

Kansas Chapter
National Association of Social Workers
...advancing the practice and profession of Social Work in Kansas...

Testimony: Medicaid RFP KanCare

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Senate Public Health and Welfare

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The Kansas Chapter, National Association of Social Workers (KNASW) is the professional association working on behalf of the profession and practice of social work in Kansas. Social workers have been licensed to practice at three levels of expertise since 1976. These are the baccalaureate (LBSW), the master (LMSW), and the independent clinical social worker (LSCSW). There are over 6000 social workers practicing in the majority of the 105 counties in Kansas. The practice of social work is inclusive across many fields of interest including adoptions, addictions, child welfare, corrections, hospitals and health, hospice and palliative care, mental health, community based prevention, schools, veterans and military, and more.

Change offers an opportunity, but does not assure success. To be successful, the new program must be carefully designed and implemented by skilled persons. It also must be highly transparent, accountable and have the support of all its constituencies.

Social Workers are the ‘boots on the ground’ who know the names of the 300,000 or so people who qualify for Medicaid. Our concerns are as follows:

- A coordinated approach or the “medical home” is a holistic model that combines the services of physical health care and behavioral health care with attention to social and family functioning as evidenced by the proposed outcomes and focus on accountability. The Medicaid cost savings appears to depend primarily on the coordination of care and integration of physical and behavioral health. This element of the plan must not be underestimated or relegated to a voice on the phone or an out of state individual checking boxes off a routine form. The crucial work of “coordinated care” must be done in person with each Medicaid member according to his or her needs.
- All Behavioral Sciences Regulatory Board (BSRB) licensed providers who offer behavioral health services, including substance abuse treatment must be eligible to become a Medicaid provider. This will correct the current policy that excludes social workers, psychologists, and others from being a Medicaid provider for substance abuse treatment services.
- Behavioral health licensed practitioners in the private sector are small business owners and often are sole proprietors. The plan must not create barriers to participating as a Medicaid provider through burdensome administrative requirements that would be more than what is required of private insurance.
- Medicaid is a fundamental poverty program. A recipient of Medicaid is an individual who is poor. This person cannot make more than \$10,890 per year (2011). A family of three cannot have yearly income more than \$18,530. People who are poor face challenges in daily living such as transportation or lack of decent housing or unstable childcare. A coordinated approach for services is a positive return to basic social welfare casework.
- Finally, contracted companies must be held accountable for the Kansas money they spend. Similar to when Child Welfare was privatized, the legislature must have strong oversight and authority to address both the successes and problems that develop with any implementation of KanCare.