OneCare Kansas Portal 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.

Accessing the HAP Portal

The HAP is accessible through an online portal at the provided link. Access to the HAP portal is granted to the contracted OCK partner, who designates HAP Portal Administrators.

To designate portal administrators, the partner will submit a request to the state by sending an email to the OneCare Kansas State Team with the subject line "HAP Portal Admin Access." The email request should contain the first and last name, as well as the email address of the individual who requires administrative-level access to the portal.

If an administrator's access needs to be revoked, the partner will contact the state by sending an email to OneCare Kansas State Team with the subject line "HAP Portal Admin Access." The email request should contain the first and last name, as well as the email address of the individual who needs to their portal access revoked.

After the administrator has completed the new user registration process, they can proceed to grant or revoke portal access to OCK program care coordinators by adhering to the processes detailed below.

Note: An administrator can be a care coordinator and in order for their name to be selected, they will need to contact the State to gain access.

Granting Access to Care Coordinators:
1. Administrator logs into the HAP Portal.
2. Navigate to the "OCK Partners" tab within the portal.
3. Select the OCK Partners Name.
4. Select "Add Care Coordinator".
   - Blank fields will be generated on screen.
   - Proceed to enter the Care Coordinators first name, last name, and email.
     o Email address must be specific to each Care Coordinator.
   - Select "Add Portal Access" to complete the process.
5. The newly added Care Coordinator will not receive an email to register as a new user automatically. The administrator will need to contact the Care Coordinator to register as a new user.

Revoking Access to Care Coordinators:

1. Administrator logs into the [HAP Portal](#).
2. Navigate to the "OCK Partners" tab within the portal.
3. Select the OCK Partners Name.
4. Select the "Delete" button next to the Care Coordinator whose access needs to be revoked.

    - Termination of access will be immediate upon selecting the "Delete" button
    - A record is maintained, documenting the start and end date of the Care Coordinators access.

Newly added Care Coordinators will initiate the registration process using the email address provided by the OCK Partner Portal Administrator and follow the steps for [new user registration](#) as outlined below.

New User Registration:

1. Visit the [HAP Portal](#).
2. Select "Register as a new user".
3. Enter the email provided by the OCK Partner Portal Administrator.

    - Create a unique password.
    - Confirm the unique password.
    - Select "Register".

4. Upon registering, you will receive an email at your registration email address from smtp.account@kfmc.org with the subject line 'Confirm OneCare Kansas Account'.

    - User Tips:
        - Contact the Network Administrator to allow the email to pass through network security protocols.
        - If the email is not in your inbox, please check your junk mail folder, or add the address to your email list to allow confirmation emails to go directly into your inbox.
    - Follow the email instructions to confirm your account.
    - Return to main HAP Portal Log In page and enter your email and password to gain access.
    - If issues arise, please email the [OneCare Kansas State Team](#) with subject line "HAP Portal Access issues."

Logging in and Out of the HAP Portal

1. Log In:

    - Visit the [HAP Portal](#).
    - Enter your username and password.
    - Select the "Log in" button.

2. Log Off:

    - Select the "Log off" button in upper right-hand corner of the screen.

Resetting Account Password

1. Select the "Forgot your password" link.
2. Enter your registered email address.

3. Select the "Email Link".

4. You will receive an email at your registration email address from smtp.account@kfmc.org. Proceed with following the prompts in the email to reset your password.

Using the HAP Portal

All applicable areas of the HAP must be completed in full, however not all information requested will apply to each member. Drop-down menus are provided for some information while other information must be entered using the required formats, such as dates in MM/DD/YYYY (month/day/year). Some information will be automatically populated for the member. In cases where information does not apply, please enter or select "Not Applicable".

Home Tab

The Home Tab contains an opening statement addressing the Health Action Plan, along with some tools and resource links.

OCK Partners Tab

The OCK Partners Tab contains a link to the Partners information that includes which MCO(s) the partners are contracted with, KMAP ID, list of HAP portal users. This tab is where partner administrators will follow the instructions to add or delete a Care Coordinator's access.

Members Tab

1. **Member Name:** Select the member's name from the list.

2. **Section Navigation:** On the member's tab, providers can quickly navigate to different sections by selecting the field next to the member's name.

3. **Print Current HAP**: After entering information into the portal, there is an option to print the current HAP at any time before submission. To procced, select the "Print Current HAP" button. This will print all saved information entered.

4. **Demographic Information:**
   - Complete all areas of the member's demographic information that are not automatically populated.
   - Verify the accuracy of populated information. If any details are incorrect, please assist the member in calling the KanCare Clearinghouse at 1-800-792-4884 to update it.
   - If the mailing address in the portal is incorrect, select the check box next to it. Keep this option checked until the member updates their address. Address changes typically take effect on the first of the month when the member lists are updated.
   - Select the check boxes next to any diagnoses that apply to the member.

5. **Member in Institution:** Select the appropriate response to indicate whether the member has been in an institution. If so, note the dates they 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.

6. **Medical Power of Attorney:** If the member does not have a Medical Power of Attorney, please assist them in establishing one if they request it.

