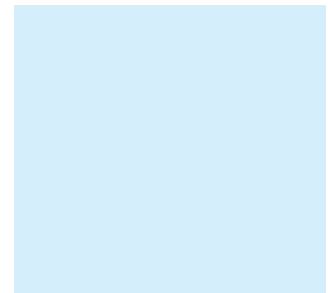
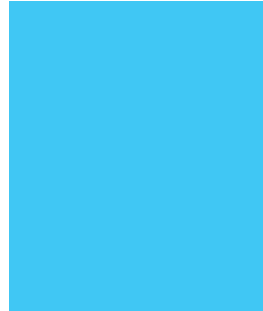


July 2010  
2<sup>nd</sup> Edition



## Data Inventory on the Employment and Health of Kansans with Disabilities

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## *Foreword*

On October 19th, 2007, stakeholders involved or interested in the use of Medicaid and disability data from Kansas gathered on the University of Kansas campus in Lawrence to initiate efforts to improve data sharing and information exchange. The meeting, which drew more than thirty participants, was led by Anne Reither, Co-Director of the National Medicaid Infrastructure Grants' Research Assistance to States (MIG-RATS) center. In the course of the day, the group addressed or shared with each other a number of questions, such as:

- “How do I use disability data?”
- “What value has it been?”
- “What would be needed to track outcomes more effectively?”
- “What data could be used to increase awareness of health, employment and quality of life issues for persons with disabilities in Kansas?”

As part of a road map for improved data sharing and information exchange, the concept of a “data connector” was discussed. In order for a data connector that links Medicaid and disability data to be effective, participants mentioned the immediate need for a comprehensive inventory of data relevant to persons either running programs related to people with disabilities in Kansas or doing disability-related research. This document represents the first effort to compile a comprehensive data inventory to meet identified needs.

Development of the inventory is being funded by two federal grants awarded to Kansas. One, funded by the Centers for Medicare and Medicaid Services (CMS) to the Kansas Health Policy Authority (KHPA) with a contract to Dr. Jean Hall at the University of Kansas, CRL Division of Adult Studies, seeks to improve work and health outcomes for people with disabilities through the Kansas Medicaid Infrastructure Grant to Support the Competitive Employment of Individuals with Disabilities (Award No.1QACM5300127101). The second grant, from the Centers for Disease Control and Prevention (CDC) awarded to the Kansas Department of Health and Environment (KDHE) with a contract to Dr. Glen White at the University of Kansas Research and Rehabilitation Training Center, is to expand surveillance within KDHE's Office of Disability and Injury Prevention as part of efforts to reduce secondary conditions among persons with disabilities in the state (Award No.5U59DD000284-02).

Please address any questions, comments, updates or modifications related to information in this document to Dr. Jean Hall, Associate Research Professor, University of Kansas (jhall@ku.edu; 785.864.7083) or Dr. Amanda Reichard, Research Director, University of Kansas (reichard@ku.edu; 785.864.0562).

We would like to acknowledge Emily Tonsfeldt for her work on the design and layout of the Inventory. The Inventory will be a living document, kept current and available online at <http://www.workinghealthy.org/downloads/ksdatainventory.pdf>.

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# *Kansas Social and Rehabilitation Services*

## **Kansas Automated Eligibility Child Support Enforcement System (KAECSES)**

### **Purpose:**

KAECSES is the computer program/system used to determine eligibility and benefit levels for SRS cash programs, vision cards (for food), and medical assistance. In addition, KAECSES compiles data for various reports, computes overpayments and underpayments, and provides detailed case information, current and historic, either online or in reports. KAECSES contains data for all youth placed in state custody and removed from their homes. All foster care cases have a Title IV-E eligibility determination done to determine the source of funding. This eligibility data is entered into KAECSES along with other relevant case data and a medical card is generated from this system. Through KAECSES, one can access income and resource information necessary to make a Title IV-E eligibility determination. It is used by state eligibility staff to provide direct service delivery to clients. Direct services include all cash programs (Temporary Assistance for Families [TAF], General Assistance and Refugee Assistance); all medical coverage including Community Based and Nursing facility; and food stamp benefits.

### **Brief Description:**

KAECSES-AE – The Kansas Automated Eligibility and Child Enforcement System Automated Eligibility determines which clients are eligible for SRS benefits on a program by program basis, calculates the benefit amount and pays the client the benefit amount. KAECSES-AE serves SRS clients receiving cash assistance, TAF, Food Stamps, and Medicaid. This includes Medicaid Title XIX, Chafee IL, and the medical eligibility determination for our Foster Care and Adoption.

KAECSES-CSE – The Kansas Automated Eligibility and Child Support Enforcement System – Child Support Enforcement (CSE) was originally part of the KAECSES-AE system but was later separated. This provides support for the CSE IV-D program by identifying parents who should be providing child support and enforces their payments.

### **Categories of Information**

- Liquid Resources
- Vehicles
- Other Assets/Property
- FS Resource Determination
- Unearned Income Education
- Unearned Income
- Earned Income
- Self Employment/Intermittent Income
- Expenses/Need Standard
- MR History/Requirements
- FS Allotment Determination
- FS Eligibility Determination
- Budget Print Request

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**Inclusion Criteria:**

Anyone applying for or receiving cash assistance from the state of Kansas through programs administered by the Kansas Department of Social and Rehabilitation Services.

**Contact Information (3/2010):**

Jeanine Schieferecke  
Senior Manager - Medicaid Eligibility  
Kansas Health Policy Authority  
LSOB - Suite 900; 900 SW Jackson  
Topeka, Kansas 66612  
Phone - 785.296.8866; Fax - 785.296.4813  
email - Jeanine.Schieferecke@khpa.ks.gov

**Website (6/2010):**

<http://www.srs.ks.gov/agency/cse/Pages/default.aspx>

## Basic Assessment and Services Information System (BASIS)

### Purpose:

Used in management of state programs serving persons age 5 and older with mental retardation and other developmental disabilities (MR/DD).

