

Become a Member

SIGN-IN

KHS Event Registration & Online Training
KANSAS HEALTH SOLUTIONS

W S U TRAINING & TECHNOLOGY TEAM

PROVIDERS
Becoming a Provider
Provider Downloads
Online Training FY 12

MEMBERS
Orientation Schedule
Member Information
Online Orientation

TRAININGS
Online Training FY 12

MANAGE
Access YOTO

RESOURCES
Tip Sheets

SUPPORT
FAQs
Customer Support

KHS Website

Get Adobe Reader!

FY12 ONLINE TRAININGS
July 1, 2011 - June 30, 2012
Access Here →

WEBSITE REGISTRATION

→ **SIGN-IN** Registered User
→ **SIGN-UP** New User

PROVIDER ONLINE TRAININGS - FY 12
Complete the four KHS credentialed provider required trainings for Fiscal Year (FY) 2012.
[Check Annual Training Requirements Status](#)

- 1. KHS Provider Manual Orientation**
Review key information with easy access and convenience.
- 2. Corporate Compliance**
Provide you with important information with maintaining compliance within your agency.
- 3. Cultural Competence**
Providing you with information in an effort to increase cultural competency in the Mental Health field.
- 4. HIPAA Privacy and Security Rule**
Aimed at providing you with information regarding the rules and regulations of HIPAA.

OTHER ONLINE TRAINING
It is not required to complete the training(s) below annually.
[Crisis Intervention](#)

PROVIDER NOTICE
[KHS Training Requirements Important Announcement](#)

MEMBER ORIENTATION
Members can review the Member Handbook Orientation by clicking on View Online Orientation below. If your organization is interested in hosting a Member Handbook Orientation Training, please contact KHS training department at 1-866-547-0222.
[View Member Information](#)
[View Online Orientation](#)

MANAGE
Access YOTO, registrations and trainings for your staff.
[Access YOTO](#)
[Organization Sign-Up](#)

The activities and trainings offered are supported by a contracting partnership among Kansas Health Solutions, Wichita State University and SRS - Disability and Behavioral Health Services.

If you have any question, contact us at (316) 978-5398

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Choose your primary relationship with Kansas Health Solutions and click Continue.

What is your primary relationship with Kansas Health Solutions? *

PROVIDER

- Community Mental Health Center
- Group / Agency / Organization
- Independent Provider

NON - PROVIDER PERSONNEL

- Community Mental Health Center (Office)
- Group / Agency / Organization (Office)
- Independent Provider (Office)
- OTHER

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Complete all the necessary fields of the membership form and submit your application.

Congratulations!

You are now a user of the www.kansashealtholution.org website!
You will receive the following:

- A confirmation message that will inform you of your user ID and password. You'll need this information for future visits to the site.
- A confirmation email containing your User ID and Password.

You will now be able to access the information and trainings that KHS has to offer! Welcome! We're glad you're here.

If