

2018

SCDDO Policies



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Community Developmental Disability Organization



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## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-01</b>
Policy Name	<b>Affiliation with SCDDO</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-01</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to outline the procedures for affiliation with Sedgwick County Developmental Disability Organization (SCDDO) consistent with K.A.R. 30-64-22.

### **POLICY:**

SCDDO promotes the development and delivery of high quality community services that are dependable and effective in meeting the needs and expectations of people receiving services and/or their families, legal guardians, and support networks. SCDDO may affiliate with any current or prospective community service provider (CSP) who meets the qualifications for and abides by the provisions of the SCDDO Developmental Disability Service Agreement (affiliation agreement).

### **PROCEDURES:**

1. Any individual or CSP who wishes to receive payment for services they provide to individuals with intellectual and/or developmental disabilities (IDD) who reside in Sedgwick County must make a request to SCDDO for an affiliation agreement.
2. Applicant must provide the information and documentation as outlined in the affiliation packet.
3. A letter or other documentation demonstrating good standing from the licensing entity must be provided if the applicant has been licensed to provide services similar to what they are seeking to provide under the affiliation agreement. This requirement may be waived if the applicant has not had a current license for over ten years.

4. If the service(s) offered by an applicant requires licensure by the Kansas Department for Aging and Disability Services Survey, Certification and Credentialing Commission (KDADS), the licensing process must be completed prior to or coordinated with the affiliation process with SCDDO.
5. Upon receipt of the completed affiliation packet and KDADS licensure (if applicable), the Intellectual and Developmental Disabilities Advisory Board (IDDAB) will have the opportunity to review and make recommendation to the Sedgwick County Board of Commissioners (BOCC) regarding affiliation at the next scheduled board meeting. At the discretion of SCDDO, affiliations may be presented directly to the BOCC in situations requiring expediency to avoid a service disruption,
6. The CSP may be asked to present its business plan to the IDDAB, and answer questions about the services/supports that will be provided. The IDDAB may recommend affiliation or request further information or revisions to the business plan.
7. If recommended for approval, an affiliation agreement will be drafted by the Sedgwick County Counselor's Office or designee. Once approved by the County Counselor's Office, SCDDO will mail or e-mail the agreement to the CSP for review and signature.
8. Once signed and returned by the CSP, the affiliation agreement will be placed on the agenda for approval by the Board of Sedgwick County Commissioners. If approved, the CSP will be mailed or e-mailed a copy of the agreement that has been signed by the County Commission Chair or designee.
9. Affiliation agreements are for a specific term as identified in the agreement and must be renewed at the end of the term for the CSP to continue as a provider.
10. Per Kansas Administrative Regulations (KAR) 30-64-22 (f) 1-3, SCDDO may refuse to enter into an affiliation agreement with any CSP that:
  - a. Refuses to accept a reimbursement rate for services to be provided which is at least equal to that established by the Secretary of KDADS and applied to SCDDO or as agreed to in the affiliation agreement with SCDDO;
  - b. Has established a pattern of failing or refusing to abide by the service area procedures established by SCDDO; or failing to comply with its affiliation agreement with SCDDO; or failing to comply with the previous affiliation agreement; or

- c. SCDDO has demonstrated to the satisfaction of the Secretary of KDADS that being required to enter into such an agreement would seriously jeopardize SCDDO's ability to fulfill its responsibilities either under these regulations or pursuant to its contract with the Secretary.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-02</b>
Policy Name	<b>Uniform Access</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-02</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to ensure that all individuals eligible for Intellectual and/or Developmental Disability (IDD) Program services and wanting community services have uniform access to those services, consistent with K.A.R. 30-64-25.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) shall follow a plan, developed in consultation with community service providers (CSP) that results in services being offered and provided in a way that does not discriminate against any individual eligible for IDD Program services because of the severity of her/his disability, health support needs, or other considerations beyond the control of the individual.

### **PROCEDURES:**

1. SCDDO shall enter into a Developmental Disability Affiliation Agreement with approved CSPs for the provision of IDD Program services as described in SCDDO's contract between the Secretary of the Kansas Department for Aging and Disability Services (KDADS) and a Community Developmental Disability Organization (CDDO) (annual contract).
2. Services provided by CSPs must be made available within resources without regard to the level of disability or other considerations beyond the control of the individual utilizing those services.
3. SCDDO will monitor and track community service capacity to ensure appropriate

availability of services including crisis services for individuals who are IDD eligible.

4. SCDDO, in cooperation with CSPs, may submit a request to the Secretary of KDADS to determine if an individual is safe to serve in the community. SCDDO and the CSP may refuse to serve the individual only after the Secretary has determined participation in community services is not appropriate because the individual is presently likely to cause harm to self or others.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>General</b>	Policy Number	<b>A-03</b>
Policy Name	<b>Dispute Resolution: Individual Disputes with Affiliated Providers</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-03</b>	SRS Approval Date	<b>7/2011</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

These procedures identify the means by which individuals eligible for Intellectual and/or Developmental Disability (IDD) Program services and/or their family, legal guardian, or support network may resolve disputes regarding the services they receive from a community service provider (CSP) consistent with K.A.R. 30-64-32.

**POLICY:**

Unresolved disputes with a CSP may be addressed through a review by Sedgwick County Developmental Disability Organization (SCDDO) and/or a mediator.

**PROCEDURES:**

1. At any time during the dispute resolution process, the individual may request and receive assistance from SCDDO to navigate the process.
2. Each CSP is required to have internal procedures which:
  - a. Afford the aggrieved party a means to voice concerns and have those concerns responded to by CSP staff or administration in a timely manner;
  - b. Assure there is no retaliation against individuals who complain or utilize dispute resolution procedures; and
  - c. Refer unresolved disputes to SCDDO for an external process of resolution.



3. When managing a dispute with a CSP, the aggrieved party must make reasonable attempts to resolve the issue using the CSP's dispute resolution processes.
4. If a reasonable attempt has been made to resolve the dispute using internal provider processes and the dispute remains unresolved, the CSP and/or the aggrieved party shall forward the dispute in writing to SCDDO within 30 days of a written decision from the provider.
5. SCDDO will investigate the dispute and assure the CSP has followed their established procedures for management of disputes, and that the aggrieved party made reasonable attempts to resolve the dispute using those procedures.
6. If the procedures of the CSP were not properly followed, SCDDO shall oversee the process and assure that dispute resolution methods are properly followed no longer than ten (10) business days after SCDDO receives written notification of the dispute.
7. If the individual with the dispute did not make reasonable attempts to resolve the dispute using internal CSP procedures, the individual will be required to do so prior to accessing any further means for resolution.
8. If the dispute was properly managed by the CSP, but unresolved and further intervention is requested, SCDDO will provide the following options to the individual requesting resolution:
  - a. The individual may request the dispute be referred to the SCDDO Dispute Resolution Committee per SCDDO Policy A-10.
  - b. The individual may request intervention into the dispute by a mediator who has no decision-making authority and is impartial to the issues being discussed. Mediation shall be completed within forty (40) calendar days following SCDDO receipt of written notice of dispute. When mediation is used to resolve disputes, the parties involved (CSP and aggrieved party) shall equally share the cost, however no individual shall be denied mediation due to inability to pay. Any agreement reached through mediation shall be considered binding.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-04</b>
Policy Name	<b>Dispute Resolution: Disputes with SCDDO</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-04</b>	SRS Approval Date	<b>7/2011</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

This policy outlines steps to be followed by community service providers (CSP) and individuals with intellectual and/or developmental disabilities (IDD) and/or their family, legal guardian, or support network in resolving disputes with Sedgwick County Developmental Disability Organization (SCDDO), which may include access to an independent mediator consistent with K.A.R. 30-64-32.

### **POLICY:**

Unresolved disputes between SCDDO and CSPs and/or other aggrieved parties may be resolved using the internal SCDDO dispute resolution procedures or request intervention from a mediator.

### **PROCEDURES:**

1. SCDDO provides information to CSPs, persons served and guardians of their right to pursue dispute with SCDDO through distribution of *Your Rights, Your Responsibilities* brochure annually via mailing and/or during Comprehensive Options Counseling as described in Policy A-05. Further, SCDDO policies are available on the organizations website and provided upon request by any aggrieved party.
2. When managing a dispute with SCDDO, other than in cases concerning eligibility determination (which follow the procedures outlined in SCDDO policy B-02), CSPs and other aggrieved parties shall present in writing the following information to SCDDO within 30 days of the decision being disputed:

- a. What action taken by SCDDO had a negative impact on the CSP or other aggrieved party;
  - b. What action the CSP or other aggrieved party would like SCDDO to take to correct or remedy the situation; and
  - c. Suggestions for how SCDDO could change its current practices to prevent similar situations from occurring in the future.
3. The dispute will be referred to SCDDO Dispute Resolution Committee per SCDDO Policy A-10.
4. The CSP or the individual may also choose to request intervention into the dispute by a mediator who has no decision-making authority and is impartial to the issues being discussed. Mediation shall be completed within forty (40) calendar days following SCDDO receipt of written notice of dispute. The parties involved shall equally share the cost of such mediation and no individual shall be denied mediation due to inability to pay. Any agreement reached through mediation shall be considered binding.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>General</b>	Policy Number	<b>A-05</b>
Policy Name	<b>Rights Notification</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-07</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to identify the procedures for notifying individuals of the types of community services and their rights consistent with K.A.R. 30-64-22.

**POLICY:**

Annually, as defined by Kansas Administrative Regulation (K.A.R.) 30-64-22 or as required by the Kansas Department for Aging and Disability Services (KDADS), Sedgwick County Developmental Disability Organization (SCDDO) shall inform individuals eligible for Intellectual and/or Developmental Disabilities (IDD) Program services and their legal guardian, if one has been appointed, of the types of service options available and their rights.

