

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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

Table #: 1

SUGGESTIONS

Children, Families and Pregnant Women:

- ① mandatory life skills classes in Senior year of HS
- ② With the life skills - have parents attend class in evening
- ③ Public service ads on MTV & programs that cater to young individuals about prenatal care, public health resources,
- ④ Centralized case management.
- ⑤ Increase Tele-Med services to rural doctors; ↑ incentives for H.C. workers to serve rural counties.

Aged:

- ① Capitalize & central service agency for senior resources.
- ② Provide training to caregivers/families to keep parents aged in the home.
- ③ Get back to mentality - it takes a "village" to care for our families away from "Me" society.
- ④ Utilize technology - medicine dispensers, Tele-Medicine.
- ⑤ Provide case manager in every doctor office to coordinate services for the elderly.
- ⑥ Provide "reasonable" monthly charges to Home Plus settings to ↑ home-like homes.

early intervention, prevention. Changing the payor model. increase wages for paid caregivers of disabled.

Improve reimbursement for XIX Pt setting physical, occupational & speech therapies. Would ↑ outcomes ↓ hospitalizations.

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Table #: 2

SUGGESTIONS

Children, Families and Pregnant Women:

- Pre-natal care (early intervention & ongoing education for both physical & mental health)
- Financial incentives to use least expensive form of medical care (i.e. clinic vs ER)
- Establish "medical homes" for everyone for better coordination of care
- Extending safety net clinics to all individuals
- telemedicine (IT) use including cell phones, computers, monitoring etc.

Aged:

- Practitioners need to be more proactive in response to health care needs so that institutionalization does not occur - i.e. Why does someone have to be "homebound" in order to access home health services
- Education for family members re: resources available for aging family members
- Educating general population about LTC insurance
- Having conversations about "end of life" issues

Disabled:

- Tax incentives for employers to hire disabled
- Getting rid of - ~~or~~ easing the huge administrative burdens (paperwork, regulations, eliminate redundancy)
- Funding for technology (EHR)
- Behavioral health having access to special pricing for medications
- Case management and/or "tele prompting" - reminders to take meds, appts. etc.
- Behavioral health privacy laws prohibit communication w/ other providers across the spectrum
- Each provider has their "own" software - communicating electronically & sharing information is difficult

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Table #: 2 - Jodi Schmidt, Labette Health

SUGGESTIONS

Children, Families and Pregnant Women:

Aged: A demonstrated 22% reduction in re-hospitalization costs for moderately-ill chronic disease patients was demonstrated under a 3-year Dept of Commerce, NTIA grant to place inexpensive home monitoring units in patient homes.

Disabled:

There was no clinical staffing as patients were monitored by trained clerical staff & simply referred back to their medical home. Outcomes were good both clinically, psychologically and in satisfaction measures.

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Table #:

3

SUGGESTIONS

Children, Families and Pregnant Women:

of Care, Population Health vs Episodic Care. Care Mgmt / Navigation / Coordination

Aged:

Disabled:

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Table #: 3

SUGGESTIONS

Children, Families and Pregnant Women:

- Educate families on appropriate ER use
- Designated medical home - including safety net clinics
- Promote electronic medical records
- Determine ~~location~~ centralized location of data
- Education how to get it where to get it (health information care)
- Incentive prevention program.
- Telemedicine

Review & evaluate state contracts i.e. managed care
Dissect data - services + programs - what works, what doesn't.

Aged:

- Provide 100% deductibility for long term care insurance -
- more flexibility on HCBS services -
- Tougher on estate recovery.
- Provide more economic rate for families rather than higher costs for outside services -
- coordinate chronic care
- follow-up care when leaving hospitals - immediate within 48 hours -
- PACE-like program - study the economics - if more cost-effective, then expand PACE.
- tele-med - + home modifications for medical elderly

Disabled:

- Support of CG - Respite care -
- why do we have more people in nursing homes? Study? #944M
- End of Life education / Advanced Directives.

