



OneCare Kansas

a program of KanCare, Kansas Medicaid

OneCare Kansas Newsletter

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

2023 Learning Events Update

In December, WSU-CEI announced a new schedule for the OneCare Kansas learning events for 2023. The mandatory Learning Collaborative events for administrators and managers will take place in the first month of each quarter. The Community of Practice events for care coordinators and social workers will take place in the second month of the quarter. Each quarter, the MCOs will close with topics relevant to their work with OneCare Kansas Partners. This year, we hope to host two in-person learning collaborative events in the spring and fall. Keep an eye out for more information on specific dates and locations for these events.

Our first event of 2023 will be held on January 17th at 3:00 p.m. A full schedule of events was sent to the provider network in mid-December. If you did not receive a schedule of events in your inbox, please contact [Vanessa Lohf](#) for more information.

Contact Information

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OneCare Kansas Program Forms

The OneCare Kansas (OCK) program has several forms that are used for various purposes. For members and OCK partners (OCKPs), knowing which form to use is important as each form serves a specific purpose. To that end, the OCK state team would like to remind our provider network of the proper ways to utilize OCK program forms, including the Opt-In, Opt-Out, Refusal, Referral, and Discharge forms.

Opt-In and Opt-Out Forms

Members must meet both KanCare eligibility and OCK qualifying diagnosis criteria to be eligible for the OCK program. Eligible members identified by the Managed Care Organization (MCO) will receive an invitation letter and a OCK Opt-In Form. Members who complete, sign, and submit the Opt-In form will be enrolled in OCK. If no Opt-In form is returned, the member is not enrolled in OCK, but remains eligible.

Each year, members who have not yet chosen to enroll are reevaluated by the MCO and a new invitation letter is sent to the member if they are determined to still be eligible. Members are able to opt-out of the program at any time after the initial Opt-In Form is received by the MCO. To opt-out, a member must complete, sign, and submit a [OCK Opt-Out Form](#) to their MCO by fax, HIPAA Compliant/Secure email, mail, or to the OCKP directly. The member may also call their MCO to opt-out. Additionally, if a member does not opt-in, but later wants to, the provider can submit a [OCK Referral Form](#), or the member can contact the MCO directly. The MCO will then send another invitation letter to the member, even if a year has not passed since last invite was sent.

Refusal Form

An OCKP may not refuse a member assigned by an MCO, except for a few reasons which include:

- Member has been previously refused by the OCKP.
- Member has not participated in OCK for two consecutive quarters.
- Member lives outside of the OCKP's service area.
- Member is outside the age range set by the OCKP.
- The OCKP capacity has been reached to provide OCK services.
- Member poses a danger to self or to OCKP staff.
- The OCKP is a Tribal 638/Indian Health Facility and limits its services to Native Americans.

If any of these reasons apply, a [OCK Refusal Form](#) can be completed and sent to the MCO. If an OCKP is requesting refusal for other reasons, the refusal form must be approved by the State OCK Manager and MCO.

Discharge Form

Members may be discharged from the OCK program for certain reasons, which include experiencing a catastrophic illness or event that makes it unlikely that the member will continue to participate in or benefit from OCK, loss of KanCare eligibility, the member is deceased, or the member is incarcerated. To request a member's discharge from the program, the OCKP must complete and submit a [OCK Discharge Form](#) to the MCO.

The forms described above serve specific purposes. The OCK state team hopes that this information will assist providers and members with navigating these forms and using them as intended. For more information, please refer to the [OneCare Kansas Program Manual](#).



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If you have questions, or would like more information about OneCare Kansas, please contact us.

Our page on the KanCare website also contains information about our work to develop the project and documents are being updated regularly.

If you would like to receive this newsletter please send us an email.

Email:

OneCareKansas@ks.gov

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Vitamin D Deficiency and Depression

Vitamin D is essential as it improves immunity and bone health. Millions of Americans do not absorb enough vitamin D from sunlight. When exposed to sunlight, an individual's skin produces vitamin D from the skin's precursor of cholesterol (7-dehydrocholesterol). Individuals with fair skin and under the age of 70 can convert sunlight into vitamin D more efficiently than individuals with darker complexions and over the age of 70. There are numerous signs of vitamin D deficiency to look for, including:

- Bone Weakness
- Fatigue, sleep disturbances, and/or poor concentration
- Mood fluctuations
- Rickets

If a deficiency of vitamin D is potentially the cause of or is exacerbating an individual's depression, increasing vitamin D levels may help. Individuals should consult a doctor if they notice any of the following symptoms of depression:

- Difficulty thinking and/or concentration
- Lack of interest in socializing or participating in activities
- Decreased energy and/or loss of appetite
- Irritability or anger
- Decreased productivity

There are various vitamin D-recommended sources. Most individuals, especially pregnant and lactating women, should get 1,500 to 2,000 units of vitamin D per day. Infants should receive 400 to 1,000 units per day, while children and teenagers should have 600 to 1,000 units per day. Individuals with a body mass index greater than 30 require two to three times the amount of vitamin D. To increase vitamin D levels, individuals should consume more vitamin D-rich foods. Vitamin D-rich foods that are recommended include salmon, cod liver, egg yolk, orange juice, milk, and cereal. Mushrooms and other UV-exposed foods are also recommended as they do produce Vitamin D when exposed to sunlight.

In sum, there are various symptoms associated with vitamin D deficiency and depression. If a person is suffering from both, they should consult a physician. For more information, please review the [Vitamin D Deficiency and Depression article](#) from U.S. News & World Report.