Controversy over Kan. Neurological Institute

By JAN BILES Associated Press

Russell Hall and his wife, Eva, are saving the state of Kansas money — about $100,000 a year.

Hall removed his 30-year-old daughter, Tabatha, from Topeka's Kansas Neurological Institute in 1991, and he and his wife have been caring for her in their home with the help of funds from a Home and Community-Based Services waiver for those with developmental disabilities.

The annual cost for housing and services at KNI is $148,526, while the average annual cost for a person on an HCBS waiver and living in the community is $35,663, according to the Disability Rights Center of Kansas.

"We're saving taxpayers money, but we're not getting that money," Hall said.

Where those savings are being directed has become a point of contention as Gov. Mark Parkinson and lawmakers consider closing KNI and sending its residents into the community to live.

In late October, the Facilities Closure and Realignment Commission recommended KNI be closed and the institution's 158 residents be transferred to less-restrictive, community-based residential programs or to Parsons State Hospital.

KNI's closure is expected to free up about $5 million annually from the state's budget that could be used elsewhere.

Parkinson has the option of rejecting the commission's recommendation to close KNI, or the Democratic governor could issue executive orders to begin the transfer of KNI residents to community-based programs or Parsons State Hospital. Those orders could be blocked by one chamber of the Republican-controlled Legislature after it convenes Sunday.

The commission also recommended all savings from phasing out KNI — including money obtained from the sale of KNI property — be directed toward expanding in-home services to those with disabilities who are on waiting lists in Kansas.

About 4,000 Kansans with developmental disabilities are on the Department of Social and Rehabilitation's waiting list to receive home and community-based services provided through Medicaid waivers.

Some of the people on the list have been waiting for services since 2005. The commission recommended KNI residents being transferred into community-based programs be placed at the top of the roster.

Critics of the closure of KNI have expressed concern over moving people with profound disabilities into community-based housing programs. However, advocates say living in the community instead of in an institution increases opportunities and improves the quality of care for individuals.

For every person at KNI with the greatest severity of disability, there are 18 people living in the community with HCBS waivers with the same severity of disability, according to the Disability Rights Center of Kansas.

Ron Pasmore, president and chief executive officer of KETCH, said the 241 residents at Winfield State Hospital had two options in the mid-1990s when the facility closed: Transfer to a community-based program, or transfer to KNI or Parsons State Hospital. Only 36 were transferred to other state hospitals.

KETCH received 20 to 30 residents from Winfield State Hospital, he said. Prior to their transfers, KETCH staff met with the individual, Winfield staff and family members to make the transition into the community as smooth as possible.

Pasmore said each former resident had a "startup fund" that could be used to pay for furniture, adaptive equipment and other items needed to set up a home.

At the time of Winfield's closing, about 800 Kansans with developmental disabilities were on a waiting list to receive community-based services. Because the money followed the residents into the community, Pasmore said the savings realized from closing Winfield not only provided housing and services to the former residents but also was enough to eliminate the waiting list.

Tom Laing, executive director of Interhab in Topeka, said the chances of KNI's closure eliminating the current waiting list is unlikely.

"KNI outcomes will be less dramatic than Winfield in terms of impact on the waiting list because the waiting list today is so much worse due to the lack of attention by this and the preceding administration," Laing said. "However, we can spend DD (developmental disability) resources more wisely by weaning ourselves from the institutional model."

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