



# OneCare Kansas Partner Application

## Purpose

The OneCare Kansas Partner (OCKP) Application serves as a tool for the State to assess the readiness of potential providers who wish to offer OneCare Kansas (OCK) services. This application is intended for prospective applicants to address questions regarding their existing organizational practices and processes.

Submitting the OCKP application is the initial step in a two-step process to become an OCK Provider. However, approval from the State does not guarantee that any Managed Care Organizations (MCOs) will award the organization a contract or that the organization will receive OCK members.

## Preparation

[Section IV](#) and [Section V](#) of the application contain questions that must be answered satisfactorily. These questions are essential for the application to progress beyond the initial stage. Organizations that cannot meet these requirements should not proceed with the application.

Applicants who meet the requirements can proceed with further preparation. They should collaborate with their organization's staff to gather essential information, including:

- **Demographic Data:** Collect information about the demographics of the population the organization serves, service frequency, and the established processes.
- **Clinical, Operational, and Cultural Practices:** Gather data on the organization's current clinical, operational, and cultural practices, which form the foundation of its distinct identity.
- **Staff Resumes and Qualifications:** Compile staff resumes, job descriptions, and qualifications, including completed training and certifications.
- **Adherence to Kansas Tobacco Guidelines:** Documentation on the organization's adoption of and adherence to the [Kansas Tobacco Guidelines for Behavioral Health Care](#).

## Application Completion and Submission

Applicants should adhere to the following guidelines to ensure a streamlined application process:

- **Team Collaboration:** Form a team with expertise across various aspects of the organization to complete the electronic application. Each team member should focus on their specific area of expertise, such as finances, operations, clinical processes, leadership, or staff practices. The team should then come together to ensure consensus on the final responses.
- **Clarity and Conciseness:** Ensure that the responses within the application are clear, concise, and comprehensive. Unclear or incomplete answers may necessitate further inquiries from the State.

- **Reference Appendices:** When completing the application, reference [Appendix A](#) and [Appendix B](#) for guidance on service definitions and professional requirements.
- **Verification of Completeness:** Prior to electronically submitting the application, verify its completeness to avoid potential rejection. Incomplete applications will not be considered, although applicants can reapply at any time.
- **Electronic Submission:** To electronically submit the completed application and supporting documents, please send them to the [OCK State Team](#).

## Application Review and Response Process

Submitted applications will undergo the following review and response process:

- **State Evaluation and Response:** Upon receiving an application, the State will commence the review process. Applicants can expect a formal response, including a letter, indicating the status of their organization's application.
- **MCO Evaluation and Response:** MCOs will assess approved applications within 21 days of receipt. Following this, MCOs will initiate follow-up calls with interested OCK Providers and provide written evaluations.
- **Contract Amendment:** MCOs have 10 days to extend contract amendments to potential OCK Providers after the follow-up call. OCK Providers, in turn, have an additional 10 days to sign and return the contract amendment to the MCO.
- **Grace Period:** In the event of missed deadlines, a 15-day grace period is granted. Should a final contract not be established during this time, reapplication becomes necessary.

## Section I: Applicant Information

### Primary Location

Please complete the following fields for your organization's primary location.

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Areas Served:** \_\_\_\_\_

**KMAP Medicaid Number:** \_\_\_\_\_

**National Provider Indicator (NPI):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Satellite Offices

If your organization will be offering OCK services through satellite offices, please complete the fields below for each satellite office. Attach additional documentation to your application submission if necessary.

**Satellite Office 1:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Satellite Office 2:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Satellite Office 3: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Satellite Office 4: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Section II: Application and Program Dates

The state strongly recommends early application submission to enhance the chances of enrolling members on the preferred program start date. While applications received after the program launch date will still be considered, participation cannot be guaranteed.

Please indicate the date of application submission and the intended start date for your organization's OCK program.

Application Submission Date: \_\_\_\_\_ Target Program Start Date: \_\_\_\_\_

## Section III: Managed Care Organization Contracts

The State strongly encourages potential OCK providers to consider partnering with all available MCOs. However, this is not mandatory.

