

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:

Earlier intervention and stronger emphasis on drug prevention.
Engage service organizations and faith based organizations to engage.
Focus on individual responsibility.
Protection from frivolous lawsuits.

Aged: Cost savings: Find ways of eliminating or reducing dual eligibility.
Require advantage plans. Allow them to take away the barrier of the spend down.
Keep HCBS.
Educate healthcare professionals on HCBS services.
Better oversight over self directed and HCBS caregivers.
Options Education.
Educating the young to be able to prepare for long term care needs.

Disabled:

~~Consolidation of CDDOs~~

Improve Quality/reduce costs? HCBS funded individuals are being served in the community at a much lower cost than institutions. Not all can be served in the community, but alot can. KW I closure. Guardians not wanting to have ward served in community.

Important to continue CDDO concept. Allows quality assurance, data collection and adherence to license requirements managed care cannot provide the quality though it may reduce cost in short term.

Increase the ^{HCBS tier} rates which will build capacity and quality of services.

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SUGGESTIONS

Children, Families and Pregnant Women:

Make it easy to enter the system for pregnant women and children. Focus on health education, disease prevention. Include dental care. Use physician extenders (PAs) ~~and~~ cert. nurse midwives for care & deliveries. Use all health care providers to the top of their license.

Tax credits for providers who take Medicaid pts

Aged: School associated clinics. ↑ access to health care thru employers.

- Fully fund HCBS - make it a entitlement.
- Include family member reimbursement for care giving.
- Offerable LTC insurance that is broad enough to cover home care, assisted care, respite home care.
- Need to fund case/care management to guide groups of pops thru the continuum of care (incl. financial resource decisions).
- fund evidence based fall prev. programs.
- * least restrictive environment as long as possible.
- Disabled: * Rational conversations early about end of life care.
- * Tie this to something non-medical.

- ↑ utilization of Medicaid buy-in program called working healthy - [premium based]
- expand + ↑ utilization of work program (personal care allow)
- ↑ # of rehab. counselors
- * Help people to live in the least restrictive env. possible. - Home visiting for medication delivery for chronically ill.
- tax incentives for employers who hire someone w/ a disability. * ↑ community based support for mental illness.
 better coordinated

IN RURAL AREAS UTILIZE NURSING HOMES & STAFFS FOR CLINICS
MOBILE CLINICS SPONSORED BY UNIVERSITIES OR
NOT-FOR-PROFIT PROVIDERS
TRANS-PORTABLE MEDICAL INFORMATION FOR PATIENTS

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Table #: # 25

SUGGESTIONS

Children, Families and Pregnant Women:

EDUCATE FAMILIES ON WHAT IS AN EMERGENCY
NEED THEIR OWN PHYSICIAN INSTEAD OF USING EMER ROOMS
HAVING MORE URGENT CARE FACILITIES W/ SLIDING FEE SCALE \$24/17
HAVING FIRST RESPONDERS TRIAGE PATIENTS TO NEEDED CARE
STATE WIDE PHONE # FAMILIES CAN CALL W/ MEDICAL ISSUES FOR
DIRECTION ON WHAT THEY SHOULD (BASIC FIRST AID, REST, ER ETC.)
UTILIZING VOLUNTEERS IN CLINICS ETC.
PARENT EDUCATORS THAT ASSIST FAMILIES IN WHAT THEY NEED TO

Aged:

KNOW TO GO FOR PREVENTATIVE & ACUTE CARE COULD BETTER CONNECT PEOPLE TO SERVICES
PAYMENT STRUCTURE THAT ALLOWS COVERAGE IN LESS RESTRICTIVE
ENVIRONMENTS - ASSISTED LIVING, INDEPENDENT CARE SETTINGS
MAKE IT EASIER TO ACCESS HOME BASED PROGRAMS. MOST BIAS IS
TOWARD NURSING HOME PLACEMENT.
MORE TRAINING ON PREVENTIVE CARE FOR ELDERLY. LEGAL PROTECTIONS FOR
WORKERS - LIMITS OF LIABILITIES
UTILIZE MORE CASE MANAGEMENT MODELS FOR CHRONIC CARE NEEDS - PACE
GIVE HOME BASED SERVICES (HCBBS, PACE ETC) THE SAME EMPHASIS
AS NURSING HOMES AS OPTIONS ALSO CONSIDER
FOSTER CARE HOMES FOR THE ELDERLY. MORE TRAINING FOR CAREGIVERS

