



c/o Disability Supports of the Great Plains, Inc., 501 East Northview, McPherson, KS, 67460

Written Testimony to the House Standing Committee on Vision 2020

January 28, 2015

Presented by Jon Zehnder, President

The Alliance for Kansans with Developmental Disabilities

Chairman Sloan and members of the Committee. My name is Jon Zehnder, President of the Alliance for Kansans with Developmental Disabilities. I am here today in support of the Committee's efforts to explore various aspects of the Medicaid process with the vision toward the future of Kansas and Kansans. This support for Medicaid services parallels an effort community service providers in the Medicaid program called Home and Community Based Services for people with Intellectual and Developmental Disabilities (HCBS/IDD) which allows thousands with I/DD to not only live and contribute to their communities but to benefit from services that are far less expensive than institutional care.

One aspect of the Medicaid process that often gets overlooked is the role of the direct care worker who cares for the most vulnerable members of our society. Appreciating that this is not the budget committee, I would like to take a few minutes to discuss the impact that insufficient reimbursement rates has on the provider community and the people for which we provide care.

Who We Are: The Alliance for Kansans with Developmental Disabilities was one of the first advocacy organizations to form after the Developmental Disability Reform Act of 1995. We are highly respected Community Service Providers (CSPs) providing Home and Community Based Services (HCBS) for people with intellectual and developmental disabilities (I/DD) covering most regions of the state.

Who We Serve: Alliance members provide critical services to some of our most vulnerable citizens and serve people who require support based on their documented needs to live and work in the community of their choice. Were it not for the effectiveness of the HCBS-I/DD program in Kansas, thousands may be relegated to far more expensive Institutional care (and were before the Medicaid waiver came into existence). Many require support 24 hours per day which eliminates the need for more expensive institutional care.

The Problem:

- There are approximately **8,600 Kansans with I/DD** who receive community based services.
- Care for people with disabilities who have complex needs including behavioral and medical issues require a dedicated and well-trained work force.
- Their caregivers, who on average **work for slightly more than minimum wage**, are required to have exhaustive training and be responsible for many critical medical and behavioral procedures.
- There has been **no rate increase** for CSPs **since 2008**.
- Currently, the average **annual turn-over rate** for CSPs is **over 60%** (A synthesis of direct service workforce demographics and challenges across intellectual/ developmental disabilities, aging, physical disabilities, and behavioral health, November, 2008).
- Shamefully, because of low pay, **many caregivers** themselves depend on KanCare for their own insurance and **often times rely on food stamps to support their families**.
- **Staffing issues related to inadequate pay has reached a critical point** that jeopardizes the State of Kansas' ability to provide quality care to the I/DD population in communities across the state.

The Solution:

- Work collaboratively with the state to increase funding levels for CSPs.
- Link increased funding/wages to "quality of care" measures.



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The Justification:

- Over the last several years, a number of rate studies have been conducted by the State of Kansas and each has recommended increases in funding to better compensate the people who provide support to people with significant disabilities.
- Quality of care for some of our most vulnerable citizens would improve.
- A direct investment by the citizens of Kansas to adequately compensate community based providers actually reduces other costs in state subsidies such as KanCare to the caregivers.
- A consistent, well-trained staff can help reduce other KanCare costs such as increased Emergency Room visits, employment failure, and inpatient medical/psychiatric care for those receiving community based services.

The Proposal: The annual average of all tiers/both services per year/per person is \$52,191.86. If we were to obtain a rate increase based on the rate of inflation since the last 1% increase in 2008, it is \$57,567.62 per person/per year. The success and lives of Kansans with I/DD depend on the support of adequately funded community service providers to compensate caregivers and their professional staff.

Thank you for your interest in this matter and allowing me to testify on behalf of The Alliance for Kansans with Developmental Disabilities. I am happy to stand for questions.