



2/9/17

Madam Chairperson Schmidt and members of the Public Health and Welfare Committee thank you for the opportunity today to testify in opposition to SB332. My name is Jamie Price and I work for Community Living Opportunities Inc. We serve children and adults with intellectual or developmental disabilities and persons with physical disabilities with an array of services which included Targeted Case Management, Residential and Day Services. We will in 2018 be serving those individuals on the Frail and Elderly waiver. We began our services in 1977. Currently CLO is in 10 CDDO regions (I have included a map in our testimony) across 19 counties. We have specialized in serving the most difficult individuals in the State. Our average converted BASIS We have several concerns about SB332:

- CLO is in 10 CDDO regions and we were not consulted on the Bill and feel that lack of stakeholder engagement is a concern given SB322 essentially opens up the DD reform act. We were not the only large, multi-region, provider or group to not be included, which is concerning.
- What is the plan if IDD carve out is successful? Who would run this carve out? We do not feel that the current CDDO/CSP system could take this on as it is a conflict of interest. We have always believed that one CSP cannot oversee the operations, referrals and funding of another CSP. This conflict goes squarely against the CMS Settings Rule, past reviews of Kansas services by CMS, past post audit studies, rates study results showing disproportionate resources, as well as the current State of KS direction in eliminating conflicts of interest (e.g., new forthcoming TCM policy).
- KDADS and this administration no longer have the capacity or institutional knowledge for overseeing multiple CDDOs who are also CSPs or to manage what they once did of the waiver. The bill would take millions of dollars to regain this infrastructure and years to regain the institutional knowledge and we would end up back where we were which was not a good place for Kansas services.
- Although we agree that rate increases are much needed, we have concerns how this is addressed in the bill.
- If you carve out IDD LTSS (the lowest population and highest dollars) our individuals at CLO would be harmed. We have received more services and increases under the Managed Care environment than before when the system rested with the CDDOs.

- Finally, why would independent providers want to work with 27 regions? Virtually every study across three decades have suggested that 6 to 8 larger regions are best from a cost and portability point of view. As you may know, some CDDO regions are so small that they represent only a handful of people. From my office in Lenexa I can get to 6 CDDO regions in 45 minutes. Small agencies, small regions, small infrastructures lead to many, many problems for families who which to port their funding or simply navigate through a maze of infrastructures with different processes, different criteria, and different levels of support.

There are many new models around the country that are tailored to the specific state. We need to determine what works best for Kansas and proceed. This proposal would however take time and the 2 or 3 year delay on KanCare would give all stakeholders time to develop an alternative if one is needed.

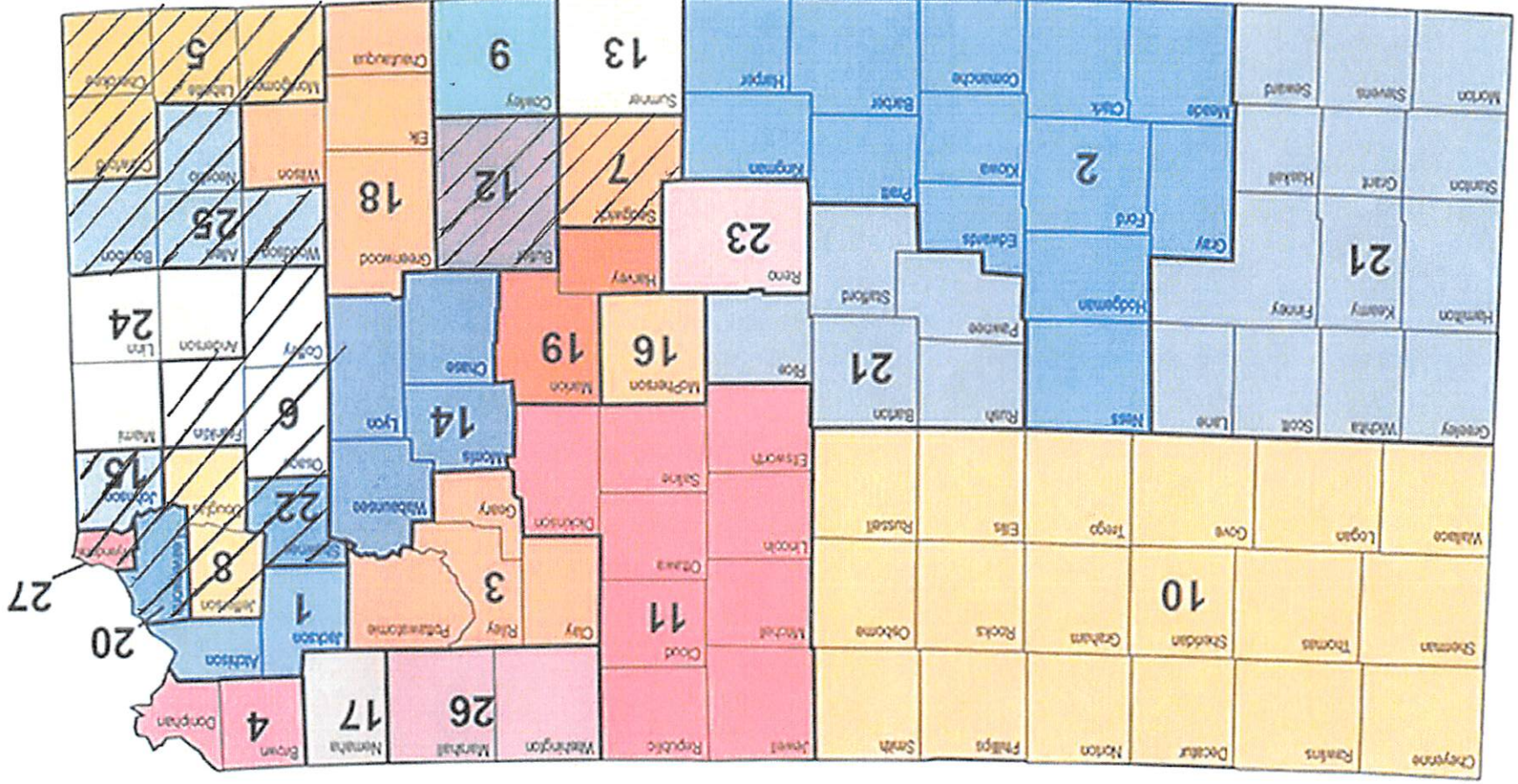
Thank you again, for your time today.

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CDDO MAP – Community Living Opportunities, Inc Service Area(s) 2018



CDO is in 10 CDDO regions (7, 12, 5, 25, 6, 8, 15, 20, 22 & 27) as indicated in the yellow highlights on the CDDO map