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 #: 23

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:
- Change requirements for income so people aren't disincentivized to work vs. qualifying for Medicaid

Disabled:
- Stop talking about physical health, mental health, etc. It's all health/healthcare. Categorization creates discrimination.
- Pay adequately for case mgt and care coordination
- Promote Primary Care Medical Home to better coordinate care
- Create community-based infrastructure <u>before</u> we close the State facilities — Capacity and safety net must be in place and adequately funded
- Comparative effectiveness research (eg differences between licensed/un-licensed providers)*

If necessary, raise taxes to ensure that health care services are adequately financed - we are a wealthy nation!

Kansas

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Table #: 23

SUGGESTIONS

Children, Families and Pregnant Women:

- Enhance case mgt services to improve coordination of care (including single case mgr across multiple agencies)
- "Medicaid Plus" - patients stay in the program for an entire year even if they no longer qualify for Medicaid (funding streams may change in the 'back room' but patient coverage/network doesn't change)

Aged: [Get people out of nursing homes] - require plans for how resident gets out

- HCBS + nursing facility expenditures shouldn't be lumped together
- HCBS should be the first option, not the last resort
- Pay providers for population-based outcomes, not individual services
- Create live at-home alternatives (eg "adult" foster care)
- Expand PACE-like programs and 'money follows the person'

Disabled:

- More research on outcomes for different approaches to care - (comparative effectiveness research)
- Expanded coverage of telehealth (non-video)

Kansas

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Table #: 24

SUGGESTIONS

Children, Families and Pregnant Women: Reimbursing Coordination & Mgmt

Patient Centered Family Home / disease mgmt. of care

Application Process → creates Access issues & possibly cost?
- Need contractor accountability.

create better access & education for new influx of applicants coming in 2014. providers should be pre-applying at risk and/or possible patients

Parents of children not being compliant parents: ASTHMA v. CIGARETTE

Aged: Motivating people for wellness through incentives.

57% Nursing Facility

Preventative care for Elderly: Pneumonia vaccine & fall prevention, etc.

Shift dollars back to home care to keep out of crisis.

Patient Centered Family Home. Support to families and patients in the home. Discussion of quality of life... HOSPICE supported. tax incentive to purchase long term care insurance.

Disabled:

Nutrition: i.e. growing food on KNI 180 acres.

SRS be more transparent w/ HCBS waiting list and place most severe cases in a safe place (ie. KNI) + emp temporarily until wage disparity (of $4/hour between KNI and HCBS employees)

Cottonwood is a good model for higher functioning people.

Use faith based organizations to take disabled (higher functioning) population to the doctor & for errands, etc.

tobacco tax to fund Medicaid

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Table #: 25

SUGGESTIONS

Children, Families and Pregnant Women:

* Identify those who would benefit from case management as early as possible. For example - high risk pregnancies. Use case management at the managed care level...
* Higher levels of reimbursement for patient-centered health homes - Promote active involvement of providers in assisting with managing their patients' care.
* Rural areas - utilize telemedicine... Also - could access to healthcare be improved by coordinating w/ schools or locating clinics closer to schools?
* Coordination/inclusion of primary care in alternative settings - for example - locating Primary care Physicians in CMHCs.
* Focus on improving health literacy statewide
* Early identification of mental health concerns w/ children - coordination w/ schools, Primary Care Physicians, Day Care...

Aged:

* Utilize Hospice care to fullest extent possible - educate consumers on its purpose - how to access, options available - not use hospital stays any longer than necessary
* Offer educational opportunities to children/families/caregivers of elderly ~~clients~~ parents - ~~keep~~ help them understand treatment options - open communication lines to discuss end of life plans
* Home health - improve access to this service prior needing nursing facility care (HCBS options?)
* Oral health care - include as covered benefits - oral health problems can lead to additional health problems
* Improve coordination ~~between~~ between various providers when patients are transitioning between various levels of care (ER - Rehabilitation - Skilled Nursing - home health...)

Disabled:

* Reform payment models - why are various programs (dental, behavioral health, physical health, etc.) so separated?
* Health Information Exchanges must progress more quickly + be robust in order to ~~enhance too~~ make coordination possible
* Health Information Exchanges - Critical to avoid duplicate efforts, contra-indicated treatments, and aid in coordinating care - focus adequate resources on development of a robust exchange - invest in infrastructure
* Pharm - Serve as a centerpoint for gathering information from multiple providers
* Place primary care/other providers in alternative locations - clinic in CMHC?
* Because populations can move in and out of eligibility - ensure continuity of care
* Med. Adherence - develop reimbursable service for med drops/administration
* Division of various waiver programs may be detrimental ~~too~~ system currently is not built to treat the whole person - it is divided

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Table #: 26 Dennis George - Spokesperson

SUGGESTIONS

Children, Families and Pregnant Women:

Coordination of the rules and regulations with proposed Cost Cuts.

