

To: Special Committee on Target Case Management

Representative Will Carpenter

From: Michael and Marcia Robinson

Parents/Guardians of Brian Robinson

Subject: Target Case Management for IDD Medicaid Clients

We are parents of a fifty-one-year-old physically and mentally handicapped son. He seizure after birth and at age of 3 was diagnosed with a brain tumor. He had surgery and radiation but was left with right sided hemiplegia. He is non-verbal and uses a wheelchair for mobility in most situations. We are his primary care givers and have been his whole life.

We are very supportive of maintaining Target Case Management for IDD clients. We feel case management is the heart of our sons care system. The Target Case Manager is the only one in the system that personally know the client and family. They complete and update his person-centered care plan, seek resources for areas of concern, schedule Basis Assessment, get permission to speak to all agencies on our behalf, keep Brian's complete record of state required and legal documents, plan future needs and end of life planning. We see them as the state quality assurance person that monitors Brian's progress and needs by visiting in the home or phone call to check on client.

We consider this service vital to the success of Brian's needs being met. Our Medicaid (Sunflower) representative only deals with health care needs and not all the other issues that contribute to Brian's life being meaningful. Parent, clients need this person as a resource that ties together all the supports the state and our community offer. We can not imagine caring for Brian without Target Case Management. We respectfully believe that to be a grave mistake for the state to eliminate this vital person to those with intellectual disabilities.

We do not feel there is any conflict of interest in case managers being housed in a provider setting. Each year we are given updated service guide by the Basis Screener from CDDO. Families and clients can see who provides services and seek them out or call case manager and they will arrange visits. We have changed case management services before and are very happy with Target Case Management located in TARC facility. Clients and families are familiar with TARC advocating and supporting clients with intellectual disabilities. It seems only beneficial to have the resources and collaboration available to help resolve problems and learn about the services provided. Services will only be as good as **those** who provide them, not where they are located. We must make clear, in our long association with TARC and the case managers located there; have we ever been approached or solicited to retain TARC services over any

other provider. We have great trust in TARC's mission and support their vision for our son's needs and care.

We are very grateful for our son's state funded services and for your interest in seeing individuals with intellectual disabilities removed from waiting lists. Without Target Case Management it will be difficult for clients and families to navigate a complex system and to be informed as to services needed. The disruption of changing case management because of conflict of interest seems unnecessary, costly and will be devastating to clients and families.

Dear Senators and Representatives,

I am writing to you as both the sister of a person who has received TARC Inc Services as well as a current Targeted Case Manager. I have a brother with cerebral palsy, who passed away last year. During my brother's life he had ample opportunities for choice in his services. My parents were his guardians but never made any decision for him without first discussing it with my brother. My parents and brother chose TARC Inc for his services throughout his adult life. They were one of the first families to choose Targeted Case Management when it began at TARC Inc in the early nineties. Mine were one of the first families to choose TARC Self-Determination for Day Services when the program opened. Every year since that time they have been given options counseling and always had a choice to change TCM or Day services. They have been advised of their rights to choose due to TCM, Self Determination, and the CDDO advising them of their rights. My parents knew how difficult change would be for my brother, but they continued to inform him that if he was not happy with any of his services, they would seek out a different provider. He never exercised his right to choice in 32 years of service with TARC. While this is currently viewed by some as conflict, to have both of his services in one organization. TARC Inc. was who my brother and parents trusted to be his advocate. They knew that if he needed new equipment, home modifications, a new personal care attendant, etc. that his TARC TCM and Self-Determination team would do what they could to assist him in choice as well as obtaining the support he needed. TCM would guide my family through the changes in Person Center Support Planning and BASIS screening documentation, as well as many other areas that were above and beyond services and support usually provided. This was the reason they chose TARC Inc. for so many years.

