

OneCare Kansas Partner 2024 Auditing Tool Provider Focused Audit Questions

OCKP:		Auditor:	
Staff Completing Survey:		Audit Date:	

Section 1: Policies / Procedures

This section of the audit is focused on whether your agency has written policies/procedures as required by the OneCare Kansas Program Manual and/or your contract with the MCOs.

Scoring Protocol - Audit items in this section are scored using the following protocol.

Fully Met	Documented policy/procedure is present and includes required elements.
Partially Met	Documented policy/procedure is present but is missing required elements.
Not Met	Documented policy/procedure required is not present.
N/A	Not Applicable

2	Whole-Person / Integrated Care	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure describing <i>how</i> your agency provides a holistic/integrated approach to care. Reference: Section 1.4 of the OCK Manual and the CMS Health Homes Page						

3	Electronic Health Record (EHR)	FM	PM	NM	N/A	Auditor Notes:
OKCP's 1 st audit or OCKPs with new EHR system only. <input type="checkbox"/> Evidence showing OCKP use of an EHR for documentation of OCK services (i.e., contract, screen shot of the EHR system with OCKP name/logo). <input type="checkbox"/> This item will be scored from a walkthrough of your EHR system to demonstrate that the EHR system is accessible to an Interdisciplinary team of providers and used in such a way that allows for Interdisciplinary team members to access up to date information.						

Reference: Sections 10 and 11 of the OCK Manual	
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4	Tracking Program Management and Evaluation	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure outlining how quality assurance metrics are consistently-tracked and used for program management and to monitor effectiveness of interventions on member improvement at your agency. Metrics for monitoring effectiveness of interventions on member improvement should be at the member level and must include PHQ-9 scores and Substance Use Disorder Screening results at a minimum. <ul style="list-style-type: none"> Examples of program management metrics include utilization of services, member contact, staffing ratios, percent appointments made and kept, satisfaction survey results, engagement in treatment programs, etc. Examples of additional member level metrics that can be used to monitor effectiveness include weight, A1c scores, HAP goals met, percent appointments kept, engagement in intervention programs, etc. <p>Reference: Sections 1, 2.4 and 12 of the OCK Manual</p>						

5	OneCare Kansas Partner Team Meeting (OCKPTM)	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure that includes a OneCare Kansas Partner Team Meeting (OCKPTM) that specifies: <ul style="list-style-type: none"> The OCKPTM must occur on a regular basis (quarterly at a minimum); The purpose of this meeting is to discuss OCK members and program related issues, processes, and topics (i.e., rounds, case reviews, team huddle, the HAP, etc.); and The OCKPTM will consist of OCK staff from multiple disciplines including, but not limited to, the nurse care coordinator (NCC) and the care coordinator (CC). <p>Reference: Section 1.8 and Appendix E of the OCK Manual</p>						

6	Filling New and Open Positions	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure for filling new and open positions. Reference: Section 2.3 of the OCK Manual						
7	Cover Duties of Open Positions	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure for how the OCKP covers duties of any open position, including any supervisory changes. Reference: Section 2.3 of the OCK Manual						
8	Performance Evaluations	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure for the completion of regular performance evaluations for each staff member. Reference: Section 2.3 of the OCK Manual						
9	Communicate Concerns with the MCO	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure that clarifies that the OCKP will communicate with the MCO as a first point of contact regarding program requirements and concerns. When and how communication occurs must also be included. Reference: Section 2.4 of the OCK Manual						
10	Updates to HAP Under Certain Circumstances	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure that specifically addresses updating HAPs under certain circumstances such as change in members health, hospitalizations, nursing home admissions, etc. Reference: Sections 5, Appendix B (Health Action Plan and Instructions) and Appendix E of the OCK Manual						

11	Member Satisfaction	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure that describes the process of using a survey tool to measure member satisfaction and the use of results for program evaluation and improvement. Reference: Section 12.4 of the OCK Manual						

12	Member Grievances	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Documented policy/procedure for addressing member grievances that includes a process for communicating grievance rights, a process for communicating the steps to file a grievance, and a method for tracking and following up on member or member representative complaints. Reference: Section 9 of the OCK Manual						

Section 2: Implementation of Policies, Procedures and Systems

This section of the audit is focused on whether your agency has evidence of implementation of policies/procedures and systems as required by the OneCare Kansas Program Manual and/or your contract with the MCOs.

