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Proponent for SB 195
Senate Public Health & Welfare Committee
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Chair Schmidt and members of the Committee:

My name is Mike Burgess. I am the Director of Policy & Outreach at the Disability Rights Center of Kansas (DRC). DRC is a public interest legal advocacy organization that is part of a national network of federally mandated organizations empowered to advocate for Kansans with disabilities. DRC is the officially designated protection and advocacy system in Kansas. DRC is a private, 501(c)(3) nonprofit corporation, organizationally independent of state government and whose sole interest is the protection of the legal rights of Kansans with disabilities.

There are certain institutional settings where providers or the State cannot legally bill Medicaid, including the State psychiatric hospitals, nursing facilities for mental illness, intermediate care facilities for individuals with intellectual disabilities, state prisons, and local jails. In Kansas we have historically terminated benefits to individuals in these institutions. This policy has been a problem for some time. It needs to change and below I'll explain why.

While I applaud the previous efforts by KDHE staff and others to try and make it easier for people to transition out of those institutions, many other states simply suspend benefits to people, who would otherwise still be eligible for Medicaid. In these states that suspend benefits, people are still eligible and a part of the program, but benefits cannot be paid on their behalf during the time they are in an institution. Then, when the time comes for them to transition out, their benefits are simply reactivated and providers can immediately bill for the services they are providing.

You have heard from other conferees about the consequences of forcing otherwise eligible individuals to go through the normal application process at the clearinghouse. The already backlogged clearinghouse, which in best case can take weeks and in many cases months. For instance people released from jail end up being unable to get the medications or treatments they need, thus making an already difficult transition even more difficult.

The balloon is silent about the technical process KDHE must use, and I think that is a good thing. I am more interested in solution that works and helps Kansans who should be eligible for services to quickly and hopefully painlessly begin to receive those services.

While we will likely still need an expedited Medicaid application process for people who been in an institution for longer than a year or who previously have not participated in Medicaid, any efforts that can speed up the process and hopefully require fewer people to needlessly have to add to the existing congestion at the clearinghouse the better.

Thank you for the opportunity to share our support for the proposed balloon to SB 195. I would be happy to stand for questions at the appropriate time.