

# OCK Program Manual & Forms Review


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*Helping people live healthier lives by integrating and coordinating services and supports to treat the "whole-person" across the lifespan.*



## OCK Program Manual

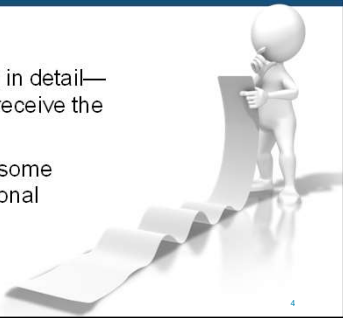


- How to access and navigate the Program Manual
- The basics of the OCK program and OCKP, MCO responsibilities
- Overview of where to find specific items of interest




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## OCK Program Manual

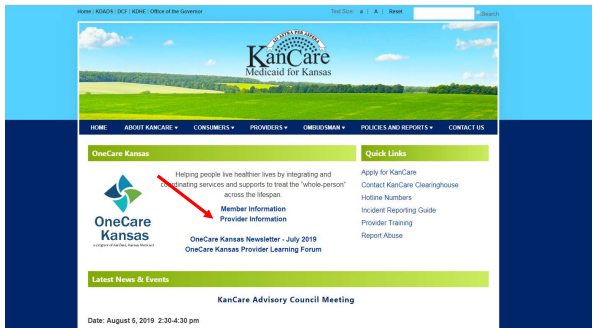


- Will not discuss every section in detail—major updates/highlights will receive the most attention
- Future webinars will address some topics in more detail as additional training is needed/requested



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### KanCare Website



Home / OneCare Kansas Providers

#### OneCare Kansas Provider Information

Follow one of the links below to find more information on each provider topic:

Contracted OneCare Kansas Partners	Providers Interested in Becoming OneCare Kansas Partners	Other Providers
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### Section 1 – Review of OneCare Kansas Model

- Federal Health Home population criteria
- Federal Health Homes 6 Core Services
- Federal Provider Requirements
  - Responsibilities as a OCKP
  - Professional Requirements
  - See OCK Services and Professional Requirements Table, page 10



### Section 2 – Provider Requirements

- Lead Entity (MCO or LE) Requirements
- OCKP Requirements
  - i.e. State licensing standards, KanCare enrollment, leadership responsibilities, staffing, capacity to serve
- Joint Requirements
- OCKP Application details



### Section 3 – Lead Entity Contracts with OneCare Kansas Partners

- Necessary provisions to be included in contracts
- Indicators of OCK Partner's Underperformance
  - As audits begin, remember to reference the table on pages 20-21. This is a list of situations that the MCOs have jointly agreed on as evidence of OCKP underperformance.


### Section 4 – Member Assignment, Enrollment and Discharge

- Eligibility for OCK
- Assignment Process
  - MCOs determine eligibility and send invitation letters
- Opt-In Process
- Refusal and Disenrollment Processes

**Section 4 (cont.)**

- OCK Partner Refusals
  - Limited reasons for Refusals
  - **Upcoming OCK Forms Webinar will cover these details.**
- OCK Partner Disenrollment
  - Opting-Out vs. Discharge
  - **Upcoming OCK Forms Webinar will cover these details.**




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**Section 5 – Health Action Plan (HAP)**

- Goals of the HAP
- **90-day timeline for initial HAP**
  - **HAP completed within 90 days**
  - **Remember to document all attempts, successful or not**
- HAP updates should be done as often as needed, but on a quarterly basis at minimum (This is distinct from the 90-day initial HAP)




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**Section 6 – Member Referral Process**

- Revisions to the Form
  - The “standard” Referral Form is largely the same
  - **Upcoming OCK Forms Webinar will cover these details**



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**Section 7 – Claims Submission and Billing**

- Billing Codes and modifiers – table on page 25

**Section 8 – Rate Calculation and Methodology**

- Basic Payment Structure
- Payment Principles
- Rate Development Process

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**Section 9 – Grievance and Appeals**

- OCKPs have the same grievance and appeal rights as under KanCare

**Section 10 – Health Information Technology**

- HIT requirements are specified service-by-service




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**Section 11 – Documentation Requirements**




