the 3 and 4 years olds would be added to the waiting list and services would be available when funding becomes available. Please see the chart below for the fiscal impact.

Numbers of Children	Average Annual Cost for Children on the DD Waiver plus annual costs outside of the waiver	TOTAL
3 and 4 year olds known to system - 257	\$17, 442.00 Waiver	\$6,107,091 AF
	\$6,321 Outside Waiver	\$2,447,722 SGF
Individuals under age 18 on the DD waiting list - 946	\$17, 442.00 Waiver	\$22,460,878 AF
	\$6,321 Outside Waiver	\$9,002,320 SGF
Total number of children		\$28,567,969 AF
1,203		\$11,450,042 SGF

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Children from birth to 3 years of age may receive services through the tiny-K programs regionally. The tiny-K programs provide services such as Speech Language Pathology, Occupational and Physical Therapy, Vision and Nutrition Services. They also provide Family Training and Counseling for families. Children ages 3 and 4 are eligible for the same services from the educational system as children age 5 through Part B of IDEA. These services are provided in a variety of environments outside of the school setting. There is an emphasis to serve these children in settings where the child is with their peer group. Therefore the services are most likely provided in a pre-school setting or possibly day care centers, but they may be provided in the child's home. The services provided through the tiny-K and Part B programs are designed to provide services and supports to families during the early developmental years. These services are not created to take the place of the care and support a family would provide to a child without a disability.

The services provided through tiny-K or Part B are directed towards meeting the specialized needs of young children with disabilities particularly in areas of communication, socialization and other areas which prepare them to function in school and society. Services on the DD Waiver are directed towards assisting the family maintain the child in the home. Therefore expanding the waiver would not necessarily increase access to services generally provided by Part B, but would be of assistance to parents in coping with their children's special needs.

Education Responsibilities for Transition Planning for Youth with Disabilities

At age 14: For students with disabilities, the Individual Education Program (IEP) must address measurable post-secondary goals (transition plans) beginning with the IEP that will be in effect when the student turns 14 years of age, or earlier if appropriate.

At age 16: The IEP that will be in effect when the student reaches the age of 16 must identify the transition services needed to assist the student in reaching his or her post-secondary goals. At this time, the IEP is intended to consider a variety of potential needs for the individual student, including: instruction; community experiences, such as community-based work; services leading to employment and community participation; and acquisition of daily living skills.

Content of the IEP: The IEP is intended to be a comprehensive, coordinated plan that prepares the student for life after high school. From the education system perspective, the major components of transition planning are to ensure that students gain the skills needed to achieve their desired post-school goals and assume adult responsibilities in the community, and to link students with needed post-high school supports and services.

Performance indicators: States are required by the U.S. Department of Education to meet specific performance indicators, two indicators that measure the success of transition planning are Indicator 13: Content of the Individual Education Program (IEP); and Compliance Indicator 14: Post-school Outcomes

Notification to vocational rehabilitation (SRS/Rehabilitation Services): When a student turns 16, the IEP team must consider if the student's post-school employment goals warrant a notification to Kansas Rehabilitation Services (KRS).

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KRS Vocational Training for Children on the MR/DD Waiver

A major program goal of Kansas Rehabilitation Services (KRS) is to emphasize the employment potential of students with disabilities and improve the outreach and outcomes for transition-aged students. To accomplish this goal, the KRS State Plan for FFY 2008-2010 includes the following strategies:

- Increase the number of targeted outreach activities with students, parents, and school personnel related to employment expectations for students with disabilities.
- Improve the outreach and referral process with transition students, parents and education to encourage more clear communication and increased applications for services.
- Build partnerships with school transition personnel to encourage the incorporation of career-focused and work-based experiences into Individual Education Plans.
- Explore funding opportunities in order to engage transition-age students with disabilities in establishing goals toward employment and self-sufficiency.

As a result of these actions and initiatives, the following results have been achieved:

- From FFY 2006 through SFY 2008, KRS experienced a 108% increase in the number of new applications from transition-aged youth with disabilities.
- During that same time period, an increase of 123% was achieved in the number of new Individual Plans for Employment written for transition youth.
- In SFY 2008, 388 youth with disabilities achieved employment through VR services, representing 24% of the agency's total number of rehabilitations.
- Wages achieved by transition youth who became employed in SFY 2008 averaged \$8.90 an hour, exceeding the federal standard of \$8.78. The top employment outcomes achieved included:
 - o A welder earning \$43.27 an hour.
 - o A dental hygienist earning \$36 an hour.
 - o A fashion designer earning \$35 an hour.
 - o A teacher earning \$23.45 an hour.
 - A supply store manager earning \$20.85 an hour.
- In SFY 2007 and 2008, KRS conducted a consumer satisfaction survey asking various stakeholders to rank their experiences and satisfaction with KRS services on a 10-point scale. Using this method, any score over five represents the perspective of more satisfied than not. KRS performance among school personnel responding to the survey improved dramatically over the two-year period, from 5.7 in SFY 2007 to 8.5 in SFY 2009.

Quarterly SRS, Aging Long-Term Care Movement Report and Savings Report

Attached is the quarterly SRS, Aging Long-Term Care Movement Report and Savings Report, which I would now like to explain.

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