



## Senate Ways & Means Committee

January 30, 2018

Presented by:

Rick Cagan

Executive Director

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of 15 local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We urge you to adopt SB 300 and to move this bill forward to the full Senate.

In our written comments to CMS on the KanCare 2.0 application, we stated that the proposed application does not address the problems which have plagued the KanCare program since its inception relative to improving access to care and services and improving outcomes. The application lacks details about how the state will implement key provisions. We are concerned that critical legislative oversight has not been incorporated and that no effective ombuds program has been incorporated. No provisions have been made for local resources to help individuals apply for and navigate the system or to address the continued backlog in processing applications. Key consumer protections and due process have been lacking in KanCare and remedies are not addressed in the application.

We believe that the renewal application will perpetuate bureaucratic red tape for the state agency, MCOs, providers and KanCare members. The proposed renewal creates the need for additional state staff and resources for managing the Medicaid program and we are concerned that without the commitment to put those resources in place that the management of the program will suffer.

Kansas has not earned the right to continue this demonstration project and state officials have not framed the application to test any experimental hypothesis. The current KanCare program should be allowed to remain in place until the new administration elected in 2018 is able to develop a timeline for making appropriate changes to the state's Medicaid program.

We are deeply concerned that KanCare 2.0 creates additional barriers for individuals and families to access the program when we should be simplifying the process of meeting the health care needs of Kansans who depend on the essential services offered through Medicaid. We are opposed to the

work requirements and believe that an evidence-based approach to employment services will be more productive.

Regarding employment services, we have been disappointed with the lack of employment supports provided to KanCare members with mental illness. Unemployment among individuals with serious mental illness is more than 80%. We have an established evidenced-based practice in mental health settings for engagement of individuals who are seeking to become productively employed. This practice is known as IPS Supported Employment (Individual Placement and Support).

There have inadequate incentives and lack of leadership by the state in advancing the IPS program among Community Mental Health Center (CMHC) providers. The data around employment of persons with serious mental illness is compelling with 60% of individuals expressing a desire to work at least part-time. However, only half of Kansas CMCHs offer the IPS program and overall the penetration rate for the program among the target population is around 20%. Even at the CMHCs which offer a strong program which meets fidelity standards at a high level, we are not reaching the desired numbers of individuals in the target population with these essential employment services.

State agencies have pointed to MCOs as bearing responsibility for making progress and MCOs have consistently looked to the state for direction and guidance. Meanwhile, we've lost ground with the implementation of IPS during the last few years. Any continuation of KanCare beyond 2018 must address our continued neglect of employment services for our population. We believe that employment (along with housing) is a cornerstone of recovery for individuals with mental illness.

Additional comments filed with CMS reflected concerns about suspension of Medicaid benefits for individuals leaving institutional setting and the need to offer more comprehensive tobacco cessation benefits in Medicaid. These issues are being addressed in SB 195 and SB 316 respectively and we certainly hope that you will also find favor with these legislative initiatives.

Thank you for your consideration.