

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 1

SUGGESTIONS

Children, Families and Pregnant Women:

How can we have medical homes? Do not have stable point of entry for information & referral - create one
Do not have a regular provider, causing ER visits
Need for reliable transportation both city & rural.

Reach out to faith-based organization for education on healthy lifestyles; exercise & healthy dieting and possibly back pack lunches. Also, coordinate County Extension.
Require photo ID at stores so vision cards are being used by others for purchase of substances, etc.

Aged:

KEEP ELDERLY OFF MEDICAID BY PROVIDING SOME ASSISTANCE SO IRA'S, ETC. ~~THEY~~ DON'T HAVE TO BE SPENT DOWN, E.G. PAY PROPERTY TAXES + POSSIBLY SOME UTILITIES THAT THE IRA WITHDRAWALS (MANDATORY), PRESENTLY COVER. - SO CAN STAY IN OWN HOME

Disabled:

AGING need in home behavioral services - result would be reduction in doctor visits, meds and hospitalization. Those with treated depression have better outlook at taking care of their own needs.

- Educate elderly about local Area Agency on Aging Centers and utilize these centers as the central info & referral point.

- Freeze property tax for seniors so they can spend more on

MANY

their own \$\$\$ on health care services

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

2

SUGGESTIONS

Children, Families and Pregnant Women:

- Since we have gone to applying thru the mail, the education to the beneficiary is lost. They don't know how to pick a dr. They call the dr & they don't want them so then they default to a dr that doesn't know them.
- Education to Phys. if someone calls they tell them to go to ER.
- Hours of health clinics in rural KS 8:30-5 is not workable for working parents.

Aged:

- More of an effort to purchase private health plans. Lots of parents are insured thru employers but don't insure the kids due to out of pocket costs. - Utilize the current HIPPS program. Utilizes school nurses as a billable provider. ~~the~~ The ARNP is a wonderful resource in a rural area - that is approachable.

Aged:

- ~~Payroll deduction~~ • Educate Attorneys on "appropriate" estate planning not how to hide \$ to go on state assisted. Educate on division of assets.

Disabled:

- State income tax credit if they pay ~~state~~ long term care ins. (farm wives)
- Incentives to use ~~the~~ stay at home nurses to care for 1 or 2 individuals - payment is an obstacle.
- Daily contact being made via phone to keep people "on track"
- Utilizing LTD (wealhealth dept) to coordinate care - local people
- Is the institutional rate higher because they aren't getting the subs needed thru HCBS FE because they are frustrated?

• Be able to use technology such as tele-health

• Referred to specialist then no communication or referred back to primary care

• so people are not just out in 1 spouse's care.

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

2

SUGGESTIONS

Children, Families and Pregnant Women:

~~Triggered case mgmt concerns that~~

- Have all MTH & HCBS on same plan of care so both case managers have access to the Big picture of care.
- Respite care needed for families that are providing a lot of non-billable care - need a break.

Aged:

- Promotion of Working Healthy program/WORK program with medical providers and employers.
 - Employers scared to be involved w/ SRS ^{Social Security}
 - Educate thru Dept of Labor & other agencies
 - Explain to employers the benefits to them as an employer.

Disabled:

- Send a yearly statement to the beneficiary yearly telling them how much the state has paid for their care that year.
- Communication - how does a dr get the info from the appt to the actual care givers & case mgrs so there is not conflicting info.

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 3

SUGGESTIONS

Children, Families and Pregnant Women:

- Obstacles - Not enough community resources (CMHC's)
- Suggestions - Use churches & charities to support ^{Health dept.} education of Medicaid population - to better understand appropriate care (personal responsibilities)
- Reward consumers that do the right thing - lose weight ^{et.}

Aged:

- Educate consumers about options to LTC
- Educate medical community about other resources available
- Cap the # of ^{medicaid.} beds in nursing homes to ^{force the . of} generate other less costly options * use LTC for most critical
- pre package prescriptions into daily doses (could be used for any population)

Disabled:

