<table>
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<th>Table #: 1</th>
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**Children, Families and Pregnant Women:**

How can we have medical homes? Do not have stable point of entry for information, referral, creation. Many don't 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 eating, 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.

**Disabled:**

Aged:

- Keep elderly off Medicaid by providing some assistance so it's, etc.
- Don't have to be spent down, e.g., pay property taxes & possibly some utilities that the IRA withdraws (mandatory, presently cover, so can stay in own home)
- Alone need in home behavioral services - result would be reduction in doctor visits, meds & hospitalization. Those with treated depression have better outlook at taking care of their own needs.

- Educate elderly about local area agency on aging centers & utilize these centers as the central info & referral point.
- Freeze property tax for seniors so they can spend more of their own$$ on health care services.
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 cost of pocket costs. Utilize the current CHIP program.
- Utilize school nurses as a valuable provider. The RN/PN is a wonderful resource in a rural area that is appreciable.

Disabled:
- State income tax credit if they pay insurance premiums.
- Incentives to use 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 LHD (local health dept) to coordinate care - local people

* People to use technology such as tele-health
* People to specialist not then no communication or referral back to primary care

* Educate Attorneys on "appropriate" estate planning not how to make it to go on state assisted
* Educate on division of assets
* Long term care ins. (will work)
* Incentives to use 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 LHD (local health dept) to coordinate care - local people

* Is the institutional rate higher because they are not getting the care needed thru HCBS FE because they are frustrated?
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:
  - \[\text{insert text here}\]
  - Have all MTH: TBDS in same plan of care so both case managers have access to the big picture of care.
  - Despite care needed for families that are providing a lot of non-p McCabe Care – need a break.

- Aged:
  - Promotion of working Healthy program/Work program with medical providers and employers.
  - Employers scared to be involved w/ SRS,
  - Educate thru Dept of Labor & other agencies,
  - Explain to employers the benefits to them as an employer.

- Disabled:
  - Send an annual 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 giver? Case mgrs so there is not conflicting info.
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 education of Medicaid population - to better understand appropriate care (personal responsibilities)
  - Reward Consumers that do the right thing - lose weight

Aged:

- Educate consumers about options to LTC
  - Educate medical community about other resources available medicare
  - Copy the # off beds in nursing homes to generate other less costly options - use LTC for most critical
  - Prepackage prescriptions into daily doses (could be used for any population)

Disabled:

- ### Look in the pharmacy to improve adherence to medication - also check 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 state jobs w/disabled - if receptionist
**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

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Consider linking cost sharing to behaviors</td>
</tr>
<tr>
<td>- Long-term public education</td>
</tr>
<tr>
<td>- Include in RFP - Make MCOs do more</td>
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<tr>
<td>- Strengthen partnerships w/ prenatal clinics</td>
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<tr>
<td>- Encourage use of physician extenders</td>
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<table>
<thead>
<tr>
<th>Aged:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Include LTC insurance in health insurance exchange</td>
</tr>
<tr>
<td>- Educate distant children/grandchildren of needs/resources</td>
</tr>
<tr>
<td>- Address stigma of asking for help short of life</td>
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<tr>
<td>- Encourage group home development</td>
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<tr>
<td>- Maximize small town/minor economy - Keep kids home</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Disabled:</th>
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</thead>
<tbody>
<tr>
<td>- Address fear of losing benefits if employed</td>
</tr>
<tr>
<td>- Transportation to jobs</td>
</tr>
<tr>
<td>- Address obesity more effectively</td>
</tr>
<tr>
<td>- Work on giving distributed more hope</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th><strong>SUGGESTIONS</strong></th>
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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Vaccine/synthetic supply some practices have a Medicaid supply &amp; private insurance some won't</td>
</tr>
<tr>
<td>- Limited supply of Dr.'s practices accepting Medicaid both Primary Care and Dental</td>
</tr>
<tr>
<td>- Improve access to preventive care and give education on appropriate utilization</td>
</tr>
<tr>
<td>- More follow up after birth of child</td>
</tr>
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</table>

Aged:
- PACE needs more emphasis followed to expand it meets the outcomes goals
- Rural areas had limited access to other services
- Fewer home health agencies due to various regulations
- Regulatory reform on long term care
- More reviews for prevention of fraud in LTC and home services
- 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 rate is high and that makes it even harder for disabled
- Safeguard that if they start working & lose their job they can get benefits back
- Fear of regulation prevents some employers from hiring
Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #:

6

SUGGESTIONS

Children, Families and Pregnant Women:
1. Make sure member health data is available across silos.
2. Low birth weight babies as priority/working with mom as early in the pregnancy as possible.
3. Improved reimbursement for rural specialists to improve access.
4. Continue to pursue telemedicine capabilities in rural Kansas.
5. Maintain contact with low birth weight mom’s even if they lose Medicaid eligibility - track their between periods of eligibility.
6. Integrated ownership of all areas of the system by a single entity, no carve out, so the whole person can be addressed.