**PROCEDURE:**

1. Information will be distributed annually to individuals who are eligible for IDD Program services and their legal guardian, if one has been appointed.
2. The information will be available in alternative formats to accommodate special needs upon request. Individuals who require information in a language other than English will be accommodated based on their specific needs including written and/or verbal interpretation of the information.
3. The information packet shall include at least the following information:
  - a. An explanation of the individual’s rights pursuant to the Developmental Disabilities Reform Act and implementing regulations.

- b. The types of community services available in the individual's service area and information concerning the providers of those services.
  - c. Information regarding an individual's right to dispute decisions made by SCDDO will be included in all communication pertaining to such actions and will be consistent with SCDDO Policy A-04.
4. Additional information may be found at [www.sedgwickcounty.org/cddo](http://www.sedgwickcounty.org/cddo) or may be requested by phone at 316-660-7630.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>General</b>	Policy Number	<b>A-06</b>
Policy Name	<b>Use of Restraints</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-09</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to provide standards for use of restraints, ensure restraints are utilized safely, and any resulting trauma is mitigated.

**POLICY:**

Individuals served have the right to be free from unreasonable, unsafe, or unwarranted use of restraints for the purposes of discipline, punishment, or staff convenience. Restraints may only be used as a last resort, when other less restrictive interventions have proven insufficient, and only to protect the health and safety of the individual being restrained or others. Methods of restraint that have the potential to cause physical injury or death are prohibited. Physical restraints may only be used if the community service provider (CSP) has written policies, procedures and training requirements governing their use.

**DEFINITIONS:**

Mechanical Restraint means the use of any device or object to limit an individual's movement except a protective or stabilizing device ordered by an appropriately licensed professional or as required by law shall not be considered to be a mechanical restraint. For purposes of this policy, restraint devices utilized by law enforcement to carry out law enforcement duties will not be considered mechanical restraints.

Physical Restraint means the use of bodily force to substantially limit an individual's movement; consensual, solicited, or unintentional contact or contact to provide comfort, assistance, or instruction shall not be construed as a physical restraint. Inappropriate physical restraint may include, but are not limited to: tape, blankets, tie-downs, and body carrier.

Chemical Restraint means the administration of medication for the purpose of behavioral restraint.

Imminent Risk of Harm means an immediate and impending threat of causing substantial physical injury to self or others.

## **PROCEDURES:**

### 1. Restraint Usage:

- a. The use of restraints is strictly governed by Kansas Administrative Regulations (KAR) (30-63-22(8)). These guidelines should be reviewed and policies/procedures consistent with these regulations developed prior to the use of any restraint.
- b. Prior to use, restraints should be approved by a CSP Behavior Management Committee (BMC) consistent with KAR 30-63-23 unless an emergency situation presents where the individual would be in imminent risk of harm if not restrained.
  - i. Individuals experiencing multiple emergency situations requiring restraint to avoid imminent risk of harm should be referred to the support team for review and/or determination if a behavior support plan should be developed.
- c. Documentation must be maintained for every instance detailing the name of the individual restrained, name of the individual employing the restraints, the reason for intervention, the length of time the intervention lasted, and the outcome/result of the intervention.
- d. Any unplanned/unapproved use of restraints shall be reported per Kansas Department for Aging and Disability (KDADS) policy regarding Adverse Incident Reporting.
- e. Within 48 hours of any incident involving the use of restraints, the CSP shall coordinate a debriefing with the staff involved. This review shall explore alternatives to reduce unnecessary use of restraint techniques and consider ways to mitigate any trauma experienced by the individual, staff and others exposed to the incident.
- f. The BMC shall monitor all instances where restraints were used to ensure appropriateness and protection of individual rights.
- g. Chemical and mechanical restraint may only be used if appropriate

approval has been granted consistent with KAR 30-63-23.

2. Prohibited Restraints:

- a. The following methods of restraint are prohibited:
  - i. Face down or prone restraints of all kinds, even those which are part of a specific intervention program,
  - ii. Restraints which might restrict or limit the individual's ability to breathe, such as applying pressure around the neck or chest, and
  - iii. Any restraint which has the potential to cause harm to an individual based on their medical condition, physical size and strength or general health, etc.
- b. Restraints inconsistent with this policy should be reported to Sedgwick County Developmental Disability Organization (SCDDO) within one business day per SCDDO policy number G-06 and consistent with KDADS policy regarding Adverse Incident Reporting. SCDDO may request a corrective action plan for preventing further occurrences.



## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-07</b>
Policy Name	<b>Developmental Disabilities Community Council</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-01-10</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

This purpose of this policy is to outline the duties of the Developmental Disabilities Community Council as required by regulatory functions in Kansas Administrative Regulation (K.A.R.) 30-64-01 et seq. and the Developmental Disabilities Reform Act (DDRA) K.S.A. Chapter 39 Article 18.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) shall ensure that a Developmental Disabilities Community Council (referred to as Community Council) is established to collaborate and make recommendations to the governing board of SCDDO, the Sedgwick County Board of Commissioners, through its designee the Intellectual and Developmental Disability Advisory Board (IDDAB) or SCDDO staff, concerning any service issues.

### **PROCEDURES:**

1. The Community Council will be organized consistent with K.A.R. 30-64-31.
2. The Community Council shall develop bylaws and revise as necessary.
3. The Community Council shall work with SCDDO to oversee the functions of the SCDDO Quality Assurance Committee as required by the provisions of K.A.R. 30-64-27.

4. The Community Council shall work with SCDDO to oversee the development, implementation, and progress reporting as to local capacity building plans, in accordance with guidelines provided by KDADS.
5. The Community Council shall work with SCDDO to develop and implement dispute resolution procedures.
6. The Community Council shall approve training programs developed by SCDDO for any staff performing the functions of eligibility determination, initial application, and/or service access.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-09</b>
Policy Name	<b>Employment First</b>	Revision Date	<b>09/2017</b>
Former Number	<b>A-09</b>	SRS Approval Date	<b>01/25/2012</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

Sedgwick County Developmental Disability Organization (SCDDO) recognizes the importance of competitive, integrated employment for all individuals and will support the expectation that a primary focus on employment will be incorporated into the daily practices and ongoing personnel development at each community service provider (CSP) agency.

**POLICY:**

Competitive and integrated employment shall be considered the first option when serving individuals with intellectual and/or developmental disabilities (IDD) who are of working age. SCDDO and the CSP will ensure that all persons are aware of support options available.

Used in this policy are terms defined in the Kansas Employment First Initiative Act:

Competitive Employment means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

Integrated Setting means with respect to an employment outcome, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to

those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

## **PROCEDURES:**

1. As part of the SCDDO intake process, all individuals and families are informed of the Kansas Employment First Initiative Act and engaged in a conversation about job history/interest and local employment support resources. Types of local employment support resources discussed may include Vocational Rehabilitation Services (VR), supported employment, benefits planning, or related work supports.
2. The person centered support plan (PCSP) will incorporate a competitive, integrated employment focus when the plan is first created and each time it is reviewed.
  - a. Information about competitive, integrated employment options will be provided to all consumers without regard to the significance of their disabilities at the time of the PCSP and all subsequent reviews.
  - b. Consumers will be asked what services they need to be more independent and what supports they need at home and on the job to be employed in a competitive setting.
  - c. The PCSP will outline the action steps the team will take to overcome barriers to employment, if they exist.
  - d. If any option other than community employment is pursued the PCSP should include documentation regarding informed choice and community experiences to explain the rationale.
3. SCDDO and/or CSPs will assist individuals interested in competitive, integrated employment in accessing benefits planning services.
4. Training for all supported employment and targeted case management staff will include information on the Kansas Employment First Initiative Act available through the designated SCDDO training system.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-10</b>
Policy Name	<b>Dispute Resolution Committee</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New</b>	SRS Approval Date	
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

This policy outlines the membership and procedures for the Sedgwick County Developmental Disability Organization (SCDDO) Dispute Resolution Committee consistent with K.A.R. 30-64-32.

### **POLICY:**

The SCDDO Dispute Resolution Committee shall be established to preside over the formal dispute resolution processes for disputes between community service providers (CSP) and individuals with an intellectual and/or developmental disability (IDD) their family, legal guardian, or support network as well as disputes involving SCDDO.

### **PROCEDURES:**

1. The SCDDO Dispute Resolution Committee shall be comprised of the SCDDO Director, the Assistant County Manager of the Department of Public Services, a member of the Intellectual and Developmental Disabilities Advisory Board Executive Committee, and a primary or secondary consumer appointed by the Developmental Disabilities Community Council. Any member of the Committee who is the subject of the dispute shall not participate in the resolution process.
  
2. Issues that cannot be resolved through CSP dispute resolution procedures and any unresolved dispute with SCDDO shall be presented in writing to SCDDO within 30 days of the decision or action being disputed per SCDDO policies A-3 and A-4.

3. Any member of the Committee who is the subject of a dispute shall not participate in the resolution process.
4. Upon receipt of the written dispute, the SCDDO Director or designee will identify relevant information needed to resolve the dispute. The SCDDO Director or designee will respond to the aggrieved party within ten (10) calendar days acknowledging receipt of the complaint. Information will be distributed to the Committee members and a meeting arranged to review the information. The aggrieved party may be invited to attend the meeting, either in person or via a conference call.
5. The SCDDO Director or designee shall render a written decision to include further appeal rights within twenty (20) calendar days following the initial written dispute.
6. The decision of the SCDDO Dispute Resolution Committee is final unless either party appeals to the Kansas Department for Aging and Disability Services (KDADS), contact information shall be provided upon request.
7. Written notice of intent to appeal the decision of the SCDDO Dispute Resolution Committee shall be delivered to KDADS within 10 calendar days of the appealing party's receipt of the decision. The decision of KDADS may be appealed to the Office of Administrative Hearings within the Kansas Department of Administration pursuant to Article 7.