- Lock-in to a pharmacy to improve adherence to medication - also lock in to a doctor.
- Create an incentive (tax) for employers to employ the disabled
- Review/modify the income caps for working disabled
- Look for opportunities to fill ^{more} state jobs w/ disabled - ex. receptionist

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

4

SUGGESTIONS

Children, Families and Pregnant Women:

- CONSIDER LINKING COST SHARING TO BEHAVIORS
- LONG-TERM PUBLIC EDUCATION
- REQUIRE MGD CARE IN RFP - MAKE MCO DO MORE
- STRENGTHEN PARTNERSHIPS W/ RURAL CLINICS
- ENCOURAGE USE OF PHYSICIAN EXTENDERS

Aged:

- INCLUDE LTC INSURANCE IN HEALTH INSURANCE EXCHANGE
- EDUCATE RUSTIC CITIZENRY/GRAVITY/WORKERS OF MEANS/RESOURCES
- ADDRESS STIGMA OF ASKING FOR HELP SINCE OF N.H.
- ENCOURAGE GROUP HOME DEVELOPMENT
- REVITALIZE SMALL TOWN/MINOR ECONOMY - KEEP KIDS HOME

Disabled:

- ADDRESS FEAR OF LOSING BENEFITS IF EMPLOYED
- TRANSPORTATION TO JOBS
- ADDRESS OBESITY MORE EFFECTIVELY
- WORK ON GIVING DISABLED MORE HOPE

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

5

SUGGESTIONS

Children, Families and Pregnant Women:

- vaccine in short supply, some practices have a Medicaid supply & private insurance some won't
- limited supply of Dr's practices accepting Medicaid both Primary Care and dental
- improve access to preventive care and give education on appropriate utilization
- More follow up after birth of child

Aged:

- PACE needs more emphasis & allowed to expand it meets the outcomes equals
- Rural areas have limited access to other services
- Fewer home health agencies due to various regulations
- Regulatory reform on ~~regulations~~ on long term care
 - ↳ buildings
 - ↳ weight loss even on obese
- More review for prevention of fraud in LTC and home services
- ~~Difficult~~ The Medicaid website for providers is difficult to navigate

Disabled:

- Partner with other providers to lower costs (such as bulk buying)
- Recognize the family may not be the best environment
- Unemployment rates high and ~~that~~ that makes it even ~~harder~~ harder for disabled.
- Safety net that if they start working & loose their job they can get benefits back.
- Fear of regulation prevents some employers from hiring

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

6

SUGGESTIONS

Children, Families and Pregnant Women: (*) MAKE SURE MEMBER HEALTH DATA IS AVAILABLE ACROSS SILO'S

(*) LOW BIRTH WEIGHT BABIES AS PRIORITY / WORKING WITH MOM AS EARLY IN THE PREGNANCY AS POSSIBLE

(*) IMPROVED REIMBURSEMENT TO RURAL SPECIALISTS TO IMPROVE ACCESS

(*) CONTINUE TO PURSUE RURAL TELEMEDICINE CAPABILITIES IN RURAL KANSAS

(*) MAINTAIN CONTACT WITH LOW BIRTH WEIGHT MOM'S EVEN IF THEY LOSE MEDICAID ELIGIBILITY - TRACK THEM BETWEEN PERIODS OF ELIGIBILITY

(*) INTEGRATED OWNERSHIP OF ALL AREAS OF THE SYSTEM BY A SINGLE ENTITY, NO AGE D: CARVE OUTS, SO THE WHOLE PERSON CAN BE ADDRESSED

COMPREHENSIVE CARE

- SHARING INFORMATION BETWEEN AGENCIES

PATIENT ACCOUNTABILITY

COORDINATION OF CARE WOULD REDUCE COSTS.

Disabled: SHORT TERM DISABILITY TO PREVENT DECLINE THAT CREATES LONG TERM DISABILITY
PERSONAL RESPONSIBILITY.

REVIEW OF PARINGS & IMPACT OF CONDITIONS

TAILOR SOLUTIONS TO PREVENT DISABILITY,

PREDICTIVE MODELING TECHNOLOGY

CREATE INTERVENTIONS BASED ON DATA.

