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TO: House Social Service Budget Committee
FROM: Lori B. Feldkamp, President & CEO, Big Lakes Developmental Center, Inc.
DATE: February 20, 2013
RE: HB 2029

Good morning, my name is Lori Feldkamp and I am the President & CEO of Big Lakes Developmental Center in Manhattan. I appreciate the chance to testify today. I support of HB 2029, or any legislative initiative to protect the interests of thousands of Kansans who currently receive long term services through the HCBS waiver programs for persons with intellectual and developmental disabilities.

As a taxpayer, a citizen and a program leader in this field, I believe the efforts to force-feed KanCare into the lives of the persons affected is a huge policy mistake, a costly and poorly devised experiment and the kind of activity that makes citizens truly frustrated with government.

We are accustomed to seeing such half-formed proposals coming from Washington, but it is rare when Kansas officials try to impose plans of such scope, cost and risk on an unwilling public.

I studied and received two degrees in business with a focus on finance, and came to the I/DD field as a financial administrator almost 20 years ago. All social service programs were advised at the time to become more business-like, and in our field that is exactly what happened. We took a program from its infancy to a mature network that has helped provide long term services and supports for Kansans with I/DD and their families. In the decades since its inception, we can look back and see a very conservative cost curve and a per person cost of long term care today that, adjusted for inflation, is less than where it started.

The introduction of KanCare takes a simple and cost-effective system and makes it complex, takes an inexpensive administrative model and makes it expensive, takes a locally-accountable family-centered model, and replaces it with an insurance company medical model that has never been tested on a community based non-medical program such as ours in Kansas. MCOs are in business to make money and they have a lot of experience in medical services. There's nothing wrong with that. But, even from the most simplistic financial view, this move does not make sense. Even state officials that are pushing to include long term services for the ID/DD population into KanCare acknowledged last year there is little to no savings expected from the change. Yet, another layer of bureaucracy is being added and the money to pay for this added layer will come from somewhere. If no additional funds are provided to cover the MCOs additional responsibilities, then it seems logical that rates and/or services will have to be cut eventually to cover their costs.

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And what does it solve? Well, in our field we have two very challenging problems:

- The waiting list of persons in desperate need of services.
- Inadequate rates and the continued erosion of the purchasing power of those rates which hampers our ability to hire and retain quality staff.

KanCare addresses neither of these challenges.

I believe, as does our local board of directors, that KanCare is an idea that doesn't accomplish what it sets out to accomplish, whatever that is, and that none of the legislators would be in support of such a move if it was happening to them or their children. We ask you to put yourselves into the position of families already challenged by the crisis of care that is hard to find, sleepless about the complexity of planning for the future for their sons and daughters with I/DD, and glad that they have local organizations upon they can count, and answer this question for us:

Would you want this done to your family? Over their objections? Without a single meritorious response to the concerns that have been raised? We implore you to do the right thing.

Exclude non-medical long term services for persons with I/DD.

Thank you for your interest and your thoughtful consideration of our concerns.

Social Services Budget,
FEBRUARY 2nd, 2013

ATTACHMENT #4 ⁺²