Aged:

- 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 payers & impact of conditions.
- Tailored solutions to prevent disability.
- Predictive modeling technology.
- Create interventions based on data.
- Single point of entry through collaboration.
- Model or care that combines physical & mental health care.

Start gap analysis needs to be done.
Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #: 17

SUGGESTIONS

Children, Families and Pregnant Women:
- Increase programs to physicians, NPs for rural areas
- Increase school nursing (NP?) do services there (cost effective)
- Community organizations involvement in education related to pregnancy, etc.

Aged:
- Incentives to utilize long-term care insurance + have residual value so equity can be built into it
- Expand to include assisted living, not just NH (cheaper, less staff in NH)
- Case management structure to assist/promote coord. of care + services (include care conferencing)

Disabled:

Computerized/integrated system for medications, diagnosis.
### 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 change/learning
- Food stamps used to buy processed/junk foods - Teach to make good/better choices
- Housing/homelessness
- Food banks - Promote fresh food
- Childcare/employment cycle - Health care benefit

**Aged:**

- In-home stay at home support
- Tax incentive for family care
- Adult foster care
- Intergenerational/cooperative housing
- Community to businesses to hire people
- Small organizations
- Difficult to understand system - Benefits, special needs, ticket to work
- Require outside accreditation & reduce state oversight,
  - Year 1 = CDDO
  - Year 2 = State
  - Year 3 = Account
  - Year 4 = CDDO etc
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

<table>
<thead>
<tr>
<th>Suggestions</th>
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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
<td></td>
</tr>
<tr>
<td>Private Ins. needs to be more affordable so lower income workers can more off Healthwave &amp; add family plan.</td>
<td></td>
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<tr>
<td>Transportation is a huge barrier for work &amp; healthcare.</td>
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<tr>
<td>Health literacy education - there’s fear of healthcare, feelings of low self-worth - stigma of Medicaid - feel you get low quality of care.</td>
<td></td>
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<tr>
<td>Reimbursement rates are horrible - to help drive -</td>
<td></td>
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<tr>
<td>Aged:</td>
<td></td>
</tr>
<tr>
<td>Reimburse for Smart Technology - home &amp; health monitoring HCBS should be payor of last resort!</td>
<td></td>
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<tr>
<td>Increase ability for professionals to share information Pay for education &amp; consultation - prevention upfront will save in the long run.</td>
<td></td>
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<tr>
<td>Tax incentives for long term care insurance</td>
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<tr>
<td>Coordinated effort to develop &quot;screened-trained&quot; volunteers</td>
<td></td>
</tr>
<tr>
<td>Incentives for businesses to support workers caring for elderly family members</td>
<td></td>
</tr>
<tr>
<td>Disabled:</td>
<td></td>
</tr>
<tr>
<td>Payments for simple items such as Adult diapers make a huge impact for families.</td>
<td></td>
</tr>
<tr>
<td>Fund a program allowing TCM’s to see Medicaid claims &amp; access preventative info; KU pilot project 9 yrs ago.</td>
<td></td>
</tr>
<tr>
<td>Fund “Living Well of Disability Classes” to reduce medical expenses.</td>
<td></td>
</tr>
<tr>
<td>Fund Centers for Independent Living to fully provide IL services which push people to be responsible and pay bills and work!</td>
<td></td>
</tr>
<tr>
<td>Coordination of care &amp; medicine addressed by TCM project &amp; living well classes listed above.</td>
<td></td>
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Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #:

9

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:

Crisis stabilization units to prevent hospitalization - other states fund multi disciplinary teams who rotate on call to respond to hospital & law enforcement - Medicaid reimbursed - advantage is this team has access to community resources to mitigate crisis.