SINGLE POINT OF ENTRY - THEN COLLABORATION

MODEL OF CARE THAT COMBINES PHYSICAL & MENTAL HEALTH CARE.

GAP ANALYSIS NEEDS TO BE DONE.

SECRET

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

7

SUGGESTIONS

Children, Families and Pregnant Women:

- ^{increase} incentive programs to physicians, NP's for rural areas
- increase school nursing (NP?) do services there (cost effective)
- Community organizations involvement in education related to pregnancy, etc + other support/social services

Aged:

- Incentives to utilize ^{private} long term care insurance + have residual value so equity can be built into it
- ^{LTCare Insur. →} Expand to include assisted living, not just NH. (cheaper, less #s in NH)
- Case management structure to assist/promote coord. of care + services (include care conferencing) - ~~☐~~
- Computerized/integrated system for medications, diagnos.

Disabled:

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

8

SUGGESTIONS

Children, Families and Pregnant Women:

physical health of kids so impacts overall health - can't get to mental health issues - diet, exercise, sleep. points for positive choices/learning
Food stamps used to buy processed/junk foods. Teach to make good/better choices. better/high nutritional value
Housing/homelessness. Farmer's market - program 2x for food stamps
Food banks - poor quality food
Childcare/employment cycle - health care benefit

Aged:

~~Area~~
- in home stay at home support
- tax incentive for family care
- adult foster care
intergenerational/cooperative housing
Smart / train
tax incentive for dependent employer owner

Disabled:

incentives to businesses to hire people
smaller organization
- difficult to understand system - benefits specialists / ticket to work
- Request outside accreditation + reduce state oversight
year 1 = CDDO
year 2 = state
year 3 = accreditation
year 4 = CDDO
etc

→ Fund CIL's to provide transition services helping youth move from school to employment

Fund Project Search Pilot projects around the state.

Kansas Inc. Incentives to businesses to hire disabled
Increase & Simplify Benefits education - Professionals don't even get it.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 9

SUGGESTIONS

Children, Families and Pregnant Women:

Private Ins. needs to be more affordable so lower income workers can move off Healthwave & add family plan.

Transportation is a huge barrier for work & health care.

Health literacy / education - there's fear of healthcare, feelings of low self-worth - stigma of Medicaid - feel you get low quality of care.

Reimbursement rates are horrible - extreme lack of volunteers to help & drive -

Aged:

Reimburse for smart Technology - home & health monitoring HCBS should be payor of 1st resort!

Increase ability for professionals to share information
Pay for education & consultation - prevention up front will save in the long run.

Tax incentives for long term care insurance

Coordinated effort to develop "screened-trained" volunteers

Disabled:

Incentives for businesses to support workers caring for elderly family members

Payments for simple items such as Adult diapers make a huge impact for families.

Fund a program allowing TCM's to see Medicaid claims & access preventative info; KU pilot project 2 yrs ago.

Fund "Living Well w/ Disability Classes" - proven to reduce medical expenses.

Fund Centers for Independent Living to fully provide IL services which push people to be responsible and pay bills and work!

Coordination of care & medicine addressed by TCM project & Living well classes listed above.

Transportation always primary barrier to work!

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

9

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:

Disabled:

Crisis stabilization units to prevent hospitalization - other states fund multi disciplinary teams who rotate or call to respond to hospital & law enforcement -

Medicaid reimbursed - advantage is this team has access to community resources to mitigate crisis.

our table feels physical & behavioral healthcare works together well in all our areas rural & city

Caution against mandated TCM for all services - moving to one case mgr rarely works because they can't learn mental health & DD & DD & TRT

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 10

SUGGESTIONS

Children, Families and Pregnant Women:

Need more info re outcomes in managed care
Emphasis on prevention
physical activity
nutrition
Smoking cessation
Rural - Telemedicine

Tobacco Tax Increase
to prevent new users
and encourage cessation

Expanded Medicaid under
the PPACA could help
stabilize the relationships.

