

Riverside Resources, Inc

700 N. 3RD STREET; Leavenworth, Ks. 66048

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TO: Representative Brenda Landwehr, Chair and Committee Members
Robert G. Bethell Joint Committee on HCBS and KanCare Oversight
Kansas Legislature

FROM: Michelle D. Hill, Executive Director of Riverside Resources, Inc.

DATE: June 17, 2024

RE: IDD Service Provider Capacity Issues

Riverside Resources, Inc. (RRI) provides Day, Residential and Supported Living Supports to adults with Intellectual and Developmental Disabilities in Leavenworth County, Kansas.

In the 57 years that RRI has existed, we have found ourselves in a staffing crisis that began prior to the 2020 pandemic and continues to escalate to this day. While the incentives for retention and recruitment incentivized retaining some of our DSP's, that was a short-term fix for a long-term problem. RRI was able to raise our starting wage from \$12.00/hr. to \$15.00/hr. due to the 25% rate increase however, we are still experiencing a lack of qualified applicants while continuing to lose DSP's due in most part, to low pay and overtime hours. RRI has advertised in social media, print and online newspapers, contacted our local Chamber of Commerce to place a help wanted ad in their newsletter, we have worked with our local Workforce Center as well as attended job fairs, and informational fairs held by local schools.

In order to continue to provide quality services and to expand capacity to provide possible placement for the 500 Kansans that will be coming off the waiting list, community service providers like RRI need to have qualified and competent Direct Support Professionals (DSPs). The unfortunate reality is, RRI along with other community service providers, have closed taking new clients into their programs, due to the lack of staff that can support the needs of the clients in the ways in which they need and want.

RRI is a very small provider. Currently we have approximately 40 persons served in either our residential program and/or our day program combined. To be fully staffed, we would need to hire 11 people in DSP positions between the residential and day programs as well as 1 person to serve as a Residential Program Manager. Currently, we have one person filling both of those roles. I am sure in comparison to much larger providers, that doesn't seem like much, but when a provider has three group homes and only 7 full time Residential staff and 6 full time Day staff, one can see how much overtime costs not only in tangible dollars, but staff burn out. This of course, leads to turnover and no candidates applying for positions.

For example, our overtime hours since January of 2024 to present is 2,278 hours at a cost of \$59,744.94.

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We were very happy to hear that 500 people would be coming off the waiting list after waiting for such a long time. It is concerning, that once recipients begin receiving notification that they are now funded and begin to seek providers, there are few choices due to many providers across the State of Kansas experiencing the same kinds of challenges of not having the capacity or staff to serve individuals.

Some of those challenges:

- Staffing shortages
- Maintaining competitive wages to attract more staff
- Increasing costs associated with health insurance and other benefits for DSPs
- Leavenworth County housing is not economical to people on a fixed income and the waitlist for Section 8 housing in Leavenworth County is currently 2 years
- Changes to HCBS Federal Final Settings Rule requirements for providers with no additional funding sources
- Clients with dual diagnosis (I/DD and Mental Illness) are often underserved and it's up to the I/DD providers to support clients the best way they can with limited funding and overall resources
- Many providers are at capacity now, and many would like to expand capacity, but are lacking the funding in order to do so

Providers need a long-term commitment to consistently raise the reimbursement rate in order to adequately support providers in their mission to provide the quality services to HCBS recipients while considering inflationary trends and the needs of the persons coming off the waiting list.

The I/DD system has come a long way over the years however, unless capacity and staffing shortages are addressed with additional planning and consistent reimbursement increases, Kansas will experience many persons served with nowhere to go to get the services they need and want AND have waited YEARS to get.

Thank you for your consideration and allowing me to voice my concerns regarding the waiting list, staffing shortages and reimbursement shortfalls. I am hopeful that we can work together to come up with a long-term solution that will address these things and move Kansas toward a model that other states wish to aspire to.