Disabled:

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 manager rarely works because they can't learn medical
## Medicaid Reform Public Forum - Feedback

**INSTRUCTIONS**

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<th>SUGGESTIONS</th>
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**Children, Families and Pregnant Women:**

- Need more info re outcomes in managed care
- Emphasis on prevention
- Tobacco Tax Increase to prevent new users and encourage cessation
- Rural—Telemedicine

**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 at first resort?
- Faith communities can play the role of education and support. More targeted & accessible.
- Warning signs, resources available

**Disabled:**

- Managed care component — outcome oriented
- Training and reimbursement for patient navigators
- Covering both physical and behavioral health
- Does this incorporate cost of state institutions like KVI or School for the Deaf
- Encourage Medicaid home model. Patient navigators

**Expanded Medicaid under the PPACA could help stabilize the relationships.**

**Emphasize palliative 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.

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## 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 organization; 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 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 #: 12**

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>1. Health Insurance Subsidy</td>
</tr>
<tr>
<td>2. KS’ Needs more case managers who coordinate care</td>
</tr>
<tr>
<td>3. Rural Health Center in each school or school system. Monitor fraud and abuse.</td>
</tr>
<tr>
<td>4. Patient Education</td>
</tr>
</tbody>
</table>

**Aged:**

| 1. Payment of in-home care givers especially in rural settings. |
| 2. (Raise reimbursement for care givers.) Establish (in rural areas) In Home care centers. (This would provide employment.) |
| 3. Public/Private Partnerships to provide this service. |
| 4. Provide respite care and tax incentive more sustainable. |
| 5. Encourage long-term care insurance, that will provide a safety net. |

**Disabled:**

| 1. Lower case load for case managers. More job security. |
| 2. Organize client discussions to include volunteers and family members. Help clients set goals. This involves 1:1 staff time. |
| 3. Pay a clinic or a provider to monitor medication. |
Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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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.

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.

*Integrate physical & mental health services!*

Aged:

Address services as a lifespan issue rather than segmented populations.

Disabled:

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

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Table #: 13

### SUGGESTIONS

**Children, Families and Pregnant Women:**

- Foster support for family caregivers. (how to safely provide ADL care)
- Education

**Aged:**

- Home visits by medical professionals to ensure preventative care.
- Utilize and "buck up" daycare programs.
- Increased tax credits for those families caring for a loved one in 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**

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**Table #:** 13

**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 & Healthyw
- Look at dual eligibility. One application that can qualify a member for ALL eligible programs. Express one eligibility.
- One case manager to identify all potential needs & work on services.

**Patient-centered medical homes that are incentive based**

- Preventative care & education
- Increase awareness of CHIP program.

**Disabled:**

- 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.

- 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**

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| Table # | 13 |

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<tr>
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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>Better information through the internet.</td>
</tr>
<tr>
<td>Utilize technology to rural communities such as telehealth.</td>
</tr>
<tr>
<td>Provide better education through local health departments to families utilizing PA's, Do's, Nurse Practitioners, educate the workers in the field.</td>
</tr>
<tr>
<td>Increase knowledge of travel funds and support to return to work.</td>
</tr>
<tr>
<td>Extended Medicaid coverage for a few months to supplement when people get and up.</td>
</tr>
<tr>
<td>More urgent care/health care centers use of nurse practitioners, PA's, Do's rather than E.R. care.</td>
</tr>
<tr>
<td>Participants actively engage in required education courses on preventative health and utilize technology to deliver to rural areas.</td>
</tr>
<tr>
<td>Look into tobacco settlement money, lottery money (need reform here) and casino money for supports.</td>
</tr>
<tr>
<td>Utilize technology in the behavioral health field to consult remotely with families.</td>
</tr>
<tr>
<td>Look at prescribing pharmaceutical versus healthy living options.</td>
</tr>
<tr>
<td>Perhaps required education on healthy lifestyle practices.</td>
</tr>
<tr>
<td>Prior to prescribing some psychotropics. Implement a consumer/client data base that is electronic (Electronic Medical Records) for better care coordination.</td>
</tr>
<tr>
<td>Healthy living, healthy family curriculum.</td>
</tr>
</tbody>
</table>
Children, Families and Pregnant Women:

- PCP Centered Medical Home will help
  - EHR - 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
    - 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 - 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

- Technology - home modems that can report blood sugars etc.
  - Free service provided by AT&T
Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #: 14

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Children, Families and Pregnant Women:</td>
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</table>

Aged: |

Disabled: Incentive for employers to hire disabled.