Aged:

What constitutes "premature" placement in institution?
Waiting list for HCBS could contribute to increased NF usage?
Scrutinize eligibility determinations for services.
If HCBS is to be the payer of last resort, who is the payer of first resort?
Faith communities can play the role of education and support. More targeted & accessible.
↳ warning signs, resources available

Encourage Medicaid
home model.
Patient Navigators

Emphasize Palliative Care

Disabled:

Managed care component - outcome oriented
Training and reimbursement for Patient Navigators ~~including~~ covering both physical and behavioral health.
Does this incorporate cost of State institutions like KNI or School for Deaf.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 11

SUGGESTIONS

Children, Families and Pregnant Women:

Embrace technology - standardize, add incentives for use, educate. would help for rural areas by utilizing telemedicine

Need to have as little change as possible in SRS case managers for continuity of care

Aged:

Re-evaluate sales tax exemption for faith-based organizations; utilize these funds to pay for keeping seniors in their homes.

Consider qualifying those seniors who almost qualify for Medicaid to keep them from going into LTC

Add incentives for younger people to purchase LTC insurance

look at medication costs; promote healthy lifestyles

Disabled:

Services need to be based on need as opposed to labels

Need to have expectations that people with disabilities

incentives for employers to employ disabled individuals.

not enough doctors taking patients who take Medicaid

Help students transition from school - work.

Question: How much did it cost (fee, transportation and per diem) to bring Wade Horn to this meeting?
Is this a good use of tax money?

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 12

SUGGESTIONS

Children, Families and Pregnant Women:

- ① Health Insurance Subsidy
- ② SRS - Needs more case managers who coordinate care
- ③ Rural Health Center in each school or small school system. Monitor fraud and abuse.
- ④ Patient Education

Aged:

- ① Payment of in-home care givers especially in rural settings. (Raise reimbursement for care givers.) Establish (in rural areas) In-Home care centers. (This would provide employment.) Public/Private Partnerships to provide this service. Provide respite care and tax incentive more sustainable. Encourage long-term care insurance, that will provide a safety net.
- Disabled: } Start the education ~~process~~ in regard to the aging process. Identify the agencies that will provide the education.
- Lower case load for case managers. More job security. Organize client discussions to include volunteers + family members. Help clients set goals. This involves 1:1 Staff time. Pay a clinic or a provider to monitor medication.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

13

SUGGESTIONS

~~Children, Families and Pregnant Women:~~

EDUCATION: of schools, of employers, of the disabled about all of the things they can do to work.

Incentives for employers to hire the disabled.

~~Aged:~~ Evaluate dual eligibility as it is the significant spender in the program. Are we getting return on money currently spent?

Address services as a lifespan issue rather than segmented populations.

~~Disabled:~~ *Integrate physical & mental health services!*

Require outcomes for HCBS services

Implement a section 1915(c) state plan service package for individuals w/ developmental and physical disabilities. The service package would include:

1. Personal assistance services, with a maximum of 10 hours per day.
2. Supported employment services

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 13

SUGGESTIONS

Children, Families and Pregnant Women:

Foster support for family caregivers. (how to safely provide ADL care)
(to address stress) & education

Aged: Home visits by medical professionals to ensure preventative care.

Utilize and "beef up" daycare programs.

Increased tax credits for those families caring for a loved one in * their home.

Incentives for long-term care insurance.

Disabled: Don't penalize those who want to continue to work after retirement.

Fostering more small setting living.

Expand and/or mandate public service

utilize technology to help monitor & react to potential problems in/at home.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 13

Be able to apply for Healthwave online

SUGGESTIONS

Children, Families and Pregnant Women:

Proactive dental care to prevent ER dental services.

Look at cost of the structure of the Administration of CHIP & Healthwave

Look at dual ^{welfare} eligibility. One application that can qualify a member for ALL eligible programs. Express one eligibility

One case manager to identify all ~~the~~ potential needs & work on services.

Aged:

Patient-centered medical homes that are incentive based

⊕ Preventative care & education

Increase awareness of CHIP program.

