



INDEPENDENCE
INCLUSION
INNOVATION

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January 30, 2018

**TO: Senate Committee on Ways and Means
Sen. Carolyn McGinn, Chair, and members of the committee**

FR: Timothy Graham, Associate Director — InterHab

RE: SB 300

Chairperson McGinn and members of the Committee—

Thank you for the opportunity to submit testimony. I am associate director for InterHab, which represents community-based service providers and community developmental disability organizations (“CDDOs”) across the State, and has been collaboratively engaged with the State for every program reform and program redesign for more than 40 years.

At the advent of KanCare, InterHab and its member organizations warned legislators and state officials against the risk of including home and community-based services (“HCBS”) in managed care. Our concerns were manifold, but three of them remain prescient today: (1) there was no roadmap to follow (given that no state had previously instituted such a system); (2) managed care uses a medical model for reimbursement; and (3) administrative bloat and confusion would muck up the system to such a degree that quality and capacity would be negatively affected.

We are four years in, and our concerns have been realized—KanCare has failed Kansans with I/DD. Despite spending an extra \$22 million in system administration, the State has yet to produce a *single* demonstrable improvement to I/DD specific outcomes for consumers.

Today, we pose two questions: (1) why should the State be allowed to double-down on a failed system? (2) Why should the current administration be allowed to handcuff the next one with a failed system?

The legislature needs to stop the implementation of KanCare 2.0. The process is in its early stages, but our analysis shows that it fails to address administrative bloat and system capacity, and will diminish local control of service coordination (known today as targeted case management). Furthermore, aspects of the RFP indicate that the State is looking to effect the integration of waiver services—a move that the legislature rejected in the 2016 session.

We need new leadership regarding long-term supports and services (“LTSS”) in Kansas. We must let current political processes play out, so that Kansans have the opportunity to decide whom is best-suited to stake out the future of HCBS/LTSS in our communities.

Halting the implementation of KanCare 2.0 will also allow stakeholders to provide the legislature and the next governor with their own vision for a better system and better outcomes for Kansans with I/DD. After all, they are the experts in this field.

I appreciate your time and consideration, and am available to answer your questions.