



To: Sen. Mary Pilcher-Cook, and Members, Senate Public Health and Welfare  
From: Rachel Monger, Director of Government Affairs  
Date: March 15, 2013

### **Testimony in Support of House Bill 2025**

Thank you, Chairman Crum, and Members of the House Health and Human Services Committee. I am Rachel Monger, the Director of Government Affairs for LeadingAge Kansas (formerly known as the Kansas Association of Homes and Services for the Aging). Our 160 members include not-for-profit nursing homes, retirement communities, hospital long-term care units, assisted living and residential health care residences, homes plus, low income housing, licensed home health agencies and other community based service programs throughout Kansas.

KanCare, the new Medicaid managed care system, launched January 1, 2013. Changes to the Kansas Medicaid program did not require involvement or input from the Kansas legislature or Kansas voters. KanCare is a large endeavor, and implementation will inevitably produce challenges for providers and consumers that must be addressed to ensure quality and timely care for vulnerable populations. Transparency and accountability to taxpayers and voters must be an essential element of KanCare, and legislative oversight is needed to accomplish this.

We wholeheartedly support House Bill 2025, and its creation of a Joint Committee on Home and Community Based Services and KanCare Oversight. This Committee will serve a much needed function in providing oversight and to ensure transparency and accountability for Medicaid managed care.

Thank you for your attention to this important issue.



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March 12, 2013

**Rachel Monger, J.D.**  
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Subject: KanCare

Ms. Rachel Monger:

We are essentially two and one half months into our new venture with KanCare. Probably the easiest way to describe the experience so far is confusion and frustration.

Residents and family members report to us that they sometimes wait several days before a response to their question is received from their MCO.

KDADS has really made an effort to promote and accommodate provider education, but when it gets to the real life case situations, it seems that we either cannot find the necessary MCO case worker or the case (and this especially true with HCBS-FE) stays in limbo until the caseworker and ADRC get back to us with assessments and approvals. We had a case pending for nearly two weeks waiting for approval when we wanted to move an individual from licensed health care to assisted living. This would have saved the state considerable dollars and improved the quality of life for the resident, but the communication between the MCO and the state was very poor. When we finally got the MCO to do the assessment and submit it to the state, the attending physician was out for another two weeks and no one could sign the order.

There is also confusion on the MCOs part (or maybe ours?) regarding reimbursable services for HCBS. Monitoring residents with a wireless pendant/call system used to be a reimbursable service as our residents are at risk of falling. One MCO told us today that this is not an acceptable service and will not pay for it. We don't know why this has changed nor did we get any warnings or explanations.

We are not very far into this process, but trying our best to make it work. It just gets frustrating when we can't get answers. We are also using huge amounts of staff time we didn't have to do before because we are doing much of the leg work.

Sincerely,  
Ray Vernon, President/CEO