



**Senate Public Health and Welfare Committee
March 12, 2013**

**S. B. 194—Community Developmental Disability Organizations;
Performance of functional assessments**

Presented by:
Shawn Sullivan, Secretary
Kansas Department for Aging and Disability Services

Current System

History of the Developmental Disability Reform Act (DDRA)

- The developmental disability reform act (“DDRA”) was passed in 1995.
- The DDRA states that Kansas policy will rely on **consumer choice** to increase the independence, productivity, and inclusion of persons with developmental disabilities.
- The DDRA made development and coordination of community supports and services for persons with developmental disabilities an authorized function of county government.
- County government was given broad authority to create community developmental disability organizations (“CDDOs”).
 - CDDOs could be operated by a single board of county commissioners, multiple boards of county commissioners, or contracts between county government and non-profit entities.



Current System

- In 1995, there were approximately 40 community support providers (“CSPs”) of services to persons with developmental disabilities.
- Today, there are over 250 CSPs.
- Approximately six of 27 CDDOs provide only gatekeeping services while the remainder provide both gatekeeping and services.

Overview of Current Waivers

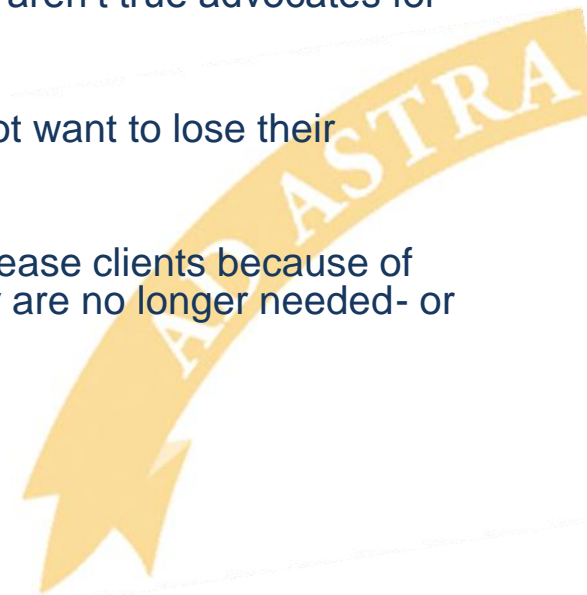
(See Attached Chart)

Acronyms for chart:

- **PD waiver** is the Home and Community Based Services Physically Disabled Waiver program.
- **FE waiver** is the Home and Community Based Services Frail Elderly Waiver program.
- **TBI waiver** is the Home and Community Based Services Traumatic Brain Injury Waiver program.
- **DD waiver** is the Home and Community Based Services Developmentally Disabled Waiver program.
- **CILs** are the eleven state Centers for Independent Living
- **CMEs** are Case Management Entities
- **AAAs** are the eleven state Area Agencies on Aging
- **CDDOs** are the 27 state Community Developmental Disability Organizations
- **CSPs** are Community Service Providers
- **ADRCs** are Aging and Disability Resource Centers
- **MCOs** are Managed Care Organizations

Points of Consideration: The Value of Separation

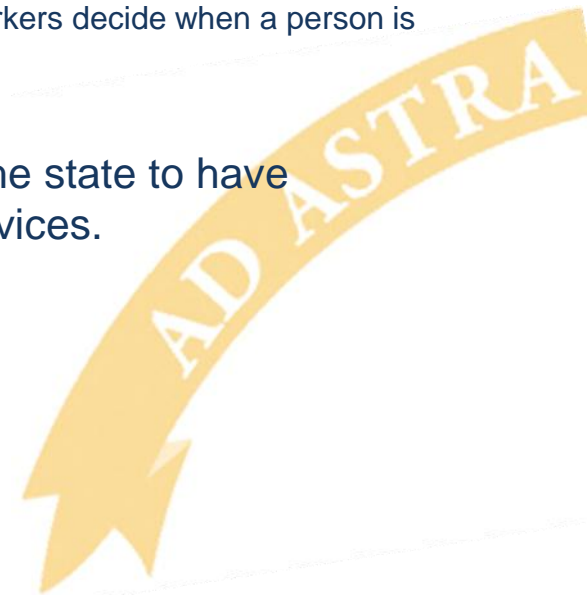
- The value of separation in the DD system
 - There is a perception that CDDOs may not offer true choice of CSPs in their area during the gatekeeping process if that CDDO and a CSP are owned and governed by the same entity.
 - There is a perception that there is inflation of the functional needs assessment that determines a person's tier level, which determines funding, as entities evaluate the needs for services and then provide the services they identify.
 - There is a perception that Targeted Case Managers (TCMs) aren't true advocates for a client if they are paid by the provider of service.
 - There is a perception that TCMs paid by a provider would not want to lose their business by making a client self-sufficient.
 - There is a perception that some providers do not want to release clients because of financial incentive to keep billing for services even after they are no longer needed- or at least not at the same tier.



