



Health Homes in Kansas

In 2018, the Kansas Legislature issued a Budget Proviso directing KDHE to reinstate the Kansas Medicaid Health Homes Program.

In addition to the standard physical and behavioral health services provided by Medicaid, OneCare Kansas members are eligible to receive six core services:

- ◆ Comprehensive Care Management
- ◆ Care Coordination
- ◆ Health Promotion
- ◆ Comprehensive Transitional Supports
- ◆ Individual and Family Supports
- ◆ Referral to Community and Social Supports

Program Component	Health Homes FY2014-FY2016	OneCare Kansas FY2019—
Target Population	36,000 Medicaid Members Adults and children with diagnosis of Serious Mental Illness	Total number of Medicaid Members yet to be determined Adults and children with behavioral health diagnosis or chronic disease physical health condition
Core Services	Six Core Services Determined by Centers for Medicare and Medicaid Services	No change
Enrollment	Automatic, Opt-out	Opt-in
Member Referral	Self-Referral Medicaid Managed Care Organizations Hospital Emergency Rooms Community Social Service Providers	No change
Lead Entity	Medicaid Managed Care Organizations No Administrative Rate maximum	No change Maximum 10% Administrative rate
Service Providers	Completed a self-assessment to prepare for service provision Contract with Medicaid Managed Care Organizations Five mandated staff positions Phased implementation of Electronic Health Record allowed	Must complete a Provider Application No change Four mandated roles, one optional, Expanded definition of professionals eligible to fulfill roles Operational Electronic Health Record required at time of application
Payment Structure	Per member/Per month when one service is provided (No service = no payment) Multi-tiered system	No change (Rates yet to be determined) Single tier system One-time bonus payment for initial completion of Health Action Plan

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

Kansas Health Homes and OneCare Kansas Overview

Health Homes Background

The Affordable Care Act of 2010, Section 2703 (1945 of the Social Security Act), created an optional Medicaid State Plan benefit for states to establish Health Homes (HH) to coordinate care for people with Medicaid who have chronic conditions. Health Homes are for people with Medicaid who:

- Have two or more chronic conditions
- Have one chronic condition and are at risk for a second
- Have one serious and persistent mental health condition

The HH service-payment structure is a bundled set of services for a bundled rate. States receive a 90% enhanced Federal Medical Assistance Percentage (FMAP) for the specific HH services in Section 2703¹. Though CMS allows states to create their own service definitions, the following services must be delivered under the HH model:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient & family support
- Referral to community & social support services

Along with the ability to define our services, states also have the ability to determine eligible providers. In Kansas we elected to build both our original HH program as well as our upcoming OneCare Kansas program around a team of health professionals.²

¹ The 90% enhanced FMAP is good for the first eight quarters the program is effective. A state can get more than one period of enhanced FMAP but can only claim the enhanced FMAP for a total of eight quarters for one enrollee. SUD populations may provide an opportunity for two quarters beyond the initial eight quarters, though this needs careful consideration.

² May include physicians, nurse care coordinators, nutritionists, social workers, behavioral health professionals, and can be free-standing, virtual, hospital-based, or a community mental health center.

OneCare Kansas and Noteworthy Changes

Though our original HH program ended in 2016, the legislature directed KDHE to bring back the program through a legislative proviso. The intended launch is set for January 2020. This new iteration of the program has been branded OneCare Kansas (OCK). Like HH, OCK is a comprehensive and intense method of care coordination for Kansas Medicaid members who qualify. OCK integrates and coordinates all services and supports with the goal of treating the “whole person” across the lifespan.³ Though many components of the original program remain in place, key differences include:

- Moving from Opt-out under HH to Opt-in under OCK⁴
- Moving from a multi-tiered payment system to a single rate with a one-time bonus for completion of the Health Action Plan
- Selection of a much smaller, more narrowly defined target population for OCK⁵
- Adoption of a much more rigorous process for selecting eligible providers including the mandatory submission of the OCK Application
- Prohibiting the MCOs from delivering any of the six core services under the OCK program. MCOs must contract with community providers who will deliver all OCK services.
- Enforcing a 10% administrative cap for the MCOs

We anticipate that a large number of Community Mental Health Centers will choose to participate as OCK providers. Other providers types likely to be interested in serving as OCK providers include: FQHCs, SUD providers, CDDOs and other community providers who believe that they have the staff and experience necessary to deliver these services.⁶

³ OCK delivers the same set of six core services that HH in Kansas provided. We have not changed the services or their definitions.

⁴ Members eligible for OCK will receive a letter notifying them of their eligibility and inviting them to participate. There is no penalty for choosing not to participate and members will remain able to access their standard Medicaid services whether they decide to participate in OCK or not.

⁵ Under Health Homes Kansas served a population of around 36,000. Due to the provisions of the legislative proviso as well as budget constraints, the OneCare Kansas population will be much smaller.

⁶ The professional staff required to serve as a OCK provider may limit those providers who are able to apply. For a listing of required staff please see: https://www.kancare.ks.gov/docs/default-source/providers/ock/onecare-kansas-professional-requirements.pdf?sfvrsn=7e884c1b_4

2014-2016 Health Home Enrollment Data

Total Number of SMI HH member from 07-01-2014 to 06-30-2016	51,658
Assigned to more than one MCO during the program	126
Members enrolled on 06-30-2016 (END OF PROGRAM)*	23,362
Estimate percentage of members enrolled ALL 8 QUARTERS	25%
Estimate percentage of members enrolled BETWEEN 5 AND 7 QUARTERS	31%
Estimate percentage of members enrolled BETWEEN 2 AND 4 QUARTERS	35%
Estimate percentage of members enrolled IN ONE QUARTER OR LESS	11%
Percent of female members	61%
Percent of members < age 21 on 6/30/2016	32%
Percent of members age 60 + on 6/30/2016	10%
Members with single eligibility period	50,474
Members with 2 or more eligibility periods	1,184

* Actual Eligibility End date was either 06/30/2016 or system default of 12/31/2299, indicating no end date provided.

Another 4,654 members were dropped from Health Homes during April-May, 2016.

Top 5 reasons reported for opting out of SMI HH program (Total/Percentage):

HHP unable to locate member through good faith outreach efforts	6,348	23.4%
Other	6,019	22.2%
Member refuses HH services and refuses to OPT OUT	5,254	19.4%
Transitioned to other services - End of program	5,231	19.3%
I don't think I need them	3,248	12.0%