



Feb. 13, 2019

Chair Concannon and members of the House Committee on Children and Seniors, thank you for the opportunity to submit neutral testimony on HB 2149.

It is well-documented that outsourcing the KanCare eligibility has resulted in nothing but problems for providers and consumers alike. For consumers, those problems resulted in the delay or absence of needed services. An inability to process eligibility applications within the required 45 days, particularly the “Elderly and Disabled” applications, meant people did not receive the services they needed, left in limbo for months with no point of contact to help guide them. For providers, the burdensome administrative processes resulted in significant payment delays, limiting their ability to take the financial risk of serving people on KanCare.

Since a majority of the applications in question were for older persons needing round-the-clock care, nursing homes felt the financial impact of these problems. They have testified multiple times about the strain this was putting on their business and their ability to provide care for their KanCare residents.

Efforts to hold the State’s contractors accountable and compliant with state and federal Medicaid requirements are needed. However, we do have concerns that as written, HB 2149 would cause the Clearinghouse to avoid penalties by prioritizing applications for nursing home admission above those seeking help with long term supports and services, further worsening the process for waiver recipients.

It’s difficult to estimate what the fiscal impact of HB 2149 might be, but the dollars paid in penalties could be substantial. The penalty money collected should benefit all KanCare providers. For this reason, we support the KanCare Advocates Network amendment. We support the funds resulting from non-compliance penalties be used for training HCBS personal care attendants and nursing home direct care staff. We consistently and constantly hear that it is difficult to hire staff and expensive to train current staff. Through collaboration with KanCare medical and long term supports and services providers, State agencies, consumers, post-secondary educators and local communities, this money could be reinvested to build a well-trained workforce within the KanCare network.

For example, the Kansas Alzheimer’s Disease Plan recommends building a “competency-based dementia training of all direct service, administrative, supervisory and other staff who are included in the delivery of care to those with Alzheimer’s disease or other dementia employed by licensed providers.” This money could be used to make this recommendation a reality.

Thank you for the opportunity to comment on HB 2149. KABC stands ready to work with the State and other advocates and stakeholders to improve the lives of people served by KanCare.

Mitzi McFatrach, on behalf of KABC’s board, volunteers and members

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