



February 7, 2018

**To:** Sen. Schmidt and the Public Health and Welfare Committee

**From:** Tim Cunningham, Executive Director  
Tri-Valley Developmental Services, Inc.

**RE:** Support of SB 332

I would like to convey my support of SB 332. SB 332 is an effort to rectify a problem that has existed since the inception of KanCare. At that time, Kansas was still at the forefront of services for people with intellectual and developmental disabilities (I/DD), but since that time we have seen an erosion in the quality of services provided to people across the state of Kansas, so much so that our system can now be considered in crisis. Much of that erosion can be attributed to the implementation of KanCare where managed care companies have created an unstable environment for Home and Community Based Services (HCBS).

Although the state and managed care companies have attempted to “blow up the tracks behind them” and eliminate any type of workable system and structure for intellectual and developmental disability services; that has not occurred. The previous system is still in existence and functioning, with only minor changes to responsibilities such as who manages the waiting list and who enters plans into the prior authorization system.

A committee, made up of service providers and CDDO’s have spent the past year, meeting on a weekly basis, to develop an alternative system to KanCare which addresses the deficiencies of the managed care model and improves on the previous system that existed prior to KanCare.

That new model, SB 332, will accomplish several goals. First, it returns the system to a local management and delivery model which reduces the bureaucracy and inefficiencies of managed care. This would protect access to services and supports for persons with I/DD that guarantee choice and increase their independence, productivity, integration, and inclusion in the community.

Secondly, it prioritizes persons with intellectual and development disabilities by focusing on independence, employment, and integration, and not on reducing services in order to gain profit.

Thirdly, it would return to a case management system that was truly person centered, that focused on the individual and their needs and not the bottom line of the managed care company.

Fourthly, it would establish a fair system for reimbursement that progresses towards the elimination of the waiting list, promotes community service providers ability to build capacity and allow for the recruitment and retention of a qualified workforce.

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Finally, the new system would gather data in a consistent manner to allow for the measurement of consumer outcomes for long-term supports and services.

SB 332 establishes an alternative model to KanCare, an improved system for HCBS I/DD services—one that is truly person centered, efficient, fair and appropriately funded, now and in the future.

We thank the Committee for your thoughtful consideration of this issue.