

## MINUTES

### JOINT COMMITTEE ON HOME AND COMMUNITY BASED SERVICES OVERSIGHT

August 23, 2011  
Room 144-S/548-S—Statehouse

#### Members Present

Senator Carolyn McGinn, Chairperson  
Representative Bob Bethell, Vice-chairperson  
Senator Laura Kelly  
Senator Kelly Kultala  
Senator Dwayne Umbarger  
Representative Barbara Ballard  
Representative David Crum  
Representative Jerry Henry

#### Member Absent

Representative Brenda Landwehr

#### Staff Present

Iraida Orr, Kansas Legislative Research Department  
Jay Hall, Kansas Legislative Research Department  
Amy Deckard, Kansas Legislative Research Department  
Estelle Montgomery, Kansas Legislative Research Department  
Renaë Jefferies, Office of the Revisor of Statutes  
Katherine McBride, Office of the Revisor of Statutes  
Connie Burns, Committee Assistant

#### Conferees

Tanya Dorf Brunner, Executive Director, Oral Health Kansas  
Shawn Sullivan, Secretary, Kansas Department on Aging  
Jeremy Whitt, Chief Operating Officer, Delaware Highlands Assisted Living,  
Kansas City, Kansas  
Pedro Moreno, Deputy Secretary of Disability and Behavioral Health Services,  
Kansas Department of Social and Rehabilitation Services (SRS)  
Wes Cole, Interim Superintendent, Osawatomie State Hospital and Rainbow  
Mental Health Facility  
Anna Pilato, Deputy Secretary, Strategic Development and Faith Based and  
Community Initiatives, Kansas Department of Social and Rehabilitation  
Services (SRS)  
Nick Wood, Systems Change Advocacy Coordinator and Lead Investigator,  
Disability Rights Center of Kansas (written only)

## Others attending

See attached list.

## Morning Session Room 144-S

Chairperson McGinn called the meeting to order at 10:10 a.m. The Chairperson welcomed those attending and asked the Senators, Representatives, and staff to introduce themselves.

The Chairperson welcomed Tanya Dorf Brunner, Executive Director, Oral Health Kansas, to address the topic of dental benefits for Kansas Medicaid beneficiaries (Attachment 1).

Ms. Brunner stated the mission of Oral Health Kansas is to improve oral health in Kansas through advocacy, public awareness and education. She noted oral health has three components: dental professional, funding source, and willingness to access. She explained the Kansas Medicaid Program:

- Provides access to dental services for children on Medicaid and HealthWave;
- Covers only emergency dental services for adults, such as extraction of infected teeth, and then only for conditions that threaten the health of the person;
- Made available dental services through the HCBS waivers from 2007 to January 1, 2010;
- Has provided limited access to dental services since January 2010 for persons on the HCBS Frail Elderly waiver through a crisis exception. As of February 2011, 13 crisis exceptions have been granted; and
- Is allowed by federal Medicaid regulations to decide whether to provide dental services to adults.

Ms. Brunner noted, in FY 2009 and FY 2010, over 17,500 people visited Kansas emergency rooms with dental pain. In FY 2009, 539 of those visits resulted in hospital admissions.

Representative Bethell inquired about legislation passed in the 2011 Legislative Session allowing hospitals to hire dentists. Ms. Brunner stated that there was an amendment to a bill that would allow hospitals in communities with populations below 50,000 to employ the service of a dentist.

Data comparing the number of emergency room (ER) visits due to dental pain in Washington, California, and five major hospital systems in the Minneapolis-St. Paul area to the numbers in Kansas was provided by Ms. Brunner. She noted data indicate nearly one-quarter of dental-related emergency room visits were repeat visits. She provided information from a study published in August 2010 which stated "Oral health problems in the ER for the seven states examined cost considerably more than the average cost of dental care."