Office of Administrative Hearings  
1020 S. Kansas Avenue  
Topeka, Kansas 66612-1311

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-11</b>
Policy Name	<b>Fraud, Waste, and Abuse</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New</b>	KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

This policy has been developed to reinforce Sedgwick County Developmental Disability Organization's (SCDDO) commitment to preventing and detecting fraud, waste, and abuse. SCDDO has zero tolerance for the commission or concealment of acts of fraud, waste, or abuse. Allegations of such acts will be investigated and pursued to their logical conclusion, including legal action where warranted. All employees and community service providers (CSP) are responsible for reporting suspected instances of fraud, waste, and abuse in accordance with this policy.

### **POLICY:**

This policy defines the terms fraud, waste, and abuse. The provisions of this policy apply to any instance of fraud, waste, or abuse involving not only employees of SCDDO, but also external organizations doing business with SCDDO and volunteers at SCDDO-sponsored events.

### **DEFINITIONS:**

Fraud is the intentional misrepresentation that an individual knows, or should know, to be false, or does not believe to be true, and makes, knowing the misrepresentation could result in some unauthorized benefit to himself or SCDDO for purposes of reimbursement.

Waste is the unintentional misuse of funds through gross negligence or reckless disregard that results in unnecessary cost or consumption of health care resources. This can include incorrect coding or billing.

Abuse is the reimbursement for health care services that are not medically necessary or that fail to meet accepted medical or business practices.

Examples of fraud, waste, and abuse include, but are not limited to:

1. Using resources in a manner contrary to established policies or permissions governing the use of those resources, or that otherwise constitutes fraud, waste or abuse.
2. Obtaining funds or compensation through dishonesty.
3. Manipulating computer files, programs, or data to hide fraud.
4. Falsification of costs or expenses.
5. Forgery or alteration of documents.
6. Destruction or removal of records in violation of County records retention policies or organizational policies.
7. Paying of excessive prices or fees to third parties with the aim of personal gain.

**PROCEDURES:**

These procedures define the management and employee responsibility to prevent, detect, and report fraud, waste, and abuse.

To provide employees, CSPs, and citizens with a confidential, secure means to report suspected fraud, waste, and abuse, SCDDO has established a confidential way for individuals to report information at [www.ourworkplace.com](http://www.ourworkplace.com) (employer ID: SCDDO615) or by calling 316-660-1115.

1. Employees, CSPs, and citizens will report upon discovery, suspected or identified, fraud, waste, or abuse using the following reporting options:
  - a. Phone Report: The phone-based reporting system, maintained by SCDDO, is a confidential access point for employees, CSPs, and citizens to share information. Phone reports can be made by calling 316-660-1115.
  - b. Electronic Report: The web-based reporting system is a confidential and anonymous access point for employees, CSPs, and citizens to share information. All information submitted is transmitted directly to a third-party firm which by contract cannot attempt to identify the sender or even



the Internet address from which the information was sent. The third-party firm will not provide any identifying information to SCDDO unless it is voluntarily provided by the reporting individual.

This system can be accessed by visiting [www.ourworkplace.com](http://www.ourworkplace.com) and entering the following employer identification code: SCDDO615

- c. Office of Inspector General: Concerned individuals may also directly report suspected fraud, waste and abuse to the State of Kansas Department of Health and Environment Office of Inspector General at (785) 296-1076, via email at [OIG@kdheks.gov](mailto:OIG@kdheks.gov) or via USPS at 900 SW Jackson Street, Suite 900-N Topeka, KS 66612.
2. SCDDO will:
- a. Report to the Community Services and Program Commissioner and Financial Information Services Commissioner, in writing upon discovery, suspected or identified, fraud, waste, or abuse related to funds as identified in the contract with the Kansas Department for Aging and Disability Services (KDADS).
  - b. Cooperate with external investigating bodies and recover funds/resources lost through fraud when possible.
  - c. Develop and maintain effective controls to prevent fraud, waste, and abuse.
  - d. Ensure that if fraud, waste, or abuse is suspected, an appropriate investigation takes place.
  - e. Review systems and procedures to prevent fraud, waste, or abuse.
3. The CSP will ensure that all employees receive training in fraud, waste, or abuse.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-12</b>
Policy Name	<b>Relias Learning</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New policy</b>	KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to define expectations for the use of Relias Learning.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) uses Relias Learning to deliver training to community service providers (CSP). The web-based learning management system is designed to enhance the quality of services delivered to individuals served and ensure timely communication regarding changes in organizational policies and practices. The CSP shall use a reasonably current operating system and web browser requirements as described in the SCDDO affiliation agreement.

### **PROCEDURES:**

1. All CSP's will assign a representative to work with the SCDDO Quality Assurance (QA) team to manage the Relias Learning on-line system.
2. Each CSP representative will monitor all enrolled employees designated to use Relias Learning and their training activities.
  - a. Agency administrators and other users as designated by a CSP will have access to Relias Learning and be expected to complete training as assigned.
  - b. Direct service professionals and/or their supervisors will have access to Relias Learning and be expected to complete training as assigned.
  - c. Targeted case managers (TCM) and their supervisors will have access to Relias Learning and be expected to complete training as assigned.

3. Training assignments will be monitored by each CSP to ensure completion of training courses by their staff.
  - a. Employees are given access to the on-line learning management system via a password secured log-in to Relias Learning.
  - b. All mandatory training is expected to be completed on or before the “required by” date.
4. Relias Learning provides a library of professional courses on a variety of developmental disability related topics. Employees may, with the consent of their supervisor, take online courses for continuing education credit, for professional development, or personal interest at no cost.
5. CSPs may be asked to work in collaboration with SCDDO to develop annual training plans to enhance the quality of services delivered to individuals served.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access</b>	Policy Number	<b>B-01</b>
Policy Name	<b>Training Procedures</b>	Revision Date	<b>09/2017</b>
Former Number	<b>B-02-01</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to ensure that employees of Sedgwick County Developmental Disability Organization (SCDDO) who determine eligibility and assist individuals in accessing services are adequately trained as outlined in K.A.R. 30-64-23.

### **POLICY:**

This policy will identify training procedures for SCDDO staff.

### **PROCEDURES:**

1. In addition to any training offered/developed by the Kansas Department for Aging and Disability Services (KDADS), SCDDO will provide training/resources utilizing local expertise and online tools that may include Relias Learning Online Training System.
2. The SCDDO staff training plan will be approved by the Sedgwick County Community Council prior to implementation.
3. The training plan will include topics regarding, but not limited to, the following:
  - a. Eligibility determination for the Intellectual Disability and/or Developmental Disability (IDD) Program services:
    - i. Potential referral contacts for individuals who are determined not eligible for IDD services.
    - ii. Social Security and/or Benefits Planning resources

- b. KDADS required functional assessment training.
- c. Options Counseling, with the primary goal of facilitating informed decision-making about long-term services and supports within the community. Information covered during an options counseling session may include:
  - i. Available funding resources.
  - ii. Information regarding the types of community services available in Sedgwick County and information regarding community service providers (CSP).
  - iii. Information regarding self-directed services.
  - iv. General information about KanCare and/or managed care organizations.
- d. Ethics

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access</b>	Policy Number	<b>B-02</b>
Policy Name	<b>Determination of Eligibility</b>	Revision Date	<b>09/2017</b>
Former Number	<b>B-02-03; B-02; B-03</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to explain the procedures Sedgwick County Developmental Disability Organization (SCDDO) uses to determine eligibility for individuals seeking services consistent with the Developmental Disability Reform Act K.S.A Chapter 39 Article 18 and K.A.R. 30-64-23.

### **POLICY:**

Eligibility determinations will be completed by SCDDO for individuals seeking access to Intellectual and/or Developmental Disability (IDD) Program services. Individuals determined eligible prior to the age of 7 or as defined below will be required to follow the re-determination procedures as described in this policy.

### **PROCEDURES:**

1. All individuals seeking IDD Program services must complete the application process and provide documentation of a qualifying diagnosis from a healthcare professional.
2. Applicants age 7 and older may be required to obtain a psychological evaluation. It is the responsibility of the applicant and/or guardian to obtain this evaluation and return it to SCDDO.
3. Once the full application has been received the file will be forwarded to the appropriate staff for determination based on the criteria and/or deficits required by Kansas Department of Aging and Disability Services (KDADS). Eligibility will be determined within 10 business days.

4. For individuals determined eligible for IDD Program services, SCDDO will mail a notification of eligibility and informational packet within six calendar days of eligibility determination.
5. Appointments for functional assessment and/or options counseling, leading to appropriate referrals, will be completed within 30 calendar days of eligibility determination.
6. For individuals determined not eligible for IDD Program services, SCDDO will mail a notification letter within six calendar days of eligibility determination and include appeal rights as well as information related to other community resources.
7. Eligibility Re-determinations:
  - a. All children (0-6 years of age) will have their eligibility verified following their 7<sup>th</sup> birthday.
  - b. If the individual is determined eligible during a crisis situation, hospitalization or other special circumstance SCDDO may establish a timeline for re-determination.
  - c. Any community service provider (CSP) or professional working with the individual may request a re-determination of eligibility by contacting SCDDO if it is believed that he/she no longer meets the IDD eligibility criteria.
  - d. SCDDO will send written notice to the individual/guardian and their targeted case management provider (TCM), if applicable, when a re-determination is needed. A re-determination of eligibility must be completed following the above listed procedures.
  - e. The TCM and/or SCDDO will assist the individual in obtaining and submitting documentation of an IDD diagnosis from a qualified healthcare professional within 60 calendar days of the initial notice of re-determination.
  - f. Individuals who are receiving IDD Program services and are not responding to the request for re-determination will be terminated as outlined in the SCDDO Termination Policy.
  - g. If the individual is determined eligible, IDD Program services and/or waiting list placements will continue uninterrupted.

