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To the Bob Bethell KanCare Oversight Committee;

Grassroots Advocates for Independent Living (GRAIL) is a statewide network of grassroots disability advocates committed to elevating and addressing issues to remove barriers to community living and full integration for Kansans with disabilities across the state of Kansas.

Thank you for the opportunity to share the observations of local, community-based, and disability-led organizations as the Centers for Independent Living (CIL) responded to the health and safety needs of aging and disabled Kansans living in communities across the state as shelter-in-place orders followed COVID-19 precautions. Member organizations of GRAIL include Centers for Independent Living that are only federally funded, only state funded, and are both state and federally funded. Two of our member organizations do not provide Medicaid funded services, while others receive a mix of Medicaid funding.

In the days, weeks and months since the shelter in place public safety recommendations were instituted, aging and disabled Kansans were left largely to their own devices to navigate the complexity of a move to online medical services, contraction of service networks, and previously unknown barriers as a matter of survival.

Organizations like those involved in GRAIL quickly noticed and have moved to address the disparities for aging and disabled Kansans in access to the electronics and services that would have allowed us to easily transition to online services including telehealth, public health information, education, and access to services offered in online or non-contact formats. The people our organizations work with did not own computers, did not necessarily have internet access into their homes, and largely used either pay-as-you-go or government-supplied cellular phones. Access to internet-enabled devices and Internet service has turned out to be a critical need to support community living for aging and disabled people, offering equal access to telehealth, maintain family and social connections, opportunities to connect with church and religious communities, obtain information about health advisories and educational information, and to use no-contact online and other resources for grocery shopping and meeting other needs. Finding a way to address this disparity for the people our organizations work with is critically important to supporting community living for aging and disabled Kansans.

Community living and return to community living for people living in institutions is a matter of life and death for aging and disabled Kansans. The numbers don't lie: according to information provided by KDHE, fewer HCBS consumers in Kansas have contracted COVID than have DIED in nursing facilities in the state. The number of

referrals for transitions out of institutions in the state has increased, but Kansas no longer has a formal Money Follows the Person program, and although the Managed Care Organizations appear to be responding to increased referrals to help people get out of institutions, nearly a third of the people referred for transition services remain in those institutions.

Managed Care in Kansas has reached out into the areas of "social determinants of health." These factors outside the usual health care arena that substantially impact health outcomes for people. In this time of pandemic, housing is a core social determinant. Safe, accessible, affordable housing is key to remaining in and returning to the community. Efforts to help people secure and maintain housing in times of economic trouble are key to helping people stay out of institutions and out of harm's way. Although eviction moratoriums fend off immediate homelessness, rent remains due and resources have not been provided to help people keep up with payments so that eviction doesn't become just a future eventuality once moratoriums are lifted. State policymakers need to look critically at ways to secure and stabilize housing markets to help aging and disabled Kansans remain in homes where they are safest.

Centers for Independent Living have been an important community partner for helping Kansans with disabilities in a time where disabled and elderly Kansans were most at risk for contracting COVID-19. Unlike the service providers in any other community-based segment, however, Centers for Independent Living do not have a designated source of support or a line item in the state budget. When extraordinary funding was made available for other providers, the Centers who received only state funds were not included. GRAIL would like to see state support for Centers for Independent Living formalized to ensure our continued presence and capacity to rise up to meet the challenges faced by disabled Kansans in our darkest days, and the ability to continue to lift up disabled Kansans in living meaningful and fulfilled lives in their own homes and communities.

Thank you to the members of the Bob Bethell KANCare Oversight Committee for the opportunity to share our observations and make requests for areas for the Committee to consider in its oversight role.