Affiliate Handbook

Revised 10/2020

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# **AFFILIATES**

**Unless otherwise specified services are provided in all counties. \*Indicates limited capacity. Please check with the CDDO staff to see if the service is available.**

## Accessible Home Health, Inc.

MiKayley Overton RN, [sekansasnursemanager@gmail.com](mailto:sekansasnursemanager@gmail.com)

200 Arco Place, Ste 103, Slot 147, Independence, KS 67301

620-331-0811, web site [www.accessiblehh.com](http://www.accessiblehh.com)

**Services:** SPECIALIZED MEDICAL CARE

## Advocate Care Services, Inc.

Jacque Clifton, [acs@advocatecare.org](mailto:acs@advocatecare.org)

151 Whittier, Ste. 1500, Wichita KS 67207 or P.O. Box 91, Rose Hill, KS 67133

316-260-9910, web site [www.advocatecare.org](http://www.advocatecare.org)

**Services:** ENHANCED CARE SERVICES (self-directed), OVERNIGHT RESPITE (self-directed), PERSONAL CARE SERVICES (self-directed)

## Another Day, Inc.

Lorraine Dold, office@anotherday.info

11802 W. 77th St., Lenexa, KS 66214

913-599-2221, web site [www.anotherday.info](http://www.anotherday.info)

Services: ENHANCED CARE SERVICES (self-directed), OVERNIGHT RESPITE (self-directed), PERSONAL CARE SERVICES (self-directed)

## Care 4-U, Inc.

Glen Pearson, [glenp87@gmail.com](mailto:glenp87@gmail.com)

207 E Prairie Ave., Girard KS 66743

620-724-8005

**Services:** ENHANCED CARE SERVICES (agency directed) *(Allen, Bourbon & Neosho),* PERSONAL CARE SERVICES (agency directed) *(Allen, Bourbon & Neosho),* WELLNESS MONITORING *(Allen, Bourbon & Neosho)*

## Country Care Residential Services, Inc.

Joyce Maley, [countrycareres@rocketmail.com](mailto:countrycareres@rocketmail.com)

1036 2200 Street, Iola, KS 66749

620-228-8316

Services: DAY SUPPORTS\* *(Allen)*, RESIDENTIAL SUPPORTS\* *(Allen)*

## Craig Home Care

Autumn Gillett, [autumng@craighomecare.com](mailto:autumng@craighomecare.com)

201 N. Penn Ave., Suite 508, P.O. Box 1044, Independence, KS 67301

620-875-5713, web site [www.craighomecare.com](http://www.craighomecare.com)

**Services:** SPECIALIZED MEDICAL CARE

## Exclusive Living Resources, Inc.

Kirk Bain, [Captainkirk8567@yahoo.com](mailto:Captainkirk8567@yahoo.com)

431 US Hwy 54, Iola, KS 66749

620-363-1337

**Services:** DAY SUPPORTS\* *(Allen)*,RESIDENTIAL SUPPORTS\* *(Allen)*

## First Choice Children’s Homecare, LP (Thrive)

Christina Smith, [chsmith@thrivespc.com](mailto:chsmith@thrivespc.com)

118 W. Myrtle Street, Independence, KS 67301

620-325-4440, web site [www.thrivespc.com](http://www.thrivespc.com)

**Services:** SPECIALIZED MEDICAL CARE

## Goodlife Innovations, Inc.

Dale Derrell, dalederrell@mygoodlife.org

201 West St. Iola KS 66749

620-365-7119, web site <https://mygoodlife.org/>

**Services:** CASE MANAGEMENT\*, CHILDREN RESIDENTIAL *(Allen, Neosho),* DAY SUPPORTS\* *(Allen, Neosho),* RESIDENTIAL SUPPORTS\* *(Allen, Neosho),* SHARED LIVING *(Allen, Neosho),* SUPPORTIVE EMPLOYMENT (*Allen, Neosho),* WELLNESS MONITORING *(Allen, Neosho)*

## GT Independence

Cindy Desch, [CDesch@gtindependence.com](mailto:CDesch@gtindependence.com)

215 Broadus St., Sturgis, MI  49091

PH 715-208-0870, web site [www.gtindependence.com](http://www.gtindependence.com/)

**Services:** ENHANCED CARE SERVICES (self-directed), OVERNIGHT RESPITE (self-directed), PERSONAL CARE SERVICES(self-directed)

