

# Sedgwick County Developmental Disability Organization Policy Manual

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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 the SCDDO</b>	Revision Date	<b>11/2008</b>
Former Number	<b>A-01-01</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to outline the procedures for affiliation with the Sedgwick County Developmental Disability Organization (SCDDO.)

### **POLICY:**

Sedgwick County Developmental Disability Organization promotes the development and delivery of community services that are efficient and effective in meeting the needs and expectations of people receiving services and/or their families, legal guardians, and support networks. The SCDDO will affiliate with any current or prospective Community Service Provider who meets the qualifications for and abides by the provisions of the SCDDO - affiliate contract.

### **PROCEDURES:**

1. Any individual or Community Service Provider (CSP) who wishes to receive payment for services they provide to persons with developmental disabilities who reside in Sedgwick County must make a request for an affiliation agreement to the SCDDO.
2. If the services offered by an applicant require licensure by the Kansas Department of Social and Rehabilitation Services (SRS), the licensing process must be completed prior to affiliation with the SCDDO.
3. The affiliation process includes completion of forms the SCDDO provides the applicant and a business plan outlined in the affiliation packet
4. The provider must present its business plan to the Physical and Developmental Disabilities Advisory Board, and answer questions about the services/supports that will be provided. The P&DD Advisory Board may recommend affiliation or revisions to the business plan.

5. SCDDO staff will draft an affiliation agreement for review by the Sedgwick County Counselor's Office. Once approved by the County Counselor's Office the SCDDO will be mail it to the provider for signature.
6. Once signed and returned by the provider, the affiliation agreement will be placed on the agenda for approval by the Sedgwick County Board of County Commissioners. If approved, the provider will be mailed a copy of the agreement that has been signed by the County Commission Chair or designee.
7. The SCDDO may refuse to enter into an affiliation agreement with any provider that:
  - a. Refuses to accept a reimbursement rate for services to be provided which is at least equal to that established by the secretary and applied to the SCDDO or as agreed to in the affiliation agreement with the SCDDO;
  - b. Has established a pattern of failing or refusing to abide by the service area procedures established by the SCDDO; or failing to comply with its affiliation agreement with the SCDDO; or failing to comply with the previous affiliation agreement; or
  - c. Has not demonstrated evidence that at least one eligible consumer has chosen them as a service provider;
  - d. The SCDDO has demonstrated to the satisfaction of the Secretary of SRS that being required to enter into such an agreement would seriously jeopardize the SCDDO 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>11/2008</b>
Former Number	<b>A-01-02</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to ensure that all qualified individuals wanting community services have uniform access to those services.

### **POLICY:**

The Sedgwick County Developmental Disability Organization (SCDDO) shall follow a plan, developed in coordination with affiliated Community Service Providers (CSPs) that results in services being offered and provided in a way that does not discriminate against any Mental Retardation/Developmental Disability (MR/DD)-eligible person because of the severity of her/his disability, health support needs, or other considerations beyond the control of the individual.

### **PROCEDURES:**

1. The SCDDO shall enter into affiliation agreements with approved CSPs.
2. The SCDDO will affiliate for the provision of MR/DD services as described in the SCDDO annual contract with the Kansas Department of Social and Rehabilitation Services (SRS). Services provided by affiliated 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. Affiliated CSPs may qualify and choose to participate in the Sedgwick County Finance Plan. This plan provides direct payment, which supplements billable services and provides financial consideration for activity associated with services to persons with developmental disabilities that is not otherwise reimbursed. In exchange for this financial consideration, the SCDDO will require participating affiliates to play a role in the SCDDO Crisis Plan.
4. The Crisis Plan establishes an agreement to provide crisis services to persons who are MR/DD eligible when system funding is not available. The Plan shall be included in the SCDDO/CSP affiliation agreement.

5. The SCDDO, in consultation with affiliated CSPs, may refuse to serve a person who is determined by the Secretary of SRS to be inappropriate for community services because the person presents a clear and present danger to self or to the community.

