



**Sunflower Health Plan  
Testimony on Senate Bill 332  
Senate Public Health & Welfare  
February 9, 2018**

Chairperson Schmidt and members of the Committee, thank you for the opportunity to testify today about SB 332. I am Stephanie Rasmussen, Senior Director of Long Term Services & Supports for Sunflower Health Plan. I have worked for Sunflower since September 2012, before the start of KanCare.

Prior to my employment with Sunflower, I worked for a provider of I/DD services in Kansas for 21 years in a variety of roles. I also worked for the State for 1 ½ years during the closure of Winfield State Hospital and Training Center, approving the transition plans of individuals with I/DD moving to community services. Additionally, I served as the Executive Director of The Alliance for Kansans with Developmental Disabilities, an I/DD provider association.

Like many of my colleagues in the room, when the State began talking about placing I/DD services under managed care, I was apprehensive. I was concerned about changes to rates, service reductions, and that the Managed Care Organizations would not understand the history of I/DD services in Kansas and the importance of utilizing a person-centered approach.

The transition of I/DD services to managed care came with unique challenges for the Kansas community of healthcare and social support providers and, of course, the individuals and families we all serve. Ultimately, the change has provided many benefits to our members with I/DD. Prior to KanCare, the State had a waiting list for the I/DD waiver and also an "underserved" list. The "underserved" list included persons who were on the I/DD waiver but needed a new service or a greater volume of an existing service. Within the first six months of I/DD services being in KanCare, Sunflower assessed over 700 of our members who were on the "underserved" list and authorized the needed services.

Also prior to KanCare, the service plans for all persons on the I/DD waiver were frozen. An individual could have their needs reassessed when they changed services, but they could not have increased services. Under KanCare, our care coordinators assess members with I/DD at least annually, obtain an update at least semi-annually, and are able to provide a new assessment and authorize a change in services any time the member's needs change.

Prior to KanCare there were no Value Added Services available. Under KanCare, Sunflower is able to offer respite for families of persons with I/DD who are on the state's waiting list. We are able to authorize payment for the residential or personal care provider to help an individual who is in the hospital. We offer personal care services for our members on the waiting list who need assistance with going to a doctor's appointment, and we offer practice visits for persons with I/DD who have challenges with going to the dentist.



Through our specialty company, LifeShare, we are able to offer training to I/DD providers and specialty supports for our members with I/DD. These specialty supports include a rapid crisis response service for individuals in crisis, transition supports for children leaving a PRTF, in-depth behavioral health and quality of life assessments for persons at risk, and supports with finding a medical or behavioral health provider who has experience or expertise in supporting a person with I/DD.

During 2017, LifeShare provided the following:

- 25 unique training topics to 52 providers and 750 individuals
- 172 in-person Quality of Life assessments and recommendations for members
- ICF/ID admissions consults for 12 members
- 300 PRTF transition consults for 50 children with I/DD
- 471 Rapid Crisis response consults for 50 members in crisis

In 2016, Sunflower/LifeShare also became the statewide manager of Project SEARCH, an education and employment skills program for persons with I/DD. Through our management of Project SEARCH, we have:

- Provided technical assistance to all 13 Kansas Project SEARCH sites and stakeholders
- Grown the program by one site, with three additional sites committing to start by 2019
- Awarded nearly \$15,000 in scholarships, sending 11 of the sites to conferences
- Achieved a 78% success rate of participants becoming competitively employed. By comparison, at a national level, approx. 20% of people with IDD are employed.

Sunflower provides care coordination for all of our members on the I/DD waiver. In 2017 Sunflower utilized an independent, third-party analytics firm to implement an LTSS Member Satisfaction Survey. 23.6% of our members on the I/DD waiver responded to the survey (977 of 4,142). Among the respondents, 94.3% expressed satisfaction with the help they receive from their Sunflower care coordinator. Further, 98% indicated that their Sunflower care coordinator respects their preferences during discussions, and 93% indicated their Sunflower care coordinator responds in a timely manner.

We've heard the concern that managed care is too "medicalized." Many of our members with I/DD do have complex medical and behavioral health needs, which requires a holistic approach to care coordination. I/DD providers are integral to a member's day-to-day care and community activities, including their success with implementing a physician's recommendations or steps within a care plan. Having one network with all of a member's providers, the care team can better obtain information and coordinate the needed supports. We have seen positive outcomes in HEDIS measures for our members with I/DD, as the health indicators have improved at a greater rate for members with IDD when compared to our overall membership.



We have also heard the concern about Personal Care Services being cut by MCOs. We compared our current authorizations to those we received from providers at the beginning of KanCare and found very little change.

We also have members on other waivers such as TA, Autism and TBI, who transition to the I/DD waiver. In some instances, we have approved services in excess of the state's benefit limits in order to keep the individual out of a higher level of care. Transitioning these members back to a fee-for-service program, without the same flexibility, would be difficult.

The transition to managed care has not been easy for persons with I/DD or their providers, and there are still improvements to be made. In 2017, Sunflower started a workgroup with several of our Targeted Case Management providers, and based on their input, we made recommendations to KDADS for reducing duplication of work and better defining the roles of the TCM and MCO Care Coordinator. We intend to continue with this group to work on proposals for further standardizing MCO processes and improving upon how we communicate and share information with TCMs. In addition, we have worked with four I/DD providers who serve a large number of our members with extraordinary needs on a contract to continue specialized supports for these members. We intend to implement this contract March 1 and continue working with these providers on measuring the outcomes provided.

Although some challenges still remain, removing I/DD services from KanCare would reverse this positive progress, and it would remove many of the specialty services we are able to offer to our members with I/DD and their providers. Sunflower remains dedicated and is very glad to continue working alongside our members, families, I/DD providers and advocates such as InterHab to further strengthen the system.