As now a current TCM of TARC Inc, I work daily to assist individuals and families with their support and service needs. I have individuals on my case load that are very similar to my brother in that they have been with TARC Inc. since the early nineties. For some of those individuals they began children's services when they were young, and this too played a role in choosing to continue with TARC services as my brother aged. In our experience, TARC Inc. holds the services they provide to a higher standard of care. As a TCM I am required to ensure that I have monthly contacts by phone, email, text, etc. and quarterly in-person contacts with the individuals that I serve. This ensures that we know our families, support and service needs, as well as just getting to know our families so that when an issue does arise, I am able to advocate for what is needed, whether it be service or support. When it comes to assisting with finding a provider, the SNCDDO provides options counseling and later the family will inform me of the places they are interested. I provide any additional documentation they may need, and I answer any questions specific to all services. If a family requests my input, I tell them I cannot provide any information or give an opinion, but

that they can speak with the SNCDDO to obtain additional information. This allows me to be neutral and not create a conflict of interest. When it comes to monitoring services, if I find that a person's lifestyle preference is not being followed in accordance with their person-centered support plan, I will then call a meeting to discuss what can be helpful to resolve their concerns and to correct the situation. The support team will then work to find a solution along with the person. If the service provider continues to not address and correct the issue after several attempts at searching solutions, the CDDO is contacted to collaborate and assist with the situation. I will review the person's rights and responsibilities with them to see if there is a solution the individual may have. If the person or their guardian inform me that they want to change service providers, I will notify the CDDO to provide options counseling. Every attempt is made to resolve any issue that may arise between an individual and their service provider before options counseling is requested. This eliminates conflict of interest and bias towards any providers.

As a previous family member of a person accessing services within one organization, I found that opportunities for a person to have all services streamlined added to building relationship and trust. While I do see that potential for conflict might seem greater for an organization where several services are offered, the quality oversight of these organizations is greater, minimizing the risk. More still, conflict that does happen outside of organizations has less oversight with minimal requirements such as a board of directors, unlike like that of an independent agent. An example of this is when I first began my career as a TCM, I had an individual that was being encouraged by the day service provider to leave TARC and move TCM services to a different TCM agency. The provider believed that an agency that the provider knew better would be best, so within a few months of beginning to work with this individual, the provider requested to have TCM services moved to another TCM agency. This was in conflict of interest because all providers as well as TCM should be non-bias and conflict free. My organization holds their TCMs and services to the highest standard to avoid any conflicts and I believe them to be held to additional heightened scrutiny by the state of Kansas because of having several service offerings.

TARC Inc. TCM has been around since the beginning of the TCM services in Kansas and to now require individuals that also chose TARC Inc. Day services, Self-Determination, and TIES would cause them to make choices that they do not want to make. They have chosen TARC because they trust the services they receive. Choice is offered at any time the person requests and formally as an annual quality assurance. Many choose to continue with their current providers and others may choose to change providers – but they always have choice. I appreciate you taking the time to read my testimony.

Thank you, Tina Ruecker

To: Representative Will Carpenter and Special Committee On Targeted Case Management

From: Lee Anne & Steve Skinner  
Parents of Jamie Hester

RE: Why Targeted Case Management is important to Kansans with IDD

Let me take a moment to thank you for the previous support for Kansans with IDD. Our son, Jamie Hester, was born with Cerebral Palsy with no functional use of his limbs, but he had a very good mind.

He got his schooling from Capper Foundation and Topeka West High School. After he graduated from both schools, there were no services for him anywhere. No One to help us figure out what to do, where to go, how to help him pursue the interests in his life. Jamie missed all of his friends from school. Steve and I worked full time to make ends meet and needed a personal care attendant to help us, special equipment for Jamie to continue his education and for him be able to get out to interact with other people in the community. He couldn't write, his speech was hard to understand, he was wheelchair bound, had no trunk control to sit up by himself, but he had a great smile and had so much to share with the world. We always believed as a family that he would learn from people and people would learn from him.

We are extremely thankful that a year or two later The Self-Determined Program was created at the CDDO at TARC. Jamie was assigned a targeted case manager that was able to guide us in the right directions of getting personal care attendants, wheelchairs and other equipment, educational programs on the computer labs, to get out in the community, meetings with our case manager to help us give him the opportunities to live a fuller, more productive life. The Targeted Case Manager was able to check out so many other services for him. We were not lost again trying to figure out what to do in our daily lives for all of us to survive. It sure helps to have the targeted case manager there to help you figure the special needs that are available to be obtained. You are not alone.

I don't know how we could have made it through those daily challenges all those years without them. Jamie passed away last October, he was 52 years old, a very outgoing young man that loved life and his family. We are very thankful for the help we had. We hope that you will continue to give other Kansans with IDD the opportunities to lead a fuller life through the help of the Targeted Case Manager. That way, they and their families won't have to try to survive alone and will have a meaningful life.

Thank you for your time.  
Respectfully submitted,

Lee Anne & Steve Skinner