

2020 OneCare Kansas Partner Auditing Tool

For Recording Compliance with OneCare Kansas Program Requirements

This tool contains three components:

- 1) It presents a sub-set of the OneCare Kansas (OCK) requirements as well as supporting notes and definitions. Audit sections have been divided into distinct parts to facilitate compliance determination.
- 2) Next to each OCK requirement is space for indicating the extent to which an OCK partner (OCKP) is in compliance with the requirement. Three possible compliance designations are presented: “Fully Met (FM),” “Substantially Met (SM),” “Partially Met (PM),” “Minimally Met (MM),” and “Not Met (NM)” In addition, the category not applicable (“N/A”) has been added, since some requirements may not apply to the MCO. The compliance definitions are as follows:

Full Compliance (Fully Met) 100%:

- All documentation listed under the criteria, or component thereof, is present; and
- OCK partner staff provide responses to reviewers that are consistent with each other and with the documentation; or
- A State-defined percentage of all data sources – either documents or OCK Partner staff provide evidence of compliance with OCK requirements.

Partial Compliance (Partially Met) 50%:

- All documentation listed under a OCK requirement, or component thereof, is present, but the OCK partner is unable to consistently articulate evidence of compliance; or
- OCK partner can describe and verify the existence of compliant practices during the interview(s), but required documentation is incomplete or inconsistent with practice; or
- Any combination of “Met,” “Partially Met” and “Not Met” determinations for smaller components of a OCK requirement would result in a “Partially Met” designation for the provision as a whole.

Non-compliance (Not Met) 0%:

- No documentation is present and OCK partner staff have little to no knowledge of processes or issues that comply with MCO contract requirements; or
- No documentation is present and OCK partner staff have little to no knowledge of processes or issues that comply with key components (as identified by the State) of a multi-component provision, regardless of compliance determinations for remaining, non-key components of the provision.

- 3) Beside each scoring of OneCare Kansas requirements, space is provided to allow reviewers to reference documentation or other evidence supporting the compliance designations.

Legend: FM=Fully Met; PM=Partially Met; NM=Not Met; NA=Not Applicable

Reviewer Name:		MCO:		Date of Review:	
Reviewer Name:		MCO:		OCK Partner Name:	
Reviewer Name:		MCO:		On-site /Desk Review:	
Reviewer Name:		MCO:		Initial/6 month/Annual Review	
Reviewer Name:		MCO:			
Reviewer Name:		MCO:			

Interpretive Guideline Requirements:

- 6 total reviewers maximum with representation from each MCO.
- Initial and annual face-to-face visits are required within year one of OCK partner participation in the program. A desk review will precede the face-to-face visit approximately 6 months prior.
- The desk review will cover most of the audit components and allow the reviewers and partners to focus of follow-up items during the face-to-face visit.

Helpful References:

- OCK Manual: https://www.kancare.ks.gov/docs/default-source/providers/ock/draft-onecare-kansas-program-manual.pdf?sfvrsn=242e4c1b_12
- CMS Health Homes Page: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>
- KDADS AIR system website: <https://kdads.ks.gov/provider-home/providers/adverse-incident-reporting>

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SECTION I – PROGRAM DESIGN	FM	PM	NM	NA
Program structure, including:				
<p>1. Staffing Plan – a detailed list and/or organization chart of staff participating in Health Home Service Delivery is available Reference: Section 2 and Appendix B (Partner Application) of the OCK Manual</p>	The OCKP has all of the required staff members and a clear organizational chart or detailed list with position description		The OCKP does not have the required staff members.	
<p>2. Clear documentation within medical record of service delivery and the staff providing the service. Clearly delineated roles and responsibilities amongst the staff members. Reference: Section 2, 5, 10, & 11 of the OCK Manual</p>	The OCKP has clear documentation of the core service provided and the appropriate staff member provided the service.	At least 50% of the OCKP's documentation demonstrates core service provided and the appropriate staff member provided the service.	The OCKP has no documentation of the core service provided and the appropriate staff member provided the service.	
<p>3. Whole-person and integrated care is provided to all members . Holistic care refers to the provision of care to patients that are based on a mutual understanding of their physical, psychological, emotional, and spiritual dimensions. Holistic Care can be shown with Policies and Procedures and/or through documentation in the HAP and EHR. Reference: CMS Health Homes Page</p>	The OCKP has clear documentation of a holistic approach and evidence to support in medical records	At least 50% of the OCKP's documentation demonstrates a holistic approach and evidence to support in medical records	The OCKP has no documentation and evidence to support in medical records	
<p>4. EHR is being used for the OCK program and service delivery. Progress notes on visits are being documented appropriately Reference: Section 10 & 11 of the OCK Manual</p>	The OCKP's EHR meets meaningful use criteria and is used to document OCK Core Services		The OCKP's EHR does not meet meaningful use criteria or is not used to document OCK Core Services	
<p>5. Tracking program management and evaluation. The Partner can demonstrate this by policies, procedures and/or reports that they use to track the effectiveness of their interventions with members. Section 1 & 12 of the OCK Manual</p>	P&P as well as measurement tools in place to track quality assurance and improvement and the OCKP is currently tracking program	The OCKP has either a P&P or measurement tools in place to track quality assurance and improvement and the OCKP is currently tracking program	P&P or measurement tools are not in place to track quality assurance and improvement	