### Brief Description:

BASIS consists of five sections. Section 1 contains individual information - basic demographic information about each person who is receiving, or waiting for, services. Section 2 contains assessment information, from the Developmental Disability Profile (DDP), about the person's ability to perform a variety of daily living skills, his or her medical condition, and any challenging behaviors. Section 3 consists of service information - the kind of service(s) the person is receiving or waiting to receive. Section 4 is designed to collect information about the service system, and Section 5 examines the use of psychotropic medication and psychotropic PRN (pro re nata or "as needed") medication.

### Inclusion Criteria:

For information to be included in BASIS for a specific person, the following conditions must be met:

1. The person must meet the MR/DD definition as established by statute and SRS regulation;
2. Assessment information must be completed if the person is five years of age or older;
3. The person, family, or guardian must indicate willingness to accept services if offered up to three years from the date of application;
4. The person, family, or guardian has requested, or is receiving, one or more of the following services and supports: Residential services; Day services; Individual/family support; Other support; or Direct financial support; and
5. The person, family, or guardian is contacted annually and indicates the continued need for services or support.

### Contact Information (3/2010):

Greg Wintle  
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SRS; Health Care Policy  
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Topeka, KS 66612  
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## Automated Information Management System (AIMS)

### Purpose:

To monitor Community Mental Health Centers' (CMHC) Mental Health Reform contracts by using performance data to generate information on quality and provide legislative reporting and lobbying. The CMHCs use AIMS data for local quality improvement efforts.

### Brief Description:

A succession of processes that result in a comprehensive data set comprised of 85 data fields that reflect demographic, client status, and encounter data for the mental health consumers served by local Community Mental Health Centers (CMHCs) in Kansas. SRS has used data generated through the AIMS since September 2002 in federal and state quality improvement reports. CMHCs' performance measures are collected solely through the AIMS. CMHCs' Adult Community Support Services Performance Reports and Children's Community Based Services Performance Reports are accessible through the Kansas Mental Health Information Website at the following web address:

<http://www.srs.ks.gov/agency/mh/Pages/OutcomesReports/CMHCOutcomes/Third%20Quarter/ThirdQuarterOutcomes.aspx>

### Inclusion Criteria:

Clients of Kansas Community Mental Health Centers who meet the following criteria for registration and chronicity:

- A. Registration (AIMS Field 9) reflects a person's enrollment status. There are three enrollment statuses:
  1. Enrolled: The client (enrolled) is a person seen face-to-face for a clinical service by a member of the center staff.
  2. Not Enrolled: The client (not enrolled) is a person seen face-to-face for a clinical service, but the center staff anticipates no further contact. Potentially a billable service Must be closed at this time.
  3. Pending: The client (pending) is a person seen face-to-face for a clinical service, but the center staff is not sure if there will be further contact. Potentially a billable service Must be closed within 30 days. This registration value is only chosen for people who have been seen face-to-face at the CMHC. Do not enter this value for people who are "pending" in terms of being scheduled for an appointment.
- B. Chronicity (AIMS Field 19) reflects the type/intensity of services a person who is enrolled in CMHC services (i.e., a registration of 1 – Enrolled) is receiving. Chronicity statuses 1 through 3 are specific to adults. Chronicity statuses 4 through 6 are specific to children/youth:
  1. Severe and Persistent Mental Illness (SPMI) (Receiving services other than medication services only or Community Support Services [CSS])
  2. SPMI (Receiving medication services only, not CSS)
  3. SPMI (Receiving any CSS service)
  4. Severe Emotional Disturbance (SED) (Receiving services other than medication only, Targeted Case Management [TCM], or community psychiatric supportive treatment [CPST])



5. SED (Receiving medication services only, not TCM or CPST)
6. SED (Receiving TCM or CPST)
7. No, not applicable (not SPMI/SED)
8. Unknown

**Contact Information (3/2010):**

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Tim Meier  
Health Policy  
915 SW Harrison, 9th Floor South  
Topeka, KS 66612  
Phone - 785.368.8301  
email - Tim.Meier@srs.ks.gov

**Website (6/2010):**

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[http://www.srs.ks.gov/agency/mh/Documents/OutcomesReports/aims\\_v30entire\\_revjune272005.pdf](http://www.srs.ks.gov/agency/mh/Documents/OutcomesReports/aims_v30entire_revjune272005.pdf)

## *Kansas Health Solutions, LLC*

### **Member and Mental Health Claims Information (eCura)**

#### **Purpose:**

The computer program/system used to determine eligibility, authorization, and payment reimbursements for Medicaid mental health members, including rehabilitation services for severe emotional disturbance (SED) and severe and persistent mental illness (SPMI) populations. Data for various reports pertaining to mental health services and outcomes are contained in eCura.

#### **Brief Description:**

KHS provides utilization and outcomes reports for the Medicaid mental health population per contract with the Kansas Department of Social and Rehabilitative Services (SRS). eCura utilizes various points of data collection, including input from Medicaid Management Information System (MMIS) eligibility files, provider entry of member registration information, Inpatient Screening System (IPS) and electronic transfer and paper claims submission by providers, for report generation.

#### **Inclusion Criteria:**

All State of Kansas Medicaid members are eligible to receive services from Kansas Health Solutions (KHS). eCura specifically tracks those Medicaid members who have sought mental health services.