The way we treat Pregnant Women for coordinated care is a Model in Ks.

Aged:

No family infrastucture to support people in the area.
Aging population stays in place, family moves on due to jobs.
Boost Senior Care Act.
Reform Home Health at the federal level, Cost effective.
Better reimbursment rates for trans.
Amount of Assisted Living is much cheaper than skilled nursing/ nursing home.

Disabled:

Accountability - Provider - Continuity of providers
Motivate recipient for accountability
Behavioral changes are needed.
Coordinate Services - mental health, HCBS Services
Reward improvements over time, health improvements

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 27

SUGGESTIONS

Children, Families and Pregnant Women:

- Rural providers - use of telemedicine
- ~~Non~~ Non-custodial parents + their access to employer~~ed~~ sponsored insurance
- With ACA, cordination of care b/w Medicaid, CHIP, and Private market

Aged:
- re-examine the client obligation
- communicate the non-service related pension program
- ~~lack of knowledge~~ communicate HCBS as a potential alternative to nursing facilities

Disabled:

Kansas

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Table #: 28

SUGGESTIONS

Children, Families and Pregnant Women:

Be where they are

Enhance & utilize technology - take it to them. Technology can be a fundamental part of provider service & personal responsibility incentives

Transportation - eliminates barriers

Incent consumers to be leaders within their consumer community health consumer leaders.

Incent preventative care

Eliminate the cliff - disincentive to make more $

Aged:

Focus on preventative care & home care → stop cutting home care rather nursing home care is an entitlement but in home services are not an entitlement. The wrong program is incentivized

Faith communities can't handle the additional burden & many of them are elderly themselves.

Whole rural counties have no home health options

Incentive to buy long term care insurance

~~[illegible]~~ intergenerational facilities - nursing home with ~~[illegible]~~ kindergarten or preschool

Disabled:

- Great interest among providers to learn more / begin to implement coordinated services through a Medical Home Model
- Have behaviorist available at the physicians' offices.
- Adequate funding for payment to direct care providers.
- Financial criteria used for eligibility.
- Promote medical home model with CMHCs for those with primary mental health Diagnosis
- Put people w/ disabilities to work → measure outcomes and hold providers accountable for positive employment outcomes.

Kansas

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Table #: 29

SUGGESTIONS

Children, Families and Pregnant Women:

- Tie health insurance to jobs.
- Incentives to hire (lure) doctors (networks) back to their hometowns.
- Move education to those needing services.

Aged:

- Emphasis on prevention - LT + ST
- look at obstacles those who are in the system have to obtaining tx - transportation, providers with limited hours, etc. Also need coordin. of services across the system: doctors, pharmacies, transportation, etc.

Disabled:

- Tie health insurance to jobs.

Kansas

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Table #: 30

SUGGESTIONS

Children, Families and Pregnant Women:

- Incentivize Birth Control
- Incentivize lifestyle changes
- Expand education on access to care
  - Education on finance
- Sliding scale means testing for pregnant women & single Moms ⇒ incentivize staying at work by not COMPLETELY cutting them off at earnings thresholds

Aged:

- Medicaid pay for care coordination & case mgt
- Crackdown on fraud & abuse
- Incentivize people to buy LTC insurance
- Access to transportation
- Telemedicine
- Better tax breaks for donors ⇒ particularly big donors
- Streamline HCBS application process & provide "bridge" services to prevent steep declines in health ⇒ which is more costly

Disabled:

- Pay more to get jobs in the community for sheltered workshop providers
- ↑ participation in "work & working healthy" program
- Paying quality providers will end up increasing efficiency & effectiveness of service, which will ultimately be cheaper
- MASSIVE education on still receiving benefits while working
- Make private insurance cover more equipment & services
- Access to transportation

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 31

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:

Disabled:

ALLOW DISABLED TO HAVE PRIVATE PAY INSURANCE TO COVER MEDICAL BILLS & ALSO HAVE MEDICAID TO COVER HCBS. SAVINGS TO THE STATE OF ALL MEDICAL BILLS! TPL PROCESS DOES NOT ALLOW THIS. CHANGE TPL.

