

SESSION OF 2017

**SUPPLEMENTAL NOTE ON SENATE BILL NO. 153**

As Amended by Senate Committee on Public  
Health and Welfare

**Brief\***

SB 153, as amended, would create law to require the Secretary of Health and Environment to require all managed care organizations (MCOs) that provide Medicaid services to procure one or more community-based organizations to provide targeted case management services to recipients of Home and Community Based Services (HCBS). The targeted case management services would be required to include the following:

- Assessment of the recipient's needs;
- Development of a service plan for the recipient;
- Referral and related activities; and
- Monitoring and follow-up services.

The bill would define a "community-based organization" to mean an organization that is representative of recipients of HCBS and provides educational or related services to such recipients.

**Background**

The bill was introduced by the Senate Committee on Public Health and Welfare at the request of the KanCare Advocates Network. In the Senate Committee hearing,

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

proponent testimony was provided by representatives of the Association of Community Mental Health Centers, Community Works, KanCare Advocates Network, Kansas Association of Area Agencies on Aging and Disabilities, Johnson County Area Agency on Aging, Johnson County Human Services, and Topeka Independent Living Center. The proponents generally stated targeted case managers would be beneficial to all individuals receiving services under a HCBS waiver to assist with daily living activities and the services provided by targeted case managers complement the services provided by health care coordinators. Written-only proponent testimony was received from Kansas Advocates for Better Care.

Opponent testimony was provided by the Director of Health Care Finance, Kansas Department of Health and Environment (KDHE). The Director stated KDHE is finalizing the fiscal impact enactment of the bill would have; however, initial analysis indicates a significant impact to state general revenue.

Written-only neutral testimony was received by the Kansas Council on Developmental Disabilities.

The Senate Committee adopted an amendment to delete the definition of “targeted case management” to avoid confusion with the definition in federal law.

According to the fiscal note prepared by the Division of the Budget on the original bill, there are two issues for consideration when estimating the fiscal effect of the bill. First, based on the change enactment of the bill would make in the provision of targeted case management services and the inherent potential for conflict of interest, it is likely there would be a substantial increase in the cost of plans of care. An estimate of that increase could not be made. Second, the MCOs currently contract out targeted case management services for individuals on the developmentally disabled and serious emotionally disturbed waivers. Contracting out the targeted case management services for the other waiver

programs could cost up to \$13.0 million. It is unknown whether MCO administrative costs could be reduced by the same amount because the MCOs would still have the duty of care coordination as required in the KanCare contracts.