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SECTION I – PROGRAM DESIGN	FM	PM	NM	NA
	management and evaluation	management and evaluation		
6. Case load of staff members is appropriate for the number of participants. The requirements listed in the manual are being met. Reference: Section 2 of the OCK Manual	OCKP has developed and has documentation of adherence to a P&P governing the case load of staff members	OCKP has developed a P&P and has minimal documentation of adherence to a P&P governing the case load of staff members	OCKP does not have a P&P or documentation of adherence governing the case load of staff members	
Comments and Findings:				

SECTION II: CORE SERVICES	FM	PM	NM	NA
Evidence-based guidelines or care guidelines are used in delivery of the core services:				
1. Core Services: The full array of services is provided to members as required to support the member's needs and meeting their goals. Reference: Section 11 of the OCK Manual	OCKP has documentation to support that services are being provided to support the member's needs and meeting their goals	At least 50% of the OCKP's documentation demonstrates that services are being provided to support the member's needs and meeting their goals	OCKP has no documentation to support that services are being provided to support the member's needs and meeting their goals	
a. COMPREHENSIVE CARE MANAGEMENT	OCKP has documentation to support that this service is being provided as defined in the program manual	At least 50% of the OCKP's documentation demonstrates that this service is being provided as defined in the program manual	OCKP has no documentation to support that this service is being provided as defined in the program manual	
b. CARE COORDINATION	OCKP has documentation to support that this service is being provided as	At least 50% of the OCKP's documentation demonstrates that this service is being	OCKP has no documentation to support that this service is being provided as	

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	defined in the program manual	provided as defined in the program manual	defined in the program manual	
c. HEALTH PROMOTION	OCKP has documentation to support that this service is being provided as defined in the program manual	At least 50% of the OCKP's documentation demonstrates that this service is being provided as defined in the program manual	OCKP has no documentation to support that this service is being provided as defined in the program manual	
d. COMPREHENSIVE TRANSITIONAL CARE	OCKP has documentation to support that this service is being provided as defined in the program manual	At least 50% of the OCKP's documentation demonstrates that this service is being provided as defined in the program manual	OCKP has no documentation to support that this service is being provided as defined in the program manual	
e. INDIVIDUAL AND FAMILY SUPPORT	OCKP has documentation to support that this service is being provided as defined in the program manual	At least 50% of the OCKP's documentation demonstrates that this service is being provided as defined in the program manual	OCKP has no documentation to support that this service is being provided as defined in the program manual	
f. REFERRAL TO COMMUNITY SUPPORTS AND SERVICES	OCKP has documentation to support that this service is being provided as defined in the program manual	At least 50% of the OCKP's documentation demonstrates that this service is being provided as defined in the program manual	OCKP has no documentation to support that this service is being provided as defined in the program manual	
2. Interdisciplinary Team (IDT) meeting or team huddle – the professionals within the OCK partner (OCKP) meet on a regular basis to discuss member's status, HAP and their goals. The IDT consists of those professionals in the OCKP that work with the member to complete the HAP. The IDT meeting should take place at least quarterly to align with HAP submissions. Reference: Section 5 of the OCK Manual	The OCKP has a P&P in place for their IDT to meet on a regular basis. There is documentation to support that all required professionals are meeting on a quarterly basis at a minimum and the professionals that are seeing the members	The OCKP has a P&P in place for their IDT to meeting on a regular basis. At least 50% of the OCKP's documentation demonstrates that all required professionals are meeting on a quarterly basis at a minimum and the	The OCKP has no P&P in place for the IDT to meet on a regular basis.	

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	regularly are meeting more often.	professionals that are seeing the members regularly are meeting more often.		
Comments and Findings:				

SECTION III: STAFFING STRUCTURE AND SKILLS	FM	PM	NM	NA
Staff recruitment:				
<p>1. OCK Partner (OCP) has a written plan for filling new and open positions Reference: Section 2 and Appendix B (Partner Application) of the OCK Manual</p>	All documentation is present; and OCKP staff provide responses to reviewers that are consistent with each other and with the documentation.	All documentation is present, but OCKP staff are unable to consistently articulate evidence of compliance; or OCKP staff can describe and verify the existence of compliant practices during the interview, but required documentation is incomplete.	No documentation is present and OCKP staff have little to no knowledge of processes	
Staffing plan:				
<p>1. OCK partner has a plan to cover the duties of any open position, including any supervisor changes. The OCKP can demonstrate this through policies and procedures. It is important that the staff of the OCKP are aware of the policy and plan that is in place. Reference: Section 2 and Appendix B (Partner Application) of the OCK Manual</p>	All documentation is present; and OCKP staff provide responses to reviewers that are consistent with each other and with the documentation.	All documentation is present, but OCKP staff are unable to consistently articulate evidence of compliance; or OCKP staff can describe and verify the existence of compliant practices during the	No documentation is present and OCKP staff have little to no knowledge of processes	