#### **Contact Information (3/2010):**

Joy Rannebeck  
Director of Quality Improvement  
Kansas Health Solutions, LLC  
720 SW Jackson, Suite 310  
Topeka, Kansas 66603  
Phone - 785.575.9393; Fax - 785.234.2410

#### **Website (6/2010):**

<http://www.kansashealthsolutions.com/>

## *Kansas Rehabilitation Services (KRS)*

### **Kansas Management Information System (KMIS)**

#### **Purpose:**

KMIS tracks services and outcomes for all Vocational Rehabilitation (VR) clients in the state.

#### **Brief Description:**

The Kansas Management Information System (KMIS) is an integrated on-line case processing and fiscal management system which was developed for KRS to replace the fragmented and duplicative procedures that had evolved over the previous years. KMIS provides on-line capability for field and central office staff to track statistical and fiscal information. This provides management with up-to-date information on case expenditures by case as well as automated, statewide budget control. KMIS produces all state and federal reports. It also generates all field service reports by case load, district, and region. KMIS is a menu-driven system that allows counselors, field managers and professional support staff to enter case information directly from terminals in field offices onto an Amdahl mainframe in Topeka.

#### **Inclusion Criteria:**

Any consumer who applies for VR services is added to KMIS. The case information is constantly updated by the counselor and/or office staff. When the case is closed, the information is still maintained on KMIS and easily available.

#### **Contact Information (3/2010):**

Travis Bowin  
DSOB, 9th floor  
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Topeka, KS 66612  
Phone - 785.368.8205  
email - Travis.Bowin@srs.ks.gov

## Disability Determination Services (DDS)

### Purpose:

Kansas DDS evaluates medical and vocational information for Kansas claimants applying for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) benefits. Decisions are based on the Social Security Administration's (SSA) rules and regulations.

- Kansas DDS annually processes more than 34,000 disability claims, which includes new claims and reviews of those already receiving benefits.
- As of September 2008, the average monthly benefit was \$1036 (\$959 median).
- Also as of September 2008, approximately 70,400 Kansas residents received a total of approximately \$69.8 million in benefits each month in SSI and or SSDI benefits.

### Brief Description:

Demographic, self-reported medical condition(s) and work information in response to the following question: Have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death?

### Inclusion Criteria:

All persons applying for disability benefits from the state of Kansas.

### Contact Information (3/2010):

Connie Wold, Director  
2820 SW Fairlawn Road  
Topeka, KS 66614  
Phone - 785.267.4440 ext. 213  
email - Connie.Wold@ssa.gov

### Website (6/2010):

<http://www.srs.ks.gov/agency/rs/Pages/DDS/DDS.aspx>

## Ticket to Work

### Purpose:

The Ticket to Work and Work Incentives Improvement Act (TW-WIIA) was designed to:

1. To provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependence on cash benefit programs;
2. To encourage states to adopt the option of a Medicaid Buy-In, allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable them to maintain employment;
3. To provide enhanced options to individuals with disabilities for maintaining Medicare coverage while working; and
4. To establish a “Ticket to Work and Self-Sufficiency Program” that allows SSDI and SSI beneficiaries to seek employment services, VR services and other support needed to obtain, retain, or maintain employment and reduce their dependence on cash benefit programs.

### Brief Description:

Under the Ticket to Work program, a beneficiary will have the option of deciding when and whether to use his or her Ticket to obtain services from the State VR agency, or from an Employment Network (EN). A beneficiary with a Ticket may assign it to the State VR agency, or any EN they choose, as long as that EN is willing to accept their Ticket. Beneficiaries may discuss their employment and rehabilitation plan with the State VR agency, or with as many ENs in their areas as they wish. A list of available providers can be obtained from the Program Manager, Maximus, Inc. However, a beneficiary cannot assign his or her Ticket to more than one EN, or an EN and the State VR agency at the same time.

The EN or State VR agency will provide employment services. If developed by an EN, job placement and other support services assist the beneficiary in obtaining, regaining and maintaining self-supporting employment are specified in the beneficiary’s Individualized Work Plan (IWP). If developed with the State VR agency it is called the Individualized Plan for Employment (IPE). As outlined below, the EN or State VR agency will only receive payment for its services if the beneficiary achieves certain work-related outcomes. At any time, a beneficiary can retrieve his or her Ticket from an EN or State VR agency and reassign it to another, as long as Ticket eligibility requirements continue to be met.

### Inclusion Criteria:

To be eligible to receive a Ticket, an SSDI and/or SSI beneficiary must reside in a Ticket state. In addition to residing in a Ticket State, an individual who is entitled to Title II disability benefits or Title XVI (SSI) disability or blindness benefits must also meet several criteria to be eligible for a Ticket:

- be 18 through 64 years of age;
- if an SSI recipient, be eligible for benefits under the adult disability standard;
- be receiving a Federal cash benefit from Social Security;
- have a disabling impairment which is classified by SSA as either “medical improvement not expected” or “medical improvement possible”, or, if the impairment is classified as “medical improvement expected”, have undergone at least one Continuing Disability Review (CDR) and been found to have a continuing disability.

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A person is not eligible to participate in the Ticket program if they are receiving: “section 301” payments, (i.e., continued SSDI or SSI benefits following a determination of medical improvement, because they are participating in an approved VR program; continued benefits while appealing a cessation of benefits based on a finding of medical improvement; provisional cash benefits while SSA is considering a request for expedited reinstatement of SSDI or SSI; or presumptive disability payments).

For beneficiaries classified as “medical improvement expected (MIE)”, SSA will issue a Ticket once they go through one continuing disability review and are found still disabled. An individual, who was classified as MIE and has been on the disability rolls for at least three years, will be presumed to have had a medical CDR and will be eligible for a Ticket. SSI beneficiaries who are 18 years old and received SSI as children will not automatically be provided a Ticket upon Turning age 18. However, they will qualify for a Ticket later if SSA finds them disabled based on the adult standard after conducting an age 18 redetermination.

