

TO: Senator Renee Erickson, Chair  
Members of Senate Committee on Government Efficiency

FROM: Lori B. Feldkamp, Big Lakes President & CEO

DATE: February 6, 2025

RE: Concerns Regarding Proposed System Changes

My name is Lori Feldkamp and I am the President and CEO of Big Lakes Developmental Center, Inc. For over 50 years, Big Lakes has provided services for individuals with I/DD that enable them to live and work in their home communities. Big Lakes' mission is to deliver quality services that promote choice, independence and inclusion for persons with intellectual and developmental disabilities. These services include day programs, employment services, case management and residential supports. We provide services 24/7 for 160 individuals with I/DD. Big Lakes is also the county designated Community Developmental Disability Organization (CDDO) for Riley, Geary, Pottawatomie and Clay counties.

Big Lakes is very concerned about three major system changes that KDADS is implementing. Standing alone, any one of these initiatives is complex, costly and signify a major shift in policy. Together, the threat to long-standing services that our clients rely upon is substantial. We are asking your help to slow down the implementation of these initiatives to ensure they do not cause harm to the people we serve.

The new initiatives are as follows:

- 1) **Assessment Tool and Funding:** A new assessment tool to determine the level of needed care called MFEI is planned for July 1<sup>st</sup>. All providers agree that a new assessment tool in Kansas is desperately needed. The one currently in use is outdated and the new MFEI assessment tool is a reasonable replacement. However, the replacement of the assessment tool also entails a change in funding determination. Five tier levels of funding are being reduced to three tier levels. No new funds will be put into the system, so the result is a redistribution of money among providers. There will be winners and losers under this new funding model, while we continue to serve the same people with the same needs, costs and service expectations, as before.
- 2) **Conflict of Interest:** KDADS is proposing the total separation of Targeted Case Management (TCM) and CDDO functions away from community services providers of day and residential services because of a perceived conflict of interest. Big Lakes has provided TCM and CDDO services since they were first introduced in Kansas in the early 1990s. We have multiple firewalls in place to mitigate any perceived conflict of interest and we believe this meets the intent of the federal government's rules. In the 30 years I have been at Big Lakes, NO formal complaints of conflict of interest have been filed nor have I heard of any informal complains by anyone in our service area.
- 3) **Unbundling of Day Services:** On May 1<sup>st</sup>, KDADS plans to implement a redesign of how day services function by breaking down the day service umbrella we currently use into seven different service categories with different requirements. There currently are no published rates available to determine

the financial impact this change would have on our 2025 budget and service delivery. Two of the service conditions that we are aware of would restrict center-based work and small group community work opportunities to the point of eliminating this choice for people in the future years. The proposal also requires a “community-based” service model for most of the seven service types. This model would eliminate the use of center-based employment and activities and require many more employees (that we can’t find now) to be hired for one-on-one support and more vehicles to access the community. None of these changes come with additional resources. To be reimbursed for day services, individuals would have to be in “the community”, not at a Big Lakes’ facility, FIVE hours a day, FIVE days a week to be paid for the support we provide daily.

KDADS will say all these changes need to be implemented because the federal government (CMS) is requiring them to do so. CMS does impose requirements on states; however, CMS also provides states latitude to design systems that will work specifically for their state. In this case, I believe there are alternative solutions that will not drastically change or eliminate preferred choices for those in service.

KDADS will say these changes must be implemented as soon as possible because CMS is requiring them to do so. Their proposals are being driven by what they currently perceive CMS will or will not approve. That may have been true a couple months ago, but I respectfully disagree with that assessment today. The Trump administration has already issued executive orders to stop and review all regulatory changes once his appointees are in place. It is my opinion that any assumptions regarding what will be approved will change dramatically in the coming months. Why are we rushing to implement system changes that may be overturned in just a few months’ time?

Not all the proposed changes are bad. But the rush to implement them without input from those who will have to implement these changes is very short sighted. We can help with system design improvements to ensure their success. Representation including providers, families and persons-served in the decision-making process and their concerns and ideas being taken under serious consideration BEFORE implementation is a must. Implementing without knowing the Trump administration’s expectations is a waste of time and effort.

Watching these changes roll out, at virtually the same time, is like watching a trainwreck in slow motion. Please help us stop the trainwreck of the IDD service system from happening.

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