INSTRUCTIONS

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

Table #: 23

SUGGESTIONS

Children, Families and Pregnant Women:

Aged:

- Change requirements for income so people aren't disincentivized to work vs. qualifying for Medicaid
- Stop talking about physical health, mental health, etc. It's all health/healthcare. Categorization creates discrimination.
- Pay adequately for case mgmt and care coordination

Disabled:

- Create community-based infrastructure before we close the state facilities - Capacity and safety net must be in place and adequately funded
- Comparative effectiveness research (eg difference between licensed/unlicensed providers)
If necessary, raise taxes to ensure that healthcare services are adequately financed - we are a wealthy nation!

**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

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Enhance case management services to improve coordination of care (including the “Medicaid Plus” - patients stay in the program for an entire year even if they lose quality for Medicaid (funding streams may change in the ‘back room’ but patient coverage/network doesn’t change)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aged:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [Get people out of nursing homes] - require plans for how residents can exit</td>
</tr>
<tr>
<td>- HCBS + nursing facility expenditures shouldn’t be lumped together</td>
</tr>
<tr>
<td>- HCBS should be the first option, not the last resort</td>
</tr>
<tr>
<td>- Pay providers for population-based outcomes, not individual services</td>
</tr>
<tr>
<td>- Create live at-home &amp; HomeCare (e.g. “adult” foster care)</td>
</tr>
<tr>
<td>- Expand PACE-like programs and ‘money follows the person’</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabled:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- More research on outcomes for different approaches to care (comparative effectiveness research)</td>
</tr>
<tr>
<td>- Expanded coverage of telehealth (non-video)</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 #: 24**

**SUGGESTIONS**

<table>
<thead>
<tr>
<th>Children, Families and Pregnant Women:</th>
<th>Reimburse Coordination &amp; Mgmt. Patient Centered Family Home/Distance Mgmt. of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Process -&gt; creates access issues &amp; possibly cost? Need contractor accountability. create better access &amp; education for new influx of applicants coming in 2014. Providers should be pre-applying at risk and/or possible patients. Parents of children not being compliant parents.</td>
<td></td>
</tr>
<tr>
<td>Motivating people for wellness through incentives. preventative care for Elderly. Pneumonia vaccine &amp; fall prevention, etc.</td>
<td></td>
</tr>
<tr>
<td>Shift dollars back to home care to keep out of crisis. Patient Centered Family Home. Support &amp; families and patients in the home. Pseudos of quality of life... HOSPICE supported. tax incentive. Nutrition: i.e. growing food on KN1 180 acres.</td>
<td></td>
</tr>
<tr>
<td>SRS be more transparent w/HCBS waiting list and place. most severe cases in a safe place (i.e. KN1) temporarily until wage disparity (of $4/hour between KN1 and HCBS employees)</td>
<td></td>
</tr>
<tr>
<td>Cottonwood is a good model for higher functioning people. Use faith based organizations to take disabled (higher functioning) population to the doctor &amp; for errands, etc.</td>
<td></td>
</tr>
</tbody>
</table>
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 #: 25

**SUGGESTIONS**

**Children, Families and Pregnant Women:**
- Identify those who would benefit from care management as early as possible. Example:
  - High-risk pregnancies vs. care management at the managed care level...
- Higher levels of reimbursement for patient-centered health homes—Promote active involvement & providers in assisting with managing their patients’ care.
- Rural areas—Utilize telemedicine... Also—Could access to healthcare be improved by localizing of schools or locating clinics closer to schools?
- Coordination/inclusion of primary care in alternative settings—For example, locating primary care physicians in clinics.

**Aged:**
- Utilize existing data to fulfill intent possible—Lower costs, enhance care, etc. (Do all programs have to access options available—not use hospital stays or longer than necessary?)
- Encourage opportunities to children/families/caregivers & clients (e.g., parents) help help them understand treatment options—Open communication lines to discuss & plan life plans.
- At a time where access to the service provider needs nursing facility care (NFS option?)
- Think of a new service or service that may be needed by older adults (e.g., home-based care).