Please answer the following questions to indicate your organization's interest in contracting with each MCO partner.

**1. Are you interested in contracting with Aetna Better Health of Kansas?**

- Yes
- No

**2. Are you interested in contracting with Sunflower State Health Plan?**

- Yes
- No

**3. Are you interested in contracting with United HealthCare?**

- Yes
- No

## Section IV: Electronic Health Records

In order to qualify as an OCK provider, organizations are required to have an Electronic Health Record (EHR) system in place. An EHR is a digital repository of patient medical records maintained by the provider. It contains clinical and administrative information, including demographics, progress notes, medications, and more. The EHR system facilitates easy access to information, supports healthcare-related activities, and improves clinical workflows.

Please answer the following questions related to EHR. Please be aware that answering 'No' to the initial question will result in disqualification, and the prospective applicant should refrain from continuing with the application.

**1. Does your organization have an EHR?**

Yes\*

No

**2. \*If 'Yes', what EHR is being used? \_\_\_\_\_**

**3. Can the EHR send information to a data system with report generation?**

Yes

No

**4. Is the EHR system accessible to an interdisciplinary team of providers?**

Yes

No

**5. Does the EHR include a community referral tracking component?**

Yes

No

## Section V: Staff Requirements

Applicants must fulfill certain staffing requirements to become an OCK provider. Failure to meet these requirements will result in disqualification. Please review the table and notes carefully to ensure your organization meets these requirements before proceeding with your application. Additional details on staffing requirements can be found in [Appendix B](#) for your reference.

For each staff position, select the appropriate check boxes to indicate how your organization plans to meet the requirement. Please include staff job descriptions as supplementary attachments when submitting your application.

Title	Currently on Staff	Hire Before Launch <sup>a</sup>	Intend to Contract <sup>c</sup>
Physician/Psychiatrist <sup>b</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mid-level Practitioner (APRN or PA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Disqualifies Applicant</i>
Nurse Care Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Disqualifies Applicant</i>
Social Worker/Care Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Disqualifies Applicant</i>
Peer Support Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer Mentor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

<sup>a</sup> Required prior to MCO contract.

<sup>b</sup> Having a physician or psychiatrist on staff satisfies the requirement for having a Nurse Practitioner or PA.

<sup>c</sup> Select 'Currently on Staff' if a physician or psychiatrist is under contract and is physically on-site at least part-time.

## Section VI: Provider Experience

Please answer the following questions about your organization's experience.

### 1. Have you previously participated in the Health Homes Program or OneCare Kansas?

Yes

No

### 2. Select the program concepts you have experience in (check all that apply):

Care Management

Certified Patient Centered Medical Home

Accountable Care Organization

**If you have selected any of the related programs above, provide a brief description of your experience. If none were selected, enter 'N/A'.**

**3. Select the individual and family support services you have experience with and a process for coordinating and providing access to (check all that apply):**

- Referral to Community Services
- Social Supports
- Homeless Population Outreach
- Long-term Services and Supports
- Mental Health
- Substance Abuse
- Recovery Services

**If you have selected any of the individual and family support services above, provide a brief description of your experience. If none were selected, enter 'N/A'.**

**4. Select the services you have experience in coordinating and providing access to (check all that apply):**

- Comprehensive Care Management
- Care Coordination
- Transitional Care Across Settings

**If you have selected any of the services above, provide a brief description of your experience. If none were selected, enter 'N/A'.**

## Section VII: Staff Training

Please answer the following questions about staff training within your organization. Attach your organization's internal training plan, if applicable.

**1. Select the staff trainings required by your organization from the following options:**

- Diabetes Disease Management (including Certified Diabetes Educator and Diabetes Self-management)
- Tobacco Cessation (including Tobacco Treatment Specialist)
- Adherence to Medication
- Cultural Competency
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Mental Health First Aid
- Motivational Interviewing
- Trauma Informed Care
- Other, please specify: \_\_\_\_\_



**Please specify the number of staff members who have completed each selected training and indicate the positions for which these trainings are required.**

## Section VIII: Kansas Tobacco Guidelines

Please answer the following questions regarding the organization's adherence to the Kansas Tobacco Guidelines.

