



March 13, 2012

The Honorable Senator Vicki Schmidt
Chair, Senate Public Health and Welfare Committee

Reference: SR 1831: Delay of Implementation of KanCare

Good afternoon Madam Chair and Members of the Senate Public Health and Welfare Committee. My name is David Wilson and I am currently a volunteer and the immediate past state president for AARP Kansas. We represent more than 340,000 members in Kansas. Thank you for this opportunity to express our written comments. AARP Kansas supports the delay of implementation of KanCare and the efforts in SR 1831.

Preserving Medicaid is a high priority for AARP members. Medicaid is the backbone of our long-term care system, and those relying on home- and community-based services (HCBS) are particularly vulnerable.

The proposed implementation time-frame of KanCare is too short to allow all new processes to be fully implemented. In addition, the short time-frame does not allow for the development of transition plans for beneficiaries so that they are not abruptly cut off from care of their long-standing provider relationships. These are critical to insuring high quality care for vulnerable beneficiaries.

1) An unrealistic time frame is allowed for transition and implementation.

From identification of Managed Care Companies to implementation of service delivery is less than 7 months. The short transitional period will likely:

- cause unsupportable stress on government and provider infrastructure;
- result in consumers “stuck” with a provider they would not choose because the period for re-selecting a provider at the outset when the state pre-selects for consumers is abbreviated; and
- result in increased failure of service delivery for consumers, which will be especially troubling for disabled adults and elders in nursing facilities.

2) Is Kansas in a position to provide effective oversight of such a magnitude of change in a less than 7-month period to effect expansion and transfer of state responsibility?

- Managed Care requires public education, provider contracts, and consumer sign up, with service delivery due to begin Jan. 1, 2013.
- The timeframe is much too short to allow all new processes to be fully implemented. In addition, the short time-frame does not allow for the development of transition plans for beneficiaries so that they are not abruptly cut off from care of their long-standing provider relationships. The implementation and transition planning are critical to insuring high quality care for vulnerable beneficiaries.
- Executive reorganization moves Mental/Behavioral Health, Physical Disabilities, and Developmental Disabilities, into the current Aging Department.
- Non-waiver related programs also move to a new department, serving children and adults, as well as services for gambling and substance abuse addictions.
- Loss of departmental programmatic knowledge and expertise may provide an additional challenge to serve populations and assure quality. The Department on Aging lost approximately 45 workers due to budget cuts last fiscal year, and the Department of Social and Rehabilitation Services lost hundreds of workers due to budget cuts. In addition, early buy outs offered to experienced workers contributed to additional staff lost.

3) Approval and implementation of a statewide managed-care program likely won't be fast or simple.

- Any waiver application would comply, at a minimum, with the recommendations set by the Center for Medicare and Medicaid Services (CMS). Issues include steps to guarantee that Medicaid beneficiaries will receive quality care:
 - Quality – Ensuring beneficiaries access to care that meets accepted quality standards;
 - Stability – Minimizing the instances in which care is disrupted because beneficiaries have to change health plans due to the lack of a stable group of participating plans;

- Transparency and Accountability – Ensuring that payments to plans are properly used and that plans are held accountable for the funds they receive and the results they achieve; and
- Evaluation – Establishing the mechanisms (e.g. encounter data) to allow for real-time evaluations of how well the plans are performing, allowing for corrections and improvements as needed.

If KanCare is to be implemented in Kansas, the state should begin a process of transition that assures an adequate and thoughtful timetable for providing access to quality care for the frailest and most vulnerable. Therefore, while we look forward to working with the administration on this issue, AARP Kansas supports SR 1831 and the delay of implementation of KanCare in Kansas.

We respectfully request your support of this proposed legislation.

David Wilson