INDEPENDENCE
INCLUSION
INNOVATION

INTERHAB

TO: Representative Brian Weber, Chair, and

Members of the House Social Service Budget Committee

FR: Tom Laing, Executive Director, InterHab

RE: Supporting HB 2029, to exclude I/DD services and supports from KanCare

Chairman Weber and members of the Committee, thank you for the chance to testify on HB 2029, to exclude long-term services for persons with I/DD from the KanCare program.

We appreciate Representative Ward's efforts to bring greater focus to these concerns, and we appreciate your willingness to hear this important bill.

Suggested revisions:

Since the beginning of this debate, we have maintained the following position:

We oppose the inclusion of long-term, non-medical services and supports for persons with intellectual/developmental disabilities in KanCare

We also maintain this position at the present time:

We recognize the potential health benefits and efficiencies which might be derived from better attention to the management of health services for persons with I/DD, and would support and assist the Administration in this regard.

We have been concerned with the bumpy rollout of the health care portion of KanCare, but we stand by our original position regarding the potential benefits on the medical side.

We do not, at this time, advocate for the medical carve-out contemplated by the bill. Instead we urge the legislature to direct the administration to work with all deliberate speed to fix the problems we are seeing, and add that the existing DD network can and should be employed to assist in addressing issues which arise in medical care for persons with I/DD.

Care coordination done by the MCOs is currently being done in a remote and poorly informed fashion, and is ineffective. Communication is slow. Familiarity with clients is insufficient. Both these issues are a product of substituting the insurance-company model for the current system.

FEBRUARY 20, 2013

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ATTACHMENT # 11-1

Why exclude long term I/DD services?

The greatest mistake in the design of KanCare is based on the notion that since our programs are funded by Medicaid they must be medical programs and should be managed in a medical insurance program model.

Nothing could be more wrong.

Long term I/DD services and supports are not medical programs. Medical-designs of health insurance are inappropriate for our services.

This reality, that our programs are not medical programs, first became a national consensus in the 1980s, when state and federal policymakers, families and advocates finally came to be of one mind: that to have an I/DD was not a medical matter, but a circumstance of life.

They finally understood that maintaining a person with I/DD as if that person had a medical problem only resulted in models that ignored the person, and attempted only to "treat" the disability. The trend toward higher costs in the resulting institutional model was finally reversed by the adoption of the Home and Community Base Services (HCBS) waiver – a model that requires less funding per person while providing services which are more appropriate to persons with I/DD; more favored by families; and more focused on independent life-skills such as community employment.

The HCBS waiver was, in fact, the first "carve out" of non-medical service funding for persons with disabilities, and it has resulted in more progress for this population than had ever before been witnessed. KanCare's carve-in approach reverses that progress, and points us firmly backward to a time when the persons we served were not regarded as persons, but as patients.

Services in the past were more expensive, and less productive. We must not return to those days.

Summary:

As we have testified, last year and this year, the case for KanCare was based on numbers that we believe were not accurate, and the off-loading of the management of Medicaid has been done in a fashion that we think is hurried, inefficient and not friendly whatsoever to the interests of persons served.

The primary beneficiaries of KanCare should not be the insurance companies who stand to capture millions of dollars in KanCare related incentives. The beneficiaries should be the intended beneficiaries: our state's poorest children and elderly, along with Kansans with significant disabilities.

These are Kansans already made vulnerable by the hand dealt to them by life, and they should not be asked to shoulder the risk of such experiments as KanCare.

In public meetings all across the State, thousands of Kansans have expressed their disagreement with carving I/DD services into a massive, bureaucratic medical-insurance model.

We urge you to heed their concerns, and our concerns, and adopt HB 2029 or any other legislative path you choose to remove non-medical I/DD services and supports from the KanCare program.

Social Services Budget

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ATTACHMENT # 11-2