**1. Indicate whether your organization has endorsed the Kansas Tobacco Guidelines for Behavioral Health Care by selecting the appropriate check box:**

- Yes
- No

**2. If your organization has adopted these guidelines, please indicate your organization's adherence by selecting all applicable check boxes from the following options:**

- Assess tobacco use regularly and provide tobacco treatment until quit attempts are successful
- Provide psychosocial treatment within whole person primary care and behavioral health care systems
- Provide cessation medications and ensure access without barriers through state Medicaid and other third-party payers
- Integrate tobacco treatment into assessment, treatment planning, and implementation
- Incorporate tobacco treatment into other ongoing efforts toward wellness and recovery
- Conduct quality improvement to define outcomes, monitor progress and improve tobacco treatment services
- Train staff how to treat and/or prevent tobacco dependence
- Bill for reimbursement and utilize other resources to pay for tobacco treatment
- Help staff who use tobacco to access evidence-based treatment for tobacco dependence adopting a tobacco-free environment

- Enact a comprehensive tobacco-free policy that includes buildings, vehicles, grounds and expectations for staff, visitors and clients
- Provide and/or support tobacco treatment for youth and young adults, especially high-risk youth and/or those in treatment for other conditions
- Conduct and/or support tobacco prevention efforts and policies such as Tobacco “21”, school programs, community-based programs, disseminating messages to promote prevention, and other efforts

### Section IX: Partnerships

Refer to the table below to provide details regarding your organization's partnerships with other healthcare providers and agencies in your area. This may include partnerships with local health departments, hospitals, physician practices, and similar entities. Applicants may attach additional documentation to add to the list of partners if necessary. Attach any applicable agreements, contracts, or letters of support from these partners.

Partner Name	Duration	Description

## Section X: Acknowledgment

By signing below, I acknowledge that I have read and understood all information included in this application and affirm that all information entered is true and accurate. I also certify that I am an authorized representative of the applicant organization.

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix A: Service Definitions

Definitions for the six OCK services are outlined in the table below.

Service	Description
<b>Comprehensive Care Management</b>	<p>Identifies high-risk members who may benefit from OCK and coordinate their care with all team members. This includes conducting a comprehensive health needs assessment to determine the member's physical, behavioral health, and social needs, and developing a health action plan (HAP) with input from the member, family members, guardians, and service providers. The HAP includes member goals and clarifies the roles and responsibilities of all involved parties. Critical components include:</p> <ul style="list-style-type: none"> <li>• Having knowledge of both local and non-local medical and non-medical service delivery systems.</li> <li>• Practicing effective cultural, linguistic, and disability-appropriate communication with the member, family members, guardians, and service providers.</li> <li>• Addressing barriers to success, such as low income, housing, transportation and social supports.</li> <li>• Monitoring and following up to ensure that needed care and services are offered and accessed.</li> <li>• Regular reviewing and updating of the HAP to reflect the member's current needs, the effectiveness of services in improving or maintaining health status, and other changes.</li> </ul>
<b>Care Coordination</b>	<p>Implements the members HAP through various linkages, referrals, coordination, collaboration, and follow-up for the delivery of necessary services and supports. A designated Care Coordinator takes responsibility for managing the member's HAP, which includes referring, scheduling appointments, sharing information with all parties involved (including the member), monitoring Emergency Department (ED) and in-patient admissions for coordinated care transitions, communication during transitions of care and hospital discharge, referrals for Long-Term Services and Supports (LTSS), sourcing non-Medicaid resources, tracking the member's progress toward goal achievement, and adjusting the HAP as necessary to meet the member's needs. Care Coordination:</p> <ul style="list-style-type: none"> <li>• Ensures timely attention to member needs, improves chronic condition management, and supports goal achievement.</li> <li>• Encourages members to adhere to treatment recommendations, engage in self-care for chronic conditions, and stay engaged in OCK services.</li> <li>• Involves coordinating and collaborating with other providers to monitor the member's conditions, health status, and medication side effects.</li> <li>• Engages members and their family/guardians in decision-making, including decisions related to pain management, palliative care, and end-of-life decisions and supports.</li> <li>• Manages the HAP by assessing quality metrics, survey results, and service utilization, allowing for the evaluation of intervention effectiveness.</li> <li>• Creates and promotes connections to other agencies, services, and support resources.</li> </ul>

