



OneCare Kansas Planning Council

November 15, 2018



# Welcome

# Introduction to OneCare Kansas

# What is a “Health Home”?



- An expansion of the “patient centered medical home” model to include links to community and social supports for eligible Medicaid Members
- It is NOT a place, but a way to provide coordination of physical and behavioral health care with long term supports and services for people with certain chronic conditions
- Health Homes focus on the whole person and their needs to help that person be as healthy as possible.

# What is a “Health Home”?

OneCare Kansas (Health Home) members are eligible to receive six core services:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual & Family Supports
- Referral to Community & Social Support Services



These services are in addition to the services that members currently receive from their physical and behavioral health providers under Medicaid.

# Health Homes TIMELINE

Implementation of  
Health Homes for  
Individuals with SMI

FY 2011

FY 2014

Basic Health Homes  
Model included in  
KanCare RFP

2014



- Held weekly implementation calls with stakeholders
- Implemented program on July 1
- Launched Learning Collaborative for Health Home Partners.

2015



- Collected feedback from partners via surveys and listening tours
- Health Homes Conference
- Continuous quality improvement efforts

# Health Homes TIMELINE

Implementation of  
Health Homes for  
Individuals with SMI

FY 2011


FY 2014

FY 2016


Basic Health Homes  
Model included in  
KanCare RFP

Health Homes  
Program Terminated



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- Focusing on a more narrow population may have allowed earlier demonstration of cost savings
  - Developing quality goals and measures early made program design easier
  - Allowing enrollment (opt-out and opt-in changes) to occur closer to real time


## Lessons Learned: *Stakeholder engagement*

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- Robust stakeholder involvement from the beginning increases success
  - More frequent stakeholder calls in the first 30 days may have reduced early issues
  - More robust engagement of sister State agencies (like DCF) might have reduced challenges



- An application process (that includes required attendance at trainings) may have helped the program launch more smoothly
- More training was needed of all state agency staff who were not involved in project planning
- More education of primary care providers and hospitals was needed to help prepare them for their roles
- Increased education of consumers prior to implementation and in early days of implementation
- Being “planful” and working alongside community partners – rather than for them – makes for a better learning process

## Lessons Learned: *Quality of Care/Collaboration*

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- Much of the work was not necessarily physical or behavioral health care – more social, environmental, and safety needs
  - Many HH members were more willing to address difficult health and social issues when given sufficient support
  - Some behavioral health providers indicated that the model helped them be more aware of looking at the whole person than in the past
  - Some providers, particularly I/DD, indicated that HH helped them to build more community partnerships

# What HHPs had to say...



26 Health Home Partner Surveys received:

- 46% CMHCs
- 31% CSP-IDD Providers

**When asked if HHs were beneficial to their clients (Scale = 1-10):**

- 88.5% rated the program at an “8” or higher
- 46.2% rated the program at a “10”
- Only one respondent rated the program below a “5”

**When asked if they would be willing to serve as an HHP should this population ever be reinstated into HHs:**

**84.6% of respondents reported they would serve as an HHP again.**

**When asked if they would be willing to serve as an HHP for other populations focused on primary care conditions such as diabetes:**

**88.5% of respondents reported that they would be willing to serve as an HHP.**

# Health Homes TIMELINE

Implementation of Health Homes for Individuals with SMI

Kansas Legislature issues Health Homes Proviso

FY 2011

FY 2014

FY 2016

FY 2018

Basic Health Homes Model included in KanCare RFP

Health Homes Program Terminated

2018



## The current language states:


“Add \$2.5 million, all from the State General Fund, to reinstate a program under the federal Medicaid Health Homes option and add language directing the agency to reinstate a program operated under the federal Medicaid Health Homes option for FY2019.


## The program would be required to be:

- **an opt-in program**
- **allow no more than a 10.0 percent administrative claiming rate** by the managed care organizations
- and **have a narrower scope of eligibility for adults** than the previous program to ensure those who have a behavioral health diagnosis or chronic physical health condition are served.”

