

Testimony by Richard Shank of Hutchinson representing the Alliance for Kansans with Developmental Disabilities to the Health and Human Services Committee

My name is Richard Shank of Hutchinson representing the Alliance for Kansans with Developmental Disabilities.

The Alliance is made up of organizations in communities throughout that provide care for hundreds of Kansans with intellectual developmental disabilities (I/DD).

Several members of the Alliance have submitted written testimony for today's hearing.

We speak in support of House Bill 2457 and I would like to make a few summary comments.

In visiting with my clients, several of which are in attendance today, they have told me that the current methods of serving the developmentally disabled is a unique part of state government in that it is working well. As the old expression goes, *if it isn't broke, why are we trying to fix it?*

As you know, the I/DD population of Kansas is not the normal Medicaid recipient where, for instance, wellness programs and preventive care will reduce or eliminate the need for medical services. Many of our clients need 24-hour per day services.

We too have read the arguments, both pro and con, for including the DD population in KanCare.

It has been said that the costs for serving Kansans with developmental disabilities is growing at an astronomical rate when, in actuality, the administration of the I/DD program in Kansas is barely three percent of the total dollars expended annually on the program.

A University of Minnesota study reports that the costs of serving DD clients in Kansas has decreased significantly during the past two decades from nearly \$50,000 per client per year in 1993 to about \$42,000 per client per year in 2009.

At the same time, the Minnesota study states that Medicaid medical costs for the Kansas I/DD population have declined as well by nearly \$6 million per year during the same time span.

It has been said that the life expectancy of the state's DD population is on the decline. That, too, according to much research states to the contrary. For instance, the life expectancy for Down Syndrome individuals has actually doubled during the past two decades.

We are not aware of a single study that says the current method of serving DD residents in Kansas is anything less than exemplary.

In addition to these concerns, the Alliance members are no different from other Kansas businesses in that we operate with minimal cash reserves. One Alliance member told me that her organization maintains no more than a two-week reserve at any given time.

Under the current system, payments to providers are normally made in a timely manner, which is a real credit to those who run these programs in Kansas. Reports from other states that operate under-managed care tell of horror stories of organizations waiting weeks and even months for payment.

Committee members, there is nothing quite like dealing with the folks here at home who live, work and play in Kansas.

In summary, the Alliance strongly supports carving out I/DD long-term care from the KanCare proposal and we will stand for questions.

Thank you Representative Landwehr and members of the Committee for the opportunity to present our side of the story.