Disabled:

MORE TRAINING FOR CAREGIVERS + EDUCATION TO DISABLED ON
WELLNESS + PREVENTION. MORE CAREGIVER SUPPORT + RESPITE-SHARED PARENTING
IDENTIFY EARLY CHILDREN AT RISK + IMPLEMENT PREVENTATIVE STRATEGIES
MORE TRAINING FOR HEALTH PROVIDERS ON INTEGRATING PHYSICAL + MENTAL HEALTH SERVICES
USING NAVIGATORS OR CASE MANAGERS FOR EACH DISABLED INDIVIDUAL TO COORDINATE,
EDUCATE + ASSIST WITH ACCESS TO NEEDED HEALTHCARE + SOCIAL SERVICES
ENCOURAGE MORE PARTNERSHIPS BETWEEN AGENCIES TO PARTNER +
COLLABORATE TO INTEGRATE CARE + SERVICES

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Promote a fraud Hotline!

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Table #:

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SUGGESTIONS

Children, Families and Pregnant Women:

- ① Accountability & Responsibility of Medicaid by capping \$ per year, capping # visits per year, co-pay for Hospital or Dr. visits. Apply for waiver for medical exceptions.
 - ② Provide Education on contraceptive resources (Health Dept) to Children Homes, College Campus, State purchase
 - ③ Contraceptives distribute to OB/GYN's for post-partum, more info needed on how to report Abuse, Waste, Fraud.
- Aged:
- ① How is the 5.6% rate calculated? Rural services are not available may be why the rate is higher for KS. People do not go to nursing homes prematurely. Look at average length of stays. HCBS has an extensive waiting list so not available.
 - ② Look at Inheritance issues, hidden assets, fraud issues in qualifying for Medicaid. (and Protected Trusts that are exempt)
 - ③ ↓ Reimbursement does not ↓ Medicaid costs. Providers order additional tests to keep sm. rural hospitals open.
- Disabled:
- ④ Promote retirement planning ⑤ Telemedicine.
 - ① Why is a person eligible for Medicaid with a protected Trust?
 - ② Disability Rights could be advocating for disabled employment.
 - ③ Disabled have an obligation, not a right to work.
 - ④ Provide Incentive for Employers to hire disabled. It will save money. Case management Services should be offered/provided.
 - ⑤ State Agencies need to communicate better and have a way to coordinate & not duplicate services.
 - ⑥ more monitoring and managing of care among providers and sharing info so tests are not duplicated.
 - ⑦ Contracts for work should be offered to Work Groups first.

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Table #: 27

SUGGESTIONS

Children, Families and Pregnant Women:

- ① Presumptive eligibility: if person qualifies for one SRS prog. you qualify for others w/o additional application process.
• could reduce paperwork
• speed up service delivery (eg. free + reduced lunch)
- ② Simplify + streamline case management + administration
- ③ Establish regional contact points in rural areas.

Aged:

- ① Provide education, encouragement, financial incentives + respite options for families who support individuals who are frail + elderly
- ② Keep people out of nursing homes by fully funding HCBS waiver.
- ③ Invest in tele-monitoring, telemedicine + assistive technology to keep seniors safe, + healthy + independent
- ④ Consider funding assisted living options.
- ⑤ Improve overall health by providing dental care through Medicaid.
~~dental care.~~

Disabled:

- ① Try to decrease inpatient hospital costs by intervening before physical or mental health need becomes a crisis.
- ② PACE program for individuals with disabilities
- ③ FMS system may help reduce cost of administering HCBS
- ④ Improve expectations, training + qualifications of personal care attendants.

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Table #: 28

SUGGESTIONS

Children, Families and Pregnant Women:

↑ Quality, ↓ Cost, ↑ Access, ↑ Quality of Life

- Increase access to prenatal care - cover/incentivize prenatal care (not currently paid for) vs paying for post care & labor/delivery ⇒ PREVENTATIVE
- Adult managed care program with focus on frequent fliers
- Pilot to prove preventative care will decrease ↓ costs; managed care is effective
- Integrate medical & mental care = Holistic Care
 - 1) Adult managed care program focused on "frequent fliers"
 - 2) Pay for preventative care = system is currently set up to pay for problems
 - 3) Pilots & Holistic care focus

Aged:

- Care Coordination: common data repository / medical record
- Capitated Managed Care Model
- Evaluation of Children's Resources before putting them in program
- Palliative Care & End of Life: physician / church / community discussions w/ family & patients proactively
- Cover enabling technology to keep seniors in their homes longer & supported by a family care network
- Community Partnerships (i.e., local hardware shop) to identify issues & improve home environment (e.g., grab bars, fix broken steps) to be proactive vs. reactive & help people to stay in home.

