



INDEPENDENCE  
INCLUSION  
INNOVATION

700 SW Jackson St., Suite 1100  
Topeka, KS 66603  
p: 785.235.5103  
f: 785.235.0020  
e: [interhab@interhab.org](mailto:interhab@interhab.org)

**To: Sen. Vicki Schmidt, chairperson  
Members of the Senate Committee on Public Health and Welfare**  
**From: Tim Wood, executive director**  
**Date: February 9, 2018**  
**Re: SB 332**

Chairperson Schmidt and members of the Committee—

My name is Tim Wood, and I am the executive director of InterHab, the state association for providers of services to Kansans with intellectual and developmental disabilities (“I/DD”). We have collaborated with the legislature and state executive agencies on every major aspect of the I/DD system in Kansas, including the development of the Developmental Disabilities Reform Act (“DDRA”).

At the outset of KanCare, InterHab raised significant concerns about the proposed changes it would bring to the I/DD system—concerns rooted in the fundamental disconnect between long-term supports and services (“LTSS”) and the medical model for reimbursement utilized by for-profit insurance companies. We also raised concerns about the amorphous nature of this new bureaucracy, and its high potential to drain financial resources without providing substantial benefit to the system. And, we pointed out that care coordination was nothing more than an unnecessary duplication of existing services, and would lead to mass confusion for persons served and their families.

We didn’t know how right we were. Stated plainly: **KanCare has failed to be the change that the State promised it would be.**

It doesn’t have to be this way, though. We believe that it is possible to have an I/DD system that is statutorily structured to:

- Ensure a person-centered system for delivery of services;
- Restore and strengthen local control, including case management;
- Streamline administrative processes to ensure easy navigation for providers, consumers, and families;
- Maintain system policies and procedures that are rooted in data derived from I/DD-specific quality indicators; and
- Establish fair, stable, and sustainable reimbursement rates.

To ensure a system such as the one described above, SB 332 provides a mechanism for the State of Kansas to reposition the delivery of I/DD LTSS in a way that prioritizes persons served, guarantees choice, and the opportunity to live productive, integrated lives within their communities surrounded by their friends, and families. In essence, a post-KanCare I/DD LTSS system will look as follows:

- Local control of the system will return; CDDOs will manage all aspects of the I/DD LTSS system administration, subject to oversight by the State;
- Providers will submit to a single agency (designated by the State) for reimbursement of I/DD services rendered;
- Case managers will provide all coordination of services for persons served;
- CDDOs, in partnership with the State, will track and measure system performance using the National Core Indicators (or similar evidence-based quality measures);
- I/DD HCBS reimbursement rate increases would be automatic and tied to a Consumer Price Index.

There will be some parties who resist these changes. For some, the increased bureaucracy wrought by KanCare has been a beneficial change to business. For most, this is not the case. Today, you will receive volumes of testimony from them—persons served who have lost services while MCOs have posted profits, family members who cannot count the number of care coordinators they have had in five years, and providers who cannot reconcile the increased administrative burden with stagnant reimbursement rates and onerous regulations. Read their testimonies, hear their stories; once you do, I'm certain that you'll come to the conclusion that KanCare is not now, and never can be, designed to produce the increased quality outcomes for persons with I/DD LTSS that it promised to make.

I appreciate your time and consideration, and urge a favorable vote on passage of SB 332.