- See table on pages 29-30

**Section 12 – Quality Goals and Measures**

- Page 30 and Appendix C

**Section 13 – Learning Collaborative**


- Page 31


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### Form Highlights




- HAP – Initial HAP in 90-days
- Discharge and Refusal Forms
  - Remember to document!
  - Attaching additional pages is acceptable when needed



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## Health Action Plan Overview



Rick Hoffmeister



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### Introduction



- Health Action Plan is a tool to document:
  - Basic health screenings
  - Member's OneCare Kansas goals
  - Strategies to achieve goals
  - Progress towards achieving goals
  - Member and providers specific responsibilities related to OneCare Kansas goals
- **Required** for every Member enrolled in OneCare Kansas
- Developed by the Member with the assistance of the OneCare Kansas Care Coordinator in a face-to-face meeting following the initial assessment of the Member's health
- Includes input from other OneCare Kansas team members and anyone the Member chooses to involve

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### Introduction



- OneCare Kansas partners will receive a one-time bonus payment for completion of the Health Action Plan
- Updated at least quarterly
  - Should reflect status toward achieving goals, current needs, service effectiveness in improving or maintaining health status, and other circumstances
- Not intended to replace specific treatment plans or person centered support plans that are already required.
- Not intended to be the clinical record.
- Designed to capture critical information that can be shared with a providers involved with the Member.

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### The Health Action Plan (HAP) includes:

- Demographic information
- Contact information
- Physical and behavioral health information
- Home & Community Based Services (HCBS) waiver information (if applicable)
- Advanced Directive information (if applicable)
- OneCare Kansas goals, steps to achieve each goal, strengths/needs, measurable outcomes, and progress
- Signatures






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### Role of the Care Coordinator


Provides overall coordination of the Member's HAP, including:

- Assisting to determine services needed
- Locating needed services
- Taking into account the Member's health literacy
- Referring
- Scheduling appointments
- Follow-up

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### Role of the Care Coordinator (cont.)



- Sharing information with all involved parties
- Monitoring Emergency Department (ED) and inpatient admissions to ensure coordinated care transitions
- Documenting progress toward achieving goals in the Health Action Plan

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### Health Action Plan Form

**All applicable areas of the HAP must be completed in full, however not all information requested will apply to each member.**

**Section I: Demographics**

Complete all areas of the demographic information for the member.

Complete all areas that apply for Contact Information. If not applicable, enter N/A. Select "Yes" or "No" to indicate if there are additional support persons on file with the OCK Partner.

**Section II: Additional Contact Info**

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### Health Action Plan Form

**Section III: Physical & Behavioral Health**

- OCK partner provider type.
- OCK Qualifying Diagnosis(es).
- Health Risk Assessment (from MCO)
- PHQ-9 during HAP interview and updated quarterly.
- SUD screen using any valid tool such as SBIRT, AUDIT, DAST-10, CRAFFT and updated quarterly.
- Tobacco use screen and readiness to quit.
- Physical Health Information: Height, Weight, BMI, B/P, A1c, LDL, HDL.
- Medication Reconciliation done initially and updated as necessary. Done with each transition of care.

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### Health Action Plan Form

Existing HCBS Waiver Plan of Care if applicable.

**Section IV: HCBS Plan of Care**

**Section V: Advanced Directives**

Advanced Directives present, Living Will/Durable Power of Attorney or both.

**"Goal Domain"** applies to the member's short-term goal (PH), (SDOH), (MH), and (SUD)

- **PH:** may include Diet, Physical Activity and Tobacco Use.
- **SDOH:** may include Housing, Food, Utilities and Employment.
- **MH:** may include Stress Management, Symptom Management, Medication Education.
- **SUD:** may include referral to treatment, maintaining abstinence and managing stress.

**Section VI: Goals & Steps**

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### Health Action Plan Form

- "Member Goals" are member focused and agreed upon (this is the long term goal).
- "Outcomes" are measurable.
- "Short-Term Goals" and "Steps to Achieve" are by quarter.
- Care Coordinator should document and provide dates for any progress toward achieving the steps throughout the quarter.
- "Conviction"/ "Confidence"/ "Readiness" provide information about the member's commitment to working towards this goal.

**Section VI: Goals & Steps**  
(cont.)

**Section VII: Signatures**

Signature page for the member and all those who participated in development of the HAP.

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