- h. If the individual is determined not eligible for IDD Program services, the individual may appeal based on the SCDDO Eligibility Appeal Policy (B-07).



## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access</b>	Policy Number	<b>B-05</b>
Policy Name	<b>Options Counseling</b>	Revision Date	<b>09/2017</b>
Former Number	<b>B-02-06; B-05; B-04</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to ensure individuals/guardians will receive conflict free information about their service options.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) will provide options counseling either in person or over the phone, and comprehensive options counseling upon initial determination and annually to all eligible individuals and/or their guardian, to impartially assist eligible individuals/guardians to select the community service provider (CSP) of their choice, and inform them of their resource options in Sedgwick County. CSPs will direct individuals to SCDDO for options counseling. Options counseling must occur prior to referral or initiation of services.

### **PROCEDURES:**

1. SCDDO will perform options counseling for individuals requesting access to a new service provider. The following are examples of circumstances that would warrant options counseling:
  - a. Individuals who are newly determined eligible and seeking services from a targeted case management agency.
  - b. New access to services regardless of funding source.
  - c. Individuals with services wanting to change providers or add a new service.

- d. Discharge from public/private intermediate care facility for individuals with an intellectual disability (ICF/ID) or nursing facility.
    - e. Transfers from other CDDO areas.
- 2. Exceptions to options counseling include:
  - a. Services funded through the SCDDO Family Support Program.
  - b. Accessing additional units from the current provider.
- 3. SCDDO will initiate options counseling when requested by:
  - a. The individual/guardian
  - b. Members of the individual's support network
  - c. CSP
  - d. Care Coordinator
  - e. Kansas Department for Aging and Disability Services (KDADS)
- 4. SCDDO will provide information on community service options. The individual/guardian may choose to research their options by touring or meeting with prospective providers.
- 5. Once options counseling has been completed and the individual/guardian has informed SCDDO of their choice, the options counseling form will be sent to the individual/guardian for signature. When the options counseling form is signed and returned to SCDDO, written notification will be provided to the appropriate parties.
- 6. The CSP is responsible for obtaining appropriate authorization prior to delivering services.
- 7. Comprehensive options counseling will be delivered upon initial eligibility determination and annually during the functional assessment to individuals and/or their guardian.
  - a. Individuals/guardians will be offered the following documents:
    - i. Rights and Responsibilities
    - ii. HCBS Waivers and how to access them

- iii. Funding resources
- iv. Community resources
- v. Waiver services by age
- vi. MCO options
- vii. Affiliate directory
- viii. Other information as needed/requested

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Service Access</b>	Policy Number	<b>B-06</b>
Policy Name	<b>Funding and/or Service Reductions/ Terminations</b>	Revision Date	<b>09/2017</b>
Former Number	<b>CDDO 2-18</b>	SRS Approval Date	<b>7/2011</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to identify the procedures and circumstances in which an individual may have their funding and/or services reduced or terminated.

**POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) will ensure intellectual and/or developmental disability (IDD) eligible individuals and community service providers (CSP) are given adequate notice prior to funding and/or service reductions and terminations.

**PROCEDURES:**

Funding and/or services may be reduced or terminated voluntarily, involuntarily or upon death. Voluntary reductions or terminations can only be initiated by the individual/guardian. Involuntary reductions or terminations may be initiated by the Kansas Department for Aging and Disability Services (KDADS), SCDDO, CSP, or Managed Care Organization (MCO).

1. Voluntarily reductions or terminations to an individual’s funding and/or services may be initiated when they exercise his/her right to formally withdraw from services. The targeted case management provider (TCM) should have the individual/guardian sign the Funding for Services – Requests and Terminations form and submit to SCDDO. If the signature cannot be obtained, the provider should include an explanation of why the signature was not included.

2. Involuntary reductions or terminations to an individual's funding may be initiated for the following reasons:
  - a. Failure to maintain/renew Medicaid: An individual, receiving State Aid funded Day/Residential or HCBS IDD Program funded service(s), does not complete the Medicaid application/renewal. Notification should be submitted to SCDDO per funding committee guidelines.
  - b. Failure to use services: services have not been accessed for 15 consecutive days and/or utilization is at less than 75% of the allocation for three consecutive months. Notification should be submitted to SCDDO per funding committee guidelines.
  - c. Failure to Complete Functional Assessment: Individuals who have failed to complete the required functional assessment per KDADS policy.
  - d. Funding source has been withdrawn or eliminated.
  - e. Eligibility: Individuals who fail to complete an eligibility redetermination or are determined ineligible.
  - f. Alternative Placement: Individuals who are incarcerated, institutionalized, or placed in a nursing facility for a period of time that exceeds the limits of a "temporary stay." A "temporary stay" is defined by the month of entrance and the following two months. Notification should be submitted to SCDDO per funding committee guidelines.
  - g. Medicaid fraud, abuse, neglect or exploitation has been substantiated; continued access of funding will be directed by State authority.
3. Involuntary reductions or terminations to an individual's services may be initiated for the following reasons:
  - a. Inappropriate Community Placement: The Secretary of KDADS has determined participation in community services is not appropriate because the individual is presently likely to cause harm to self or others.
  - b. Failure to pay or meet monthly IDD Program services client obligation.
  - c. Failure to pay or meet financial agreements with chosen CSP.
  - d. Failure to maintain contact: Individuals who cannot be contacted despite reasonable attempts, such as failure to respond to a registered letter, made by the CSP or SCDDO.

4. TCM or CSP will submit the Funding for Services – Requests and Terminations form, unless otherwise noted, to SCDDO within five business days of being made aware of the circumstances listed above. Information submitted should include documentation of the CSP's efforts to work with the individual/guardian to resolve these situations.
5. SCDDO will notify the individual at least 15 business days prior to the reduction or termination of funding advising of the action and appeal rights in writing.
6. If a dispute is filed, no reduction or termination will occur until the dispute resolution and/or the State administrative hearing processes have been completed.

Office of Administrative Hearings

1020 S. Kansas Avenue

Topeka, Kansas 66612-1311

7. If SCDDO determines a reduction or termination should occur, the recommendation will be communicated in writing to KDADS and/or other affected parties. SCDDO will follow State policies and guidelines regarding reduction or termination of funding and services.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Service Access</b>	Policy Number	<b>B-07</b>
Policy Name	<b>Eligibility Appeals</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New</b>	SRS Approval Date	
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to define the process of appeal for determinations of eligibility made by Sedgwick County Developmental Disability Organization (SCDDO).

**POLICY:**

SCDDO shall ensure that requests for reconsideration of the eligibility determination are processed timely according to policy B-02. SCDDO will also ensure that requests for an independent third party review following a re-determination are submitted for reconsideration.

**PROCEDURES:**

1. An individual/guardian may choose to request a reconsideration of the eligibility determination within 30 days from the date of eligibility notification.
2. When possible, requests for reconsideration should include additional supporting documentation from a qualified healthcare professional showing a diagnosis of an intellectual and/or developmental disability as defined in the Developmental Disability Reform Act. Requests should be made in writing to the following address:

Sedgwick County Developmental Disability Organization  
 Attn: Service Access & Operations Director  
 615 N. Main  
 Wichita, KS 67203

3. If determined eligible after reconsideration, the individual/guardian will be mailed the eligibility decision and an informational packet within five business days. The functional assessment must be completed, when applicable, within 30 calendar days of eligibility notification.
4. If determined not eligible after reconsideration, the individual/guardian will be mailed written notification within five business days of their right to request an independent third party review of the determination. This request must be made in writing to SCDDO within 30 days of notification to the address listed above.
5. SCDDO will coordinate an independent third party re-determination with an individual who is appropriately trained in intellectual and/or developmental disability (IDD) eligibility determination and is not financially associated with SCDDO.
6. If the individual/guardian is not satisfied with the outcome of the third party determination, the individual has the right to an administrative appeal through the Kansas Office of Administrative Hearings.
7. Requests for administrative appeal must be submitted in writing within 30 days of the final determination notification to the following address:

Kansas Office of Administrative Hearings  
1020 S. Kansas Avenue  
Topeka, KS 66612



## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access</b>	Policy Number	<b>B-08</b>
Policy Name	<b>Functional Assessments</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New</b>	SRS Approval Date	
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to outline the functional assessment procedure for individuals determined eligible for Intellectual and/or Developmental Disability (IDD) Program services.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) will administer and submit all functional assessments as required by the Kansas Department for Aging and Disability Services (KDADS).

### **PROCEDURES:**

1. SCDDO is required by KDADS to use a standardized functional assessment instrument to determine the specific level of functioning for individuals in the IDD service system.
  - a. All applicants, ages 5 and older, determined eligible for IDD Program services will have a functional assessment scheduled and administered by SCDDO staff.
  - b. The initial functional assessment will be initiated and completed as required by KDADS.
  - c. Individuals will be assessed annually based on guidelines outlined by KDADS, which may include individuals receiving services funded by the Home and Community Based Services for IDD (HCBS-IDD) Program.

