OneCare Kansas Manual Health Action Plan Instructions

The Health Action Plan (HAP) is a tool to document goals that the member will pursue within the OneCare Kansas (OCK) program. The HAP also documents the proposed process for achieving these goals, as well as progress made toward them. The HAP is developed during a face-to-face or telehealth meeting with the member and Care Coordinator with input from others who are participating in the OCK program of services, and anyone else the member chooses to include in the process. The initial HAP meeting must be face-to-face.

HAPs are to be updated and submitted every 90 days in a face-to-face or telehealth setting with at least the Care Coordinator and the member being present. Member goals, short-term goals and action steps may be revised, updated, deleted or carried over to the next HAP period.

The HAP Form template and supplemental documents are available for reference on the Health Action Plan Documents Page of the OCK website.

Using the Manual HAP Form

The Manual HAP Form serves as a reference and should only be used when the HAP Portal cannot be accessed. In such cases, the Care Coordinator may proceed with completing the Manual HAP Form. However, once access to the HAP Portal is restored, all the information collected through the Manual HAP Form must be reentered for submittal into the HAP Portal.

All applicable areas of the Manual HAP Form must be completed in full, however not all information requested will apply to each member. Check boxes, radio buttons, and drop-downs are provided for certain information, while other details must be entered into form fields using the required format. For example, date form fields must be entered in the mm/dd/yyyy format. When information does not apply, fill in or select “Not Applicable”.

Section I. Demographic Information

Complete all fields for the members demographic information.

County: When completing entry for the county, please select the two-letter abbreviation from the drop-down list that corresponds to the member's county of residence. For reference, a list of Kansas County Abbreviations is provided.

Member in Institution: Select the appropriate response to whether a member has been within an institution. Notate the dates for both when the member entered and exited the institution. This will help with understanding the member’s current situation and their transition of care.

- Partners can receive a one-time bonus for completing the HAP within a member's first 90 days of enrollment in OCK. If a member is treated in an institution during this time, the 90-day countdown for the HAP bonus restarts.

Section II. Additional Contact Information

Complete all fields for each contact person. If not applicable, enter "Not Applicable" in the form fields for the last name or the relation to member and last name. Select "Yes" or "No" to specify if there are additional support persons on file with the OCK Partner.

Section III. Existing HCBS Waiver Plan of Care

Select “Yes” or “No” to indicate whether the member has a Home and Community Based Services waiver plan in place. If the member has a waiver plan, please select the wavier type that applies to them. It is important to understand all medical and waiver benefits available to the member to ensure appropriate utilization and management of services.

Section IV. Advanced Directives

Select "Yes" or "No" based on whether the member has a Living Will or Durable Power of Attorney. During the initial HAP, provide education to members who may not fully understand the concept of an Advanced Directive.

Section V. Physical, Behavioral Health

Select the appropriate checkboxes to indicate any OCK qualifying diagnoses that apply to the member. This identifies the Chronic Condition(s) (CC) and/or Severe Mental Illness (SMI) diagnosis that qualified the member for OCK enrollment. The MCO assigned to the member provides this information as part of the OCK Partner’s notification process.

Health Assessment:

This section includes five evaluations of the OCK member’s health. Some of this information is reported annually while other information is updated every three months.

1. **MCO Driving Health Risk Assessment:** A Health Risk Assessment (HRA) is a screening tool that helps identify a member's health risks, needs, and status over time. OCK members should have a KanCare HRA before the initial HAP meeting, but not all will.
    - If the HRA was performed before the initial HAP meeting, select "Yes” and enter the date of the HRA. The MCO assigned to the member will provide the HRA date.
    - If the HRA was not conducted before completing the HAP, select "No". Update this information during quarterly HAP meetings if the MCO provides the assessment date.
2. **OneCare Health Assessment**: OCK providers are recommended to conduct a OneCare Health Assessment to ensure a member's current health needs are addressed. The assessment can be used as a resource to develop the Health Action Plan. Since this is not a program requirement, OCK providers may use their own assessment tool. Sample OneCare Health Assessments are available on the OneCare Kansas website.
    - If the OneCare Health Assessment was performed before submitting the HAP, select "Yes" and enter the date of completion.
    - If the OneCare Health Assessment was not performed before submitting the HAP, select "No".
    - If the provider chooses not to perform a OneCare Health Assessment or the MCO's HRA is sufficient, select "N/A".
3. **PHQ-9**: The OCK Partner must perform the PHQ-9 screening tool for depression during the HAP interview and update it every three months during the HAP review meeting.
    - Access the linked PHQ-9 form based on the member's age, complete it, and enter the PHQ-9 score (0-27) along with the screening date.
    - Children ages 11 and below will be automatically assigned an N/A score.