Ms. Brunner provided several true dental stories of Kansans and interviews from the 2011 Mission of Mercy. In her presentation, she stressed the impact of poor oral care on an individual's overall health and how oral disease restricts activities in school, work, and home, and often significantly diminishes the quality of life.

The Committee requested additional information on:

- Other states, if any, which provide dental services for adults in Medicaid;
- The actual cost to the state/hospital per visit, and the number of people that visited emergency rooms for dental services provided;
- The amount of money the state currently is spending on adult dental care through emergency services.

The Committee discussed services being provided to children, the percent of pediatric dental services covered under Medicaid, franchise dental care, and the use of dental hygienists to provide some services in rural areas. The Committee noted that two bills introduced during the 2011 Legislative Session to address access to dental care still are on active status.

Cathy Harding, Executive Director, Kansas Association for the Medically Underserved (KAMU), provided an update on the safety net clinics in Kansas at the request of the Committee.

The Committee requested staff research the amount being spent in the Medicaid program on adult dental care through emergency services.

The Chairperson called on Shawn Sullivan, Secretary, Kansas Department on Aging (KDOA), to provide an overview of senior services in Home and Community Based Services (HCBS) ([Attachment 2](#)).

Secretary Sullivan stated current nursing home caseload numbers are trending generally downward, but average expenditures have increased. The Money Follows the Person Project (MFP), and Community Transition Opportunities have transitioned 158 individuals to the community since October 2010.

Secretary Sullivan explained the Senior Care Act serves as a bridge for those who do not meet Medicaid eligibility requirements. The Senior Care Act served approximately 5,100 customers in FY 2010 with services such as homemaker, attendant care, case management and chores. The Act provides services to individuals in their homes and is designed to prevent premature nursing home placement. There is a sliding fee scale based upon self-reported income and liquid assets for individuals served by this program. KDOA restored the \$1.3 million in reduced resources from internal agency savings.

Secretary Sullivan noted that the Older Americans Act provides grants to Area Agencies on Aging for the provision of nutrition services in either a congregate setting or in the homes of older Kansans who are home-bound. Federal, state and special revenues at the state level are combined with local funds to support the program. Customers also share in the cost of nutrition service by voluntarily contributing toward the cost of their meals. KDOA restored the \$300,000 in reduced resources from internal agency savings.

Secretary Sullivan noted in FY 2011, the \$2.5 million in reduced resources in the HCBS Frail Elderly (HCBS-FE) waiver was restored through internal agency savings. KDOA is in the process of changing the HCBS-FE waiver, primarily to standardize processes through the case managers throughout the state and to focus on funding client needs instead of wants.

Recent changes in the HCBS-FE waiver were outlined by the Secretary. Changes include:

- Standard measures on times per task are provided to case managers, but these are not a cap on services;
- If a caregiver resides with a customer, caregiver services (such as housekeeping, cooking, grocery shopping) are no longer paid for under the HCBS-FE waiver. If a caregiver is unwilling or unable to provide services, the agency will direct those services;
- Tele-health implementation will take place on October 1, 2011. KDOA views this as a long-term cost saving project; and
- Financial Management Systems (FMS) will be implemented by November 1, 2011, and replaces the current payroll agent system used for HCBS waiver participants.

Secretary Sullivan noted that KDOA recognizes the importance of HCBS and will continue to look at ways to make the HCBS support network more robust, especially in rural areas of Kansas.

Secretary Sullivan noted the state has been involved in the MFP program for the Frail Elderly for the past four years. He listed the following services covered under the MFP Frail Elderly program: adult day care, assistive technology, attendant care, personal emergency response system, nurse evaluation, comprehensive support, community bridge building, transition services (\$2,500 maximum), and transition coordination services.

A MFP work group has been formed to address the barriers that have been identified, including transportation, housing, education, mental health needs, assisted living facility reimbursement, and lack of home health services.