Kansas

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Table #: 31

SUGGESTIONS

Children, Families and Pregnant Women:

Focus on prenatal (avoiding premature births). Care mgmt to coordinate between health + soc svc ~~professionals~~ needs.
Head Start strengthen support
Better coordination c̄ social svcs.

Aged:

- PROVIDE FAMILIES RESPITE FROM CAREGIVING.
- REIMBURSE FAMILY TO CARE FOR ELDERLY
- IDENTIFY PEOPLE WHO ARE AT RISK OF GOING TO NURSING HOME FOLLOWING HOSPITAL STAY AND SEE IF NURSING HOME CAN BE AVOIDED.

CARE assessment done in hospital - identify those at high risk & assess before discharge

- EXPEDITE FINANCIAL PROCESSING FOR HCBS ELIGIBILITY.
- UTILIZE NURSING HOMES TO PROVIDE HCBS SERVICES IN a RURAL AREAS.
- PRIORITY PROCESSING FOR PEOPLE IN HOSPITAL.
- BETTER CASE MGMT.
- HCBS IN LIEU OF NURSING HOME
- ~~FREE~~ HEALTH

Employer benefit + LTC insurance ~~purchased young~~

Disabled:

Case mgmt should include/facilitate health prevention + screening (more emphasis on health needs) - not medical or social but both
Electronic medical records to ~~facitate~~ facilitate coordination
Case coordination with targeted cm $ - not a lot of advocacy done - regulations inhibit from full case mgmt functions
Determine supports needed to support work
Encourage Medicaid ~~to~~ buy-in programs to support work

Group Comments

Kansas

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INSTRUCTIONS

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Table #: 32

SUGGESTIONS

Children, Families and Pregnant Women:

1. ✓ Children & Families should be targeted for policies that promote preventative care strategies; health care consumerism-education; quantify the basis for greater investments in fraud, abuse & exploitation.
2. ✓ Movement between coverage-models should NOT disrupt ongoing medical care, or promote inefficiency.
3. ✓ Dental !!! MH!!!

Aged:

1. HCBS when well regulated & competently provided should be ~~[illegible]~~ available in adequate amounts to meet the clearly evident needs.
2. The workforce in the world of care-giving is under GREAT distress. We should pay care-givers a decent wage w/ decent benefits & prepare them to do good work. (training etc.)
3. If the administration believes we have too many people in NH beds, & they should propose strategies to reduce beds.
4. Consider certification of need to assure NO construction of new BED space.

~~Disabled:~~

Disabled:

1. "Competition" as a market-place factor should be evaluated to determine whether it is a cost-driver or a true quality-enhancement factor.
2. Re-invent a universal service-coordination professional model so a person or family in need could utilize a single-professional "guide" to access available services and improve personal-responsiveness & accountability (including employment).
3. Employment & Training activities (e.g. Supported Employment) deserve additional investments.

Kansas

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Table #: 33

SUGGESTIONS

Children, Families and Pregnant Women:

- Multi-discipline clinic.
- Pilot program - parent support c̄ care coordination. (familiarize families c̄ all the different systems)
- Ø referral -
  - State system -
    - provide incentatives
  - Improving program integ.
    better partnerships among diff agencys.

using outside resources (ie: Churches) to coor. care in rural areas

Requirements to keep medicaid for children - ie shots, parents as teachers.

Aged:

Preventative -

Knowledge of programs to elderly:
living longer - HCBS is it cheaper than LTC.
HCBS in ~~longterm~~ assisted living.
HCBS as 1st resort not last.

Disabled:

↔ accountability of adherence to meds → if not compliant possible d/c of Medicaid.

- mandate some sort of PCP & behavioral health care -

7/19/11
4 Tribes
mtg -

Aged

Kansas

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Table #: 34

SUGGESTIONS

Children, Families and Pregnant Women:

transportation

Aged:

(1) expand number of assisted living faciliteis for elderly who are medicaid eligible at onset. and who dont need to be in nursing home. Nursing homes receive more $ Medicaid than assisted living so assisted living facilities limit the # elderly they accept. ~~[illegible]~~ Even elderly who initially have $ - if they live long enough they too end up on medicaid

(2) & Get HUD & medicaid collaboration to create ~~[illegible]~~ assisted living facilities like Delaware Highland Assted Living KCKS.

