



# OneCare Kansas Planning Council Meeting Summary

September 23, 2019

Members of the OneCare Kansas (OCK) Planning Council and the OCK State Project Team gathered at the Kansas Health Institute in Topeka on September 19, 2019. The group was welcomed by Kansas Medicaid Initiatives Coordinator, Becky Ross, and the meeting was facilitated by staff from the Wichita State University Community Engagement Institute. A copy of all presentation slides for each [OCK Planning Council](#) meeting are available on the OneCare Kansas website.

## **August Provider Forum Recap**

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WSU staff provided a recap of the Learning Forum agenda and the feedback that was received from those who attended. A summary of the Forum is posted to the OneCare Kansas website. Issues that were raised at the event relating to identification of the target population and strategies for communicating with potential members were discussed further during this meeting.

## **Target Population Identification**

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Dr. Tami Gurley-Calvez, Associate Professor from the University of Kansas Medical Center presented the group with an update on the process of identifying the target population to be served by the OCK initiative. Data that was shared are available in the presentation slides for this meeting on the OCK website. Dr. Gurley-Calvez and her team will be providing additional information in the coming days to further clarify their findings. As it stands, the target populations will be individuals diagnosed with Severe Bipolar Disorder, Paranoid Schizophrenia, and those who have been diagnosed with Asthma and are at risk for at least one other chronic condition (these will be outlined further.)

### **Discussion & Questions of Clarification:**

- Planning Council (PC) members expressed a desire for further information related to the factors that were considered and interventions that may have contributed to cost savings
- Community Care Network of Kansas noted that there is a new FQHC in Wyandotte Co that could be added to the map of FQHCs.
- PC members requested an age breakdown related to the three diagnoses that have been targeted.
- PC members requested additional information related to where the Medicaid members with diagnoses of Bipolar and Paranoid

Schizophrenia are currently being seen (according to claims data) to develop targeted recruitment efforts for these populations. For example, are they primarily being seen in Emergency Rooms?

- PC members requested that Individuals with Developmental Disabilities and other HCBS waivers be flagged as a subset of this population.
- The representative from the Clubhouse Association of Kansas shared that she was part of a discussion in Sedgwick County that included a concern about the number of potential members with substance use issues. The State Team indicated that, while it isn't required that a substance use professional be a part of the Provider team, it is important that the team collaborate with community providers to assure that the member's treatment needs are met. The group in Sedgwick County suggested that additional emphasis be placed on substance use treatment needs beyond just a screening for substance use.
- A member of the State Team mentioned that it will be important to keep in mind the ethical considerations of serving these populations to assure that those members who are most needy may be those who are not currently being seen in a CMHC or FQHC. It was stated that these members will most likely have to be identified through the referral process. It was added that because those members living with these particular behavioral health diagnoses may be the hardest to engage, that a "warm" hand-off may be needed as part of the referral process.
- It was requested that there be a further breakdown of diagnoses for those members who have not been seen in a CMHC or FQHC – are these mostly members with Asthma or one of the behavioral health diagnoses? Also what are the primary costs associated with these members?
- WSU staff asked public health partners in the room how those providers might be impacted or engaged now that the target population is identified?
  - Leadership from the KDHE Bureau of Health Promotion attended a conference around health referral systems sponsored by HUMANA. There will be some resources that are already in place that can help with the referral process.
  - Developing education and communication pieces that are geared specifically to those who are doing referrals will be helpful.
  - Local Health Departments (LHDs) could have a role in providing high-level screening for substance use, depression, asthma, etc.
  - Related to tobacco cessation benefits – LHDs could provide tobacco cessation support groups.

- In the first initiative there was discussion around developing an asthma action plan. This could be something to look at again.
- It would be useful to have additional education for all providers around asthma prevention and management.
- How far do the funds that will be available take us?
  - This depends on the rates that are developed.
- For those on HCBS waivers, will the OCK provider now be responsible for covering the requirements usually performed by a Targeted Case Manager?
  - This will be a topic that will be discussed on an ongoing basis to assure that the member's needs are met while meeting all of the required documentation and expectations for HCBS.

