



December 18, 2013

VIA ELECTRONIC SUBMISSION

Marilyn B. Tavenner

Administrator

U.S. Department of Health & Human Services

Centers for Medicare & Medicaid Services

Hubert H. Humphrey Building

200 Independence Avenue, SW, Room 445-G

Washington, DC 20201

[Marilyn.Tavenner@cms.hhs.gov](mailto:Marilyn.Tavenner@cms.hhs.gov)

**RE: The Proposed 1115 Waiver Amendment by the State of Kansas:**

Dear Administrator Tavenner:

ACCSES appreciates the opportunity to provide comments regarding the Proposed 1115 Waiver Amendment by the State of Kansas to incorporate long term services and supports (LTSS) for persons with intellectual/developmental disabilities into the State's managed care program known as KanCare. ACCSES represents more than 1,200 disability service providers across the country, including InterHab of Topeka, Kansas. InterHab is the oldest and largest statewide association of developmental disability service providers in Kansas.

ACCSES members work to promote and enhance community-based solutions that maximize employment, health and living opportunities for people with disabilities. ACCSES collaborates with government and other stakeholders to assure that services recognize and support the full potential of each person with a disability to enjoy a meaningful life. Our members are nonprofit social service providers who provide services to hundreds of thousands of individuals with disabilities throughout the United States. These services are funded with Medicaid, state programs, and charitable contributions. Many individuals with disabilities depend upon ACCSES members and similar organizations to provide highly specialized and critical services to help them remain independent and healthy at home and in their community.

As a part of our advocacy mission, our members have engaged with the Centers for Medicare and Medicaid Services (CMS) on the importance of protecting the integrity of the long term services and supports delivery system on which Medicaid beneficiaries with intellectual and developmental disabilities depend. In fact, we were a key stakeholder in the development of principles by the disability community for LTSS and Medicaid Managed Care. Our principles are detailed in a letter to Secretary Sebelius [here](#), and these principles are largely mirrored in the guidance which CMS proposed [here](#).

We oppose the carving of IDD/LTSS services into KanCare because we believe that, as proposed, the changes threaten the ability of the LTSS system to maintain access to the services and programs for Kansans with intellectual and developmental disabilities (I/DD). **ACCSES recommends CMS reject the Proposed 1115 Waiver Amendment by the State of Kansas to incorporate long term services and supports (LTSS) for persons with intellectual/developmental disabilities into the State’s managed care program known as KanCare.**

### **I/DD Pilot is Incomplete:**

The pilot experience for including I/DD long term services into KanCare has not yet revealed any features which would indicate that KanCare can improve health outcomes by taking over the HCBS program. Claims by Managed Care Organizations (MCOs) and the State to the contrary should be documented and examined for legitimacy.

If no demonstrably improved health care strategies have arisen from the pilot to justify including LTSS into KanCare, then it is reasonable to conclude that the purpose of including the HCBS dollars in KanCare is purely financial – i.e. to enable MCOs to undertake as yet unidentified strategies to cut HCBS spending by roughly \$100 million dollars.

### **Guaranteeing Access to Services and Ensuring Quality:**

Part of the CMS process for approving substantial changes to the system that supports this vulnerable population should be a requirement that details will be provided about how long term supports and services will be improved while the system saves money over time. Simply stating “better services at lower cost” is a nice advertising slogan, but isn’t enough to defend a decision to change all that Kansas has built to support people with I/DD.

### **Maintaining the Current Successful HCBS/IDD Infrastructure:**

The current home and community based services (HCBS) model for IDD/LTSS has been very successful since its inception in the late 1980s. The combined effort of federal and state officials to partner with community organizations has been met with deep and appreciative satisfaction by consumers and their families.

Any changes to the HCBS must keep community organizations at the heart of the LTSS system for I/DD Medicaid beneficiaries. These organizations have shifted the LTSS services from an institutional funding model to a non-medical home and community based model– a far more satisfactory and efficient model for all parties, including the state and CMS. (In Kansas today, spending per person - in unadjusted dollars – for IDD services is less than it was 15 years ago.)

We are deeply concerned about the proposal to shift responsibility to for profit companies who specialize in medical care. The principle step taken to create the HCBS model for persons with I/DD was to remove those services from the medical management model which dominated Medicaid at that time. If CMS approves the State plan to carve IDD services into KanCare, it would be a reversal of the successful approach that has been in place for more than 20 years – a reversal of the single most important Federal policy initiative that has ever been adopted for persons with I/DD.

## **Operational Considerations:**

The current KanCare program, in place since January of this year and co-managed by the State and three national insurance vendors, is not fully functional, even after many months after having been pronounced by the State to be operational. For example, the billing/reimbursement protocols – scheduled to be fully operational for the entire IDD/LTSS system serving 8500 persons in January – is not yet successfully operational for the 500 or fewer persons involved in the pilot.

## **Conclusion:**

ACCSES strongly recommends that CMS not approve the Proposed 1115 Waiver Amendment by the State of Kansas to incorporate long term services and supports (LTSS) for persons with intellectual/developmental disabilities into the State's managed care program known as KanCare.

Thank you for consideration of our comments. Please feel free to contact me at [TRFarmer@accses.org](mailto:TRFarmer@accses.org) or 202-349-4259 with any questions.

Sincerely,



Terry R. Farmer  
CEO  
ACCSES

CC:

Kathleen Sebelius, Secretary  
Cindy Mann, Deputy Administrator and Director  
Barbara Edwards, Director Disabled and Elderly Health Programs Group  
Kathy Greenlee, Administrator  
Sharon Lewis, Principal Deputy Administrator