**Contact Information (4/2010):**

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**Website (6/2010):**

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<http://www.yourtickettowork.com/>

# *Kansas Board of Regents*

## **Adult Education and Family Literacy Act Programs (AEFLA)**

### **Purpose:**

The Adult Education and Family Literacy Act is Title II of the Workforce Investment Act of 1998. The Workforce Investment Act combines federal legislation for employment, adult education, and vocational rehabilitation programs to create an integrated, “one-stop” system of workforce development for adults and youth.

The Act requires specified performance measures and levels of performance to assess the progress of the state agency in enhancing and developing more fully the literacy skills of its adult population. The state agency is required to use AEFLA grant funds to award multi-year grants to eligible providers to develop, implement, and improve adult education and literacy activities. These activities include basic skills for the workforce and family life, English as a Second Language and citizenship skills, and adult secondary education leading to an adult high school diploma.

The central focus of AEFLA is on serving those adults designated most in need, including adults with the lowest skill levels, with disabilities, or with other significant barriers to employment and self-sufficiency. Eligible providers are expected to provide intensive, quality instructional and support services to adults and to meet state levels of performance.

### **Brief Description:**

AEFLA programs in Kansas report their levels of performance in eight measures:

1. Learning gains measuring completion of educational skills, workplace readiness, and/or technology for each of 12 instructional levels;
2. Entry of adults into employment;
3. Adult retention or improvement of employment;
4. Adult completion of adult high school diploma or GED;
5. Placement of adults in post-secondary education or training;
6. Adult achievement of skills necessary to pass a U.S. citizenship examination;
7. Increased involvement of parents in school-age children s education through participation in family literacy;
8. Increased involvement of parents in pre-school-age children s literacy activities through participation in family literacy.

In addition to the usual demographic data collected on each earner, other data are collected:

#### Self-reported data:

- highest grade level completed (0 - 16+);
- if highest grade level was completed in the USA (yes or no);
- number of children age twelve and younger in the home for whom the learner is the parent or legal guardian (actual number);

Learner identified goal(s) (Yes/No):

- to enter employment;
- to retain/improve employment;- to obtain GED credential (Kansas State High School Diploma);
- to enter postsecondary education or training;
- to increase involvement in preschool children’s literacy activities;
- to increase involvement in school-age children’s educational activities; and
- to acquire the skills necessary to become a US citizen.

Data obtained by assessments:

- educational functioning level at entry in reading, math and writing for ABE/ASE learners and in listening, reading, and writing for ESL learners (determined by CASAS diagnostic testing);
- educational gain and educational functioning level completion (determined by CASAS diagnostic testing); and
- knowledge of US government and history necessary to become a US citizen (determined by CASAS Government and History pre- and post tests and CASAS dictation/writing assessment).

Data determined through data matching with other databases:

- entrance into employment within the first quarter AFTER program exit for all participants with the goal of entering employment (Department of Labor UI database);
- retention/improvement of employment within the third quarter AFTER program exit for all participants with the goal of retain/improve employment AND for all participants with the goal of enter employment AND there was a “hit” when the enter employment data matching was done in the first quarter after their exit (Department of Labor UI database);
- obtain the GED for all participants with the goal of obtaining the GED and who have exited the program (GEDTS regional scoring database);

Data determined through surveying of learners or other processes:

- entered postsecondary education or training for all participants with the goal of entering postsecondary education or training and who have exited the program (community college and technical college programs do data matching with their host institutions initially, then survey learners on whom they did not get a “hit”). Other programs determine this information solely through surveying of learners; and family literacy outcomes are determined for participants who identified one or both of the family literacy goals by data collected through interviews with learners and the records developed to document learners’ involvement in the children’s literacy or educational activities.

**Inclusion Criteria:**

AEFLA programs in Kansas serve adults and out-of-school youth age 16 and over. Individuals qualifying for services meet one of the following conditions:

- do not have a secondary credential;
- do not have basic reading, writing, or math skills; or
- do not have proficiency in the English language necessary to function in the multiple adult roles of citizen, employee, and family member.



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**Contact Information (3/2010):**

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Dianne S. Glass  
Director of Adult Education  
Kansas Board of Regents  
1000 SW Jackson Street, Suite 520  
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email - dglass@ksbor.org

**Website (6/2010):**

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<http://www.kansasregents.org/resources/PDF/167-ExecutiveSummary.pdf>

## Kansas Higher Education Data Systems (KHEDS)

### Purpose:

In 1999, major changes were made to the structure of postsecondary education in Kansas when the Kansas Legislature passed Senate Bill 345 (SB345). Through SB 345, the Kansas Board of Regents was reconstituted and given additional responsibilities. In addition to governing authority over the state universities, the Board was given coordinating authority over the community colleges, technical colleges and schools, and the municipal university. As part of the additional responsibilities, the Kansas Board of Regents was charged with developing a system of collecting, maintaining, and providing data analysis through a uniform postsecondary education database.

### Brief Description:

The Kansas Higher Education Data Systems (KHEDS) database includes a unit record for every student enrolled in a postsecondary course at one of the public institutions. Student level data is also collected on Business and Industry courses and community enrichment courses taught at our community and technical colleges. Student level data contains demographic information, course taking patterns, student outcomes, areas of study, and migration patterns around the institutions in the state. In addition the KHEDS database contains a master list of all programs and courses taught at our institutions. Courses are identified into categories like developmental or distance ed.

### Inclusion Criteria:

All public higher education institutions in the state of Kansas submit data to the KHEDS system. Currently (6/2010) only representatives from an institution can access their own data through the web based KHEDS system.