## 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>11/2008</b>
Former Number	<b>A-01-03</b>	SRS Approval Date	<b>8/2009</b>

### **PURPOSE:**

These procedures identify the means by which persons with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities may resolve disputes regarding the services they receive from an affiliated provider.

### **POLICY:**

Persons with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities who have an unresolved dispute with an affiliated service provider, may seek resolution to the dispute through review by the Sedgwick County Developmental Disability Organization (SCDDO) and/or a mediator.

### **PROCEDURES:**

1. When managing a dispute with an affiliated provider, the person with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities must make reasonable attempts to resolve the issue using the agency's dispute resolution processes.
2. Each affiliated provider is required to have internal procedures which:
  - a. Afford the person with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities a means to voice concerns and have those concerns responded to by agency staff and administration in a timely manner;
  - b. Assure there is no retaliation against persons who complain or utilize dispute resolution procedures; and

- c. Refer unresolved disputes to the SCDDO for an external process of resolution.
3. If a reasonable attempt has been made to resolve the dispute using internal provider processes and the dispute remains unresolved, the affiliated provider and/or the person with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities shall forward the dispute in writing to the SCDDO.
4. The SCDDO will investigate the dispute and assure the affiliated provider has established procedures for management of disputes, that they were properly followed, and that the person with the dispute made reasonable attempts to resolve the dispute using those procedures.
5. If the procedures of the affiliate were either not in place or not properly applied, the SCDDO shall oversee the process and assure that dispute resolution methods are established and properly applied no longer than ten (10) business days after the SCDDO receives written notification of the dispute.
6. If the person with the dispute did not make reasonable attempts to resolve the dispute using internal provider procedures, the person will be required to do so prior to accessing any further means for resolution.
7. If the dispute was properly managed by the affiliated provider, but unresolved and further intervention is requested, the SCDDO will provide the following options to the individual requesting resolution:
  - a. The person may request intervention into the dispute by a mediator who has no decision-making authority and is impartial to the issues being discussed. All efforts will be made to procure a mediator within ten (10) business days of receipt of the dispute, with consideration given for availability of the person and mediator. Mediation shall be completed within forty (40) calendar days following SCDDO receipt of written notice of dispute.
  - b. The person may request the dispute be referred to the SCDDO Dispute Resolution Committee comprised of the SCDDO Director, the Division of Human Services Executive Director, a member of the Board of County Commissioners appointed Physical and Developmental Disabilities Advisory Board Executive Committee, and a primary or secondary consumer appointed by the SCDDO Community Council. This committee must respond within ten (10) calendar days of receipt of the dispute. The SCDDO must render a written decision, supported by a majority vote of the Committee within twenty (20) calendar days following the initial written appeal.

8. When mediation is used to resolve disputes, the parties involved shall equally share the cost and no person shall be denied mediation due to inability to pay.
9. At any time during the dispute resolution process, the person may request and receive assistance from the SCDDO.
10. Decision by the SCDDO Dispute Resolution Committee or by mediation shall be considered binding unless either party appeals to the Kansas Department of Social & Rehabilitation Services, Division of Disability and Behavioral Health Services, Community Supports and Services (SRS/DBHS/CSS).
11. Written notice of appeal shall be delivered to SRS/DBHS/CSS within 10 calendar days of the appealing party's receipt of the decision.
12. The decision of SRS/DBHS/CSS may be appealed to the Office of Administrative Appeals within the Kansas Department of Administration pursuant to Article 7.

## 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>11/2008</b>
Former Number	<b>A-01-04</b>	SRS Approval Date	<b>8/2009</b>

### **PURPOSE:**

This policy outlines steps to be followed by Community Service Providers (CSP) and persons with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities in resolving disputes with the Sedgwick County Developmental Disability Organization (SCDDO), including access to an independent mediator.

### **POLICY:**

CSPs and persons with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities may request intervention from a mediator or seek resolution using internal SCDDO dispute resolution procedures.