- d. Individuals who are offered HCBS-IDD Program funding will be required to complete a new functional assessment within a specified timeline outlined by KDADS.
- e. Failure to complete a required assessment will result in a loss of funding and/or closure from the IDD system. Individuals who lose eligibility for funding may contact SCDDO for assistance.
- f. The functional assessment will be entered into the Kansas Assessment Management Information System (KAMIS) for scoring as determined by KDADS.
- g. Upon completion of the assessment the individual/guardian will receive notification of eligibility for HCBS-IDD Program funding.
- h. Individuals/guardians who are not in agreement with the scoring in the assessment may request a review by contacting SCDDO. Revisions to the assessment are time limited and should be reported immediately.
- i. If the differences cannot be resolved at SCDDO and the functional assessment determines the individual is ineligible for HCBS-IDD Program funding or services, the individual may choose to appeal the decision through the State Office of Administrative Hearings. Requests for appeal must be submitted in writing and signed within 30 calendar days to the address below:

Office of Administrative Hearings  
1020 S. Kansas Avenue  
Topeka, Kansas 66612-1311

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access</b>	Policy Number	<b>B-09</b>
Policy Name	<b>Discharge from a Public/Private ICF/IID</b>	Revision Date	<b>09/2017</b>
Former Number	<b>F-06-02</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to identify Sedgwick County Developmental Disability Organization (SCDDO) and community service provider (CSP) responsibilities regarding individuals who are residing in a public/private Intermediate Care Facility for individuals with an intellectual disability (ICF/IID) and are seeking community services.

### **POLICY:**

SCDDO is the gatekeeping entity for this process and will ensure that the least restrictive and most appropriate service setting for the person is achieved.

### **PROCEDURES:**

1. Prior to discharge from a public/private ICF/IID the individual/guardian or their support network should contact SCDDO to assist with coordination and access to the intellectual and/or developmental disability (IDD) supports.
2. The individual/guardian must provide documentation of an intellectual disability and/or a severe, chronic developmental disability from a qualified healthcare professional. Additional supplemental information submitted may include the following:
  - a. Social work history
  - b. Behavior Support Plan including behavior data
  - c. Person Centered Support Plan

- d. Current medication information
  - e. SCDDO release of information
3. Upon eligibility determination, SCDDO will contact KDADS to obtain funding authorization. Once funding authorization has been obtained and a discharge date has been scheduled, within 90 days SCDDO will perform Options Counseling and refer to the chosen provider(s). Chosen provider(s) are responsible for ensuring authorization prior to delivering services.
  4. The TCM provider will make contact with the individual/guardian or their support network to discuss the discharge plan as well as contact the social worker at the ICF/IID within one month of receiving the referral.
  5. The TCM provider will submit a written update to SCDDO by the first of each month, following receipt of the referral, until the individual is placed in the community. If at any time SCDDO determines that a placement is not occurring in a timely manner, a written plan of action will be requested from the CSP.
  6. After the individual has been placed in the community, the TCM provider will submit an update to SCDDO at 30 and 90 days following placement. This update should identify how the individual's support needs have been met or if additional assistance is needed.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access</b>	Policy Number	<b>B-10</b>
Policy Name	<b>Admission to a Public/Private ICF-IID</b>	Revision Date	<b>09/2017</b>
Former Number	<b>F-06-03</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to outline the process for requesting placement at a public/private Intermediate Care Facility for individuals with an intellectual disability (ICF-IID) consistent with K.A.R. 30-64-29.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) is the gatekeeping entity for this process and will ensure that the least restrictive and most appropriate service setting for the individual is achieved.

### **PROCEDURES:**

1. In order to apply for ICF-IID services, the individual must be determined eligible for IDD Program services, have an active treatment need as defined by Centers for Medicare and Medicaid Services (CMS) State Operations Manual 2 CFR 483.440, meet age requirement and have a full scale IQ of 70 or below.
2. Before an application for ICF-IID services is made, SCDDO will ensure the individual/guardian is informed of the individual's rights pursuant to the Developmental Disabilities Reform Act (DDRA) and will receive options counseling.
3. Any individual, community service provider (CSP) or Community Developmental Disability Organization (CDDO) may originate the application for admission to an ICF-IID. The application must be submitted to SCDDO and approved by the individual's guardian, if applicable.

4. When the individual has a guardian and is requesting public ICF-IID placement, authority must be granted from the Kansas probate court. (KSA 59-3077, Authority of guardian to admit ward to treatment facility; petition; contents; notice; hearing; procedure).
5. When the individual does not receive targeted case management (TCM) services, SCDDO staff will complete the application for ICF-IID placement. For application to be considered the following applicable information will be collected:
  - a. Person Centered Support Plan
  - b. Individualized Justice Plan, if applicable
  - c. Current medication information (and previous six months)
  - d. Psychological examination
  - e. Medical examination
  - f. Behavior Support Plan, including:
    - i. Behavior data (previous six months)
    - ii. Incident reports (previous six months)
  - g. Written narrative with the following information:
    - i. Description of current services, utilization
    - ii. Description of the unmet need
    - iii. Description of what changes have led to this request
    - iv. Description of other services explored and associated outcomes, as well as resources in surrounding counties
    - v. Transition plan for the individual to return to community services
6. SCDDO and the individual, in partnership with their guardian, team and care coordinator will meet to complete the Kansas Department for Aging and Disability Services (KDADS) ICF-IID referral and prescreen. This meeting will assess the following:
  - a. Services in an ICF-IID setting would be the least restrictive, most appropriate service setting for the individual at this time, including the anticipated length of stay.

- b. That admission to an ICF-IID is essential to the individual's health and safety.
7. The SCDDO Director or designee will review the referral and prescreen application and documentation to determine if the appropriate ICF-IID placement criteria have been met; if approved, SCDDO will submit to Kansas Department of Aging and Disability Services (KDADS) within three business days of the decision.
  - a. If approved, SCDDO will complete gatekeeping summary with the individual, guardian, their team and the care coordinator.
  - b. If denied, the team may provide additional information for resubmission.
8. SCDDO will submit the gatekeeping summary to Kansas Department for Aging and Disability Services (KDADS) Community Services & Programs Commission for final approval. The TCM provider and/or the support team will be notified of the findings within three business days.
9. If admission to the ICF-IID is not approved by any of the above parties, SCDDO will provide appeal options and information and referral to community resources.
10. The TCM provider will continue to work with the individual/guardian to identify any additional community resource options.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Service Access</b>	Policy Number	<b>B-11</b>
Policy Name	<b>Continuity of Services</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New</b>	SRS Approval Date	
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to ensure that all individuals funded through the Home and Community Based Services for Intellectual and Developmental Disability (HCBS-IDD) Program Service funds have continuity of service(s) throughout the state of Kansas consistent with K.A.R. 30-64-28.

**POLICY:**

To ensure continuity of services for individuals waiting for or funded through HCBS-IDD Program funding, Sedgwick County Developmental Disability Organization (SCDDO) shall assist individuals requesting to move to or from SCDDO's service area in accessing authorized services.

**PROCEDURES:**

1. In the event a person wishes to move and access services outside of Sedgwick County Developmental Disabilities catchment area, SCDDO will facilitate the transfer of case file documents and the individuals' information in Kansas Department for Aging and Disabilities services data system to the new CDDO.
2. Services received through the HCBS-IDD Program funds shall continue as long as funding for such services is authorized by the Managed Care Organization and service capacity is available in the area in which the individual is moving.
3. To initiate the transfer of services the individual or guardian should contact their Targeted Case Manager (TCM) and request assistance. The TCM shall contact SCDDO and request a case transfer. If an individual does not have a TCM the individual or guardian should contact SCDDO to request the transfer.



4. If an individual wishes to move into Sedgwick County to access services, the individual or guardian should contact the CDDO in the area from which they have moved to request assistance in transferring their case to SCDDO.
  - a. SCDDO will, upon receipt of the case file transfer, contact the individual or guardian to complete an Intake and provide Comprehensive Option Counseling. SCDDO will refer to the chosen provider(s).

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Data Management/ Reimbursement</b>	Policy Number	<b>D-01</b>
Policy Name	<b>Payment Processing for Funding</b>	Revision Date	<b>09/2017</b>
Former Number	<b>E-05-01</b>	SRS Approval Date	<b>7/2011</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

Sedgwick County Community Developmental Disability Organization (SCDDO) will use established procedures to issue timely payment to community service providers (CSP) and vendors for authorized services and programs.

**POLICY:**

SCDDO will render payments promptly to a CSP or vendor that has delivered a service and submitted a timely and accurate invoice. To receive payment the CSP must follow the established procedures and Payment Guidelines.

**PROCEDURE:**

1. To receive payment all entities must become a Sedgwick County vendor by completing the required vendor application available upon request to SCDDO.
2. Payments must be made in compliance with the competitive purchasing procedures in Sedgwick County Purchasing Charter Resolution, and SCDDO Payment Guidelines located on [www.sedgwickcounty.org/cddo](http://www.sedgwickcounty.org/cddo)
3. SCDDO will request payment from the Sedgwick County Finance Department on behalf of the CSP and vendors upon receipt of valid request for payment; delays may be experienced when budgetary or contractual delays occur.

Exceptions to this policy or Payment Guidelines must be approved by the SCDDO Director.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Data Management/ Reimbursement</b>	Policy Number	<b>D-02</b>
Policy Name	<b>Management of IDD Service Funds</b>	Revision Date	<b>09/2017</b>
Former Number		SRS Approval Date	<b>01/25/2012</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to outline the role Sedgwick County Developmental Disability Organization (SCDDO) has in managing resources and assisting individuals, determined eligible for the Intellectual and/or Developmental Disability (IDD) Program, in applying for funding through State and local resources.