### Contact Information (6/2010):

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Topeka, KS  
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# *Kansas Health Policy Authority*

## **Medicaid Management Information System (MMIS)**

### **Purpose:**

The MMIS system tracks all Medicaid claims and expenditures, including but not limited to: dates of service, types of services, place of service, type of bill, provider types, diagnoses codes, DRG and revenue codes, and categories of service for the state and Centers for Medicare and Medicaid Services (CMS). The MMIS also tracks beneficiary eligibility data coming in from KAECSES for purposes of determining specific services for which the beneficiary is eligible, as well as provider eligibility data.

### **Brief Description:**

For purposes of federal reporting to CMS, Medicaid claims data is currently grouped into 77 CMS state categories of service which delineate the high level type of service paid through the Kansas Medicaid program. Additional categories of service are added periodically. More detailed information on the service received can be obtained by reviewing claims at a procedure based level.

### **Inclusion Criteria:**

The MMIS tracks information for all recipients of medical, institutional, dental and pharmacy services who are deemed eligible to have services paid by Kansas Medicaid.

### **Contact Information (3/2010):**

Kevin Rucker  
HP  
3600 SW Topeka Blvd.  
Topeka, KS 66612  
Phone - 785.274.4204  
email - kevin.rucker@hp.com

## **Kansas Health Insurance Information System (KHIIS)**

### **Purpose:**

The Kansas Health Insurance Information System is a statistical plan, created during the 1994 Legislative session, to contain health insurance data as defined by KSA 40-2251. The Kansas Health Policy Authority (KHPA) is the current statistical agent charged with the purpose of gathering, receiving, and compiling data required by the plan. The objectives of the plan are to determine if health insurance premium rates are reasonable in relation to benefits provided and to identify benefits or provisions that may be unduly influencing health care costs. To achieve this goal, demographic information, insurance coverage provisions, and claims information are collected the majority of covered lives served by insurance carriers who serve one percent or more of the health insurance premium market. Use and release of KHIIS data is by express permission of the Kansas Insurance Commissioner.

### **Inclusion Criteria:**

Insurance companies writing health insurance policies in Kansas are required to submit data, if the company serves one percent or more of the market as evidenced by annual premium volume calculations.

### **Contact Information (3/2010):**

The KHIIS data set is governed by the Kansas Insurance Department and administered by the Kansas Health Policy Authority. The primary Insurance Department contact is Craig Van Aalst 785.296.3765, and the Health Policy Authority Contact is Murlene Priest, 785.368.6495.

## State Employee Health Plan (SEHP)

### **Purpose:**

To collect claims and enrollment data from multiple private companies who provide health insurance coverage to State of Kansas employees, affiliated non-State entities and the State Worker's Compensation System. (taken from Report to the Data Consortium: Subcommittee on Affordability and Sustainability, April, 2008 and Kansas State Employees Health Care Commission, 2007 Annual Report)

### **Brief Description:**

Data from the SEHP is used to monitor health plan performance throughout the year, manage program costs, and evaluate health plan options. SEHP staff have access to a web-based decision support system that enables multi-level access to the administrative records generated by employee health care claims. The SEHP builds on the capacity of the system to support data-driven management. As examples, a new data feed from Caremark was added to capture prescription drug data offered to Medicare eligible retirees. Lab results data help identify, monitor, and manage members who are living with chronic conditions. The National Provider Identifier (NPI) field is required from all vendors to the database. In addition, the SEHP conducted a number of targeted internal analyses to identify opportunities for potential cost-savings and other program improvements, including: data comparing medical and pharmacy costs and utilization for employees with and without preventive dental services; costs and utilization for active members with low back pain; costs and prevalence of chronic kidney disease compared to market; emergency room use analysis; and, an analysis on the health status of the population in the SEHP using relative risk scores to identify potential improvements in service delivery.

### **Inclusion Criteria:**

State of Kansas employees, affiliated non-State entities and the State Workers' Compensation System.

### **Contact Information (3/2010):**

Laurie Knowlton  
Phone - 785.296.6280  
email - laurie.knowlton@khpa.ks.gov

### **Website (6/2010):**

<http://www.sehp2010ks.org/>

# *Kansas State Department of Education*

## **Kansas Individual Data on Students (KIDS)**

### **Purpose:**

Tracks all school-age children in the state through an agency-assigned unique identification number. The data elements maintained in KIDS include 2 fields for disability type(s). Starting in 2007, KSDE will also begin tracking post-school outcomes of students with disabilities.

### **Brief Description:**

The KIDS includes two different systems:

1. The Assignment System is based on a vendor software package. The software is used to collect a set of core data elements for every student in Kansas accredited pre K-12 schools; assign a unique randomly generated state number to each of these students; and track the students as he/she moves between Kansas public schools.
2. The Collection System was developed by KSDE to work in conjunction with the Assignment System. The Collection System collects additional data elements on every student in Kansas. This additional data is used for district funding, student assessments, school accountability, and state and federal reporting requirements such as enrollment, graduation, attendance, and truancy information.

### **Inclusion Criteria:**

The KIDS System assigns a unique randomly generated state identification number for every student attending accredited public or private schools in the state. This ID number will follow the student throughout his/her preK-12 education in Kansas public schools. The goals of KIDS are to reduce data burden on local schools and districts; encourage better policy-making by maintaining a cost effective and reliable method of reporting and accessing accurate and timely educational information among agencies and educational communities; and eliminate the need for manual operations before data can be used. Through the use of the state identifier, KIDS will provide more accurate data, reduce the time needed for data collection, and allow quicker responses to data requests.