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SECTION III: STAFFING STRUCTURE AND SKILLS	FM	PM	NM	NA
		interview, but required documentation is incomplete.		
<p>2. Regular performance evaluations completed for each staff member. The OCKP can demonstrate this through policies and procedures. It is important that the staff know of the policies in place for regular performance evaluations.</p> <p>Reference: Section 1 & 2 of the OCK Manual</p>	All documentation is present; and OCKP staff provide responses to reviewers that are consistent with each other and with the documentation.	All documentation is present, but OCKP staff are unable to consistently articulate evidence of compliance; or OCKP staff can describe and verify the existence of compliant practices during the interview, but required documentation is incomplete.	No documentation is present and OCKP staff have little to no knowledge of processes	
Comments and Findings:				

SECTION IV: TRAINING	FM	PM	NM	NA
Internal training				
<p>1. The OCK partner has a detailed list of required trainings, has identified the staff required to complete each training, and has a method of tracking training completion. The required trainings for OCK partners are being completed and documented in the training plan as well.</p> <p>Reference: Section 13 and Appendix B (Partner Application) of the OCK Manual</p>	The OCKP can fully produce documentation to support that a list of required trainings exists, who is required to complete trainings has been identified, and a method of	At least 50% of the OCKP's documentation indicates that a list of required trainings exists, the staff required to complete trainings has been identified, and a method of tracking	The OCKP has no documentation to indicate that a list of required trainings exists, the staff required to complete trainings has been identified, and a method of tracking	

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SECTION IV: TRAINING	FM	PM	NM	NA
	tracking training completion exists.	training completion exists.	training completion exists.	
External training				
1. Participation in the Learning Collaborative offerings Reference: Section 13 of the OCK Manual	The OCKP can produce documentation to support full participation in the Learning Collaborative offerings.	The OCKP can produce documentation to support limited participation in the Learning Collaborative offerings.	The OCKP can produce no documentation to support participation in the Learning Collaborative offerings.	
Comments and Findings:				

SECTION V: OUTREACH, COORDINATION AND COLLABORATION	FM	PM	NM	NA
OCK Partner Technical Assistance				
1. OCKP has a documented process for when and how concerns are communicated to the MCO. Have there been concerns and was the process followed. Reference: Section 2 of the OCK Manual	OCKP communicates effectively openly often with the MCO regarding the program requirements. OCKP quickly identifies, or has a plan to identify, and address any questions or concerns.		The OCKP has identified concerns but has not reached out to the MCOs for technical assistance or the OCKP has not identified issues that were discovered during MCO review	If the OCKP doesn't have comments or concerns to discuss with the MCOs. Look for at least the documented process
OCK Partner (OCKP) Collaboration				
1. The OCKP works with members' providers to ensure collaboration and coordination Reference: Section 2 of the OCK Manual	OCKP has documentation to support collaboration	OCKP has limited documentation to support collaboration	OCKP does not have documentation to support collaboration	

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SECTION V: OUTREACH, COORDINATION AND COLLABORATION	FM	PM	NM	NA
	and coordination with the members' providers.	and coordination with the members' providers.	and coordination with the members' providers.	
Community Resource Outreach				
1. Identifying health goals for the community as a whole through collaboration with other community providers. Actionable items are those items that are defined by each community as being a need. Reference: Section 2 of the OCK Manual	OCKP has documentation that identifies actionable community health goals through collaboration with community providers.	OCKP has limited documentation that identifies actionable community health goals through collaboration with community providers.	OCKP does not have documentation that identifies actionable community health goals through collaboration with community providers.	
2. Identify community resources that members have engaged with, and what resources pertaining to SDOH/I have been utilized. The OCKP can demonstrate this through documentation and MOUs. Reference: Section 2 & 11 of OCK manual	OCKP has documentation to support community outreach to connect members to programs that address SDOH/I.	OCKP has limited documentation to support community outreach to connect members to programs that address SDOH/I.	OCKP does not have documentation to support community outreach to connect members to programs that address SDOH/I.	
Comments and Findings:				

