

TO: Members of the Kansas Senate Public Health and Welfare Committee

RE: February 9, 2018 Hearing on SB 332, an act to remove long term care services for people with intellectual and developmental disabilities (I/DD) from KanCare

FROM: Gayle Richardson, parent of a son with developmental disabilities

I strongly believe that the goal of each member of this Committee is to provide the best and most cost efficient care for our children with I/DD without increasing government bureaucracy. SB 332 will accomplish these goals.

You will hear (have heard) testimony from families who have struggled with KanCare over the past four years. My purpose is to summarize these stories by pointing out the inherent flaws in the KanCare model as it relates to the day-to-day care of our kids. The good news is that there is a better way to care for our kids that won't cost the state more money and is a tried-and-true system.

I want to emphasize that I am not opposed to the state of Kansas using private vendors to provide services if these contractors have the ability to administer such services better and more economically than state government.

However, KanCare is the **wrong system for administering long term care for our children**. It is a medical model and is not equipped to administer long term care services to our kids. Our kids are not primarily sick. They need a delivery system that can help them with their behavioral events and daily needs.

The MCO coordinators have the authority to make decisions for our kids without knowing them or understanding these needs. Often, we can reach these coordinators only through a 1-800 number. How does that work when my kid runs out of his house and down the street because his anxieties have reached a crisis point? I need someone local who has the expertise to modify the triggers that cause these anxieties.

KanCare adds **another layer of bureaucracy** onto the delivery of services. Each person with I/DD has a local case manager who meets regularly with the family, writes a plan of care and oversees that care. The MCO care coordinators do not add value to this system, but rather duplicate the work the case managers already do very well.

My last point is that KanCare for our folk is **not saving the state any money**. Our local providers and community disability organizations can and have delivered better service for our kids than the MCOs. There is about a 6-8% difference in the cost of providing nonmedical services between KanCare and the prior system. The structure of the prior system is still in place. Transitioning our kids' care to this system would not be difficult.

Please work with our families by supporting SB 332. It will relieve some of the burden of caring for our children. It will improve their daily lives and make all of us proud of being compassionate Kansans.

