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**State/Territory Name: Kansas** 

State Plan Amendment (SPA) #: 24-0028

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- 3) Approved SPA Pages

# KS - Submission Package - KS2024MS0006O - (KS-24-0028) - Health Homes

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



### **Center for Medicaid & CHIP Services**

December 04, 2024

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

Re: Approval of State Plan Amendment KS-24-0028

Dear Director Osterlund:

On November 22, 2024, the Centers for Medicare & Medicaid Services (CMS) received Kansas State Plan Amendment (SPA) KS-24-0028 to discontinue the OneCare Kansas, Health Home SMI, program as a covered service effective January 1, 2025.

We approve Kansas State Plan Amendment (SPA) KS-24-0028 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at mai.le-yuen@cms.hhs.gov

Sincerely,

Ruth A. Hughes

Acting Director, Program Operations

Center for Medicaid & CHIP Services

# KS - Submission Package - KS2024MS0006O - (KS-24-0028) - Health Homes

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# **Submission - Summary**

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS00060 | KS-24-0028 | OneCare Kansas - SMI (Serious Mental Illness)

CMS-10434 OMB 0938-1188

## **Package Header**

Package ID KS2024MS0006O Submission Type Official

Approval Date 12/04/2024

Superseded SPA ID N/A

**SPA ID** KS-24-0028

Initial Submission Date 11/22/2024

Effective Date 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

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS00060 | KS-24-0028 | OneCare Kansas - SMI (Serious Mental Illness)

# **Package Header**

Package ID KS2024MS0006O

Submission Type Official Initial Submission Date 11/22/2024

**SPA ID** KS-24-0028

Approval Date 12/04/2024 Effective Date N/A

Superseded SPA ID N/A

## **SPA ID and Effective Date**

**SPA ID** KS-24-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	1/1/2025	KS-20-0004

Page Number of the Superseded Plan Section or Attachment (If Applicable):

### **Submission - Summary**

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS00060 | KS-24-0028 | OneCare Kansas - SMI (Serious Mental Illness)

### **Package Header**

Package ID KS2024MS0006O

**SPA ID** KS-24-0028

Submission Type Official

Superseded SPA ID N/A

Initial Submission Date 11/22/2024

**Approval Date** 12/04/2024

Effective Date N/A

### **Executive Summary**

Summary Description Including The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF), is amending the Kansas Goals and Objectives Medicaid State Plan to discontinue the OneCare Kansas (OCK), Health Homes SMI, program as a covered service effective January

# **Federal Budget Impact and Statute/Regulation Citation**

#### **Federal Budget Impact**

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

#### Federal Statute / Regulation Citation

42 CFR 440

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
No items available			

# **Submission - Summary**

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS00060 | KS-24-0028 | OneCare Kansas - SMI (Serious Mental Illness)

#### **Package Header**

Package ID KS2024MS0006O

**SPA ID** KS-24-0028

Submission Type Official

Initial Submission Date 11/22/2024

Approval Date 12/04/2024

Effective Date N/A

Superseded SPA ID N/A

#### **Governor's Office Review**

No comment

Ocomments 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 - KS2024MS0006O - (KS-24-0028) - Health Homes

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# **Health Homes Program Termination - Phase-Out Plan**

MEDICAID | Medicaid State Plan | Health Homes | KS2024MS00060 | KS-24-0028 | OneCare Kansas - SMI (Serious Mental Illness)

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID KS2024MS0006O

SPA ID KS-24-0028

**Submission Type** Official

Initial Submission Date 11/22/2024

Approval Date 12/04/2024

Effective Date 1/1/2025

Superseded SPA ID KS-20-0004

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# Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

#### Describe the reason for termination

Duplication of like and/or similar services for the target population

#### Describe the overall approach the state will use to terminating the program

All individuals currently receiving OCK services will transition to other health homes-like care coordination services and models, such as targeted case management, MCO-facilitated care coordination, and/or CCBHC-facilitated care coordination. The state is partnering with both OCK providers and KanCare MCOs to assist and monitor each individual person's transition. Most beneficiaries receiving health home services have already transitioned to another OCK-like service or set of services, as they also receive services at a CCBHC and receive CCBHC-facilitated care.

State-facilitated communication and support for program participants, providers, and MCOs have served as the foundation for this transition. As outlined and detailed in the state's transition plan, multiple formal and informal letters, e-mails, transition meetings, and provider bulletins have been sent to stakeholders, providers, and beneficiaries, as well as newsletter and website updates, targeted communications to the OCK learning collaborative and community of practice, and an in-person workshop focused solely on the unwinding of the OCK program. All pertinent documents and program data have already been or are in the process of being retained and archived for future analysis and future CMS-required Health Homes Core Measure Set reporting.

#### Indicate method of termination

#### Termination effective date

The state will terminate all participants from the Health Homes Program on the same date 1/1/2025

 $\hfill \bigcirc$  The state will phase-out the termination of participation in the Health Homes Program

#### Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

The state developed a participant-focused, health action plan-oriented transition plan to ensure referrals to other providers and services transition seamlessly for each beneficiary. The state is partnering with OCK providers and KanCare MCOs to coordinate, assist, and monitor each individual's transition to other care coordination models of service, including Targeted Care Management, MCO-facilitated care coordination, and/or CCBHC-facilitated care coordination. With support from the KanCare MCOs, OCK providers contacted each participant to discuss and coordinate referrals.

Most individuals who received health home services have already transitioned their health action plan and associated goals to be managed and addressed in another OCK-like service or set of services. Additionally, providers and MCOs complete member transition reports and submit them to the state for analysis, review, and, when necessary, state follow-up action. The unwinding of the OCK program will not impact an individual's KanCare eligibility or access to other Medicaid services outlined in the approved Kansas Medicaid State Plan.

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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