



# OneCare Kansas Provider Forum

Capitol Plaza Hotel  
March 21, 2019

*Helping people live healthier lives by integrating and coordinating services and supports to treat the “whole-person” across the lifespan.*

welcome!





# An Introduction to OneCare Kansas

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*Helping people live healthier lives by integrating and coordinating services and supports to treat the "whole-person" across the lifespan.*

# Objectives

- Define “Health Home”
- Describe the history of Health Homes in Kansas
- Share lessons learned
- Provide updates on 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

FY 2011

FY 2014

Implementation of  
Health Homes for  
Individuals with SMI

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

## Lessons Learned: *Design*



- 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*



- 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

# Lessons Learned: *Training/Education*



- 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*



- 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

# Legislative Proviso for Fiscal Year 2019

2018



## **The current language states:**

Expenditures shall be...in an amount not to exceed \$2.5 million from the State General Fund...to reinstate a program implementing state Medicaid services for health homes. [During the fiscal year ending June 30, 2019]

## **Provided that participation in such program shall be:**

- On an **opt-in basis** and not on the basis of automatic enrollment
- Open to **youth and adults**
- Structured to ensure that individuals with a **behavioral health diagnosis or chronic physical health condition** are served

## **Further, the agency shall not:**

- Allow any managed care organization providing the above services...to claim an administrative claiming rate **higher than 10%**

# Health Homes TIMELINE

Implementation of Health Homes for Individuals with SMI

Kansas Legislature issues Health Homes Proviso

Proposed Implementation

FY 2011

FY 2014

FY 2016

FY 2018

FY 2019

FY 2020

Basic Health Homes Model included in KanCare RFP

Health Homes Program Terminated

CMS funding received to form OCK Planning Council

# What we know so far...



- Program will be called “OneCare Kansas”
- Six core services and documentation requirements will remain the same

# Six Core Services - Defined



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

# What we know so far...



- Program will be called “OneCare Kansas”
- Six core services and documentation requirements will remain the same
- Provider team requirements

# Provider Team Requirements



- Physician or
- Mid-level practitioner (APRN or PA)
- Nurse Care Coordinator
- Social Worker/Care Coordinator
- Peer Support Specialist/Peer Mentor (Optional)




# What we know so far...



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

# What's in development...

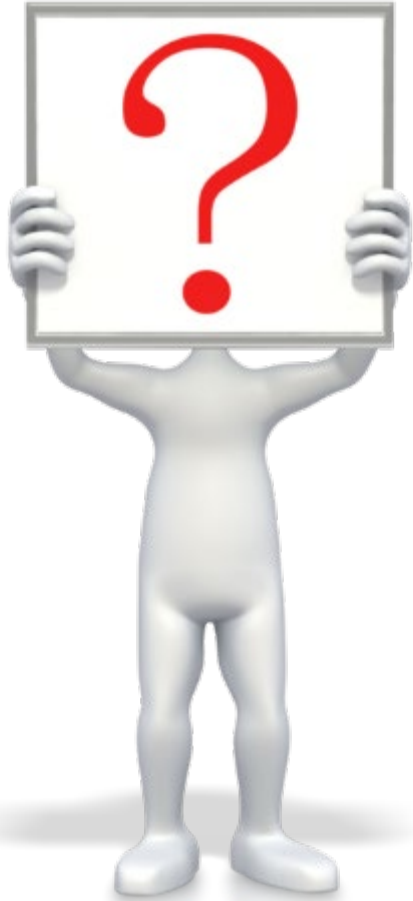
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- Payment rates and structure
    - Per member per month
    - One time bonus for timely completion of initial HAP
  - Population to be served



# What else will be needed?



- Development of a new State Plan Amendment (SPA)
- Consultation with SAMHSA
- State, MCO, and Provider system changes
- OneCare Partner training



- 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?

**For more information about  
OneCare Kansas or to sign up for the  
newsletter**

Visit: <https://www.kancare.ks.gov/>

Or email your questions to:  
[OneCareKansas@ks.gov](mailto:OneCareKansas@ks.gov)