**Disabled:**
- Reform payment models—Why all programs (dental, behavioral health, etc.) so separated?
- Health information exchange must work synergically—be robust in order to achieve more coordination possible.
- Efforts to create better treatment, and aid in coordinating care—focus adequate resources in development of a robust exchange—invest in infrastructure.
- Pharmacy—serve as a central point for gathering information from multiple providers.
- Place primary care/other providers in alternative locations—Clinic in clinic?
- Place primary care/other providers in alternative locations—Clinic in clinic?
- Because populations can move in and out of facility—Examine continuity of care.
- MHC/ADL—Develop reimbursable service for medication administration.
- Division of various existing programs may be detrimental to system currently is not built to...
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 #: 26

Dennis George, Speaker/Person

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
</table>

**Children, Families and Pregnant Women:**

- Coordination of the rules and regulations with proposed Cost Cuts.

- The way we treat pregnant women is a model in KS.

**Aged:**

- No family infrastructure to support people in the area.
- Aging population stays in place, family moves on due to jobs.
- boost senior care act.
- Reform Home Health at the federal level, cost effective.
- Better reimbursement rates for trans.
- Amount of assisted living is much cheaper than skilled nursing / nursing home.

**Disabled:**

- Accountability - Provider - continuity of providers
- Motivate recipient for accountability
- Behavioral changes are needed
- Coordinate Services - mental health, HCSS Services
- Reward improvements over time, health improvements
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 #: **27**

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Rural providers - use of telemedicine</td>
</tr>
<tr>
<td>- Non-custodial parents - their access to employer-sponsored insurance</td>
</tr>
<tr>
<td>- With ACA, coordination of care below Medicaid, CHIP, and private market</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aged:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Re-examine the client obligation</td>
</tr>
<tr>
<td>- Communicate the non-service-related pension program</td>
</tr>
<tr>
<td>- Lack of knowledge - communicate HUBS as a potential alternative to nursing facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabled:</th>
</tr>
</thead>
</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 #: 28

### Suggestions

#### Children, Families and Pregnant Women:

- Enhance & utilize technology - take it to them. Technology can be a fundamental part of provider service & personal responsibility.
- Transportation - eliminates barriers
- Sustain family to be leaders within their consumer community
- Incentivize preventive care
- Eliminate tax cliff - disincentive to make more $

#### Aged:

- Focus on preventive care & home care → stop costly home care services
- Nursing home care is an entitlement, but in-home services are not an entitlement. The wrong program is incentivized.
- Family/community can handle the additional burden & many of them are already themselves.
- Rural county have no home health options
- Incentive to buy long term care insurance
- Intergenerational facilities - nursing home with

#### Disabled:

- Great interest among providers to learn more & begin to implement coordinated services through a medical home model
- Home health not available at the physician’s office
- Adequate funding for payment to direct care providers
- Financial criteria used for eligibility
- Promote medical home model with CRHC for those with primary mental health diagnoses
- Put people with disabilities to work → measure outcomes & hold providers accountable for positive employment outcomes
<table>
<thead>
<tr>
<th>Suggestions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
<td></td>
</tr>
<tr>
<td>- Tie health insurance to jobs.</td>
<td></td>
</tr>
<tr>
<td>- Incentives to hire doctors (networks) back to their hometowns.</td>
<td></td>
</tr>
<tr>
<td>- Move education to those needing services.</td>
<td></td>
</tr>
<tr>
<td>- Emphasis on prevention - LT + ST</td>
<td></td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
<td></td>
</tr>
<tr>
<td>- Look at obstacles those who are in the system have to obtaining Ty - transportation provides with limited hours, etc. Also need coordination of services across the system: doctors, pharmacies, transportation, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
<td></td>
</tr>
<tr>
<td>- Tie health insurance to jobs</td>
<td></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 #: | 30 |

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Incentivize Birth Control</td>
</tr>
<tr>
<td>- Incentivize Lifestyle changes</td>
</tr>
<tr>
<td>- Expand education on access to care</td>
</tr>
<tr>
<td>- Education on finance</td>
</tr>
<tr>
<td>- Sliding scale means testing for pregnant women ≥ single → Moms ≥ Incentivize staying at work by not COMPLETELY cutting them off at earnings thresholds</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>- Medicaid pay for care coordination ≠ case mg</td>
</tr>
<tr>
<td>- Crackdown on fraud &amp; abuse</td>
</tr>
<tr>
<td>- Incentivize people to buy LTC insurance</td>
</tr>
<tr>
<td>- Access to Transportation</td>
</tr>
<tr>
<td>- Telemedicine</td>
</tr>
<tr>
<td>- Better tax breaks for donors ≥ particularly big donors</td>
</tr>
<tr>
<td>- Streamline HCBS application process &amp; provide “bridal” services to prevent steep declines in health ≥ which is more costly</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>- Pay more to get jobs in the community for sheltered workshop providers</td>
</tr>
<tr>
<td>- ↑ participation in work &amp; working healthy “program”</td>
</tr>
<tr>
<td>- Paying &amp; quality providers will end up increasing efficiency &amp; effectiveness of service, which will ultimately be cheaper</td>
</tr>
<tr>
<td>- MASSIVE education on still receiving benefits while working</td>
</tr>
<tr>
<td>- Make private insurance cover more equipment &amp; services</td>
</tr>
<tr>
<td>- Access to transportation</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 #: 31

