

TO: Representative Will Carpenter and Special Committee on Targeted Case Management

FROM: Jeffrey Whittier, Director of Support Services, Cottonwood, Inc.

RE: Proposed Targeted Case Management systems changes

For KDADS, addressing perceived conflict of interest in Kansas's I/DD Targeted Case Management (TCM) system is easy. It merely requires paperwork, meetings, consultations, and most other administrative tasks you can imagine. For those relying upon an increasingly-fragile network of TCM services, and for those who provide that service, however, it's hard—potentially devastatingly hard.

For the past 15 months, KDADS has chosen to reactively address concerns raised by CMS regarding compliance with conflict-free case management regulations, instead of proactively addressing these same concerns when they have been raised for the past 15 (or more) years. In those 15 months, and via an outsourced consultation with PCG, KDADS released three recommendations for systemic change to TCM services to bring Kansas into compliance. The recommendations are easy. In fact, they are so easy, they were essentially given to KDADS in stakeholder workgroup meetings held prior to PCG's TCM study. (See attached; "KDADS Waiver Renewal Input Report for Conflict of Interest Work Group") Now, the hard work begins for providers and consumers of this vital service.

That hard work will take many forms, such as: TCM leadership providing reassurance and emotional support to individuals served and family/guardians, as well as anxious and overwhelmed case managers worried first and foremost about the impact on individuals served and secondly about their own career futures; Providers formulating contingency business plans if TCM is forced to separate, including budgetary implications, workflow changes, and licensing considerations; Individuals and families making decisions about which service they value more, TCM vs. Day, Residential, and Supported Employment, when choosing providers. On top of this work—made infinitely harder by a lack of clear leadership and information from KDADS—all of the rest of the hard, day-to-day, work must still be completed, because the individuals relying on I/DD services have a right to dignified, high quality services of their choosing, regardless of who provides any particular service.

In the Cottonwood CDDO, there are a total of 14 TCM providers, four of which are agency-based, including my employer, Cottonwood, Inc. Cottonwood, Inc. provides TCM services to 311 individuals, as of this writing. The remaining 13 providers serve 293 individuals collectively. Also as of this writing, only three providers other than Cottonwood are accepting referrals for new TCM consumers. If KDADS' preferred plan to address the perceived conflict of interest—full provider separation of TCM and HCBS services—were to go into effect today, Cottonwood's closure of TCM services would alone result in 56% of the individuals in Douglas and Jefferson Counties receiving TCM services needing to find new TCM services, with only those three providers currently open for referrals. It is estimated that 60% of the TCM consumers in the state receive their services through agency-based TCM providers. Impacts similar to those I described above will be repeated throughout the state.

None of the nine case managers whom I supervise at Cottonwood has expressed an interest in establishing a non-agency-based TCM provider to help absorb such an impact. They tell me they love the work, but have no interest in running a business. Working in a stable employment environment allows them to focus solely on the needs and wants of the individuals for whom they provide TCM services, improving the quality of the service rendered. I share their sentiment.

KDADS will continue their easy work of writing policy and (rarely) articulating it to providers, while providers continue their hard work of helping to ensure that the most vulnerable Kansans have stable services in spite of well-meaning, but poorly-implemented efforts to rapidly and unpredictably alter the fundamental structure of the I/DD system in Kansas. As John F. Kennedy famously said, regarding the mission to land a man on the Moon, "We choose to go to the Moon... not because [it] is easy, but because [it] is hard...." The past 15 months have demonstrated to me that no one in a leadership role on this issue at KDADS has ever really listened to that speech.

Thank you, Chairperson Carpenter, and esteemed members of the Special Committee, for your past, present, and future support of the fragile but essential I/DD system in our state. Your work to help pass a desperately needed TCM billing rate increase in 2022, after 15+ years without one helped stabilize that system and ensure that a broad range of possible TCM arrangements are available to consumers. Much of that hard work will be for naught if mitigation strategies for perceived TCM conflict of interest are rushed through. KDADS will tell you that time is of the essence. It's hard to say why it hasn't been previously. Please consider any potential legislative relief that can be offered to overwhelmed individuals, families, caregivers, and licensed providers.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jeffrey Whittier', with a stylized, cursive flourish extending to the right.

Jeffrey Whittier

Director of Support Services

Cottonwood, Inc.

**COMMUNITY ENGAGEMENT INSTITUTE  
CENTER FOR APPLIED RESEARCH AND EVALUATION**



**KDADS Waiver Renewal Input  
Report for Conflict of Interest Work Group**

**Prepared by Tara Gregory, Ph.D.  
May 2023**

## Analysis of Input Regarding Waiver Renewal

The following represents the qualitative analysis (i.e., theming) of the comments provided through an online survey regarding areas relevant to I/DD Waiver Renewal. Two questions were asked for each area (areas correspond with Work Groups) and themed by question. Quotation marks were used when exact quotations were taken from the comments. Otherwise, the themes below represent a summary of comments for "Conflict of Interest."

### CONFLICT OF INTEREST

Question 1. For Conflict of Interest in CDDO and TCM - If this were to work perfectly, what would happen? If you've seen examples of this working well somewhere else, please add any comments about that here as well as why you think it worked.

