



INDEPENDENCE
INCLUSION
INNOVATION

January 25, 2011

TO: Mike Kiegerl, Chair, and
Members of the House Children and Families Committee

FR: Matt Fletcher, Associate Director, InterHab

RE: Kansas HCBS MR/DD Waiver

Chairman Kiegerl, and members of the Committee, thank you for the opportunity today to discuss policy issues surrounding the HCBS MR/DD Waiver and the direct care workers who make community-based services in Kansas possible.

The HCBS MR/DD Waiver:

The majority of funding in the community developmental disability service network comes from the federal government through the Home and Community Based Services (HCBS) MR/DD Waiver. This waiver serves individuals age 5 and over who meet the definition of mental retardation or developmental disability, or are eligible for care in an Intermediate Care Facility for people with Mental Retardation (ICF/MR). The HCBS MR/DD Waiver is funded through a roughly 60% Federal / 40% State match. The waiver's reimbursement rate pays towards the cost of many services, including:

- Residential Services
- Day Services
- Medical Alert
- Wellness Monitoring
- Family/Individual Supports
- Environmental/Adaptive Equipment

HCBS funds account for almost 90% of all community developmental disability funds. The HCBS MR/DD Waiver utilizes a bundled reimbursement for services rendered, meaning providers bill the State's Medicaid billing agent upon completion of the service performed. Much of this reimbursement to providers is utilized in maintaining a workforce which is required to meet the needs of those with disabilities.

No examination of the HCBS MR/DD Waiver's importance to Kansans with developmental disabilities can be complete without acknowledgement of the backbone of the system – the Kansas Direct Support Professional. The Direct Support Professional (or 'direct care worker' as the position is more commonly known) is an indispensable component of HCBS Waiver services to Kansans with developmental disabilities.

HOUSE CHILDREN AND
FAMILIES
DATE: JANUARY 25, 2011
ATTACHMENT NO. 4 -1

Direct Support Professionals – The Core of the Kansas DD System:

Direct Support Professionals are vital in ensuring that Kansans with developmental disabilities can thrive in the community of their choice. They provide support in day and residential settings, often without direct supervision, and must handle demanding tasks such as changing feeding tubes, as well as bathing and clothing persons who need their assistance. These professionals perform a difficult but necessary job, and deserve all the support we can give them.

In many organizations, Direct Support Professionals are also required to have up to and exceeding 30 hours of training, much of which has to occur within the first three months prior to the professional working independently with consumers. That training includes courses in types of developmental disabilities, working with families, maximizing community resources, counseling skills and more. Training is also required in abuse, neglect and exploitation, bloodborn pathogens, CPR, first aid and non-aggressive restraint techniques.

Kansas community service providers attempt to recruit the best candidates for these positions. Most organizations require that candidates have a high school diploma or equivalent and a good driving record, as well as passing a physical, drug test, adult and child abuse checks and a KBI criminal background check. Still, due to their inability to offer competitive wages, many providers have had to hire applicants with less 'soft' job skills such as a good work ethic, communication skills, the ability to read and write, and personal hygiene.

Take a moment to compare the importance of this position, in terms of its responsibility for the health and safety of a vulnerable person with the following:

\$8.78 per hour.

That's the average wage for Direct Support Professionals in Kansas, as reported in a 2009 national study of direct care wages in community DD service settings.

It's no wonder that community providers experience high turnover. In 2004, as part of a grant funded by the Kansas Council on Developmental Disabilities and coordinated by the University of Minnesota and the University of Kansas Center on Developmental Disabilities, data was collected from developmental disability service providers in Kansas regarding challenges in recruiting, retaining adequate direct care staff within the field of community services for persons with developmental disabilities. The grant's summary report found that:

- *"Average annual DSP turnover rates of 57% in 2002 and 53% in 2003."*
- *"The percent of DSPs who quit their jobs within six months of hire was 51% in 2002 and 51% in 2003."*
- *"The percentage of provider organizations that curtailed services due to workforce shortages was 40% in 2002 and 43% in 2003."*

We also know from a 1998 study on direct care staff turnover, conducted by the Kansas State University Institute for Social and Behavioral Research, that the average cost per incident of turnover is \$2,094, a significant financial cost to providers. We must act to assist providers in maintaining a quality staff to serve Kansans with developmental disabilities.

Consider the types of job market decisions confronting a person considering a Direct Support Professional position. They could work in a demanding environment requiring physical labor including lifting, moving, bathing and toileting persons who may be physically aggressive, or not capable of communication. Often, they will perform this labor alone, with little supervision.

Or...

They could make more money as a short order cook, a car wash attendant, a grocery store shelf stocker, or any number of positions which pay better, and don't require responsibility for another's life.

Which would you choose?

The State Knows Exactly How Much to Pay Direct Support Professionals:

Currently, the starting wage step for a 'DD Tech 1' position (a directly comparable position to a community Direct Support Professional) in one of the State's institutions is \$12.35 per hour. That's almost \$4 per hour more than what Direct Support Professionals make in Kansas communities, on average.

The State has previously articulated the reason for increasing institutional direct care wages – turnover.

In the Governor's Budget Report for FY 2006, the Governor stated that:

"For a number of years, significant inequalities between the beginning salary ranges for state hospital employees and similar direct care positions in both the state and private sectors have been developing. Such inequalities have led to high employee turnover, which has been costly in terms of training, recruitment, and employee performance."