SECTION VI: MEMBER OUTCOMES, TRAINING AND ENGAGEMENT	FM	PM	NM	NA
Health Action Plan (HAP) Reference: Section 5 and Appendix B (Health Action Plan and Instructions)				
1. Timely Completion and submission of initial HAP. Timely completion is defined by a HAP submission within 90 days of enrollment.	The OCKP has all HAPs Submitted within Guidelines set in the OCK Manual.	At least 50% of the OCKP's HAPs has been submitted and/or meet the timeframe set in the OCK Manual	The OCKP has no HAPs submitted and/or timeframe set in the OCK Manual is not meet.	
2. Regular updates to HAP after date of submission of initial HAP. This is to be completed at least quarterly.	The OCKP has submitted and	At Least 50% of the OCKP has submitted	The OCKP has no HAPs submitted and no	

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SECTION VI: MEMBER OUTCOMES, TRAINING AND ENGAGEMENT	FM	PM	NM	NA
	demonstrated that HAPs have been updated on a regular basis.	and/or demonstrated that HAPs have been updated on a regular basis.	way of demonstrating they are actively working with Member	
3. Updates to the HAP under certain circumstances (such as Change in member's health, hospitalizations, Nursing home admissions, etc.)	OCKP has developed a process with documentation to support various different circumstances.	OCKP has developed a Process and has minimal documentation to support various different circumstances.	OCKP did not develop a Process and has no documentation to support various different circumstances.	
Member Goals				
<p>1. Goals need to be established with member participation and input</p> <p>a. The goals need to be specific, measurable, attainable, relevant and time-based. (S.M.A.R.T. Goals)</p> <p>b. There are short term goals listed that support the completion of long term goals.</p> <p>Member participation can be shown by the OCKP through documentation in the HAP and EHR and also by participant signature on the HAP.</p>	The OCKP is using SMART goal processes with the member's participation and input and the short term goals directly relate to the long term goals	The OCKP has set up SMART goals with member's input but long term or short term goals are missing details around goals.	OCKP did not develop goals with member, nor did they use SMART goals, and the short term goals are not directly related to long term goals.	
2. Regularly updating goals based on member's progress at least quarterly	The Partner has demonstrated that the goals of the HAPs have been updated	At Least 50% of the HAPs have updated Goals	The OCKP has not updated the goals of their HAPs	
<p>Member Recruitment: Collaborate with local hospital(s) and community providers to help identify Medicaid members that are potentially eligible for the OCK program (this includes any outreach to the homeless population).</p> <p>Reference: Section 6 of the OCK Manual</p>	The Partner has MOUs or written agreements with the local hospital(s) and community providers to help identify the potential OCK members		The Partner does not have MOUs or agreements with the local hospital(s) and community providers to help identify the potential OCK members	

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SECTION VI: MEMBER OUTCOMES, TRAINING AND ENGAGEMENT	FM	PM	NM	NA
MEMBER ENGAGEMENT: to encourage active participation in the OCK program				
1. Member satisfaction. OCKP has a written policy and/or procedure for the first year, then can demonstrate their implementation of the policy/procedure subsequent years. Reference: Section 12 of the OCK Manual	The partner uses or intends to use a survey to measure member satisfaction with the partner and uses it for program evaluation and improvement		The partner does not use or does not intend to use a survey to measure member satisfaction with the partner	
Comments and Findings:				

SECTION VII: Critical Incidents & Member Grievances	FM	PM	NM	NA
Critical Incidents: OCK Partner has P&P in place to report incidents in the AIR (Adverse Incident Reporting) system. The OCKP can demonstrate this through Policies and Procedures. It is also important the the OCKP staff members are knowledgeable about the policy and process. Reference: KDADS Website https://kdads.ks.gov/provider-home/providers/adverse-incident-reporting	All documentation is present; and OCKP staff provide responses to reviewers that are consistent with each other and with the documentation.	All documentation is present, but OCKP staff are unable to consistently articulate evidence of compliance; or OCKP staff can describe and verify the existence of compliant practices during the interview, but required documentation is incomplete.	No documentation is present and OCKP staff have little to no knowledge of processes	

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SECTION VII: Critical Incidents & Member Grievances	FM	PM	NM	NA
<p>Member Grievances:</p> <ol style="list-style-type: none"> 1. OCK Partner has member grievance P&Ps in place 2. OCK Partner has a documented policy and procedure to communicate grievance rights and process 3. Tracking and following up on member/family member complaints <p>Reference: Section 9 of the OCK Manual</p>	<p>All documentation is present; and OCKP staff provide responses to reviewers that are consistent with each other and with the documentation.</p>	<p>All documentation is present, but OCKP staff are unable to consistently articulate evidence of compliance; or OCKP staff can describe and verify the existence of compliant practices during the interview, but required documentation is incomplete.</p>	<p>No documentation is present and OCKP staff have little to no knowledge of processes</p>	
<p>Comments and Findings:</p>				

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END OF ONECARE KANSAS PARTNER REQUIREMENTS

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