E+Ed.
**Medicaid Reform Public Forum - Feedback**

**INSTRUCTIONS**

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**Table #: 15**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>1. Create better managed care across providers. Primary care coordinator needs to be a leader. Community health coordinator to cover all areas. Target case manager.</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>2. Create a smoother pathway. Need to keep Medicaid until they are insured. Some other way, more specific &amp; stronger.</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>3. How improve coordination of physical &amp; mental health? How care could be needed to attend health? Need to be asked. Mental health issues? Syndromic care to ask. Other need more access to care. Need more access.</td>
</tr>
<tr>
<td>4. How improve adherence to medications. Phone call follow-up. Build community support. Good supportive reminders backed up.</td>
</tr>
</tbody>
</table>
| 5. Refill reminder to consumer to physician. }
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.

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**Suggestions**

**Children, Families and Pregnant Women:**

1. Coordinate care in primary care settings. Use a Zoom-like service to connect families with providers.
2. Increase access to mental health services. Enhance local mental health services.
3. Establish relations with providers that carry across payment sources.

**Aged:**

- Rural — lack of providers.
- Transportation problems.
- Increase use of telehealth.
- Electronic record transfers/Info across disciplines.

**Disabled:**

- Establish integrated care coordination.
- Increase dental care.
- Increase nutrition.

**Workforce:**

- Increase workforce.
- Increase wage for student nurses.
- Increase training for parents/caregivers.

**System:**

- Increase access to care.
- Increase reimbursement rates.
- Increase accessibility to services.
- Increase communication and coordination.
- Increase availability of services.

**Other:**

- Increase access to care.
- Increase reimbursement rates.
- Increase accessibility to services.
- Increase communication and coordination.
- Increase availability of services.
Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #: 15

SUGGESTIONS

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<th>Children, Families and Pregnant Women:</th>
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</thead>
<tbody>
<tr>
<td>Promote universal design in any remodeled newly-built homes - put it into the code. Build to age in place.</td>
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<table>
<thead>
<tr>
<th>Aged:</th>
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<tbody>
<tr>
<td>Better LTC delivery in rural areas, telemedicine, specialist etc. (mental health, vision, dental)</td>
</tr>
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<tr>
<th>Disabled:</th>
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<tbody>
<tr>
<td>Coordinate chronic care for frail elderly</td>
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</table>

Encourage seniors to live with 1-3 roommates at home - cut down HCBS costs.
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

Aged:

- 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

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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.
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.

**Disabled:**

- Provide a good role model for the disabled persons.
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 four protective factors to reduce risk that create poor health outcomes.
- Early childhood education programs that require achievement health care outcomes - integration with health care.
- Improved Care Coordination - reduce # involved care plans. A single point of contact. Systemic approach.
- Early education to promote purchase of LTC insurance when cheap.
- Pre-admission screenings for hospital discharge must occur before admission to NFs.
- Rural community NFs are incentivized to provide inpatient care - no options developed for CBS. Support few private NFs - they do very well.
- NPOs can be intermediate choices in care. Interventions for poverty.
- Family care giving - pay non-legal family members to be paid caregivers and pay provider supports that strengthen this approach.

Aged:

- The state should fund job coaches to help obtain and retain employment in private sector. Keeps from our burdening employees to address special needs. (Develop Disabled Pop)
- Support employers by removing costs related to special needsgiving those w/disabilities.
- Individualized 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, food/safety, transfer & this knowledge to the disabled members.
### 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)
- Caregiver support & resources - vacation/break/physical task assistance with ADLs + IADLs

**Disabled:**

- Private care management as opposed to administration by public sector, to promote competition & price
- Medication Therapy Management - Pharmacist intervention
- Medic-boxes, reminders (timers, pagers, phone calls)
- Simplify paperwork process for the patient to ensure constant access to services and devices that patients need
### 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 |

<table>
<thead>
<tr>
<th><strong>Suggestions</strong></th>
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<td><strong>Children, Families and Pregnant Women:</strong></td>
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### Medicaid Reform Public Forum - Feedback

**INSTRUCTIONS**

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**Table #: 19**

<table>
<thead>
<tr>
<th>Suggestions</th>
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<tbody>
<tr>
<td>Children, Families and Pregnant Women:</td>
<td>Allow HCBS funding in independent &amp; assisted living settings to delay need for full skilled nursing services funded through Medicaid.</td>
</tr>
<tr>
<td>Aged:</td>
<td>Incentivize good healthcare decisions to promote maximum self-sufficiency &amp; delay need for skilled nursing care.</td>
</tr>
<tr>
<td>Disabled:</td>
<td>Reimburse local community providers to build capacity to provide services, activities, monitoring, etc.</td>
</tr>
<tr>
<td><strong>1.</strong> Provide reimbursement for in-home video/audio access, etc.</td>
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<td><strong>2.</strong> Provide reimbursement for in-home technology - MD dispensers, insulin, etc.</td>
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<tr>
<td><strong>3.</strong> Expand Medicaid funding to independent living &amp; assisted living services rather than forcing someone to access full nursing</td>
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<tr>
<td><strong>4.</strong> Incentivize employers to provide insurance for long term care insurance</td>
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<td><strong>5.</strong> Improve eligibility for paid services, etc.</td>
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*Improve patient rights & access to electronic health records, etc.*
Medicaid Reform Public Forum - Feedback

