

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 #:

47

SUGGESTIONS

Children, Families and Pregnant Women:

Utilize what is already in place - better coordination of care
Changing funding mechanism to assist in self suff.

- Possible reward for not circling back to inpatient treatment if maintain job, transition to outpatient services b/c IP costs so much more.
- medical home - help w/ care coordination

Aged:

- Bridge gap b/t entitlement piece of institution and HCBS -
 - HCBS - does not cover costs of per day
 - pay per diem for less level of care
- offer volunteer hours if you receive benefits - saves costs reducing strain on the state to provide funding
- More services provided in the home
- more tele medicine to keep out of hospital, LT Care - internal medicine
Physicians typically not making rounds at nursing homes etc. ---

Disabled:

- working healthily - believe continues to be demonstration program
 - strengthen it; expand it
 - saves costs
 - buy in as have work - so not quick end to benefits
- Appeals to be a bias away from self directed → due to funding changes it could end self directed care as it is today.
- Does not appear to be a priority; it is a statute in KS but funding does not seem to support; thus hiring labor is difficult for disabled individual.

- 1) Reduce enrollment } Reduce eligibility
- Getting people back to work
- 2) Reduce services } Reducing Optional Benefits
- Coordinate service
- 3) Reduce Cost - Reduce provider reimbursement
- 4) Program mgmt / design - Improving integrity

KITPA website for ideas rec'd.

Kansas

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SUGGESTIONS

~~Children, Families and Pregnant Women:~~

Disabled

Invest more in centers for independent living to educate and assist people with disabilities. Invest in events like the Disability Caucus as a way to educate people with disabilities.

~~Aged:~~ Invest more in work programs— it will pay off in the long run— especially Working Healthy. It is a proven program that works.

Eliminate tax credits. Over the last 10 years, tax credits have cost the state over \$9 Billion, and \$1 Billion in the year alone. The problem is not merely a spending problem.

~~Disabled:~~ Encourage people to buy long-term care insurance earlier in life - before pre-existing conditions may exist.

Incentivize medication adherence

Coordinating physical and behavioral care is addressed in the Affordable Care Act. Look at models like Mayo Clinic, which does improve outcomes. Part of the model is that physicians are paid a salary, not based on services provided.

Rural solutions could include telehealth and telerdentistry.

Kansas

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SUGGESTIONS

Children, Families and Pregnant Women:

- Least amt. of growth.
- Better coordination of care - do away w privatization and collapse program into SRS. (10 yrs ago). KS BCBS was TPA. (reduced admin. costs; no evidence that private sector does better).
- Short term vs. long term investment (prenatal care, dental care).
- Aged - Best predictor of health = income = education
- Rural issues = transportation issues.
- 65% of the population & 22% of the costs.

Aged

The population of Kansas is an average of 2 years older than other states. This means we will see a natural increase in the number of people in nursing facilities.

Disabled:

If there were more investment in HCBS for elders, we will save ~~over the~~ a portion of the cost to serve them in nursing facilities.

Look for ways to provide only the medical services people on HCBS need, including maybe decoupling HCBS eligibility from Medicaid eligibility.

We used to rely on faith-based community to provide for elderly people, but we had no ~~one~~ reliable and consistent delivery of care. This was an uneven approach to a problem that did not work well. When we did this, more people did not work and could take care of their elders. The premise of Medicare is to prevent

Handwritten notes on the right side of the page: "not a program", "single payer", "individual care", "pre-natal care".

Handwritten notes on the left side of the page: "we need to make HCBS the default, mandated service, not nursing facilities.", "spend more money on education."

Handwritten note on the far right edge: "people from being medicare 111"

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Children, Families and Pregnant Women:

COORDINATION OF CARE → TRY PT. CENTERED MEDICAL HOME & NETWORK RURAL COMMUNITY HEALTHWAIVE → NO. OF ORGANIZATIONS → IS IT LETS EFFICIENT; GO TO FEWER MD'S
COORDINATE HEALTH AND SUBSTANCE ABUSE BETTER
TRANSPORTATION NEEDS

Aged:

- PROMOTE COMMUNICATION TO ENJOY ON CHANGES FOR HEALTHY NUTRITION (LIVING AT HOME 1ST CHOICE) " LEAVING "
- PHARMACEUTICAL RECONCILIATION
- LTC INSURANCE, TAX CREDIT FOR INDIVIDUALS OR FAMILIES TO CONTRIBUTE
- ~~CUTTING~~ CUTTING FUNDING ON HCBS AND LTC A BIG CONCERN TO COST
- FOR PREMATURE ADMISSIONS, E.G. THEM, USE EXISTING FUNDING TO

Disabled:

- MOVE BACK TO OUT PT. CARE. (MONEY FOLLOWS THE PERSON FEDERAL FUNDING)
- INCENTIVIZING EMPLOYMENT OF FUNCTIONAL DISABLED PERSONS
- REGULAR MEDICATION THERAPY MANAGEMENT BY PHARMACIES TO MAKE DRUG THERAPY EFFICIENT AND OPTIMAL
- NEED TO HAVE IDENTIFICATION OF WHO CAN BE EMPLOYED (WHAT ARE THE COSTS AND BENEFITS?)