Committee members asked questions or requested additional information as follows:

- Provide the monthly caseload amount for Nursing Homes since January 1, 2011. Is MFP accounting done on a monthly basis based on use or need? With regard to the difference of 500 caseloads from FY 2010 to FY 2011, what happened to these 500 cases?
- Did the reforms recommended by or suggestions of the work group regarding HCBS, which were intended to be applied over the next 12 to 18 months, include a 0 to 30 percent across-the-board cut? The Secretary of Aging stated there was no specific target reduction. The focus with regard to Senior Services was to better use HCBS and reduce nursing facility use.

- The Committee requested a copy of the customer service time allowance policy used for HCBS waivers.
- The Committee requested data on the number of individuals receiving payment for services provided to a family member who will no longer receive payment under the changes implemented by KDOA. The Secretary of Aging stated the first report on 6,000 customers was received just prior to the meeting and the data had not yet been reviewed.
- Was there a large vendor response for bids for the electronic verification system and were any from Kansas? The Secretary noted that three vendors responded, and all were national vendors.
- Did the Tele-health system target specific disease entities? A list of the disease specific criteria will be provided by the KDOA. Also asked was whether Tele-health has the ability to track patients who are not on the system and track their outcomes. The agency response was that such tracking is not available at this time.

Sara Arif, Director of Public Affairs, and Susan Fout, Commissioner of Community Affairs with the Department on Aging, were available for questions.

Jeremy Whitt, Chief Operating Officer, Delaware Highlands Assisted Living, Kansas City, Kansas, was introduced by Chairperson McGinn ([Attachment 3](#)). Mr. Whitt stated his testimony was an addendum to a specific point made by Secretary Sullivan, and specifically related to care for very low income individuals being cared for in assisted living facilities (ALF). The objective of his presentation was to provide a means to reduce Kansas Medicaid costs by reforming HCBS, as applied to ALF for low income seniors, and to provide effective short and long-term solutions at a time of challenging Kansas budget reductions and requirements.

Mr. Whitt stated unlike middle-income and upper-income seniors and their families, very low-income seniors do not have the “safety-nets” or family financial support to care for them. He indicated the current KDOA policy has resulted in the following unintended consequences:

- By reducing Medicaid/HCBS reimbursements across the board, the policy disproportionately impacts low-income seniors, who have no alternatives to receive essential, life-saving healthcare services;
- Because these low-income seniors only need assisted living care, by reducing, and in many cases eliminating all lower-cost options, their only option to survive is skilled nursing/long-term care (LTC) at approximately 2.5 times the cost to the Kansas state budget; and
- The solution proposed by Mr. Whitt was to allow any income-restricted (Sec. 8 or Sec. 42) ALF, or any market-rate ALF that has at least 30 percent of their census reserved for low-income residents, to be reimbursed a per diem rate pegged to 40 percent of the skilled nursing/LTC reimbursement rate. He indicated the result would be a guaranteed 2.5 times lower cost to the Kansas budget.

Mr. Whitt stated the outcomes to this proposal would:

- Prevent Kansas budget cost increases from low-income seniors who only need assisted living care by a factor of two to three times;
- Promote more of the less costly ALF care and thereby reduce the cost to the Kansas budget, and help slow the growth of Kansas skilled nursing enrollment which currently is nearly twice the national average; and
- Reduce inefficiencies and excess administrative requirements in HCBS-FE care delivery for both providers and Area Agencies on Aging.

The Committee asked for the age for eligibility under the program Mr. Whitt proposed. Mr. Whitt stated by raising the age from 65 (which is the eligible age for Medicaid) to 70, the burden would be placed on the resident to remain independent longer and care for themselves as much as they are able. The Committee indicated an interest in hearing more information on this proposal.

Chairperson McGinn stated two additional meetings of the Committee would be held. The Committee members were asked to provide the Chairperson or staff with specific requests for information or topics to be considered at the next two meetings at the end of today's meeting. The meeting recessed for lunch and will resume at 1:40 p.m. in Room 548-S.