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

Aged:

Disabled:

**ALLOW DISABLED TO HAVE PRIVATE PAY INSURANCE TO COVER MEDICAL BILLS & ALSO HAVE MEDICAID TO COVER HCBS. SAVINGS TO THE STATE ON ALL MEDICAL BILLS & TPL PROCESS DOES NOT ALLOW THIS. CHANGE TPL.**
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 #: 31

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>Focus on prenatal (avoiding premature births). Care mgmt to coordinate between health &amp; soc serv professionals needs. Head Start strengthens support. Better coordination &amp; social/svs.</td>
</tr>
<tr>
<td><strong>Aged:</strong> Respond family to care for elderly. Identify people who are at risk of going to nursing home following hosptal stay and see if nursing home can be avoided. Expedite financial processing for eligibility. Utilize nursing homes to provide HCBS services in rural areas. Better case mgmt. HCBS in lieu of nursing home. Better health.</td>
</tr>
<tr>
<td><strong>Disabled:</strong> Employer benefit LTC insurance purchased young.</td>
</tr>
<tr>
<td>Case mgmt should include health prevention &amp; screenings (more emphasis on health needs). Not medical or social but both. Electronic medical records to facilitate coordination. Case coordination with targeted care. Not a lot of advocacy done - regulation inhibit from full case mgmt functions. Determine supports needed to support work. Encourage Medicaid buy-in programs to support work.</td>
</tr>
</tbody>
</table>
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 # 32

SUGGESTIONS

Children, Families and Pregnant Women:

1. Children & Families should be targeted for policies that promote preventive care strategies, health care consumerism, education, quantify the basis for greater investments in fraud, abuse & exploitation.

2. Movement between coverage models should not disrupt ongoing medical care or promote inefficiency.

3. Dental ??? MHh!!!

Aged:

1. NCBS when well-costed & consistently available should be adequate & meet the clearly evident needs.

2. The workforce in the world of care giving is under GREAT distress. We should pay care givers a decent wage w/ decent benefits & prepare them to do good work (training etc.)

3. If the administration believes we have too many people in NH beds, they should propose strategies to reduce beds.

4. Consider certification of need to assure no construction of new bed space.

Disabled:

1. "Competition" as a market place factor should be evaluated to determine whether it is a cost driver or a true quality enhancement factor.

2. Re-invent a universal service coordination professional model so a person or family in need could utilize a single professional "guide" to access available services and improve personal responsibility & accountability including employment.

3. Employment & Training activities (e.g. Supported Employment) deserve additional investments.
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 #: 33

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Multi-discipline Clinic</td>
</tr>
<tr>
<td>- Pilot Program: Parent Support &amp; Care Coordination. (Familiarize families with different systems)</td>
</tr>
<tr>
<td>- If referred -</td>
</tr>
<tr>
<td>- State System</td>
</tr>
<tr>
<td>- Provide incentives for outside resources (e.g., churches) to care in rural areas</td>
</tr>
<tr>
<td>Requirements to keep Medicaid for children - i.e., shots, parents as teachers</td>
</tr>
</tbody>
</table>

| **Aged:** |
| Preventative Knowledge of programs to elderly |
| Living longer: HCBS is cheaper than LTC |
| HCBS in long-term assisted living |
| HCBS as 1st resort not last |

<p>| <strong>Disabled:</strong> |
| Accountability of adherence to meds - if not compliant, possible d/c Medicaid |
| Mandate some sort of PCP &amp; behavioral health care |</p>
<table>
<thead>
<tr>
<th>Table #:</th>
<th>34</th>
</tr>
</thead>
</table>