**POLICY:**

SCDDO will manage resources consistent with the contract between the Secretary of Kansas Department for Aging and Disability Services (KDADS) and a Community Developmental Disability Organization (CDDO) and established Sedgwick County Government policies and procedures.

**PROCEDURES:**

1. Home and Community Based Services for individuals with IDD (HCBS-IDD) Program
  - a. Eligibility and access to funding is determined by KDADS and SCDDO's responsibilities are directed by the KDADS and CDDO annual contract.
  - b. The Statewide Waiting List is managed by KDADS. Upon receiving a Notice of Action (NOA) that an individual has been approved for HCBS-IDD Program funding and services have been authorized, SCDDO will provide options counseling.

- c. Individuals may bypass the waiting list if they meet exception criteria as outlined by the KDADS and CDDO annual contract and the KDADS Crisis and Exception policy found on the KDADS website or available by contacting SCDDO. Individuals/ guardians requesting waiting list exception access should work with their Targeted Case Manager (TCM) to submit the required documentation to SCDDO Funding Committee for review. If an individual does not have a TCM, contact should be made with SCDDO for assistance.
- d. Individuals currently on the HCBS-IDD Program, in crisis, needing immediate access to additional service(s) or units of service, should contact their Managed Care Organization (MCO) Care Coordinator (CC).

## 2. State Aid (SA) Resources

- a. SA resources received through the KDADS and CDDO contract will be used for approved priority services as defined by the State Taxonomy and according to the State fiscal year.
- b. Individuals/guardians requesting SA resources should work with their TCM to submit the required documentation to SCDDO Funding Committee for review. If an individual does not have a TCM, contact should be made with SCDDO for assistance.
  - i. To access and maintain SA Day and Residential Resources:
    - 1. Individuals must be 18 years of age or older.
    - 2. Not currently receiving or eligible at time of application for HCBS-IDD Program services.
    - 3. Be eligible for and maintain Title XIX Medicaid. The SCDDO Funding Committee will monitor Medicaid coverage and exceptions may be made to support Employment First initiatives.
    - 4. If offered HCBS-IDD Program funds, individuals will not have the option to continue to access SA funding. An exception may be requested through SCDDO Funding Committee if the individual is not expected to maintain HCBS tier level eligibility in the following year.
    - 5. If funds are not available upon request, individuals not eligible for the HCBS Program services waiting list will be

added to the local waiting list and future allocations based on the application date.

6. Individuals choosing to self-direct will work with their TCM to submit a needs assessment to SCDDO for review and approval by the Funding Committee.
  7. Individuals must choose a provider within 14 calendar days of accepting funding and enter into services within 60 calendar days of choosing a provider.
  8. Recipients will have their level of need reviewed annually to ensure the individual's needs are adequately met.
- ii. Family Support, Incidental Consumer Supports, and One Time Funds:
1. SCDDO will review program criteria and procedures annually.
  2. Allocations are not ongoing and must be applied for annually. TCM providers and individuals/guardians, who do not have a TCM, will be notified when funding resources are available.
  3. Applications should be submitted in accordance with established guidelines. Guidelines are located at [www.sedgwickcounty.org/cddo](http://www.sedgwickcounty.org/cddo) or upon request.
  4. Individuals applying for funds must exhaust all other community resources including Medicaid and/or private insurance prior to submitting the request to SCDDO.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Data Management/ Reimbursement</b>	Policy Number	<b>D-04</b>
Policy Name	<b>Monitoring of IDD Services, Funding Access, and Utilization</b>	Revision Date	<b>09/2017</b>
Former Number		SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

To outline the process Sedgwick County Developmental Disability Organization (SCDDO) will use to monitor access and utilization of intellectual and/or developmental disability (IDD) services and funding.

### **POLICY:**

SCDDO will monitor timely access and utilization of funding to ensure usage of available resources and network capacity.

### **PROCEDURES:**

1. Initial Access
  - a. Upon receipt of funding allocation for Home and Community Based Services HCBS-IDD Program Funds and State Aid Day and Residential Funds the Targeted Case Manager (TCM) must submit updates to the SCDDO as directed by the funding committee until services have been initiated.
  - b. SCDDO will monitor timely access to all other State Aid resources.
2. Service Utilization
  - a. Community service providers (CSP) will notify the TCM or SCDDO, if the individual does not have a TCM, within five business days when any of the following has or will occur:

- i. Services have not been accessed for 15 consecutive days, for example:
      - 1. Staffing difficulties;
      - 2. Individual refuses services;
      - 3. Individual is hospitalized and/or recovering from an illness and funded services are not being used;
      - 4. The individual has left the State for any reason and funded services are not being used.
    - ii. Services are used at less than 75% of allocation for three consecutive months.
  - b. Upon receipt of notification from the CSP of under-utilization, the TCM or SCDDO, if the individual does not have a TCM, will submit an update to the SCDDO Funding Committee within five business days. Notification should include, at a minimum:
    - i. Service type and CSP;
    - ii. Date services were stopped or utilization was reduced;
    - iii. Utilization records for the previous three months;
    - iv. Reason the individual is not using services;
    - v. Barriers and solutions to accessing services.
- 3. Temporary stay/hold on services

The TCM will submit an update to the SCDDO Funding Committee within five business days if the individual is requesting a hold on services. This update will include reason for request and projected date the individual will resume accessing services.

#### 4. SCDDO Funding Committee oversight

Upon receipt of all notifications cited above the committee will review, determine if further action is needed and submit notification to Kansas Department for Aging and Disability Services (KDADS) and/or other affected parties when applicable.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Data Management/ Reimbursement</b>	Policy Number	<b>D-05</b>
Policy Name	<b>Sedgwick County Information Management</b>	Revision Date	<b>09/2017</b>
Former Number	<b>SCDDO 6-1, C-01</b>	SRS Approval Date	
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

To establish the procedures in which Sedgwick County Developmental Disability Organization (SCDDO) will report and analyze data to meet contractual requirements and manage the intellectual and/or developmental disability (IDD) service system.

### **POLICY:**

SCDDO will develop and maintain a data system to collect and report information for the purposes of meeting contractual requirements, quality oversight, system management and planning. SCDDO community service providers (CSP) must submit information timely and assist SCDDO in maintaining and monitoring data validity consistent with Kansas Department for Aging and Disability Services (KDADS) requirements.

### **PROCEDURES:**

1. All individuals determined eligible and waiting to receive services or currently receiving IDD services will be entered into the KDADS Kansas Assessment Management Information System (KAMIS).
2. SCDDO will collect and maintain demographic and service information for all individuals determined IDD eligible.
3. Upon initial determination of IDD eligibility all individuals ages five and up are required to have a functional assessment to determine eligibility for Home and Community Based Services (HCBS)-IDD Program services. The assessment will be entered into the KAMIS system for scoring. A Notice of Action will be sent to the individual/guardian.



4. Individuals will be reassessed annually per KDADS policy. Failure to complete a required assessment will result in a loss of funding and/or closure from the IDD system.
5. Individuals on the State waiting list for HCBS-IDD Program funding, that are offered funding, or seeking an exception, must have completed a functional assessment within last 365 days. If one has not been completed SCDDO will schedule the assessment. Failure to complete a required assessment will result in offer of funding being withdrawn, exception request denial and/or closure from the IDD system.
6. Individuals who chose to no longer wait for funding/services or terminate all services will be marked as inactive in KDADS KAMIS system and in SCDDO's data management system.
7. When an individual moves to another CDDO area, SCDDO will transfer the KAMIS data and IDD eligibility information to the receiving CDDO.
8. Individuals not receiving targeted case management (TCM) services and who do not receive an annual assessment will be contacted annually, at a minimum, to verify their information recorded is accurate.

### **TCM Responsibilities**

1. Upon receipt of an initial referral for TCM services, the TCM will receive demographic and service information, review for accuracy and submit any needed changes to SCDDO within 15 business days.
2. Thereafter, the TCM will be responsible for completing and submitting updated demographic and service data collection forms in the event of any change to SCDDO within five business days.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-01</b>
Policy Name	<b>Quality Assurance Committee</b>	Revision Date	<b>09/2017</b>
Former Number	<b>H-08-01</b>	SRS Approval Date	<b>7/2011</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

This policy outlines the membership and procedures for the Sedgwick County Developmental Disability Organization (SCDDO) Quality Assurance Committee (QAC) consistent with K.A.R. 30-64-27.

### **POLICY:**

Community service providers (CSP) delivering targeted case management (TCM) services shall develop an on-site monitoring team to work in collaboration with members of the QAC. The members will ensure that quality services are being provided to individuals served by any CSP as required by the provisions of K.A.R 30-64-27.