Disabled:

(3) HCBS is the payor of last resort - so long as the SR is truly getting their needs met - there fraud, waste & abuse

Disabled

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Table #: 39

SUGGESTIONS

Children, Families and Pregnant Women:

(1) hi risk fund in KS will not provide insurance to mentally ill regd to medicaid first. My son has had 8 private insurance to being forced to medicare because no one will give [illegible] any [illegible]

(2) No group homes in KS indiv w/mental health issues need group to [illegible]

Aged:

(3) Medicaid has an error in software problems involved in pricing
"Medicaid personnel stated we know we have incorrect pricing in our billing system."

(4) ~~No~~ Expand formulary for medicaid approval -

Disabled:

(5) HCBS has already improved cost savings versus institutionalization.
Emphasize cost avoidance of HCBS vs. jail and/or Institution

(6) Need Group Home OR HCBS to ensure adherence to meds.

(7) Does living in a group home improve outcome?

8. Supported employment Make Employment First a reality.

Women Children
Families

Kansas

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Table #: 39

SUGGESTIONS

Children, Families and Pregnant Women:

(1) Reconmend 1 Stop Shop concept.
helps families who are mobile, w/o jobs
knowledge of resources - could help alleviate burdensome but infrastructure requires expertise of resources on all services available

(2)

Aged: outreach to rural families
transportation funding always an issue)

(3) Better integrating mental health care
with physical care.

Disabled:

(4) flexibility to allow agencies
to create incentives to engage/parents.
and families in planning for their health care decisions and planning

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Table #: 35

SUGGESTIONS

Children, Families and Pregnant Women:

Improve quality of care consistency of coding from Medicaid to private ins.

~~Expand~~ - CMHC codes - ~~allowing~~ amended to open behavioral health codes to ~~other~~ other services to avoid duplication of services - (custody kids)

- Eliminating special services beyond what Dr. would normally provide
- 24 hour drop-in clinic - locate near that population
- Partnership w. nonmedical organizations serving same population
- Vouchers for this group to use to pay premiums on a private policy to have consistency as they go in & out of Medicaid
- Access to subsidy birth control - (some members disagreed)
- Dental care - basic

Aged:

- Increase telemedicine
- Educate them on LTC & life insurance/LTC option
- Civil society can provide respite & support. Expand slots on PACE program through a hospital

Disabled:

CMHC codes - amended to open behavioral health codes to other services to avoid duplication of services

Increased technology to oversee medication adherence

More managed care - ~~lat~~ at wherever the consumer chooses

Removing barriers that discourage employment

sliding scale on income eligibility

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Table #: 36

SUGGESTIONS

Children, Families and Pregnant Women:

Children on health wave have a hard time finding speecalist. Travel is issue.
Cut the number of people who qualify to reduce health costs. (Fee schedule)
Is it possible to look @ eligibility based on Resources can that be changed or effecte
Increas eligibility of children requirements. Incentives for employers to carry insurance. (afordable insurance
Examine Neo-Natal care as an example of balancing care.
* Cost-sharing promotes
medicaid eligible should have education components. High usage medicaid users. education or coach, wellness coaching and incentives. & pregnant women.
Benefits of? — Price transparency – at time of service.

Aged:

for people to buy insurance? People weary of Long term insurance. Promote HCBS Services & dissability insurance create a moral Hazard? Educate hospitals and discharge planners of In home education.
Require Hospitals to refer to AAA for Home discharge assessment & educ. option.
Case managers or counselors to involve options (HCBS). @ N.H. after Rehab.
Bedside Assessments very Important.
medicaid pays costly N.H. placement rather than In home PT.
Transportation issues.
keep medical transportation on medicaid
Do we provide or require cost comparison for therapy Home vs. N.H.

Disabled:

Wtng. list. – stop cutting assistive services. to prevent N.H. placement.
assistive tech. to assist going back to wk.
provide incentives for employers to hire.
more emphasis on MFP. +
Promote Competition or competitors to ~~ensure~~ lower cost? and Improve care.
Among providers.

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Table #: 37

SUGGESTIONS

Children, Families and Pregnant Women:

Financial incentives or disincentives for over/under use of services

Coordination between providers & incentivizing this.

Aged: Make communities more aware of HCBS as alternative to nursing homes.
Dedicated case manager at hospital to work with at risk admissions with goal of discharge to community instead of nursing home.

