

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 21-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group, Division of Program Operations  
601 E. 12th Street, Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 05, 2021

Lee Norman  
Secretary  
Kansas Department of Health and Environment, Division of Health Care  
Finance  
900 SW Jackson, Suite 900 N  
Topeka, KS  
Topeka, KS 66612

Re: Approval of State Plan Amendment KS-21-0008 OneCare Kansas - SMI (Serious Mental Illness)

Dear Lee Norman:

On March 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received Kansas State Plan Amendment (SPA) KS-21-0008 for OneCare Kansas - SMI (Serious Mental Illness) to include broader diagnoses of schizophrenia, bipolar disorder, and depressive disorders, expanding eligibility for the program to more Medicaid members.

We approve Kansas State Plan Amendment (SPA) KS-21-0008 with an effective date of April 01, 2021.

For payments made to Health Homes providers for Health Homes participants who newly qualify based on the Health Homes program's increase in conditions covered under this amendment, a medical assistance percentage (FMAP) rate of 90% applies to such payments for the period 4/1/2021 to 3/31/2023.

The FMAP rate for payments made to health homes providers will return to the state's published FMAP rate at the end of the enhanced match period. The Form CMS-64 has a designated category of service Line 43 for states to report health homes services expenditures for enrollees with chronic conditions.

If you have any questions regarding this amendment, please contact Michala Walker at [michala.walker@cms.hhs.gov](mailto:michala.walker@cms.hhs.gov)

Sincerely,  
James G. Scott  
Division Director  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2020MS00020 | KS-21-0008 | OneCare Kansas - SMI (Serious Mental Illness)

### Package Header

<b>Package ID</b>	KS2020MS00020	<b>SPA ID</b>	KS-21-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2021
<b>Approval Date</b>	5/5/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Kansas

**Medicaid Agency Name:** Kansas Department of Health and Environment, Division of Health Care Finance

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

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### SPA ID and Effective Date

**SPA ID** KS-21-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Population and Enrollment Criteria	4/1/2021	KS-20-0004

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2020MS00020 | KS-21-0008 | OneCare Kansas - SMI (Serious Mental Illness)

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### Executive Summary

**Summary Description Including Goals and Objectives** The state of Kansas expands the number of severe mental illness diagnoses that will be covered.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

#### Federal Statute / Regulation Citation

Section 2703 of the PPACA

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | KS2020MS00020 | KS-21-0008 | OneCare Kansas - SMI (Serious Mental Illness)

## Package Header

<b>Package ID</b>	KS2020MS00020	<b>SPA ID</b>	KS-21-0008
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<b>Approval Date</b>	5/5/2021	<b>Effective Date</b>	4/1/2021
<b>Superseded SPA ID</b>	KS-20-0004		
	User-Entered		

## Categories of Individuals and Populations Provided Health Homes Services

The state will make Health Homes services available to the following categories of Medicaid participants

- Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- Medically Needy Eligibility Groups

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | KS2020MS00020 | KS-21-0008 | OneCare Kansas - SMI (Serious Mental Illness)

## Package Header

<b>Package ID</b>	KS2020MS00020	<b>SPA ID</b>	KS-21-0008
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<b>Approval Date</b>	5/5/2021	<b>Effective Date</b>	4/1/2021
<b>Superseded SPA ID</b>	KS-20-0004		
	User-Entered		

## Population Criteria

The state elects to offer Health Homes services to individuals with:

- Two or more chronic conditions
- One chronic condition and the risk of developing another
- One serious and persistent mental health condition

**Specify the criteria for a serious and persistent mental health condition:**

1 serious and persistent mental illness, defined as having at least one of the following diagnoses:  
Schizophrenia  
Bipolar Disorder  
Depressive Disorders

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | KS2020MS0002O | KS-21-0008 | OneCare Kansas - SMI (Serious Mental Illness)

## Package Header

<b>Package ID</b>	KS2020MS0002O	<b>SPA ID</b>	KS-21-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2021
<b>Approval Date</b>	5/5/2021	<b>Effective Date</b>	4/1/2021
<b>Superseded SPA ID</b>	KS-20-0004		
	User-Entered		

## Enrollment of Participants

**Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:**

- Opt-In to Health Homes provider
- Referral and assignment to Health Homes provider with opt-out
- Other (describe)

**Describe the process used:**

The OCK Lead Entities (LE) will identify eligible members through claims, using the State-determined, CMS-approved criteria. The Lead Entities will assign enrolled members to one of the LEs contracted OCK Partners and notify the member, by letter, sent via United States Postal Service. Along with the letter, which will explain how members can opt-in to OCK, will be a consent to participate form. To comply with 42 CFR, consent must be obtained in writing and returned to the LE via e-mail, fax or mail. Members may also receive information about their options for OCK Partners by calling their OCK LE.

OneCare Kansas members are able to choose to participate in the program (opt-in), but they are not required to participate. In addition, they also have a choice of OneCare Kansas Partners. Our OneCare Kansas network of providers continues to grow allowing for choice among at least two OneCare Partners in every area of our state. One method to ensure choice is the fact that the State continues to remind the providers, MCOs and the members themselves that the usual catchment areas do not apply to OneCare Kansas. This is also published in the OneCare Kansas Manual. The invitation letter specifies that the member may ask for another OneCare Kansas Partner and all published member materials make clear that members may opt-out or select another OneCare Kansas Partner at any time. We have developed specific training that is posted on the OneCare Kansas website that outlines the timelines associated with the processing of opt-ins and opt-outs. Opt-ins/outs can be requested at any time and these timelines explain the internal, behind the scenes timeframes and processes that lead to updated rosters, new enrollment of members, etc. Finally, the State has developed and delivered training and also documented in our OneCare Kansas Manual how OneCare Kansas services are always in addition to other Medicaid benefits that a member may already be receiving.



PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 5/7/2021 10:00 AM EDT*