Children + families are not the cost-drivers in the Medicaid program, as evidenced by

the graphs. We want to encourage cost-effectiveness by enrolling kids early and getting the services they need which must be protected to ensure we raise productive, working Kansans.

Disabled:

Medicaid is a pivotal program for lifting families out of poverty — it must be strengthened to avoid later and increased cost.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

13

food (Better regulation of Stamp Programs)

SUGGESTIONS

Children, Families and Pregnant Women:

Better information through the internet.
Utilizing technology to rural communities such as telehealth/telemed.
Provide better education through local health departments to families utilizing PA's, DO's, Nurse practitioners. Educate the workers in the field.
Increasing knowledge of TANF funds & supports to return to work. Extended medicare coverage for a few months to supplement when people get jobs. More urgent care/health care centers w/ Nurse practitioners, PA's, DO's rather than E.R. care. Have participants actively engage in required education courses on preventative health & utilize technology to deliver to rural areas. →
Look into tobacco settlement money, lottery money (need reform here) and casino money for supports. Utilize technology in the behavioral health field to consult remotely with families.
Look at prescribing practices & advertising of pharmaceutical remedies versus healthy living options. (Perhaps requirements on healthy education & lifestyle practices prior to prescribing some psychotropics) @ Implement a consumer/client data base that is Electronic (Electronic Medical Records) for better coordination. Required (Jr High - High School) healthy living, healthy family curriculum.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

14

SUGGESTIONS

Children, Families and Pregnant Women:

- Pt. Centered Medical home will help
- EAR - not happening fast enough
- Medicaid structure can be there but will not work unless Behavioral issues of population are solved.
- do not keep appts. + use ER
- Education is a must. Access in Rural areas - transportation rates to low so providers
- Managed Care costing us money - one plan
- Aged: Not enough providers - rates too low.

Aged: There is a mandated decrease on home care - This will put more aged into institutions.

Rural areas, kids not around, comm. organizations are good help for children but ongoing elderly care not - they don't want to clean toilets etc....

- Have ~~care~~ long term care facilities do assessment prior to discharge - they know more of what the community has to offer - pt may not need to be put in institution.

Disabled:

- tax break for family members or those that have LTC coverage

- Technology - home modems that can report blood sugars etc...
Free service provided by ATT

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

14

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:

Disabled:

Incentives to employers to hire disabled.

Ette

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 15

SUGGESTIONS

Children, Families and Pregnant Women:

1. How better manage care across providers
Care coord. 1 person needs to take primary care
Coord resp. with a medical coordinator or a behav.
health coord - to cover all areas. Targeted manager

2. How enc. to return to families/community
group facilities for young adults -
Aged: # 6-8 - with private "rooms" but shared
facilities. In rural areas - can do competitive
work
3. How encourage / support those who can
Continue Create a smoother pathway - need to
keep Medicaid until they are insured some other
way. For children - use school "plan" - needs to be
more specific & stronger

4. How improve coord of physical & mental
health? see care coord - need to attend
to mental health issues. Somebody has to ask
the questions - are the pieces there? Hally to ea
other? Need more access to care -
5. How improve adherence to meds.
phone call follow-up
Build community support - so they
get good supportive reminders backed up
by friendly visitors.
Refill reminders to consumer to physician.

Kansas

These families are poor + stressed - need lots of support + education
locate population "groups" to get HC together - eg. pre-natal moms in a home care nurse / social worker = support systems?

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Decrease duplication of application paperwork
Table #: 15

provide care for youngest children - eye, teeth, mental health

SUGGESTIONS

Children, Families and Pregnant Women:

1) Coordinate care / improve health - Use schools / school clinics as primary care settings. Use a disc - each focus on behavioral problems. Use a disc - each could carry their info, and it should also be available to all providers. Use peers / lay people to help in coordination. ~~Trained~~ + trained med. personnel + teachers to offer health care in schools are also stressed for time + transportation problems

Aged:

2) Rural - lack of providers, transportation problems + providers. Increase use of telemed + electronic record transfers/info across disciplines. Use libraries as telemed centers for consultation, education, ash nurse programs

Disabled:

3) stabilize relats + providers
estab a medical provider that carries across payment sources.

obstacle: lack of PCP dentists, nursing care, mental health
Medical home = care coordinator / navigators - pay for this service in offices / clinics

4) evn. self-sufficiency / engage families in decisions
(get oral health to people + educ. re:)
Imp. of oral health in schools.
Navigation / care coord. could facilitate communication - check in later + family.
Use public TV, public radio for health educ - diet, skin, elder care, etc.

