

Participation Agreement



Member Name (Please Print): _____

The purpose of this document is to ensure a clear understanding of the shared responsibilities between you and your Healthy Foundations Care Team. Healthy Foundations is a completely voluntary program offered to select participants of the CityCore and CityNet Medical Plans. Your identity will not be shared with the City of Portland.

As a Healthy Foundations member, it is expected you will:

- Increase your capacity as a self-manager of your physical and emotional health to live better with your health conditions.
- Create a vision and plan in collaboration with your Care Team to move toward your optimal wellbeing.
- Arrive prepared to scheduled meetings, ready to discuss your progress, and set and update plans weekly with the Care Team.
- Notify your Care Team 24 hours in advance, if possible, via text, phone or email if you need to cancel a meeting.
 - Cancelled meetings must be rescheduled within 7 days.
 - Continuous no-call/no-shows or last-minute cancellations may result in dismissal from the program.
- Address medical issues appropriately.
 - You will be able to access your Care Team during and after business hours for non-emergent issues requiring guidance.
 - If you have a life-threatening emergency, you should call 911 immediately.
 - For non-emergent, but urgent matters, you should call your primary care provider.
- Any act of misconduct will result in immediate dismissal from Healthy Foundations.

As an active participant in Healthy Foundations, enhanced benefits for certain health care services will apply for you and your covered dependents. If you are meeting the expectations outlined in this participation agreement, you will be eligible for these enhanced benefits on the first of the month after starting the active stage. Coverage under the enhanced benefits plan will end on the last day of the month for which you are enrolled in the active stage of the Healthy Foundations program (6 months).

Enhanced Benefits Start Date: _____ Enhanced Benefits End Date: _____

If you or your Care Team feel the expectations in the participation agreement are not being met, both agree to have a conversation to resolve the issue and get back on track. At any time, the participant has the option to transition to supportive participation, in which standard CityCore or CityNet medical benefits will be reinstated and the enhanced benefits will end.

Your participation in the Healthy Foundations program is contingent on maintaining your CityCore or CityNet Medical Plan benefits.

Member Signature and Date

Healthy Foundations Care Team Signature and Date