



AbilityPoint

Serving Individuals with Intellectual & Developmental Disabilities

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

Fr: Kevin Fish, AbilityPoint Executive Director

Re: Targeted Case Management

I want to first again say thank you for your support and commitment to Kansans living with intellectual and developmental disabilities and to their families and our IDD network of service providers. The last several sessions have seen much needed progress in reducing the waiting list, supporting organizations and providing greater supports to those we serve.

The Special Committee on Targeted Case Management was created because you understand that there are concerns around proposed changes to Targeted Case Management and the impact that it will have on those we serve, their families and our providers. You will undoubtedly hear from families worried about losing their case manager and the connection to the services their children depend on. You will also hear from providers on the impact it will have on their organizations in service delivery and financial stability. At AbilityPoint all these are of concern to us, but we are also in a very different place to many organizations you will hear from.

AbilityPoint does not offer day and residential services, though we serve thousands of individuals each year. We partner with and provide a variety of social, recreational, and educational activities open to all area agencies and those not yet in services. This means that we overlap in families who can and will be impacted and we hear their concerns.

We are also one of the largest Targeted Case Management providers in the state serving 720+ individuals in Sedgwick and Butler counties. Though we do offer some Personal Care Services through our youth programs which would be impacted; one of the larger unique concerns we have is the potential influx of families needing a new TCM provider.

When a large area provider decided to close their TCM program due to the financial losses they were subsidizing and because of the discussions around the impact of the conflict-of-interest changes being proposed, nearly 200 individuals had to find a new case manager. This transition saw 48 individuals request AbilityPoint, overflowing our caseloads in an underfunded department. Our TCM team worked incredibly hard to get 4 dozen new individuals through the intake process and to ensure their plans were up to date and needs met while these new clients were coping with a forced transition.

With the new families to serve there was an increase in workloads and needs to be served, but no new revenue. In incremental billing (unit billing), a TCM can only possibly bill so many hours in a week. If they have 30 or 50 on their caseloads, their available time will not fluctuate much and what is deemed a billable activity is limited. An encounter billing method (per person monthly rate) would have brought additional funds to the organization making it more feasible to hire additional case managers. This billing alternative is not currently an option, so we would see a very similar reality.

The increase in the TCM rate in 2023 helped us retain our amazing case managers, but also to add to our team making caseloads more manageable and providing better service to those we serve. We are concerned what impact it would have on our team to once again be overloaded and feel like we cannot provide the quality or level of support we are committed to providing.

With our connection to so many families, we have been told that if they are forced to change their case management provider, they would choose AbilityPoint. Though we appreciate the relationships that bring people to us, we cannot absorb another mass influx of individuals within a few months' timeframe. The impact just in Sedgwick County would be significantly more with a half dozen impacted agencies vs just one.

Those we serve want to have the right to choose their Targeted Case Manager. For those who choose to have a case manager where they also receive other key services, it's because that is the best support for them. They like that their case manager is more available to check on their loved one or can easily reach a day or residential service manager or director by walking down the hall.

For our service system the mass change that would be required would create ripples of financial instability and overloaded staff. We hope that the state will work with providers to develop a reasonable process to address concerns, to allow choice and to strengthen our TCM network.

Thank you for your consideration,



Kevin Fish
AbilityPoint Executive Director