Who & how

Kansas

see Nebraska & RI for care coordination models for children - might apply to elders

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

15

encourage seniors to live in 1-3 roommates at home - cut down HCBS costs

SUGGESTIONS

Children, Families and Pregnant Women:

Prevent placement. Promote universal design in any remodelled newly-built homes - put it into the code. Build to "age in place."

~~Aged:~~

better LTC delivery in rural areas - telemedicine to specialists, etc. (mental health, vision, dental)

Utilize HCBS for frailest seniors - have to qualify for Medicaid to get. Families need access to respite care at a reasonable, affordable rate. Respite care foster homes.

~~Disabled:~~

Coordinate chronic care for frail elderly - care coordinator - esp. mental health & other specialties. Cross over silos - ~~can~~ could have MH providers on telehealth. Use the phone more to coordinate care. ave. Kansas to prepare plan for LTC, but paid in is advertise the "partnership" policy - saved from Medicaid Payback/Recovery. role of families, churches, civil society? families are carrying the major load - need support & respite. Support groups - there should be provided thru churches & libraries at no cost.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

16

SUGGESTIONS

Children, Families and Pregnant Women:

- Emphasis on preventive care, medical home and immunization for children through managed care
- Incentives for quality outcomes
- For rural families, better access to quality service by use of technology, e.g. tele-medicine; more loan forgiveness programs for health care providers - physicians, dentists and pharmacists; examine barriers of transportation problems in order to receive services
- better communication with providers and agency

~~Disabled:~~

- more incentives for keeping up with the regular appointments and for self-improvement

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 16

SUGGESTIONS

~~Children, Families and Pregnant Women:~~

In order to increase the chance of staying at home, it's critical to have AAA case managers involved with the hospital discharge of aged patients.

Education for adult children of aged persons regarding "cultural change"

Aged:

Access to quality care in rural areas — options of transportation, telemedicine, and incentives to recruit health care providers.

More incentives and education on chronic care for aged persons and families.

~~Disabled:~~

Examine the eligibility requirements for HCBS and ombudsmen for HCBS services?

Encourage better policy on long-term care insurance available for general public.

Mandate "culture change" in order to achieve more cost-effective quality care.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

16

SUGGESTIONS

~~Children, Families and Pregnant Women:~~

Education on how to take care of disabled persons for families and community.

Coordinate fragmented services by SRS, CDDC etc. into streamlined services

~~Aged:~~ Disabled persons can keep the Medicaid when they start working; encourage work.

Mental health should be considered the same way as physical health. Better access to mental health providers.

Provide a good role model for the disabled persons

Disabled:

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 17

SUGGESTIONS

Children, Families and Pregnant Women:

- Comprehensive home visitation (prevention) to at risk families. Use the five protective factors to deduce risk that creates poor health outcomes.
- Early childhood education programs that require achievement health care outcomes - integration w/ health care.
- Improved Care Coordination - reduce # of involved case mngs. A single point of contact. Systemic approach.
- Aged:
 - Early education to promote purchase of LTC insurance w/ n/d cheap.
 - Pre-admission screenings for hospital discharge must occur before admittance to NF's.
- Rural community NF's are incentivized to provide inst. care - no options developed for CBS. Support for private NF's - they do very well.
- None - or limited - intermediate choices in care. ~~Incentivize/Support~~
- Family care-giving - pay non-legally resp. family members to be paid caregivers and/or provide supports that strengthen this approach.
- Disabled:
 - The State should fund job coaches to help obtain and retain employment in private sector. Keeps from own-binding employees to address special needs. (Develop. Disabled Pop)
 - Support employers by removing costs related to special needs of hiring those w/ disabilities.
 - Individualize care and service planning always designed to the least restrictive care manageable.
 - Ensure that day service providers are cross-trained in areas: basic health care, ^{mental health} services needed, etc.
multiple food/home safety → transfer of this knowledge to the disabled member

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

18

SUGGESTIONS

Children, Families and Pregnant Women:

Medication Therapy Management - Rx management
Managed care "hub" for coordination of care

More flexibility of initial services + treatment regimens to stabilize pts. earlier, save time + \$ in the long run.

