



**An independent voice for  
those served by KanCare.**

## **Senate Health and Public Welfare Committee**

Jan. 19, 2017

Chair Schmidt:

Madam Chair and members of the committee, thank you for allowing me to provide testimony today on SB 33 which proposes to restore the committee structure of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight to its original format.

My name is Sean Gatewood and I am the Co-Administrator for the KanCare Advocates Network. The KanCare Advocates Network is a group of advocates whose collective interests include issues impacting children and adults who are served by the Kansas Medicaid program, KanCare.

We support SB33 that replaces the direct appointment of members from the Appropriations and Ways and Means Committees. This change was not originally recommended by the Oversight Committee, nor was it even discussed by the members. The disability and health consumer groups worked closely in 2013 with Rep. Crum on HB 2025 which created the Oversight Committee and have been actively engaged in its activities since the inception of KanCare. We have supported, and will continue to support, policies that encourage strong oversight and accountability in the Kancare program. We believe that this bill improves oversight by replacing the direct ties between policy and the budget.

Medicaid is the second largest expenditure of the Kansas budget. When KanCare was created, legislative program oversight was added to the existing Joint Committee on Home and Community Based Services which included statutory representation of the budget committees from both chambers. With the committee's expanded scope, the joint committee membership was broadened in 2013 to reflect the intersection of health policy and finance with the addition of members from the House and Senate health committees. This marriage of policy and finance gives the committee a unique perspective to provide comprehensive oversight. Removing the direct representation of either one removes the committee's ability to function as intended.

This committee is charged with the following fiscal oversight:

- Reviewing the number of individuals who are transferred from state or private institutions and long-term care facilities to the home and community based services and the associated cost savings.
- Oversight of savings resulting from the transfer of individuals from state or private institutions to HCBS.

- Study and determine the effectiveness of the program and cost-analysis of the state institutions or long-term care facilities based on the success of the transfer of individuals to HCBS.
- Consider the issues of whether sufficient funding is provided for enhancement of wages and benefits of direct individual care workers and their staff training and whether adequate progress is being made to transfer individuals from the institutions and to move them from the waiver waiting lists to receive HCBS.
- Review and ensure that any proceeds resulting from the successful transfer be applied to the system of provision of services for long-term care and HCBS.
- Monitor and study the implementation and operations of the HCBS programs, the children's health insurance program, the program for all-inclusive care of the elderly and the state Medicaid programs including, but not limited to, access to and quality of services provided and any financial information and budgetary issues.

This committee is required to report on the following measures of fiscal effect:

- Availability of information to the public about the provision of state Medicaid services under the KanCare program, including, but not limited to, accessibility to health services, extent of consumer satisfaction with health services provided and grievance procedures, including quantitative use data and summaries of case resolution by the KanCare Ombudsman.
- Comparison of the actual Medicaid costs expended in providing state Medicaid services under the KanCare program after January 1, 2013, to the actual costs expended under the provision of state Medicaid services prior to January 1, 2013, including the manner in which such cost expenditures are calculated.
- Comparison of the estimated costs expended in a managed care system of providing state Medicaid services under the KanCare program after January 1, 2013, to the actual costs expended under the KanCare program of providing state Medicaid services after January 1, 2013.

With these specific financial duties outlined in statute, KAN asks that you pass SB33 to restore the balanced structure of this important committee.

Thank you for the opportunity to appear before you today and I will be available for questions.

Sincerely,

Sean Gatewood  
 KanCare Advocates Network  
 785 220-5355  
 seangatewood@outlook.com