## **OCK Timeline**

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Becky Ross from KDHE led a discussion with OneCare Planning Council members related to the current status of the program and what needs to be in place before the program is ready to be effectively launched. Items that are still in progress:

- Finalization of the target population
- Reimbursement rate development
- Provider application review and approval
- Contracting processes for MCOs and providers
- Information Technology systems for MCOs and Medicaid processing

Implementation would be easiest at the start of a fiscal quarter. The amount of money needed to maintain the program will be influenced by the rate structure as well as the number of members who opt-in to the program.

PC members indicated that providers indicate a need to see the rate structure before they are willing to apply to become a provider. Associations are encouraged to provide as much information to their partners as they can in a timely manner to assist in determining the resources that may be needed, including ways that the provider might re-allocate existing resources to meet the expectations rather than hiring new staff.

## **Communications Update**

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Based on information gathered at the Provider Forum in August, KDHE has begun to develop tools that will assist providers in communicating with potential members as well as other community providers they may wish to collaborate with. Drafts of these documents are posted to the OneCare Kansas [website](#).

## Health Information Technology Update

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Shaune Parker, Healthcare Data Analyst from KDHE, reported to the group that the State team is working with the Kansas Foundation for Medical Care to develop a centralized system that will house information gathered in the Health Action Plan development process. This information hub will allow KDHE and the MCOs to collect needed data for quality improvement and reporting purposes and will follow the member should they elect to change providers while participating in the OneCare program. Members of the State team answered clarifying questions from the group and hope to be able to share a demonstration with the group at the next OCK Planning Council meeting in October.

## Provider Training Discussion

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Members of the Planning Council were asked to share thoughts and ideas related to training for OCK Providers on Trauma-Informed Systems of Care and Tobacco Guidelines and Cessation resources.

*What types of Trauma-informed Care training might be needed?*

- Training on creating trauma-informed environments, including policy and practice reviews.
- Foundational information related to ACEs science. What are ACEs and how does it connect to chronic disease?

*How soon do you think providers will need the training?*

- The sooner the better
- Once the program requirements are determined

Other Discussion:

- WSU CEI is one resource for training, there may be others that providers are aware of.
- MCOs would like to schedule a discussion regarding how they can provide that training on a regular basis.
- Include the ACES data in the data hub? This may be good to look at for outcomes
  - Barriers for this would be not being able to screen all populations.
  - If you do a particular assessment, this could be put in the HAP/HUB.
- Is it possible to get a list of providers who have had trauma informed training? This would be helpful to know who needs to be targeted for training.
  - Providers report this on their application for OCK
- [Kansas ACES Connections](#) is an additional resource and could be a way to promote Tobacco Use and Cessation related training.

*What additional information is needed for organizations who are considering endorsement of the Kansas Tobacco Guidelines for Behavioral Health?*

- 25 of the 26 CMHCs have already endorsed these

*What training or quality measures may be needed to ensure this is woven into ongoing OCK activities?*

- What requirements need to be met to provide tobacco cessation?
- A train the trainer model for the Tobacco Treatment Specialist (TTS) training. This could help with the ability to meet the need for this training.
  - University of Kentucky's College of Nursing has a TTS training that is online. More information can be found [here](#).
- A webinar describing the existing resources will be helpful – requirements for Medicaid coverage.
- A new piece in the newsletter could highlight what's new in trauma informed care and tobacco cessation.
- More education related to youth tobacco use such as Juul, vaping

Other Discussion:

- KS-Train will soon have a resource available on how to bill for tobacco cessation services.
- NAMI Kansas' website has many more resources for tobacco cessation.

## Next Steps

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Potential next steps to accomplish prior to the next Planning Council meeting include:

- Additional clarification of data related to the target population
- Demo of the HAP Hub developed

## Mark your calendars!

### OneCare Kansas Planning Council Meeting Dates:

**October 17, 2019**

November 21, 2019

December 19, 2019

*(All meetings will be held at the Kansas Health Institute in Topeka  
from 10:00 a.m. – 4:00 p.m. unless otherwise noted.)*

Report prepared by:

