



INDEPENDENCE
INCLUSION
INNOVATION

TO: Rep. David Crum, Chair, and Members
Robert G. Bethell Joint Committee on HCBS and KanCare Oversight

FR: Tom Laing, Executive Director, InterHab

RE: KanCare, Targeted Case Management, HCBS

Thank you, Mr. Chair and members, for this hearing. I will be brief in highlighting some of the issues which I hope you and your colleagues will monitor in the coming year.

HCBS and I/DD Waiver administration and services:

Services for persons whose needs are being met by the waiver continue to be generally provided as in the past, with this cautionary observation:

We are now heading into an eighth consecutive year with no adjustments to reimbursement rates. It is impossible to state too strongly the slowly deteriorating conditions which are fast becoming the legacy of this and the two previous administrations (all of whom have responded with ambivalence on this issue).

This State cannot truthfully claim to value the importance of the lives of persons with disabilities while at the same devaluing the importance of the professional staff which serve and support persons with disabilities in the community. We simply must have legislative engagement on this issue, and believe we have waited too long already.

An optimistic note to sound is that we have received encouragement from former-Secretary Sullivan and current Secretary Bruffett that the reimbursement issue is one upon which they and we agree, and upon which they have committed to work with us in the coming year. We are appreciative of their openness to this deepening financial crisis and its deepening implications for the safety and well-being of the persons served in our network.

Robert G. Bethell Joint Committee on Home and Community
Based Services and KanCare Oversight
November 18, 2014
Attachment 10

HCBS I/DD administration:

You have all seen the news reports about the ongoing controversy over the State's management of waiver waiting lists. We share the concerns of the Disability Rights Center and applaud the work they have done to keep this issue from being ignored.

We would add to that concern in this regard:

We are growing increasingly concerned over the management of waiting list data, in the State's data base known as KAMIS. We urge the Legislature to evaluate the State's maintenance of the current data base within which information for IDD clients and those on the waiting lists is stored.

It is our fear that the State data base can no longer be relied upon for accurate reporting of information, and that families wishing to know where they are positioned on the State's waiting list can no longer get that information. This is a concerning development, which calls for the Legislature to get a handle on where that issue now stands.

Targeted Case Management:

The center piece promise of the State's leadership, in response to family concerns about KanCare, was that the relationship of targeted case managers to their clients would not be compromised.

Unfortunately, whether by design, or the lack thereof, there is growing concern across the State that targeted case management services are being impaired by:

- a restricted flow of revenues for case management services, and
- system design considerations that are increasing the concerns of many that TCM will not be available at all in the future, in the traditional ways in which it had been provided.

The promise that TCM would not be compromised was made not just by the Administration, but by legislators who cast their votes in support of proviso language which memorialized that commitment. Therefore, we urge this committee to urge the full legislature to maintain ongoing oversight to protect targeted case management services for Kansans with IDD and their families.

Our organization's leaders will meet with KDADS and KDHE leaders next week, and we will advise you after that meeting as to whether the challenges we are encountering can be resolved.

KanCare Oversight:

It is our hope that the committee urges not just the appointment of a strong and experienced inspector general for KanCare oversight, but will also consider supporting the allocation of sufficient dollars so that oversight activities are robust and effective.

We noted the attorney general's report released this summer which documented the extent to which even the AG staff, with their years of experience, have found it frustrating, if not nearly impossible, to provide the fraud oversight needed to adequately safeguard the Medicaid dollars which now flow through KanCare.

If the General's office feels challenged, despite their staff size and years of experience, then one can well imagine how difficult the oversight job is for state agency personnel for whom this level of oversight responsibility is unprecedented in their careers.

KanCare Operations:

The modestly good news is that most claims are generally being paid in a generally timely manner. The bad news is that the claims are not being paid with the steady reliability that existed under the old system. It is our hope that the Legislature will continue to monitor this, and require a level of detail and scrutiny that has not this far been required. I would caution however, that there are still significant bumps in the reimbursement process, and the most recent report from one of our members, who had just calculated their findings, noted that only 70% of their claims are currently being paid timely.

Additionally, while we do not retract our objections to the vastly more complex administrative process of KanCare, we continue to see significant efforts expended by the State and the MCOs to address concerns, answer questions and so on. Nevertheless, the KanCare system is vastly more administratively complex than the previous system, and that should be a concern for all of you.

We urge the Legislature to order a detailed evaluation of the costs of administration for the new system, compared to the old system. We are convinced that such a report, if honestly and accurately reported, will show much higher Medicaid spending for administrative purposes than in the past.

Summary:

All IDD service and supports systems are working in the community solely because the community networks have made a moral commitment to make them work.

We need your active involvement and support to assure that their efforts are not being made in vain.