**SUGGESTIONS**

**Children, Families and Pregnant Women:**

- Expand number of assisted living facilities for elderly who are Medicaid eligible at onset and who don't need to be in nursing home.
- Nursing homes receive more Medicaid than assisted living, so assisted living facilities limit the # elderly they accept. Even elderly who initially have # - if they live long enough they too end up on Medicaid.
- Get HCV & Medicaid collaboration to create assisted living facilities like Delaware
  - Highland
  - Assisted Living
  - KCKS.
- HCBS is the payer of last resort - so long as the SR is truly getting their needs met & here fraud, waste & abuse.
### 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 #: 34**

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>1. Hi risk fund in KS will not provide insurance to mentally ill reed to Medicaid first.</td>
</tr>
<tr>
<td>2. No group home in KS indv if mental health issues need group ta volental.</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>3. Medicaid has an error in software problems involved in preci.</td>
</tr>
<tr>
<td>4. Expand formulary for medicaid approval.</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>5. HCBS has already improved costs.</td>
</tr>
<tr>
<td>6. Need group home OR HCBS to ensure adherence to meds.</td>
</tr>
<tr>
<td>7. Does living in a group home improve supported employment?</td>
</tr>
<tr>
<td>8. Supported employment: Make Employment First reality.</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 #:** 3A

### Suggestions

**Children, Families and Pregnant Women:**

1. Recommend 1 stop shop concept helps families who are mobile, who job helps knowledge of resources could help alleviate burdensome infrastructure

2. Outreach to rural families transportation funds always an issue

3. Better integrating mental health care with physical care

**Aged:**

- Outreach to rural families transportation funds always an issue

**Disabled:**

- Flexibility to allow agencies to create incentives to engage/parents and families in planning for health care decisions and planning
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 #: 35

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>Improve quality of care consistency of coding from Medicaid to healthcare ins. behavioral health services Expand CMHC codes - allowing amended to open behavioral codes to avoid duplication of services -(custody kids)</td>
</tr>
<tr>
<td>Eliminating special services beyond what Dr. would normally provide 24 hour walk-in clinic - locate near that population Partnership w. nonmedical organizations serving same population Vouchers for this group to use to pay premium on a private policy to have consistency as they go in &amp; out of Medicaid subsidy for birth control -(same members) Access to birth control - (some members) Dental care - basic</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>Increase telemedicine life &amp; LTC insurance LTC option Expand slots on Civil society can provide respite. PACE program through a hospital</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>CMHC codes - amended to open behavioral health codes to other services to avoid duplication of services Increased technology to oversee medication adherence More managed care - wherever the consumer chooses Removing barriers that discourage employment Sliding scale on income eligibility</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 #: 36**

<table>
<thead>
<tr>
<th><strong>SUGGESTIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>Children on health wave have a hard time finding specialist. Travel is issue.</td>
</tr>
<tr>
<td>Cut the number of people who qualify to reduce health costs. (Fee schedule)</td>
</tr>
<tr>
<td>Is it possible to look at eligibility based on resources can that be changed or effect</td>
</tr>
<tr>
<td>Increase eligibility of children requirements. Incentives for employers to carry insurance.</td>
</tr>
<tr>
<td>Examine Neo-Natal care as an example of balancing care.</td>
</tr>
<tr>
<td>Cost-sharing promotes</td>
</tr>
<tr>
<td>Medicaid eligible should have education components. High usage, Medicaid users, education or ‘coach’ - wellness coaching and incentives. A pregnant women.</td>
</tr>
<tr>
<td>Price transparency - at time of service.</td>
</tr>
<tr>
<td>For people to buy insurance? People wary of long term insurance, promote HCBS Services.</td>
</tr>
<tr>
<td>Disability Insurance create a moral hazards. Educate hospitals and discharge planners of In home services.</td>
</tr>
<tr>
<td>Require hospitals to refer to AAA for Home discharge assessment and education.</td>
</tr>
<tr>
<td>Case managers or counselors to involve option (HCBS) @ N.H after Rehab.</td>
</tr>
<tr>
<td>Bedside Assessments very Important.</td>
</tr>
<tr>
<td>Medicaid pay costly N.H placement rather than In home P.T.</td>
</tr>
<tr>
<td>Transportation issues.</td>
</tr>
<tr>
<td>Keep medical transportation on Medicaid Do we provide or require cost comparison for therapy home v.s. N.H.</td>
</tr>
</tbody>
</table>

**Disabled:**

- W/hist. - stop cutting assistive services. to prevent N.H. Placement.
- Assistive tech. to assist going back to work.
- Provide incentives for employers to hire.
- More emphasis on MFP.
- Promote Competition or competitors to lower cost? and Improve care.
- Among providers.
| Table #: | 37 |

