Frequently Asked Questions About Saline County Home Health Services

As the Saline County Commission considers the future of County-operated Home Health services, we've received a number of thoughtful questions from residents, employees, patients, and family members. The following information is intended to help explain the process and answer some of the most common questions.

The County Process

Has the Commission already made a decision?

No.

The Commission has asked the Health Department to provide information regarding the current Home Health program, the challenges it faces, and available options. The discussion on August 11 is part of that public decision-making process. This issues has been discussed multiple times during the budget development process. No final decision has been made.

Why is this recommendation being discussed now?

As part of the 2027 budget process, the Saline County Commission directed all County departments to review their operations and identify opportunities for efficiencies, cost savings, service improvements, and organizational changes. Every department was asked to evaluate its programs and consider whether services could be delivered differently while continuing to meet the needs of the community.

The review of Home Health services is part of that broader countywide effort. Like every department, the Health Department assessed its programs, analyzed operational and financial information, and presented options based on its professional evaluation.

The recommendation being presented is one of many budget recommendations the Commission will consider during the budget process. As with all significant policy decisions, the Commission will review the information presented, hear public input, ask questions, and determine the appropriate course of action.

Is this the first year the Commission has discussed the future of Home Health?

No.

The Home Health program has been reviewed and discussed during multiple County budget cycles over the years. Like all County programs, it is periodically evaluated to ensure it remains financially sustainable, operationally effective, and aligned with the County's mission and community needs.

The discussion taking place this year is part of that ongoing evaluation process. What is different this year is that the Commission has requested a more comprehensive review of the program and its long-term sustainability, resulting in a formal presentation of information and options from the Health Department.

Periodic review of County services is a normal part of responsible budgeting and long-range planning. It helps ensure that taxpayer resources are being used effectively while maintaining essential services for the community.

What other options are being considered?

The Commission has asked the Health Department to evaluate a range of options for the future of Home Health services. Those options include:

- **Maintaining the current service model** and continuing County-operated Home Health as it exists today.
- **Modifying the current service model** to improve financial sustainability, operational efficiency, or service delivery.
- **Transitioning away from County-operated Home Health** while working to ensure patients continue receiving care through other qualified providers in the community.

Each option has advantages, challenges, and long-term implications for patients, employees, taxpayers, and the County. The Commission's role is to evaluate those tradeoffs using available data, professional recommendations, and public input before making a decision.

No matter which option is ultimately selected, the Commission's goal remains the same: ensuring residents continue to have access to quality care while responsibly managing public resources.

Understanding the Current Program

How many clients does Saline County Home Health serve?

Saline County Home Health typically serves between 40 and 60 active patients at any given time. The number fluctuates throughout the year based on referrals, patient recovery, and individual care needs.

Patient care is not a one-size-fits-all service. Some patients may require only a few visits following a hospital stay, while others receive ongoing care several times each week. Depending on a patient's medical condition, services may include skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide services, or medical social work.

Because each patient's needs are unique, the number of visits and the level of care provided can vary significantly. For that reason, the complexity of the program is better reflected by the services delivered and the medical needs of the patients than by the number of active clients alone.

How many Home Health staff does the County have?

Saline County's Home Health program currently has nine employees who provide a variety of skilled healthcare services to patients throughout the community.

In addition, the program has two registered nurse (RN) positions that have remained vacant for more than 12 months. Those vacancies have reduced the program's capacity and reflect the broader workforce shortages affecting healthcare providers across Kansas and the nation.

Recruiting and retaining licensed healthcare professionals has been an ongoing challenge, and staffing limitations are one of several factors the Commission is considering as it evaluates the long-term sustainability of the County-operated Home Health program.

How much County funding supports the Home Health program?

For the 2027 budget, the Home Health program is projected to have total operating expenses of approximately $891,699.

The program is expected to generate approximately $478,169 in operating revenue, primarily through reimbursements from Medicare, Medicaid, private insurance, and payments from private-pay patients.

The remaining $413,530 is projected to come from County funding to support the operation of the program.

As with all County services, the Commission evaluates whether the level of public investment is appropriate, sustainable, and aligned with community needs. The funding required to operate Home Health is one of several factors being considered alongside patient care, workforce challenges, service availability, and the long-term role of County government in providing these services.

How do other county health departments handle home service?

Kansas law requires every county to provide public health services, but counties have flexibility in how those services are delivered. While every county operates or participates in a local health department, relatively few also operate a County-run Home Health agency.

Kansas has 100 local health departments serving the state's 105 counties, with several neighboring counties operating joint health departments. Of those, only six currently provide some level of County-operated Home Health services. Three additional counties have stopped providing home health services within the last year.

County	Population	Service Model
Norton County	5,271	Limited Services; accepts private pay, HCBS and Area Agency on Aging Clients
Smith County	3,566	Limited Services; Medicaid only
Morris/Chase County Area Agency on Aging	Combined 7,920	Aide Services only; accepts private pay, HCBS and Area Agency on Aging Clients
Doniphan County	7,506	Full Service with shared Health Department Staff
Jefferson County	18,368	Full Service
Saline County	53,377	Full Service

Does the Commission value the work of the Home Health staff?

Absolutely.

The dedication and professionalism of the Home Health employees are not in question. They have cared for Saline County residents for many years and have earned the trust of countless patients and families.

The discussion is about the future of the County operating a Home Health agency, not the quality or commitment of the people who provide those services.

Why Change is Being Considered

Is this discussion only about money?

No.