Disabled - ~~coordinate~~ coordinate

- Integrate physical + mental health services -
- money isn't getting to ~~workers~~ - for PD + DD - HCBS - waiver -
- Employment First - educate about new law to employ disabled
- Enhanced Care Mgmt Concept -
- Medical Home that combines Physical & Mental Health Services.
- Medication Compliance & Intervention by Nurses / Pharmacists.

20%
Consume
80%
Costs
So actively
Manage the
20%.

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3

SUGGESTIONS

Children, Families and Pregnant Women:

- scrutinize "Super Users" - the 20% who use 80% of services - may need other services
- insure that wellness messages are delivered by way of physician or medical home
- medical homes
- educate preg moms + young parents with KUMC-researched booklets that to Do then you're having a healthy baby + that to Do then your child is healthy
- breastfriendly hospitals throughout Kansas
- incentivize families to care for their elders
- peer counseling + education, respite care, helpline
- home modifications such as ramps
- incentivizing wellness to avoid chronic disease
- advance directives + end-of life discussions w/ family

Disabled:

- encourage/incentivizing hospice + palliative care
- employ disabled folks w/ ability + training

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Table #: 4

SUGGESTIONS

Children, Families and Pregnant Women:

- Increase requirements for prescribing medications and eliminate unnecessary medical treatments. (penalties, incentives)
- Discourage use of multiple providers.
- Explore co-payments (\$5.00) to discourage frivolous Dr. visits (tiered by income)
- Explore incentives for ↑ health in families; explore requirements for health classes for families to access health benefits.

Aged:

- Concerns with forthcoming changes in transportation - elimination of transportation will ↑ # of indw. forced into NF.
- Support training programs for other recipients to "pay back/forward" care to the Aged
- ↑ Factn based supports for the Aged - i.e. Day Camps for people who have working families
- Nursing 3 walls - NF providing care in the home, accessed through a call button.
Disabled:
 - provide incentives for ^{companies} families to allow care givers to work from home to support Aged loved ones.

See Above

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Table #: 5

SUGGESTIONS

Children, Families and Pregnant Women:

- ① Medicaid clinics: open overnight + Sat-Sun as well as day times
- ② Increase education for use of non-ER health providers
- ③ Require participation in WIC, education programs, + health (options w/ proven outcomes (ex. breast feeding) → strongly encourage participation + keep providing info in multiple formats.
- ④ Expand role + privileges of nurse practitioners.

Aged:

- ① Concern re family care-givers/self-direction + exploitation of HCBS-FE
- ② Increased education re continuum of need + care options + funds beginning at age 50 yrs for elderly years. (LTC insurance needed)
- ③ Increased options for medical + care providers re services + reimbursements; transitions between levels of care (chronic vs temporary)
- ④ Increased use of PACE program (see Via Christi Health-Wichita)
- ⑤ Slow the "push" into managed care for HCBS participants - re FMS, moves into ICFs resulting from HCBS restrictions, etc.
- ⑥ Better management of med choice, administration, need for product

Disabled: The use of HCBS-PD + MRDD waiver funding is very different.

- ① Curb abuse of funding w/in HCBS-PD: ex-ILCs recruit customers, provide TCM + encourage self-direction (provides funding to ILCs)
- ② FMS: the lack of consistency in implementing this new process; the lack of disregard of providers' input + needs; the lack of education for consumers
- ③ Lack of coordination of pharmacy benefits between insurance
- ④ Emphasize family members for natural supports not as companies paid support/care provider.
- ⑤ Transfer funds for institutional care to community providers; including comparable reimbursement rates for community/HCBS provider
- ⑥ Increased funds for early education + identification for children birth to 3 years; proven to reduce incidence of developmental issues.
- ⑦ Individuals who file repeated workers' comp claims by changing employers or who don't have health insurance.
- ⑧ Emphasize good health choices: diet, smoking, exercise, etc.
- ⑨ HCBS numbers in report should be separated by waiver + service to know real costs.



