



An independent voice for
those served by KanCare.

Senate Health and Public Welfare Committee

Feb. 13, 2017

Chair Schmidt:

Madam Chair and members of the committee, thank you for allowing me to provide testimony today on SB 153 which would require the inclusion of targeted case management as an available service for all waiver populations as part of the KanCare RFP process.

My name is Sean Gatewood and I am the co-administrator for the KanCare Advocates Network. The KanCare Advocates Network is a group of advocates whose collective interests include issues impacting children and adults who are served by the Kansas Medicaid program, KanCare.

KAN tracks and documents the obstacles encountered by beneficiaries and the financial strain KanCare has placed on providers of services of both long term supports and services and medical care. To further document those issues, we hosted 3 public forums across the state in May, July and October and heard from at least 500 individuals, families and providers.

We consistently heard then, and continue to hear from consumers and families across the waivers who struggle with finding and coordinating services to help them with their activities of daily living. While care coordination is available across the waivers to coordinate medical and health care, assistance with the coordination of long term supports and services (LTSS) is not available across waiver populations. Recipients of services under the frail elderly, physically disabled and traumatic brain injury waivers no longer have the option of targeted case managers to help them coordinate LTSS services.

This anecdotal evidence was later confirmed by the CMS audit that was made public on January 18th in the Topeka Capital Journal. The audit found the MCOs, consumers, advocates and providers all expressed a lack of clarity around the roles of care coordinators. It was again confirmed in a separately CMS audit related directly

KanCare Advocates Network

February 13, 2017

Senate Public Health and Welfare

Date 2/13/17

Attachment 25.1

and exclusively with HCBS services. This audit found serious concerns with changes in plans of care, documentation and care coordination.

Expanding targeted case management to these recipients would not replace medical care coordination, but rather complement it, offering people help coordinate day-to-day supports. SB 153 assures this key service is an option for all waiver recipients.

Thank you for the opportunity to appear before you today and I will be available for questions.

Sincerely,

Sean Gatewood
KanCare Advocates Network
785 220-5355
seangatewood@outlook.com