Scoring Protocol - Unless otherwise specified, questions in this section are scored using the following protocol.

Fully Met	Evidence submitted shows full/consistent implementation.
Partially Met	Evidence submitted shows partial/inconsistent implementation.
Not Met	Evidence submitted does not show implementation.
N/A	Not Applicable

13	Staffing Plan	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> A current list of all contracted and/or employed staff participating in OneCare Kansas delivery, including names, title or role, credentials, as of the last day of the auditing window. <input type="checkbox"/> Job descriptions for each position.						

The scoring of this item includes having a staff person in each required position.

Reference: Section 1.7 and Appendix B (Partner Application) of the OCK Manual

14	Tracking Program Management and Evaluation	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Evidence of continuously tracking and using program management and evaluation metrics for the purpose of performance improvement, across the audit window. <ul style="list-style-type: none"> • Evidence can be in the form of spreadsheets, dashboards and/or reports, and include metrics such as utilization of services, member contact, staffing ratios, percent appointments made and kept, satisfaction survey results, engagement in treatment programs, etc. <p>Reference: Sections 1.4, 2.4 and Appendix C of the OCK Manual</p>						

14a	Tracking Effectiveness of Interventions with Members	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Evidence of continuously tracking and using metrics to monitor tracking effectiveness of interventions with members across the audit window. <ul style="list-style-type: none"> • Metrics for monitoring effectiveness of interventions on member improvement should be at the member level and must include PHQ-9 scores and Substance Use Disorder Screening results at a minimum. • Examples of additional member level metrics that can be used to monitor effectiveness include weight, A1c scores, HAP goals met, percent appointments kept, engagement in intervention programs, etc. <p>Reference: Sections 1.4, 2.4 and Appendix C of the OCK Manual</p>						

15	OneCare Kansas Partner Team Meeting (OCKPTM)	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Evidence of recurring OneCare Kansas Partner Team Meetings (OCKPTM): <ul style="list-style-type: none"> • That demonstrate the purpose of discussing OCK members and program related issues, processes, and topics (i.e., rounds, case reviews, team huddle, the HAP); • That demonstrates participation of OCK staff from multiple disciplines, including but not limited to the NCC and CC; and 						

<ul style="list-style-type: none"> Has occurred at least quarterly at a minimum. <p>Evidence must be in the form of meeting minutes or meeting agendas that include the date, time, topics and who attended with full names and official roles of all meeting attendees.</p> <p>Reference: Section 1.8 and Appendix E of the OCK Manual</p>	
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16	Required Training	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> A list of all contracted and/or employed staff participating in OneCare Kansas delivery as of the last day of the auditing window, including names, title or role, credentials, and position descriptions. <input type="checkbox"/> CE Certificate or Attestation of Training Completion Form for all current contracted or employed staff who provide or participate in the provision of OCK core services that was provided on the staffing list. State Specified Required Training - Preventing Adverse Childhood Experiences (ACEs) Introductory Training Module 1: ACEs Overview and Module 2: The Public Health Approach to Preventing ACEs located at https://vetoviolence.cdc.gov/apps/aces-training/#/#top. Reference: Appendix B (Partner Application) of the OCK Manual and the OCK Partner Training Requirements found on the KanCare website.						
Fully Met	Training documentation is present for all staff serving in the 3 required OCK positions (psych/physician – or ARPN/PA if on staff; NCC and SW/CC) and 100% of all contracted and employed staff who provide or participate in the provision of OCK core services.					
Partially Met	Training documentation is present for each of the 3 required OCK positions (psych/physician – or ARPN/PA if on staff; NCC and SW/CC) and at least 75% of contracted and employed staff who provide or participate in the provision of OCK core services.					
Not Met	Training documentation is not present for each of the 3 required OCK positions (psych/physician – or ARPN/PA if on staff; NCC and SW/CC) or less than 75% of all contracted and employed staff who provide or participate in the provision of OCK core services.					