Encourage nursing homes to also provide in-home services.
Require coordination of care for HCBS; area agency on aging could do this. Access Medicaid claims data for this.
Faith communities could provide respite for families providing care to allow the families to remain engaged longer.
City planning & activities to encourage interaction between neighbors — integration of community may allow better care-taking of each other.

Disabled:

Move away from fee-for-service to models that encourage quality & coordination instead of volume.

Enhance workforce by adding psychiatry to the medical school student loan repayment program.

Specifically pay providers for providing care coordination.

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Table #: 38

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:

Disabled:

1.) Children w/ disabilities - KS discriminates against children w/ DD.
Value in Early intervention ~~EPSDT~~ EPSDT
schools recieve funding for PT, OT, ST
non-profits aren't able.
* Eliminate restrictions on Habilitation restriction
Expand Autism Waiver funding

Table 38

Aged

- Better assess interest and readiness for community-based svcs
- Leverage better the "money follows person doctrine"
- Eliminate bureaucracy
- Aged cannot be viewed independently for B&D
- Dual-eligibles: simplify:
  - policies & systems
  - care access
  - coordination between caid & care
- Establish "criteria" for those who could receive HCBS with certain supports
- Take advantage of all funding streams (eg. Senior Care act, community options)
- Harness medical home model/
- Capitalize on alternate funding sources:
  - Reverse mortgages
  - Faith-based org. funding/contributions
- Improve oversight and monitoring of home-based services

Table 38

Children • Families • Pregnant Women

• Education & communication of Prevention

- Nutrition, ~~etc~~ prevention just how to access!
- communicate effectively
- assistance $/ $$
- "Stabilize" difficult family situations

→ grass roots & technology

- getting resources into the community (bring to them)
- telemedicine, etc.

→ Network w/ existing community organizations, & federal

→ Clinical outreach - focused

- focused on complex, comorbid conditions

→ community-driven, leveraging existing "networks" - these need to be coordinated!

- tie-in the "Connectors"
- train the trainer

→ Rural Communities present unique challenges

- not all the same
- provider ~~...~~ incentives ~~for~~ service ~~...~~ providers

→ Integrating early childhood programs

→ Integrate physical & mental health

HCBS WAIVERS

* Colapses all HCBS WAIVERS INTO
3 WAIVERS
- MR/DD, TBI, AUTISM.
- PD / FE
- SED / MENTAL HEALTH

MAKE HCBS AN Entitlement

Look @ States like Michigan, Vermont, Washington, Texas

~~MANAGED CARE FOR THE DISABLED CAN BE SUCCESSFUL~~

Please continue to seek out and consider stakeholder feedback as the process of medicaid reform continues.

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Table #: 39

SUGGESTIONS

Children, Families and Pregnant Women:

- allow families to pay premiums for medicaid if income level increases (instead of losing assistance)
- required community service programs for physicians to provide education/outreach ~~and ...~~

Aged:

- coordination of electronic medical records to allow better coordinate chronic care
- required transition planning for Nursing home rehab placements, incentivize change from institutional model to community based model
- provide access through medicaid for assistive service, so that seniors can age in place & avoid unnecessary nursing home placement

Disabled:

Adherance to medication: oversight re: number of medications, monitoring for duplication & unnecessary medications; holistic approach to address other/add'l options for treating illness/symptoms

ensure prescriptions are written clearly and the patient understands how & when to take

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Table #: 39

SUGGESTIONS

Children, Families and Pregnant Women:

- research the root cause of need to access medicaid and ~~open~~ family cycle
- focus on prevention of chronic illness
- incentivize out of business hours practices
- wellness programs to assist parents in teaching children prevention (ie diet)
- require all medical providers to accept medicaid in order to have license; incentives for rural providers = increase in reimbursement rate

Aged:

- increased reimbursement and mileage for home health providers, and widen scope of medicaid paid home health to ensure preventative services are being delivered
- decrease FE waiver TCM caseload size
- research cause of lack of community/family involvement
- increase access to transportation
- cost/benefit study to compare waivers versus NF
- holistic approach to address physical & mental health needs
- look to other states' medicaid reform programs

Disabled:

- electronic medical records to allow better coordination of care
- transition specialists trained to assist consumers w/disabilities in managing care, living independently
- Education about existing medicaid buy-in programs to encourage disabled to go back to work
- Holistic approach to treat physical, mental, and behavior (positive behavior supports) to ensure support for community ~~[illegible]~~ employ

Developing standards for behavioral supports and requiring inclusion w/in the waivers

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Table #: 39

SUGGESTIONS

Children, Families and Pregnant Women:

Incentivize providers to have office hours outside of M-F, 9:00-5:00. Parents on welfare or with low-paying jobs often can't get time off from work to go to the doctor or take their children to the doctor.
Evening and weekend hours are essential - otherwise folks are forced to use the emergency room.

