



Topeka Independent Living Resource Center

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February 9th, 2018

To: Vicki Schmidt, Chair
Senate Committee on Public Health & Welfare

From: Mike Oxford, Exec. Dir. Public Policy & Advocacy
Topeka Independent Living Resource Center

Re: Testimony supporting SB 332 (and restoration of Targeted Case Management [TCM] for the other Medicaid Waivers)

The Topeka Independent Living Resource Center (TILRC) is a civil and human rights organization. Our mission is to advocate for justice, equality and essential services for a fully integrated and accessible society for all people with disabilities. TILRC has been providing cross-age, cross-disability advocacy and services for 38 years to people with disabilities here in Shawnee County and across the state of Kansas. Our agency has been particularly interested in and committed to assuring that people who require long term services and supports have access to information, services and supports that offer choices; choices that promote freedom, independent lifestyles and dignity, including the dignity of risk.

TILRC has worked for almost 30 years to improve access to, and the quality of, HCBS in Kansas. In particular, advancing control and direction by people with disabilities over home and community-based services has been a long term goal of TILRC both nationally and here in Kansas.

I have struggled over what to think about moving HCBS out of Managed Care and over what the ramifications might be. I have consulted with many other community organizations about their thoughts, concerns and goals for HCBS. TILRC has also received quite a bit of feedback from IDD Waiver participants and their families. In the end, it is the desires of those we serve and those living independently with IDD Waiver services that informs and engenders TILRC's advocacy in pursuit of our mission. It is the grassroots voices that lead me to support SB 332.

This being said, "What about the other Waivers?" "Where should all the rest of the HCBS Waivers be housed; inside or outside of Managed Care?" The short answer is that there is no consensus amongst the various provider organizations representing the other Waivers.

I am not aware of any research that indicates that certain Medicaid Waiver populations fare any worse, or better, in a Managed Care environment. At this point, the IDD Waiver community represented by Interhab is the most determined and prepared to "carve-out". Ultimately, it might make the most sense to have all of the HCBS Waivers overseen and administered the same way, but more work and analysis are needed including costs and benefits. The people we serve that also receive PD, FE and TBI Waiver services are not saying they want out of

Advocacy and services provided by and for people with disabilities.

the managed care model, but are asking for more support through more, and more effective, case management than has been made available through the current care coordination.

One issue that is universally supported is the need to fix care coordination. The inadequacy of care coordination that is currently provided via KanCare has been well established. TILRC joins K4a and other advocates in asking, in the strongest possible way, that Targeted Case Management (TCM) be restored to the PD, FE and TBI Waivers. The current, inadequate, care coordination system leaves many of the individuals TILRC serves confused and mired in a system that is not responsive to them. Restoring TCM to local, community organizations with no conflicts would give these individuals a well-known, neutral, organization able to spend time explaining and assisting with all sorts of needs; reading and understanding mail and official communications, assisting with gathering and organizing documentation, helping with timely responses to official communications and having a trusted ally available at MCO service assessments/reassessments and other community meetings as they relate to the person-centered service plan. This restoration of TCM to the PD, FE and TBI Waivers should be reasonably easy to effectuate since it is already a state plan service for IDD. It should really take just an amendment adding these other Waivers to the current state plan TCM option. Having TCM would go a long way toward resolving problems within the PD, FE and TBI Waiver programs while remaining within the current managed care framework.

TILRC continues to promote and engage in efforts that maintain and increase self-direction of services and independent living. Self-direction has not fared well under managed care despite supportive rhetoric. While the KanCare project and this bill are considered and debated, I ask you to consider steps that would move us in the direction promised by state law and person-centered philosophy; that individuals self-directing who are now their own employers and businesses with their own FEINs be given budget authority, or control over their own budgets; with support and assistance from their respective TCMs. People that self-direct HCBS would benefit from a flexible and expanded menu of services and benefits including minor home modifications, assistive technology, peer counseling and training. When people with disabilities manage and exert control over their services and supports (and their lives), they become more independent and more likely to integrate into their communities, including working.

A final thought about SB 332 is the financing section - Section 8, pages 7-9 of the bill. I urge the committee to fund all of the HCBS Waivers fairly just like you did last year. All of the Waiver programs need funding increases to deal with things like waiting lists and direct workforce wages and benefits. The Pizza Hut right on the corner of 10th and Topeka Blvd. has a big sign out from saying, "Now Hiring \$15.00/hour". The personal care attendants and other direct service and support workers make around \$10.00. There is a growing workforce shortage that is a rapidly growing problem. The PD Waiver appears to have a growing waiting list. Both the FE and PD Waivers have experienced funding decreases and decreases in numbers served compared to 2010 levels and people with brain injuries remain underserved. All of these cross-age, cross-disability issues militate for any funding increases to be across-the-board for all the Waivers.

Thank you very much for your time and attention.