## Helpers, Inc.

Stacy Jones, [stacy.jones@helpersinc.org](mailto:stacy.jones@helpersinc.org)

15540 S. Pflumm Road, Olathe, KS 66062-8511

913-322-7212, web site [www.helpersinc.org](http://www.helpersinc.org)

Services: ENHANCED CARE SERVICES (self-directed), OVERNIGHT RESPITE (self-directed), PERSONAL CARE SERVICES(self-directed)

## Home Buddy, LLC

Jerri McCracken, [jerri.mccracken@connectamerica.com](mailto:jerri.mccracken@connectamerica.com)

3510 W. Central Ave. Suite #100, Wichita KS 67203

316-262-8339, web site [www.homebuddy.org](http://www.homebuddy.org)

**Services:** MEDICAL ALERT RENTAL

## Independent Living Resource Center

Cindi Unruh, [cunruh@ilrcks.org](mailto:cunruh@ilrcks.org)

3033 W. 2nd Street N., Wichita, KS 67203

316-942-6300

**Services:** ENHANCED CARE SERVICES (self-directed), OVERNIGHT RESPITE(self-directed), PERSONAL CARE SERVICES (self-directed)

## Integrated Behavioral Technologies

Paige Boydston, BCBA, [pboydston@ibt-inc.org](mailto:pboydston@ibt-inc.org)

1106 N 155th St. Suite B, Basehor KS 66007

913-662-7071

**Services:** OVERNIGHT RESPITE\* (agency directed) (*Bourbon*, *Neosho*), PERSONAL CARE SERVICES\* (agency directed) (*Bourbon* , *Neosho*)

## KVC Behavioral Health Care, Inc.

Stefanie Werth, [swerth@kvc.org](mailto:swerth@kvc.org)

21350 W. 153rd Street, Olathe KS 66061

913-209-4754, web site [www.kvc.org](http://www.kvc.org)

Services: CHILDREN RESIDENTIAL

## Life Patterns

Jonathan Gerdel, [jon@lifepatternsks.org](mailto:jon@lifepatternsks.org)

3300 SW 29th, Ste. 100, Topeka, KS 66614

785-273-7189, web site [www.lifepatternsks.org](http://www.lifepatternsks.org)

Services: ENHANCED CARE SERVICES (self-directed), OVERNIGHT RESPITE (self-directed), PERSONAL CARE SERVICES (self-directed)

## McDonald Residential Service

Shirley K. McDonald, [bshirmcdonald64@yahoo.com](mailto:bshirmcdonald64@yahoo.com)

2231 US Hwy 54, Iola, KS 66749

620-228-0175

Services: RESIDENTIAL SUPPORTS\* *(Allen)*

## MedScope America Corporation

Jerry Smith, [jsmith@medscope.org](mailto:jsmith@medscope.org)

222 W. Lancaster Avenue, Paoli, PA 19301

800-645-2060

Services: MEDICAL ALERT RENTAL

## Mosaic in SEK

Kristi Morris, [Kristi.morris@mosaicinfo.org](mailto:Kristi.morris@mosaicinfo.org)

2807 N. Broadway, Pittsburg, KS 66762

620-231-5590 or 620-249-9034

<https://www.mosaicinfo.org/location/mosaic-southeast-kansas>

**Services:** CASE MANAGEMENT\* *(Bourbon & Neosho)*

## OH YEAH, Inc.

Marvin Chrisman, [marchrisman@gmail.com](mailto:marchrisman@gmail.com)

905 E Madison, Yates Center, KS 66783

316-833-6656

**Services:** DAY SUPPORTS\* *(Woodson),* RESIDENTIAL SUPPORTS\*  *(Woodson)*

## Philips Lifeline

[Jeffrey](mailto:PLL_ContractAdministration@philips.com) Landis, [jeffrey.landis@philips.com](mailto:jeffrey.landis@philips.com)

111 Lawrence Street, Framingham, MA. 01702

937-203-9764

**Services:** MEDICAL ALERT RENTAL

## ResCare Kansas, Inc.

Jan Jacquinot, [jjacquinot@rescare.com](mailto:jjacquinot@rescare.com)

1772 E. 24000 Road, PO Box 776, Parsons, KS 67357

620-421-2454

**Services:** CASE MANAGEMENT *(Neosho),* DAY SUPPORTS\* (*Neosho),* RESIDENTIAL SUPPORTS\* *(Neosho)*

## Resource Center for Independent Living, Inc.

Deone Wilson, [deone@RCILInc.org](mailto:deone@RCILInc.org)

PO Box 257, Osage, KS 66523

785-528-3105, web site [www.rcil.com](http://www.rcil.com)

Services: ENHANCED CARE SERVICES (self-directed),

OVERNIGHT RESPITE (self-directed), PERSONALCARE SERVICES (self-directed)

Serenity Case Management, LLC.

Elizabeth Barkley, [ebarkley.serenity@gmail.com](mailto:ebarkley.serenity@gmail.com)

116 A S. Main Street, Ottawa, KS 66067

785-248-0377

Services: CASE MANAGEMENT

## Southeast Kansas Independent Living Center, Inc.

Shari Coatney, [sharic@skilonline.com](mailto:sharic@skilonline.com)

1801 Main Street, P.O. Box 957, Parsons, KS 67357

620-421-5502, web site skilonline.com

Services: ASSISTIVE SERVICES, DAY SUPPORTS, PERSONAL CARE SERVICES (self-directed & agency directed), RESIDENTIAL SUPPORTS, ENHANCED CARE SERVICES (self-directed)

## Southeast Kansas Respite Services, Inc.

Breta Campus, [bcampus@ku.edu](mailto:bcampus@ku.edu) 2601 Gabriel, PO Box 936, Parsons, KS 673571-800-362-0390 ext. 1642, web site SEKRespiteServices.org

Services: OVERNIGHT RESPITE (agency directed), PERSONAL CARE SERVICES (agency directed)

## TFI Family Services, Inc.

Shay Collins, [scollins@tfifamily.org](mailto:scollins@tfifamily.org)

217 SE 4th, Topeka, KS 66603

785-271-6657

Services: CHILDREN RESIDENTIAL

## Tri-Valley Developmental Services, Inc.

Debi Cramer, debic@tvds.org

PO Box 518, Chanute, KS 66720

1-620-431-7401, ext. 208, web site www.tvds.org

Services: CASE MANAGEMENT, DAY SUPPORTS, RESIDENTIAL SUPPORTS, ENHANCED CARE SERVICES (agency directed), SUPPORTIVE EMPLOYMENT, PERSONAL CARE SERVICES\* (agency directed), WELLNESS MONITORING.

## Your Home Town Medical Equipment, Inc.

Glen Pearson Jr. [glenp87@gmail.com](mailto:glenp87@gmail.com)

207 E Prairie Ave, Girard KS 66743

620-724-8005

Services: ASSISTIVE SERIVICES

# **SELF-DIRECTION**

When you Self-Direct (Personal Care Services)you do not have to do it alone. You can always ask for help from your family or friends. The State of Kansas requires that you use a Financial Management Service (FMS) provider to assist you.

Self-Directed compared to Agency Directed Service

|  |  |  |
| --- | --- | --- |
|  | Self-Directed | Agency Directed |
| Who is the employer | **You** | Agency |
| Advertising for Employees | FMS Provider | Agency |
| Interviewing | **You** | Agency |
| Checking References | FMS Provider\* | Agency |
| Hire | **You** | Agency |
| Training | **You** | Agency |
| Providing coverage with employee does not come in | **You** will need to have a backup plan | Agency |
| Fire the employee | **You,** but your FMS agency will help you | Agency |
| Complete paperwork to get payment | FMS Provider | Agency |
| Pay employment taxes | FMS Provider | Agency |
| Pay the employee | FMS Provider | Agency |
| Have a Federal Employee Identification number (FEIN) | **You** or guardian, if one is appointed | Agency |

Employee MUST use the authorized Electronic Visit Verification (EVV) system to submit time. Failure to do this correctly may result in the FMS provider terminating services.

\*Staff may have to pay for the background check. Check with the FMS Provider.

# **Open Enrollment for KanCare**

You will receive your open enrollment packet 30 days before your one-year anniversary in KanCare. If you were added to someone's existing KanCare case, you will be up for open enrollment the same time as your family's case. After you receive your open enrollment packet, you will have until 60 days past your KanCare anniversary date to make changes to your KanCare health plan.