It is clear that, years ago, the State concluded that higher wages equal lower turnover. However, the State's application of this remedy stopped at the property lines of its own two institutions.

What would it take to bring parity to the system?

In September of 2006, the Legislative Budget Committee held two days of hearings on the community DD system and received testimony from a wealth of experts both within the community and the State on the status of the system. The Committee took the information they received very seriously, and in January 2007 released recommendations for the community DD system that were unprecedented. The Legislative Budget Committee recommended a three-year funding plan to restore the DD system's ability to pay competitive wages to its workers and eliminate the State's shameful waiting lists (which now total more than 4,500 children and adults with developmental disabilities).

In reviewing the Legislative Budget Committee's report, you'll notice a recommendation for multi-year funding that would build needed capacity in the community to serve persons with developmental disabilities, and eliminate the State's waiting lists. What would such an influx of funding do for the community DD system?

1. ***Increases in reimbursement rates would allow providers to offer wages for Direct Support Professionals that are comparable with what the State pays its own direct care workers.***
The starting wage for direct care workers at the State's two DD institutions is \$12.35 per hour. Compare that with the average community wage for direct care workers - \$8.78 per hour (as reported by the American Network of Community Options and Resources in 2009). The multi-year plan developed by the Legislative Budget Committee in 2006 called for bridging this parity gap by bringing community direct care wages up to the level of what the State pays its own employees for the same work.
2. ***The State's two waiting lists could be eliminated.*** According to the December, 2010 SRS monthly summary of DD services, 2,908 adults and children wait to receive service in Kansas. Another 1,668 adults and children receive some basic support, but need additional services. The Legislative Budget Committee recommendations could effectively end the DD waiting lists in Kansas – a first for the State in fifteen years. However, without a significant effort to first fortify current service capacity in Kansas communities, as well as build expanded capacity to meet the needs of individuals who may have additional significant behavioral, medical and mental health challenges, the community service system would face severe strain in eliminating these waiting lists. The Legislative Budget Committee acknowledged this by staggering the recommended funding increases – 'frontloading' the funds meant for capacity building and 'backloading' the waiting list funds.

The Legislative Budget Committee has provided you with a thoughtful plan for building a quality future for Kansans with developmental disabilities. They have created a multi-year approach that will fill in current funding gaps as well as address the expanding needs of the DD system.

An Innovative Idea to Help Families and Children:

The membership of InterHab has worked, for several years, on developing a new waiver that would provide in-home support to Kansas families who have a child with a developmental disability. The services offered by this new "Family Support Waiver" would be tailored to specifically meet the needs of families, and could potentially free up needed system resources. Currently, families are often diverted to the HCBS MR/DD Waiver, but many could be better assisted by a model that more effectively met their unique needs. I have attached a copy of testimony from one of the architects of this new concept for your consideration. The testimony from Colin McKenney, Executive Director of Multi-Community Diversified Services, was originally delivered to the Joint Committee on Children's Issues in December, 2010.

This new service concept would provide families flexibility in meeting the service needs of their children, and would provide those services in a more efficient way for families than the HCBS MR/DD Waiver. It is a concept we urge you to take a closer look at.

We respectfully urge you to take action:

The community DD system and the professionals who do this demanding work need the assistance of State policymakers in ensuring that community care for Kansans with developmental disabilities is *quality* care. That begins with ensuring that the community has the resources needed to attract and retain quality staff.

This Committee can be the beginning point in this process. Your recommendations can be the spark that creates a brighter future for all Kansans with developmental disabilities.

Legislative Budget Committee

PUBLIC DEVELOPMENTAL DISABILITIES SYSTEM

CONCLUSIONS AND RECOMMENDATIONS

The Legislative Budget Committee recommends that the Legislature establish a phased-in effort to accomplish the programmatically linked goals of community capacity expansion and the elimination of the waiting list for services from Home and Community Based Services waiver for persons with Developmental Disabilities (HCBS DD). This effort would consist of the following:

- Expand community capacity through rate adjustments to achieve rates which would more closely reflect a parity between community wages and state institutional wages by adding \$15 million SGF in FY 2008 and \$10 million SGF in FY 2009 and FY 2010; and
- Eliminate the waiting lists for developmental disability (DD) services by adding \$10 million from the State General Fund in both FY 2008 and FY 2009, and \$15 million in FY 2010.

Additionally, the Committee recommends that the Senate Ways and Means and House Appropriations Committees request information during the 2007 Legislative Session on items including but not limited to the following:


- To assure that all programs are designed to meet the intent of the DD Reform Act for greater emphasis on independence, inclusion, integration and productivity;
- To examine, and replicate if appropriate, models in other states which are better designed to assist families of dependent children, rather than relying solely on the current HCBS DD waiver;
- To establish minimum standards for all persons and entities who provide services to persons with DD;
- To assess current capacity planning at the Department of Social and Rehabilitation Services to upgrade the State's ability to provide monitoring and oversight for the expanded numbers of community service providers; and
- To propose ways by which to upgrade employment related services for persons with DD, including providing the Legislature with a fiscal estimate on unbundling supported employment services so as to allow providers of such services to build employment service capacity in the community, and therefore be able to reduce reliance on facility-based employment services.

