



---

# Topeka Independent Living Resource Center

785-233-4572 V/TTY • FAX 785-233-1561 • TOLL FREE 1-800-443-2207  
501 SW Jackson Street • Suite 100 • Topeka, KS 66603-3300

---

April 20, 2022

## Bob Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

Testimony by:

Ami Hyten, JD; Executive Director

ahyten@tilrc.org

www.tilrc.org

The Topeka Independent Living Resource Center (TILRC) is a civil and human rights organization. Our mission is to advocate for justice, equality and essential services for a fully integrated and accessible society for all people with disabilities. TILRC has been providing cross-age, cross-disability advocacy and services for over 41 years to people with disabilities here in Shawnee County and across the state of Kansas. Our agency has been particularly interested in and committed to assuring that people who require long term care services have access to information, services and supports that offer choices; choices that promote freedom, independent lifestyles and dignity, including the dignity of risk.

Thank you for the opportunity to provide these written comments in support of our agency's oral testimony before the Committee.

A primary focus of our agency's work is supporting disabled people to move from segregated, institutional placements into their own homes in their community of choice. The right to live in the community has long been a matter of principle for our agency in our human and civil rights work. With disabled people in Kansas institutions dying from COVID at alarming rates, the imperative to support people in their right to live in their own homes has become a matter of life and death.

As Kansas was moving to managed care for Medicaid services, including Home and Community Based Services, our agency advocated that a critical component of the state's contracts with these companies had to include affirmative obligations to support institutional transition. For over 30 years our agency has been doing this work specifically. We were involved in supporting people transitioning into the community when Winfield State Hospital and the Topeka State Hospital closed. Because of our commitment to de-institutionalization and the expertise we have brought to the process, our agency has been able to advance this work nationally through work with the University of California San Francisco's PAS Center, Brandeis University's Community Living Policy Center, and the Independent Living Research Utilization project. As Kansas was moving forward with the most far-reaching managed care takeover of Medicaid in the country by including long term services and supports in our demonstration project, we were very invested in ensuring this shift included a form of "*a comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace*" (*Olmstead v. L.C.*, 527 U.S. 581 (1999)). Instead, we have three different systems operating in three different ways, all subject to the gatekeeping of the Aging

***Advocacy and services provided by and for people with disabilities.***

and Disability Resource Centers, and the judgments of individual care coordinators, to the detriment of disabled people stuck in institutions all across the state.

When Kansas was participating in the federal Money Follows the Person demonstration project, the state had a defined process for identifying people who had indicated a desire to return to the community, connecting people to community-based providers, making funds available to help with costs connected to re-establishing life in the community, reporting and follow up with transitioning consumers, and a single, direct process for reimbursement and fee-for-service payment to community agencies.

Managed care has made supporting people moving from institutions into their own homes unnecessarily complicated, creating barriers for people to make it out the doors of institutions, and placing tremendous financial strain on the agencies trying to help people make these transitions. Each of the companies has their own “process”. Each of the companies has their own spending limitations for consumers accessing transition support funds. One thing that is consistent across the three companies is that people living in institutions are at the mercy of their care coordinators in being given information about community options and resources. The second thing that is consistent across the three companies is that they don’t pay community based providers, mostly at all, but certainly not easily or quickly.

The Center for Medicare and Medicaid Services has announced the release of another opportunity for state’s who no longer participate in the Money Follows the Person program to re-join. There was another opportunity much like this around a year ago, which Administration officials indicated they would pursue but which does not appear to have moved forward. Advocates hope the Administration will vigorously pursue this opportunity for this funding, which would provide support to re-establish the workings of a program for our state.

Issues related to provider payment systems and program issues related to institutional transition were the types of issues advocates had intended to include in contract negotiations with the Managed Care Organizations related to the state’s renewal of the 1115 demonstration project and RFP process that has now been delayed. The issue of supporting people moving from deadly institutions into the dignity and safety of their own homes and communities cannot wait until that RFP process moves forward, so we are bringing this issue to the oversight committee for your intervention now.

We thank the Committee for the opportunity to share our experiences and recommendations for improving services, supports and resources for disabled and aging Kansans using KanCare.