### **Afternoon Session Room 548-S**

Chairperson McGinn called the afternoon session to order at 1:40 p.m. and introduced Pedro Moreno, Deputy Secretary of Disability and Behavioral Health Services (DBHS), Kansas Department of Social and Rehabilitation Services (SRS), to present the Quarterly Report on Average Daily Census for State Institutions and Long Term Care (LTC) Facilities, Savings on Transfers to HCBS waiver and HCBS Savings Fund Balance ([Attachment 4](#)). Deputy Secretary Moreno introduced his staff, who were available for clarification and to answer questions.

SRS Staff Members present:

David Chapman – Management Systems Analyst/Management Operations  
 Elizabeth Phelps – Medicaid and Program Oversight Director/Administration  
 Greg Wintle – Mental Retardation Developmental Disability (MR/DD) Waiver  
 Manager/Community Supports and Services  
 Carla Campbell – Management Systems Analyst/Management Operations  
 Kim Pierson – Technology Assisted (TA) Waiver Manager/Community Supports  
 and Services  
 Candace Cobb – Physical Disability Waiver Manager/Community Supports and  
 Services  
 Pam Keller – Autism Waiver Manager/Community Supports and Services  
 Melissa Keller – Management Systems Analyst/Management Operations  
 Michael Deegan – Traumatic Brain Injury Waiver Manager/Community Supports  
 and Services  
 Angela Reinking – Money Follows the Person (MFP) Director/Community Supports  
 and Services  
 Rick Shults – Mental Health Services Director/Mental Health Services  
 Wes Cole – Interim Superintendent, Osawatomie State Hospital and Rainbow  
 Mental Health Facility  
 Barney Hubert – Superintendent, Kansas Neurological Institute (KNI)

Jerry Rea – Superintendent, Parsons State Hospital and Training Facility (PSHTF)  
John House - General Counsel, SRS  
David Davies – General Counsel, SRS

Deputy Secretary Moreno stated HCBS waivers give the state federal approval to draw down federal Medicaid matching funds for community supports and services provided to persons who are eligible for institutional placement, but who waive that opportunity and instead choose to receive services that allow them to continue to live in the community. It is required that the cost of services paid through HCBS waivers be, on the average, less than or equal to the cost of serving people in comparable institutions. Additional details regarding each waiver, the average cost per person per month for each SRS managed waiver, and a summary chart were provided.

Deputy Secretary Moreno provided service details for the Developmental Disability (MR/DD) waiver which serves individuals with significant developmental disabilities. As of August 5, 2011, the MR/DD waiver serves 8,065 unduplicated individuals. In FY 2011, 316 individuals left waiver services, and those positions were filled by individuals in crisis situations. As of August 4, 2011, there were 2,478 persons on the MR/DD waiting list who currently do not receive any HCBS services and who have a request date of July 31, 2011, or earlier. Additional dollars were allocated to the MR/DD waiver for FY 2012, and SRS is in the process of working with Community Developmental Disability Organizations to offer services to individuals on the waiting list. At this time, DBHS projects approximately 285 individuals from the waiting list will be served with this funding. The exact number will be determined by the projected annualized cost to serve each person who is offered and accepts services.

An update on the Physical Disability (PD) waiver was provided by Deputy Secretary Moreno. The PD waiver is designed to serve individuals who would otherwise require institutionalization in a nursing facility by allowing eligible individuals opportunities to access community services and to make choices that increase their independence. In FY 2011, an average of 6,439 individuals were served monthly with \$136,089,230 in annual expenditures. As of June 30, 2011, there were 2,970 consumers on the waiting list for PD waiver services.

Deputy Secretary Moreno stated the PD waiver waiting list during FY 2011 is on a one-for-one rolling basis. As one consumer leaves the PD waiver, the next person in chronological order is offered PD waiver services, after the number of Crisis Exception approvals are considered. In addition to Crisis Exception approvals, the following consumers may enter PD waiver services: transfers from other HCBS waivers; federal MFP approvals; state policy MFP approvals; and reinstatements within 30 days of closure.