Proposed Legislation: None.


see A substitute

SOCIAL SERVICES BUDGET COMMITTEE

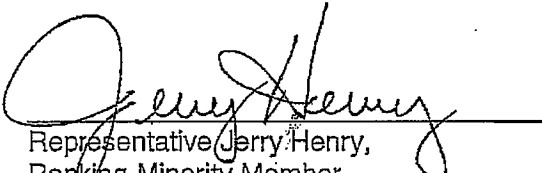
House Sub. for SB 365


Representative Bob Bethell, Chair

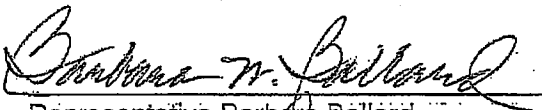
Representative Pat George

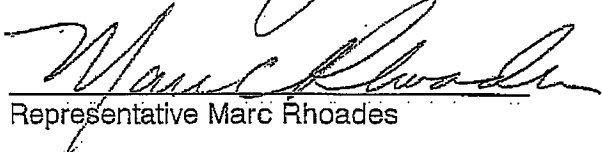

Representative Peggy Mast, Vice-Chair

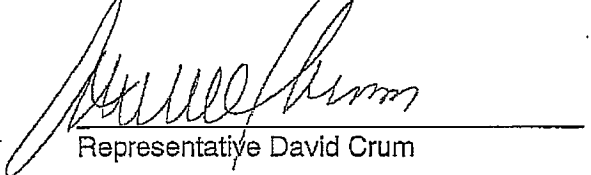

Representative Tom Hawk


Representative Jerry Henry,
Ranking Minority Member


Representative Dick Kelsey


Representative Barbara Ballard


Representative Marc Rhoades


Representative David Crum

The Social Services Budget Committee recommends that the contents of SB 365 be deleted and replaced with the contents of HB 2761, as amended by the Social Services Budget Committee.

The Substitute bill would establish the Home and Community Based Services Oversight Committee, which would be a joint legislative committee comprised of nine members, five from the House of Representative and four from the Senate. Each of the following individuals would appoint a member: Speaker of the House of Representative, Minority Leader of the House of Representative, President of the Senate, Minority Leader of the Senate, Chairperson of the House Appropriations Committee, Ranking Minority Member of the House Appropriations Committee, Chairperson of the Senate Ways and Means Committee, Ranking Minority Member of the Senate Ways and Means Committee, and the Majority Leader of the House of Representative.

The Oversight Committee would meet at least four times per year, with the chairmanship alternating between members of the House of Representatives and the Senate. The chairman for the first year of the Committee would be the member appointed by the Speaker of the House, and alternate each year after. The Committee would review the number of individuals transferred from institutional settings to home and community based settings and the associated funding. The Committee also would review community capacity and ensure adequate progress is occurring for the transfers to occur. The Committee would also review the salaries, benefits, and training of direct care staff. In addition, the Committee would study and determine the possible closure of state long term care facilities based on the success of transfers from institutional settings to home and community based services.

The bill would establish home and community based services savings funds at both the Department of Social and Rehabilitation Services and the Department on Aging, into which all savings resulting from transferring individuals from institutional settings to receiving home and community based services are deposited. These funds would be subject to appropriation. The savings would be the difference between the average cost of institutional care and the cost of providing services to that individual in the community.

The bill would allow the Department on Aging and the Department of Social and Rehabilitation Services to borrow moneys from the Pooled Money Investment Board, at the rate of interest equal to the net earnings rate of the pooled money investment portfolio at the time of the loan. The aggregate of the loans could not exceed the assessed valuation of the state institutions considered for closure by the Oversight Committee. The loan would be payable annually over five years.

The bill would appropriate moneys from the State General Fund for the Department on Aging and the Department of Social and Rehabilitation Services (SRS) in FY 2009, FY 2010, FY 2011 and FY 2012. Funding appropriated in the bill over four years includes:

Department on Aging Home and Community Based Services for the Frail Elderly(HCBS/FE) Waiver:

Addition of \$16.0 million, including \$4.8 million from the State General Fund, to provide services to individuals on the HCBS/FE waiver waiting list.

Addition of \$5.0 million, including \$1.5 million from the State General Fund, to increase the HCBS/FE provider rates.

Department of Social and Rehabilitation Services (SRS):

Home and Community Based Services for individuals with developmental disabilities (HCBS/DD) Waiver:

Addition of \$97.5 million, including \$39.0 million from the State General Fund, to provide services to individuals on the HCBS/DD waiver waiting list.

Addition of \$92.5 million, including \$37.0 million from the State General Fund, to increase the HCBS/DD provider rates.

Home and Community Based Services for individuals with a physical disability (HCBS/PD) Waiver:

Addition of \$43.8 million, including \$13.5 million from the State General Fund, to provide services to individuals on the HCBS/PD waiver waiting list.

Addition of \$20.0 million, including \$8.0 million from the State General Fund, to increase the HCBS/DD provider rates.

Home and Community Based Services for individuals with traumatic brain injury (HCBS/TBI) Waiver:

Addition of \$8.0 million, including \$2.4 million from the State General Fund, to provide services to individuals on the HCBS/TBI waiver waiting list.

Addition of \$2.0 million, including \$600,000 from the State General Fund, to increase the HCBS/TBI provider rates.

The total funding included in the bill over four years equals \$284.8 million, including \$106.8 million from the State General Fund for increases in home and community based services funding.

The Social Services Budget Committee recommends House Sub. for SB 365 be recommended favorably for passage.

