

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

FROM: William & Rebekah Burns, Shared Living providers

RE: Targeted Case Management

Mrs. Burns and I have been the beneficiaries of Targeted Case Management for as long as it has been in place in our context. We have been Shared Living providers for six different persons with IDD, starting out as respite providers in 1991, then quickly moving into full time care providing. So we have seen the dramatic difference that TCM makes in our ability to provide high quality care for the persons who we have had the privilege to serve.

In our most recent placement, we have navigated complex circumstances of medical and especially end-of-life/hospice care having to work closely with hospitals, other service providers and doctors and nurses. During this time, we were ably assisted with obtaining services and navigating the ins and outs of these challenges by our Targeted Case Manager. We can't imagine how much more difficult that would have been without her help, or having someone who wasn't familiar with the services and systems in place in our local area for our person.

But we live in the comparatively large city context of Kansas City. Most providers in Kansas may not be as well situated as we are here. Kansas is different than the rest of the country in this respect. But not everyone has the luxury of being in a major metropolitan area like we are. But even here, the advantages of having someone closely connected to our situation is a key to unlocking services and being able to deftly maneuver in the networks of providers and services we, as front-line providers are not likely to be familiar with like our TCM is. I can't imagine being able to be as successful, especially in times of great stress and difficulties like we have just recently endured, without that able assistance. At no point in these past few hard times have we ever thought that our TCM didn't always have our family's best interests at heart.

We have already established ethical standards in every line of business and every sort of professional work. These standards are already in place to address conflicts of interest without additional rules that seem to start from the assumption that Targeted Case Managers and their overarching organizations are somehow self-interested. We would hate to be serving as providers in a more rural, far-flung portion of the state only to be told I need a TCM from somewhere else to help, someone who may not be familiar at all with resources in our area, simply because of a potential conflict of interest. That seems to sell short truly dedicated professionals who are already doing the hard work, because they love and want to serve the people like ours who have such complex needs already.

We want to thank Representative Carpenter and the Committee on Targeted Case Management for serving our community and for your work on this matter. We hope that our testimony aids in their decision on this matter and that your decisions keep the true interests of our IDD community and those of us who are the beneficiaries of Targeted Case Management squarely in view.

Sincerely,

William T. & Rebekah J. Burns