

February 7, 2018

TO: Members of the Kansas Senate Public Health and Welfare Committee

RE: February 9, 2018 Hearing on SB332, an act to remove long term care services for people with intellectual and developmental disabilities (I/DD) from KanCare

FROM: Scott L. Williamson, MD

I am a physician who has worked with the developmentally disabled and their families for more than 35 years. I am also the father and guardian of a daughter with Down Syndrome.

As the effort to evolve state support for long term care recipients continues, the inclusion of the I/DD community in KanCare has proven more ineffective and less sustainable than initially hoped.

The program, if measured by services offered, is ineffective. The waiting list has ballooned (10-fold as I understand it). Home and residential providers are not entering the market place. Some are leaving.

If the claims of cost savings and profits are true, why aren't they applied to waiting list reductions?

As a physician, I found my I/DD patients experienced an obvious decline in the advocacy, support and problem-solving assistance they previously received from community-based TCMs familiar with their clients.

Carving out the I/DD community home and support services should re-establish community-based supervision and its attendant benefits for the clients and their caregivers.

Cost management will forever be contentious, but based on the last several years, carving out the I/DD community would eliminate administrative costs and layers of bureaucracy which should increase program savings and reduce the waiting list.

Sincerely,

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