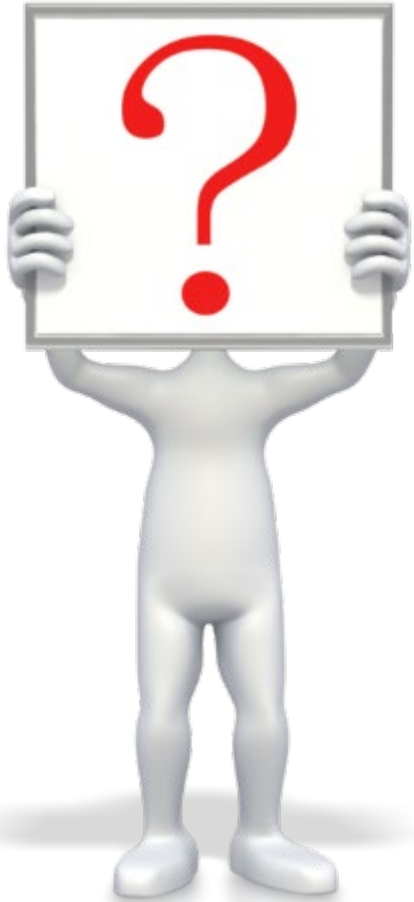


# What we know so far...

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- Program will be called “OneCare Kansas”
  - Six core services and documentation requirements will remain the same
  - MCOs will once again serve as the “Lead Entity” but will not be allowed to provide direct services
  - Program will be limited in population but have a statewide scope
  - Potential provider partners will apply to participate

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- Population to be served
  - Payment rates and structure
  - Provider application requirements and process
  - Provider team requirements





- What questions of clarification do you have so far?
- What excites you the most about what you have heard?
- What concerns you the most about what you have heard?

# Health Homes TIMELINE

Implementation of Health Homes for Individuals with SMI

Kansas Legislature issues Health Homes Proviso

Proposed Implementation for Limited Population

FY 2011

FY 2014

FY 2016

FY 2018

FY 2019

FY 2019

Basic Health Homes Model included in KanCare RFP

Health Homes Program Terminated

CMS funding received to form OCK Planning Council

# OneCare Kansas Implementation Timeline

# Role of the OneCare Kansas Planning Council

**To provide feedback and consultation to KDHE regarding the planning and implementation of the OneCare Kansas program through:**

- Receiving and responding to updates on planning and implementation of the program
- Reviewing materials intended to educate or inform providers and other interested stakeholders about the program and providing feedback, as requested
- Providing advice and suggestions to KDHE to assist in program planning and implementation efforts
- Representing respective provider associations' interests and perspectives
- Learning about and support of program activities including State and Project Team efforts
- Assisting in establishing quality measures and outcomes
- Reviewing outcomes and long-term sustainability of the program

- Representative membership
- Lead by KDHE Department of Healthcare Finance
- Facilitated by WSU Community Engagement Institute
- May form subgroups as needed to review information and make recommendations
- Meet 3<sup>rd</sup> Thursday of each month from 10:00 a.m. – 4:00 p.m. at the Kansas Health Institute in Topeka



# Expectations

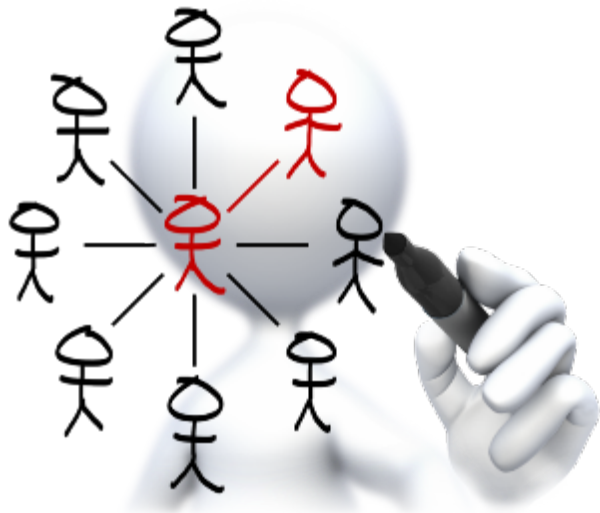
- Keep OneCare Kansas members at the center of decision making
- Take responsibility to share information from the Planning Group with colleagues, other providers and stakeholders
- Attend or call into each meeting (in person attendance is strongly encouraged)
- Read and review materials, as requested
- Be respectful and courteous to other members
- Participate actively in discussions and allow others a chance to participate
- Speak honestly, but constructively
- Acknowledge contributions made by members
- Listen with an open mind
- Be open to differences of opinion

# Questions for clarification



If you were responsible for choosing the OneCare providers, what would you want to know about them?

- What qualities **must** they be able to demonstrate as an organization?
- What would you like for the partner to be able to demonstrate?
- How will you know these things? (What data/documentation would you need to collect?)



- What needs to be communicated prior to and after launching the program?
- Who should the audiences be?
- What steps will you take to accomplish this?
- What do you need from the State team to support your efforts?



*Next Steps*