### **PROCEDURES:**

1. When managing a dispute with the SCDDO, other than in cases concerning eligibility determination, CSPs and persons with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities shall present in writing the following information to the SCDDO:
  - a. What action taken by the SCDDO had a negative impact on the CSP or person with developmental disabilities;
  - b. What action the CSP or person would like the SCDDO to take to correct or remedy the situation; and
  - c. Suggestions for how the SCDDO could change its current practices to prevent similar situations from occurring in the future.
  
2. The dispute will be referred to the SCDDO Dispute Resolution Committee comprised of the SCDDO Director, the Division of Human Services Executive Director, a member of the Board of County Commissioners appointed Physical 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.

3. The SCDDO Dispute Resolution Committee shall respond within ten (10) calendar days of receipt of the dispute and render a written decision, supported by a majority vote of the Committee within twenty (20) calendar days following the initial written appeal. Failure of the SCDDO to respond within this period will result in the dispute being decided in the favor of the appellant.
4. The CSP or the person 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.
5. The parties involved shall equally share the cost of such mediation and no person shall be denied mediation due to inability to pay.
6. Any disputes regarding eligibility determination shall follow the procedures outlined in SCDDO policy B-02; Eligibility Determination.
7. Decision by the SCDDO Dispute Resolution Committee or by mediation shall be considered binding unless either party appeals to the Kansas Department of Social and Rehabilitation Services, Division of Disability and Behavioral Health Services, Community Supports and Services (SRS/DBHS/CSS).
8. Written notice of appeal shall be delivered to the SRS/DBHS/CSS within 10 calendar days of the appealing party's receipt of the decision.
9. The decision of the SRS/DBHS/CSS may be appealed to the Office of Administrative Appeals within the Kansas Department of Administration pursuant to Article 7.

**Sedgwick County  
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Policy Section	<b>General</b>	Policy Number	<b>A-05</b>
Policy Name	<b>Rights Notification</b>	Revision Date	<b>11/2008</b>
Former Number	<b>A-01-07</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to identify the procedures for annually notifying people who received services and their legal guardian, if one has been appointed, of the types of community services and their rights.

**POLICY:**

Annually or as required by the Kansas Department of Social and Rehabilitation Services, Division of Behavioral Health Services, Community Supports and Services (SRS/DBHS/CSS), the Sedgwick County Developmental Disability Organization (SCDDO) shall inform people who are receiving services and their legal guardian, if one has been appointed, of the types of service available and the rights of the person receiving services.

**PROCEDURE:**

1. The SCDDO will develop an information packet for people receiving services and their families which shall include at least the following information:
  - a. An introductory letter
  - b. An explanation of the person’s rights pursuant to the developmental disabilities reform act and implementing regulations
  - c. A general description of available services
2. The introductory letter will include a listing of additional information that is available to the person and his or her guardian, if one has been appointed. These materials will be offered at no cost on an “as requested” basis. The additional information may include:

- a. State of Kansas Regulations for Community Service Providers and CDDOs;
  - b. SCDDO Policies and Procedures;
  - c. A description of case management services;
  - d. Helpful questions for consumers;
  - e. The contract between the (SRS/DBHS/CSS) and the SCDDO as well as copies of any of the types of contracts between the SCDDO and it's affiliated providers;
  - f. A current listing of all affiliated Community Service Providers and the services available, and
  - g. A listing of advocacy organizations within the SCDDO area.
3. At least annually, the approved information will be provided to all persons currently receiving services who are eighteen (18) years of age or older, parents of children who are younger than eighteen (18) years of age, and all legal guardians of people who receive services. The information will be available in a variety of formats including written, Braille, and cassette tape. People who require information in a language other than English will be provided support based on their specific needs including written and verbal interpretation of the information.

**Sedgwick County  
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Policy Section	<b>General</b>	Policy Number	<b>A-06</b>
Policy Name	<b>Use of Restraints</b>	Revision Date	<b>11/2008</b>
Former Number	<b>A-01-09</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to identify those restraint techniques that are prohibited.

**POLICY:**

Restraints should be used as a last resort and only to protect the health and safety of the person being restrained or others. Methods of restraint that have the potential to cause physical injury or death are prohibited.

