

My name is Deone Wilson. I am with the Resource Center for Independent Living, Inc. Our main office is in Osage City. We also have offices in Iola, Emporia, Topeka, El Dorado and Ottawa. We have been a Home and Community Based Services provider since 1997. We provide Targeted Case Management as well as being a Fiscal Management Services provider for 1004 Kansans with disabilities.

Thank you for allowing our testimony regarding the KS Authenticare system. Currently we have 369 consumers using KS Authenticare with another 635 consumers scheduled to start using KS Authenticare by mid-March 2012.

RCIL is dedicated to providing excellent customer service and communicating effectively with consumers, DSWs, KS Authenticare, SRS, KDOA and all other stake holders as we work to implement the new KS Authenticare system. To that end we feel compelled to share the issues and concerns we have experienced thus far plus recommendations that may solve some of the issues.

The KS Authenticare system was not fully operational when it was launched even after numerous, and often, last minute changes. KS Authenticare does not use an interactive voice response system as reported. KS Authenticare is not fully-accessible for Direct Support Workers who are individuals with disabilities themselves. KS Authenticare is not HIPPA compliant and currently allows providers to see confidential information for individuals not enrolled in their programs. The system is only partially interactive with the State's MMIS system which has drastically increased our work load as a provider.

Cost to Consumer - Consumers were told that this system would not cost them and that simply is not true. Equipment has not been furnished for them to use to access KS Authenticare. Cell phone minutes cost money and when consumers run out of phone minutes, the FMS providers end up having to process paper timesheets. Keep in mind that most of these Kansans live in poverty with SSDI or \$674 of SSI per month as their only source of income.

Self-Direction Limitations & Fraud – Consumers do not have access to the information submitted to KS Authenticare by their workers without calling the FMS provider. This limits their ability to self-direct their services. Consumers no longer have the control to approve the time and services their workers submit. We are advocating for a system (such as an IVR menu option, internet portal, etc.) where they can independently monitor that information. It is also significant to note that while this system was implemented to reduce fraud; investigators have stated that this type of system actually makes it harder to prove fraud.

Payment Delays - KS Authenticare system as produced significant delays in payments to providers. For example, when adjusting claims before KS Authenticare we would pay additional time owed to the DSW on the next payroll, adjust claim in KMAP, and be paid for the adjusted claim on next 835, which was a process that usually was completed in two weeks. Adjusting claims using KS Authenticare is exponentially more cumbersome. When we determine that an adjustment needs to be made for a time frame already confirmed, we must now void the claim in KMAP, wait for the 835 report that shows the claim has been voided, re-enter all entries back into KS Authenticare which requires entries for each day and each DSW that provided service, reconfirm the claims, and then wait to receive reimbursement on the next 835 report, all of which delays reimbursement by several additional weeks.

Third Party Liability (TPL) – As the FMS provider, we are required to bill any third party insurance coverage consumers have. We do not know of an instance where the TPL insurer has approved a claim for our services. Regardless, we still have to bill them, wait for a denial and then submit the denial before we can be reimbursed. This process required four steps during the month before KS Authenticare. It now requires up to 62 process steps and is a monitoring nightmare to achieve the same results.

Client Obligation Collection and Tracking – As a provider of FMS, it is our responsibility to collect the state assigned client obligation (or co-pay) from consumers. The whole system is inefficient and practically impossible to manage properly. When consumers choose not to pay the client obligation, the provider is forced to assume at least two months' worth of personal service costs. We spend enormous amounts of time researching billings and payments. We recommend that when a Client Obligation is changed by the State, the Plan of Care be moved out of approval status in KMAP. Doing this would bring immediate attention to the change and save time that we spend monitoring for changes.

As an FMS provider, we understood that this system change would be significant. The costs we are incurring are not covered by the grossly insufficient \$115 "per member per month" we are paid to do this. We have had to add staff and pay overtime to handle the increased call volume which is three times what it had been previously. So far the implementation date has changed from 11/1/2011 to 1/9/12 then 1/16/12 then 2/1/12 then 2/16/12 and now the suggested complete implementation is stated as 3/16/12. With each change, procedures have changed. And with each change, all consumers and DSW's must be notified, at the expense of the providers. As providers we have spent thousands of dollars to change our software systems to be compatible and we expect that to continue as KS Authenticare evolves.

The failure of the State to implement this system according to their own directives has significantly undermined the credibility of providers and built mistrust with consumers and workers.

Staff morale is at an all-time low. Individuals that have worked at RCIL for years are expressing extreme frustration. Many of our staff are literally sick from the stress. Consumers and DSWs report that KS Authenticare is confusing and causes them stress and insecurity.

We have worked tirelessly to meet the State's deadlines and expectations. We have spent a great deal of time and money planning and preparing for KS Authenticare. We are requesting that the system is fully operational and accessible before it is required for all HCBS consumers. Additionally, we are requesting this committee to urge SRS/KDOA to reinstate the \$140 administrative rate.

Thank you for your consideration and time.