



ASSISTING INDIVIDUALS WITH DISABILITIES ALONG LIFE'S JOURNEY

2928 North Rouse. P.O. Box 297. Pittsburg, KS 66762

Chair- Representative Will Carpenter  
Vice Chair- Senator Beverly Gossage  
Legislative Committee on TCM Conflict of Interest for I/DD HCBS Waiver Services  
October 9<sup>th</sup>, 2024

Good afternoon, Committee members.

I want to thank you all for taking time out of your day in the middle of a busy election season to attend today's session. With a special thanks to members who know the population we serve well and have advocated to help agencies across the state meet the needs of individuals with developmental and intellectual disabilities. My name is Bayley Gregory, and I am the Director of Targeted Case-Management for a small non-profit organization in the corner of southeast Kansas called Class LTD. We serve HCBS recipients for the I/DD waiver in Cherokee, Crawford, Labette, and Montgomery counties. Class provides residential, day and TCM services both internally and externally. I am here today to speak with you about the perceived conflict of interest that CMS has required KDAD's to address, and the recommendations that PCG has presented in an effort to assist KDAD's in mitigating this conflict. Of the 4 topics; 2 of them and the potential impact on HCBS I/DD service recipients are the focus of my testimony today. I would like to start out by giving you a little bit of background information both about myself and Class LTD. I am what most would consider new to the field of HCBS I/DD services and have been working with Class LTD as a case manager since 2019. I have worked in several fields throughout my life, beginning at McDonald's when I was 16 and only needed gas money as well as working as a travel agent, surgery assistant, and CNA/CMA. Out of all those jobs, working with individuals with intellectual and developmental disabilities has been the most rewarding. It has not only provided me with the opportunity to help someone improve their life, but they have given me a purpose and a sense that one person can slowly change the world, even if it is through the smallest acts.

Class on the other hand is getting ready to celebrate their 50<sup>th</sup> Anniversary of service to the communities in which we are a part. Class has provided both services and Targeted case management for many years and to many individuals, one of our longest served clients began with Class in 1977 and her family was instrumental in creating the Class agency that we know today. Class LTD. has always made our individuals the priority of the business. The longevity of these working relationships has helped to cultivate bonds, trust, and a feeling of acceptance for our individuals.

Now we are at the point of a pivotal decision not just for Class but for all agencies that provide a combination of services and the individual's receiving those services. I would like to focus on the individual's first and we will get to the business impact shortly. One of the primary roles for a TCM, in my opinion, is to advocate for the clients; how they would like to live, places they would like to go, resources they may need connected to, and to communicate when they or their guardians feel like their wants/needs are not being met. My team advocates fearlessly for our individuals both within the Class agency and others who receive case management services only. We are not recruiters that try to increase Class's service numbers. We often tell clients and guardians that are dissatisfied with or want to explore services that they have the freedom of



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choice to attend the programs they would like with any provider of their choosing. In my initial meetings with a new TCM client I ask them what they want, how they want to change what they are currently doing, and then do the best I can to connect them with a service agency that will best meet their needs and help them accomplish the goals that they have, regardless of what agency signs my check.

If KDAD's chooses to follow the recommendations of PCG and not allow agencies to provide both services and TCM to the same individual, then we will have to go back to our clients and guardians and explain to them that we want the individual to have all the freedom of choice they would like except for which agencies they would like to receive their HCBS services from. We will be forced to explain to clients that we have built the support systems with and advocated fiercely for, in a lot of cases for 5, 10, 15 years, that they now must choose if they would like to continue with the case manager they know and trust or change to another agency and meet an entirely new person or change their residential and/or day service provider and move to a new facility with potential new roommates and/or attend a day service program with an entirely new set of peers, staff, and agency they do not know. While I don't think forcing this choice is a personal attack, I do find it insulting that the perception by some seems to be that someone who chooses to work as TCM, would knowingly direct someone to the agency they are employed by and would not be integrous enough to do what most benefits the individual's they carry on their caseload.

The other recommendation by PCG that KDAD's has focused on is telling agencies that they must divest from providing all services. I know that for Class the choice would be crystal clear from a business perspective, they would dissolve TCM, leaving my team and I unemployed, leaving 280 clients without a TCM. I am sure there are other agencies that would have to make the same choice because, at the current reimbursement rates, it is not fiscally solvent to think you would stop providing day and residential services and convert to solely being a TCM agency. It is also not financially feasible to think that a current TCM could leave the agency they work with to start an independent TCM agency and be able to provide things like a competitive wage, health and retirement benefits, or the current recommended caseload of only 25-35 clients.

Therefore, this option inevitably presents an entirely new set of problems for the HCBS I/DD waiver system, if several agencies are forced to make the same choice the result will be excessively high caseloads for the remaining TCM agencies increasing burnout and lack of staffing when agencies are already struggling to fill open positions or by creating a void that may or may not be able to be filled, eventually.

My final thoughts are that we must continue searching for a middle ground as a solution to the problem, we must continue exploring alternatives not just for agencies sake's but for I/DD individual's sakes, these proposed changes have a huge impact on their everyday lives and may in some cases cause the individuals that we have worked with and encouraged to advocate for themselves because their choices matter to feel once again silenced and unheard. I implore you to encourage KDAD's to discuss with CMS how we encourage the freedom of choice and have already worked to mitigate the conflict of interest by having MCO's write the individual service plans and TCM's write support plans and by having CDDO's to provide options counseling at annual meetings and discussing with individuals, service providers, and case managers that an individual has the freedom to change any aspect of the HCBS services at any point for any reason so they can live the lives they choose!



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Respectfully,

A handwritten signature in black ink that reads "Bayley G". The signature is written in a cursive style.

Bayley Gregory  
Director of Case-Management