



OneCare Kansas Program

1. What is the OneCare Kansas Program?

OneCare Kansas (OCK) is a comprehensive and intensive method of care coordination. OCK integrates and coordinates all services and supports to treat the “whole-person” across the lifespan.

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. All the caregivers/providers involved in a OneCare Kansas member’s health communicate with one another so that a patient's needs are addressed in a comprehensive manner.

2. Program Eligibility:

To be eligible for the program you must be eligible for Medicaid AND have a diagnosis of schizophrenia, bipolar disorder, and/or major depressive disorder OR have asthma and be at risk for developing another chronic condition. There are specific conditions that qualify.

3. Is there a cost to receiving the OneCare Kansas services?

No. These services are provided at no extra cost to the member.

4. What are the OneCare Kansas services?

There are six core services for OneCare Kansas. Each of these may be different for OneCare Kansas participants based on their need.

- Comprehensive Care Management – planning to guide you and your doctors and other providers.
- Care Coordination – making sure members get the right services at the right time.

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- Health Promotion – learn about your conditions and how you can help yourself be healthier.
- Comprehensive Transitional Care – help when you are discharged from a hospital or care facility.
- Member and Family Support – help members meet their health goals with the help of family or other helpers and caregivers.
- Referral to Community Supports and Services – making sure you get the other services and supports you need to stay in your home.

5. What are the expectations of a Medicaid member receiving OneCare Kansas services?

OneCare Kansas is designed to help members reach their health care goals. OneCare Kansas helps members learn about their conditions and what they can do to help themselves get and stay healthy.

6. How do I apply for OneCare Kansas services?

You do not apply to be in OneCare Kansas. The Managed Care Organizations will look through their data and identify those members who are eligible. Then they will send you an invitation in the mail. However, if you think you should qualify, you can send in a referral form. That [form](#) can be found on the www.KanCare.ks.gov website.

7. What happens once I am approved for OneCare Kansas Services?

You will get an invitation letter from your Managed Care Organization (MCO) inviting you to the program if you are eligible. You then need to fill out that invitation letter and send it back to the MCO to be enrolled in the program. Your MCO would be Aetna, Sunflower, or UnitedHealthcare.

8. How do I maintain my OneCare Kansas coverage?

You have to continue to be eligible for KanCare. For example, if someone is institutionalized or incarcerated, they will no longer be eligible for OCK. You also need to be sure your renewal information is returned on time to maintain KanCare/Medicaid coverage.

9. Who do I contact when I have questions?

- **Managed Care Organization (MCO)** – For questions about specific benefits and services, contact your MCO Care Coordinator.
 - **Aetna:** (1-855-221-5656) (Relay:711)
 - **Sunflower:** (1-877-644-4623) (Relay: 1-888-282-6428)
 - **United Healthcare:** (1-877-542-9238) (Relay: 711)
- **KanCare Ombudsman’s office** – When other assistance is not working out, the KanCare Ombudsman’s office helps in resolving problems regarding services, coverage, access, and rights.
 - **Phone:** 1-855-643-8180
 - **Relay:** 711
 - **Email:** KanCare.Ombudsman@ks.gov

10. Frequently Asked Questions

- What does the planning process look like?
 - Comprehensive Care Management planning looks different based on each member’s needs and goals, as well as the provider’s methods.
- Who is in charge of the planning process?
 - A OneCare KS care manager will meet with you to help you set up a health action plan (HAP).

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- How soon does the planning process begin after I am accepted into the OneCare Kansas program?
 - After receiving an invitation letter from your MCO, you will contact your MCO health plan to schedule a planning meeting.
- Who is Eligible for the OneCare Kansas program?
 - A member's eligibility will be determined by their MCO (Aetna, Sunflower or UnitedHealthcare). A member must be eligible for and receiving KanCare services.
 - A member MUST OPT-IN (choose to accept services) in order to receive services. Notification of eligibility will be sent through the mail from a member's MCO.
 - If a member is on a spenddown plan, this can make OneCare Kansas services a little more complicated. If a member is in their spenddown period, technically, they are not considered eligible until they have met their spenddown. Any disruption of services is up to providers. You will need to discuss this with your MCO and providers.
- Does this replace my KanCare coverage?
 - No. OneCare Kansas services are in addition to your KanCare coverage.
- Will it cost extra to opt-in?
 - No. OneCare Kansas services will not add any additional costs to coverage.
- FOR PROVIDERS/KANCARE STAFF:
 - More information about Core Services can be found at the following links:
 - https://www.kancare.ks.gov/docs/default-source/providers/ock/informational-material-docs/onecare-kansas-services.pdf?sfvrsn=47864c1b_12
 - https://www.kancare.ks.gov/docs/default-source/providers/ock/ock-quick-facts-providers.pdf?sfvrsn=92fe4c1b_18

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