### **Contact Information (3/2010):**

Kathy Gosa  
 Director of Information Technology  
 Kansas State Department of Education  
 120 SE 10th Avenue  
 Topeka, Kansas 66612  
 Phone - 785.296.7931  
 email - kgosa@ksde.org

### **Website (6/2010):**

<http://www.ksde.org/Default.aspx?alias=www.ksde.org/kids>

# *Kansas Department of Health and Environment*

## **Behavioral Risk Factor Surveillance System (BRFSS)**

### **Purpose:**

State health agencies have the primary role of targeting resources to reduce behavioral risks and their consequent health outcomes. The Behavioral Risk Factor Surveillance System (BRFSS) was established in 1984 by the Centers for Disease Control and Prevention (CDC) to provide such state-level data on behavioral health risks and preventive health practices. It is coordinated and partially funded by the Centers for Disease Control and Prevention and is the largest continuously conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories allowing for multi-state comparisons. The first BRFSS survey in Kansas was conducted as a point-in-time survey in 1990, and Kansas has conducted the BRFSS survey annually since 1992.

### **Brief Description:**

The BRFSS questionnaire is designed by the CDC, state BRFSS Coordinators, and each individual state's survey selection committee. The questionnaire has three components: core questions, optional modules, and state added questions.

Core questions are asked by all states and include approximately 72 questions (though this may vary somewhat from year to year). The order the questions appear and the wording of the question is exactly the same in all states. Types of core questions include fixed, rotating, and emerging health issues.

Fixed core contains questions that are asked every year. Fixed core topics include health status, health care access, healthy days, life satisfaction emotional satisfaction, disability, tobacco use, alcohol use, exercise, immunization, HIV/AIDS, diabetes, asthma, and cardiovascular disease. Total number of fixed core questions is 52.

Rotating core contains questions asked every other year.

- Odd years (2005, 2007, 2009, etc): fruits and vegetables, hypertension awareness, cholesterol awareness, arthritis burden, and physical activity. Total number of rotating core questions for odd years is 72.
- Even years (2006, 2008, 2010, etc): women's health, prostate screening, colorectal cancer screening, oral health and injury. Total number of rotating core questions for even years is 74 for female respondents, and 72 for male respondents.

Emerging Health Issues: contains late breaking health issue questions. At the end of the survey year, these questions are evaluated to determine if they should be a part of the fixed core. Total number of questions for emerging health issues is four.

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Optional Modules include questions on a specific health topic. The CDC provides a pool of questions from which states may select. States have the option of adding these questions to their survey. The CDC's responsibilities regarding these questions include development of questions, cognitive testing, financial support to states to include these questions on their questionnaire, data management, limited analysis and quality control.

State added questions are based on public health needs of each state. State added questions include questions not available as supported optional modules in that year or emerging health issues that are specific to each state. Any modifications made to the CDC support modules available in that year make the module a state added module. The CDC has no responsibilities regarding these questions.

### **Inclusion Criteria:**

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Upon reaching a valid household number, one household member ages 18 years or older is randomly selected. If the selected respondent is not available, an appointment is made to call at a later time or date. Because respondents are selected at random and no identifying information is solicited, all responses to this survey are anonymous.

### **Contact Information (3/2010):**

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Ghazala Perveen, MBBS, Ph.D., MPH  
Director of Science and Surveillance/Health Officer II  
KDHE/Office of Health Promotion  
1000 SW Jackson, Suite 230  
Topeka, KS 66612-1274  
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voice mail - 785.296.8039

### **Website (6/2010):**

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<http://www.kdheks.gov/brfss/about.html>



## Children with Special Health Care Needs (CSHCN)

### Purpose:

Promotes the functional skills of young persons in Kansas who have or are at risk for a disability or chronic disease by providing or supporting a system of specialty health care. The program is responsible for the planning, development, and promotion of the parameters and quality of specialty health care for children and youth with disabilities in Kansas.

### Brief Description:

Diagnostic services are available, without regard to family income, to Kansas youth under the age of 21 years who are suspected to have a severe disability, or chronic disease. Prior authorization is required and may be obtained by phone or letter from program staff.

Treatment services include medical specialists, outpatient care, hospitalization, surgery, durable medical equipment, reimbursement for transportation to medical specialty care, and interpreter services. A limited amount of therapy (speech, PT, OT) is provided for eligible conditions.

All treatment services must be prior authorized. Conditions that are eligible for treatment include:

- Spina bifida
- Cleft palate/cleft lip
- Acquired or congenital heart disease
- Burns
- Major orthopedic problems
- Limited gastrointestinal or genitourinary conditions requiring surgery
- Genetic and metabolic conditions (Phenylketonuria [PKU], sickle cell, cystic fibrosis, congenital hypothyroidism, galactosemia, hemophilia)
- Hearing loss
- Vision disorders
- Craniofacial anomalies (selected)
- Seizures
- Juvenile Rheumatoid Arthritis (JRA)

Outreach clinics bring specialty diagnosis, consultation, and follow-along care as close to the child's home as possible. Clinics are conducted for hearing loss, orthopedic conditions, neurological impairment, cardiac diseases, and genetic diseases.

Special services include counseling and planning for health care needs, developing an individual plan of health care, and follow-along for each person accepted for services. Where Services for Children with Special Health Care Needs (Special Health Services [SHS]) cannot provide the needed health services, an effort is made to identify other resources in the state.

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**Inclusion Criteria:**

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- Youth who live in Kansas.
- Youth under the age of 21 years.
- Youth with a medical condition covered by the program.
- Those who meet certain financial guidelines except for those with PKU, congenital hypothyroidism, or galactosemia.
- Kansas residents of any age who have congenital hypothyroidism, sickle cell disease, PKU, galactosemia, or hemophilia.