MENTAL HEALTH/DEVELOPMENTAL DISABILITY TECHNICIANS

Job Code	Job Title	Pay Grade
5003F2	Mental Health/Developmental Disability Technician Trainee	14
5004F2	Mental Health/Developmental Disability Technician	17
5005F2	Licensed Mental Health Technician	17

OCCUPATIONAL CONCEPT - Provide personal care, active treatment, development, habilitation and/or rehabilitation activities in a state operated facility for the mentally ill or developmentally disabled.

TASKS

- Monitors behavior and reports unusual behavior/activity to management and other relevant staff.
- Provides routine physical, emotional, psychological or rehabilitative care under direction.
- Maintains records of activities, classes, routines, eating habits, medical conditions and/or behavior issues.
- Establishes and supports facility routines.
- Organizes, supervises, and encourages participation in various activities.
- Assists with meals and implement interventions when necessary.
- Intervenes or aid as necessary to prevent injury.
- Gathers and records information upon admission.
- Administers medications if licensed or as authorized by Kansas law.
- Measures vital signs.
- Uses computer to access and update computer-based information and to obtain computer-based training.
- Transports, assists, and/or provides appropriate care within facility.
- Provides a safe and sanitary environment.
- Participates and provides input into the development of person-centered treatment plans.
- Implements interventions as directed by the person-centered treatment plan.
- Promotes independence, productivity and choice making.

LEVELS OF WORK

Mental Health/Developmental Disability Technician Trainee: This is trainee level work where the incumbent is in the process of being trained to perform the procedures required in the active treatment, development, habilitation and or rehabilitation of individuals.

Minimum Requirements: None Required.

Necessary Special Requirements: Requires an approved drug test approved by the Kansas Department of Administration unless promoting, transferring, or demoting from another designated position within the same agency.

Mental Health/Developmental Disability Technician: This is full performance level work planning, directing or coordinating active treatment, developmental, habilitation and rehabilitative

treatment activities and/or programs for individuals or groups of individuals with mental illness or developmental disabilities. Shares leadership responsibility with coworkers in performance of duties to fulfill work responsibilities. Mentors lesser skilled staff by providing individual supports and training. Work may involve supervising staff.

Minimum Requirements: Completion of an established training program approved by Kansas Department of Social and Rehabilitation Services.

Necessary Special Requirements: Requires an approved drug test unless promoting, transferring, or demoting from another designated position within the same agency. Some positions require one year of supervisory/leadership experience; a valid Kansas Drivers License and/or a License to pass medication per Kansas statute.

Licensed Mental Health Technician: This is full performance level work planning, directing or coordinating active treatment, developmental, habilitation and rehabilitative treatment activities and/or programs for individuals or groups of individuals with mental illness or developmental disabilities. Administers medications in a mental health facility. Shares leadership responsibility with coworkers in performance of duties to fulfill work responsibilities. Mentors lesser skilled staff by providing individual supports and training. Work may involve supervising staff.

Minimum Requirements: Kansas license/permit to practice as a Mental Health Technician at time of hire.

Necessary Special Requirements: Some positions require an approved drug test unless promoting, transferring, or demoting from another designated position within the same agency. Some positions require a valid driver's license.

NC: 0605
REV: 08/05

Kansas Civil Service Basic Pay Plan (effective June 13, 2010)
Basic Steps (Hourly Rates)

