Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Community Transition Programs ran by CPS 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. State/National CPS (Certified Peer Support Specialists) Database for organizations to access. 6. CPS integrated in Crisis Management Teams in Mental Health Centers

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. LOOK AT THE CPS STATE CRITERIA. REWRITE the supervision CRITERIA that ellimnates CPS providing a Medicaid billable SERVICE outside of the mental Healthcenters. 6. Develop COMMUNITY RESOURCE SPECIALIST in physician OFFICES.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. We questions if this is a realistic expectation for this patient population. 5. Job coaching to employer + employee to have realistic expectations + responsibilities 6. + challenges of employee.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Focus on front-end care... resources toward preventive care so patients don't have to get care at hospitals 3. Utilize tele-medicine more efficient care 4. Utilize home-health care to prevent hospitalization.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). Make sure it's age appropriate. 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Utilize tele-medicine. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Peer ~~Coordtors~~. counselors. 6. utilize patient educator to explain what prescriber did,

Theme: Preserving or Creating a Path to Independence

Recommendations	Issues and Considerations
Align incentives among providers and beneficiaries Patient Directed Care	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. For mental health, use consumer choice of benefits: maybe people would benefit 6. more from peer support, massage, herbs, or spiritual help - not meds + case mgrs.
Delay or prevent institutionalization Examine long-term effectiveness of psych meds	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Don't give meds right off the bat for psychosis. Don't give meds right away. ~~Delay~~ Drugs increase 3. chronicity. Re-examine their use.

Theme: Alternative Access Models

Recommendations	Issues and Considerations
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). ← but be honest about it, tell people that psych meds DON'T help everyone 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. use warmlines - peer run call in support lines 6. use online peer support services.

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Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). Peer support specialists 2. Revisit credentialing process of providers. Get rid of doctors who violate good clinical practice 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Get people OUT of mental health system + INTO community via peer support + medication reductions 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. Extra funding to the Healthy Living program that Dr. Shireman (?) talked about (should go under "remove barriers to work) 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. PAs, RNs, Pharmacy for primary care 6.

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Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. Incentivize employers to participate in employee health programs. 6. Offer incentives to discourage ER use.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries 8. Realize that maintenance and community safety are the goals for some patients. ok.	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). Beware of unintended consequences of incentives, i.e. transitioning mentally ill to prison could improve outcomes. 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. – Increase state tobacco tax - decreases smoking rate & revenue can be used for health improvement ~~4. Explore health savings accounts for beneficiaries to manage expenses for certain services.~~ NO Ridiculous suggestions for these populations. Takes immense consumer literacy. 5. Have outcomes written by those within the system since they know the loopholes & unintended consequences. 6. Risk-adjust outcomes. 7. Revenue enhancements on products that harm health - soda, sugar, alcohol, tanning, etc.
Delay or prevent institutionalization 4. Recognize that there are some people will always be institutionalized, shouldn't cut off services	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Food, medicine, safe place to live, robust & informal supports, care coordination 3. Focus on super-users & highest cost patients for care coordination & health coaching.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). Won't work with all populations. 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Maintain funding for KAN-ED. 6. Remember that the use of technology does not remove the need for caring professionals to have a relationship with the patient

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. & Be realistic about what can be done informally and ~~what~~ it is important to ensure compliance with appropriate professional standards. 6.

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Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. 6.

* In aprx. 105,000 women at or below 250% FPL are in need of publically funded contraception but do not qualify for Medicaid.

Unplanned pregnancies have significantly higher rates of complications, low birth weight babies, delayed prenatal care, etc. In fact, every $1 spent on family planning in Kansas, $6.14 is saved in future high-risk pregnancy related care.

A State Plan Amendment for family planning would capture those women in the "gap" between Medicaid & 250% FPL who become Medicaid patients during pregnancy (since KS has a 241% FPL for pregnancy Medicaid coverage).

If we can reduce unplanned/high-risk pregnancies through planned, spaced pregnancies, we reduce the 49% of avoidable urgent hospital admissions due to low birth weight.

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Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. 6.
Delay or prevent institutionalization Contract for Case mgt.	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Improve Discharge Planning – 3. Telemonitoring 4. Pay for SW to do Comm. based case management.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. LPN supervisors 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. use local schools for exercise & education — but bulk of $ is spent on elderly & disabled 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Just remember that many people who use Medicaid 6. do not have access to internet or computer. Aging population cannot or will not or may not use technology.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Deliver more services with extenders – do not need physicians to 6. deliver many services.

Concern about using faith-based organizations ⇒ + their value structure e.g. may be not inclusion of gay rights

KHI
or KS Dept Health
tension
mem

Theme: Preserving or Creating a Path to Independence

Recommendations	Issues and Considerations
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. case management - paid social worker - to coordinate 3.