Aged:

Educate providers about available home health care services.

Open a discussion on block grants (with caution to avoid too many regulations) ~~XXXXXXXXXX~~

Caregiver support + resources - vacation/break/physical task assistance with ADLs + IADLs

Private care management as opposed to administration by public sector, Disabled: to promote competition & price ↓

Medication Therapy Management - Pharmacist intervention

Med-boxes, reminders (timers, pagers, phone calls)

Simplify paperwork process for the patient to ensure constant access to services and devices that patients need.

Mobile care units -
Especially for rural areas, preventative medicine

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

19

allow more therapists to use this delivery method

SUGGESTIONS

Children, Families and Pregnant Women:

- ① Expand telehealth & allow alternative delivery systems - web-based, Skype, etc. State investment in needed infrastructure to support state wide access.
- ② Create code to bill for ^{solo} work with parents/families; currently can only bill when patient (child) is present. (no allows for this)
- ③ Early identification is critical. Establish a mandatory screening: in conjunction with vaccines? Reimburse qualified providers for screening.

Aged:

- ④ Preventative screenings free & easily accessible; Health Departments?

Disabled:

- ⑤ Host local "mission of mercy" clinics across states to provide care to people in need. Must reimburse adequately to encourage local provider participation.

Family portable clinics - imaging dental

- ⑥ Improve reimbursement rates! Incentivize quality providers to increase their Medicaid care to fill the gap when eliminating poor quality providers.
- ⑦ Look at the Area Agency on Aging model to create similar resource center for children & families.

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

19

SUGGESTIONS

Children, Families and Pregnant Women:

Aged

① ~~Keep~~ ^{allow} ~~HCBS~~ ^{HCBS} funding in independent + assisted living settings to delay need for full skilled nursing services funded through Medicaid

② Incentivize good healthcare decisions to promote maximum self-sufficiency + delay need for skilled nursing care.

Aged:

③ Reimburse local community providers to build capacity to provide services, activities, monitoring, etc. to keep seniors engaged + included + active.

④ Provide reimbursement for in-home technology - med dispensers, safety monitoring, video/audio access, etc. Invest in statewide infrastructure to increase state wide coverage.

Disabled:

⑤ ~~add~~ ^{add} roving clinics to increase rural access - dental, imaging, etc.

~~Expand Medicaid funding to independent living + assisted living services rather than forcing someone to access full skilled nursing services~~

Simplify if meaningful use requirement

⑥ Improve eligibility for long term care insurance. Incentivize employees to provide LTC insurance. ~~cover premiums (cost)~~ ~~electronic flood helping to decrease duplication of services~~

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

19

SUGGESTIONS

Children, Families and Pregnant Women:

Disabled

① CMHC is gate keeper for SED waiver. High casemanagement turnover - severe impact on coordination quality.
Allow private providers to deliver + bill for casemanagement, attendant care, etc. Increased providers will improve quality. Establish uniform objectives.

Aged:

② Remove disincentives for CMHCs to refer for most appropriate service - ex. PRTF.

≡ Ensure services are provided long enough to achieve meaningful therapeutic outcomes.

Disabled: "Revolving door" - home for 3 weeks, hospital, home, hospital, etc. Impossible to improve situation.

③ Allow for billable time with family, not just with patient.

④ Continue fight for service - no back granting.

⑤ Physical disability - increase monitoring.
⑥ Utilize DD casemanagement model + expectation across waivers

Pharmacies can bill for medications directly through Medicaid - reimburse through Medicaid too.