Disabled:

- Remove barriers / increase incentives to achieve employment outcomes as feasible for each person -- employment first.
- Do not serve in an institutional setting versus HCBS / Community
- Wait lists - eliminate these
- Integrate behavioral health services for better access for those with mental health + a physical / Devd. disab.
- Maximize opportunities for Waivers to serve persons in need - i.e., 1915 (i) waiver to service formerly SFG funded DD clients who lost funding.

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Table #:

29

SUGGESTIONS

Children, Families and Pregnant Women:

1. Primary care physicians within Medicaid system -
2. Get into system earlier for prenatal care to prevent more expensive health problems stop insurance ~~provider~~ jumping
3. Community-based training on access to services
4. Incentives for PAs, nurse practitioners to go to rural areas
5. Parents need to be better acquainted with kids' needs - fewer medical visits
6. Insurance companies make \$ from chronic "hoppers"

Aged:

1. Closer examination of "when" someone needs nursing home care - medication, meals, isolation can be solved through other community-based partnerships
2. New models like VA foster home for head injuries
3. Supportive home care waiver like DD services?

Disabled:

4. Respite options may help caregivers keep Medicaid-covered companion care? family members at home
5. Reduce cost of long-term care insurance vs. nursing home care
1. Have broader list of options under waiver - you get locked into a silo - only access what you need
2. Single case manager
3. Increase numbers of those employed - have more employer incentives in the community
4. DD waiver system based on wants as well as needs
5. Respite funding was eliminated - people forced into full services
6. Close or downsize state hospitals and build community CAPACITY

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Table #: 30

SUGGESTIONS

Children, Families and Pregnant Women:

Family planning education
Transportation services for medical care
Education to Medicaid populations about health, prevention & appropriate use of care.
maximize use of clinics, & health depts.

Aged:

Advanced Directives -
Have Area Agency on Aging provide transition services at hospitals to do transition services. - Hospital diversion.

Nursing Homes provide some of community based services in the rural areas: meals, P.T., Nursing
- maximize existing resources.
provide more choice for living arrangements

Disabled:

- Buy in to (Medicaid) program for Disabled - continue this program - working Healthy program - promote this cost savings program.
- Community First Choice option under Medicaid program over 3000 people on the waiting list now for services.
- Educate employers and HCBS-OP + P.O clients about the Medicaid Buy in program.

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Table #:

30

SUGGESTIONS

Children, Families and Pregnant Women:

- Circles Program (Bridges out of Poverty)
- Reward AND Consequence for necessary health dollars
health plan held to health it's given out

Aged:

- at hospitals*
- Diversion[^] through early case management intervention
- Consider specific nursing allocation (per need) instead of overall 24 hour care.
 - Keep Nursing Care/Res. Day at current levels
 - Community First Choice Option program

Disabled:

Better, applicable implementation of Advanced Directives

Promote WORK / WORKING HEALTHY in Ka
people & disabilities want to work.

Community First Choice Option (CFCO)
690 ↑ FMAP equitable HCBS & NF

Provides real CHOICE!!

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Table #: 31

SUGGESTIONS

Children, Families and Pregnant Women:

NEED INDEMNIFICATION w/ Rules.

MORE FAMILY FOCUS ON EARLY CHILDHOOD DEVELOPMENT - HEAD START 0-3

- School involvement. EPSDT. (Duplicitous Efforts)

HEALTH CARE PROVIDERS work w/ schools for better outcomes (Diet, Phys Fitness, Hygiene)

PUT PICTURES ON BENEFIT CARDS. (STOP FRAUD)

Aged:

1. ACCOUNTABLE PROGRAM Licensure FOR HCBS providers; NO FRIENDS OR FAMILY

2. EVALUATE PATIENT'S ACTIVITY needs IN SKILLED NURSING HOME.

a. IMPROVE ASSESSMENT between Nursing, Skilled, Assisted, i HCBS

b. FRAUD HCBS; MCD

3. COST REPORTING FOR REIMBURSEMENT / QUALITY / EFFICACY. - STATE AVERAGE

4. REVIEW PROCESS FOR REIMBURSEMENT - NO SNAPSHOT LOOK @ CASE MIX OVER QUARTER. ^{INCENTIVE FOR HIGH QUAL CARE.}

5. STATE MANDATE TECHNOLOGY FOR EFFICIENCY, i QUALITY

6. THERAPY WILL ↓ COST IF MORE ASSISTANTS ALLOWED PER PT/OT

Disabled: 7 WAIVER - DON'T NEED AN R.N. IN RURAL SETTING 8 hrs. / Day 7 Days / WK.

DALE - Employment 1ST BUTLER CO.
TOWEE

1. FRONT END COVERAGE SO ILLNESSES DO NOT FESTER OR FAST TRACK DISABILITY DETERMINATIONS

2. EHR ON ALL DISABLED AS EHR ALREADY DEVELOPED PER MDU [WORK COMP MODEL]

3. ALLOW FOR DISABLED TO PERFORM SHELTERED WORK IN UNSHELTERED SETTING
- ALLOW SHELTERED WORK @ HOME INTER OFFICE.

4. ESTABLISH PROVIDER CLINICS ENCOMPASSING BOTH SERVICES PRIOR TO BENEFIT AUTHORIZATION

5. DRUG TESTING NOT Pharma Filing software.



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Table #: 32

SUGGESTIONS

Children, Families and Pregnant Women:

How to stabilize: Don't cut provider rates and make timely payments.

Encourage self-sufficiency: Provide health literacy training like the successful program done in Head Start.

Children's Mercy is very effective for helping families manage health care decisions.

Maintain coverage for children because it is less expensive, preventative and makes ~~has~~ lifelong outcomes.

Medicaid, unlike private insurance, has low administrative costs.

Provide family planning services Birthcontrol, Transportation,

Disabled:

Aged:

DNR - Cost of keeping - Billing for individuals wanting to pass Tax assistance so they can stay in their home that is pd for But leave because of taxes + ins.

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Table #:

33

SUGGESTIONS

Children, Families and Pregnant Women:

- establish a standardized definition of "quality", because otherwise question ~~it is~~ is a loaded question
- community based programs focused on preventative + maintenance measures
- incentive programs for health + maintenance of good health
- financial, healthcare + nutrition literacy

Aged:

- make healthier options more accessible (grocery store, vision cards)

- legislative support for funding support for in-home care equal, if not above nursing funding mandates
- support rural nursing/in-home ~~substitutions~~ because they become the hub of employment in small town
- look at pre-existing programs (ie. PACE in Topeka) to see how they can be applied state-wide

Disabled:

- money follows the person, not the program - this way it encourages continuity of care
- incentive to provide choice of medication adherence
- focus on holistic care:
- support organizations that promote community resources and connections (like Kansas Youth Empowerment Academy and Centers for Independent Living); this will help individuals navigate the system + promote independent living
- improve transportation

Disability 33

Billing requirements are too detailed, time consuming, fragmented, focus on outcomes (need to)

Consolidate services. Allow providers to support members in multiple ways rather than specializing services depending on specific billing codes.

~~Will enable providers to~~

~~DATA~~ Allow M.H. organizations to be supported financially in provision of wellness education & programs. Currently they may not be reimbursed for providing wellness which impacts M.H. because billing codes are too restrictive.

Support programs that provide employment supports to members. Support e&S of those M.H. programs that provide incentives to employers who employ members.

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Table #: 34 - Kevin Crowley Speaker

SUGGESTIONS

Children, Families and Pregnant Women:

- Better education - on marriage, training, etc.
- Getting them jobs to work, get benefits.
- Role models / team efforts
- Support groups / Resources
- Transportation in rural areas - Satellite Clinics

Aged:

- Case managers / Educational medicare
- Home health, Hospital, Doctors, Nursing Home, work together
Coordinate Care.
- Keeping them in their homes.
- Decrease cost but mostly labor, would cut care.
- Family is so important - faith

Disabled:

- Define "quality" healthcare.
- Let them work and use the abilities they have.
- What to do to keep "services"
- "Crisis Center" - disabilities are not the same, so don't treat them
the same.