



INDEPENDENCE
INCLUSION
INNOVATION

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Sec. Keck—

I read—with great disappointment—your op-ed in the *Wichita Eagle* from Oct. 24. It was a curiously-timed message, given that it came out while CMS was in Kansas to comprehensively review the KanCare program—the result of which will most certainly show that KanCare is not a “remarkable success” for Kansans with disabilities.

In the run-up to KanCare implementation, InterHab and its membership raised numerous significant concerns about the program, including the need for government oversight of the MCOs, as well as the high potential for bureaucratic confusion. We had hopes that your agency would make good on those promises, but neither has been kept—much to the continual consternation of I/DD consumers and service providers across the state.

Your op-ed makes several broad statements regarding the condition of the HCBS system. You equate overall spending increases and increased user participation with a better quality of care. Our membership flatly rejects this hypothesis—there is no empirical evidence to prove it. In fact, despite an increase to the number of Medicaid beneficiaries, there are *fewer* people receiving HCBS than under the previous Medicaid service model. Furthermore, the I/DD waiver waitlist *has grown* during this same period. Fewer services and longer waits to receive those reduced services do not logically lead to better health outcomes for persons with disabilities.

Your op-ed also mentioned that every KanCare client receives a care coordinator. While that is how the policy is designed, its implementation has fallen far short. Our membership has previously provided to you and other KDADS staff numerous examples where persons served have not met—or even know who is—their care coordinator. We have also previously provided examples where the high turnover rate amongst care coordinators has negatively affected the quality of care for persons served. This is not a “vast improvement” in service, as you allege.

Perhaps the most glaring mistake in your message was a simple but significant omission—recognition that the State continues to severely underfund HCBS reimbursement rates for I/DD service providers. The last increase occurred 8 years ago; such neglect has left I/DD service providers unable to attract and retain qualified staff. Some cannot even compete locally with fast food or retail employers! Others have had to shut down altogether, leaving their clients scrambling to find substitute services. This lack of consistent service cruelly disrupts these persons’ abilities to live independent lifestyles, and puts some at risk of institutionalization—an outcome in direct conflict with the State’s statutory requirements under the Developmental Disabilities Reform Act, the Americans with Disabilities Act, and *Olmstead v. L.C.*

There is a long history of advocacy by KDADS/SRS on behalf of HCBS providers in Kansas. Our membership has counted a number of your predecessors in office amongst their biggest champions. From the statements made in your op-ed, it appears that you do not intend to carry on this tradition. That is a shame. Kansans with disabilities have tremendous value to their families and communities, and do not deserve to be reduced to political talking points that teem with obfuscations and outright falsehoods. They are people, first and always. They deserve nothing less than your respect, full attention, and honest appraisal of the system on which they rely to live independent lives.

Sincerely,


Tim Wood
Executive Director