<table>
<thead>
<tr>
<th><strong>Suggestions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>Financial incentives or disincentives for over/under use of services</td>
</tr>
<tr>
<td>Coordination between providers &amp; incentivizing this</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>Make communities more aware of HCBS as alternative to nursing homes.</td>
</tr>
<tr>
<td>Dedicated case manager at hospital to work with at risk admissions with goal of discharge to community instead of nursing home.</td>
</tr>
<tr>
<td>Encourage nursing homes to also provide in-home services.</td>
</tr>
<tr>
<td>Require coordination of care for HCBS; area agency on aging could do this. Access Medicaid claims data for this.</td>
</tr>
<tr>
<td>Faith communities could provide respite for families providing care to allow the families to remain engaged longer.</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>CITY planning &amp; activities to encourage interaction between neighbors — integration of community may allow better care-taking of each other.</td>
</tr>
<tr>
<td>Move away from fee-for-service to models that encourage quality &amp; coordination instead of volume.</td>
</tr>
<tr>
<td>Enhance workforce by adding psychiatry to the medical school student loan repayment program.</td>
</tr>
<tr>
<td>Specifically pay providers for providing care coordination.</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 #: 38

**SUGGESTIONS**

**Children, Families and Pregnant Women:**

**Aged:**

**Disabled:**

1) Children w/ disabilities - KS discriminates against children w/ DD. Value in early intervention EPSDT. Schools receive funding for PT, OT, ST, Non-profits aren't able.

* Eliminate restrictions on Habilitation restriction

Expand Autism waiver funding
Table Aged

- Better assess interest and readiness for care
- Leverage better the "money follows the person" policy
- Eliminate bureaucracy
- Aged cannot be viewed independently for B/D
- Dual-eligible: Simplicity:
  - Policies & systems
  - Care access
  - Coordination between Care A

- Establish criteria for those who could receive HCBs with certain support
- Take advantage of all funding streams (e.g., Senior Care Act, Community Options)

- Harness medical home model
- Capitalize on alternate funding sources:
  - Reverse mortgages
  - Faith-based org. funding/contribution
- Improve oversight of home-based services
Table 38

1. Education & Communication & Prevention
   - Nutrition
   - Communicate effectively
   - Assistance
   - Assistive technology
   - Getting resources into the community
   - Technology, etc.

2. Community & Organizational
   - Community outreach
   - Focused
   - Complex, Connected

3. Community-driven leverages
   - Existing "networks" - they need to be coordinated
   - Train the "connectors"

4. Rural communities present unique challenges
   - Not all the same
   - Provider identity, etc.

5. Integrating early childhood

6. Integrate physical & mental health
HCBS WAIVERS

* collapsing all HCBS WAIVERS into 3 Waivers

  * MR/DD, TBI, AUTISM
  * PD/FE
  * SEDIMENTAL HEALTH

MAKE HCBS an entitlement

Look to states like Michigan, Vermont, Washington, Texas

Manage care for this disease
Cost effective success?
Please continue to seek out and consider stakeholder feedback as the process of Medicaid reform continues.

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 #: 39

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- allow families to pay premiums for Medicaid if income and increases (instead of losing assistance)</td>
</tr>
<tr>
<td>- required community service programs for physicians to provide education and outreach</td>
</tr>
</tbody>
</table>

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

| **Disabled:** |
| - adherence to medication; oversight re: number of medications, monitoring for duplication & unnecessary medications |
| - holistic approach to address other add’l options for treating illness/symptoms |
| - ensure prescriptions are written clearly and the patient understands how & when to take |
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 # 39