Deputy Secretary Moreno updated the Committee on the status of the Traumatic Brain Injury (TBI) waiver. The TBI waiver is designed to serve individuals age 16 to 65 who would otherwise require institutionalization in a Head Injury Rehabilitation Facility by providing services at a significant cost savings over institutional care, and providing an opportunity for each person to live and work in their home communities. The TBI waiver is considered a rehabilitation program where consumers are expected to rely less on paid supports as progress to greater levels of independence is achieved. The current average length of stay in the program is 1.87 years.

The Technology Assisted (TA) waiver is designed to serve medically fragile and technology dependent children age 0 to 22 years, who require intense medical care comparable to the care provided in a hospital setting. The services are designed to ensure that the child's needs are addressed in the child's family home. According to Deputy Secretary Moreno, this program, which served 528 unduplicated children in FY 2011, has no waiting list.

As the Deputy Secretary Moreno explained, federal Medicaid funding is used under the Serious Emotional Disturbance (SED) waiver to provide community based mental health services for youth who have an SED and are at risk of being placed in a state mental health hospital. In FY 2011, \$49,959,265 was paid through the SED waiver for community mental health services to serve a total of 5,935 children.

The Autism waiver, the newest of HCBS waivers, was outlined by Deputy Secretary Moreno. The first funding for the Autism waiver was approved for FY 2008. The Autism waiver serves children with Autism Spectrum Disorders (ASD), including Autism, Asperger's Syndrome, and other pervasive developmental disorders not otherwise specified. Since FY 2009, funding for 45 positions has been provided. It is a first come, first serve waiver, and children from the waiting list are offered a position when one becomes available. Since this waiver was implemented, 255 children have aged off the waiting list before services could begin. Currently, 256 children are waiting for services through this waiver.

The Autism waiver was renewed by the Center for Medicare and Medicaid Services (CMS) effective January 1, 2011, for a period of five years. On renewal, Interpersonal Communication Therapy was added to the waiver, and the previously authorized services remained unchanged.

Next, Deputy Secretary Moreno provided the quarterly update report and discussed the impact SRS cuts and changes have had in state hospitals and on HCBS. He explained that the federally funded MFP demonstration grant was designed to enhance a participating state's ability to increase the capacity of approved HCBS programs to serve individuals currently residing in institutional settings. The target populations for the MFP grant include persons currently residing in nursing facilities and Intermediate Care Facilities for Mental Retardation (ICFs/MR). The residents must have resided in the facility for a minimum of 90 days and have been Medicaid eligible for a minimum of 1 day to be eligible to move into the community through this program.

The Deputy Secretary stated that SRS and KDOA are working together with community based and nursing home providers to identify individuals currently residing in qualified institutional settings and assisting them to move into home settings of their choice. SRS, as the lead agency for the demonstration grant, has partnered with KDOA to develop benchmarks and implementation strategy. The Kansas Department of Health and Environment Division of Health Care Finance is an integral partner as the single state Medicaid agency. From July 1, 2008, through June 1, 2011, Kansans who have chosen community living through the MFP grant include: 194 persons with physical disabilities; 12 persons with traumatic brain injury; 121 individuals with developmental disabilities; and 130 persons who are elderly.

In response to questions provided to SRS prior to the meeting, Deputy Secretary Moreno stated the cuts and changes at SRS have resulted in no cuts in any HCBS service or service rate. Only a three percent reduction in administration contract costs has occurred. Kansas Health Solutions (KHS), the mental health managed care organization for Medicaid funded services, implemented efforts on January 1, 2011, to improve utilization management of Medicaid funded mental health services. As a result of these efforts, the FY 2011 expenditures were \$7.1 million below what was forecast in the fall 2010 consensus caseload estimate. The FY 2012 goal is to save \$17 million from the forecast 2010 consensus caseload estimate. The Deputy Secretary noted that little savings have been or are expected to be achieved from improved utilization management of services under the SED waiver.