Open enrollment means you can change your plan if you want to be covered by a different plan, or you can keep your same health plan. If you are happy with your current health plan, you do not need to do anything at all. Again, if you do not want to change health plans, you will automatically be re-enrolled in your same plan. But if you want to change your health plan, you will need to let us know by following the instructions in the packet mailed to you on the anniversary date of when you joined KanCare.

# **Option Counseling**

**There is a waiting list for IDD services.**

The CDDO does not have the authority to authorize funding.

Access to waiver services is granted by the Kansas Department of Aging and Disability Services.

The types of services the person receives after being funded is determined by the Managed Care Organization with input from the person and his/hers support network.

The CDDO will advise the person of the service options available but does not have the authority to specify the type of services the person receives.

# **Value Added Services**

Each MCO offers extra services that may differ from the other MCOs. These services are called “Value-Added” services. For information go to [www.kancare.ks.gov](http://www.kancare.ks.gov) or contact the specific MCO.

# **How to Appeal a MCO’s Decision (KanCare)**

There are two ways to appeal a decision made by the MCO. You are notified of MCO’s decisions by a **Notice of Action (NOA)**. A NOA is a letter that explained the change the MCO is proposing to your service. You can do one or both types of appeals.

|  |  |
| --- | --- |
| Call the MCO Complaint line or write them a letter within 30 days of receiving a Notice of Action (NOA)  **Aetna Better Health of Kansas**  Grievance and Appeal Department 9401 Indian Creek Parkway, Suite 1300 Overland Park, KS 66210  1‑855-221-5656  Fax: 1-833-857-7050  **Sunflower Health Plan**  Quality Dept.  8325 Lenexa Drive, Suite 200  Lenexa, KS 66214  877-644-4623  **United Health Care**  Grievance and Appeals  PO Box 31364  Salt Lake City, UT 84131  877-542-9238 | The Notice of Action should also contain form called “Request for Administrative Hearing”.  Complete the form and mail within 30 days to:  KS Office of Administrative Hearings  1020 S. Kansas Ave  Topeka, KS 66620  For more information you can call them at: 785-296-2433. |

For more information go to: <http://www.kabc.org/wp-content/uploads/2015/07/KanCare-grievance_appeals-final-for-web.pdf>

# **KanCare Ombudsman**

The KanCare Ombudsman can help you understand your options. The ombudsman will help you navigate and access KanCare health services and support.

Contact:

Kerrie Bacon

Toll Free: 855-643-8189 or 785-296-6270

Email: [KanCare.Ombudsman@ks.gov](mailto:KanCare.Ombudsman@ks.gov)

# **Transition Guide**

|  |  |
| --- | --- |
| **Age 5-18** | |
| * + - * Explore Targeted Case Management provider options. | * + - * Request the CDDO place your child on the waiting list for I/DD Waiver if you would like attendant care services for your child in the family home. |
| **Age 14-21** | |
| * School Transition Services will be discussed at IEP meetings. Begin planning for adult living and employment options. | * Discuss adult service options with the CDDO and if not already receiving services request your child be place on the waiting list. |
| **Age 15-17** | |
| * Explore the need for Guardianship, Conservatorship, Durable Power of Attorney, or a Representative Payee once your child turns 18. | * Review other funding options while waiting for I/DD Waiver funding such as Vocational Rehabilitation and Working Healthy. |
| * If your child receives HCBS/IDD talk to CDDO and care coordinator about adult service options. | * Explore HCBS/IDD service options for adults, set up tours with community service providers. |
| * Explore estate planning issues. |  |
| **Age 18** | |
| * If receiving Supplemental Security Income (SSI), reapply for SSI as an adult. [www.ssa.gov](http://www.ssa.gov) | * If receiving KanCare (Medicaid) reapply as an adult. <https://cssp.kees.ks.gov/apspssp/> |
| **Before Exiting School** | |
| * Finalize adult service options | * Complete Vocational Rehabilitation Application. |
| * If currently receiving HCBS/IDD funding meet with targeted case manager, CDDO and care coordinator to finalize and changes in services. |  |

