

Welcome to OneCare Kansas!

We are excited to inform you that you are eligible for extra services and supports through a program within KanCare, known as *OneCare Kansas*. These extra services are free to you and will be provided by your current doctors with the help of others who manage your care. You can choose to join *OneCare Kansas*, and your other KanCare benefits will stay the same.

What is OneCare Kansas?

OneCare Kansas is a program for eligible KanCare members like you. It helps you improve and manage your health by giving you with extra services and support. In *OneCare Kansas*, you will have a Care Coordinator who will work with you and your doctors to:

- Pay special attention to your health care needs
- Help you and the important people in your life understand your medical conditions
- Make sure you get the medical services you need at the time you need them
- Attend doctor visits, which for some people may include rides to your visits and support while you're there
- Help you plan for going home from a hospital stay
- Make sure you get the social and community services you need, such as food and housing

Where can I get more information about OneCare Kansas?

You can get more information about the program by looking at the brochure included in this packet and by going on the *OneCare Kansas* website: www.kancare.ks.gov/consumers/onecare-ks-members.

How do I join OneCare Kansas?

_____ is working with _____ to give you *OneCare Kansas* services. If you would like to get these extra services, return this letter to _____ with the back page completed and signed. Please make sure you read all the information on this form before you sign and submit it.

Do I have to join OneCare Kansas?

No, it is your choice to join *OneCare Kansas*. You will only receive these extra services if you want them. You can choose not to join, and you will still get your KanCare benefits. If you do decide to join, you can choose one of our *OneCare Kansas* Partners to provide your services.

What happens to my targeted case management (TCM) services if I join OneCare Kansas?

If you join *OneCare Kansas*, you will no longer be able to receive TCM services.

How do OneCare Kansas Partners work together?

OneCare Kansas makes sure that hospitals and all your healthcare providers work together to give you the best care. If you join the program, your health information may be shared with hospitals and providers that care for you, but only if you approve. This could include past or future information from your health record.

What are my privacy rights?

Your health information is private. It cannot be given to other people unless they follow the law. Some special laws cover care for HIV/AIDS, mental health records, and drug and alcohol use. All healthcare or community service providers who can see your health information must obey all these laws. They cannot share your information unless you agree, or the law says they can give the information to other people. This is true even if your health information is on a computer system or on paper. This form does not change the laws and regulations the providers must follow.

Who do I contact if I have questions?

If you have any questions or want to hear more about *OneCare Kansas* Partners in your area you can speak to a Customer Service Representative by calling

OneCare Kansas Member Participation Form

If you would like to receive these extra services, please complete, and sign this page.

OneCare Partner Selection

Please make your preferred *OneCare Kansas* partner selection from one of the following options.

Option 1:

I would like to get these extra services from

Option 2:

If you would like to participate and choose a different *OneCare Kansas* partner, please call _____ at _____ to discuss your options and select another provider. Please provide the name of the *OneCare Kansas* partner you would like to get these services from.

I would like to get these extra services from _____

Member Acknowledgment

By signing this form, I am deciding to actively participate in *OneCare Kansas*. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost.

I have read and understand the information in this document and was given the chance to ask questions. I understand that my participation in *OneCare Kansas* excludes me from receiving targeted case management (TCM) services.

Participant's Printed Name: _____

Date of Birth: _____ **Phone Number:** _____

Participant Signature: _____ **Date Signed:** _____

Parent/Guardian/Legal Rep. Signature: _____ **Date Signed:** _____
(If applicable)