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Research the root cause of need to access Medicaid and aged family cycle</td>
</tr>
<tr>
<td>- Focus on prevention of chronic illness</td>
</tr>
<tr>
<td>- Incentivize out of business hours practices</td>
</tr>
<tr>
<td>- Wellness programs to assist parents in teaching children prevention (i.e. diet)</td>
</tr>
<tr>
<td>- Require all medical providers to accept Medicaid in order to have license; incentives for rural providers - increase in reimbursement rate</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>- Increased reimbursement and mileage for home health providers, and widen scope of Medicaid paid home health to ensure preventative services are being delivered</td>
</tr>
<tr>
<td>- Decrease FY waiver TCM caseload size</td>
</tr>
<tr>
<td>- Research cause of lack of community/family involvement</td>
</tr>
<tr>
<td>- Increase access to transportation</td>
</tr>
<tr>
<td>- Cost/benefit study to compare waivers versus NF</td>
</tr>
<tr>
<td>- Holistic approach to address physical &amp; mental health needs</td>
</tr>
<tr>
<td>- Look to other states' Medicaid reform programs</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>- Electronic medical records to allow better coordination of care</td>
</tr>
<tr>
<td>- Transition specialists trained to assist consumers with disabilities in managing care, living independently</td>
</tr>
<tr>
<td>- Education about existing Medicaid buy-in programs to encourage disabled to go back to work</td>
</tr>
<tr>
<td>- Holistic approach to treat physical, mental, and behavior (positive behavior supports) to ensure support for community integration</td>
</tr>
<tr>
<td>- Developing standards for behavioral supports and requiring inclusion within the waivers</td>
</tr>
</tbody>
</table>
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 #: 39

<table>
<thead>
<tr>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>Incentivize providers to have office hours outside of M-F, 9:00-5:00. Parents on welfare or with low-paying jobs often can't get time off from work to go to the doctor or take their children to the doctor. Evening and weekend hours are essential—otherwise folks are forced to use the emergency room.</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>Require better discharge planning and coordination of care.</td>
</tr>
<tr>
<td>Encourage nursing home staff to also work as home health workers.</td>
</tr>
<tr>
<td>Use the health home model in ACA—provides 90% FMAP for 8 quarters to test.</td>
</tr>
<tr>
<td>Advertise the CLASS Act when it is up and running.</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>- Change reimbursement for the DD waiver—provide lower payments for sheltered work and higher payments for competitive employment in the community.</td>
</tr>
<tr>
<td>- Aggressively encourage employers to hire people with disabilities.</td>
</tr>
<tr>
<td>- Use value-based pharmacy benefit plans—provide at no cost drugs proven to be effective. e.g. anti-hypertensives, insulin, etc.</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 #: 40

Suggestions

Children, Families and Pregnant Women:

- Electronic Medical Records: easily transfer of records, increased efficiency
- Prevention Education in Clinic - broad enough for entire family
- Medicaid provides working together - very siloed care needs to change
- Off-site locations for providers to get to rural areas
- Reward good health behavior / stabilize relationships for all providers to be able to serve this population

Aged:

- Provide some level of support for retrofitting homes in order to eliminate pre-mature placement in homes (of concern)
- Do not reduce funding for home and community services - this is what pushes people into homes
- Telehealth
- Mental Health needs to be increased - home health, mental health
- Effective Use of Self-Directed Care
- Siding fee scale for services such as transportation - for people that can contribute some
- Potential tax incentives to purchase long term care insurance

Disabled:

- Ensure that disability beneficiaries that return to work have combined income, disability benefits and wages equal to what they receive in benefits alone - if they return to work. Ensure that the companies that employ these people have some tax incentive or subsidy to offset increases in premiums
- Why can't we combine private pay and Medicaid combined for families that can do it
- Health information/technology has to include mental health - but the mental health provider needs to be able to input information
- Self-directed care for families that can manage it - that is not mandated for families that can
- Supported Employment - Job Coach provided for those - incentives for folks to hire disabled population
**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 #: 4**

**SUGGESTIONS**

**Children, Families and Pregnant Women:**

Aged:

What are the reasons behind the number of people who enter nursing home facilities?

+ Why do we need home and community-based services?

  + Look at the policy around how we manage the utilization review.
  + Nursing homes as a last resort.

Discussion

1. Revisit the criteria—how it links to the new
2. Would home and community-based services eliminate that?

Disabled:

Our three areas of focus:

1. Policy on how we use
   + Nursing homes
     + Comprehensive assessment needed
   + Long-term care insurance
     + "Campaign" to make sure
     + It is incorporated into an "insurance package"
2. Boost services that keep people at home
3. Other incentives to make LT care insurance part of a package 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.