# **Non-IDD Waiver Funding/Service Options**

|  |  |  |
| --- | --- | --- |
| **Vocational Rehabilitation (VR) Services** is a separate funding source from the IDD waiver that helps Kansas citizens with disabilities find employment. The services provided are customized according to each person’s unique needs, skills, interests and abilities. You can apply for VR and remain on the I/DD Waiver waiting list. Services may include physical and mental restoration services such as artificial limbs, psychotherapy, and physical therapy, training, aids, and other adaptive devices, job placement services, student services, supported employment and referral to other services.  Website: http://www.dcf.ks.gov/services/rs/pages/employment-services.aspx | | |
|  | **Allen, Neosho**  **and Woodson County**  **DCF Office** 1500 W. 7th  Chanute, KS 66720  Tel: 620-431-5000 x248 | **Bourbon County**  **DCF Office**  710 W. 8th, Suite 3  Fort Scott, KS 66701 Tel: 620-223-4010 x206 |
|  |  |  |
| **Working Healthy WORK Program** is another separate funding source that offers people with disabilities who are working or interested in working the opportunity to get or keep Medicaid coverage while on the job. Website: www.kdheks.gov/hcf/workinghealthy | | |
| **DCF Office**  (620) 431-2390 x231 | | |

# **DEFINITIONS**

This Handbook contains terms that may be helpful in understanding developmental disabilities definitions, for more information please visit the Kansas Department of Aging and Disability Services (KDADS) web site.

AFFILIATE – A service provider who has entered into an agreement with the CDDO in order that they may provide services within the CDDO’s area.

ASSISTIVE SERVICES - A service that provides supports or items that meet an individual’s assessed need by improving and/or promoting the person’s health, independence, productivity, or integration into the community. Examples include, but not limited to wheelchair modifications, ramps, lifts, modifications to bathrooms and kitchens (specifically related to accessibility) assistive technology (i.e. items that improve communication, mobility or assist with activities of daily living (ADLs) in the home and work place).

**BASIS (BASIC ASSESSMENT** **AND**SERVICES **INFORMATION SYSTEM) -** Assessment tool that the CDDO's use to determined funding eligibility for the IDD Waiver Services.

CASE MANAGER - The advocate/ally for persons with IDD. They help the person gain access to needed medical, social, educational and other services.

CHILDREN RESIDENTIAL - A service provided to an intellectually or developmentally disable children ages 5 to 21 who live in a surrogate home. Providers are licensed by child placing agencies which recruit, train care givers and monitor the caregivers’ homes.

CLIENT OBLIGATION (LIABILITY) - HCBS recipients with spend down obligations may be required to pay a portion of, or all of, the Medicaid obligation amount to the HCBS Medicaid enrolled service provider in order to continue to receive services and thus be eligible for medical assistance.

CMS – Centers for Medicare and Medicaid Services.

COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION (CDDO) - is the starting point or single point of entry at the time of application for services. Eligibility for IDD services is determined by a CDDO.

DAY SUPPORTS - are regularly occurring activities that provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration and maintains or increases adaptive capabilities, productivity, independence or integration and participation in the community.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCF) – July 1, 2012 the Department of Social and Rehabilitation Services became the Department for Children and Families. Disability and Behavioral Health Services division of SRS, as well as oversight of the five state hospitals moved to the newly named Department for Aging and Disability Services (KDADS).

DEVELOPMENTAL DISABILITY (DD) – A severe and chronic disability caused by either a mental or physical impairment that has manifested by the age of 22, and results in significant functional limitations in areas of major life function.

ELECTRONIC VISIT VERIFICATION (EVV)– Electronic visit verification is a telephone and computer-based system that electronically verifies service visits occur and documents the precise time service begins and ends.

ELIGIBILITY - Eligibility Criteria Consistent with K.S.A. 39-1803 (f) and (h), persons who are residents of Kansas and who are intellectually or otherwise developmentally disabled are those whose condition presents an extreme variation in capabilities from the general population which manifests itself in the developmental years resulting in a need for lifelong interdisciplinary services.

Eligibility Documents – Is usually a report from a doctor or psychologist that describes the person’s disability.

ENHANCE CARE SERVICES – Formerly called Night Support and Sleep Cycle Support – Its primary purpose is to give overnight assistance to recipients living with a person who meets the definition of family that cannot be left alone at night due to medical problems.

FINANCIAL MANAGEMENT SERVICES (FMS) – Anyone self-directing services must use a FMS provider to provide personnel, payroll, and training support.

GUARDIAN – A court appointed individual who acts on behalf of a person who is unable to do so themselves, or the parent of a child under 18.

