

In December 2019, the Kansas Health Institute (KHI) hosted two Medicaid trainings administered by the Kansas Department of Health and Environment (KDHE). On December 6, attendees learned about the history of institutions for individuals with intellectual/developmental disabilities (I/DD) in Kansas, which was followed by a panel discussion on the future delivery of I/DD services. Then, on December 9, attendees learned about the current Kansas Medicaid eligibility process.



“As we think about folks with developmental disabilities, or disabilities of any kind, we want those folks to live lives like anybody else. That’s been our goal for many, many years and continues to be our goal.”

– Becky Ross,
Former KDHE Initiatives Unit Coordinator



Becky Ross, former Initiatives Unit Coordinator for the Kansas Department of Health and Environment, speaks at a convening on Friday, Dec. 6, at the Kansas Health Institute regarding the history of institutions for individuals with intellectual/developmental disabilities (I/DD) in Kansas. Following the presentation, a panel joined the conversation to offer observations and answer questions from attending participants. Panelists, from left: Mike Burgess, director of policy and outreach for the Disability Rights Center of Kansas; Matt Fletcher, executive director of InterHab; Steve Geiber, executive director of the Kansas Council on Developmental Disabilities; and Amy Penrod, commissioner of aging and disability community services and programs at the Kansas Department for Aging and Disability Services.

History of I/DD Institutions in Kansas

On December 6, Becky Ross, former KDHE Initiatives Unit Coordinator, provided an overview of the history of I/DD institutions in Kansas and shared information from her own experience working at institutions.

Early Years of Institutionalization: The first institution in Kansas for individuals with I/DD was established in Lawrence in the late 1800s and moved to Winfield in 1887. At the time, only 11 other states had similar institutions. The second institution in Kansas opened in Parsons in 1903 and was intended for individuals with epilepsy. These early institutions were considered “efficient factories” and attempted to be self-contained by having their own farms, livestock, electrical plants and live-in staff. Under the efficient factory concept, and due to ideology of the time, individuals with I/DD were largely sequestered from society.

Surge in Institutionalization: From their earliest days through the mid-1900s, institutions struggled with poor conditions, facing issues of overcrowding and mistreatment of residents. Institutions in Kansas continued to grow, however, from an initial capacity of 30 residents to 2,347 residents in institutions in 1952. In part due to overcrowding, the Kansas Neurological Institute (KNI) opened in Topeka in 1960, and the State Sanatorium for Tuberculosis at Norton began serving residents from the Parsons and Winfield institutions in 1963.

Growth in Community Services: The 1960s marked the beginning of a shift toward community services to support individuals with I/DD. This trend occurred in Kansas and nationwide, with Kansas beginning to spend state funds on community services in 1974 and the U.S. Congress authorizing home and community based services (HCBS) in 1981. With new services offered in the community,

state institutions began closing. The Norton institution closed in 1988, and Winfield closed in 1998. Following years of expansion of community services, KNI and Parsons – the two remaining institutions in Kansas – had a combined census of just over 300 residents in 2018. More than 9,000 individuals were served via the HCBS I/DD waiver in that same year, with more than 3,000 individuals on the waitlist.

Future Delivery of I/DD Services

Following the presentation, Kari Bruffett, KHI Vice President for Policy, moderated a panel discussion on the future delivery of I/DD services, which included perspectives from state agencies, advocacy organizations and a provider association. Panelists considered changes they had seen in the I/DD system throughout their careers, current challenges and ways to continue improving the I/DD system.

One of the biggest changes panelists noted was the shift toward community-based services. Panelists highlighted the need for innovation amid a growing shortage in the human services workforce, as well as continued innovation in technology to encourage more individualized services. They also called out the need for system improvements to support victims of abuse and neglect in the I/DD community, as well as services that address issues like transportation, housing and employment. Finally, panelists emphasized the need for a plan for the future of the I/DD system in Kansas, including continued movement toward more community-based living and employment options, backed by funding and political will.

Medicaid Eligibility

On December 9, Russell Nittler, KDHE Senior Manager of Eligibility, provided a training on the current Medicaid eligibility process.

General Application Requirements: While Medicaid eligibility varies by population served, in general a person must be a Kansas resident,

18 years of age or older and a U.S. citizen or eligible non-citizen to begin the application process. One of the predominant requirements is to meet financial limits (e.g., income), which vary by eligibility group. While multiple requirements must be met – and each case is different – Nittler emphasized that the best way to know if someone is eligible for Medicaid is for that person to apply. Once an individual is approved for Medicaid coverage, they must participate in an annual review process to maintain coverage.

Two Paths for Eligibility: There are two main paths through which individuals can qualify for Medicaid: family medical eligibility groups and eligibility groups for older adults and individuals with disabilities. The family medical eligibility groups largely cover children, caretakers and pregnant women, with financial limits varying by group, as well as by age for those under 19. For individuals applying for the eligibility groups for older adults and individuals with disabilities, information on income and assets often are required, and some eligibility groups require functional assessments.

Ways to Make Your Application Move More Quickly: At the end of the presentation, Nittler provided tips on how to help applications move efficiently. A few tips included:

- For programs that include asset limits, have bank statements ready, as well as the cash value of any life insurance;
- Inform the KanCare Clearinghouse of any changes in phone numbers or addresses; and
- Apply for Medicaid before emergencies hit.

Next Steps

In addition to trainings on the History of I/DD and Medicaid Eligibility, KDHE offers multiple other trainings, including on topics such as HCBS eligibility and Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Based on interest, KHI and KDHE could partner again to offer these trainings in the future.

KANSAS HEALTH INSTITUTE

The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

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