17	Learning Collaborative	FM	PM	NM	N/A	Auditor Notes:
<p><i>WSU will submit evidence of at least one OCK staff person attending learning collaboratives. You do not need to submit any evidence for this audit item.</i></p> <p>Reference: Section. 13 of the OCK Manual</p>						
Fully Met	At least one OCK staff participated in 100% of Learning Collaborative offerings.					
Partially Met	At least one OCK staff participated in at least 75% of Learning Collaborative offerings.					
Not Met	At least one OCK staff participated in less than 75% of Learning Collaborative offerings.					
18	Identify Health Goals for the Community	FM	PM	NM	N/A	Auditor Notes:
<p><input type="checkbox"/> Documented evidence of collaborative efforts with other community providers to address needs in the community that include and/or impact OCK members.</p> <p><input type="checkbox"/> Evidence of established goals, action items and evidence of working on action items/goals that have been initiated or completed within the past 15 months, is still occurring or that the OCKP is currently working to develop and/or implement.</p> <p>Reference: Section 2.2 of the OCK Manual</p>						
Fully Met	Evidence of health goals for community identified through direct collaboration with other providers, established goals, action items and evidence of working on action items/goals and meets the time frame described above.					
Partially Met	Evidence of health goals for community are identified indirectly through OCKP experience working with other providers / committee's / task forces / meetings AND/OR only some of the following are present - established goals, action items and evidence of working on action items/goals but meets the time frame described above.					
Not Met	OCKP has no documentation of actionable community health goals being identified or does not meet the time frame described above.					
20	Member Satisfaction	FM	PM	NM	N/A	Auditor Notes:
<p>OCKP's 1st audit</p> <p>It is not required to implement a member satisfaction survey in the first year. This item will be scored N/A unless the OCKP has completed a survey and would like to submit the evidence described below.</p>						

<p>OCKP's 2nd and subsequent audits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of measuring member satisfaction at some point within the audit window as specified in the OCKPs policy/procedure. <input type="checkbox"/> Evidence of using results for program evaluation / improvement as specified in the OCKPs policy/procedure. Evidence should be some form of results summary that has been reviewed by OCKP staff such as a PowerPoint, report, meeting minutes that include graphs, summary of trends of areas of strengths / improvements, and/or plans to address results. <p>Reference: Section 12.4 of the OCK Manual</p>	
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20a	Member Grievances	FM	PM	NM	N/A	Auditor Notes:
<input type="checkbox"/> Evidence of a method for tracking and following up on member or member representative complaints that is in alignment with the OCKP documented procedure.						
Reference: Section 9 of the OCK Manual						

Staff Survey

The following three audit questions will be scored using answers from a survey sent to 3 OCK staff members. The survey asks if the OCK staff are aware of the documented process or plan, have been trained on it and if it is being implemented as written. These questions are scored using the following protocol.

Fully Met	A documented process or plan is present and all staff report being aware, having been trained on it and that it is being implemented as written.
Partially Met	Most staff report being aware of a documented process or plan, having been trained on it and that it is being implemented as written or there is not a documented process or plan, yet most staff can describe practices being implemented.
Not Met	Most staff have not been trained on a documented process or plan and/or have little to no knowledge of practices being implemented.

21	Cover Duties of Open Positions	FM	PM	NM	N/A	Auditor Notes:
<p>Staff will answer questions via an online survey regarding the documented policy/procedure for how the OCKP covers duties of any open position, including any supervisory changes.</p> <p>You DO NOT need to submit this policy / procedure for this item.</p> <p>Reference: Section 2.3 of the OCK Manual</p>						
22	Performance Evaluations	FM	PM	NM	N/A	Auditor Notes:
<p>Staff will answer questions via an online survey regarding the documented process for the completion of regular performance evaluations for each staff member.</p> <p>You DO NOT need to submit this policy / procedure for this item.</p> <p>Reference: Section 2.3 of the OCK Manual</p>						
23	Member Grievances	FM	PM	NM	N/A	Auditor Notes:
<p>Staff will answer questions via an online survey regarding the documented procedure for addressing member grievances and that includes a process for communicating grievance rights, a process for communicating the steps to file a grievance, and a method for tracking and following up on member or member representative complaints.</p> <p>You DO NOT need to submit this policy / procedure for this item.</p> <p>Reference: Section 9 of the OCK Manual</p>						

OneCare Kansas Partner 2024 Auditing Tool

Member Focused Audit Questions

OCKP:		Auditor:	Holly Morsbach Sweeney, Ph.D. – Averifi	Audit Date
Member:		MCO:		

Section III: Delivery of OneCare Services

This section of the audit focuses on whether the OCKP has clear documentation in the member’s medical records to demonstrate the provision OCK core services to meet the members needs using whole-person, integrated care. Each member selected for the sample will be audited on the following items.