HOME AND COMMUNITY BASED SERVICES (HCBS) – A Federal program that allows the state to furnish services to assist Medicaid beneficiaries to live in the community and avoid institutionalization.

INTELLECTUAL/DEVELOPMENTAL DISABILITY (IDD) – a substantial limitation in present functioning that is manifested from birth to 18 years and is characterized by significantly sub-average intellect.

KANCARE (Kansas Medicaid) - Kansas contracted with three new health plans, or managed care organizations (MCOs), to begin coordinating health care for nearly all Medicaid beneficiaries.

KANSAS DEPARTMENT OF AGING AND DISABILITY SERVICES (KDADS) - Formerly Department of Aging. KDADS is responsible to oversee wavier services.

MANAGED CARE ORGANIZATION (MCO) – Organizations that manage Kansas Medicaid.

MEDICAL ALERT RENTAL- The purpose of this service is to provide support to a consumer who has a medical need that could become critical at anytime. The medical alert device is a small instrument carried or worn by the consumer which, by the push of a button, automatically dials the telephone of a predetermined responder who will answer the call for help.

MONTHLY OBLIGATION - The spend down divided into monthly payments.

NOTICE OF ACTION – A letter received from the MCO that tells you of any proposed changes in your plan of care.

OVERNIGHT RESPITE - Services that are provided to individuals who live with someone meeting the definition of family, or are provided to children in the custody of DCF residing in a setting that does not meet the definition of family.

PARENTAL FEES - Parents of children share in the cost of providing services to their minor children if they have the financial means to do so, based on the parent’s income and according to a sliding Parent Fee schedule.

PERSON CENTERED SERVICE PLAN – Is required by CMS for all services; sometimes called funding request or plan of care. This is completed by the MCO Care Coordinator.

PERSONAL CARE SERVICES (PCS) - Adults and Children Supports available to individuals who live in the family home. This service provides necessary supports for individuals to meet their daily living needs and/or to insure continuation to stay in the family home (previously SHC) or services that individuals choose to self-direct. This service provides necessary one-to-one assistance for individuals both in their home and community.

RESIDENTIAL SUPPORTS - These supports are provided to waiver recipients who live in a residential setting and do not live in the family home. This service provides assistance, acquisition, retention and/or improvement in skills related to activities of daily living, such as, but not necessarily limited to, personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.

SELF-DIRECTED – The person who receives the service or their representative directs the service. They, with assistance from FMS provider, decides who they hire, the type of training the staff receives, and the hours worked.

SHARED LIVING – A type of residential services in which adults live in a family’s home that is licensed by KDADS. Also called Host Homes.

SPECIALIZED MEDICAL CARE - This service provides long-term nursing support for medically-fragile and technology-dependent beneficiaries. The required level of care must provide medical support for beneficiaries needing ongoing, daily care that would otherwise require the beneficiary to be in a hospital. The intensive medical needs of the beneficiary must be met to ensure that the person can live outside of a hospital or intermediate care facility for persons with intellectually disabled.

SPEND DOWN - The Medically Needy Plan offers coverage to people who have income over the limit for a regular medical program. The amount of excess income becomes the ‘spend down’. The spend down is the person’s or family’s share of the medical cost. A spend down is much like an insurance deductible. The spend down (deductible) must be met before medical bills are covered.

SUPPORTIVE EMPLOYMENT - Supported Employment is competitive work in an integrated setting with on-going support services for individuals who have IDD.

VALUE ADDED SERVICES - Each of the MCOs will offer some extra (value-added) services to consumers at no cost to the State. A list of all the value-added services offered by KanCare plans can be seen at: <http://www.kancare.ks.gov/health_plan_info.htm>

WELLNESS MONITORING - WELLNESS MONITORING is a process whereby a registered nurse evaluates the level of wellness of a consumer to determine if the consumer is properly using medical health services as recommended by a physician and if the health of the consumer is sufficient to maintain him/her in his/her place of residence without more frequent skilled nursing intervention. WELLNESS MONITORING includes checking and/or monitoring the following: 1. Orientation to surroundings 2. Skin characteristics 3. Edema 4. Personal hygiene 5. Blood Pressure 6. Respiration 7. Pulse 8. Adjustments to medication.

# **CDDO DISPUTE RESOLUTION POLICY**

The CDDO and all affiliated Community Service Providers (CSP) will provide persons being served, guardians, support networks or CSPs the means by which grievances arising from the provision of services may be resolved to the mutual satisfaction of those involved.