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 20

SUGGESTIONS

Children, Families and Pregnant Women:

- what are the outcomes of the "managed care" spending?
- incentives to move families to work + reduce reliance on public assistance
- personal responsibility for services sought by participants
- incent access to care where people are (rural + urban areas)
 - fewer ER visits, more physicians accepting Medicaid families
 - after hour clinics, models for nurse practitioners local to connect via telehealth to a clinic
- use technology to assist in transformation process + efficiency

Aged:

- incent access to care where people are (rural + urban areas)
 - fewer nursing homes
- regulations of quality that exist currently are tied to Medicaid funding so need to assure these stds of care remain in place + are funded
- need to offer more options for care -
- can rural nursing homes become sites for home health

Disabled:

- can we multi-purpose resources such as school lunch programs for senior support services to serve multiple populations
- transportation, personal care support
 - young generation doesn't necessary care for elders anymore - could university students earn credit get training to provide supports to seniors in the community
- remove entitlement to institutional care (nursing homes) so that less expensive HCBS services could be utilized and available (requires federal)
- PACE program expand to serve more in both rural + urban areas of state
- funding options + reimbursement methodologies for rural services

• Focus on health + wellness of young children + families to reduce future costs to mitigate
 • educate population on UASS Act to encourage broad participation in long-term care
 • Families + caregivers are already giving approx \$300 billion nationally, churches are doing \$100 million



Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 20

SUGGESTIONS

~~Children, Families and Pregnant Women:~~

Disabled:

Adherence to medications - use technology to monitor dispensing

- technology to remind participants

- balance with personal choices that individuals may make

Example of families that coordinate care of adults with disabilities

can community volunteers step in to help with caregiving
or college students in social workers programs

~~Aged:~~

Funding to support HCBS services + keep them out of institutions

"Return to their families" -> many families are unable or unavailable to care for adults with disabilities

Disabled:

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 22

SUGGESTIONS

Children, Families and Pregnant Women:

- ↓ cost, grandchildren dependent covered by
- ↑ Transportation Rural & members knowledge of transportation
- ↑ Reimbursement for Providers: Incentive to take pts. // codes across HPS, codes: Teen/young
- ↑ Training of members to be knowledgeable of plans yearly.
 - online, 800#, Support Services
- ↑ Dental care: Address fear of dentistry; education early for kids & preg. women covered so they help their children.

State
set up
Engl.
Health
Plan

Aged:
(Children None)

- Disabled:
- 1) Well trained case managers to reinforce medication support
 - 2) DC outpt. inpt → outpt. services to insure followup. Gift Card at f/up appt.
 - 3) Consistent Trg. & Hiring of home workers: all waivers same; Criminal Bkgr. check.
 - 4) Special Education: ↑ Trg & Educ. Para & Teachers. : Positive Behavior Support Trg. (PBS)
- Disabled: - Keep disabled in school & do job training.
- 5) Bring together Medicaid & School like Head Start; Trg. Coordinate w community services/schools
 - 6) Increase Early Head Start: Promote early intervention

- * Grandparents: allow grandchildren to be covered under Employee Health Plan
- * Coding of diagnoses: ↑ allowable codes w/ consistency across health plans.

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

Please share your table's suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table's suggestions for reforming Kansas' Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #:

22

SUGGESTIONS

Children, Families and Pregnant Women:

Am 28

- * Better information on VA services for veterans and their spouses
- * Expansion of PACE program to all counties in KS

Aged

* Need more affordable housing and combination of care between housing and health care

- * Spent down required for persons in an institution, not required for persons in L-T-C. Rental restrictions.
- * Reimbursement - rates to be increased
- * Transportation - travel time (do more via telemed)
- * Increase/entance costs typically done by MD that could be done by ~~PA~~ PA / ARNP to entance accers

Disabled:

- * Medicare Home Health care - visit every 30 days required, change requirement (would include Medicaid & Hospice).
- * Reimbursement rates make it difficult for providers - Medicare, Medicaid, etc.
- * Telemedicine - open rules for costs that can be done via telemed