4. **Substance Use Disorder Screening**: OCK Partners must screen for substance use disorder during the HAP interview and update the screening every three months during the HAP review meeting. Use a valid screening tool, such as the SBIRT, AUDIT, or DAST-10.
    - Enter the date of the screening and the tool used. Select the results (positive, negative, or not applicable) from the check boxes provided.
    - For positive results, enter the referral agency and relevant assessment details.
5. **Tobacco and Nicotine Use:** Select the members response from the check boxes provided.
    - If the member is a former user, enter the date they stopped using tobacco products.
    - If the member is currently using tobacco, select a response from the radio button options that best describes their readiness to quit.
    - **For Tobacco Cessation Offered:**
        - Required for members currently using tobacco or nicotine.
        - Select a response and include the referral agency and relevant details if "Yes" is selected.
6. **Assessing Provider:** Select the OCK Partner's provider type from the check box options: Primary Care, Mental Health, or Substance Use Disorder. Enter the business provider's name, address, phone number, and the assessing provider's first and last name.

Physical Health:

Information in this section must be updated each quarter.

1. **Height:** Enter height in inches and provide the method used to collect the information from the drop-down selection. Enter the date that the height measurement was taken.
    - If necessary, select "Patient Declined" when the member opts not to provide this information.
2. **Weight:** Enter weight in pounds, carried to 1 decimal point (155.0, 204.8). Enter the date that the member's weight was taken.
    - If necessary, select "Patient Declined" when the member opts not to provide this information.
3. **Body Mass Index (BMI):** The height and weight used to calculate the member's Body Mass Index (BMI)should not be based on member report. Using a BMI chart or BMI calculator tool, enter the results and date BMI was calculated.
    - If a BMI measurement is not recorded, please select one of the following checkbox options that is most appropriate:
        - Not Clinically Indicated
        - Patient Declined
        - Not Available
4. **Blood Pressure (BP)**: Enter the blood pressure (BP) separately as systolic and diastolic.
    - If a BP measurement is not recorded, please select one of the following checkbox options that is most appropriate:
        - Not Clinically Indicated
        - Patient Declined
        - Not Available
5. **A1c**: Enter the result as indicated by lab results and date results were provided.

- If a A1c measurement is not recorded, please select one of the following checkbox options that is most appropriate:
    - Not Clinically Indicated
    - Patient Declined
    - Not Available

6. **LDL/HDL**: Enter the results as indicated by lab results and date results were provided. For more information on this, please visit the Cholesterol Screening Page on the CDC's website.
    - If LDL/HDL measurement is not recorded, please select one of the following checkbox options that is most appropriate:
        - Not Clinically Indicated
        - Patient Declined
        - Not Available
7. **Medication Reconciliation**: Perform reconciliation during every transition of care involving new medications or rewritten orders. Access the Medication Reconciliation Form on the OCK website or through an alternative documentation process.
    - Indicate if reconciliation was done and provide the most recent reconciliation date, with each record maintained by the OCK partner.
8. **Assessing Provider:** Select the OCK Partner's provider type from the check box options: Primary Care, Mental Health, or Substance Use Disorder. Enter the business provider's name, address, phone number, and the assessing provider's first and last name.