Aged:

Require better discharge planning and coordination of care.
Encourage ~~Allow~~ nursing home staff to also work as home health workers.
Use the health home model in ACA - provides 90% FMAP for 8 quarters to test.
Advertise the CLASS Act when it is up and running

Disabled:

- Change reimbursement for the DD waiver - provide lower payments for sheltered work and higher payments for competitive employment in the community.
- Aggressively encourage employers to hire people with disabilities
- Used value-based pharmacy benefit plans - provide at no cost drugs proven to be effective e.g. anti-hypertensives, insulin, etc.

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Table #: 40

SUGGESTIONS

Children, Families and Pregnant Women:

- Electronic Medical Records: easily transfer of records; increased efficiency
- Prevention Education in Clinic - broad enough for entire family
- Preventative Care for people who are excluded from Medicaid but @ risk for full Medicaid
- Medicaid providers working together - Very siloed care needs to change
- Get to the Moms who make majority of decisions for entire family (studies say this)
  Off-site locations for providers to get to rural areas; Pharmacist as care mgrs b/c they are available
- Reward good health behavior / stablize relationships for all providers to serve this population.

Aged:

- Provide some level of support for retro-fitting homes in order to eliminate pre-mature placement in homes (OT consult)
- Do not reduce funding for home and community services - this is what pushes people into homes
- Use of technology - tele health
- Mental Health needs to be increased - home health mental health
- Effective Use of Self-Directed Care
- Sliding fee scale for services such as transportation / - Nutrition Needs (ex: Meals on Wheels) for people that can contribute some.
- Potential tax incentives to purchase long term care insurance
- Expansion of medication management to Rx, OTC, for healthier management

Disabled:

- Assure that disability beneficiaries that return to work have combined income of disability benefits and wages equal to what they receive in benefits alone - if they return to work. Insure that the companies that employ these people have some tax incentive or subsidy to offset increases in premiums
- Why can't we combine private pay and Medicaid COMBINED for families that can do it.
- Health information / technology has to include mental health - but the mental health providers need to be able to input information
- Self directed care for families that CAN manage it - that it's not mandated for families that can
- Supported Employment - Job Coach provided for those - incentives for folks to (even non-profits) that can make sense for them to hire disabled population.

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 #: #41

SUGGESTIONS

Children, Families and Pregnant Women:

Aged: Discussion
(1) What are the reasons behind the number of people who enter nursing home facilities?
- why?
- would home & community-based services eliminate that?
- look at the policy around how we manage the utilization
  - ↳ nursing homes as a last resort

Re-visit the criteria - how it links to the new (Medicaid vision)

(2) Corporate incentives for long term care insurance - early in the (getting them in earlier) *

(3) "Family-based connections" to long term care must be a part of the policy & approach

Disabled:

People who are aged

Our two areas of focus:
> Policy on how we use Nursing Homes - comprehensive assessment needed
> Long term care insurance "campaign" to make sure it is incorporated into an "insurance package"
> Boost services that keep people @ home

* other incentives to make LT care insurance part of a package care

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Medicaid Reform Public Forum - Feedback

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Table #: 41

SUGGESTIONS

CHILDREN /Families

Children, Families and Pregnant Women:

(1) Rural - explore + maximize technology for those services that lend themselves to that mechanism (sharing medical history - MH history)

(2) Coordinating care - again MH/Medicaid population tends to be mobile technology could support medical home

(3) Based on the assumption that children ~~max~~ on Medicaid are in poorer health you should look @ the environmental conditions

(4) Develop mechanisms to eliminate silos and duplication of efforts among a population that is served & develop common goals & points of entry

Aged:

(7) Managed care - if approximately 95% of the cost is "managed" being thru a MCO where can there be efficiencies or restructuring. "Limited to how we serve our pop." Eg. MH & child welfare - are the services coordinated? based on a wholistic approach.

(5) Expand base partners Public Health that could provide needed outreach

(6) Back to work - "higher paying jobs" - services would be picked up by the employer. Medicaid ~~could pick up what~~ be the cost sharer

People with a disability

"People" who are Disabled: DISCUSSION

(5 yr. wait list for DD waivers) Biggest challenge - children don't have access until they have ~~aged~~ waited ~~when~~ for 5 years after need is identified.)