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Table #: 6

SUGGESTIONS

Children, Families and Pregnant Women:

- Private Ins. & Medicaid need to work more closely so kids can move back & forth - Private Ins. needs to cover more services so kids are not forced to rely on Medicaid or to go into foster care. If private ins. won't cover a service, it pushes kids into the Medicaid system.
- ~~Most providers accept Medicaid~~ Focus on prevention, health education teaching to help manage chronic health conditions (asthma, dental care, diabetes). Example - partner w/ schools to ↑ school nurse/family relationship.
- Work towards changing attitudes about childhood, parenthood & raising healthy children
- Put controls on who can receive Medicaid (drug-free)

Disabled: AGED (HEBS)

- ⇒ ↑ Flexibility to serve elders in rural communities
- Tax incentives (similar to child care) for elder care contributions by families.
- Cut down on waste, fraud, & abuse in self-directed care.
- ↑ use of technology
- Fair rate of pay to ~~help~~ care for individuals in their homes
- Emphasize long-term care insurance.

Aged: Disabled

- ⇒ ↓ "silos" for kids with special needs - include multi-disciplinary (cross-training)
- ~~develop~~ utilize new assessment tools based on individual support needs.
- chg structure of payment for S.E. (VR system)

Please Don't be short sighted!
short term gains do not necessarily lead to long term benefits

this is a marathon not a sprint

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Table #:

7

SUGGESTIONS

Children, Families and Pregnant Women:

be creative in how we reach consumers

greater health care transparency to make better consumer choices
allow families to buy into health care if we can cut their costs to shift other parts of system
in merged health care system

- patient centered medical home initiatives can help move us towards coordinated care; incentivize patient outcomes, rather than fee for service
- preventive services - need to be encouraged
- Support the introduction of a registered dental practitioner to dental team in Kansas
- incentivize doctors to take Medicaid patients
- make regulatory issues can currently complicate coordination of care, but medical home/coordinated care can be helpful for mental health population but Medicaid won't currently pay for 2 SVS.
- incentivizing schools, grocery stores, employers to engage offer healthy food, wellness benefits
- holistic care needs to be better managed

Schools work grocery stores

Disabled:

- patient centered medical home initiatives: can help move us towards coordinated care; incentivizing health outcomes, rather than fee for service
- prior authorization of certain prescriptions; would need to change current statute, which prohibits management of certain mental health drugs
- SED waiver
- transportation issues need be addressed
- look at work from home options
- home care workers are not paid enough; how can we pay them more

Aged:

- encourage/incentivize employers to offer and educate their employees about long term care options.
- CLASS Act provides an optional long term care program; educate Kansas about and encourage them to enroll in the CLASS program
- incentivize coordinated case management services
- patient centered medical home initiatives can help move towards a health-outcome based system rather than fee-for-service
- look at changing regulatory practices that are currently driving up costs and making it difficult for nursing homes to provide affordable care (liability insurance is expensive)
- smaller nursing home settings are better for seniors; (creating community settings within nursing home is better for seniors)
- educate families about options for seniors; seniors shouldn't have to move to location that offers more care than necessary; encourage us to issue choices (assisted living - then to nursing home not from home straight institution)

streamline regulatory practices across agencies

Support the introduction of independent dental practitioner in KS provide to allow mid-level care providers



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7

SUGGESTIONS

~~Children, Families and Pregnant Women:~~

- Disabled:**
- registered dental practitioners can help provide necessary dental care to people w/ disabilities
 - look at working healthy program: there's good data that shows participants are increasing their income, thus coming off other public assistance programs
 - remove disincentives from working
 - educat^{more}. incentivizing employers to hire people w/ disabilities
 - State can form relationships with employers who are hiring people with disabilities so that those employers can offer testimonial about ~~the~~ the benefits of hiring people w/ disabilities and ease concerns of other employers

↓ **Aggr.** (Disabled continued below) ↓

- incentivize/support coordination of care across systems;
- Support "health home" (state plan amendment) for Kansans with chronic conditions/mental illness - case managers dedicated to care to avoid folks avoid unnecessary hospitalizations, etc.
- avoid unnecessary cost-sharing - higher out of pocket costs (according to research) can lead to folks foregoing care, leading to hospitalizations down the road and therefore higher costs.
- address Medicaid fraud
- educate consumers @ Medicaid billing to help avoid/catch fraud.