7. **Support Persons:** If the "Parent/Foster Parent/Legal Guardian" or "Other Support Person" section is not applicable, leave it blank.

8. **Existing HCBS Waiver Plan of Care:** Although this section is automatically populated, it is important to review it to ensure a clear understanding of all available medical and waiver benefits for the member.

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

10. **Save and Continue:** Once you have completed all required fields, select the "Save and Continue" button. This will save all entries and advance you to the Physical and Behavioral Health section.

Health Action Plan Tab

Health Assessment

This section includes five evaluations of the OCK member's health. Some information is reported annually while others are to be 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 drop-down provided.

   - For positive results, enter the referral agency and relevant assessment details.

5. **Tobacco and Nicotine Use:** Select the members response from the drop-down menu provided.

   - If the member is a former user, specify the date they stopped using tobacco products.
   - If the member is currently using tobacco, select a response from the drop-down menu 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 drop-down: 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):** Based on the height and weight the members BMI will be automatically generated. Date used will be the same date as the last date on which either height or weight if not taken on same date.

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

4. **Blood Pressure (BP):** Enter the blood pressure separately as systolic and diastolic.

   - If a BP measurement is not recorded, please select one of the following check box 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 check box 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, please visit the Cholesterol Screening Page on the CDC website.

- If the LDL/HDL measurement is not recorded, please select one of the following check box 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 drop-down: 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.

9. **Save and Continue to Member Goals:** When no additional information can be submitted, or all required areas have been filled out, click the "Save and Continue" button. This action will save your progress and transition you to the OneCare Kansas Member Goals section.

OneCare Member Goals

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.
   - To create or add another goal, select "Add Goal." Enter the chosen goal. If a second goal is set, input it as the "Second goal," and so forth. Utilize the "Edit" button for corrections or additional information without altering the original goal parameters.
   - When revisiting or updating goals, a list of goals will be displayed. Choose the goal name you wish to discuss.

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. Choices include (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. **End Date:** Use the date the member's main goal was accomplished based on measurable outcomes.

6. **Outcome:** Select a response from the drop-down: Completed, Revised, No longer appropriate – life or health change, Client request to discontinue.

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. Percent complete must have a value in order to submit a HAP. The values must be numerical and will range from 0-100.

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 following three fields provide information about the member's commitment to working towards this goal. Commitment is evaluated quarterly for ongoing goals. Using a scale of 1 to 10, with 10 indicating the highest level, assess the member's commitment based on their responses 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. Percent complete must have a value in order to submit a HAP. The values must be numerical and will range from 0-100.

Health Action Plan Signature

This section includes a way to print the handwritten signature of the participant, as well as the signatures of those who participated in developing the HAP and their relationship to the participant. The physician does not need to sign the HAP unless involved in the development of the plan.

Providers should keep the handwritten signature page in the member's file, whether in hard copy or scanned form. Uploading it to the HAP Portal is not necessary. Copies of the HAP should be given to the participant, the PCP, those who participated in developing the HAP, as well as anyone else involved in achieving the goals established in the HAP within 30 days of completion. This sharing of information helps to ensure all providers in the member's care network are aware of the member's participation in OCK and are able to review the care summary and advise of any discrepancies or concerns.

After collecting signatures, the care coordinator will update the HAP with the appropriate names and signature dates. To submit the HAP, select the "Save and Submit" button. If all required information is provided, a pop-up message will confirm, "HAP has been Archived." Select "OK" to clear the message and transfer it to the archived HAPs for the member.

If any required fields are left blank or errors occur, a message will pop up, stating, "HAP cannot be archived until all data is entered." Select "OK" to proceed to the next screen, which will indicate the missing data and area. Select the area name to address the error or missing information. Complete the missing details and repeat the "Save and Submit" process.

HAP History Tab

OCK Partners can access, view, and print all submitted archived HAPs, with each displaying the 'Archive Date' indicating when the OCK member signed it.

1. **Print Archived HAP**: By selecting this link, providers can generate a printable version of the HAP, like the Manual HAP. Once selected, the printable HAP will be displayed, offering the following options:
   - Print button for exporting a PDF to save or print.
   - Export button for exporting a PDF to save or print.
   - Search feature for searching within the document.
   - Scroll feature to navigate through the document before printing.
     - Drop tab for instant access to the first and last pages.
   - Zoom feature to adjust page size on the screen; this feature affects the screen image and not the PDF.

Reports Tab

This tab will allow for specific report to be ran by selected criteria. Each report is slightly different but has a select drop-down that will allow for specific result to be brought back. The reports in this area will changes as needed and as the program progresses.

1. To run reports, select desired report from list. Select from the drop tabs to filter report by criteria, leave blank if no filter is desired. Then, choose how you would like to run report, printable or excel. Select "run report".

2. If the print option is selected, you will have several options to choose from.
   - Print button for exporting a PDF to save or print.
   - Export button for exporting a PDF to save or print.
   - Search feature for searching within the document.
   - Scroll feature to navigate through the document before printing.
     - Drop tab for instant access to the first and last pages.
   - Zoom feature to adjust page size on the screen; this feature affects the screen image and not the PDF.
3. If Excel export is selected, the report will automatically open in Excel.