~~One way~~ Approach - NOTE Healthy marriage initiative - (divorce rate among families with a disabled child is 80%) Supports & services for families to impact that?

"Building case management resources" - what is the quality of care you get for 8.98 an hour?

Discussion Prescription - overview - use of generics

Rural families - very difficult to access services - rural areas are more challenges b/c of costs for accessing & delivery

Integrating Behavioral Health needs to be integrated c̄ primary health

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 42

SUGGESTIONS

Children, Families and Pregnant Women:

- Universal ~~access~~ screening & assessment
  Early identification is important
- PRTF → community treatment but this trend is reversing - still a divide w/ community vs Facility
- Good records from MCO would help identify duplication
- Rural Family access is still issue. Prevention programs important for overall health
- Medical Home would be important concept
- Examine every option

Aged:

- Regulations add to cost - could do different levels of care at lower cost if some of these regulations could be relaxed.
- HCBS is cheaper but not fully available
- Intermediate tier needed - assisted living
- Dual Qualified - medicare & medicaid - are an underutilized area - Governor could mandate recipients to exhaust Medicare before Medicaid - and do this centrally

Disabled:

- KNI costs a lot and is an archaic model of treatment
- Turf battles cost $ - a PD waiver w/ emotional issues ~~causes~~ - which waiver to use - money spent trying to decide
- Medical home or similar concept to coordinate care - this group has multiple issues - there should be a way to receive the services needed in a coordinated means.

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 43

SUGGESTIONS

Children, Families and Pregnant Women:

- Inconsistency in on-line vs. off-line applications. Can't apply for everything online. Need to be able to accept supporting documentation electronically, including digital reproductions, informing people both online & offline concurrently. Allow for electronic replies for supporting documentation & responses to more info (cut through red tape).
- Reduce the cumbersome & burdensome appeals process. Provide support for parents to navigate this process. Fund it
- Educate & Inform parents of what entitled to & how to navigate.
- Have Medicaid (whether KHS) be able to access a credentialing process (like CAQH) for credentialing documentation, etc.
- Coordinate EPSDT care to make sure entitled services are provided w/ less red tape

Aged:

- Provide Education & advocacy & care coordination to encourage home health, community-based services ~~other~~ instead of NFs
- Reprioritize all policies to eliminate the institutional bias and promote instead home health & HCBS. Totally change the system to do this.
  - → EX: FE Waiver cuts services & benefits instead of Waiting List – encourages NF placements. Need to reset the starting point to encourage HCBS & home health.
  - → Innovative ideas to promote HCBS – telehealth, transportation
- Embrace CLASS Act & Promote it to get to critical mass under Long term care insurance coverage
  - ↳ more people w/ LTC insurance under CLASS ACT.
- Wholelistic support – at good nutrition can prevent institutionalization → Use faith based efforts.
- "Reform" estate recovery to make it more reasonable.

Disabled:

- Make policy of employment first a reality – Reset everything
- Fund advocacy & support that is seperate of service providers to educate people w/ disabilities of work incentives & employment outcomes
- On the front end, do this education & help people navigate these complex systems to support work. Again, seperate from service providers.

will take upfront $, but will save $ too

- "Reset the Ø" – New paradigm = Community-based is prefered option
- Eliminate the institutional bias for all people w/ disabilities. Make HCBS the same entitlement as institutions.
- Do the federal Community Choice Act to get +6% FMAP for personal care as a prefered service.
- "Nothing about us without us."
- Support & Fund Self Advocacy across all disabilities.
- Too many people who are high functioning in sheltered workshops – This must change
- FMS → don't make the changes planned for self-directed, unless do it for non-self directed too.
- Coor behavioral health – cross-training case managers & addiction professionals too

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 44

SUGGESTIONS

Children, Families and Pregnant Women:

Prevention - education on the importance of prevention for items like vaccines

Medical home - coordinate and ensure regular care is available

* Enhancing heathcare literacy - so parents understand how important regular visits and vaccines are to longterm health outcomes. include nutritional education - how to eat right on a low-income.

* Tele health clinics - for people in rural communities.

Incentives for providers to participate in tele health or start practices in a rural community

Consider coverage for alternative workforce for services

Aged:

Education related to how to prevent early placement - importance of long term care insurance

Increase in support (respite care or adult day care) for family care givers so they can to continue to provide care at home.