Deputy Secretary Moreno indicated there have been some changes in some state hospital leadership positions, as well as additional focus to efficiently and effectively manage available service resources.

With regard to the implementation of the new faith-based initiatives in provider contracts, Deputy Secretary Moreno stated SRS is committed to supporting and ensuring there is a level playing field with all organizations, including community-based and faith-based organizations that can help meet the needs of vulnerable Kansans. In negotiating annual contracts with the Community Developmental Disability Organizations (CDDOs), language has been included in the "Performance of Work" section of contracts asking each CDDO to focus on promoting outreach and partnership with all organizations, including faith-based and other community organizations, to assist in carrying out the mission and programs of SRS.

SRS Deputy Secretary Moreno coordinated with KDOA to provide the statutorily required quarterly report to the Committee. He stated the total number of individuals transferred into the community from July 1, 2008, to June 1, 2011, was 653. Of this number, 125 elderly persons and 71 individuals with physical disabilities transitioned to community services through the state MFP program.

With regard to savings resulting from the transfer of individuals to home and community-based services, Deputy Secretary Moreno stated such "savings" translate into real dollars only when individuals move into a community setting from an institutional setting and the bed is closed behind the individual. Even if a bed is closed, only incremental savings are realized in the facility until an entire unit or wing of a facility can be closed. Accordingly, the savings resulting from the transfer of individuals to home and community-based services is \$0. The current balance in both the SRS Home and Community-Based Services Savings Fund and the KDOA Home and Community Based Services Savings Fund is \$0.

The following questions or requests for additional information were made of Deputy Secretary Moreno by Committee members:

- Data on the number of individuals who came off the PD Waiver waiting list into the PD waiver program in 2011. SRS agreed to provide the information to the Committee;
- A list of the faith-based and community groups to be considered to assist in providing needed services and the language in SRS contracts describing the consideration due these groups. Also requested was a date when the faith-based initiatives would begin. SRS agreed to provide the information to the Committee;
- Copies of the contracts with health providers and the types of services provided. SRS stated the information would be obtained from Kansas Health Solutions and provided to the Committee;
- Copies of the contracts with Via Christi and Prairie View reflecting caps on the amount of monies that could be spent. SRS agreed to provide the information requested;
- Copies of the CDDO contracts. SRS agreed to provide the information requested;

- An explanation of the basis for the SRS decision to eliminate the funding for the College of Direct Supports, a web-based training program for persons who work with the developmentally disabled, and why the program's operations only had been given a weekend's notice. Deputy Secretary Moreno stated the Committee would be provided a detailed explanation with the rationale by the end of the day;
- Information regarding SRS's interpretation of the Legislature's intent with regard to the use of the new funding provided for FY 2012 waiver services. Deputy Secretary Moreno stated the new funding would only fund 285 persons who are not receiving services. There are currently 2,478 persons on the waiting list who are not receiving any services, and 1,100 people in the underserved category. He indicated SRS understood the Legislature's intent was to provide for those individuals not receiving services. Deputy Secretary Moreno suggested the Interim Committee make a recommendation to serve both lists;
- Information on whether nutrition sites serving meals will have to take out a tax ID number. Deputy Secretary Moreno stated that, for TBI and PD waivers, meal service is being set apart from personal services. Making the meal service separate would allow for the tracking of that cost. Meals will be billed at a flat rate instead of the cost of making the meal. A question was raised regarding which program would be billed if an individual was eligible under the Older Americans Act and, for example, the PD waiver. SRS agreed to provide clarification on how these changes will be implemented;
- An explanation for the delays in negotiating contracts with service providers. Deputy Secretary Moreno responded that the process for renewing contracts was extended at the request of the providers. He further stated that the contracts should be completed and presented at a meeting on August 25;
- Any request for an increase in funding for services in the 2012 Legislative Session. The Deputy Secretary responded that the state was in a difficult situation with budget cuts, but all agencies could request necessary funding. He referenced an available chart showing under-utilization and over-utilization. The Committee requested a copy of the chart;
- Information on the possibility that Health and Human Services and the Department of Justice were looking at the HCBS waiver waiting list and any possible violations of the Olmstead Act, and whether SRS was aware of this situation. The SRS response provided was that when the letter comes, it will be addressed. Deputy Secretary Moreno declined to speculate on what either federal agency might do;
- An explanation as to why an SRS Public Information Officer, instead of the legal counsel for SRS, would respond to a letter from a provider of services regarding the existence of a State of Kansas Olmstead Plan. A copy of the initial letter from the provider; and an explanation of how the matter was handled within the agency was requested. A copy of the letter written by an SRS Public Information Officer was provided by the Committee; and