Procedure

I. CDDO Staff informs each applicant, at the time of application, of the right to appeal and the method to access the dispute resolution process. Annually, the CDDO and Case Managers will inform each person and guardian of their right to appeal and the method to access the dispute resolution process.

II. Parties to the dispute are encouraged to follow any grievance/dispute process of the provider.

III. If the dispute remains unresolved, one or both of the parties must present written notice to the CDDO within thirty (30) days of the issue for dispute resolution. The CDDO will investigate the complaint and provide a written response within 20 days. If the CDDO is involved in the dispute will be referred directly to the CDDO governing board.

IV. Either party may request intervention into the dispute by a mediator who has no decision-making authority and is impartial to the issues being discussed. Mediation must be completed within 40 calendar days following the original notice of dispute.

1. The cost of a professional mediator will be shared equally by the disputing parties. Persons receiving services will not be denied mediation solely because of inability to pay applicable mediation fees.
2. Any party to the dispute may decline to enter mediation if the party prefers to proceed directly to the next step or believes further efforts at mediation will not resolve the dispute.

V. Either party has the right to appeal to the following within 60 days of the initial dispute notice:

a. The governing board of the CDDO. The board shall have 20 calendar days from the date of receipt of written notice of appeal to conduct any appropriate proceedings and issue a written decision concerning the issues in dispute. If the board fails to issue a written decision by the end of this 20-day period, the appeal shall be deemed decided in favor of the appellant. Each decision of the boards shall be binding upon the parties unless either party further appeals to the Department of Aging and Disability Services; or

b. The state of Kansas’ Department of Aging and Disability Services (KDADS); unless the dispute involves the CDDO as a party, in which case the appeal shall first be made to the governing board as specified above. The appeal must be made within 10 calendar days of the appealing party’s receipt of the decision.

c. The decision of KDADS may be appealed to the Office of Administrative Hearings within the Kansas Department of Administration.

d. The dispute resolution policy is shared annually with all individuals receiving services and is available on the CDDO website, [www.prcddo.org](http://www.prcddo.org).

# **INDIVIDUAL RIGHTS AND RESPONSIBILITIES**

**Rights for Individuals with Intellectual/Developmental Disabilities (IDD)**

The Community Developmental Disability Organization (CDDO) is responsible for carrying out the duties as described in Kansas law and regulation (K.S.A. 39-1801 et seq. and K.A.R. 30-63-1 and 30-64-01 et seq. and for purposes of CDDO compliance with K.A.R. 30-64-22(e)(2).

As an individual who is receiving services from the State of Kansas IDD Waiver or has been placed on the IDD Waiver waitlist, my core rights in connection with the CDDO are as follows:

1. The right to have help getting the community services of my choice once I have been determined eligible for the HCBS IDD Waiver by KDADS based on my disability and finances.

2. The right to choose which targeted case management services I’d like to receive, from a provider affiliated with my CDDO.

3. The right to choose whether or not I’d like to have a targeted case manager if I am currently on the IDD waiver waitlist.

4. The right to receive services without discrimination as to the severity of my disability. If I currently pose a clear and present danger to myself or the community, the Secretary of KDADS may decide that I am inappropriate for community services.

5. The right to receive services for which I have been determined eligible from my choice of community service provider. Once I have been found eligible and funds are available, I should receive the service I have chosen, or it should be reported to the Secretary of KDADS that I am waiting for that service.

6. The right to continue to receive services for which I am eligible as long as state or federal funding support continues. I also have the right to transfer that level of state and federal financial support if I move from one service area to another within the state of Kansas.

7. The right to take advantage of the CDDO dispute resolution process, including internal and external appeal procedures to settle any disagreement with the CDDO, any affiliate, or any other component of the community service system.

8. The right to receive information regarding the CDDO local Quality Assurance Committee and Council of Community Members.

9. The right to receive information about self-advocacy groups.

10. The right to receive services provided in a way that is based on my Person-Centered Support Plan (PCSP) and listed in my Person-Centered Service Plan (PCSP). My services must offer me opportunities for choice and ensure that all of my rights are respected and protected, including those listed in K.A.R. 30-63-22.

