

Attachment 4

HHSS Medicaid Reform Work Group Recommendations

Medicaid Alternatives

1. Create a Safety Net Commission to develop a plan for expanding and supporting the number of community health centers, satellites of existing centers, and look-alikes.
2. Expand the use of drug discount programs (e.g., the federal 340B Program) so that all eligible organizations can purchase prescription drugs at lower costs.
3. Create public-private partnerships between small employers and Medicaid through Premium Assistance Programs
4. Conduct a study to determine the feasibility of implementing a publicly-financed reinsurance program
5. Use tax subsidies to encourage the purchase of health insurance
6. Encourage more employers to offer and employees to purchase Health Savings Accounts
7. Explore the development of a large purchasing pool for health insurance

Children with Disabilities

1. Require parents to pay a premium for the medical care of minor children living in the home covered by a Home and Community Based waiver (Section 1915(c) or a Katie Beckett waiver (Section 1902(e)(3))
2. Implement a Developmental Disabilities (DD) quality management system
3. Combine existing waivers into a Medically Fragile Children's Waiver
4. Public information campaign to encourage parents to insure their children

Adults

1. Find solutions for the uninsured
2. Wellness/prevention initiatives/individual responsibility
3. Address large-scale cost of health care issues
4. Disease Management
5. Assess feasibility of enrolling pregnant women instead of unborn children
6. Administrative cost containment initiatives

Adults with Disabilities

1. Disease Management and health maintenance
2. Implement mandatory screening for nursing facility and ICF-MR admissions
3. Eliminate the institutional bias in funding and social policy decisions
4. Maximize federal Medicaid funding for community services with HCBS waivers while reducing the number of Nebraskans receiving institutional care
5. Remove exemptions of trusts for determining Medicaid eligibility
6. Eliminate Public Service Commission control over HHSS transportation options and expenditures
7. Implement HHSS staff as specialized case managers for high cost populations
8. Reduce durable medical equipment costs by use of the Assistive Technology Partnership

9. Reduce Medicaid costs resulting from motor vehicle injury
10. Provide vouchers to clients to purchase services directly (Cash and Counseling)
11. Support federal policy changes which would eliminate the two year wait for Medicare upon determination of disability

Aged

1. Encourage individuals to take responsibility for their own long-term care planning
2. Reverse Mortgages
3. Facilitate/foster personal responsibility for long-term care needs through promotion of, and education about, the benefits of advance planning and through positive incentives
4. Promote preventative health and education
5. Support the legislative initiative of NGA and the Medicaid Commission to close loopholes in asset transfers (Medicaid Estate Planning)
6. Mandate expansion of screening process used for Medicaid recipients to all newly admitted nursing facility residents
7. Vouchers or cash allowances/consumer-directed services
8. Educate hospital discharge planners about HCBS options
9. Require nursing facilities to disseminate Home and Community Based service information and use community based organizations to conduct information sessions at such facilities
10. Establish local long-term care coalitions
11. Reduce barriers to aging in place
12. Petition federal government to have Medicare assume full responsibility for the health care needs of their beneficiaries
13. Encourage the development, training and retention of a qualified long-term care work force in Nebraska
14. Expand waiver slots/services to accommodate population growth
15. Establish an additional level of assisted living care to recognize differences in resident care needs
16. Explore possibility of implementing a Medicaid waiver program for persons with mental illness who meet nursing home level of care criteria but whose needs could be safely met in an assisted living facility or at home
17. Encourage CMS to require that the new Medicare Drug Plan providers share information on Medicaid consumers' drug utilization with state Medicaid agencies
18. Develop a process that would provide for professional review of the prescribing of psychotropic medications
19. Move Medicaid nursing facility payments away from cost-based reimbursement to incentivize higher occupancy and greater efficiency
20. Remove the \$5,000 exempt property deduction for adult children in estate recovery collection process, and expand estate recovery efforts
21. Evaluate the feasibility of Medicaid coverage of emerging alternatives to traditional nursing facility care, such as the Green House Project
22. Convert from full-month to partial-month coverage at the beginning and end of a person's Medicaid eligibility

23. Allow individuals who are paying insurance premiums for the purpose of becoming eligible to pay the State Medicaid program directly
24. Explore possibility of sending Explanation of Benefits (EOBs) to Medicaid consumers each month.
25. Use Adult Day Care services as a possibly cheaper way to help people recover from health problems or surgery outside of the hospital

Healthy Children and Pregnant Women

1. Make the pregnant woman the covered person for Medicaid rather than the unborn child
2. Improve access to and utilization of quality preventive health through EPSDT, including dental services and prenatal care
3. Develop best practice guidelines for prescribing psychotropic drugs to children
4. Enroll only fully licensed MH/SA providers
5. Cost containment through program management
6. Require that State Wards with private insurance utilize services in the network
7. Collect a case management fee or premium for MH/SA services for State Wards
8. Review and management of services to State Wards
9. Implement a separate SCHIP program
10. Require parents of State Wards to assign medical benefits to the state

