

My name is Susan and I work with Thrive Therapy of Kansas. We serve the Medicaid HCBS BI waiver recipients in Kansas. I am here today to advocate for policy changes and reform for this waiver and the population it serves.

Recently Covid exceptions were removed from this waiver, one being that PCS and therapy cannot be on the clock at the same time. This brings about some additional struggles and frustrations not only for the patient but also the providers. So many BI recipients struggle with personal care and hygiene. As a BI therapy specialist, one might not be trained in caregiving aspects and by not allowing a caregiver to be present at the same time brings out dignity and hygiene issues. If a patient soils themselves during a cognitive session and the CT specialist is not trained in caregiving, what issues does this bring about for the patient? How long will that patient have to wait for a caregiver to return to the home to assist with toileting? Many patients have seizures, therapy specialists again are not necessarily trained in the medical or caregiving field. This places that specialist in a predicament if the patient seizes during a session and there is no other care giver present. My ask would be that the committee look further into the medical complications this population suffers from and how we can better serve these individuals by providing wrap around care to ensure safety during sessions and the ability for the patient to reduce their limitations caused by medical conditions post BI. Having the ability to provide therapies with the comfort of knowing someone medically versed is there to help, will not only decrease anxiety for the patient and therapy specialist, but it will also allow for continuity of care as the PCS workers will know the goals and steps that are being taken to help the patient become more independent.

A second topic I would like to discuss with everyone is the distinction between cognitive and behavioral therapy. With the BI waiver, these deficits are addressed separately. Thought my time in undergraduate and graduate schooling, there was never a distinction between cognitive and behavior therapy. Matter of fact, it has and still is being taught as CBT (cognitive behavioral therapy). I understand that the purpose of the separation in services under this waiver if to place emphasis and focus on the root issue; behaviors and cognition. However, there is another barrier to this service being provided. The behaviors displayed by patients stems from the cognitive thought that they have that then elicits an emotional or behavioral response. When someone is thinking negatively, they see and experience negativity. The same goes for a more positive line of thought. When we think and see positive things, then we experience a more positive mentality and lifestyle. The issue here is that CT and BT are provided separately, but the waiver does not allow for 1 specialist to provide both services to a patient. They must be either CT or BT, but not both. I would like to ask that some thought be given to allowing 1 specialist to provide both therapies to a patient as this will allow for better services provided and would hopefully show increased progress towards independence and healthy lifestyles. If the specialist who see the behavior can take the time to discuss the thoughts that caused the behavior, then they are better able to address the root cause and find healthy and appropriate ways for the patient to address conflict and intrusive or negative thoughts/ feelings.

My third and final topic for today is wages for therapy specialists. The service that is being provided by these specialists, I feel far exceeds the level of reimbursement pay that is currently

provided. I understand that finances are always the most touchy topic, but I want the committee to understand the barriers that we face in being able to staff and provide therapy due to the wages that can be paid out. Currently in Wichita KS, an individual can go work at McDonalds making a higher level of pay than a TLS worker makes. An individual can obtain employment at Hobby Lobby, making more than a CT or BT specialist does. This is a problem for providers trying to hire and staff therapy hours. Why would I as an individual choose to subjugate myself to unclean living conditions, pest issues, cigarette smoke, unsafe neighborhoods, violent anger outbursts, and a plethora of other negative conditions that occur in working with the BI population, when I could work in a clean, climate-controlled environment free from drama and negativity? The barrier caused by these limited wages, does not provide the opportunity to hire individuals that are trained and degree bound professionals. Rather the reimbursement rate causes a need to hire individuals that likely have not had the opportunity for higher education, they are not trained in therapies or caregiving, nor do they possess the professional qualities that we as providers want to enlist within our agencies. I would like to ask the board to please review and discuss some of the limitations and barriers that are created by not being able to offer competitive wages and incentives to bring more personnel into the BI program.

Thank you for your time. Are there any questions?

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