### **PROCEDURES:**

1. The QAC members will be comprised of the SCDDO QA Coordinator, TCM representatives, on-site monitoring teams, and Community Council members representing the following categories: individuals receiving services, their family members and/or guardians, and interested citizens.
2. Each CSP delivering TCM services will designate a representative from their organization to participate in the local quality review process. This individual shall be the individual who maintains oversight of the agency's quality assurance and/or TCM department.
3. The representative is responsible for the following:

- a. Establish and maintain an on-site monitoring team to complete on-site reviews. The team may include individuals receiving services, their family members and/or guardians, and interested citizens.
  - b. Provide training to the on-site review committee on the SCDDO QAC manual and review tools.
  - c. Collect, assess, and submit review packets to SCDDO designated QA staff by the due date assigned.
  - d. Provide copies of completed review tools to the reviewed CSPs.
4. SCDDO will assign a sample, quarterly, of individuals randomly selected for QAC review as defined in the QAC manual, available upon request.
5. The on-site review will consist of the following activities:
  - a. Review of the Person Centered Support Plan (PCSP), Behavior Support Plan (BSP), and Psychotropic Medication Plan (PMP) for quality.
  - b. Evaluate the delivery of each service as defined in the above mentioned documents.
  - c. Complete site visit with the individual and their paid staff which may include family at the location of service.
  - d. Complete the review tools specified in the QAC manual and include additional documentation of comments, questions, or concerns identified by the review team.
6. The representative or their designee and at least one other member, not paid by the agency, will be involved throughout the entire review process for the individual assigned to that team. In lieu of the representative or designee, the TCM may assist the non-paid team member during the site visit at the request of the family.
7. The representative will submit all QAC review tools and corresponding documentation to SCDDO designated QA staff by the due date assigned. Submitting late QAC reviews may result in a request for an agency continuous quality improvement plan.
8. SCDDO will evaluate each QAC review using a standardized tool and provide feedback to the CSP whose performance was reviewed during the quarter.

- a. If concerns are identified regarding an individual's services, the CSP will receive notification requesting improvement. The CSP is responsible for assuring improvements are made to address the deficiencies through the agency's internal quality assurance policy and procedures. The CSP is responsible for submitting within 30 days documentation of service modifications based on the review.
  - b. If systemic quality concerns are identified, the CSP will receive written notification identifying the deficient area. The CSP is responsible for submitting a continuous quality improvement plan. The written plan shall be submitted within 30 days for review and agreement by SCDDO.
9. Upon review, SCDDO may request additional information which will be due no later than 15 days or as specified by SCDDO staff.
10. SCDDO will meet quarterly with all designated representatives to review local trend data including, but not limited to the following:
  - a. Services that are paid for are delivered;
  - b. Services that are delivered are paid for in accordance with the terms of any agreement or contract in force;
  - c. Services are provided consistent with Article 63;
  - d. The CSP is affording the individual being served all of the individual's legally protected rights;
  - e. The CSP is reporting any suspicions of abuse, neglect or exploitation and taking corrective action when needed;
  - f. Services are provided consistent with the PCSP;
  - g. Services are provided in a manner that offers opportunities of choice to the individual being served.
11. The Community Council will review quarterly trend data, consider CSP recommendations and provide additional observations to ensure that any identified concerns are addressed through follow up by SCDDO QA staff.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-02</b>
Policy Name	<b>Compliance with Regulatory and Contractual Requirements</b>	Revision Date	<b>09/2017</b>
Former Number	<b>H-08-02, F-03</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to identify methods for reviewing community service provider (CSP) compliance with applicable regulatory and contractual requirements consistent with K.A.R 30-64-27.

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) will regularly review services provided by CSPs to assure they continue to meet applicable regulatory and contractual requirements.

### **PROCEDURES:**

1. Each licensed CSP must immediately notify SCDDO anytime their regulatory body issues written notice to the provider of a determination of noncompliance. The CSP shall submit all documentation to include: issuance of noncompliance, corrective action plans, approvals, and resolution of the finding.
2. The CSP must cooperate with SCDDO in assuring that action has been taken to correct the issues of noncompliance and that effective measures are implemented to ensure such noncompliance does not re-occur.
3. SCDDO Quality Assurance (QA) staff will monitor quality for all CSP's through site visits, documentation review, and stakeholder interviews.
4. Sources for QA monitoring activities may include but are not limited to:
  - a. Quality Assurance Committees (QAC) reports;

- b. Critical Incident Reports;
  - c. Adult/Child Protective Service findings;
  - d. Fraud, waste, or abuse reports;
  - e. Financial or billing records;
  - f. Customer satisfaction surveys;
  - g. Complaints or concerns brought to the attention of SCDDO.
5. The results of QA activities will be discussed with the CSP who is expected to take action when requested and develop internal systems for quality improvement.
  6. SCDDO will report QA activities as required by KDADS policy and contract.
  7. If the CSP demonstrates a pattern of failing to correct identified deficiencies, SCDDO will provide written notice to the provider describing the deficient areas, expectations for improvement, and a period of time during which corrections must be made.
  8. If the CSP fails to correct the identified deficiencies or if the CSP's noncompliance creates a dangerous situation to the health, safety, or welfare of any individual or individuals, SCDDO may take any or all of the following actions:
    - a. Place the CSP on probationary status for a specified amount of time during which it is expected the CSP will take immediate action to correct the deficiencies. During the probationary period the CSP may not accept new referrals.
    - b. Impose penalties in an amount not to exceed \$125.00 per day for each violation from the specified date forward until the CSP complies.
    - c. Suspend all or part of the payments provided for in the Developmental Disabilities Service Agreement (affiliation agreement).
    - d. Implement any action allowed by the current affiliation agreement.
    - e. Terminate the affiliation agreement.
  9. CSPs who have had their affiliation agreement terminated may not re-apply for affiliation until they provide evidence they are able to comply with all requirements. Such evidence may include restructuring of organization, revised policies, additional training or changes in personnel.

10. CSPs may appeal any of these actions using dispute resolution procedures identified in SCDDO Policy A-04.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-03</b>
Policy Name	<b>Person-Centered Support Planning</b>	Revision Date	<b>09/2017</b>
Former Number	<b>H-08-03</b>	SRS Approval Date	<b>7/2011</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to outline the procedures associated with coordination and implementation of the person-centered support plan (PCSP).

**POLICY:**

All individuals receiving intellectual and/or developmental disability (IDD) services and their support network must work together to prepare a single PCSP that will be kept current and updated at least annually.

**PROCEDURES:**

1. The targeted case manager (TCM), if applicable, is responsible for assuring the PCSP process occurs. The lead coordination role in preparation of the plan must be documented; this role can be conducted by the individual/ guardian, the community service provider (CSP) or a member of the individual's support network.
2. If an individual does not have a TCM service provider, the CSP providing the service will assure the PCSP process occurs.
3. The initial PCSP should be completed and delivered within 30 days of the referral for services. For individuals accessing new services, changing services, and/or CSP, an update to the PCSP should occur at a minimum within 30 days.
4. Reasonable notice regarding all planning, team, and coordination meetings shall be given so that all parties involved may participate fully in the planning process.



5. Each CSP is responsible for participating in PCSP development and providing to the designated lead coordinator any documents or information necessary to prepare, implement, review, and revise the PCSP.
6. The individual/guardian, a member of the individual's support network, or a CSP shall take the lead coordination role for management of medical issues and shall be designated in the plan.
7. The lead coordinator in preparing the plan must distribute copies of the approved PCSP to all CSPs and other designated parties.
8. Each CSP is responsible for implementation of the part of the plan that pertains to the services they provide upon agreement by the individual's support network.
9. Each CSP is responsible for regularly reviewing the plan and reporting any needed updates to the designated lead coordinator. Any member of the support network can request a meeting with the team to discuss needed changes.
10. Updates to the PCSP must be made any time a significant change occurs including, but not limited to; living arrangements, day activities, health and support needs.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-04</b>
Policy Name	<b>Complaints</b>	Revision Date	<b>09/2017</b>
Former Number	<b>H-08-06</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to establish a system for responding to issues, concerns, and complaints so that appropriate action to resolve the complaint is taken.

**POLICY:**

The Sedgwick County Developmental Disability Organization (SCDDO) will respond to issues regarding SCDDO, community service providers (CSP), and/or the local intellectual and/or developmental disability (IDD) service system. It is the goal of SCDDO to resolve all complaints in a timely, transparent, trustworthy and empowering manner.

**PROCEDURES:**

1. SCDDO staff person receiving the complaint will notify, by next business day, the appropriate staff member (if applicable). If the complaint is about:
  - a. A SCDDO staff person, then the staff person's supervisor will be notified.
  - b. A CSP, then a staff person in Quality Assurance (QA) will be notified.
  - c. Functions and responsibilities of SCDDO, then the appropriate management team member will be notified.
  - d. An area not addressed above the complaint will be forwarded to the SCDDO Director.

2. The SCDDO staff member responsible for processing the complaint will make contact with the complainant by next business day upon notification and will take steps to resolve the issue.
3. SCDDO will track and report all complaints which fall within the definition as articulated in the contract between the Secretary of Kansas Department for Aging and Disability Services and a Community Developmental Disability Organization.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-06</b>
Policy Name	<b>Reporting Critical Incidents</b>	Revision Date	<b>09/2017</b>
Former Number	<b>H-08-10, G-05</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to clarify responsibilities for reporting critical incidents to Sedgwick County Developmental Disability Organization (SCDDO) and outline procedures for reporting incidents of suspected abuse, neglect, or exploitation (ANE).

### **POLICY:**

A community service provider (CSP) must report, by the end of the next business day, any incident involving individuals served who require emergent medical treatment for physical or behavioral health, police involvement, prohibited restraints per SCDDO Policy A-06, ANE or death. A corresponding Critical Incident Report shall be submitted to SCDDO and reported per Kansas Department for Aging and Disability Services (KDADS) Adverse Incident Reporting policy.

### **DEFINITIONS:**

Emergent medical treatment is any occurrence of an individual being taken to the emergency room, an intermediate care facility, assessed by emergency medical personnel, or admitted to a medical or psychiatric hospital.

Police involvement is any occurrence of an individual having contact with the police, which includes the individual being a victim or perpetrator.

ANE is any incident reportable to Adult Protective Services (APS) and Child Protective Services (CPS).