24	Array of Core Services	FM	MO	MI	NM	N/A	Auditor Notes:
	<p>The full array of services is provided to the member as required to support the member’s needs and meeting their goals.</p> <p>Reference: Sections 1.7 and 11 of the OCK Manual</p>						
Fully Met	Documentation in the member’s medical records provides evidence that all or all but one core service relevant to meeting the member’s needs were provided as specified in the OCK Manual. The one core service scored Mostly Met has minimal missed opportunities.						
Mostly Met	Documentation in the member’s medical records provides evidence that core services relevant to meeting the member’s needs were provided as specified in the OCK Manual, but some with minimal missed opportunities.						
Minimally Met	Documentation in the member’s medical records provides evidence that core services relevant to meeting the member’s needs were provided as specified in the OCK Manual but with many missed opportunities and/or limited documentation.						
Not Met	Documentation in the member’s medical records provides evidence that few of the core services relevant to meeting the member’s needs were provided as specified in the OCK Manual.						

Core Services

Scoring Protocol – Each core service is scored using the following scoring protocol.

Fully Met	It is evident that the core service is relevant to address the member’s needs and there is documentation in the member’s medical records, from onset of member enrollment or identified need, of activities and/or encounters descriptive of the core service as specified in the OCK Manual.
Mostly Met	It is evident that the core service is relevant to address the member’s needs and there is documentation in the member’s medical records, from onset of member enrollment or identified need, of activities and/or encounters descriptive of the core service as specified in the OCK Manual, however, there are a few missed opportunities .
Minimally Met	It is evident that the core service is relevant to address the member’s needs but there are many missed opportunities, and/or limited documentation in the members record’s, from onset of member enrollment or identified need, of activities and/or encounters descriptive of the core service as specified in the OCK Manual and summarized below. Limited documentation includes gaps in service provision, minimal documentation of encounters or lack of attempts to contact the member.
Not Met	It is evident that the core service is relevant to address the member’s needs but there is no documentation in the member’s medical records, from onset of member enrollment or identified need, of activities and/or encounters descriptive of the core service as defined in the OCK Manual and summarized below or there is no documentation of encounters or attempts to contact the member that include reaching out to the MCO for assistance.
N/A	There is no evidence of the core service being relevant to address the member’s needs or there is documentation supporting the member being non-responsive AND the OCKP has reached out to the MCO for assistance.

25	Comprehensive Care Management	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Involves completion of assessments for development / revision of the HAP; notes in the patient record with date and time (including duration), discussion points with the member or other practitioners to develop the HAP and for the review of goals (at least quarterly), indication that the plan was shared with all other treating practitioners and others involved in providing or supporting care. Routine and periodic reassessment and revision of the HAP to reflect progress on goals, current needs, service effectiveness in improving or maintaining health status, and other circumstances.</p> <p>Reference: Sections 1.7 and 11 of the OCK Manual</p>							

26	Care Coordination	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Involves timely addressing of member needs, following up on care gaps, assisting in the attainment of the members goals; addressing SDOH/I through referrals, education and encouragement to engage in needed services and supports; supporting the members adherence to treatment recommendations through referring, scheduling, attending and following up with appointments; coordination and/or collaboration with others involved in care to monitor member conditions, health status , medications and side effects; implementation and management of the HAP.</p> <p>Reference: Sections 1.7 and 11 of the OCK Manual</p>							
27	Health Promotion	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Involves engaging and motivating members to successfully monitor and manage their health, supporting self-direction and skills development, assessment of members understanding of health condition/health literacy, engagement in decision-aids or other methods that assist the member to evaluate the risks and benefits of recommended treatment, the provision of health education, coaching and prevention education.</p> <p>Reference: Section 11 and Appendix A in the OCK Manual</p>							
28	Comprehensive Transitional Services	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Specialized care coordination designed to facilitate transition of treatment plans for members transitioning from inpatient care, LTSS and/or hospitals or ED and involves collaboration, communication and coordination with members, families/support persons/guardians, hospital ED, LTSS, physicians, nurses, social workers, discharge planners, and service providers. It is designed to ease transition by addressing the members understanding of rehab activities, LTSS, self-management, and medications. It includes development of a transition plan, making referrals, monitoring, and following up with the member to support scheduling appointments and reaching out if appointments are missed.</p> <p>Reference: Sections 1.7 and 11 of the OCK Manual</p>							

