



EQUALITY ♦ LAW ♦ JUSTICE

Disability Rights Center of Kansas

214 SW 6th Avenue, Suite 100 ♦ Topeka, KS 66603
Phone: 785.273.9661 ♦ Toll Free: 1.877.776.1541
Toll Free TDD: 1.877.335.3725 ♦ Fax: 785-273-9414
www.drckansas.org info@drckansas.org

Testimony in Support of HB 2682 House Health and Human Services Committee February 17, 2016

Chairman Hawkins and members of the committee:

My name is Mike Burgess. I am the Director of Policy & Outreach at the Disability Rights Center of Kansas (DRC). DRC is a public interest legal advocacy organization that is part of a national network of federally mandated organizations empowered to advocate for Kansans with disabilities. DRC is the officially designated protection and advocacy system in Kansas. DRC is a private, 501(c)(3) nonprofit corporation, organizationally independent of state government and whose sole interest is the protection of the legal rights of Kansas with disabilities.

Mr. Chairman, thank you for having this hearing and providing the opportunity to speak in support of HB 2682.

HB 2682 is a simple bill, but with a profoundly positive impact on public policy. HB 2682 ensures that the individual HCBS waivers will not be eliminated and integrated into one global waiver without the Legislature specifically expressly authorizing such a change. This ensures the Legislature will have to be involved and authorize any changes eliminating HCBS waivers and creating “waiver integration.”

Last year, roughly two months to the day after the Kansas Legislature adjourned Sine Die, the State of Kansas announced that it would be making the single largest change to HCBS waivers in the history of our state by eliminating all of the individual HCBS waivers and creating a global “integrated waiver.” There were no extensive discussions with this or other Legislative Committee’s about this gigantic change. No Legislative buy-in or approval process for such a dramatic change. I do not believe this was part of any nefarious plan to cut you out of the process, but that is the way it worked out.

HCBS waiver elimination/integration is the single largest change to the single most important programs to Kansans with disabilities, the seven individual HCBS waivers. The collective impact of HCBS waiver elimination/integration for people with disabilities makes the switch-over to KanCare look more like routine, child’s play. There are no services more important and vital to Kansans with disabilities than the seven individual HCBS waivers.

Without a doubt your constituents will be impacted by this change. From a constituency services vantage point alone, waiver elimination/integration has the potential to cause a

considerable amount of concern, consternation and dramatic negative impact on services to your constituents, that the Legislature must clearly preserve its right to expressly authorize or not authorize such changes.

Make no mistake. If you do nothing and let the Executive Branch unilaterally approve such sweeping changes to Eliminate/Integrate all seven HCBS waivers, your constituents will call you if and when the problems start occurring. This bill simply would require the Executive Branch to come up with a detailed plan regarding waiver elimination/integration, present that plan to the Legislature and public, and to obtain express authorization before they could move forward with the single largest change to HCBS services in the history of Kansas.

Again I want to reiterate I appreciate KDHE and KDADS giving opportunities to provide input, but at this point we have not had an opportunity to see the specifics. If you look back at recent program changes there have been significant bumps that have had a major impact on Kansans.

- DMV project resulting in long lines at counties all over the state
- KanCare rollout (still working through some of those bumps)
- Switch in Medicaid processing (KDHE is diligently attempting to work through the backlog of 10,000 applications/renewals now.)

Change Fatigue

There are numerous other significant changes/challenges that have either already happened or are already in the works that are stressing both state staff and the citizens affected:

- CMS settings rule – requires a state plan and comprehensive review of all HCBS services and settings
- US DOL final rule – impacting sleep cycle support and other services
- Existing challenges in State Mental Health hospitals and the resulting impact on the rest of the mental health system
- Change fatigue among both citizens and the state staff “in the trenches”
- Numerous other policy changes within HCBS programs
- Workforce Innovation and Opportunity Act (WIOA) changes will also affect these agencies and many of these consumers

Risks/Challenges

This project has many risk indicators that are likely to have a significant negative impact on the changes of a successful implementation. None of these are directly related to any specific policy changes, but more along the lines of nuts and bolts project management risks.

- Required changes to various IT systems (State systems, MCO systems, and Provider systems)
 - Some of those changes will need detailed specs that likely will not be known until policies are finalized.
- Training – inevitably as the schedule gets crunched, this is one of the things thrown out the window
 - History shows us this is one of the things that leads to problems for consumers (this was one of the big problems for the DMV project)

- Kansas Assessment Management Information System or KAMIS (a major IT System for KDADS)
 - KDADS has been experiencing significant performance issues with this system for a long time.
 - There are also known data integrity problems with this system.
 - KDADS has been talking about either replatforming and/or replacing this system for a while.
- Timeline is very aggressive considering all the steps involved
 - (See attached Communications Plan submitted from the Education, Communication, and Training WISE Workgroup)
- Staffing challenges – turnover/vacancies in key positions and other unfortunate circumstances that have exacerbated this challenge/risk
- I would also recommend allowing more time for things that are outside of the control of Kansas agencies (i.e. negotiating with CMS). Approval from CMS for KanCare ended up coming just hours before “go live”

While I have very much appreciated the opportunity to participate in the stakeholder engagement groups and the public forums, the disability community is definitely not supportive of this change.

I’m not here today to say waiver integration is a horrible idea, but we do not know any of the specifics yet. We clearly cannot support a major change like this without a clear understanding (an in the weeds understanding) of how it will work and the impact it will have.

I do support having a process that provides legislative input into these policies. I know based on my personal experience that at the end of the day, it is going to be your phone that rings when there are changes/cuts to services.

The individual HCBS waivers are beloved by Kansans with disabilities, their families and the entire disability stakeholder community. The most prudent approach is for the Legislature to be front and center in any changes regarding waiver elimination/integration, in order to protect your constituents and ensure the final product is not going to have either negative political repercussions or harmful effects for these Kansans most in need, people with disabilities and their families.

Thank you for your time and attention to these concerns. I would stand for questions at the appropriate time.