#### Themes

- Full separation of entities, funding, procedures, forms, etc.
  - CDDO and TCM needs to be separated from the provider.
  - Appropriate funding for CDDOs, TCM, case managers, etc. to allow for separation.
    - Rate changes to support separation
  - CDDOs should be overseen and housed under county government - not with providers
  - People should receive functional assessment services from a provider separate from TCM services.
- Look to regional centers in places like Missouri as model
  - Example of alternatives from Missouri and South Dakota -
    - Missouri had beneficiaries pick a TCM that was not their day/res provider.
    - Missouri went through difficult process of un-conflicting TCM agencies. Through the process, it was discovered that the individuals that had been with conflicted TCM agencies also had other services (day/res) were entangled with their TCM services. TCMs from those providers often provided supports that were not billable through TCM. If CDDOs can get unconflicted, they should ultimately become the local TCM service.
    - South Dakota - RFP was done to select TCM (most providers chose to remain residential).
- Better training for TCM and case managers due to complexity of navigating the system; KDADS training needs to be current (not outdated as it is currently)
  - Turnover of case managers at CDDOs causes disruptions since the job requires extensive knowledge
- Do away with TCMs in favor of MCO CC's; at least fully separate TCMs from provider - "in-house TCMs with a provider becomes a closed system"
  - MCO TCMs/case managers provide duplicative services (e.g., assessment is similar to BASIS) given what CDDOs provide

- **Dr. Gregory's note:** I don't understand this well enough to theme it: Large providers that employ TCMs would not have to stop providing TCM services, the TCMs would just have to serve individual's that receive their other services from other providers."
- CDDOs take more active role in helping people navigate system from diagnosis to SSI and other systems;
  - Could CDDOs provide TM
- Need to ensure standardized interpretation/implementation of Medicaid standards across CDDOs; agreement between CDDO and KDADS about role of the CDDO
- Could use fewer CDDOs and standardized per capita number of persons served
- Concerns re: practices of MCOs/Care coordinators – Data reported by MCOs to the State and families is often misrepresented data or there isn't viable data re: the success and quality of service delivery.
  - The State is not talking directly to families.
  - An independent audit from the State directly to families at least once per year would solve a lot of this issue. TCMs could be helpful in this process as well.
  - Fines or penalties given to the MCOs when service delivery isn't at an 80% success rate would also be advised.
  - Institute a percentage cap on agencies receiving PCA/Tier 1 nursing support so PCAs and nurses can make more of the Federal Medicaid reimbursement rate.

Question 2. For Conflict of Interest in CDDO and TCM - What is currently working well in this area and should NOT be changed?

### Themes

- TCMs are vital but should consider...
  - TCMs need more training
  - Independent TCMs should be allowed to continue – they shouldn't work for just one entity
  - TCMs are not impartial and families don't want both a CC and TCM; TCMs and CCs do duplicative work
  - "TCM only agencies (that are not associated with other services) do work out better for individuals for the most obvious reasons. It is hard for a TCM from a conflicted agency to advocate against their provider of residential/day services - biting the hand that feeds."
  - There needs to be less turnover/more consistency of TCMs – TCMs who've been around for a long time are most effective and provide families with the most trustworthy, reliable assistance
    - "It would be nice if an individual who has been with a TCM provider for 10+ years have the option to opt out of changing service due to being "grandfathered in."
- CDDOs are vital but should consider...

- “CDDOs and TCMs are vital for people accessing the IDD waiver. Recent history has shown that attempts to remove and/or replace them with MCO functions have not had good outcomes for persons served and CMS has been unhappy with the MCOs' implementation of their bare bones PCSPs.”
  - CDDOs acting as a mediator between guardians, parents, individuals and providers and case management works well
  - CDDOs providing functional assessments but NOT providing TCMs works well
  - CDDO being the single point of application, quality assurance, affiliation, functional assessment works well
- CDDOs housed within larger providers are an issue – CDDO staff can't work without feeling of “being watched” by provider; Oversight of policies, payroll, etc. comes from provider
  - Standalone CDDOs (like those housed within county government) work well
  - Even where CDDOs have strict standards about separation between itself and a provider it's housed with, it would still be better to be physically separate
  - Example of something that works where a CDDO is housed with a provider: CDDO is housed at a provider that offers Day, Res and TCM. The CDDO offers choice to all individuals in their catchment area once a year, typically at the individual's Functional Assessment. The CDDO offer services from all providers without bias. Individuals are able to change providers at anytime by contacting the CDDO and filling out a new options counseling form.
- Experienced case managers are valuable; need more well trained case managers that act as advocates for families

Dr, Gregory's note: NOT SURE WHAT THIS MEANS: The only time it works well with CDDO is a service provider is when the Executive Director of the agency use the CDDO to benefit itself.

## About the Community Engagement Institute

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**Wichita State University's Community Engagement Institute** is dedicated to improving the health of Kansans through leadership development, research and evaluation, organizational capacity building, community collaboration, and public health and behavioral health initiatives. The Community Engagement Institute maintains six Centers with skilled staff that work directly with community coalitions, nonprofits, government entities, health and human services organizations, and support groups. The Centers are:

- Center for Applied Research and Evaluation
- Center for Behavioral Health Initiatives
- Center for Leadership Development
- Center for Organizational Development and Collaboration
- Center for Public Health Initiatives
- IMPact Center

**Want to know more about this report? Contact Dr. Tara Gregory at [tara.gregory@wichita.edu](mailto:tara.gregory@wichita.edu)**