PG	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	Step 16	Step 17	Step 18
7	7.56	7.77	7.96	8.18	8.35	8.56	8.76	9.00	9.24	9.44	9.69	9.93	10.15	10.43	10.68
8	7.96	8.18	8.35	8.56	8.76	8.94	9.15	9.33	9.69	9.93	10.15	10.43	10.68	10.92	11.21
9	8.35	8.56	8.76	9.00	9.24	9.44	9.69	9.93	10.15	10.43	10.68	10.92	11.21	11.48	11.79
10	8.76	9.00	9.24	9.44	9.69	9.93	10.15	10.43	10.68	10.92	11.21	11.48	11.79	12.04	12.35
11	9.24	9.44	9.69	9.93	10.15	10.43	10.68	10.92	11.21	11.48	11.79	12.04	12.35	12.66	12.98
12	9.69	9.93	10.15	10.43	10.68	10.92	11.21	11.48	11.79	12.04	12.35	12.66	12.98	13.29	13.61
13	10.15	10.43	10.68	10.92	11.21	11.48	11.79	12.04	12.35	12.66	12.98	13.29	13.61	13.95	14.30
14	10.68	10.92	11.21	11.48	11.79	12.04	12.35	12.66	12.98	13.29	13.61	13.95	14.30	14.66	15.03
15	11.21	11.48	11.79	12.04	12.35	12.66	12.98	13.29	13.61	13.95	14.30	14.66	15.03	15.38	15.75
16	11.79	12.04	12.35	12.66	12.98	13.29	13.61	13.95	14.30	14.66	15.03	15.38	15.75	16.16	16.56
17	12.35	12.66	12.98	13.29	13.61	13.95	14.30	14.66	15.03	15.38	15.75	16.16	16.56	16.94	17.39
18	12.98	13.29	13.61	13.95	14.30	14.66	15.03	15.38	15.75	16.16	16.56	16.94	17.39	17.79	18.26
19	13.61	13.95	14.30	14.66	15.03	15.38	15.75	16.16	16.56	16.94	17.39	17.79	18.26	18.70	19.16
20	14.30	14.66	15.03	15.38	15.75	16.16	16.56	16.94	17.39	17.79	18.26	18.70	19.16	19.65	20.13
21	15.03	15.38	15.75	16.16	16.56	16.94	17.39	17.79	18.26	18.70	19.16	19.65	20.13	20.58	21.13
22	15.75	16.16	16.56	16.94	17.39	17.79	18.26	18.70	19.16	19.65	20.13	20.58	21.13	21.65	22.22
23	16.56	16.94	17.39	17.79	18.26	18.70	19.16	19.65	20.13	20.58	21.13	21.65	22.22	22.72	23.31
24	17.39	17.79	18.26	18.70	19.16	19.65	20.13	20.58	21.13	21.65	22.22	22.72	23.31	23.87	24.48
25	18.26	18.70	19.16	19.65	20.13	20.58	21.13	21.65	22.22	22.72	23.31	23.87	24.48	25.05	25.68
26	19.16	19.65	20.13	20.58	21.13	21.65	22.22	22.72	23.31	23.87	24.48	25.05	25.68	26.29	26.98
27	20.13	20.58	21.13	21.65	22.22	22.72	23.31	23.87	24.48	25.05	25.68	26.29	26.98	27.61	28.31
28	21.13	21.65	22.22	22.72	23.31	23.87	24.48	25.05	25.68	26.29	26.98	27.61	28.31	29.03	29.73
29	22.16	22.72	23.31	23.87	24.48	25.05	25.68	26.29	26.98	27.61	28.31	29.03	29.73	30.46	31.22
30	23.31	23.87	24.48	25.05	25.68	26.29	26.98	27.61	28.31	29.03	29.73	30.46	31.22	31.98	32.78
31	24.48	25.05	25.68	26.29	26.98	27.61	28.31	29.03	29.73	30.46	31.22	31.98	32.78	33.55	34.42
32	25.68	26.29	26.98	27.61	28.31	29.03	29.73	30.46	31.22	31.98	32.78	33.55	34.42	35.25	36.13
33	26.98	27.61	28.31	29.03	29.73	30.46	31.22	31.98	32.78	33.55	34.42	35.25	36.13	37.00	37.95
34	28.31	29.03	29.73	30.46	31.22	31.98	32.78	33.55	34.42	35.25	36.13	37.00	37.95	38.86	39.84
35	29.73	30.46	31.22	31.98	32.78	33.55	34.42	35.25	36.13	37.00	37.95	38.86	39.84	40.83	41.81
36	31.22	31.98	32.78	33.55	34.42	35.25	36.13	37.00	37.95	38.86	39.84	40.83	41.81	42.90	43.91
37	32.78	33.55	34.42	35.25	36.13	37.00	37.95	38.86	39.84	40.83	41.81	42.90	43.91	45.02	46.14
38	34.42	35.25	36.13	37.00	37.95	38.86	39.84	40.83	41.81	42.90	43.91	45.02	46.14	47.29	48.47

JOB DESCRIPTION

Revision Date: July 2007

JOB TITLE: Community Living Trainer - Sleepover
JOB CODE: 1052
SUPERVISOR: Community Living Program Coordinator
RESPONSIBLE TO SUPERVISE: None

JOB SUMMARY: Participate in the planning process. Provide advocacy and empowerment through knowledge about challenges facing persons served and ways to identify and use effective advocacy strategies to overcome those challenges. Assists persons served to build self-esteem and assertiveness and to make choices and decisions. Practice professionalism in the workplace and in the community. Communicate about effective ways to develop supporting relationships with persons served and with the persons served support network. Be aware of the requirements for documentation to fulfill job responsibilities. Promote Health and Safety through the ability to observe and implement action to promote a safe and healthy living environment for persons served. Personal Skill Development by Identifying areas for self-improvement, seeks out training opportunities, actively participates in in-services or training sessions, and share's knowledge with others. Provide Community awareness, involvement, integration through knowledge about formal and natural community supports available to persons served in the community and skilled in assisting persons served to gain access to such supports. Provide Crisis Intervention through knowledge about crisis prevention, intervention, and resolution techniques specific to persons served. Promote Relationships and Supports by matching specific supports and interventions to respond to the unique needs of persons served and recognizes the importance of friends, family, and community relationships. Support the Organization's Values and Vision.

RESPONSIBLE TO: Participate in the planning process by being knowledgeable about assessment practices in order to respond to the needs, desires, and interests of persons served and knowledgeable about developing and implementing PCP's and participating in PCP meetings.

DUTIES:

1. Knows PCP timelines and follows them.
2. Writes Implementation Plans and follows them.
3. Follows Service/Support Plans
4. Knows client restrictions (as documented) and follows them.
5. Knows and follows Activity Plans.
6. Completes Assessments.
7. Knows information contained in Service Guides & CL Program Guides.
8. Follows Psychotropic Medication Plans & actively participates in Med Staffing meetings.

RESPONSIBLE TO: Provide advocacy and empowerment through knowledge about challenges facing persons served and ways to identify and use effective advocacy strategies to overcome those challenges. Assists persons served to build self-esteem and assertiveness and to make choices and decisions.

DUTIES:

1. Utilizes various teaching techniques that enable persons served to do as much for themselves as possible.
2. Teaches persons served about their rights and responsibilities.
3. Practices good stewardship.
4. Assists persons served to make informed choices from options presented.
5. Knowledgeable about barriers getting in the way of persons served and identifies ways to overcome those barriers.
6. Knowledge about the role of a guardian/conservator, payee, parent, family member.
7. Builds self-esteem and confidence of persons served by teaching and supporting the importance of personal appearance
8. Displays problem solving abilities and conflict resolution techniques.
9. Honors and carries out client preferences and choice.
10. Informs CLPC of complaints voiced by persons served, families, and guardians, outside providers, etc., in a timely and respectful manner.