As an individual who resides in an Intermediate Care Facility which services Individuals with Intellectual Disabilities (ICF/IID), my core rights in connection with the CDDO according to Kansas law and regulations (K.A.R. 30-64-22 and 30-64-29) include the following:

1. The right to have equal access to services if I am referred to the CDDO for possible services.

2. The right for myself or my guardian (if one has been appointed) to receive information at least once a year offered in a way that is easy to understand, including:

1. The types of community services available in my area and information about the providers of those services; and
2. My rights as described in the Developmental Disabilities Reform Act and implementing regulations. The commission will approve the content of this information.

3. The right for myself, my family, and my guardian (if one has been appointed) to receive information on services or supports that are currently available or could be made available within 90 days in or near my home county once eligibility has been achieved.

4. The right to have the CDDO offer to provide or arrange to provide these services and supports when it’s time to do so.

The above-mentioned rights have been approved by the commission May 8, 2018.

**30-63-22**

1. A provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights.
2. Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall include the following:
3. Being free from physical or psychological abuse or neglect, and from financial exploitation;
4. Having control over the person’s own financial resources;
5. Being able to receive, purchase, have, and use the person’s personal property;
6. Actively and meaningfully making decisions affecting the person’s life;
7. Having privacy;
8. Being able to associate and communicate publicly or privately with any person or group of people of the person’s choice;
9. Being able to practice the religion or faith of the person’s choice;
10. Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician’s orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person;
11. Not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person’s family, and then only for the purposes of the upkeep of the person’s own living space and of common living areas and grounds that the person shares with others;
12. Being treated with dignity and respect;
13. Receiving due process; and
14. Having access to the person’s own records, including information about how the person’s funding is accessed and utilized, and what services were billed for on the person’s behalf.
15. A provider shall train each agent regarding these rights. In addition, a provider shall offer training at least quarterly regarding these rights and effective ways to exercise them to each person served, to the guardian if one has been appointed, and to the person’s parent and other individuals from each person’s support network.

CDDO Notice of Privacy Policy

Privacy Officer: CDDO Director, Kathy Brennon, PO Box 965, Chanute, KS 66720,

620-431-7796, [kbrennon@prcddo.org](mailto:kbrennon@prcddo.org)

**Your Information. Your Rights. Our Responsibilities.**

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice will tell you how Tri-Valley Developmental Services, Inc. CDDO (TVDS) may use (internally or within TVDS) and disclose (externally or outside TVDS) your protected health information (PHI). PHI means any health information that identifies you or for which we think the information can be used to identify you.

**This notice will also tell you about your rights and our responsibilities to protect your health information. If you believe at any time that we have violated your privacy rights, you have the right to complain to us or to HHS. For further information, please reference TVDS Administrative Policy 26 (Open Records).**

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your health information**

* You can ask to see or get an electronic or paper copy of the health information we have about you with a few exceptions. Ask us how to do this.
* We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your health information**

* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

* You can ask us not to use or share certain health information for services, treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
* If you pay for a service item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

* You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
* We will include all the disclosures except for those about services, treatment, payment, and operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

* You can complain if you feel we have violated your rights by contacting the TVDS Privacy Officer at: by writing to CDDO Director, Kathy Brennon, 521 W. 35th CH Parkway, Chanute, KS 66720, by calling 620-431-7796 or by email at [kbrennon@prcddo.org](mailto:kbrennon@prcddo.org).
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
* We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in your care
* Share information in a disaster relief situation
* Include your information in a service directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy notes

In the case of fundraising:

* We may contact you for fundraising efforts, but you can tell us not to contact you again. For fundraising efforts, we may use your demographic information, but only with your express permission.

You have the right to tell us how we may contact you and how you wish to receive confidential communications.

**Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Provision of Services and Treatment**

We can use your health information and share it with other professionals to provide, coordinate or manage services, supports and other services you receive from TVDS and other providers.

*Example: Doctors, nurses, Case Managers, psychologists, case workers, direct support staff and other agency staff.*

**Run our organization**

We can use and share your health information to run our program, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

* For workers’ compensation claims
* For law enforcement purposes or with a law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Questions and Information**

If you have any questions or would like more information, please contact CDDO Director Kathy Brennon at 521 W. 35th CH Parkway, Chanute, KS 66720, by calling 620-431-7796 or by email at [kbrennon@prcddo.org](mailto:kbrennon@prcddo.org).