



OneCare Kansas
a program of KanCare, Kansas Medicaid

OneCare Kansas Webinar Series
**Health Action Plan:
Step by Step**

Rick Hoffmeister, BSN, RN
KDHE Division of Health Care Finance
June 28, 2019

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




Welcome!




OneCare Kansas
a program of KanCare, Kansas Medicaid

2

Purposes of the Day




- Increase participant understanding of who is involved and how to complete the OneCare Kansas Health Action Plan
- Allow participants to ask staff questions of clarification regarding the Health Action Plan



3

KanCare Website



The screenshot shows the KanCare website with a navigation menu: HOME, ABOUT KAN-CARE, CONSUMERS, PROVIDERS, OMBUDSMAN, POLICIES AND REPORTS, CONTACT US. Below the navigation are sections for 'OneCare Kansas' and 'Quick Links'. The 'Quick Links' section includes: Apply for KanCare, Contact KanCare Clearinghouse, Hotline Numbers, Incident Reporting Guide, Provider Training, Report Abuse. A red box highlights 'Member Information' and 'Provider Information' in the 'Member Information' section. Below that is 'OneCare Kansas Newsletter - February 2019'.



4

KanCare Website

OneCare Kansas
a program of KanCare, Kansas Medicaid

Contracted OneCare Kansas Partners

The term "OneCare Kansas" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long-term services and supports for people with chronic conditions. OneCare Kansas expands upon medical home models to include links to community and social supports. OneCare Kansas focuses on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. All the caregivers involved in a OneCare Kansas member's health communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. OneCare Kansas is intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be KanCare members. They can be members who also receive Medicare along with Medicaid.

- Approaches to OneCare Kansas
- FAQs
- **Informational Materials for Providers**
- Planning Council Information
- Payment
- OneCare Kansas Services
- Questions?

OneCare Kansas
a program of KanCare, Kansas Medicaid

Health Action Plan Basics

OneCare Kansas
a program of KanCare, Kansas Medicaid

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

OneCare Kansas
a program of KanCare, Kansas Medicaid

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 all providers involved with the Member.



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



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
 - Following-up


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

Health Action Plan

Step by Step



13

HAP Sections I & II

SECTION I. Demographic Information

Member Information:
 Last Year: First Year: SSN: Medical ID:
 Address: City: State: Zip: County:
 Phone: Date of Birth (MM/DD/YYYY): Gender: Race: Ethnicity:
 Patient Language (English): Spanish: Other:

SECTION II. Additional Contact Information

Out-of-Area Primary Care:
 OOC Primary Care Provider:
 Address: City: State: Zip: Phone:
 OOC Care Coordinator: Last Year: First Year:
 Address: City: State: Zip: Phone:


Medical Power of Attorney:
 Last Year: First Year:
 Address: City: State: Zip: Phone:

KanCare MCO:
 MCO Care Manager: Last Year: First Year:
 Address: City: State: Zip: Phone:

Personal Power/Legal Guardian:
 Last Year: First Year:
 Address: City: State: Zip: Phone:

Other Support Person:
 Relative to Member: Last Year: First Year:
 Address: City: State: Zip: Phone:

See how additional support persons are to be for the member.



14

HAP Sections III - V


SECTION III. Personal, Behavioral Health

Provider Type: Provider Business Name:
 Address: City: State: Zip: Phone:
 Provider Contact: Last Name: First Name:
Health Risk Assessment - Required:
 Health Risk Assessment: Date:
 Qualifying Personal Health Diagnoses:
 Qualifying Behavioral Health Diagnoses:

Physical Health:
 Height: Date: Weight: Date:
 BP: Date: A1C: Date:
 BMI: Date: LDL-c: Date:
 Mental Health Screening: PHQ-9 Score: Date:
 Tobacco use: Describe current usage:
 Substance Use Disorder Screening: If Yes, Refered: Date:
 Strength of Preference:

SECTION IV. Existing Health Insurance Plan of Care (If applicable)
 Do you have an existing Health Insurance Plan of Care? Plan Type:

SECTION V. Advanced Directives
 Advanced Directives: Check if that apply: Living Will Durable Power of Attorney




15

HAP Section VI

SECTION VI. Goal and Steps to Achieve Goals and Address Care for the member's condition

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| Goal Domain: <input type="text"/> | Goal Domain: <input type="text"/> | Goal Domain: <input type="text"/> | Goal Domain: <input type="text"/> | Goal Domain: <input type="text"/> |
| Focus Area: <input type="text"/> | Focus Area: <input type="text"/> | Focus Area: <input type="text"/> | Focus Area: <input type="text"/> | Focus Area: <input type="text"/> |
| Member's Goal: <input type="text"/> | Member's Goal: <input type="text"/> | Member's Goal: <input type="text"/> | Member's Goal: <input type="text"/> | Member's Goal: <input type="text"/> |
| Steps to Achieve Goal: <input type="text"/> | Steps to Achieve Goal: <input type="text"/> | Steps to Achieve Goal: <input type="text"/> | Steps to Achieve Goal: <input type="text"/> | Steps to Achieve Goal: <input type="text"/> |
| Strength and Needs: <input type="text"/> | Strength and Needs: <input type="text"/> | Strength and Needs: <input type="text"/> | Strength and Needs: <input type="text"/> | Strength and Needs: <input type="text"/> |
| Measurable Outcome: <input type="text"/> | Measurable Outcome: <input type="text"/> | Measurable Outcome: <input type="text"/> | Measurable Outcome: <input type="text"/> | Measurable Outcome: <input type="text"/> |
| Goal Start Date: <input type="text"/> | Goal Start Date: <input type="text"/> | Goal Start Date: <input type="text"/> | Goal Start Date: <input type="text"/> | Goal Start Date: <input type="text"/> |
| Done/Progress: <input type="text"/> | Progress: <input type="text"/> | Progress: <input type="text"/> | Progress: <input type="text"/> | Progress: <input type="text"/> |
| Percentage Complete: <input type="text"/> | Percentage Complete: <input type="text"/> | Percentage Complete: <input type="text"/> | Percentage Complete: <input type="text"/> | Percentage Complete: <input type="text"/> |
| Completion Date: <input type="text"/> | Completion Date: <input type="text"/> | Completion Date: <input type="text"/> | Completion Date: <input type="text"/> | Completion Date: <input type="text"/> |
| Outcome Result: <input type="text"/> | Outcome Result: <input type="text"/> | Outcome Result: <input type="text"/> | Outcome Result: <input type="text"/> | Outcome Result: <input type="text"/> |



16

HAP Section VII

| BUDGETARY Systems | | |
|--------------------|-------|-------|
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |
| Completed by: | Site: | Date: |
| If Other Describe: | | |

OneCare Kansas
a program of KanCare, Kansas Medicaid

17



OneCare Kansas
a program of KanCare, Kansas Medicaid



Save the Date!!

OneCare Kansas
Provider Learning Forum

August 15, 2019

Meridian Center | Newton

OneCare Kansas
a program of KanCare, Kansas Medicaid

19

Thank you!!

For more information:

Visit: www.kancare.ks.gov

Email: OneCareKansas@ks.gov

Or sign up for our newsletter!

OneCare Kansas
a program of KanCare, Kansas Medicaid