



Kansas Council on Developmental Disabilities

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*"To ensure the opportunity to make choices regarding participation in society
and quality of life for individuals with developmental disabilities"*

Senate Public Health & Welfare

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Madame Chair and Members of the Committee, thank you for the opportunity of providing written testimony regarding Managed Care in Kansas. I am Kerrie Bacon, the Interim Executive Director for the Kansas Council on Developmental Disabilities (KCDD). The Council is comprised of over 60% self advocates (people with developmental disabilities), parents and guardians of people with developmental disabilities. KCDD is a federally mandated and funded entity under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000. Part of our responsibility is to study and examine the Kansas system for people who have developmental disabilities and to advocate with policymakers for improvements.

The Council has serious concerns about KanCare including the HCBS waivers and is advocating that the Developmental Disability HCBS Waiver be excluded from the contract.

HCBS services are very different from medical claim management and require a different perspective and expertise. Waiver services are focused on helping the client live as independently within the community as possible, not about illness. Having a for-profit medical insurance company in charge of people's services that determine how independent they can be in the community is a grave concern. There are no incentives or requirements in the RFP regarding reduction of services or rates on the waivers. The use of "should" and "intent" are not the same as requiring services.

Another concern is with adding another layer of bureaucracy to a system that already has three different entities, each with their own set of regulations and rules to oversee the CDDO oversight now in place. Self-advocates, parents and guardians are already overwhelmed

many times with the amount of policies and paperwork that must be managed to receive services and do not need their lives made more complicated with another company managing the waiver process.

When asked how the contractors will manage the change, it is explained that the contractors will work out the details as part of the RFP and contract. The contract date set at this point is the beginning of July 2012. This would give a contractor six months to work out all the details and have systems in place to run smoothly by January 1, 2013. The DD population is currently finding that system changes do not run smoothly with the FMS and WORK program fiscal changes. This shift in fiscal policy/contractors has resulted in many late payments to support staff (FMS) and in some cases people are still waiting to be paid (WORK program-KDHE). The Council would advocate for a slower and more intentional process (pilot project) to move the waivers to managed care to ensure that the DD population is a partner in the process.

Thank you for permitting me to testify. I am happy to answer any questions you may have.

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