



Starkey, Inc., 4500 W. Maple, Wichita, KS 67209

Date: October 9, 2024

To: Representative Will Carpenter and Members of the Special Committee
on Targeted Case Management

From: Colin McKenney, CEO, Starkey, Inc.

Re: Opposition to Proposed Changes to the Kansas TCM System

Good afternoon, Chairman Carpenter and members of the Committee.

I am Colin McKenney, and I serve as the CEO for Starkey, Inc. in Sedgwick County. Starkey currently serves almost 500 people in one or more services each year, and just over 300 of those individuals receive Targeted Case Management services from us. My comments today in opposition to the proposed changes to our TCM system clearly reflect my concern for those 300 people, but also for thousands of individuals across the state who would stand to lose one of the most important relationships they have.

Each of the 27 CDDO areas in Kansas is a little different, and so there really isn't a single way of doing things that works everywhere. Sedgwick County's CDDO is a totally independent entity within Sedgwick County government. It doesn't provide case management or other Medicaid services, and oversees a network of providers to help ensure those who are eligible for services have freedom to choose one or more providers that are a good fit for them. The CDDO is the local authority that is responsible for determining eligibility, allocating resources, ensuring informed choice of providers, administering annual assessments, and monitoring the quality of services that are provided. Because there are so many protections already in place, I have long questioned whether our system would require any change to meet federal expectations. Since I have never received an answer to that question, my assumption is that the Centers for Medicare and Medicaid Services (CMS) has never been asked if TCM services in some or much of the state already meet expectations and may not need disruptive changes.

A few years ago I asked participants in a teleconference what value separating TCM from other services would provide, and an outspoken critic of our TCM system suggested that a case manager who works for the same organization that provides day or residential services would be less likely to report incidents or problems about those services. While I do appreciate that someone finally tried to answer my question, I disagree with that person's opinion. When one of our case managers is working for someone who has another service with us, they are far more likely to have direct interaction with that person on a regular basis and be in a position to identify incidents or problems with their services. An external case manager may only spend time with someone on their caseload a few times each year, and so they really would not be in a better position to help address problems that may come up throughout the year.

Ultimately we all understand that the Medicaid dollars that the federal government provides to fund these services give CMS the authority to help determine how our system should function. Unfortunately it is unclear exactly what has been communicated to or from CMS about how we provide case management, and how that may or may not meet CMS expectations. My understanding is that a legislative request for documentation from CMS concerning the need to make sweeping changes to our system failed to produce any such communication. My recollection is that it has been common practice for CMS to send the state a clear and specific letter if federal officials have concerns about some aspect of our Medicaid program. In those situations I believe our state officials would respond in writing, so the issue under scrutiny and the state's response to that were all available to review. The lack of that sort of documentation to drive this degree of system change seems unusual.

While I have provided some of the background that brought me here today to question the need for this change, I really haven't yet provided much detail about how this massive system change will affect people. Here are some of those details:

- While it is not yet clear if Starkey would end its case management program entirely or perhaps just stop providing TCM to individuals who receive another service from us, it is clear that hundreds of lives would be affected. Nearly 200 of the 300 people who receive TCM services from Starkey would either have to look for another TCM provider, or change other services they receive from Starkey to another provider. Either of those changes would create a major disruption in someone's life, and could mean the end of relationships they have relied upon for more than 20 years in some cases.
- It would also be a big adjustment for our case managers if they no longer had those long-standing relationships. While that relationship is not supposed to be about being a friend to someone on their caseload, the relationship is very personal and would result in a feeling of loss if that relationship comes to an end.
- Of course our case managers would also wonder if there will still be a job for them if we have to dramatically reduce our TCM program or end it entirely. Their jobs are the key to their income, their benefits, their retirement plans, their work relationships, and in many ways their identity. It would certainly be confusing to receive praise for a job well done, while also learning that your job will no longer be there for you.

The system changes being proposed by KDADS may seem like a quick and clean way to address possible concerns from CMS, but there is too much at stake to decide that the nuclear option is the best path forward. I have provided my thoughts about why I believe that, but let me close with thoughts from individuals we serve and some of our guardians who do a better job of explaining why we need to do all that we can to maintain existing relationships with case managers:

"Jason is having to face enough changes with his own mind on a daily basis due to dementia, so he doesn't need the state taking away what has been the constant factor in his life."

- *Family member*

"My [former case manager], she knew what I'm going through. She was in our family for a long time and when I got the letter that she wouldn't be my case manager anymore, it brought me to tears. We had a really good relationship."

- *Person served*

“If I had to make a change, I wouldn’t be a happy camper. [My case manager] means a lot to me – he is very understanding and willing to help. He has helped me get out of my shell. He is more than just a case manager – he’s my friend. He goes above and beyond.”

- Person served

“Travis has already experienced a lot of losses in his life. His case manager is a part of him. We get to choose the friends we make, we can choose where we want to go. Travis can’t. [His case manager] has meant the world to him. When he has a hard time, his case manager goes over and talks to him, and just knowing that she is a phone call away and close by has really helped him, so it’s important that the stability is there. And I don’t understand the conflict of interest – when he wanted to go to [a provider other than Starkey] for a day program, she helped him do that. And he got homesick for Starkey and came back, but there was never any question about that and it was never a big deal. This should be about relationships and the stability that people need.”

- Guardian