

communityworks inc.

“To assist people of all abilities to live, work and play in the community.”

February 13, 2017

Senate Public Health and Welfare Committee

Chairwoman Vicki Schmidt

and Members of the Committee

Testimony in Support of Targeted Case Management for HCBS waiver populations – SB 153

Janet M. Williams, MSW, PhD

Thank you for the opportunity to testify in support of SB 153 which will bring targeted case management back for all of the Home and Community Based Medicaid waivers in Kansas. My name is Janet Williams and I own two agencies, communityworks inc and Minds Matter LLC. We currently work with 230 people on the traumatic brain injury waiver and provide services under the TBI waiver including physical, occupational, speech, cognitive and behavioral therapies.

We have a good working relationship with the service coordinators from the managed care organizations. Prior to KanCare we also provided case management for most of the waivers and understand the difference between service coordination and case management. Service Coordinators work for the insurance companies and authorize services based on their own assessments. They provide an assessment twice a year and may provide additional assessments as needs change. The amount of time they spend getting to know a person depends largely on what they find in the assessment and if the person reaches out with other needs at different times. Allowing HCBS recipients in Kansas to have a targeted case manager again will:

1. Compliment the role of the service coordinator by focusing on the person centered plan so a person can be focused on his or her goals that are not directly health related but could lead to increased independence, like employment, transportation and housing.
2. Provide the Medicaid recipient with assistance in traversing the eligibility system, namely the KanCare clearinghouse and annual re application. The TCM can also help the person identify other funding sources not related to Medicaid.
3. Have ongoing communication about different referrals a person may need, how to access informal supports and how to access local resources in the person's community.
4. Monitoring and follow up on issues like medications, durable medical equipment and attendant care.
5. Give status updates to the MCO when there is an urgent need.

The targeted case manager will be the person working with the person and their team to make sure the person does not fall through the cracks of the eligibility and service systems. I appreciate your time and am happy to answer any questions.

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Attachment 303