**PROCEDURES:**

1. The use of restraints is strictly governed by Kansas Administrative Regulations (30-63-22(8)). These guidelines should be followed prior to the use of any restraint.
2. The following methods of restraint are prohibited:
  - a. Face down or prone restraints of all kinds - even those which are part of a specific intervention program such as Mandt or Crisis Prevention Intervention (CPI),
  - b. Restraints which might restrict or limit the person's ability to breathe, such as applying pressure around the neck or chest, and
  - c. Any restraint which has the potential to cause harm to a person based on their medical condition, physical size and strength, or general health, etc.
3. Violations of this policy should be reported to the Sedgwick County Developmental Disability Organization (SCDDO) within one business day. The 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>11/2008</b>
Former Number	<b>A-01-10</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

This purpose of this policy is to delineate the duties of the Developmental Disabilities Community Council as required by K.A.R. 30-64-31.

### **POLICY:**

The Sedgwick County Developmental Disability Organization (SCDDO) shall ensure that a Developmental Disabilities Community Council (referred to as Community Council) is established to express opinions and make suggestions and recommendations to the governing board of the SCDDO, the Board of County Commissioners of Sedgwick County and its designee, the Physical and Developmental Disability Advisory Board (referred to as P&DD Advisory Board), concerning any service issues.

### **PROCEDURES:**

1. The Community Council shall express opinions and make suggestions and recommendations to the Board of County Commissioners of Sedgwick County through their designee, the P&DD Advisory Board, regarding any service issue.
2. The Community Council shall oversee the functions of the SCDDO Quality Assurance Committee as required by the provisions of K.A.R. 30-64-27.
3. The Community Council shall be responsible for overseeing development, implementation, and progress reporting as to local capacity building plans, in accordance with guidelines provided by the Kansas Department of Social and Rehabilitation Services, Division of Behavioral Health Services, Community Supports and Services (SRS/DBHS/CSS).
4. The Community Council shall, under the authority of the governing body and its appointed P&DD Advisory Board, develop and implement dispute resolution procedures required by the provisions of K.A.R. 30-64-32.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>General</b>	Policy Number	<b>A-08</b>
Policy Name	<b>Crisis Response Team</b>	Revision Date	<b>10/2008</b>
Former Number		SRS Approval Date	<b>08/2009</b>

**PURPOSE:** The purpose of this policy is to outline the criteria needing to be met to allow a person served to access the Crisis Response Team (CRT).

**POLICY:** Sedgwick County Developmental Disability Organization (SCDDO) will approve access to the CRT only when all criteria for access have been met.

**PROCEDURES:**

1. The CRT will consist of:
  - a. Individuals employed by participating Community Service Providers (CSPs) as described in the County Finance Plan.
  - b. CRT members will have a minimum of one year experience and be trained in CPR, First Aid and behavior de-escalation techniques (i.e., Mandt, CPI, etc.)
  - c. Additional training on related topics will be offered by the SCDDO.
  - d. A pool of a minimum of fifteen (15) crisis response staff.
  
2. The primary criteria for accessing the CRT are:
  - a. The person served has been determined eligible by SCDDO for Mental Retardation/Developmental Disability (MR/DD) services.
  - b. The current staffing cannot fully support the person served.
  - c. The current behavior support plan allows for CRT involvement.
  