RESPONSIBLE TO: Practice professionalism in the workplace and in the community.**DUTIES:**

1. Follows the job description.
2. Is a good role model.
3. Sets appropriate boundaries between work and personal life.
4. Has a positive attitude.
5. Has good morals and ethics.
6. Is punctual and has good attendance.
7. Has good problem solving skills and judgment.
8. Is a team player and flexible.
9. Is responsible, respectful and responsive.
10. Represents and promotes KETCH well.
11. Dresses appropriately.
12. Accurate and thorough.
13. Takes the initiative and is productive.
14. Has common sense.
15. Has self-control.
16. Is person-centered.
17. Seeks assistance as necessary.

RESPONSIBLE TO: Communicates about effective ways to develop supporting relationships with persons served and with the persons served support network.**DUTIES:**

1. Communicates with persons served in a respectful and supportive manner.
2. Effectively communicates with persons served and encourages persons served to utilize their communication skills to the best of their ability.
3. Follows through with PCP Communication Plans.
4. Effectively communicates with Supervisor.
5. Effectively, professionally, and respectfully communicates with all team members, parents, guardians, family members, other providers, and co-workers (including communication between shifts and with day staff).

6. Utilizes the chain of contact established in CL.
7. Confidentially communicates about persons served and follows HIPAA policies and procedures.

RESPONSIBLE TO: Complete documentation requirements.

DUTIES:

1. Knowledgeable about the importance of daily paperwork and the CLT role in completing it.
2. Meets documentation deadlines.
3. Accurately and consistently uses the electronic timekeeping system to record time worked and follows time-keeping system policies and procedures.
4. Notifies the Assistant Director of CL and CLPC if there are any problems with the timekeeping system or the electronic timecard.
5. Communicates overtime requests to the Assistant Director of CL, Community Living Program Coordinator, and/or CL On-Call (after-hours) before overtime is incurred.
6. Cooperates with the Assistant Director of CL, Community Living Program Coordinator, and CL On-Call (after-hours) regarding scheduling hours of work, leaves of absence, and overtime.
7. Accurately maintains attendance records.
8. Understands and completes PCP documentation (implementation plans, assessments, activity plans, behavior support plans, behavior data, service plans, etc.)
9. Understands documentation contained in Resource Files and Program Files.
10. Completes paperwork that is accurate, legible, and timely.
11. Completes forms as required (ANE, Incident, Accident, Seizure, etc.)
12. Accurately completes daily transportation paperwork including mileage reimbursement forms.
13. Accurately completes medication administration records (MAR's).
14. Accurately completes safety related paperwork (safety drills, safety inspections, fire extinguisher checks, maintenance work orders, etc.)
15. Accurately completes all expenditure records with receipts (resident expenditure, household grocery, and vision card forms).
16. Communicates after hour emergencies that affect the health, welfare, and/or safety of clients or staff to Community Living On-Call.
17. Submits mileage reimbursement forms no later than one month following mileage being accrued.
18. Maintains annual TB Test (within birthday month).

RESPONSIBLE TO: Promote health and safety through the ability to observe and implement action to promote a safe and healthy living environment for persons served.

DUTIES:

1. Maintains home according to KETCH CL Standards (refer to the CL Health and Safety Checklist).
2. Offers healthy food choices to persons served.
3. Meets the dietary needs of persons served.
4. Meets the exercise and wellness needs of persons served.
5. Handles and stores food safely.

6. Keeps outdoor areas clean, neat, tidy, and free of trash and debris.
7. Properly stores cleaning supplies and other household chemicals.
8. Properly administers medications.
9. Properly stores medication.
10. Follows medication reordering procedures.
11. Knowledgeable about the basic side effects to medications.
12. Practices emergency drills (fire, tornado, medical emergency, power outage, etc.)
13. Knowledgeable about how to respond to seizures.
14. Maintains KETCH vehicles designated for CL use (fueling, cleaning, safety equipment, vehicle logs, etc).
15. Knowledgeable about how to operate household equipment in emergency situations (water shut off valves, breaker box location, home alarms, etc.)
16. Safely secures persons who use wheelchairs in vehicles.
17. Uses lifts on vehicles appropriately.
18. Positions individuals safely in chairs and wheelchairs based on their individual support plans.
19. Operates laundry equipment in a safe, responsible manner.
20. Understands smoking policy and assists persons served who smoke to do it in a safe manner.
21. Maintains the home in a secure manner (locking doors, windows, securing alarms, etc.)
22. Documents and reports maintenance and repairs needed in the home.
23. Changes light bulbs when necessary.
24. Utilizes proper infection control procedures and handling BBP.

RESPONSIBLE FOR: Personal skill development by identifying areas for self-improvement, seeks out training opportunities, actively participates in in-services or training sessions, and share's knowledge with others.

DUTIES:

1. Completes required training without lapse in certification.
2. Seeks out additional training beyond minimum requirements.
3. Actively participates in training sessions and in-services.
4. Has the desire, knowledge and skills to mentor and assist new employees to become familiar with persons served and CL operations.
5. Takes the initiative to learn more about persons served and effective ways to support them.
6. Has the desire to self-evaluate and enhance performance.

RESPONSIBLE TO: Provide community awareness, involvement, integration through knowledge about formal and natural community supports available to persons served in the community and skilled in assisting persons served to gain access to such supports.