**INSTRUCTIONS**

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Table #: 19

**SUGGESTIONS**

*Children, Families and Pregnant Women:*

1. CMHC is gatekeeper for SEED waiver. High casemanager turnover - severe impact on coordination quality. Allow private providers to deliver bill for casemanager, attendant care, etc. Increased providers will improve quality. Establish uniform objectives.

*Aged:*

2. Remove disincentives for CMHCs to refer for most appropriate service - ex. PT/OT. Ensure services are provided long enough to achieve meaningful therapeutic outcome. "Roving door" - home for 3 weeks, hospital, home, hospital, etc. Impossible to improve situation.

*Disabled:*

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

4. Continue for service - no block granting.

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
- 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

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
  - Need to assure these sites of care remain in place as well funded
  - Need to offer more options for care
  - Can rural nursing homes become sites for home health

Disabled:
- We need multi-purpose resources such as school lunch programs
  - For seniors, supported services to serve multiple populations
- Transportation, personal care support
- Young generation doesn’t necessary care for elders any more
  - 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
**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.

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<td><strong>Children, Families and Pregnant Women:</strong></td>
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<tr>
<td><strong>Disabled:</strong></td>
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<tr>
<td>Resistance to medications - use technology to monitor dispensing</td>
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<tr>
<td>- technology to remind participants</td>
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<tr>
<td>Example of families that coordinate care of adults with disabilities can community volunteers step in to help with caregiving or college students; i.e., social workers programs</td>
</tr>
<tr>
<td>Funding to support HCBS services &amp; keep them out of institutions</td>
</tr>
<tr>
<td>“Return to their families” - many families are unable or unavailable to care for adults with disabilities</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
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| **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 #: 22

SUGGESTIONS

Children, Families and Pregnant Women:

- ↑ cost, grandparents & parents covered
- ↑ Transportation needs for rural areas & members knowledge of transportation
- ↑ Reimbursement for providers: Incentive to take plan
- ↑ Training of members to be knowledgeable of plan
- Dental care: Address fear of dentistry/education early for kids & preg. women (cost)

Disabled:

1. Well trained case managers to reinforce medication support
2. DC onsite: Initial outpatient services to ensure follow-up. Gift Card at 1st appointment.

Children (Home)

Disabled:

- Special Education: Try & Educ. Para & Teachers, Positive Behavior Support (PBS)
- Early Head Start: Promote Early Intervention
- Increase Early Head Start: Promote early intervention

* Grandparents: allow grandchildren to be covered under Employee Health plan
* Coding of diagnosis: One allowable code across health plans
**Medicaid Reform Public Forum - Feedback**

**INSTRUCTIONS**

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Table #: 22

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<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>* Better information on VA services for veterans and their spouses</td>
</tr>
<tr>
<td>* Expansion of PACE program to all counties in KS</td>
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<tr>
<td>* Need more affordable housing and coordination of care between housing and health care</td>
</tr>
<tr>
<td>* Speed burn area required for persons in an institution, not required for persons in L-T-C. Rent relief reduction</td>
</tr>
<tr>
<td>* Reimbursement rates to be increased</td>
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<tr>
<td>* Transportation - travel time (do more via telemed)</td>
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<tr>
<td>* Increase/enhance care typically done by MD that could be done by PA/MPNP to enhance access</td>
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**Aged:**

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<th>SUGGESTIONS</th>
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<tbody>
<tr>
<td>* Medicare Home Health Care -Visit every 30 days required, change requirement (would include Medicare &amp; Hospice)</td>
</tr>
<tr>
<td>* Reimbursement rates make it difficult for providers - Medicare, Medicaid, etc.</td>
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<thead>
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<th>SUGGESTIONS</th>
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<tbody>
<tr>
<td>* Telemedicine - open rules for care that can be done via telehealth</td>
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