3. CSPs must have an internal policy on file to use the CRT and the policy must be approved by the SCDDO.

4. The behavior support plan for the person served who may access the CRT must be on file with SCDDO.
5. The CRT will support agency staff for each person served by the CRT. The CRT is not the primary caregiver for the individual in crisis.
6. Following CRT dispatch, the following must occur:
  - a. A team review must occur within one (1) business day;
  - b. The current behavior support plan must be reviewed, updated or revised as needed;
  - c. The SCDDO and/or SCDDO designees will conduct an environmental assessment if needed;
  - d. The SCDDO will assess training needs of staff and plans for needed training are made.
7. It is the responsibility of the agency supporting the person served to administer medications and PRN medications as directed by medical professionals.
8. Persons served that access the CRT will be given priority status in accessing behavioral support consultation provided by the SCDDO and/or individuals/agencies contracted by the SCDDO to provide this service.
9. The provider CSP of the individual in crisis will determine if additional support (i.e., law enforcement, COMCARE Crisis, etc.) should be requested. The CRT member may be consulted in this decision but will not make this decision for the CSP.
10. In the case that no CRT staff are available the CSP will work with the individual and use other community supports that are most appropriate for the situation.
11. CSPs participating in the CRT will meet at least quarterly with SCDDO staff to evaluate CRT usage and trends.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access &amp; Outreach</b>	Policy Number	<b>B-01</b>
Policy Name	<b>Training Procedures</b>	Revision Date	<b>11/08</b>
Former Number	<b>B-02-01</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to ensure that employees of Sedgwick County Developmental Disability Organization (SCDDO) who assist persons in accessing services and determine eligibility are adequately trained.

### **POLICY:**

This policy will identify training procedures for members of the Service Access & Outreach (SAO) department.

### **PROCEDURES:**

1. Training will be developed by the SCDDO and approved by the Sedgwick County Community Council.
2. Staff members of the Service Access & Outreach department will have individualized training plans that reflect the training requirements of each respective employee. Training plans will be updated as needed, but no less than annually. Training topics will include, but not limited to, the following:
  - a. The types of community services available in Sedgwick County and information regarding the service providers
  - b. Potential referral contacts for individuals who are determined not eligible for Mental Retardation/Developmental Disability (MR/DD) services
  - c. Information regarding self-directed services
  - d. Home and Community Based Services (HCBS) Waivers and how to access them
  - e. Social Security
  - f. Ethics

- g. Up to 40 hours per year of training offered by Kansas Department of Social and Rehabilitation Services/Division of Disability and Behavioral Health Services/Community Supports and Services.

**Sedgwick County  
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Policy Section	<b>Service Access &amp; Outreach</b>	Policy Number	<b>B-02</b>
Policy Name	<b>Determination of Eligibility</b>	Revision Date	<b>11/08</b>
Former Number	<b>B-02-03</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to develop the mechanisms by which the Sedgwick County Developmental Disability Organization (SCDDO) determines eligibility for each individual seeking services.

**POLICY:**

SCDDO will determine each individual's eligibility for Mental Retardation/Developmental Disability (MR/DD) services once the full application process has been completed.

**PROCEDURES:**

1. Each applicant age 7 and older shall be required to obtain a psychological evaluation prior to determination of eligibility. The psychological evaluations are done outside of the SCDDO and it is the sole responsibility of the applicant and/or guardian to obtain the evaluation and return it to the SCDDO. Any determination of eligibility made without a psychological evaluation shall be considered temporary in nature and will be reviewed as deemed necessary by the SCDDO. SCDDO reserves the right to make any determination of eligibility temporary in nature and review as deemed necessary.
2. Once the full application packet and all necessary assessments have been completed and received by the SCDDO, the file will be forwarded to the appropriate staff for an eligibility determination. The information will be reviewed to determine the individual's eligibility for services based on the criteria and/or deficits required in Kansas Department of Social and Rehabilitation Services/Division of Disability and Behavioral Health Services/Community Supports and Services (SRS/DBHS/CSS) Policy, Eligibility Determination. Eligibility is determined within 10 business days.
3. For Individuals Determined Eligible for MR/DD Services:

- a. If the individual is determined eligible, the SCDDO will mail the eligibility letter and an Information Packet within one week of the eligibility determination to the individual and/or guardian applying for services. The SCDDO Information Packet shall include the following:
  - i. Case Management Services Brochure
  - ii. SCDDO Affiliated MR/DD Service Providers
  - iii. Know Your Rights Regarding the Developmental Disabilities Reform Act
  - iv. Developmental Disability Services Brochure
  - v. What to Expect From Your TCM Brochure
- b. A meeting will be scheduled with the individual and/or guardian, if one has been appointed, to complete the BASIS Assessment and discuss community service options within two weeks of the eligibility determination.
- c. If the individual chooses to receive Targeted Case Management (TCM) services, a referral for these services will be made to the chosen provider within 10 business days upon receipt of completed packet.
- d. Individuals may choose not to receive TCM services as long as the individual and/or guardian do not insist TCM functions are carried out on their behalf. If the individual refusing TCM is waiting for services and/or funding, the SCDDO will provide limited services and assist with accessing funding. If the individual refusing TCM is receiving services and/or funding, necessary functions such as the annual BASIS Assessment and Plan of Care must be completed according to policy.