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**Contact Information (3/2010):**

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Marc Shiff, MPA  
KSDE  
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Topeka, Kansas 66612-1274  
Phone - 785.296.1316  
email - mshiff@kdhe.state.ks.us

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**Website (6/2010):**

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<http://www.kdheks.gov/shs/index.html>

# *Kansas Department of Labor*

## **Unemployment Insurance Data (UI)**

### **Purpose:**

The Kansas Department of Labor (KDOL) administers the unemployment insurance program for the State of Kansas, and collects and disseminates information and studies related to the state's labor market. The unemployment insurance data collected relates to employers covered under unemployment insurance, employees working for covered employers and unemployed persons formerly employed by covered employers. Subject to compliance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA), a variety of unemployment insurance program data is available relating to employers, employees and unemployment insurance claimants. Examples of the data that may be found include whether someone is employed or not (only if employed by a covered employer), wages of employees, employer details (i.e. address, phone number, etc.), unemployed persons and their unemployment insurance benefit amounts.

### **Brief Description:**

The data collected by the unemployment insurance program identifies individuals and businesses and can be linked in several ways. Employee wage data is available based on social security number or employer. The address and phone number of an employer is available, as well as, what industry the employer is engaged in according to the North American Industry Classification System (NAICS).

Unemployment claims and demographic data can be compiled related to those individuals who are unemployed and have filed for unemployment benefits. The data available may include the current address, last employer, last day worked, claim status, number of weeks claimed, weekly benefit amount, and total amount of benefit payments. The amount of available information per claimant depends on several factors, including what step of the unemployment claims process a person is and whether the claim was denied, accepted, or in appeal. This data may be useful in determining a claimant's length of time unemployed.

### **Inclusion Criteria:**

All Kansas employers, employees and unemployment insurance claimants

### **Contact Information (3/2010):**

Inayat Noormohmad  
Labor Market Information Services  
Kansas Department of Labor  
401 SW Topeka Blvd  
Topeka, KS 66047  
Phone - 785.296.5070  
email - Inayat.noormohmad@dol.ks.gov

## Kansas Division of Workers Compensation (KDWC)

### **Purpose:**

The Kansas Division of Workers Compensation (KDWC) is responsible for receiving, storing and managing Kansas work-related accident data. However, not all reported accidents result in a claim by the injured worker for medical and/or indemnity compensation. The KDWC also captures litigation information, which includes claims data, through the division's administrative law court system. Furthermore, claims data is captured through the statutorily mandated Closed Claims Study (CCS) conducted by KDWC. One other way KDWC captures accident and claim data is through the submission of first and subsequent reports of injury through the electronic data interchange (EDI) system. EDI is a voluntary data submission method for accident reports and claims. Otherwise, the statutorily required accident reports must be submitted using a paper form and this method does not capture claims information.

The primary use of KDWC data is to provide the legislature with information that it can use to decide whether changes in provisions of the Workers Compensation Act are needed and, if so, to help formulate policy responses to identified problems.

### **Brief Description:**

KDWC data is compiled to report statewide aggregate total and incidence rate data on occupational injuries and illnesses. KDWC data is also used to report system wide data in terms of aggregate statistics concerning indemnity and/or medical claims costs. KDWC data includes industry, medical, temporal, demographic and claims information. When a claim is litigated, KDWC also collects legal information pertinent to the case.

Due to personal identifiable information, some data may not be available to persons outside of KDWC.

### **Inclusion Criteria:**

All Kansas employers, employees and workers compensation claimants who are required to file an accident report under the Kansas Workers Compensation Act.

### **Contact Information (3/2010):**

David Sprick, Manager  
Technology and Statistics Unit  
Division of Workers Compensation  
Kansas Department of Labor  
800 SW Jackson, Ste. 600  
Topeka, KS 66612  
Phone - 785.296.4120  
email - david.sprick@dol.ks.gov

# *Kansas Department of Revenue*

## **Income Tax Data**

### **Purpose:**

As the state tax agency, Revenue has records of all personal income taxes paid by Kansas citizens, from which earnings can be computed.

### **Brief Description:**

Individual income data is derived from form K-40. Federal adjusted gross income is the starting point, which means that items such as wages and social security income cannot be parsed out separately. Adjusted gross income can be sorted by income strata, county, filing status, credits (those on the K-40), personal exemptions, and other factors. Potential matching can be done in the aggregate using name and social security numbers. Individual matching would require taxpayer signed letter of confidentiality.

### **Inclusion Criteria:**

We will have information for those required to file or filing only to receive a refund. Can screen for persons age 25+ based on earned income credit.

### **Contact Information (3/2010):**

Steve A. Stotts  
Director of Taxation  
Department of Revenue  
Docking State Office Building, Room 150  
915 SW Harrison St.  
Topeka, KS 66612  
Phone - 785.296.6431  
email - Steve\_A\_Stotts@kdor.state.ks.us

# *Kansas Department of Commerce*

## **KANSAS Works**

### **Purpose:**

KANSAS Works is the state job matching system. It is used for reporting and management of United States Department of Labor (USDOL) funded programs under the Wagner-Peyser Act, Veterans Employment & Training Services (VETS) under the Jobs for Veterans Act, Workforce Investment Act, and Trade Adjustment Act. Any individual age 14 and older may be served by all or a combination of programs. KANSAS Works was designed to be a One-Stop reporting and case management system, with the ability to share information across agencies and prevent duplication of services.

### **Brief Description:**

KANSAS Works consists of three sections. Section One contains demographic information about the individual and services that s/he is currently or has received from partner programs. Section Two contains information on outcomes of their participation in our programs. Section Three contains information on enrollment-specific services received, assessment information, and the participant's employment plan.

### **Inclusion Criteria:**

KANSAS Works can be used by the public to search for jobs on their own. In that instance, basic demographic information is provided by the individual. If an individual decides they need assistance finding employment or require training, they can come to one of our Workforce Centers and enroll in any of our programs. Eligibility criteria for each of our programs is as follows:

Wagner-Peyser – Must be at least 16 years of age and, if applicable, registered with Selective Service.