Revise the screening process used determine eligibility for long term care admittance

Allow for payment for longterm care insurance as part of their medicaid benefit

Intergrate rural community LTC care between severae counties.

Coveraged for assisted living with increase home health on HCBS vs full tilt Nursing home Skilled bed.

Disabled:

Develop a system that calls patients daily to do medication reminders.

Increase or provide broader coverage for home health visits for medication reminders.

Medication dispenser - coverage and installation of that dispenser's.

-Mental Health and physical Healthcare administered by the same agency

Provide coverage for care management "conferences" and incentives between multiple providers every month.

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 45

SUGGESTIONS

Children, Families and Pregnant Women:

MORE + BETTER EDUCATION FOR CHILDREN + FAMILIES TO ENGAGE IN HEALTH CARE + RELATED DECISIONS
UTILIZE SCHOOLS + CLINICS IN RURAL AREAS
BETTER MANAGEMENT AT STATE LEVEL OF PROGRAMS

Aged:

MAKE CHOICES MORE AVAILABLE SO PEOPLE UNDERSTAND THEIR OPTIONS - HCBS - SENIOR CARE - PACE ETC.
MAKE IT AS EASY TO GET COMMUNITY BASED PROGRAMS AS IT IS TO GET NURSING HOME CARE
REGULATIONS (INCLUDING FIRE MARSHALL REQUIREMENTS) ARE DRIVING UP COSTS - NEED TO BE ADDRESSED
UN FREEZE SENIOR CARE ACT
SHIFT NURSING HOME DOLLARS TO HOME BASED PROGRAMS (PACE, HCBS)

Disabled:

SOME DUPLICITY OF MANAGEMENT THAT COULD BE ELIMINATED
REGULATIONS MAKE IT MORE DIFFICULT + EXPENSIVE TO PROVIDE CARE - NEEDS TO BE ADDRESSED
MORE SHOULD BE DONE WITH EARLY INTERVENTION.

- Management of fraud in this category - ~~Abuse~~ more abuse then fraud
- Services are being provided that are not accessed
- Ignorance of rules of the system
- Adherence - better communication between physician/patient/pharmacits
  - provide discussion on alternative care
  - Doctors need time with patients - adherence would improve if the relationship was established
- Quality case management

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 46

SUGGESTIONS

Children, Families and Pregnant Women:

Coordinate Care

- ~~Greatest user of ER services~~ - Primary care providers
  - Eliminate medicaid + do direct contracting
  - Managed care - Cut out the middle man - use the Medicare model
- Change Medicaid reimbursement to Medicare reimburse -
- Medical home - lock in then Express care instead of ER use
- Frontline decision - ER vs Primary care
- Better education/

Rural Areas - more outreach facilities /satelite services
- transportation issues, more senior population
- ~~more visiting nurses/PAs~~
- more education on OB - if they would come in early for pre-natal, otherwise of Medicaid for life

Stabilize Relationships - Administrative simplification - claim process/technology
- Provider-based - not for profit care

Self-sufficiency - need to educate early through schools

~~Aged:~~

~~Disabled:~~

AGED
- Keep seniors in their home by providing home care services - Need to reimburse for mileage to allow exsisting groups to expand coverage areas
- Adult day care expansion in Western KS - Pilot programs
- Wellness monitoring - education on this service is needed
- Special focus group on senior issues in each region - Each has special needs based on location
- Use ready-made groups (Loins Clubs, Rotary, Churches, etc) to educate seniors on services
- How do you find quality care in rural areas?
- Suicides in Seniors - Psyc issues need to be addressed
  - Tech - use web cams, skype, to monitor Seniors health in-home.

DISABLED
- Medicaid doesn't understand outcomes, - incentivizing outcomes
- Early intervention for children - will help reduce cost in the future
- Trouble with children with autism in coordinating care.
- Tech home monitoring for adherence to medication - PD and DD should not be lumped into one group. Need to look at @ and determine how to address
- Need education for employers to hire disabled

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 47

SUGGESTIONS

Children, Families and Pregnant Women:

Aged: Examine cost of institutional care vs. HCBS care. Institutional Care is an entitlement, HCBS is optional although it is less costly.

Disabled: Preserve Self Direction and implement rate parity for self direct & non-self direct service providers.

Change eligibility (reduce eligibility)

Increase individual expectations

Utilize Independent Living Skills training

Strengthen Working Healthy / WORK program - remove "demonstration" status, open to other populations in order to support employment, remove the incentive not to work.