DUTIES:

1. Utilizes community resources close to home setting.
2. Knowledgeable of specific supervision levels of persons served in the community.
3. Knowledge of and uses of low-cost/no-cost activities available to persons served in the community.

4. Assists persons served about how to be a responsible neighbor.
5. Understands community activity preferences of persons served and assists persons to gain access to those activities (church, KSO, family visits, recreation, socialization, etc.)
6. Helps persons served with awareness and safety in the community.
7. Finds ways to coordinate activities with other CL settings.

RESPONSIBLE TO: Provide crisis intervention through knowledge about crisis prevention, intervention, and resolution techniques specific to persons served.

DUTIES:

1. Knowledgeable about who to contact in crisis situations.
2. Knowledgeable about who to contact if media is involved and what to do.
3. Knowledgeable about personal limitations in handling crisis situations and when to seek assistance from others.
4. Appropriately utilizes Mandt principles and techniques.
5. Knowledgeable of PRN, all emergency, and ANE protocols.
6. Knowledgeable and properly implements BSP's.
7. Has the ability to disengage from conflict with persons served.
8. Has the desire to learn and know patterns of behavior of persons served and reasons for them.

Responsible to: Promotes relationships and supports by matching specific supports and interventions to respond to the unique needs of persons served and recognizes the importance of friends, family, and community relationships.

DUTIES:

1. Understands and assists persons served to spend time with friends, family, and other important persons in their lives.
2. Assists individuals in purchasing needed items.
3. Purchases groceries based on planned menus, individual preferences, and within budget.
4. Assists individuals to prepare lunches.
5. Feeds individuals as needed and as identified in their individual plans.
6. Notifies supervisor when home supplies are low.
7. Respects the privacy of persons served.
8. Understands KETCH Policy on Sexuality of persons served and how to support persons served to develop healthy relationships.
9. Has a basic understanding of various disability types, especially among those served.
10. Encourages and includes persons served in daily household activities, household chores, and decorating.
11. Offers or suggests reasonable clothing options for persons served, including clothing appropriate for weather conditions.
12. Understands CL Visitation and pet policies.

Responsible to: Support the Organization's Values and Vision

DUTIES:

1. Follows-through with KETCH policies and procedures.

2. Takes ownership for actions.
3. Participates in KETCH functions, meetings, etc.
4. Understands and practices KETCH's Core Values.
5. Provides quality customer service.

1. Essential Functions:

- a) use written materials and devices that you draw or write with
- b) use verbal communications
- c) perform task involving care/treatment of sick or injured
- d) maintain records
- e) use tools or devices for the purpose of transporting or transferring clients
- f) drive cars or trucks
- g) attend to needs of others
- h) contact middle management and supervisors as part of the job
- i) operate in emergency situations-e.g. provide first aid
- j) deal with people in difficult situations
- k) take risks while serving others
- l) perform the same mental and physical task over and over
- m) follow certain set procedures on your job
- n) continually watch out for events that happen rarely on your job but that are important or critical
- o) work under distractions
- p) make efforts equal to lifting up to 50 pounds or ¼ of your body weight
- q) communicate with others to develop a form of action
- r) instruct others in some skill or knowledge
- s) answer questions from others
- t) anticipate the need for materials to accomplish work
- u) clarify goals and tasks for others
- v) compile data for decisions
- w) demonstrate techniques and procedures
- x) prepare plans and schedules
- y) recommend procedures and courses of action
- z) discuss issues and problems with others
- aa) encourage the efforts of others
- bb) dispense medications
- cc) awake supervision
- dd) adjust to new situations
- ee) keep TB Test and First Aid, CPR, Mandt System, and Medications Administration certifications current
- ff) maintain a current valid driver's license with a good driving record

JOB SPECIFICATIONS

EDUCATION/EXPERIENCE:

Requires a high school diploma or GED. Prior experience in a related position working with persons with disabilities is preferred.

HOURS:

Flexible depending upon the needs of the person served and approved shifts. Requires overnight presence in the home during the hours of 10p-6a. Pay for these hours are in accordance with the Federal Wage and Labor guidelines. A signed sleepover agreement must accompany this job description. Private sleep quarters are in accordance with Federal Wage and Labor guidelines.

TRANSPORTATION:

Reliable transportation at the assigned site during each shift, a valid driver's license, and proof of vehicle insurance are conditions of employment for this position. Exceptions are available from the Director of Community Living on an individual basis and are only valid if in writing and for a specified time period.

WORKING CONDITIONS:

The environment is the person's home and the community at large. The home may be an apartment, condominium, 4-plex, or a house.

SKILLS:

Strong verbal and written communication skills, conflict resolution and problem solving ability, organizational and time management skills. Compassionate, patient, reliable, creative and energetic with ability to motivate and teach others. Must have a valid driver's license and a good driving record. Must be able to lift 50 lbs or 1/4 of own body weight, whichever is less. Individuals in the position must have knowledge, awareness and understanding of the needs of persons with mental retardation and other developmental disabilities. Individuals must have a visionary and person-centered philosophy of services. Ability to use typical household appliances, medical equipment, and some minor office equipment also required.

CONFIDENTIALITY:

Must be aware of the utmost importance of confidentiality regarding KETCH clients and records. Follow HIPAA guidelines.

SAFETY:

Every KETCH employee is responsible for the safety of staff and persons served under their supervision as well as co-workers and clients.

