

Creating Inclusive Communities

Efforts of state agencies that directly touch the lives of persons served in the DD network must be refocused, with specialized attention to disability related services as needed, including:

- ✦ Employment services of the State, including the considerable resources of the State's Vocational Rehabilitation Services, have never been well suited to specialized needs of persons with developmental disabilities. A small portion of all employment funds, if directed toward match for federal Medicaid dollars could make a huge impact on our commitment to supported and competitive employment of persons with disabilities.
- ✦ Para transit needs are critical. Transit services are the only means to access health services, employment and social integration. Current system shortages should be addressed by KDOT.
- ✦ Transition activities, to plans for post-special education services, are not nearly as effective as persons served and their families have a right to expect. The divided accountability of transition services must be clarified, and strong leadership provided to enforce better services and assure better outcomes.

Quality Enhancement

A comprehensive review must be undertaken to improve the core quality-related proficiencies of the current network of service providers.

Three disturbing trends — the expansion of services, the expansion of non-licensed providers, and the lack of adherence to core standards among newly licensed providers — have diminished the standards of service intended to safeguard the interests of consumers. Minimum standards must be established, and reimbursement rate structures must reflect a commitment to such standards.

A significant commitment must be made in the following areas of quality-related training:

- ✦ Training initiatives to assist in the delivery of high-quality services to the increasing numbers of persons with health, behavioral or age-related challenges.
- ✦ Training initiatives to upgrade the skill-set of every supervisor of community direct care staff.

In the area of increased self-sufficiency among persons receiving services, ensuring the adherence to statutory and departmental quality benchmarks such as the core components of the DDRA (integration, inclusion, independence and productivity) is vital. The State must undertake a development process to implement full oversight of these new service choices, in order to determine that established statutory and departmental outcomes are met.

We are close. Close to meeting the needs of Kansans who have waited for years to receive service. Close to giving community providers the tools they need to create quality care. Close to creating a living wage for professionals who provide vital direct care to Kansans with developmental disabilities. Close to creating a system of supports for Kansans with disabilities that will lead the nation. The time to act is now.



Quality-Based Community Expansion

Creating a Quality Future for Kansans with Developmental Disabilities

InterHab appreciates efforts in 2005 and 2006 by the Legislature, Governor and SRS to provide resources to meet the needs of persons with developmental disabilities living in the community are appreciated across the state. The community developmental disability system applauds such priority setting, especially given the pressures arising from Court-ordered increases for school funding last year and this. In both waiting list efforts and rate increase efforts, the Governor lifted the hopes of thousands of families and slowed the erosion of the community service network.

We ask now that the next steps be taken: i.e. elimination of the DD waiting list, and a concurrent effort to expand community service capacity, in terms of both program enhancements and human resource infrastructure. Unfortunately, budget efforts in 2005 and 2006 have not restored the lost momentum caused by a decade of neglect.

We propose three major initiatives to achieve quality-based community expansion of services for Kansans with developmental disabilities:

- ✦ **The elimination of DD waiting lists.**
- ✦ **Major initiatives to assure that the programmatic needs of persons with DD are met with a renewed commitment to quality.**
- ✦ **A significant increase in the community's capacity to retain quality professionals.**



Services for Kansans with developmental disabilities are at a crossroads. One path leads to a future of quality services, while the other takes us back to the darkness we have come from. Which path will you choose for Kansans with developmental disabilities?



Waiting Lists

In 1995, there were no Kansans with disabilities waiting for services. Since then, a “waiting list” of persons who need services has been building. Today, there are approximately 1,500 children and adults who are without services (that’s about the same number of people who report for work each day at the Landon State Office Building in Topeka). Another waiting list of “underserved” individuals is kept as well, and currently consists of more than 1,800 adults and children. These individuals are considered “underserved” because the services they receive are not enough to meet their needs.

State and community leaders must better calculate and present the persons’ needs who are waiting for services, including those currently receiving partial services. Merging the state’s two waiting lists into one list would end years of arbitrary procedural determinations which de-emphasize the needs of some of our State’s most challenged citizens.

State and community leaders must better utilize the generic community supports that do exist. Persons waiting for services, and their advocates, must be assisted in accessing such generic supports. Generic supports can, and often do, mitigate some of the negative effects of waiting for service, and can become a non-paid alternative to some paid services.

Capacity Expansion

Community service providers have few tools to develop the human resource capacity needed to serve significant new numbers of persons, given that the principal energy of human resource professionals in the system is in the constant battle to overcome high-turnover and staff shortages that arise as a result of low wages. True capacity building must include significant wage increases to reduce the stigmatization of direct-care jobs as low-wage, no-advancement jobs. Reducing such stigma will remove the initial barrier faced by HR staff, i.e. that persons entering the job market routinely do not apply for direct-care jobs because they are known to be hard jobs with low pay.

All services rest on a foundation of workforce capacity. Workforce capacity building is needed to ensure a quality system of supports exists for Kansans with developmental disabilities. This foundation cannot be strong without regular increases in the reimbursement rates paid to community DD providers.

While reimbursement rate increases in FY 2006 and FY 2007 were positive initial steps in addressing a decade-plus of underfunding of the HCBS MR/DD Waiver, much more is needed to fully fund community disability services.