Service	Description
<b>Health Promotion</b>	<p>Engages members with chronic conditions through phone, letters, health information technology (HIT), and community in-reach/outreach. It assesses their understanding of their conditions, health literacy, and motivation for self-management, considering their health status and confidence in changing behaviors. Health promotion also helps members develop recovery plans, including self-management and relapse prevention. It connects members with resources for smoking cessation, diabetes, asthma, hypertension, self-help recovery, and other services based on their needs and preferences. Ultimately, health promotion empowers members to learn the skills and confidence they need to independently manage and prevent chronic conditions.</p> <p>Health promotion:</p> <ul style="list-style-type: none"> <li>• Encourages healthy behaviors to help members monitor and manage their health successfully.</li> <li>• Focuses on self-direction and skills development, involving members and family members/guardians in healthcare decisions.</li> <li>• Ensures all health action goals are part of person-centered care plans.</li> <li>• Provides health education and coaching on chronic conditions based on member preferences.</li> <li>• Offers prevention education on proper nutrition, health screening, and immunizations to members and family members/guardians.</li> </ul>
<b>Comprehensive Transitional Care</b>	<p>Helps members transition from hospitals, EDs, and inpatient units to their homes, LTSS providers, rehabilitation facilities, and other healthcare facilities. This process streamlines patient care, reduces frequent ED visits, and avoids unnecessary hospital stays. It may also involve identifying non-participating members who could benefit from this care. This includes the development of a transition plan in collaboration with the member, their family/ guardians, and other providers. This plan is then shared with all relevant parties. When transferring a member from one caregiver or care site to another, coordination is vital to ensure smooth transitions, timely follow-up care, and the accurate sharing of medication information. This approach involves effective collaboration, communication, and coordination among a diverse group of individuals involved in the member's care. The goal is to enhance members' comprehension of rehabilitation activities, LTSS, self-management, and medications. Additionally, this service involves managing appointments and evaluating the need for adjustments to the members HAP. The transition/discharge plan encompasses elements such as:</p> <ul style="list-style-type: none"> <li>• Timeframes for appointments and discharge paperwork.</li> <li>• Information about follow-up appointments.</li> <li>• Medication details for medication reconciliation and informed decision-making.</li> <li>• Medication education.</li> <li>• Therapy needs (e.g., occupational, physical, speech).</li> <li>• Transportation requirements.</li> <li>• Post-discharge community support.</li> <li>• Assessment of environmental (home, community, workplace) safety.</li> </ul>

