



Testimony to the Senate Ways and Means Committee Senate Bill 300

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
www.acmhck.org

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Madam Chairwoman and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with behavioral health needs.

We appreciate the opportunity to provide this written testimony in support of SB 300, which would delay substantial changes and enhance legislative oversight of KanCare. The Medicaid program provides much needed access to mental health services in our State and members of our Association have participated in KanCare since its inception.

Medicaid mental health and substance use disorder services have been in managed care since 2007 here in Kansas. As a result, our system is very familiar with managed care tools and technologies. We worked closely with the Administration on both the mental health and substance use disorder components of KanCare and have been appreciative of the value placed on the use of established community partners such as the CMHCs.

No matter how well you plan for systems transformation, there inevitably will be struggles, challenges, and problems along the way. While the Association has very much appreciated the responsiveness of KDHE and KDADS staff, issues with MCOs persist.

Our hope is that with the passage of Senate Substitute for HB 2026 last year and the work of the Lieutenant Governor’s KanCare Workgroup many of our concerns will be addressed. However, considering the changes proposed in KanCare 2.0, we feel that SB 300 would be a step in the right direction, at least in the short term, to ensure that the KanCare program is stable before we make these substantial changes.

We value stability and long-term planning in Medicaid, and perhaps SB 300 could be an avenue to more of a partnership between the Legislative and Executive branches of government to try and craft a KanCare solution that works for providers and patients alike.

The Association appreciates this Committee’s review of this very important issue. Thank you for the opportunity to submit this written testimony.