



**An independent voice for  
those served by KanCare.**

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April 20, 2022

Rep. Landwehr and members of the Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight, I am Sean Gatewood and I appreciate the opportunity to testify before you today on behalf of the KanCare Advocates Network.

State agencies have started the planning process for the “unwinding” of the COVID Public Health Emergency (PHE). These temporary processes and procedures were put in place during the pandemic to continue care and services to persons served by KanCare. This unwinding will be a critical time as people are asked to update their contact information, the State resumes processing eligibility redetermination applications and the MCOs review plans of care to coordinate the needs of each individual member. KAN and other stakeholders appreciate the opportunity to be involved in this planning process with the State agencies.

Supporting people in their home requires diligent attention and person-centered coordination. Unfortunately, when KanCare was implemented, targeted case management was eliminated for all waivers, except the Intellectual/Developmentally Disabled waiver. Instead, care coordination became the MCOs’ responsibility. Even before the pandemic, KAN partners frequently report that MCO care coordinators told HCBS consumers they couldn’t do anything to help find services or providers.

The challenges presented by the pandemic has underscored how important this service is to people living at home. Helping people navigate the system and coordinating care will be more important than ever to assure continuity of services as we are returning to “normal.”

Specifically, we ask the MCOs to make person-centered care coordination a priority, putting their members’ needs first as the public health emergency ends. This is an opportunity to make

a much-needed improvement to KanCare, particularly to care coordination.

Under the current system, the three MCOs are contracted with the State to provide care coordination to their members, including service provision, and determining hours of care. However, there is an inherent conflict of interest in this arrangement when for-profit MCOs can realize more profit by approving fewer hours of care or denying more expensive services on a plan of care. Without the help of care coordinators to find solutions to address personal care attendant shortages, services aren't delivered, which then results in a reduction of hours in plans of care. Those unfilled hours turn into profits for the MCOs who are paid a set amount per member each month.

Finding services can be, without a doubt, a difficult task. But assisting consumers in identifying possible person-centered choices to meet their needs and promote healthy outcomes should be Priority One for MCO care coordinators.

It is worth a reminder that every person served by the seven waivers is eligible for and entitled to institutional care. Thanks to the waivers, people served by Medicaid have the option to choose to receive the services they need in their homes which is not only less expensive to the State and taxpayers, but more importantly, is where most people want to live.

Eliminating this conflict of interest is included in the recommendations KAN has provided to KDHE as it begins the MCO bidding process. There is a significant financial impact built into this conflict and should be corrected in the next MCO contract bidding process. Delaying the MCO contracting process unnecessarily continues the conflict. Services must be person-centered and driven by the care needs of each member, not the bottom line of the MCOs.

Medicaid programs help thousands of Kansans live successfully in in the communities and yield positive outcomes such as reducing the number of children in foster care, with better health outcomes, returning people to the highest possible function and live a more fulfilled life.

KAN is committed to working with the State and the legislature to overcome the barriers that often prevent people from living their best lives. Once again, thank you for your continued support in improving the lives of Kansans served by the Medicaid KanCare program.

Sean Gatewood, KAN co-administrator

*The KanCare Advocates Network (KAN) is a coalition of more than 50 organizations and individuals who advocate on behalf of and serve and the 400,000 Kansans who depend upon the Kansas Medicaid program, KanCare, and its seven Home and Community Based Services (HCBS) waiver programs for their health care and long-term supports and services.*