

October 2, 2024

TO:

Representative Will Carpenter, Chair
Special Committee on Targeted Case Management

FROM:

Mary Kennedy, Co-Guardian for person-served and former TCM at TARC, Topeka, KS

October 9, 2024 Legislative Committee Hearing on IDD Targeted Case Management

Good morning and thank you for allowing me to briefly share this morning concerns I and others have regarding this important topic. We do very much appreciate the support each of you give to Kansans with IDD.

I am a bit unique in that I have the shared experiences in being a family member (sister) of a person with severe IDD, a co-guardian (with my father), and I also served for a year as a TCM. My family and I have been active in the support of my brother throughout his fifty-four years. He lived at home with us, then at KNI, and has been at the same residential provider, SLI, since 1991. He has had TARC day services and TARC case management for these same thirty-three years. We see no conflict. We know we could change providers at any time. We personally feel that by us being forced to choose between a day service provider and case management provider that his/our choice is being taken away. This is an extremely unfair position to place providers and families/guardians in. Even in Topeka, one of the largest cities in Kansas, there is an extremely limited number of TCM providers. We would not be able to use SLI or TARC for TCM services as my brother receives day and residential services from each of them already. To put it bluntly, this does not make sense.

If this requirement is fully implemented, or even partially, then funding will need to be increased to support the creation of new TCM providers. Providers and TCMs are already over-worked. We cannot expect them to continue to serve, and serve well, with even larger caseloads.

I have no problem stating that I personally have conservative leanings. I believe that tax money should be spent well. Providers and TCMs should work hard. As Kansans we are responsible to fund the lifespan, and this funding includes funding those who provide services to Kansans with IDD; TCMs. If providers are required to divest services new TCM providers are most likely going to need to be created. The TCMs cannot have huge caseloads. Funding *must* be provided by the State.

I will close with a quote from a favorite book of mine I read years ago. It tells the story of a man who was repeatedly told by supervisor “we will do more with less” (finances/staff numbers). The man finally told his supervisor “No, we will do *less with less.*” TCMs serving Kansans with IDD will ultimately have to do less with less if CMS requires providers to divest services and no additional funding is provided.

