

**Legislative Post Audit Summary of School District
Performance Audits Currently Under Way or Approved
June 2009**

Audit Title (Requestor)	Main Concerns	Questions Asked	Estimated Date Available
<p>K-12 Education: Identifying Ways Kansas School Districts Encourage Parental Involvement (Ray Daniels)</p>	<p>According to a 2002 report from the Southwest Educational Development Laboratory, there is consistent, positive, and convincing evidence that "families have a major influence on their children's achievement in school." The report's authors concluded that strategies to support more involvement from parents may be an important strategy for addressing the achievement gap. Members of the 2010 Commission are interested in the strategies Kansas school districts use to encourage more involvement from parents</p>	<p>1. What strategies do Kansas school districts use to encourage parental involvement in education?</p>	<p>October 2009</p>
<p>K-12 Education: Reviewing Issues Related to the Cost of the Health Care Benefits Provided By School Districts (2010 Commission)</p>	<p>Employee insurance costs—primarily health insurance—have grown substantially over the last several years, from just more than \$195 million for the 2003-04 school year, to almost \$250 million for the 2007-08 school year. Overall, employee insurance costs represent nearly 5% of school districts' total reported expenditures for 2007-08. Because health insurance costs represent such a large and growing cost for school districts, members of the 2010 Commission are interested in finding out whether there are ways districts could better control these costs.</p>	<p>1. Could school districts obtain costs savings by reducing health insurance costs?</p>	<p>November 2009</p>
<p>K-12 Education: Reviewing School Districts' Use of Medicaid Reimbursements To Pay for Special Education Services (2010 Commission)</p>	<p>Because some special education services are health-related, school districts and special education cooperatives can bill Medicaid to help pay for these services if the students are eligible. Medicaid rules make it difficult for school districts to bill for all the health-related services they provided. As a result, members of the 2010 Commission are concerned about whether school district are missing out on large amounts of Medicaid funding for special education services.</p>	<p>1. To what extent have school districts billed Medicaid to receive reimbursement for eligible special education services?</p>	<p>The Commission asked us to hold off on this audit until after changes are made to school-based Medicaid later this summer.</p>

SCOPE STATEMENT

K-12 Education: Identifying Ways Kansas School Districts Encourage Parental Involvement

According to a 2002 report from the Southwest Educational Development Laboratory, there is consistent, positive, and convincing evidence that “families have a major influence on their children’s achievement in school.” According to the report, education research has found that students whose parents are involved in their education are more likely to:

- earn higher grades and test scores, and enroll in higher-level programs
- be promoted, pass their classes, and earn credits
- attend school regularly
- have better social skills, show improved behavior, and adapt well to school
- graduate and go on to postsecondary education

As a result, the report’s authors concluded that strategies to support more involvement from parents may be an important strategy for addressing the achievement gap.

Recently, members of the 2010 Commission have become interested in the strategies Kansas school districts use to encourage more involvement from parents. This school district performance audit would answer the following question:

1. **What strategies do Kansas school districts use to encourage parental involvement in education?** To answer this question, we would review education literature and consult with Department of Education staff to identify best practices for encouraging parental involvement. We would survey school district officials to find out the district-level strategies used to encourage involvement. We also would survey and/or conduct focus groups with teachers to identify the strategies they use.

Estimated Resources: 2 staff (8-10 weeks)

SCOPE STATEMENT

K-12 Education: Reviewing Issues Related to the Cost of the Health Care Benefits Provided By School Districts

Employee insurance costs—primarily health insurance—have grown substantially over the last several years, from just more than \$195 million for the 2003-04 school year, to almost \$250 million for the 2007-08 school year. Overall, employee insurance costs represent nearly 5% of school districts' total reported expenditures for 2007-08.

Because health insurance costs represent such a large and growing cost for school districts, members of the 2010 Commission recently have expressed an interest in finding out whether there are ways districts could better control these costs. This school district performance audit would answer the following question:

1. **Could school districts obtain costs savings by reducing health insurance costs?** To answer this question, we would survey school districts to obtain information on the health insurance plans they offer, including the benefits offered under the plans, the total cost of premiums for the plan, and the level of participation by employees. We would analyze the data on the districts' plans to identify districts that appear to be paying more than others with similar plans, and follow up with those districts to look for ways to reduce those costs. Finally, we would interview staff from the Kansas Health Policy Authority to find out the advantages and disadvantages of having all districts join the State health plan, look at any estimates they have of what it might cost the State, and estimate how much it might save school districts. We would conduct additional testwork as needed.

Estimated Resources: 2 staff (10-12 weeks)

SCOPE STATEMENT

K-12 Education: Reviewing School Districts' Use of Medicaid Reimbursements To Pay for Special Education Services

The federal Individuals with Disabilities Education Act (IDEA) requires states to provide special education services to all children between the ages of 3 and 21 who need special services because of conditions such as mental retardation, hearing or visual impairment, emotional disturbance, or autism. Because some of these services are health-related, school districts and special education cooperatives can bill Medicaid to help pay for these services if the students are eligible.

School districts have never been reimbursed for all the health-related services they provide to Medicaid-eligible students. A 2003 Legislative Post Audit report that examined ways the State could draw down more federal funding found that districts were missing out on \$3 million to \$5 million in Medicaid funding because they hadn't obtained parental consent to bill for services. Beginning with the 2007-08 school year, several changes were made to the rules for school-based Medicaid that made it even more difficult to get reimbursed—further reducing the total amount of school-based Medicaid funding from more than \$36 million in 2006-07 to less than \$14 million in 2007-08.

Recently, members of the 2010 Commission have expressed concerns about whether school district are missing out on large amounts of Medicaid funding for special education services. This school district performance audit would answer the following question:

1. **To what extent have school districts billed Medicaid to receive reimbursement for eligible special education services?** To answer this question, we would use special education and Medicaid data from the most recent year in which data are available to identify special education students who participate in the Medicaid program. For a sample of these students, we would determine which of their services are eligible for Medicaid reimbursement, whether the school district or special education cooperative has billed Medicaid for those services, and for any unbilled services quantify the amount of potential reimbursement foregone by not billing Medicaid. We would follow up with the appropriate school districts or special education cooperatives to find out the reasons for not billing Medicaid for these services, and try to identify the most efficient way districts would be allowed to bill for these services. We would conduct additional testwork as needed.

Estimated Resources: 2 staff (8-10 weeks)