Financial sustainability is one factor, but it is not the only consideration. The Commission is also evaluating patient access, workforce availability, service quality, long-term viability, and whether services can continue to be provided effectively through other qualified providers in the community.

The goal is not simply to reduce costs. The goal is to ensure residents continue receiving quality care and that resources are used effectively.

Are there other Home Health providers in Saline County?

Yes.

Several licensed Home Health agencies currently provide services within Saline County. These agencies already serve many local residents through Medicare, Medicaid, private insurance, and other payment sources.

Each provider has its own service area, staffing levels, and payer participation. They are all varied models and have levels of service. Understanding how those providers could meet community needs is part of the information being evaluated.

Why does it matter that other Home Health providers exist?

The County's role is often to provide services that the private market cannot or will not provide. When multiple qualified providers are already serving the community, the Commission has a responsibility to evaluate whether continuing to operate a taxpayer-funded service is the most appropriate use of public resources. This doesn't diminish the value of the County's Home Health staff or the care they provide. It reflects the Commission's obligation to evaluate whether the County should directly provide a service or rely on qualified community providers while focusing County resources on areas where government has a unique responsibility.

What about patients with complex medical needs or limited financial resources?

The Commission recognizes that some patients require specialized care or have limited options.

One of the key questions being evaluated is how those patients would continue receiving appropriate care if changes are made to the County-operated program. That is an important part of the discussion.

Is this about eliminating services?

The discussion is about how services are delivered, not whether vulnerable residents deserve care.

The Commission's responsibility is to determine whether operating a County-run Home Health agency remains the best model for providing those services, while ensuring patients continue to have access to appropriate care.

If the Commission Makes a Change

How would patient care continue if the County changes how Home Health services are provided?

Continuity of patient care is one of the county's highest priorities.

If any change is recommended, transition planning will be part of that process. The goal would be to help patients continue receiving services with as little disruption as possible while working with licensed providers that already serve Saline County. No patient would simply be left without notice or assistance in transitioning care.

How would County employees be supported during a transition?

The Home Health staff have provided compassionate, professional care to Saline County residents for many years, and the Commission recognizes the dedication they bring to their work every day.

If the Commission decides to transition away from County-operated Home Health services, supporting our employees through that transition will be an important priority. The County will work with staff to identify opportunities within County government where possible and will coordinate with other healthcare providers to make them aware of the experience and qualifications of our employees.

While employment decisions ultimately rest with individual organizations, experienced nurses, therapists, aides, and healthcare professionals continue to be in high demand throughout the region. The County is committed to treating employees with respect, communicating openly throughout the process, and providing as much support as possible during any transition.

What does "winding down" the Home Health program mean?

"Winding down" is a shorthand term used to describe a planned and orderly transition of the County-operated Home Health program. It does not mean services would end immediately or that patients would suddenly be left without care.

If the Commission ultimately decides to transition away from operating a Home Health agency, the process would focus on two priorities:

- Ensuring continuity of care for patients by coordinating transfers to other qualified Home Health providers.
- Supporting employees throughout the transition while completing required clinical, administrative, and regulatory responsibilities.

Health Department staff estimate that completing this transition would take approximately 120 days. During that time, existing patients would continue receiving services while appropriate arrangements are made for their ongoing care. The County would also complete outstanding documentation, billing, regulatory requirements, and other tasks necessary to formally conclude operations.

The goal of any transition would be to ensure that patient care continues without unnecessary interruption while providing an orderly process for patients, families, employees, and partner organizations.

Public Participation and Decision Making

Can the public provide input?

Yes.

The Commission encourages residents, patients, caregivers, employees, and anyone interested in this issue to attend the August 11 Commission meeting and participate in public forum. Community input is an important part of the decision-making process.

Why is this discussion taking place in a public meeting?

Public trust depends on transparency.

Questions of this importance should be discussed openly so residents can hear the information presented, ask questions, and understand how decisions are made. The Commission believes public participation leads to better-informed decisions. This discussion is part of the broader budget development process.

Will public input be the deciding factor?

Public input is an important part of the Commission's decision-making process, and we encourage residents to attend the August 11 meeting and share their perspectives.

At the same time, the County Commission was elected to make difficult decisions on behalf of the community. Commissioners will consider public comments alongside the Health Department's professional recommendations, operational and financial information, legal requirements, and the long-term needs of both patients and taxpayers before making a decision.

We ask everyone participating in this discussion to remain respectful. This issue affects vulnerable patients, dedicated healthcare professionals, and their families. Thoughtful, respectful dialogue helps ensure the conversation remains focused on finding the best path forward for our community.

To protect patient privacy, the County cannot discuss or disclose personal health information or other confidential medical details during public meetings. Likewise, personnel matters involving individual employees are confidential under Kansas law and County policy. These privacy protections are essential and will be respected throughout the process.

How will the Commission make this decision?

The Commission will consider several factors including the recommendation of county staff, patient care and continuity, operational sustainability, staffing, financial impacts, availability of other providers, and public input. No one single factor will determine the outcome.

What is the Commission trying to accomplish?

The Commission's objective is to ensure Saline County residents continue receiving quality healthcare services while responsibly managing public resources. Balancing those objectives is difficult work.

These discussions are never easy, particularly when they involve services that people depend on. The Commission is committed to making a thoughtfully decision transparently, and with careful consideration of both the people receiving care and the taxpayers who support County services.

If you have further questions, please reach out to Health Department Director Jason Tiller at (785) 826-6600, tillerj@salinecountyks.gov or County Administrator Matt Stiles at (785) 643-3298, stilesm@salinecountyks.gov.