Table #: 41

SUGGESTIONS

Children, Families and Pregnant Women:

1. Rural - explore + maximize technology for those services that lend themselves to that mechanism (e.g., medical history - M11 history)
2. Coordinating care - again M11/Medicaid population tends to be mobile technology could support medical home
3. Based on the assumption that children are on Medicaid as in poorer health you should look at the environmental conditions
4. Develop mechanisms to eliminate silos and duplication of efforts among providers that is caused to develop common goals/potheses of entry
5. Expand local partnerships with health plans that could provide needed outreach
6. 'Managed care' - if approximately 50%
7. Managed care - if approximately 50%
of the cost is "managed" than a MCO
8. How are the efficiencies on restructuring?
9. How are the services coordinated?
10. Case management resources - are they available? Based on a wholistic approach

People with a disability:

- Discussion
  - 5 year wait list for services
  - Biggest challenge: children need care but don't have access until they have been approved

One way approach - Healthy Marriage Initiative - (divorce rate among families with a disabled child is 80%)

"Building case management resources" what is the quality of care you get for $8,000 a year?

Discussion: Prescription overview - use of generic

Rural families - very difficult to access services - rural areas are more challenging for access and delivery

Integrating behavioral health needs to be integrated - primary health
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 #: 42

SUGGESTIONS

Children, Families and Pregnant Women:

- Universal screening and assessment
  Early identification is important
- PRTF to community treatment but this trend is reversing - still a divide of community vs. facility
- Good records from HCO would help identify duplication
- Rural Family access is still issue. Prevention programs important for overall health

Aged:

- Medical home would be important concept
- Payne county option

Disabled:

- KIT costs a lot and is an archaic model of treatment
- Turf battles cost of a PD waiver
  W/ functional issues waives which waiver to use - money spent - attempt to decide
- Medical home or similar concept to coordinate care - this group has multiple issues - there should be a way to receive the services needed in a coordinated manner.
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 #: 43

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, Families and Pregnant Women:</strong></td>
</tr>
<tr>
<td>- Inconsistency in on-line vs. off-line applications. Can’t apply for everything online. Need to be able to accept supporting documentation electronically, including digital reproductions, informing people both online &amp; offline concurrently. Allow for electronic replies for supporting documentation responses to questions (cut through red tape).</td>
</tr>
<tr>
<td>- Reduce the confusion &amp; burden of appeals process. Provide support for parents to understand &amp; navigate this process.</td>
</tr>
<tr>
<td>- Educate &amp; inform parents of what entitled to &amp; how to navigate their child's care.</td>
</tr>
<tr>
<td>- Have Medicaid (KSHS) be able to access a credentialing process (like CACAP) for credentialing documentation, etc.</td>
</tr>
<tr>
<td>- Coordinate ESPED care to make sure entitled services are provided in less red tape.</td>
</tr>
<tr>
<td><strong>Aged:</strong></td>
</tr>
<tr>
<td>- Provide education &amp; advocacy &amp; care coordination to encourage home health, community-based services.</td>
</tr>
<tr>
<td>- Re-prioritize all policies to eliminate the institutional bias &amp; promote instead home health &amp; HCBS. Totally change the system to do this.</td>
</tr>
<tr>
<td>- Ex: FE Warner cuts services &amp; benefits instead of changing list - encourages NC placements. Need to reset the starting point to encourage HCBS home health.</td>
</tr>
<tr>
<td>- Innovative ideas to promote HCBS - telehealth, transportation, etc.</td>
</tr>
<tr>
<td>- Embrace CLASS Act &amp; promote it to get to critical mass. Fire tournaments, etc.</td>
</tr>
<tr>
<td>- Whole-food nutrition can prevent institutionalization.</td>
</tr>
<tr>
<td><strong>Disabled:</strong></td>
</tr>
<tr>
<td>- “Reclaim” estate recovery to make it more reasonable.</td>
</tr>
<tr>
<td>- Use faith-based support &amp; nutrition can prevent institutionalization.</td>
</tr>
<tr>
<td>- Make policy of employment first &amp; a reality. Reset everything.</td>
</tr>
<tr>
<td>- Fund advocacy &amp; support that is separate of service providers to educate people w/ disabilities of work incentives &amp; employment outcomes.</td>
</tr>
<tr>
<td>- On the front end, do this education &amp; help people navigate these complex systems to support work.</td>
</tr>
<tr>
<td>- Resume the 0% - New paradigm = community-based is preferred option.</td>
</tr>
<tr>
<td>- Eliminate the institutional bias for all people w/ disabilities. Make HCBS the same entitlement as institutions.</td>
</tr>
<tr>
<td>- Do the federal Community Choice Act to get 6% FMAP for personal care as a preferred service.</td>
</tr>
<tr>
<td>- Nothing about us without us.</td>
</tr>
<tr>
<td>- Support &amp; fund Self Advocacy across all disabilities.</td>
</tr>
<tr>
<td>- Too many people who are high functioning in sheltered workshops. This must change.</td>
</tr>
<tr>
<td>- Full time make the chore plan for self-directed unless do it for non-self-directed too.</td>
</tr>
<tr>
<td>- Poor behavioral health - cross-training case managers &amp; addiction professionals too.</td>
</tr>
</tbody>
</table>
### SUGGESTIONS