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8

SUGGESTIONS

Children, Families and Pregnant Women:

Recognize perception ~~that FQHCs are...~~ by clients that FQHCs etc. are not of same quality & change that perception.

consider incentives for providers to take Medicaid pts.

Primary care providers should not be limited to only physicians, remove barriers for physician extenders.

work on high school graduation rates across the state. ~~Facilitate~~ recipients ~~the~~ understanding of information received.

Aged:

Increase collaboration between hospitals + and long term care services.

HIE needs to have prompts related to HCBS.

Education about ABC services to all providers.

Independent screenings for nursing home placement. Triple AAA assessors in the hospitals.

Develop insurance policies that can be used for home based services not just long term care, ^{with} HCBS.

Disabled:

Encourage faith based organizations to assist ^{with} HCBS. Training for caregivers, families!

COVID transition to home based care out of institutional setting.

Incentives to ~~provide~~ employ persons with disabilities.

Develop a process to review medications annually (through HIE) to reduce pharmacy costs.

7/7/11

MEDICAID REFORM

TABLE #9

- Voucher issued at Pre-negotiated rates
- Have insurance companies bid to cover costs through private insurance
- Focus on preventive care - physical activity, reduce risky behavior like smoking & drug addiction
- Increase supply of doctors by doubling size of medical students with Fall & Spring class - Make year long use of medical school faculty & facilities.
- This lowers cost of medical school debt for new doctors starting practice.
- Allow ARNP's & PA to open primary-care clinics to treat patients when they 1st become sick or injured.
- Increase the number of providers qualified to care for seniors in home instead of nursing homes
- Provide incentives for families to care for their senior members
- provide food stamps and meals-on-wheels to help seniors stay at home
- Let ARNP's & PA's provide primary care services which patients can pay for themselves rather than bill Medicaid

- Disability waiver should be based on level of need instead of diagnosis.
- Have fewer waivers to cut out bureaucracy and lower costs.
- Separate the medical costs from the educational costs of children on IEPs
- Monitor and account for the actual needs and services provided by people identified on the IEP to verify if their services are actually needed and being provided.
- Do outreach to residents of nursing homes to let them stay at home rather than have the nursing home keep them at 3x5 the cost.

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Table #: 10

SUGGESTIONS

Children, Families and Pregnant Women:

- * INCENTIVES NEED TO BE ALIGNED SO THAT INTEGRATED CARE CAN OCCUR WHEN A PATIENT IS PRESENT IN A PROVIDER'S OFFICE (VS MULTIPLE LOCATIONS)
- * PATIENT EDUCATION RE: TREATMENT/CONDITION/ AND PROVIDER'S OUTCOMES HISTORY
- * RESEARCHED/EVIDENCE-BASED INTERVENTIONS
- * PATIENT-CENTERED HEALTH HOMES
- * TELEMEDICINE FOR ACCESS TO CARE
↓ U & ED

Aged:

- * PREPARE FOR THEIR LONG-TERM CARE NEEDS = TAX CREDIT TO THOSE WHO HAVE PURCHASED LONG-TERM CARE INSURANCE.
- * MECHANISM TO EVALUATE COMMUNITY-BASED SERVICES PRIOR TO NF PLACEMENT.
- * CARE Assessments by knowledgeable individuals that know all of the services available to help them stay at home if they want
- * Incentives to return to family values to encourage people to help w/ family aging parents
- * Need to know alternatives to nursing

Disabled:

- * education + preventative programs
- * treatment of depression
- * SUPPORTED EMPLOYMENT + SUPPORTED EDUCATION PROGRAMS - BETTER FUNDING
- * ASSESSMENT + EARLY INTERVENTION RE: SUBSTANCE ABUSE
- * DON'T HAVE DUPLICATION COSTS ASSOCIATED WITH PHYSICIAN'S SCREEN FOR INPATIENT HOSP. AND CMHC SCREEN TO AUTHORIZE ADMISSION
- * CASE MANAGER TRAINING THAT INTEGRATES PRIMARY + MENTAL HEALTH CARE NEEDS.
- * INTEGRATION OF HEALTH HOME POPULATIONS
- * Separate case management from payroll agents
- * Regionalize (set) ILC for less customers seeking an ILC that will give them the highest POCs

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Table #: 11

SUGGESTIONS

Children, Families and Pregnant Women:

1. Navigator ■ likened to a case manager to work with in conjunction with medical home. Transportation
- 2.

Aged:

1. Self direct your care through HCBS, care givers need more compensation, we can audit cases closer, financial hardship for "sandwich" generation. Can we offer Tax de incentives for providers. Outcome will dictate incentives

State Public Service Announcement

Disabled:

1. Navigator / Education / Care Coordination - HCBS services need to continue. Quality Assurance - through Care Coordination

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Table #:

12 - Toni Higdon-Scribe - # (785) 274-3100 x1421
Call if you need help understanding what I wrote

SUGGESTIONS

Children, Families and Pregnant Women: Wanting to be

- ① Careful review of persons ~~being~~ a provider of Medicaid to eliminate fraud.
- ② Assure population have connection to health care provider.
- ③ ~~Open up case management dollars to other agencies who provide clinical health care.~~ Increase access to case management services.
- ④ Coordination of meetings within the divisions of state dept.
- ⑤ Create incentives for providers to practice in rural communities
- ⑥ Increase use of tele medicine

Aged:

- ① Assistance ~~for~~ providers to set up tele medicine. (funding for equipment)
- ① Better education to aged on assistance to break down barriers. Aged are too proud to take services in home then end up in nursing facilities that could have been prevented if taken in home earlier.
- ② Increase access to HCBS dollars. More promotion it's available - welfare.
- ③ Central location to do all kinds of ppwk like a senior center. for rural communities it helps break down 'small town' talk. No one will know why they are there.
- ④ Food programs - help w/ nutrition like Meals on Wheels: Sr. Centers.

Disabled:

- ① Increased access to case mgmt services. Also help w/ medication adherence.
- ② Strong community based services to avoid inpatient.
- ③ Health Care homes for disabled
- ④ Utilization of SED: MRPD Waiver \$ to pay for Respite care to prevent out of home placement.
- ⑤ Provide support to families taking care of this population: support groups, strengthening families, respite, etc.
- ⑥ Create incentives to employers to employ disabled.
- ⑦ " " to providers to provide vocational training.
- ⑧
- ⑨

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Table #: 12

SUGGESTIONS

Children, Families and Pregnant Women:

Way to Work program designed by Alliance for Children & Families

Aged:

① Able bodied folks receiving Medicaid funding, assist in helping the aged or other populations. These able body folks could volunteer their time.

② Make premium for long-term care insurance tax-deductible or otherwise incentivized.

Disabled:

(785) 274-3100 x1421 if questions.



Table #12

Toni

Higdon

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Table #: 13 johnkraft@ph@gmail.com if you can't read my
writing

SUGGESTIONS

Children, Families and Pregnant Women:

- Education, Involvement / Lifestyle Diet - generational change
Prevention, Early Intervention
Empowerment of children
- Substance abuse -

Rural families: internet Based info & Services
family physician into mental health center - health home

Aged:

- extension of good Samaritan liability protection for those willing to help elderly.
- more programs to utilize senior talent to improve perceptions of contribution & self worth.
- focus on lower levels of care i.e. in home to maintain home care longer.