QUALITY:

Every KETCH employee is responsible for completing quality work in his or her position.

It is the policy and intent of KETCH to comply with all federal and state laws concerning nondiscrimination and equal employment opportunity regardless of race, color, sex religion, natural origin, ancestry, disability, marital status, or age, except where age is a bona fide occupational qualification; and to take affirmative action toward the goals and intentions of the applicable laws.

Furthermore, it is our policy and intent to practice nondiscrimination in regard to the above factors in personnel matters including but not limited to employment, promotion, upgrading, demotion, transfer, recruitment, or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. If a staff person feels that a valid grievance exists, he or she can exercise a formal grievance procedure.

Except in cases where undue hardship can be proven, KETCH makes "reasonable accommodations" for the physical and mental limitations of an employee. "Reasonable accommodations" include alteration of job duties, work schedule, physical setting, and the provision of aids.

It is important to note that this job description is NOT an employment contract. KETCH is an employment at will agency. For more detail, refer to the Personnel Policy Manual.

KETCH reserves the right to add or delete duties and responsibilities for this position as business necessitates.

I have read this job description and fully understand that it outlines my duties and responsibilities as an employee of KETCH, Inc.

Employee Signature

Date

Supervisor Signature

Date



mcds

Multi Community Diversified Services, Inc.

Phone: 620-241-6693
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Fax: 620-241-7610

December 8, 2010

To: Senator Julia Lynn, Chair
Members of Joint Committee on Children's Issues

From: Colin McKenney, President/CEO
Multi Community Diversified Services, Inc.

RE: Developmental Disabilities Support Waiver

Good afternoon, Madam Chair and members of the Committee.

Service options for children through the Medicaid waiver program for people with developmental disabilities are very limited. While a number of options are made available for adults, far less consideration seems to have taken place for school-age children living with their families. Because of this, our system is an example of one size fits all when it comes to support services for children.

Regardless of the type of disability or disabilities a young person has, almost all will be pointed toward in-home support services when they become eligible for the developmental disabilities waiver. In most instances, in-home support services mean funding for an individual to provide support services in a child's home. For some children with disabilities, that type of service creates an opportunity for individualized time to work on acquisition of skills or to provide intensive care if needed. In those instances, having a designated support worker to spend one-on-one time is quite a blessing.

Unfortunately for many children with qualifying disabilities, receiving one-on-one supervision from a support worker in the home is not the primary need. Receiving in-home supports may be one of the needs, but having access to specialized therapies or equipment that are not otherwise funded by Medicaid, a local school district, or the family's insurance may be a far greater need in the effort to minimize the limiting effect a child's disabilities create throughout his or her life.

With that idea in mind, a group of disability stakeholders created and distributed a survey to families of children with developmental disabilities across Kansas. The goal of the survey was to determine if families had opinions about ways the system could be modified to better meet the needs of their

children. With more than 350 responses from all over the state, it became clear that many families do have a strong interest in exploring other service options for their children:

- Of 367 responses, 283 indicated they would strongly consider a new waiver option that allows more flexibility to purchase needed support services, therapies, equipment or supplies.
- The top five priorities families indicated they would like to pursue with available funding included specialized therapies, specialized education, teaching materials, specialized childcare, and transportation services.
- Fifty-six percent of responses indicated a willingness to explore a flexible service option, even if the total annual funding offered for services is less than it would be for the traditional waiver program.

While the level of support decreased when the question referenced the concept of decreasing funding, I believe the number of families who indicated a willingness to consider less funding and more flexibility is remarkable. That question likely came across to many families that completed the survey as an introduction to yet another way to cut funding for programs. Despite that perception, well over half of the responses went out on a limb and agreed to consider the idea.

Although a support waiver would create an opportunity to save funding, that isn't a leading consideration for creating the waiver. The idea is simply to create an option for families to consider that provides a standardized annual allocation amount for them to work with. If the need for hourly support services in the home is not the highest priority, it may very well make more sense to opt for a standardized allocation that offers the flexibility to choose a variety of program options that may cost less than the annual program total offered through the traditional waiver program.

As indicated, the ability to choose the new support waiver would be one option for families. If a family is currently receiving services through the developmental disabilities waiver program and wishes to switch to the new program, that decision would be left up to the family. If a day comes when many families are offered funding for their children who are on the waiting list, a good number of them might opt for the support waiver as an alternative to our current waiver. An additional benefit of the support waiver might be the ability to stretch the dollars to a greater degree to assist more families. The allocation process simply spends the available dollars on service plans until no dollars remain, so more expensive service plans exhaust available dollars quicker. If some families select a service option that costs less than the

current program, it stands to reason that the savings could be made available to the next individual waiting for services.

I hope that you will agree that the concept our committee has been working on for the past few years represents an idea with a great deal of potential. We have explored the feasibility of the program, solicited input from families of children with disabilities, and outlined service categories to meet the needs of as many of them as possible. At this point in the learning process most interested individuals ask what must yet be accomplished to make this service option a reality. The short answer is that most of the technical work remains to be done. Discussion needs to move forward with representatives of Medicaid, which would likely be followed by a significant allocation of the time of state staff members to turn our outline into a detailed Medicaid waiver application.

Because this is a time of reduced staffing in state departments without a correlating reduction in work to be done, finding time to move new programs like this forward becomes a real challenge. Our plan is to continue to make progress as time allows, with a strong hope of having a new program to offer to families and children by the beginning of fiscal 2013.

I would be happy to answer any questions you may have about this concept.