

Ed and Marla Flentje

**543 N. Birkdale Court
Wichita, Kansas 67230**

February 14, 2018

To: The Honorable Vicki Schmidt, Chairperson, Senate Public Health and Welfare Committee

Re: Testimony in Support of SB 332

As parents of a young adult named Ryan who has an intellectual disability, we are grateful for the public partnerships with him and our family to support his active engagement in our community. Our family's most important community partners are Starkey and The Arc of Sedgwick County, both of which receive Medicaid dollars.

The strength of Ryan's partner organizations and thus his well-being, have been threatened by the "real live" experiment known as KanCare. **Despite grandiose promises, KanCare has harmed rather than helped people with I/DD.** On behalf of our son, and the thousands of Kansans like him, we urge you to support SB 332 and end this disastrous experiment:

1. MCOs created new, formidable barriers to care. Our son has been shielded from the most harmful KanCare consequences because, due to unique federal work rules, he qualifies for Medicare. His doctor visits, including specialists, and prescriptions are covered by Medicare with few exceptions. Within our advocacy network of families, however, we learn of many instances where families must wait weeks or months to get approval for physician services and essential medications for their child. These delays cause harm and create anguish for families. Only the most informed and tenacious families prevail against these egregious KanCare barriers.

2. We experience the KanCare squeeze on funding most dramatically in our son's direct support staff turnover. Stability and continuity of support – meaning those who provide it – are vital to prevent difficult behaviors and ensure Ryan's well-being. KanCare is the primary funder of his community living support. We are grateful the Legislature increased service rates for 2017-18, but those increases only prevent wages from sinking further below market. The wage Starkey can pay is shockingly low and beneath the minimum income needed to support a family. Our son rarely goes a more than few days without a direct staff "sub" because Starkey's vacancy rate is so high – at times one-third of their positions are unfilled. This creates insecurity and anxiety for our son, and increases the possibility of harmful errors.

KanCare's absurd, duplicative bureaucracy is costly and far exceeds previous state-administered Medicaid procedures. Our paperwork has more than doubled under KanCare. Inexplicable language and instructions appear designed to discourage pursuit of services for loved ones, and leave even the most educated among us baffled. Calls for information or help are unreturned. Paperwork required by our MCO care coordinator nearly duplicates paperwork completed by our case manager. We experience no value from these redundant "care coordinators".

With your approval of SB 332, you will end the failed KanCare experiment for people with I/DD. You can redirect – without a tax increase – upwards of \$20 million annually to improve life for people with I/DD, and most especially life for thousands of Kansans who languish on wait lists.

We can be reached at flentje@sbcglobal.net. Thank you for your consideration.