Disabled:

- quality - evidence based practices
- Behavioral health coordinated/integrated with medical care ^{psychiatric care}
- Electronic health record on card or common system
- Maximize HCBS to avoid institutional care.
- Incentives to businesses to train and hire persons with disabilities and invest in assistance technologies - grant monies - tax credits
- Adherence to medication - common ground[®] reimbursement for pharmacy services

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Table #: 13

SUGGESTIONS

Children, Families and Pregnant Women:

More focus on prevention, especially smoking cessation + substance abuse with pregnant women

Use generic drugs as often as possible

Make sure pregnant women get prenatal care

Families need mentoring on lifestyle behaviors & basic family dimensions

Aged:

Need to use technology to monitor ^{"at risk"} elders' vital signs at home to keep them out of nursing home e.g. "Tele-health"

Need more lifestyle education for elderly & ~~the~~ their caregivers.

Need to focus more on medication compliance for elders.

Need to create more respite care options for caregivers so we can keep people out of institutions of home based care as long as possible.

Disabled:

Same program would work with this ~~pop~~ population.

Use generic drugs whenever possible.

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Table #: 15

SUGGESTIONS

Children, Families and Pregnant Women:

EXPAND ON "WELL BABY" CLINICS,
"HEALTHY BABY" CHECKUPS TO ENCOURAGE PARENTS
TO SIT IN ON EDUCATION MEETINGS
• PROVIDE PARENT SUPPORT EDUCATION & PROVIDE
PARENT EDUCATION
• PEDIATRICIANS VOLUNTEER THEIR SERVICES

Aged: FOR "CARE" • FOCUS ON INDIVIDUAL RESPONSIBILITY

• KEEP MONEY IN HOME BASED SERVICES
RATHER THAN INSTITUTIONAL "

TAX INCENTIVES FOR LONG TERM CARE IN HOME
SANDWICH GENERATION

★ EXPAND HCBS, FAMILY RESPIRE CARE WORKERS

★ GIVE RELIEF DAYS FOR WESTERN KANSAS RURAL PROBLEMS W/HOME HEALTH CARE

REQUIRING PHYSICIAN ON SITE APPROVAL A PROBLEM

Disabled: VOLUNTEERS FOR PAPERWORKERS
TAX INCENTIVES FOR LONG TERM CARE NEEDS

FOR MANAGED CARE PLANS
VOLUNTEERS AT NURSING HOMES
HIPPA

→ ALL PROVIDERS PLAN TOGETHER AT REG INTERVALS
INCLUDING PATIENTS AS APPROPRIATE, INCLUDING FAMILY

• EDUCATION OF FAMILY, ISSUES BOTH PHYSICAL & MENTAL

• POVERTY LEVEL INCOME BRINGS IT'S OWN SET OF PROBLEMS
M. HEALTH,

• IF WORKING, SSI LIMITS YOUR PAYCHECK

• TEENAGERS OFTEN DON'T THINK AHEAD, SO REMINDERS

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Table #:

health

✓ Electronic records to track clients

✓ track fraud

SUGGESTIONS

Children, Families and Pregnant Women:

- ✓ How much is administration vs. actual services? none
- ✓ Flu question- administration costs?
- ✓ RFP's to bid for service
- ✓ either all fee for service or capitated?
- ✓ home medical model for Kansas?
- ✓ wrap-around services + proper transition (care coordination) } family centered

- good tracking system

Aged:

- 1) Provide services in-home
- 2) lack of education / knowledge of options
 - ⓐ raise eligibility for long home care - ^{at least review} current tool
 - community family involvement;
 - ⓑ electronic health records for tracking - ^{measured/tracked} stimulant payment for families taking care of elderly
 - ⓒ automative home health reminders; adult day care
- ⓓ Patient center medical home / ^{start-up} enhanced care manage. ^{incentive package - independence (ex. work)} for those w/ disabilities

Disabled:

measure ex. smoking, obesity, etc.

to reduce incentives for things like this take money away

- *) medical home model
- *) move all Medicaid programs to one umbrella.
- *) electronic health records to track clients across system & as they age
- *) work & not lose benefits - single payor - working healthy managed care - RFP providers
- *) checks & balances for system - ^{ex. substance abuse, dental care, one stop shop}
- *) no conflicts able to assess, refer & treat under same umbrella

ex.

