

The Alliance for Kansans with Developmental Disabilities

Written Testimony for the Senate Public Health and Welfare Committee

January 19, 2012, 1:30 PM

To: Senator Vicki Schmidt, Chairperson
Members, Senate Public Health and Welfare Committee
From: Richard Shank, Governmental Affairs for The Alliance for Kansans with Developmental Disabilities
Re: “KanCare” Managed Care for People with Intellectual and Developmental Disabilities

Thank you Senator Schmidt and members of the Committee for allowing me to speak to you on behalf of The Alliance for Kansans with Developmental Disabilities. We ask that you consider exempting long-term care services to people with developmental disabilities (DD) from the proposed KanCare overhaul of Medicaid. Over the years, community based services have been available to our State’s most vulnerable citizens. During these years, community providers and the State of Kansas have worked together so well that these services are regarded as some of the best in the country. And as you have already heard, these services now cost less per person served than they did in 1993.

Managed Care Organizations (MCOs), interested in participating in KanCare have already stated that they will only save and/or make money on managing the State’s community based long-term care to people with DD through improving medical care. In that every person in services already has a physician, MCOs can still economize on the medical care of those people by managing their medical cases, but not their long-term care. There does not appear therefore, to be a valid reason to take an exemplary community based program and change its administration if there is no perceivable benefit to any party.

If community based services to people with DD are not exempted from inclusion in the new KanCare system and that system experiences something that was not intended in the contracts with the State, the potential for harm to the recipients could be significant.

In Kansas, community based long-term care to those with DD is one of the most well run, collaborative systems in the country. If there are no cost savings or programmatic benefits to the Medicaid system to include DD services in KanCare, exempting those services from managed care makes sense. **For this reason, we respectfully recommend this committee carefully consider recommending a “carve out” of long-term care for people with DD from the KanCare system.**

Thank you for your willingness to extend this committee’s hearings and consider all the added testimony for what could be one of the most important issues of this legislative session.