Health Action Plan (HAP) Portal Form Fields and Options

The table below provides a comprehensive list of the Health Action Plan (HAP) Portal form fields along with the corresponding selection options for completing the HAP. Please note that the locked text fields mentioned in this table are automatically populated from eligibility records. OneCare Kansas Partners (OCKPs) are not required to fill in or make any modifications to these fields as they are locked for editing. If there are inaccuracies in these fields, please contact the OCK State Team.

Form Field	Options
MCO	Locked text
Partner	Locked text
Care Coordinator	Drop-down menu
Member Information	
Name (Last, First, MI)	Locked text
Medicaid ID	Locked text
OCK Enrollment Date	Locked text
Mailing Address Incorrect	Check box
Mailing Address - Street - City - State - Zip - County	Locked Text
Check here if physical address same as mailing	Check box
Physical Address - Street - City - State - Zip - County	Free text: Street, City and Zip Drop-down menu: County and State
Phone number	Numeric
Email	Free text
Date of birth (mm/dd/yyyy)	Locked text
Age	Locked text
Gender	Locked text
Race	Locked text
Primary language	Locked text

Ethnicity	Locked text
OCK Qualifying Diagnoses	Check all that apply: - Asthma - Bipolar Disorder - Cardiovascular Disease - COPD - Diabetes - Exposure to Secondhand Smoke - Hypertension - Kidney Disease - Major Depressive Disorder - Metabolic Syndrome - Morbid Obesity - Schizophrenia - Substance Use Disorder - Other Mental Illness - Tobacco Use
Medical Power of Attorney	
First name, Last name	Free text
Address	Free text
City	Free text
State	Drop-down menu
Zip code	Free text
Phone	Free text
Parent/Foster Parent/Legal Guardian	
First name, Last name	Free text
Address	Free text
City	Free text
State	Drop-down menu
Zip code	Free text
Phone	Free text
Other Support Person	
Relation to Member	Free text
First name, Last name	Free text
Address	Free text
City	Free text

State	Drop-down menu
Zip code	Free text
Phone	Free text
Are there additional support persons on file for this member?	Select Check box option: - Yes - No
Existing HCBS Waiver Plan of Care	
Do you have an existing HCBS Waiver Plan of Care?	Locked text
Waiver type	Locked text
Advanced Directives	
Living Will?	Select Check box option: - Yes - No
Durable power of attorney (financial)?	Select Check box option: - Yes - No
Physical and Behavioral Health	
Health Assessment	
Did MCO preform a Health Risk Assessment?	Select drop-down menu option: - Yes - No
Date of Health Risk Assessment	mm/dd/yyyy
Did you perform a OneCare Health Assessment?	Select drop-down menu option: - Yes - No - N/A
Date of OneCare Health Assessment	mm/dd/yyyy
PHQ-9 Score	Numeric (0-27)
Date of PHQ-9	mm/dd/yyyy
Substance Use Disorder Screening	Select drop-down menu option: - Positive - Negative - Not Applicable
Date of Substance Use Disorder Screening	mm/dd/yyyy
Tool Used	Free text
If positive, referral	Free text

Tobacco/Nicotine Use	Select drop-down menu option: - Never Used - Former User - Cigarettes - Pipe - Cigars - Smokeless - E-Cigarettes - Vaping - Other Tobacco Products
Date Quit	mm/dd/yyyy - (Former smokers only)
Readiness to Quit	Select drop-down menu option: - Not interested in quitting - Would like to quit sometimes (not in the next month) - Would like to quit now or soon (within the next month)
Physical Health	
Height	- Numeric (Inches); or - Select “Patient Declined” if necessary
Date for Height	mm/dd/yyyy
Method	Select drop-down menu option: - Measured - Previous history/physical
Weight	- Numeric (lbs.); or - Select “Patient Declined” if necessary
Date for Weight	mm/dd/yyyy
Body Mass Index (BMI)	Auto calculated based on height and weight input
Date for BMI	mm/dd/yyyy

Blood Pressure (BP)	- Numeric (systolic) / Numeric (diastolic); or
	- Select from the following check box options:
	  - Not Clinically Indicated
	  - Patient Declined
	  - Not Avalible

Date for BP	mm/dd/yyyy

A1c	- Numeric; or
	- Select from the following check box options:
	  - Not Clinically Indicated
	  - Patient Declined
	  - Not Avalible

Date for A1c	mm/dd/yyyy

LDL/HDL	- Numeric; or
	- Select from the following check box options:
	  - Not Clinically Indicated
	  - Patient Declined
	  - Not Avalible

Medication Reconciliation Date	mm/dd/yyyy
OneCare Kansas Member Goals	
Goal	Free text
Goal Start Date	mm/dd/yyyy
Primary Goal Domain	Select drop-down menu option: - Mental Health - Substance Use Disorder - Social Determinates of Health - Physical Health
Focus Area	Select drop-down menu option: - Medication Management - Depression - Anxiety - Education - Stress - Diet - Physical activity - Tobacco/Nicotine Use - Child Care - Employment - Food - Housing - Personal safety - Person Hygiene - Utilities - Accessing and/or Completing an Appropriate Treatment Program - Maintaining abstinence - Chronic Illness - Mental Illness - Transportation - Weight - *Other
*Other	Free text is avalible when “other” is selected from the drop-down menu
End Date	mm/dd/yyyy

Outcome	Select from the following options: - Completed - Discontinued - No Longer Pertinent - Revised
Percent Complete	Numeric (0 -100)
Notes	Free text
Short-Term Goal	
Short-term goal	Free text
Conviction	Numeric drop-down menu (1-10)
Confidence	Numeric drop-down menu (1-10)
Readiness	Numeric drop-down menu (1-10)
Steps to Achieve Goal	Free text
Strength and Needs	Free text
Measurable Outcome	Free text
Progress	Free text
Percent Complete	Numeric (0-100)
Signatures	
Required	
Signature by Social Worker/Care Coordinator	Free text (name)
Date Signed by Social Worker/Care Coordinator	mm/dd/yyyy
Signature by Nurse Care Coordinator	Free text (name)
Date Signed by Nurse Care Coordinator	mm/dd/yyyy
Signature by Member	Free text (name)
Date Signed by Member	mm/dd/yyyy
Optional	
Signature	Free text (name)
Date Signed	mm/dd/yyyy
Completed by:	Select from the following options: - Family member - Other
If 'other', describe	Free text
Signature	Free text (name)
Date Signed	mm/dd/yyyy

Completed by:	Select from the following options: - Family member - Other
If ‘other’, describe	Free text
Signature	Free text (name)
Date Signed	mm/dd/yyyy
Completed by:	Select from the following options: - Family member - Other
If ‘other’, describe	Free text