### **PROCEDURES:**

1. Notification of the incident will be made by submitting the SCDDO Critical Incident Report. Reporter is encouraged to ensure all support team members are appropriately advised
2. The CSP will provide updates, using this form, when new information is received until the medical issue or police involvement is resolved.
3. In the event of death the report shall include where the individual was when the death occurred, the circumstances surrounding the death, and the apparent cause of death. If there was a Do Not Resuscitate (DNR) order for the individual, the narrative should include information regarding when the DNR was signed, by whom, and if it was utilized at the time of death.
4. The CSP shall provide follow-up information to SCDDO including:
  - a. A copy of the screening report;
  - b. A copy of APS/CPS finding stating the results of the investigation;
  - c. Updates on the status of the individual(s) involved in the incident;
  - d. When an incident is confirmed, a copy of the corrective action plan requested by KDADS Quality Management Specialist must be provided to SCDDO within 30 days of receiving the confirmation report and subsequent correspondence;
  - e. Additional information may be requested as needed.
5. SCDDO will share aggregate data of all critical incidents reporting with the affiliate network.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-08</b>
Policy Name	<b>Behavior Management Committee</b>	Revision Date	<b>09/2017</b>
Former Number	<b>New</b>	KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

The purpose of this policy is to ensure all individuals receiving intellectual and/or developmental disability (IDD) services are free from unnecessary or inappropriate use of medications and other restrictive interventions to manage interfering behavior or to treat diagnosed mental illness. This will be accomplished through the development and ongoing support of a Behavior Management Committee (BMC). Any plan submitted to BMC shall be developed by the individual/guardian and their support team.

### **POLICY:**

The targeted case management (TCM) and/or community service provider (CSP) will complete initial and ongoing assessment of the use of medications and other restrictive interventions to manage interfering behavior or a behavioral health disorder through a BMC as required by the provisions of K.A.R 30-63-23. The committee shall protect and preserve the dignity and rights of individuals who receive IDD services through the evaluation and management of safeguards, assessment, and periodic reviews.

### **DEFINITIONS:**

Restrictive Interventions are those which limit the rights of individuals served.

Psychotropic Medications are those which are prescribed for the purpose of treating diagnosed behavioral health conditions as defined in the Diagnostic and Statistical Manual of Mental Disorders or Diagnostic Manual-Intellectual Disability

Safeguards include assessment and modifications needed to ensure the use of positive behavior programming, environmental modifications and/or accommodations and informed consent has been obtained.

Management is when restrictive interventions are used to manage specific behaviors.

## **PROCEDURES:**

1. BMC membership shall be made up of a selected number of individuals receiving services, legal guardians, family members, interested citizens, and CSPs; at least 1/3 of whom shall not be associated with the provider.
2. Each committee shall have a designated chairperson who would be responsible for:
  - a. Organizing volunteers and scheduling meetings;
  - b. Training volunteers;
  - c. Preparing documents for meetings;
  - d. Facilitating the meeting;
  - e. Documenting and distributing committee decisions;
  - f. Following up on tasks and questions posed by the BMC.
3. The committee will review and approve any plan that restricts the rights of an individual.
4. The committee will review any plan that utilizes psychotropic or other medications to alter behavior and/or address symptoms of a behavioral health condition. The BMC does not have the ability to deny any physician's order.
5. The committee will review safeguards which have been taken to minimize, reduce or avoid the use of medications or other restrictive interventions to manage interfering behavior to include:
  - a. Documentation that positive behavior programming has been utilized which includes consultation with professionals and the individual's support network.
  - b. Least restrictive intervention and reasonable environmental modifications and/or accommodations have been identified and tried.
  - c. Medications are administered as prescribed.
  - d. Verification that the individual and their legal guardian have been informed of the risks, side effects, and benefits of any medication and/or restrictive

intervention used to manage behavior and that voluntary, informed consent has been obtained.

- e. "PRN" or "as needed" psychotropic medications will be used only when prescribed by a licensed health care professional with the express consent of the individual served or by his/her guardian. By whom and under what conditions the "PRN" medication is to be given must be clearly spelled out in the plan.
6. The committee will review documentation at least every 365 days to ensure on-going need of medications or other restrictive interventions to manage interfering behavior. The committee will:
    - a. Review behavior data including frequency of occurrence and severity of the specific behavior(s) to be treated by the medication or other restrictive intervention.
    - b. Verify when psychotropic medication is used to treat a diagnosed mental illness, the medication has been prescribed and is being managed by a psychiatrist. The prescription and management may be done by or under direction of a physician only when requested and agreed to by the individual/guardian.
    - c. Provide recommendations for re-evaluation or consideration of a second opinion regarding reduction of medications or restrictive intervention when appropriate.
    - d. Approval will be documented by the committee member signatures.
  7. Prior to initiation of medications and other restrictive interventions designed to address the documented need, the CSP will ensure that a BMC has reviewed and consented to the interventions; a copy of the BMC approval with the submitted plan shall be maintained in the individual's records.
  8. When identified, the chairperson will report findings of non-compliance of restrictions to the CSP and the Sedgwick County Developmental Disability Organization (SCDDO) Quality Assurance Department. In the event of neglect notification will be made as outlined in SCDDO policy G-06.
  9. The TCM and other CSP's are responsible for gathering information and submitting it to the BMC chairperson for review, as well as providing any additional information that may be requested. The TCM and CSP will follow the plan through the BMC process.



10. For individuals who do not have access to a TCM service provider, the current CSPs shall work together to establish or engage a BMC to develop, review, and approve any plan that restricts the rights of an individual and any plan that utilizes psychotropic or other medications to alter behavior.
11. When discontinuation of a plan is warranted, the CSP following the plan shall re-submit the plan to the TCM to engage the BMC with explanation of the discontinuation.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-09</b>
Policy Name	<b>Support to People Who Self-Direct</b>	Revision Date	<b>09/2017</b>
Former Number	<b>G-07-03, F-01</b>	SRS Approval Date	<b>08/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

**PURPOSE:**

The purpose of this policy is to identify the methods used for monitoring and oversight of self-directed services. Self-direction is a service model that allows an individual/guardian or designee to have decision making authority to manage, promote personal choice and control over the delivery of Home and Community Based Services Intellectual and Developmental Disability (HCBS IDD) Program services and State Aid services.

**POLICY:**

Individuals who self-direct services will cooperate with the targeted case management (TCM) community service providers (CSP), Sedgwick County Developmental Disability Organization (SCDDO) staff, the Quality Assurance Committee, and the Kansas Department for Aging and Disability Services (KDADS) in monitoring to ensure that services meet minimum requirements set forth per K.A.R. 30-63-10.

**PROCEDURES:**

1. The TCM provider shall review and monitor services regularly to ensure at least the following:
  - a. The individual's needs are met;
  - b. Annual evaluation of service;
  - c. Backup plan is developed and adequate;

- d. There shall be a written agreement when the individual providing services also lives in the home, specifying the individual receiving services will not be required to move if there is change in staff;
  - e. Any individual or business entity chosen to provide services is allowed full and reasonable access to the home in order to provide services.
2. Prior to initiation of self-directed services and at least annually thereafter, the TCM provider shall ensure an explanation is provided about the benefits and responsibilities of self-directed services as well as the possible consequences if responsibilities are not met.
  3. When a mandatory reporter believes that the individual receiving self-directed services is/or may be at risk of imminent harm, a report must be made to Adult/Child Protective Services (APS/CPS), in addition to submitting a Critical Incident Report to the SCDDO Quality Assurance Department and Adverse Incident Report (AIR) to KDADS.
  4. TCM shall re-educate individual/guardian or designee about self-direction responsibilities upon provider change and/or when requested by SCDDO.
  5. If it is determined by APS/CPS or SCDDO the individual receiving services is or may be at risk of imminent harm to the individual's health, safety, or welfare, SCDDO will provide written notification to the individual directing and controlling the service to correct the situation promptly.
  6. If the situation is not corrected SCDDO will make a recommendation of termination to the appropriate authority.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-10</b>
Policy Name	<b>Service Stipulations and Limitations</b>	Revision Date	<b>09/2017</b>
Former Number	<b>G-07-04, F-02</b>	SRS Approval Date	<b>8/2009</b>
		KDADS Approval Date	<b>01/24/2018</b>

### **PURPOSE:**

This policy identifies the limitations and stipulations for the provision of targeted case management (TCM) services to ensure compliance with all statues, regulations, and State policies.

### **POLICY:**

Regardless of the employing agency, TCM services will be provided in an unbiased and conflict free service delivery environment and shall coordinate services to avoid duplication of efforts and delivery in accordance with K.S.A 30-63-32.

### **PROCEDURES:**

1. TCMs must attest, annually, to Sedgwick County Developmental Disability Organization (SCDDO) that they do not provide any direct service within any intellectual and/or developmental disability (IDD) service provider. For the purpose of this policy “direct service” is defined as any service that would normally be performed by a direct support professional.
2. Each person shall have only one IDD TCM provider billing for services. If a person has an IDD TCM provider and a case manager for another system or waiver, the team shall determine a primary or lead case manager to coordinate all services.
3. TCMs may not be supervised by anyone responsible for the provision or supervision of direct services to any person. All community service providers (CSP) must report to SCDDO the current line of authority and supervision for TCM staff and all job responsibilities for the designated supervisor and any changes thereafter.

4. The TCM supervisor is responsible for notifying SCDDO Quality Assurance staff within 10 days when a TCM begins or ends employment at their organization to include dates and contact information.
5. TCM CSPs are responsible for ensuring TCMs have access to and complete all required trainings assigned in the designated SCDDO training system.
6. TCMs are expected to coordinate with other support networks to focus on opportunities for integrating care/services and collaboration to find innovative solutions.