VETS under Jobs for Veterans Act – On November 7, 2002, the Jobs for Veterans Act (JVA) was signed into law. The implementing regulations took effect on January 19, 2009. One provision of the JVA establishes a priority of service requirement for covered persons (i.e., veterans and eligible spouses, including widows and widowers) in qualified job training programs. This requirement to provide priority of service applies to all Workforce Investment Act, Wagner Peyser Act, and other DOL-ETA funded programs.

The term “veteran” includes those individuals who: (a) served on active duty for more than 180 days and were discharged or released with other than a dishonorable discharge; (b) were discharged or released from active duty because of a service-connected disability; or (c) served as part of a reserve component under an order to active duty during a war or in a campaign or expedition for which a campaign badge was authorized, and was discharged or released from duty with other than a dishonorable discharge.

“Eligible spouses” mean the spouse of any of the following:

- Veteran who died of a service-connected disability;

- Member of the U.S. Armed Forces serving on active duty who is listed and has been listed for a total of more than 90 days as either missing in action; captured in the line of duty; or forcibly detained in the line of duty by a foreign government or power;
- Veteran who has a total disability resulting from a service-connected disability; or
- Veteran who died while that disability existed

A significant amount of data is collected on an applicant's veteran status, including branch of service and service dates; information on any disabilities incurred, including ratings; and information on veteran spouses and service in the Reserves or National Guard.

Workforce Investment Act – Eligibility is based on the funding used.

(a) To be served as an adult, the individual must be at least 18 years of age and, if applicable, registered with Selective Service. If funding is such that not everyone can be served, a priority of service is put in place. Most of our local areas have identified veterans, low income, and individual on public assistance as those who will be served first.

(b) To be served as a dislocated worker, the individual must meet one of the following:

- They have been terminated or laid off, or have received a notice of termination or layoff; they are eligible for or have exhausted their Unemployment Insurance, or have been employed for a duration sufficient to demonstrate attachment to the workforce but is not eligible for unemployment due to insufficient earnings or having worked for an employer not covered under the state UI law; and they are unlikely to return to a previous industry or occupation.
- They have been terminated or laid off, or have received a notice of termination or layoff, as a result of any permanent closure or substantial layoff at a plant, facility or enterprise.
- They are employed at a facility at which the employer has made a general announcement of closure within 180 days.
- They are employed at a facility at which the employer has made a general announcement of closure, with no estimate of when.
- The individual is considered a displaced homemaker.
- The individual was self employed and is now unemployed because of general economic conditions or a natural disaster in the individual's community.

(c) To be served as a youth, the individual must be at least 14 and less than 22 at time of participation. They must also be economically disadvantaged and face at least one barrier to employment. Those barriers include deficient in basic literacy skills, homelessness, being a runaway, foster child, an offender, a pregnant or parenting youth, school dropout, or a youth (including one with disabilities who requires additional assistance to complete an educational program or to secure and hold employment).

In addition, a small percentage of youth do not have to be economically disadvantaged, but must possess at least one of the following barriers: basic skills deficient, homeless or runaway, offender, has one or more disabilities (including learning disabilities), is one or more grade levels below the grade level appropriate to the individual's age, a pregnant or parenting youth, school dropout, or other serious barrier identified by the local board.

These programs are all held accountable to the same common measures for adults and dislocated workers: (1) Entered Employment Rate; (2) Employment Retention Rate and (3) Average Earnings. In addition, WIA youth have their own set of common measures: (1) Placement in Employment or Education, (2)

Attainment of Degree or Certificate, and (3) Literacy and Numeracy Gains. Because of this, the same information is captured on each group, although they may have a different service mix and/or delivery.

**Contact Information (3/2010):**

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Kansas Department of Commerce, Workforce Development Division  
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Phone - 785.296.3809; Fax - 785.296.1404  
email - mmanry@kansascommerce.com



## ***Kansas Health Insurance Association (KHIA)***

### **Kansas High Risk Pool**

#### **Purpose:**

KHIA was created by the legislature in 1992 as a nonprofit association offering comprehensive health insurance benefits to several groups of eligible individuals with health conditions that make it difficult for them to obtain individual health insurance. An individual is eligible if they are a Kansas resident for 6 months prior to applying for coverage and if the applicant is not eligible for Medicare or Medicaid coverage and their health coverage was terminated for reasons other than non payment of premiums. Evidence must be provided that their application was turned down by 2 health insurance carriers because of health conditions or they were quoted a premium rate that exceeded the Plan rate or they were accepted for health coverage subject to a permanent exclusion of a preexisting medical condition. KHIA collects premium, claim and enrollment data on the State's High Risk Pool.

#### **Brief Description:**

KHIA collects premium, claims and enrollment data for individuals enrolled in the program.

#### **Inclusion Criteria:**

All participants in the Kansas High Risk Insurance pool.

#### **Contact Information (3/2010):**

Kansas Health Insurance Association  
P.O. Box 1090  
2015 16th Street  
Great Bend, Kansas 67530

#### **Website (6/2010):**

[www.khiastatepool.com](http://www.khiastatepool.com)

## *Kansas Department of Corrections*

### **Medical, Dental, and Mental Health Information for Incarcerated Adults**

#### **Purpose:**

The Electronic Medical Record (EMR) stores data and electronic health care records of all incarcerated adults in Kansas Correctional Facilities

#### **Brief Description:**

EMR provides health care, utilization of services, and outcomes reports for the incarcerated population per contract with the Kansas Department of Corrections. EMR utilizes one source of data collection, Correct Care Solutions, for provider information, inpatient records, ambulatory services and electronic transfer of utilization claims submission by providers, for report generation.

#### **Inclusion Criteria:**

All State of Kansas inmates incarcerated within the Kansas Department of Corrections will have an established health care record that remains confidential and not open to the public.

#### **Contact Information (6/2010):**

Viola Riggin  
Director Health Care Services  
Kansas Department of Corrections  
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