**Children, Families and Pregnant Women:**

- Prevention - education on the importance of prevention for items like vaccines, with a medical home to coordinate and ensure regular care is available.
- Enhancing healthcare literacy - so parents understand the importance of regular visits and vaccines are to long-term health outcomes.
- Include nutritional education - how to eat right on a low-income.
- Telehealth clinics - for people in rural communities.

Incentives for providers to participate in telehealth or start practices in a rural community.

**Aged:**

- Education related to how to prevent early placement - importance of long-term care insurance.
- Increase in support (respite care or adult day care) for family caregivers so they can continue to provide care at home.
- Revise the screening process used to determine eligibility for long-term care admissions.
- Allow for payment for long-term care insurance as part of their Medicaid benefit.
- Integrate rural community LTC care between several counties.

**Disabled:**

- Develop a system that calls patients daily to do medication reminders.
- Increase access to broader coverage for more health visits, medication reminders, medication dispensers, and transportation of the dispensers.

Mental health and physical health care administered by the same carrier.

Provide coverage for care management "coordinated" between multiple providers every month.

**Table #:** 44
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 #: 45

---

SUGGESTIONS

Children, Families and Pregnant Women:

- More Education for children & families to engage in health care & related decisions
- Utilize schools & clinics in rural areas
- Better management at state level of programs

Aged:

- Make choices more available so people understand their options
- NCBS - Senior Care-Maker
- Make it as easy to get community based home care programs as it is to get NBSC Home Care
- Regulations (including Fire Marshall Requirements) are driving up costs. Needs to be addressed
- ND Freezer Senior Care Act
- Shift focus on home dollars to home based programs (PACE, NCBS)

Disabled:

- Some duplicity of management that could be eliminated
- Regulations make it more difficult & expensive to provide care. Needs to be addressed.
- More should be done with early intervention.
## 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 #: | 46 |

### Suggestions

**Children, Families and Pregnant Women:**
- Coordinate: Greatest user of ER services - Primary care providers need care
- Eliminate Medicaid + do direct contracting
- Managed care - Cut out the middle man - use the Medicare model
- Change Medicaid reimbursement to Medicare reimbursement - no medical home - lock in then Express care instead of ER use
- frontline decision - ER vs Primary care

**Aged:**
- Better education

**Rural Areas:**
- More outreach facilities / satellite services
- More senior population
- More visiting nurse / PAs
- More education on OB - if they would come in early for pre-natal, otherwise of Medicaid for life

**Stabilize Relationships:**
- Administrative simplification - claim process / technology
- Provider based - not for profit care
- Self-sufficiency - need to educate early through schools

**Aged:**
- Keep seniors in their home by providing home care services - Need to reimburse for mileage to allow existing groups to expand (rural areas)
- Adult day care expansion in western KS - Pilot programs
- Wellness monitoring education on this service is needed
- Special focus group on senior issues in each region - Each has special needs based on location (rural churches)
- Use ready made groups (Loins Clubs, etc) to educate seniors on services
- How do you find quality care in rural areas?
- Suicide in seniors - RBC issues need to be addressed
- Tech use: webcams, Skype to monitor seniors health in-home

**Disabled:**
- Medicaid does not understand outcomes - incentivizing outcomes
- Early intervention for children - will help reduce cost in the future
- Trouble with children with autism in coordinating care
- Need education for employers to hire disabled
- Need for tech home monitoring for adherence to medication - PD and DD should not be lumped into one group
- Need to look at AD and determine how to address
Please share your table’s suggestions and ideas by completing each of the sections below (one for each population group). Please provide the table’s suggestions for reforming Kansas’ Medicaid program and describe how it improves outcomes while decreasing costs, while noting any additional considerations or obstacles.

Table #: 47

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

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

- Disabled: 
  - Pressure Self Direction and implement rate parity for self-directed non-self-direct service providers.
  - Change eligibility (reduce eligibility)
  - Increase individual expectations
  - Utilize Independent Living Skills training
  - Strengthen Working Healthy WORK program - remove “demonstration” status, open to other populations in order to support employment, remove the incentive not to work.