- A written copy of the SRS plan to cut \$20 million and an explanation of how SRS planned to achieve the cuts provided to the Senate Ways and Means Committee was requested. Deputy Secretary Moreno will provide a copy of the plan in the next few days.

Chairperson McGinn introduced Anna Pilato, Deputy Secretary, Strategic Development and Faith-Based and Community Initiatives. Ms. Pilato appeared before the Committee to address questions on the implementation of faith-based initiatives in provider contracts.

The Chairperson requested a time line for the implementation of the faith-based initiatives. Ms. Pilato stated that there is no stand alone initiative, but the goal is to enhance the public/private partnerships with SRS which already exist to provide a more diverse group.

Ms. Pilato stated she is building a database to identify local resources available in the communities across the state to supplement services already provided. The list would include those assisting victims of natural disasters, human trafficking, and other difficult issues. The Committee requested a copy of the list that was developed for this purpose. The Committee questioned what role faith-based services would play in, for example, human trafficking where the Attorney General already has a program in place.

In describing her duties, Ms. Pilato stated that strategic development is the main focus of her job, and that the faith-based initiatives is an added responsibility. The Committee asked Ms. Pilato about duplication of services and whether she had been in contact with groups already established for dealing with natural disasters. The Committee encouraged her to contact these groups and to include them in the conversations.

The following written testimony was provided to the Committee:

Rocky Nichols, Executive Director, Disability Rights Center of Kansas (DRC) provided written testimony on the impact of SRS budget cuts on state developmental disability hospitals and Home and Community-Based Services (HSBS) ([Attachment 5](#)).

Tom Laing, Executive Director, InterHab, provided written testimony outlining current concerns to management and prospective policy changes affecting HCBS human service networks in Kansas. Mr. Laing also provided InterHab's responses to the Administration regarding the effort to broaden the use of so-called managed care contracts to replace current state and local management, which if adopted, would allow the State to become a more remotely accountable agent in the delivery of human service programs ([Attachment 6](#)).

The Committee received information from the Department on Aging: Staffing Reduction within the Department of Aging, ([Attachment 7](#)), and the Nursing Facility FY 2011 Monthly Caseload, ([Attachment 8](#)).

The membership list of the Coalition of Registered Dental Practitioners was distributed to the Committee ([Attachment 9](#)).

The Chairperson requested topics for discussion at the upcoming meetings. The following topics were requested by Committee members for consideration:

- Presentations from providers as to the impact of the SRS and Department of Aging budget cuts and new policies on their programs;

- Additional information on HB 2280 (the Dental Practitioner/Hygienist bill) and a presentation on the Kansas Dental Project and how this bill would impact dental care in Kansas; and
- Information on Human Trafficking.

The meeting was adjourned at 4:00 p.m. The next committee meeting will be October 11 and 12, 2011, in Topeka.

Following the meeting, Tanya Dorf-Brunner, Oral Health Kansas, provided a corrected copy of her presentation which matched the PowerPoint presentation provided to the Committee (Attachment 10).

Prepared by Connie Burns  
Edited by Iraida Orr

Approved by Committee on:

October 12, 2011

(date)