

Table of Contents

State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0026

This file contains the following documents in the order listed:

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

KS - Submission Package - KS2024MS00030 - (KS-24-0026) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

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



Center for Medicaid & CHIP Services

November 14, 2024

Christine Osterlund
State Medicaid Director
Kansas Department of Health and Environment, Division of Health Care Finance
900 SW Jackson, Suite 900 N
Topeka, KS 66612

Re: Approval of State Plan Amendment KS-24-0026 OneCare Kansas - SMI (Serious Mental Illness)

Dear Christine Osterlund,

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0026 for OneCare Kansas - Serious Mental Illness (SMI). This amendment proposes to provide the required assurances regarding the reporting of mandatory Core Set measures by Health Home providers. In accordance with 42 CFR §§ 437.10 and 437.15, Kansas affirms its commitment to meeting all federal requirements associated with the collection and reporting of these measures.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Kansas Medicaid SPA TN 24-0025 is approved today with an effective date of October 01, 2024.

If you have any questions regarding this amendment, please contact at Helenita Augustus at (410) 786-8902 or via email at Helenita.Augustus@cms.hhs.gov

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

KS - Submission Package - KS2024MS0003O - (KS-24-0026) - Health Homes

- Summary
- Reviewable Units
- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS0003O | KS-24-0026 | OneCare Kansas - SMI (Serious Mental Illness)

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2024MS0003O	SPA ID	KS-24-0026
Submission Type	Official	Initial Submission Date	9/6/2024
Approval Date	11/14/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Kansas	Medicaid Agency Name:	Kansas Department of Health and Environment, Division of Health Care Finance
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Submission Component

- ☒

State Plan Amendment
- ☒

Medicaid
- ☐

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS0003O | KS-24-0026 | OneCare Kansas - SMI (Serious Mental Illness)

Package Header

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SPA ID and Effective Date

SPA ID KS-24-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	KS-20-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS0003O | KS-24-0026 | OneCare Kansas - SMI (Serious Mental Illness)

Package Header

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Executive Summary

Summary Description Including Goals and Objectives Assurances required to report mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 and 437.15.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

Section 2703 of the PPACA

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS0003O | KS-24-0026 | OneCare Kansas - SMI (Serious Mental Illness)

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Governor's Office Review

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

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.

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KS - Submission Package - KS2024MS0003O - (KS-24-0026) - Health Homes

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- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
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Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS0003O | KS-24-0026 | OneCare Kansas - SMI (Serious Mental Illness)

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2024MS0003O	SPA ID	KS-24-0026
Submission Type	Official	Initial Submission Date	9/6/2024
Approval Date	11/14/2024	Effective Date	10/1/2024
Superseded SPA ID	KS-20-0004		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

Year 1 (YR1) PMPM savings calculation: The average PMPM over YR1 for members who utilized a HH for at least 4 continuous months, or a minimum of 5 months in the first year. This will be called Actual YR1 HH PMPM and will be calculated separately by eligibility group, Chronic Condition (CC) and region. The average PMPM over YR1 will be calculated for members who didn't participate in a HH for the minimum of 4 continuous months, including those who opted out. This will be called the Actual YR1 Non-HH PMPM and will be calculated separately by eligibility group, CC and region similar to the Actual YR1 HH PMPM. The difference of (Actual YR1 Non-HH PMPM Actual YR1 HH PMPM) is the PMPM savings. This PMPM will be adjusted to account for changes in the PMPM not due to participation. A trend analysis on 18 months of experience under KanCare, before the implementation of HHs will be performed for members in the Actual YR1 HH PMPM & for members in the Actual YR1 Non-HH PMPM. These analyses will be used to project what the average PMPM over YR1 would have been for both groups had HHs not been implemented & will be split within each group by eligibility, CC & region. These will be called Projected YR1 HH PMPM and Projected YR1 Non-HH PMPM. The difference of (Projected YR1 Non-HH PMPM Projected YR1 HH PMPM) will account for savings or costs in the PMPM savings calculation not due to implementing HHs. The final YR1 PMPM savings calculation: (Actual YR1 Non-HH PMPM Actual YR1 HH PMPM) (Projected YR1 Non-HH PMPM Projected YR1 HH PMPM). A positive PMPM indicates achieved PMPM savings. Because of the lack of data for members new to both HHs and Medicaid, the PMPM savings calculation for these members will be the difference between those who didn't enroll in HHs and those who did: (Actual YR1 Non-HH PMPM Actual YR1 HH PMPM). Dual eligible information is included to the extent a dual eligible member is involved in the OCK program. Significant savings aren't anticipated to be realized until YR3 due to time needed to get systems in place, stabilize utilization and continue to identify HH target populations.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

All Lead Entities and OCK Partners are required to implement an electronic health record (EHR) to facilitate collaboration and sharing of patient information across health care settings. The use of Health Information Technology (HIT) through established networks will allow for continuous monitoring of patient outcomes and notification of appropriate changes in care and follow up. Lead Entities and OCK Partners shall exchange data, as permitted by state and federal laws. Lead Entities and OCK Partners are required to use or modify existing member portals, websites, and/or secure e-mail as a communication tool to share information with members and family/supports. The information outlined will be relating to evidence-based treatment options, links to local and national support resources, and health promotion activities. The State has designated a data hub for all Health Action Plans (HAP), which is a tool to document information such as demographics, physical and behavioral information, member goals, and measurable outcomes. The HAP data will be accessible by Lead Entities, OCK Partners, and State staff for ongoing monitoring and evaluation purposes.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS0003O | KS-24-0026 | OneCare Kansas - SMI (Serious Mental Illness)

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Quality Measurement and Evaluation

- ☒ The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- ☒ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☒ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☒ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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