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Table #:

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SUGGESTIONS

Children, Families and Pregnant Women:

- DISABLED: Increase accountability for those receiving disability - regular health assessments for on-going benefits
- Coordination of care - information to physicians about what the disability is.
 - Aged: Make disability a managed care program (like the others)
 - Eliminate or loosen disincentives to work. Too large a gap between livable income vs. support
 - Deregulation to allow for competitive services.
 - Tier level based reimbursement based on regular health assessments
 - Disabled: Patient-centered medical home.
 - Substance abuse in this group is probably much higher than indicated. With managed care this would be better monitored.
 - Programs that are community-based should receive better incentives to provide services that get the disabled fully employed & self-sustained financially.

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:

- COORDINATION OF CARE - PRIMARY CARE PROVIDER THAT Remains stable & with family
- Removal of regulatory language so people can provide services as they have that level of expertise
- Insure that oral health care is not minimized
- increase ops + incentives for providers to participate & stick with their patients
- Allow for more nurse managed / midlevel care & provide incentives to educate more providers + raise their ability to establish care centers esp. in rural areas

Aged:

- ⊖ Keep job in KS to keep young people in KS & stay here to take care of family members.
- Provide incentives for families to provide for their own
- Support systems that start early to provide / encourage SLP worth

Disabled:

- ⊖ Add more PACE slots in communities. Provide assisted living services based in the community over institutions.
- Provide physicians with information on the services avail. in their communities. (i.e. meals, housekeeping, etc)
- ⊖ Decrease regulatory barriers so physicians + agencies can communicate & coordinate care
- ⊖ Develop community resource councils who meet regularly to communicate, collaborate + coordinate services
- Incentives for on-going education for providers.



Medicaid Reform Public Forum - Feedback

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Table #:

18

SUGGESTIONS

Children, Families and Pregnant Women:

• USE 'PERSON-FIRST' LANGUAGE.

Disabled:

- • 'CARE OUTS' FOR MENTAL HEALTH SERVICES ; 'DEVELOP - MENTAL DISABILITIES SERVICES.
- • INTEGRATE PHYSICAL HEALTH W/ BEHAVIORAL HEALTH ; ' NEEDS FOR SUPPORT SERVICES - TECHNOLOGY.
- • ~~ADD BEFORE ADDING NEW COMMUNITY PROVIDERS, EMPHASIS~~ NEED FOR ~~ADDITIONAL~~ SERVICES ; VARIETIES OF THE AGENCY.
- • DD SERVICES ~~ARE~~ MUST BE ACCEPTED AS 'LONG TERM'.
- • COORDINATE HEALTHCARE SERVICES W/ PRIMARY CARE PHYSICIAN.
- • SUPPORT SELF-DIRECTION SO PEOPLE ARE BETTER AT MANAGING THEIR OWN CARE.

Aged:

- • COORDINATE CARE ; SUPPORT W/ PRIMARY CARE PHYSICIANS TO RESULT IN BETTER, MORE STABLE RELATIONSHIPS BETWEEN PATIENT ; DOCTOR.
- • EMPHASIZE HOME ; COMMUNITY BASED SERVICES 'OPTIONS'. FIX GAPS ; BARRIERS ; CAPACITY ISSUES.
- • INVEST IN CONSUMER RUN ORGANIZATIONS TO HELP MEET SOCIAL NETWORK NEEDS FOR PEOPLE W/ SPMI.

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #:

18

SUGGESTIONS

Children, Families and Pregnant Women:

- ACCESS TO PROVIDERS
 - ↳ RURAL: FRONTIER AREAS
 - ↳ EXTENDED HOURS
- FOCUS ON PREVENTION
 - ↳ HEALTH NAVIGATION
- RELIABLE TRANSPORTATION CONTRACTS
- INTEGRATED PHARMA
- FIND WAYS TO INCREASE CONTINUITY OF PROVIDERS.
- SUPPORT 'SCHOOL BASED' HEALTHCARE PROGRAMS.