29	Individual and Family Support	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Involves identifying supports needed for members, family/support persons/guardians need to manage member’s conditions and assisting them to access these supports. It includes identifying barriers to member’s highest level of health and success, locating resources to eliminate these barriers, and advocating on behalf of members, family/support persons/ guardians, to ensure that they have supports necessary for improved health. Included in this service is assistance to complete paperwork, provision of information and assistance to access self-help and peer support services, and consideration of the family/support persons/guardians need for services such as respite care. Documentation of the assessment of psycho-social or community support needs including the identified gaps and recommended resources or resolutions to address the gaps. Date, time, practitioner, service recommendations and discussion with the member, family, or other support persons, and/or guardian should all be included.</p> <p>Reference: Sections 1.7 and 11 of the OCK Manual</p>							
30	Referral to Community and Support Services	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Determining the services needed for the member to achieve the most successful outcomes, identifying available resources in the community, assisting the member in advocating for access to care, assisting in the completion of paperwork, identifying natural supports if service providers are unavailable in the member's community, following through until the member has access to needed services and considering the family/support person/guardian preferences when possible. Documentation in the member record of the date, time and contact at a referral source and/or the date and time that a referral follow through or discussion was convened to address the gaps from the Individual and Family Support assessment process.</p> <p>Reference: Sections 1.7 and 11 of the OCK Manual</p>							

31	Clear Documentation	FM	MO	MI	NM	N/A	Auditor Notes:
<p><i>Using an Electronic Health Record System, documentation in the member’s medical records provides clear information including what, when, who and action plans resulting in a “snapshot” of the activity or encounter with the member or other staff/practitioner.</i></p> <p>Reference: Section 2, 5, 10, and 11 of the OCK Manual</p>							
Fully Met	Majority of the documentation in the member’s medical records provides clear documentation of service delivery including core service provided, what, when, who and action plans resulting in a “snapshot” of the activity, encounter or attempts to contact the member or other staff/practitioner and the appropriate person is providing the service. Documentation occurs at least monthly.						
Mostly Met	Most of the documentation in the member’s medical records provides clear documentation of service delivery including core service provided, what, when, who and action plans resulting in a “snapshot” of the activity, encounter or attempts to contact the member or other staff/practitioner and the appropriate person is providing the service, however there were a few missed opportunities / gaps in time of monthly documentation.						
Minimally Met	Most of the documentation in the member’s medical records provides clear documentation of service delivery including core service provided, what, when, who and action plans resulting in a “snapshot” of the activity, encounter or attempts to contact the member or other staff/practitioner and the appropriate person is providing the service, however there were many missed opportunities / gaps in time of monthly documentation OR occurred monthly / majority of months but was not clearly documented.						
Not Met	Minimal documentation in the member’s medical records provides clear documentation of service delivery including core service provided, what, when, who and action plans resulting in a “snapshot” of the activity, encounter or attempts to contact the member or other staff/practitioner and the appropriate person is providing the service.						
32	Collaboration and Coordination with Member Providers	FM	MO	MI	NM	N/A	Auditor Notes:
<p>Coordination and Collaboration with Member’s Providers:</p> <ul style="list-style-type: none"> • Should occur with and between both internal and external providers, including MCO case managers. • Includes the HAP being sent to the PCP and other providers involved in care, or input is gathered from them to update the HAP. • Includes those who work most regularly with the member (CC/CM, NCC) communicating, meeting, collaborating and/or consulting with each other and 							