Section VI. Goals and Steps to Achieve

1. **Member Goals:** Members may have one or multiple OCK goals, aligning with their health and well-being. Goals should associate to specific Focus Areas and Goal Domains, established through mutual agreement and following the S.M.A.R.T. criteria (Specific, Measurable, Attainable, Relevant, Time-based).
    - Examples of S.M.A.R.T. goals include:
        - A member wants to cut back on smoking over the next three months or by the end of the year.
        - A member wants to understand how to use her blood pressure medication by the end of January.
        - A member wants to be able to communicate with their physician and address questions and concerns at the next medical appointment.
    - Enter the chosen goal. If a second goal is set, input it as the second goal, and so forth.
2. **Goal Start Date**: Indicate the date the goal is established. This should coincide with the date of the initial HAP document and would continue, as necessary, until it is considered completed.
3. **Primary Goal Domain**: Select the general Goal Domain that applies to the member's overall goal. The choices are: (MH) Mental Health, (SUD) Substance Use Disorder, (SDOH) Social Determinant of Health, and (PH) Physical Health.
4. **Focus Area:** This represents the general area the member aims to improve. Each Goal Domain encompasses multiple Focus Areas. For instance:

- The Physical Health Domain focus areas include Diet, Physical activity, Handwashing, and Tobacco use.
- The Social Determinant of Health Domain covers areas like personal safety, housing, food, transportation, utilities, childcare, employment, and education.
- The Mental Health Domain focus areas include managing stress, depression, anxiety, education, and medication concerns.
- The Substance Use Disorder Domain includes focus areas like managing stress, depression, anxiety, education, medication concerns, accessing/completing a treatment program, and maintaining abstinence.

These are examples of a range of focus areas for each domain to assist in the description of this field. The Care Coordinator should provide a brief general description that best describes the intended focus of the member's goal.

5. **Completion Date:** Enter the date the member's main goal was completed based on the measurable outcomes.
6. **Outcome**: Select a response from the radio button options: Completed, Discontinued, No Longer Pertinent, and Revised.
7. **Percent Complete**: Report an estimate of the overall percentage of the member's main goal that the member has achieved in increments of 10 or 25, e.g., 25%, 60%, during or before the next quarterly HAP meeting.
8. **Short-Term Goal:** Once the member's main goal is identified, the Care Coordinator and the member collaboratively define specific short-term goals that support the primary goal. These goals serve as incremental milestones, aligning with SMART criteria (Specific, Measurable, Attainable, Relevant, and Time-bound), and require mutual agreement. Members can establish multiple goals as needed and they may change overtime.
    - The Care Coordinator will enter the members short-term goals.
    - Completion of all short-term goal fields is required for quarterly HAP submission.
9. **Conviction/Confidence/Readiness**: The next three fields provide information about the member's commitment to working towards this goal. The member's level of commitment should be assessed each quarter for goals that are carried over. For each area, provide the member's level of commitment based on a scale of 1 to 10 with 10 being the highest level based on their response to the following questions:
    - **Conviction**: How important is it for you to work on the goal you identified above?
    - **Confidence:** How confident are you that you will be successful in reaching the goal you identified above?
    - **Readiness:** How ready are you to work on the goal you identified above?
10. **Steps to Achieve Goal**: Address the steps that will be taken to achieve the goal, including who is responsible to assist the member in achieving the goal and where services will be provided.
11. **Strengths and Needs**: This section should address any strengths that may help the participant to achieve the goal or needs that may prove a barrier to achieving the goal. Factors such as family or community support, communication, education, socioeconomic status, housing, and transportation should be considered.
12. **Measurable Outcome(s):** This section should briefly describe how it will be determined that this goal was met.

13. **Progress**: The Care Coordinator should document and provide dates for any progress toward achieving the steps throughout the quarter.
14. **Percent Complete**: Report an estimate of the percentage of the member's Short-Term Goal that the member has achieved in increments of 10 or 25, e.g., 25%, 60%, during or before the next quarterly HAP meeting.

Section VII. Signatures

The HAP form requires the signature of the member, as well as the signatures of those who participated in developing the HAP along with their relationship to the member. The physician is not required to sign the HAP unless they were involved in the development of the plan. The HAP form signatures can be either hand-written on a paper form or electronically signed on the PDF form to include a date and timestamp.

Copies of the HAP should be given to the member, the PCP, those who participated in developing the HAP, and anyone else involved in achieving the goal(s) established in the HAP within 30 days of completion. This sharing of information ensures that all providers in the member's care network are aware of the member's participation in OCK. It allows them to review the care summary and provide feedback on any discrepancies or concerns.