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Children, Families and Pregnant Women:

Pregnant women - 1st pregnancy - emphasize + more
on early stages
of case management, child care - ~~employment~~

Rural Families - people need better access to support systems
Dr or Nurse practitioner for area + they have local
(educate people they know); promote dietary education
of prevention by WPNB
site, in community
start community
no cell ph service

Aged:

Insurance

Should cover cost of Independent living
Education + Prevention.
Prevent Isolation + loneliness:

Disabled:

What are the people who are
not getting the help they need
now to do? - While we make
up our minds about Medicare?
SKILL - Independent living
a great resource for Partnership
with Medicaid to

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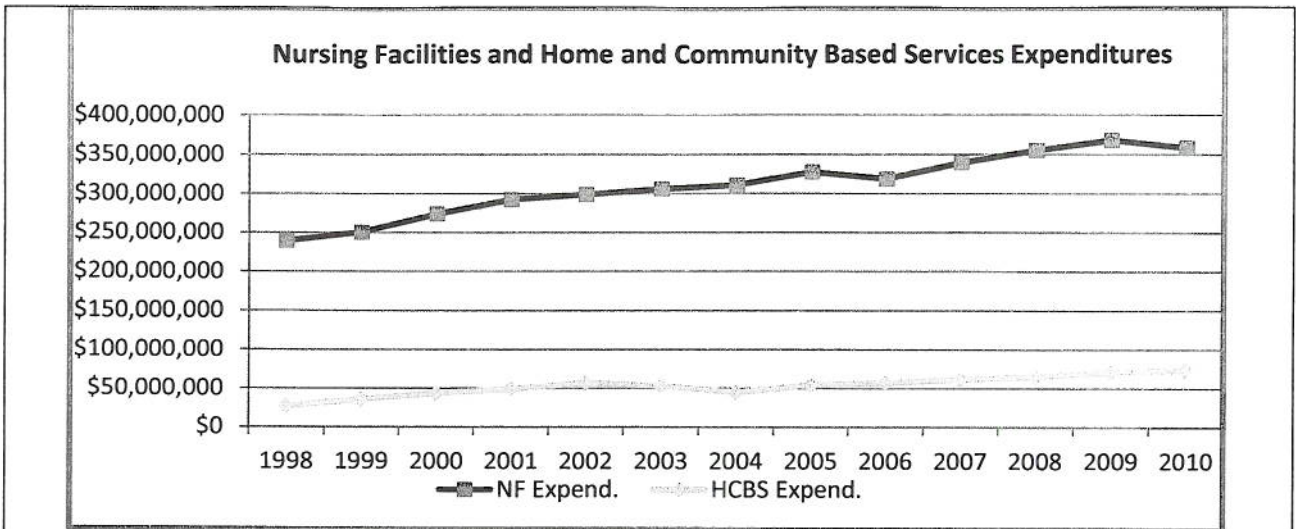
Table #: 51

SUGGESTIONS

Children, Families and Pregnant Women:

AGED:

- 1) There is currently a screening tool and physician's order that have to be met before placement. The biggest issue is access to needed services in rural areas.
- 2) There needs to be more accountability (audits by ~~the state~~ ^{to} make sure the billed services are delivered. ~~For~~ For example there are persons who have an attendant worker sign that care was given and it is not.
- 3) Is money follows the Person ^{truly} being offered as an option for persons to move back home from a nursing facility. Better education.
- 4) ^{Disabled:} Long term care as a preventative, not an after thought, and education of ~~the~~ 20, 30, 40-year olds of this. Know how rehab or supports can be delivered in home preventatively or early on rather than waiting for a fall or medical condition to require NF.
- 5) Set Rate for in-home services across the State. KHPA should look at local costs and reimburse services based upon local cost.



Policy Considerations

- How do we prevent premature placement in institutions? Kansas' average nursing home utilization rate (for the 65+ population) is 5.6%, while the national average is 3.8%.
- How do we create infrastructure for better long-term care delivery in rural and frontier parts of Kansas?
- How do we utilize HCBS more effectively for the frailest seniors in Kansas and encourage seniors and their families to use HCBS as the payer last resort?
- How do we coordinate chronic care, across multiple settings, for the frailest seniors?
- How can we create incentives for Kansans to prepare for their long-term care needs?
- What role can families, faith communities and our civil society play?

AGED: (Continued)

6) Consider requiring families to liquidate a persons assets once a person has been on Medicaid and institutionalized for 6 mos. to a year.