Service	Description
<b>Member and Family Support</b>	<p>Identifies the necessary assistance for members and their family/guardians to manage the member's conditions and aiding them in accessing these supports. This involves evaluating the strengths and needs of members and their families, recognizing barriers to the member's health and success, finding resources to remove these obstacles, and advocating on their behalf to secure the essential support for improved health. This service also includes assistance with paperwork, providing information, access to self-help and peer support services, and considering the need for services like respite care. To promote inclusion, flexibility is provided in terms of scheduling, hours of service, and teleconferencing. The goal is to enhance the understanding of how the condition affects the member's life, improve adherence to treatment plans, and ultimately enhance overall health and quality of life for members, their families, and guardians. Member and family support:</p> <ul style="list-style-type: none"> <li>• Requires effective communication with members, families, guardians, and caregivers.</li> <li>• Includes accommodations related to culture, disability, language, race, socioeconomic background, and non-traditional family relationships.</li> <li>• Encouragement of member and family/ guardian engagement.</li> <li>• Fosters self-management capabilities in members.</li> <li>• Assesses the readiness of members and families/guardians to receive and act on information and support informed choices.</li> <li>• Considers the complexities of family dynamics and responds to member needs when complex relationships come into play.</li> </ul>
<b>Referral to Community Supports and Services</b>	<p>Helps members identify the services they need to achieve their best possible outcomes. Find available community resources and assist members in accessing care. Aid in paperwork completion and identify natural supports if necessary. Ensure members have access to needed services and consider the preferences of family, support persons, and guardians when possible. These services encompass long-term care, mental health, substance use services, housing, transportation, and other community and social services required by the member. Referral to community and social support services involves:</p> <ul style="list-style-type: none"> <li>• Familiarity with local and regional service delivery systems.</li> <li>• Engagement with community and social supports.</li> <li>• Building and maintaining relationships with service providers, such as Home and Community Based Services (HCBS) providers, the Aging &amp; Disability Resource Center (ADRC), faith-based organizations, and others.</li> <li>• Collaborating with social supports and fostering communication.</li> <li>• Understanding eligibility criteria for services.</li> <li>• Identifying comprehensive resource guides or creating one if needed.</li> </ul>

## Appendix B: Professional Requirements

OCK staffing requirements and qualifications are outlined in the table below.

Title	Qualifications
Physician	Physicians must be actively licensed to practice medicine in Kansas. May be employed directly or contracted with the OCKP. See notes in <a href="#">Section V</a> of the application for more information on contracting requirements.
Psychiatrist	Psychiatrists must be actively licensed to practice psychiatry in Kansas. May be employed directly or contracted with the OCKP. See notes in <a href="#">Section V</a> of the application for more information on contracting requirements.
Nurse Care Coordinator	To meet the provider standards, the OCKP must directly employ at least one registered nurse (RN), advanced practice registered nurse (APRN), or licensed practical nurse (LPN) who is actively licensed to practice in Kansas.
Social Worker/Care Coordinator	Care Coordinators must be employed directly by an OCKP and adhere to the requirements outlined in the Kansas Medicaid State Plan and Provider Manuals available on the <a href="#">OCK Webpage</a> . To meeting provider standards and serve OCK members, Care Coordinators must meet the following criteria: <ul style="list-style-type: none"> <li>• Hold an active social work license (BSW) in Kansas; or</li> <li>• Have a bachelor's degree (BS/BA) in a related field; or</li> <li>• Serve as a Targeted Case Manager (TCM) specializing in mental health (MH) or intellectual and developmental disabilities (I/DD); or</li> <li>• Work as a substance use disorder person-centered case manager.</li> </ul>
Physician Assistant	Physician Assistants (PA) Must be actively licensed to practice in Kansas and must be employed directly by the OCK Partner.
Advanced Practice Registered Nurse	Advanced Practice Registered Nurses (APRN) must be actively licensed to practice in Kansas and must be employed directly by the OCK Partner.
Peer Support Specialist/Peer Mentor	The Peer Support (PS) Specialist must comply with the specified KDADS Behavioral Health criteria for either mental illness or substance use disorder (SUD). For mental illness, the PS Specialist must meet the following requirements: <ul style="list-style-type: none"> <li>• Be employed by a licensed Mental Health provider.</li> <li>• Satisfy age requirements.</li> <li>• Successfully complete state-approved training through a state contractor and undergo background checks.</li> <li>• Self-identify as a present or former primary recipient of Mental Health Services.</li> </ul>

Title	Qualifications
	<p>For SUD, the PS Mentor must adhere to the following criteria:</p> <ul style="list-style-type: none"><li>• Work for a licensed or certified SUD provider.</li><li>• Meet age, training, and supervision requirements.</li><li>• Self-identify as actively in recovery from alcohol and/or illicit substances for at least one year.</li></ul> <p>If the PS Specialist is employed in the agency where the PS Specialist services are received, they must also fulfill discharge requirements, which entail having been discharged by that agency for a minimum of six months.</p>