



Case Management Services, Inc.
7600 W. 75th Street
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Dear Kancare Oversight Committee:

My name is Roxanne Hidaka, I am Co-Owner of Case Management Services, Inc and have been a Targeted Case Manager for the IDD population for almost 30 years.

I want to thank the legislature for approving an increase in pay for direct care providers. I do want to also note that Targeted Case Management rates have remained the same for the past 30 years (except for a decrease in 2012). I do firmly believe that the duplication of services and money spent on MCO care coordinators should be looked into. If we did a side by side comparison of TCM rates and the cost of care coordinators, it would be very telling. Duplicate meetings, duplicate questions. There is something terribly wrong with an insurance company coming into the home and asking questions that have nothing to do with home and community based services. In fact, individuals that have private insurance through their parents/guardians, should not need to answer questions about things that Medicaid is not paying for.

KMAP Website: NOT WORKING. There was a KMAP overhaul that was supposed to be completed and up and running as of April 4, 2022. The old website closed on March 31. There was absolutely no training for the new website, when calling the help desk they would say they were working on the changes! They were unable to answer our questions. In contacting Grimwell Technologies, they were unable to help also. As of yesterday, billing through the KMAP portal, billing was still NOT going to the MCOs.

MCO's: I believe we should look at the MCO process for changing MCOs. There is an open enrollment period at the end of each year. We as TCMs feel that it should be up to the parent/guardian/individual as to whether they would like to make a change and choose another MCO. Some agencies are choosing to only contract with one MCO, so change is imminent. I understand that it is all about the money, but where is the choice for an individual or family to make a change when they feel a change should be made. I had a UHC care coordinator call one of my guardians after hearing the individual's provider was only going to contract with Sunflower and state that the contract with UHC goes through the end of the year. It should be the choice of the individual served and their parents/guardians, if and when to change.

Medicaid Inspector General Audit: Please read the whole report. Here is a quote from the report, *"the agency responsible for administering the home and community based services (HCBS) program lacks an effective system for tracking the redetermination of beneficiaries in the HCBS program. In addition, the audit found that 2,854 individuals identified as being enrolled in an HCBS waiver, but who did not have any HCBS claims filed on their behalf for a total of 12 months or more during the audit period. The amount of payments made to managed care organizations contracted to provide services to these beneficiaries totaled more than \$193 million."*



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