

Madam Chair and members of the Committee,

Thank you for this opportunity to present to you. I am Aurie Wornkey, Vice President of Supports and Services at TECH, Inc. located in Hutchinson, Kansas.

KanCare, the States mandatory Medicaid managed care program administered by three MCO's (Managed Care Organizations), and their medical model driving our service system, is not a good fit for I/DD LTSS (Long-Term Services and Supports). It isn't a money saver, unless services are cut. And, as the folks we serve age their service needs increase; not decrease.

The examples I have to share today are situations of concern. Those in our service system, their families and guardians, deal with a life situation that a person does not prepare for. Our service system, before KanCare, focused on person-centered, helpful processes, and good partnerships that all had a common goal that we could deliver to our consumer.

Bret is a 53-year-old individual served by TECH, Inc. since 1987 (began TECH services when he was 23 years old). He receives residential and day services through the HCBS I/DD Waiver, and Targeted Case Management through Medicaid State Plan Services. To receive the funding for the residential and day services, there is an annual review of his eligibility for Medicaid. Bret's Medicaid case was closed in July of 2017 due to the loss of redetermination documentation that were sent and resent to the KanCare Clearinghouse contacts. The required tracking and facilitator forms had all been done. Bret continued to receive uninterrupted services from TECH, however TECH, Inc. went without reimbursement while he was declared ineligible. Because his case had not been reopened in five months (despite TECH efforts to resolve the problem), the MCO Care Coordinator (from Sunflower) indicated in December 2017 they were closing him out of services. Had that occurred, he would have left a TECH family, and services, that he has been with for 30 years. His closest natural family has either died or is aging themselves. It is uncertain what his future would have held.

Frank is a 56-year-old individual served by TECH, Inc. since 1983 (began TECH services when he was 22 years old). He receives residential and day services through the HCBS I/DD Waiver, and Targeted Case Management through Medicaid State Plan Services. Frank's Medicaid case was closed in September of 2017 without any understanding or explanation given to Frank or TECH. Efforts to communicate with the KanCare Clearinghouse were futile as experienced by Frank's Targeted Case Manager and his guardian. Frank does not have other options for care besides his LTSS services.

Eleventh hour Intervention and pleas by TECH to the Senior Manager of Eligibility at the Kansas Department of Health and Environment finally resulted in resolution to the above situations, but only after months of run around, unanswered questions and undue stress by everyone involved. Had we continued with our previous system, as opposed to being in KanCare, we would not have had this type of situation. Pre KanCare, problems were handled at the local level by people who knew the LTSS service system, and knew the individuals in the system.

Alex is a 31-year-old individual served by TECH, Inc. since 1997 (began TECH services when he was 11 years old). He receives in home supports through the HCBS I/DD Waiver, and Targeted Case Management through Medicaid State Plan Services. Alex lives in a family home. In August 2017, his in home supports were reduced from 976 units a month to 514 units a month. The guardian did not understand the communication sent to him by the MCO regarding the reduction in hours, until he received a denial on payment for attendant care hours, which had already been provided and billed for in September. The Personal Care Attendant moved into the family home when Alex's grandmother/guardian suddenly went into a skilled nursing care setting, and could not return home to help care for Alex. Had the Personal Care Attendant not been there, and stepped up to the plate in this situation, this young man would have had to leave the home he has known all his life. Alex is unable to perform daily living tasks without hands on assistance and routine prompting. His current guardian is not available to provide the level of care that he requires. There are no other natural supports.

In closing, these are just a few examples of what we deal with daily with regards to 200 people TECH serves, and we are not alone in our struggles, our colleagues across the state deal with the same circumstances for the thousands of people with IDD served in this system.

I would like to thank the committee for the opportunity to provide this testimony, and would be glad to answer any questions.