Theme: Alternative Access Models

Recommendations	Issues and Considerations
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Many people do not have transportation. + the transportation in wyco is severely lacking 6. Recognize that elderly will be challenged by the technology -

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. more efficient credentialing via KMAP – have them meet more often to credential. This would help access standards 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Hire a celebrity to promote some ideas, funding etc. e.g. oprah 6. Concerns of certain values of certain faiths may not be inclusive –

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Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. ensure quality of care based on readmission, quality of care outcomes. 3. Look for ways to invest in healthy lifestyles. incentivize by giving decision-making responsibility to consumer 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. allow roll-over amount/remaining balance. 5. adequate discharge planning + coordination to community-based providers, not just nursing facilities. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. w/ adequate notice to in-home supports, other post-hospital resources. 2. give community-based service providers payment for services provided after hospital-discharge = incentive for in-home providers to be available, 3. preventing further hospitalization + readmissions.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. - already have? 4. Review different tele-health systems/technology and confirm compatibility. 5. remove limitations on billing for services provided via tele-health. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. • incentive to cover time needed for promotion, marketing. 5. improve flexibility of programs to allow consumers to be served in small groups, not requiring 1:1 ratio at all times, but not up to level of adult-day #s. 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. Have a co-pay for emergency visits - but wave copay - if they sign up for reducing whatever activity - smoking - obesity had caused problem. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. use group homes instead of more expensive nursing homes - for aging population who have ability to 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Using Social networks to interact among certain populations like CF patients - hosted by a practitioner who can give helps. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Reimburse higher for evening care by physicians. 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. Beware: 5. Incentives in #1 could push some people into inappropriate treatment models. Must 6. remain sensitive to individual needs.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Fund those community supports so they can accomplish the goal of delaying or 3. preventing institutionalization.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Fund access to technology - mobile devices, laptops, etc. And fund training on how 6. to use it.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. - But don't lower treatment standards! 5. Commit to a Group Action Planning process for people w/ disabilities. 6.

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Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. apply for Community First Choice Option to provide HCBS to All with a 6% increase in FMAP 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Increase wages for attendant care and include benefits 6.

Need to focus on family & children needs

bad microphone system
people talked too fast to be understood

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. Faster reimbursemont --, if someone owes your company money you don't wait on paymont 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Higher reimbursement for providers to provide services to isolated areas, espically rural areas. 3. Better reimbursement for family to provide services -- but only if go thru training program (can be in-home training) & monitoring by service provider

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Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5.
	6. There are always "strings" attached with any grant. That's ~~part of~~ a way of guaranteeing the right people/states get the money & that the grant does not become a favortism decision

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. -- would have to be trained & kept abreast with changes might be too much paper work for this type of group 5. 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries 30 day rule do not readmit	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. – Complete HRA cms 5. Reviewing The member incentive form – Look @ outcomes measures – quality + cost 6. – Smoking Cessation – incentivize members to do so.
Delay or prevent "institutionalization" What does this mean? hospital, SNF.	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. → 30 day rule in place 2. Member to have responsibility for medical services + educ. 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings Certified Peer Support Specialist	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. CPS list accessed by CPS. 5. Buses (dental + medical) to schools/communities + transfer med record to PCP. 6. Meet @ commercial companies for mental health. EHR

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. - CPS in mental hlth center - if state criteria changed & amends supervision part. 6. - Community Resource Specialist - resource for community programs in doc offices.

- Something like child foster care coordination for eldercare & payment. Cost effective since not in nursing home.
- family members providing care - Have to audit & verify ~~coverage~~ services provided.

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Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. Privatize institutions like KNI. 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. 6.

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. mechanism for reimbursement of entire team/ensure evidence based. 6.
Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are adequate community supports available. 2. Enhance awareness of adequate alternatives - redefine culture of nursing home as just action 3.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. 4. Review different tele-health systems/technology and confirm compatibility. 5. Public Service Announcements 6.

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. /review barriers 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. 5. Geographic disparity both in services at mid level & medical services under supervision 6. Rate equivalents for services that take into account severity of needs as well as area of the state.

7. Ensure rates are adequate to cover service needs -

Theme: Preserving or Creating a Path to Independence	
Recommendations	**Issues and Considerations**
Align incentives among providers and beneficiaries	1. Provide financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). 2. Review options to provide managed care organizations with the flexibility to provide incentives or collect cost sharing. 3. Look for ways to invest in healthy lifestyles. 4. Explore health savings accounts for beneficiaries to manage expenses for certain services. 5. put incentive on provider instead of consumer. 6. non-mandate - incentives & put it to drs. to figure out how to get.
Delay or prevent institutionalization If mandated 30days.	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. further transition - bridge health recipient to perform 2. fac. to home. 3. Volunteers from Workinghealthy to assist those who are starting out.

Theme: Alternative Access Models	
Recommendations	**Issues and Considerations**
Utilize technology and nontraditional settings	1. Expand use of social networking/new technology to provide health education and communicate with beneficiaries (e.g., *Text4Baby* program, email). mentors those who successful in Med. Programs be 2. Utilize other technology (e.g., email, SKYPE) to communicate and coordinate with beneficiaries 3. Investigate using the Nurse Lines for 24/7 access. - this would cut down on ER visits 4. Review different tele-health systems/technology and confirm compatibility. 5. Database - for CPS providers including personal info. to locate a CPS. 6. "Certified Peer Support Specialist"

Think creatively about who can deliver what care	1. Identify where the provider shortages are and who can provide those services (e.g., midlevel practitioners). 2. Revisit credentialing process of providers. 3. Review provider types and associated reimbursement rules to identify any obstacles. 4. Engage service organizations, faith based organizations and other community resources to support and educate Medicaid population. incentives to reach out to the community - make them aware of the need. 5. Could use nurses instead of dr. Can CPS be utilized elsewhere other 6. than a mental health facility Caretakers.

Some type of community resource specialist that can get consumer to the right person.

Utilize more clinics that are connected via EHR.

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Delay or prevent institutionalization	1. Review all transition points (e.g., hospital to home) and ensure there are community supports available. 2. 3.

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