Aged:

- PROBLEM: PREMATURE PLACEMENT OCCURS IN AREAS THAT HAVE FEWER HCBS PROVIDERS; LESS ACCESS
- RESPOND QUICKER AND GET APPROPRIATE SERVICES TO PEOPLE TO PREVENT NEED FOR HCBS OR NF'S. I.E. NURSING, MEALS ON WHEELS, 'SAFE-AT-HOME' PROGRAMS.
 - SUPPORT PEER-TO-PEER PROGRAMS: INTEGRATE W/ HEALTHCARE TO IDENTIFY NEEDS. (VOLUNTEERS)
 - EDUCATING FAMILY MEMBERS ABOUT ALTERNATIVES TO INSTITUTIONS.
 - RESPITE BENEFIT PROGRAMS TO FAMILIES.
 - 'CAREGIVER SUPPORT PROGRAMS'.
 - LONG TERM CARE INSURANCE PROGRAMS FOR SERVICES, SUPPORTS, HOME MODIFICATIONS.
 - LEAST RESTRICTIVE ENVIRONMENT FOR THE AGED.

Disabled:

Kansas

Medicaid Reform Public Forum - Feedback

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Table #:

18

SUGGESTIONS

Children, Families and Pregnant Women:

- PEOPLE GO IN & OUT OF COVERAGE } SUGGESTION: GET BETTER CONTINUITY
- DIFFICULT TO TRACK IN PROVIDERS
 - DIFFICULT TO COORDINATE CARE
 - INTEGRATED PHARMACY
 - ACCESS TO PROVIDERS
 - ↳ 'AFTER HOURS' PROVIDERS
- HEALTHHOME PROGRAM.
◦ HEALTH PROMOTION/HEALTH LITERACY
* FOCUS ON PREVENTION & HEALTH NAVIGATION

Aged:

- + prov. understand. on culture of poverty.
- * Health home importance - ong. - stable relationship. + access
- * Care coord.
- + respon. for self mat (incl. ^{co} pay)
- + no-show. incentive / consequences
- Engage thru - care coord - good fit for families.

Disabled:

- * Bring care into communities, schools, etc.

Budget balance: Reduce expenditures thru invr. efficiency & reduced waste while maint essential public svcs.

Taxes - according to ability to pay - progressive not regressive.

Kansas

Medicaid Reform Public Forum - Feedback

INSTRUCTIONS

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Table #:

19

SUGGESTIONS

Children, Families and Pregnant Women:

1. Drop cost of Medicaid reimb. by a law which makes Med. cheapest payor. Will allow more wellness tstg timely - access problems early before more expensive to treat. Reward personal responsibility, and self sufficiency thru education, financial literacy, life skills. Safety net for those most in need must be established.

2. Aged: Support area agencies on aging + continue to support HCBS waiver. Eligibility process revisions have negatively impacted this population. Keep young families in KS. Work w/ nursing homes in rural communities. Because N.H. placement is entitlement & HCBS is not, therefore people are forced into N.H.'s. State ought to establish incentives for purchasing longterm care insurance, use faith based orgs if well qualified professionally & serve all population.

3. Disabled: State, Fed aid programs must be predictable for good fiscal + personal mgmt. - safety net essential
Work is essential to lives of most disabled - need safety net so orgs that effectively serve these needs + encourages people to mutual support.
Do not further reduce service personnel wages - already low - will not attract qual. people

7/7/11

Kansas

Medicaid Reform Public Forum - Feedback

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Table #: 22

SUGGESTIONS

Children, Families and Pregnant Women:

1. Share information from ER, ^{Medical Home}
2. ^{to reduce duplication of services} ~~Pharmacy~~ other providers.
3. Centralised pharmacy tracking (all medications just like) Program. (Controlled substances.)

Aged:

State needs to somehow fix gap in care. There is 2 yr waiting list for (FE) Hubs services, and if you can't afford private pay - you go to nursing home = more expensive. which cost at least 2 ~~000~~/k.

- Support for live in care givers

- Adult Foster Care | Therapeutic Foster care

Disabled:

↓ where there is training to keep elders @ home

Review of Licensing Regulation for assisted living institutions
 Funds Transportation services have been cut but they still have to provide this service by law.