Points of Consideration: The Value of the Current System

The value of the current DD system

- There is a perception that the conflicts of interest have been mitigated by changes to the system.
 - Peer review is a change that was made.
 - The number of assessors was decreased to create more consistency.
- There is a perception that other systems have conflicts.
 - (e.g. Doctors that diagnose and treat or hospitals that have social workers decide when a person is discharged).
- There is a perception that it would increase the cost to the state to have completely separate entities that do not also provide services.





March 12, 2013

Overview of Current Waivers

Pre-KanCare

| | Eligibility Determination | Functional Needs Assessment | Targeted Case Management (TCM) | Service Provision |
|------------|----------------------------------|------------------------------------|---------------------------------------|--------------------------|
| PD Waiver | CILs/CMEs | CILs/CMEs | CILs/CMEs | CILs/Local Providers |
| FE Waiver | AAAs/CMEs | AAAs/CMEs | AAAs/CMEs | Local Providers |
| TBI Waiver | CMEs | CMEs | CMEs | Local Providers |
| DD Waiver | CDDOs | CDDOs | CDDOs/CSPs | CDDOs/CSPs |

*PD waiver allowed CILs to perform eligibility determination, functional needs assessment, TCM and service provision all for the same client.

*FE waiver allowed AAAs to perform eligibility determination and needs assessment as well as TCM.

Post-KanCare

| | Eligibility Determination | Functional Needs Assessment | Targeted Case Management (TCM) | Service Provision |
|------------|----------------------------------|------------------------------------|---------------------------------------|----------------------------|
| PD Waiver | ADRCs | MCOs | MCOs | Contracted local providers |
| FE Waiver | ADRCs | MCOs | MCOs | Contracted local providers |
| TBI Waiver | ADRCs | MCOs | MCOs | Contracted local providers |
| DD Waiver | CDDOs | CDDOs | CDDOs/CSPs | CDDOs/CSPs |

*PD waiver and FE waiver policy changed to eliminate conflicts of interest.

*DD waiver (pre and post-KanCare) allows CDDOs to perform eligibility determination, needs assessment, TCM and service provision.

Senate Bill 194

| | Eligibility Determination | Functional Needs Assessment | Targeted Case Management (TCM) | Service Provision |
|---------------|----------------------------------|------------------------------------|---------------------------------------|----------------------------|
| PD Waiver | ADRCs | MCOs | MCOs | Contracted local providers |
| FE Waiver | ADRCs | MCOs | MCOs | Contracted local providers |
| TBI Waiver | ADRCs | MCOs | MCOs | Contracted local providers |
| DD Waiver (1) | CDDOs | Independent Entity | CDDOs/CSPs | CDDOs/CSPs |
| DD Waiver (2) | CDDOs | CDDOs | CSPs | CSPs |

Senate Bill 194 would create two scenarios for the DD waiver. In the first scenario, a CDDO that has an affiliate CSP owned by the same entity would complete eligibility determination and the affiliated CSP would complete targeted case management and service provision. The needs assessment would be mandated to be completed by an independent entity. In the second scenario, a CDDO that has an affiliate CSP would complete eligibility determination and the needs assessment and the affiliate CSP owned by the same entity would not be allowed to provide TCM or services.

