

Good Afternoon, my name is Doug Gerdel and I work for Life Patterns. We have been in business for 20 years this month. We were one of the first payroll agents in the state to bill Medicaid and pay attendants who were working for someone on the I/DD Waiver. The old MR/DD waiver. We started Life Patterns to build supports around our son who has a significant disability. Today He lives in his own house, works about 20 hours a week, and has around the clock support. Keith uses a wheel chair, is unable to do anything for himself including dressing, bathing, meal prep and eating.

Life Patterns is one of about 55 Financial Management Service providers in the state. We provide FMS for approximately 400 people who are on the DD, Physical Disability, Traumatic Brain Injury, and the Technology Assistance Waivers.

KanCare started January 1 and regardless of what anyone says it is a train wreck. It is triple the paper work because we get a remittance advice from each MCO, it is triple the accounting because each MCO must be set up as a separate payer, and because we have added another layer we have found it nearly impossible to get information.

Now I know there are pages of telephone numbers and names of people to contact that are circulating, however everyone I have talked to doesn't even know what an FMS is or how to help. Last week I had a problem with a payment so I called the number on the remittance advice that came with the check. The person that answered was a customer service rep. for the New York, New Jersey area.

People receiving services don't know who their Case Managers are or how to find out who they are, or even how to get a hold of them.

I have read that the goal of KanCare is to save 3 Billion dollars over the next 5 years. Providing proactive health care to keep people healthy and out of emergency care facilities makes sense and appears it would save money. Helping people to quit smoking, lose weight and have regular dental care will improve

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their overall health and the health of babies and children. That is of course if a KanCare recipient wants to quit smoking, lose weight, and go to the dentist.

Providing people with disabilities with better health care is important also, and there may be some money saved with managed care.

However, long term in home and community based service rates are set by the state and approved by the Centers for Medicaid Services at the federal level. These rates cannot be discounted so there is no way to save money through managed care. The state will only spend more putting these services in the hands of MCO's who are interested in making a profit and do not understand self directed services in Kansas.

I am not an economist or an accountant but common sense tells me every time you add a layer or somebody touches a dollar, part of that dollar disappears. For example: HP Enterprises has the contract as the fiscal intermediary to administer the Medicaid dollars, a for profit company. Then we added First Data as AuthentiCare to be the time keeper for home and community support workers, also a for profit company. Now we have added 3 Insurance companies to manage health care, and of course insurance companies are for profit as well. How in the world are we going to save 3 Billion dollars if we keep paying more companies to handle these HCBS funds. All of these diverted dollars could be going to take someone off the waiting list.

KanCare maybe a good deal to improve health care for people below the poverty level, and to keep people with disabilities healthy. But it is a bad deal for all the Home and Community Based Waivers. Waivered services are a set rate that cannot be lowered and the only way to save money is to cut services and I hope that is not the intention of KanCare. The PD, TBI, and TA waivers should be removed from managed care as soon as possible. Please keep the Intellectual and Developmental Disabilities waiver out of Managed Care by supporting House Bill 2029.

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