	<p>members' other providers such as psychiatrist, physician, therapist, specialist, hospital, or treatment center personnel, especially following transitions of care.</p> <ul style="list-style-type: none"> • Includes CC/CM and/or NCC attending (or offering to attend) appointments with the member. • Includes care coordination with other providers to monitor the member's conditions, health status, and medications and side effects. <p>Reference: Section 2 of the OCK Manual</p>	
Fully Met	There is clear documentation in the member's medical records of collaboration and coordination (as described) to address the member's needs through the provision of core services.	
Mostly Met	There are few missed opportunities and/or limited documentation in the member's medical records of collaboration and coordination (as described) to address the member's needs through the provision of the core services. Limited documentation includes look at core service documentation of encounters or lack of attempts to contact the member.	
Minimally Met	There are many missed opportunities and/or limited documentation in the member's medical records of collaboration and coordination (as described) to address the member's needs through the provision of the core services. Limited documentation includes look at core service documentation of encounters or lack of attempts to contact the member.	
Not Met	There is little to no documentation in the member's medical records of collaboration and coordination (as described) to address the member's needs through the provision of the core services or there is no documentation of encounters or attempts to contact the member that includes reaching out to the MCO for assistance.	

Section 4: Health Action Plan

This section of the audit is focused on the development and quarterly updates to the HAP and the HAP Goals.

33	HAP Goals Updated	FM	PM	NM	N/A	Auditor Notes:
	<p>Auditors will review HAPs for evidence of updating both long-and short-term goals based on members progress at least quarterly. Updates must include narrative.</p> <p>Reference: Section 5 and Appendix B (Health Action Plan and Instructions) of the OCK Manual</p>					
Fully Met	Evidence that updates have been made for each goal on all HAP(s) submitted.					
Partially Met	Some, not all, goals have been updated on each HAP submitted.					
Not Met	No goals have been updated on the HAP(s) submitted.					

34	SMART Goals	FM	PM	NM	N/A	Auditor Notes:
<p>Auditors will review HAPs for each the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long-term and short-term goals written with S.M.A.R.T. goal elements. <input type="checkbox"/> Short term goals that support completion of long-term goals, where appropriate. <p>Reference: Sections 5 and Appendix B (Health Action Plan and Instructions) of the OCK Manual</p>						
Fully Met	Evidence is present for both required elements above.					
Partially Met	Some, not all goals are written with SMART goal elements and/or short-term goals are not present in support of long-term goals, where appropriate.					
Not Met	No goals are written with SMART goal elements.					
34a	Member Participation	FM	PM	NM	N/A	Auditor Notes:
<p>Auditors will review HAPs AND member’s medical records for evidence of member participation of goal(s) development and revision through member signature on the HAP AND corresponding discussion points of the encounter with the member.</p> <p>Discussion points from the encounter with the member must be more descriptive than, “discussed HAP goals with member”, or “reviewed HAP with member”.</p> <p>Reference: Sections 5 and Appendix B (Health Action Plan and Instructions) of the OCK Manual</p>						
Fully Met	Evidence of member participation of goal(s) development and revision is found through member signature on the HAP(s) AND corresponding discussion points in the member’s medical records of the encounter(s) with the member for each HAP review.					
Partially Met	Evidence of member participation of goal(s) development and revision is found through member signature on the HAP(s) AND corresponding discussion points in the member’s medical records of the encounter(s) with the member for some, not all , HAP reviews.					
Not Met	No evidence of discussion points of the encounter(s) with the member found in the member’s medical records to show member participation in goal development and/or revision.					

35	Quarterly HAP Updates	FM	PM	NM	N/A	Auditor Notes:
<p>Auditors will review HAPs submitted for quarterly updates. If, at the time of the audit, it is in between the timeframe of a HAP being due, the auditor will review member records for evidence that the OCKP is actively working with the member.</p> <p>Reference: Section 5 and Appendix B (HAP Instructions) of the OCK Manual</p>						
Fully Met	HAPs for member have been submitted quarterly after initial HAP, OR it is in between when a HAP is due and OCKP can present evidence they are actively working with the member.					
Partially Met	HAPs for member have been submitted quarterly after initial HAP but one or more HAP was delayed from expected 90-day window and can demonstrate through clear documentation, conditions that prevented HAP being completed on time quarterly such as in-patient treatment and attempts to reach member with MCO assistance.					
Not Met	HAPs for member have not been submitted quarterly after initial HAP and OCKP does not have clear documentation of conditions that prevented HAP being completed on time.					