These rate increases, while symbolically significant, amount to an approximate 3% increase in the reimbursement rate per year for providers during those



No one expects the parent of a school child to wait two or three years before they can enter the next grade. But families of a child with a developmental disability are expected to accept a “waiting list” for equally critically needed programs. Something is wrong.

years – about the same rate as inflation. A good start by the State in maintaining the ‘status quo’ in the community disability service system. However, the ‘status quo’ for providers represents serious underfunding. Consider that since 1993, inflation has risen approximately 41%, State employee wages increased by close to 49%, and State wages for direct support professionals in its DD institutions jumped by 68%. **During that same time, the HCBS MR/DD Waiver increased by only 23%.**

The primary impact of low reimbursement rates on persons served in the community is high turnover of staff, and a growing challenge of attracting, training, and retaining a qualified professional workforce to meet the expanding needs of community service.

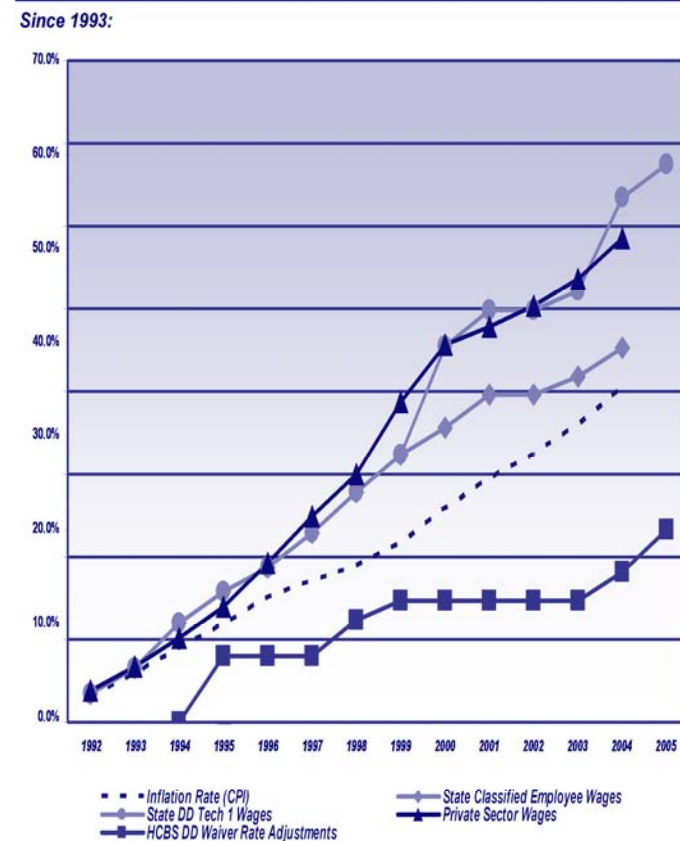
As a part of this effort, key populations which are currently underserved must be addressed:

- ✦ Persons currently in services whose diagnostic characteristics include (a) significant health needs, (b) increases of the early onset of age-related illness, principally Alzheimer’s and other forms of dementia, (c) behavioral challenges of such magnitude that the failure to provide adequate staff to serve such persons could easily constitute risks to other consumers or the community at large (included in the group is an increasing number of persons whose profiles include destructive and violent behaviors, and who have been charged, and/or convicted of crimes).
- ✦ Persons with autism must finally have an acknowledged service delivery model upon which they and their families can rely.
- ✦ Children, ages 0-3, who are not eligible for HCBS Waiver do receive some service from the “tiny-k” network which must receive increases in that funding stream to achieve parity with the comparable services provided in the public school network for 3-5 year old children.



Imagine this building filled with just those who are waiting for community developmental disability services.

HCBS MR/DD WAIVER RATE ADJUSTMENTS



Information derived from “Increases in Salaries for State Classified Employees, Regents’ Faculty and Classroom Teachers of School Districts, in Private Sector Wages, and in the Rate of Inflation” created by the KS Legislative Research Dept., October 2002 as well as from “Expenditures From All Funds and State General Fund” by Kansas Legislative Research Dept., October 2002. FY04 & 05 CPI figures and private sector wage figures obtained from the Bureau of Labor Statistics. Additional figures derived from SRS legislative testimony.

COMMUNITY DIRECT SUPPORT PROFESSIONAL	SHORT ORDER COOK	CAR WASH ATTENDANT	STATE ‘DD TECH 1’ WORKER
<p>People who do direct support work must have the ability to teach life skills and to support the empowerment, choices and self-direction of the individual receiving support. Using these skills, the DSP can assist people to participate fully in family, community and social life.</p> <p>Depending on the preferences and situation of an individual, the DSP may provide support ranging from personal care, health care, transportation, and advocacy, to social and recreational assistance or employment support. Working as a coach and partner, the DSP seeks to offer whatever supports are needed while respecting and facilitating the individual’s ability to direct is or her own life. Often works off-site, requiring independent decision-making skills.</p>	<p>Prepares food and serves restaurant patrons at counters or tables. Takes order from customer and cooks foods requiring short preparation time, according to customer requirements.</p>	<p>Performs duties in automatic car wash. Directs patron to entrance of wash station or guides automobile onto wheel track of automatic mechanism. Cleans front and rear of vehicle, using brush and detergent.</p>	<p>Very similar to the direct support professional position in the community, but with more supervision and with access to State health insurance plan and KPERS.</p>
\$7.68 Per Hour	\$7.96 Per Hour**	\$8.03 Per Hour**	\$11.81 Per Hour*
			<p>\$11.00 per hour</p> <p>\$9.00 per hour</p> <p>\$7.00 per hour</p> <p>\$5.00 per hour</p>

* DD Tech 1 Starting Wage, Pay Grade 17, Step 4—Kansas Civil Service Basic Pay Plan (effective July, 2006).
 ** Average Wage in Topeka, KS as reported by Baker, Thompson Associates Insurance Services, Inc. Data has been modeled from a foundation of datasets provided by BTA’s historic study of U.S. DOL/ETA/BLS OES collections.