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**To:** Chair Erickson

Vice Murphy

Ranking Minority Member Holscher

**From:** COF Training Services

Rachel Neumann, Chief Operating Officer

**RE:** HB 2240

**Date:** 3/6/25

Madam Chair and Members of the Committee,

Thank you for the opportunity to provide testimony on this critical issue. My name is Rachel Neumann, and I have dedicated my career to advocating for individuals with intellectual and developmental disabilities (IDD) as both a caregiver for my sister and an executive in the field.

I am here today to express support for HB 2240, which ensures that regulatory changes to the Home and Community-Based Services (HCBS) system undergo legislative approval before implementation. The success of the HCBS system depends on thoughtful, inclusive policy decisions. Yet, providers and individuals are often left to navigate abrupt and impractical changes without meaningful engagement.

I want to acknowledge and express appreciation to KDADS who has recently delayed implementation of certain programs and agreed to participate in stakeholder workgroups. At the same time, providers still lack assurance that their feedback will be fully considered. For years, providers have raised concerns, asked questions, and offered solutions, yet these efforts have often been dismissed. Decisions continue to be made behind closed doors, only for providers to later raise alarms about unintended consequences. This reactionary approach harms the very system we all aim to strengthen.

### **A Pattern of Unilateral Decision-Making**

Unfortunately, over the years in this system, we have seen a recurring pattern of unilateral decision making. A recent example is the Final Rule training that KDADS attempted to implement without provider input. This followed previous delays to other changes prompted by stakeholder feedback, yet KDADS again proceeded without collaboration on this change. Only after concerns were raised did they agree to pause. This lack of upfront engagement wastes time, creates confusion, and imposes



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unnecessary burdens on providers. Efficient governance requires stakeholders to be involved before—not after—decisions are made.

### **A Decade of Dismissed Solutions**

For ten years, providers have sought collaboration to ensure compliance with federal requirements. Instead of proactive problem-solving, KDADS has repeatedly delayed discussions, addressing critical issues only when deadlines become imminent. Now, rushed decisions are being made without meaningful stakeholder input. When providers raise concerns, they are unfairly characterized as resistant to change. The truth is we seek to ensure that compliance measures align with the realities of our service system. Had collaborative efforts begun earlier, we could have avoided the current last-minute disruptions.

### **Unrealistic, Overlapping System Changes**

KDADS is pursuing multiple major system changes simultaneously, including:

- Transitioning from BASIS to MFEI for eligibility assessments
- Redesigning the funding structure
- Dismantling providers offering both services and Targeted Case Management (TCM) and Community Developmental Disability Organization (CDDO) functions
- Conducting a rate study
- Unbundling day services
- Phasing out 14c certificates

Even one of these initiatives requires careful, collaborative planning. Implementing all at once is unsustainable and places undue strain on providers and individuals served. Many of these changes are tied to federal compliance deadlines, yet providers have long requested a seat at the table to develop solutions. Only now, with deadlines looming, has KDADS begun clarifying its compliance strategy.

### **Recommendations for Moving Forward**

To prevent further strain on the system, I urge the following actions:

- **Engage Stakeholders in Development** – Individuals with lived experience, families, and providers must be included in planning to ensure changes are informed, accessible, and feasible.



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- **Allow Provider-Developed Compliance Solutions** – COF and other providers should be consulted on solutions they have already identified or implemented.
  - **Sequence System Changes** – This legislation should ensure that system initiatives are piloted, tested, and refined based on real-world feedback before full implementation.
  - **Commit to Change Management Best Practices** – Allocate resources for training, technical assistance, and communication to ensure smooth transitions.

## Conclusion

In this field, we hold a core belief that no changes should be imposed on an individual's life without their direction—"nothing about us without us." This principle must guide all policy decisions affecting the IDD community.

Providers are not resistant to change. We have continually adapted to support meaningful progress. However, change must be strategic, informed, and structured, not rushed and reactionary.

On behalf of the thousands of Kansans who depend on these services, I urge you to pass HB 2240 to ensure future regulatory changes support (not jeopardize) the stability of our system. This bill is not about preventing progress but ensuring it is achievable, sustainable, and beneficial to those who rely on these services.

Thank you for your time and consideration.

Sincerely,  
Rachel Neumann  
Chief Operating Officer, COF