



Kansas Council on Developmental Disabilities

SAM BROWNBACK, Governor
KATHLEEN BRENNON, Chairperson
KERRIE BACON, Interim Executive Director
kbacon@kcdd.org

Docking State Office Bldg., Rm 141,
915 SW Harrison Topeka, KS 66612
785/296-2608 * 1-877-431-4604 (toll free)
www.kcdd.org

*"To ensure the opportunity to make choices regarding participation in society
and quality of life for individuals with developmental disabilities"*

House Health & Human Services Committee

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Madame Chair and Members of the Committee, thank you for the opportunity of providing testimony regarding HB 2457, Exempting DD Home and Community Based Services from Managed Care in Kansas. I am Kerrie Bacon, the Interim Executive Director for the Kansas Council on Developmental Disabilities (KCDD). The Council is comprised of over 60% self advocates (people with developmental disabilities), parents and guardians of people with developmental disabilities. KCDD is a federally mandated and funded entity under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000. Part of our responsibility is to study and examine the Kansas system for people who have developmental disabilities and to advocate with policymakers for improvements.

The Council is supportive of an amended version of HB 2457 to exempt the developmental disabilities home and community based services (HCBS) waiver from Kansas managed care. The current bill under Section 2(3)(d) could be interpreted to mean that all people on the DD HCBS Waiver should not be included in ANY of the managed care program. KCDD is a proponent of taking the DD HCBS Waiver portion of the services out of the managed care program. Medical services (Medicaid and/or Medicare) should be the same for all being served by Kansas. The wording needs to be amended to be clearer on this point.

HCBS services are very different from medical claim management and require a different perspective and expertise. Waiver services are focused on helping the client live as independently within the community as possible, not about illness. Having a for-profit medical insurance company in charge of people's services that determine how independent they can be in the community is a grave concern. There are no incentives or requirements in the RFP

regarding maintaining services or rates on the waivers. The use of “should” and “intent” in the RFP or contract are not the same as requirements.

Another concern is with adding another layer of bureaucracy to a system that already has three different entities, each with their own set of regulations and rules to oversee the CDDO oversight now in place. Self-advocates, parents and guardians are already overwhelmed many times with the amount of policies and paperwork that must be managed to receive services and do not need their lives made more complicated with another company managing the waiver process.

When asked how the contractors will manage the change, it is explained that the contractors will work out the details as part of the RFP and contract. The contract date set at this point is the beginning of July 2012. This would give a contractor six months to work out all the details and have systems in place to run smoothly by January 1, 2013. The DD population is currently finding that system changes do not run smoothly with the FMS and WORK program changes. This shift in policy and contractors has resulted in many late payments to support staff in both programs. The Council would advocate for a slower and more intentional process (pilot project) to move the waivers to managed care to ensure that the developmental disability advocates, parents and guardians are partners in the process.

Thank you for permitting me to testify. I am happy to answer any questions you may have.

Kerrie Bacon
Interim Executive Director
Kansas Council on Developmental Disabilities
Docking State Office Building, Room 141
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Topeka, KS 66612
(785) 96-2609
kbacon@kcdd.org
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