4. Individuals Determined Not Eligible for MR/DD Services:

- a. If the individual is determined not eligible, the SCDDO will mail the eligibility letter, which will include: an explanation of their right to appeal SCDDO's eligibility determination and referral information for more appropriate service system(s).
- b. If the individual and/or their guardian choose to request a reconsideration from the SCDDO, the request must be made within 30 days from the date of the eligibility letter to the SCDDO's Service Access & Outreach Director, at the following address:

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

- c. If the individual is not satisfied with the SCDDO's final decision, he or she may request an independent third party review the determination. This request must be made in writing to SCDDO within 30 days of the date of the eligibility letter at the address listed above.
- d. The SCDDO will make a good faith effort to arrange for an independent third party redetermination at the SCDDO's expense. This person must be appropriately trained in MR/DD eligibility determination and not financially associated with the SCDDO.
- e. If the determination is still unchanged following the third party determination, or the SCDDO is unable to arrange a third party determination, the individual has the right to an administrative appeal through the Administrative Hearings Section. This request must be submitted in writing within 30 days of the final determination to the following address:

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

- f. The SCDDO will provide assistance to the individual and/or guardian, if requested.
- g. If the individual is determined eligible through one of the appeals processes, the procedures under #3, "Individuals Determined Eligible for MR/DD Services" will be followed.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Service Access &amp; Outreach</b>	Policy Number	<b>B-03</b>
Policy Name	<b>Re-determination of Eligibility</b>	Revision Date	<b>11/08</b>
Former Number	<b>B-02-04</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to identify the Sedgwick County Developmental Disability Organization (SCDDO) and community service provider (CSP) responsibilities regarding the process of eligibility re-determination.

**POLICY:**

The SCDDO will re-determine eligibility for each individual found temporarily eligible for Mental Retardation/Developmental Disability (MR/DD) services or for those whose eligibility is questioned.

**PROCEDURES:**

1. The SCDDO can re-determine eligibility at any time for individuals receiving and/or waiting for services.
2. The Single Point of Entry (SPE) Coordinator will send notice to the individual and/or guardian and their Targeted Case Manager (TCM) when a re-determination is needed. A child (0-6 years of age) will always be considered a temporary determination until the age of 7. Upon reaching the age of 7, a re-determination of eligibility must be completed.
3. Any person or agency working with the individual may request a re-determination of eligibility if it is believed he/she no longer meets the MR/DD eligibility criteria. The person or agency must contact the SPE Coordinator.
4. The TCM will be responsible for assisting the individual in obtaining a medical examination that is less than 2 years old, and a psychological evaluation that is less than 3 years old. The medical examination report must be completed on the SCDDO's Medical Examination Report form. A licensed psychologist in the community must complete the psychological evaluation.

5. All paperwork is due back to the SCDDO within 60 calendar days of the initial notice of re-determination. If this timeline is not feasible, the TCM, individual or guardian must contact the SPE Coordinator to request an exception. Exceptions will be approved on an individual basis and only for a justifiable reason. Individuals not responding to the request for re-determination or completing the required examinations will be terminated from services 61 days from originating letter date.
6. The SCDDO will complete the determination of eligibility within 10 business days of receiving the paperwork.
7. If the individual is determined eligible for services, his or her services and/or place on the waiting list(s) will continue uninterrupted.
8. If the individual is determined not eligible for services, services must be terminated within 30 calendar days of the determination. The SCDDO will notify the TCM, individual and/or guardian that the individual is no longer eligible for services. The TCM is responsible for assisting the individual in finding other service systems that can meet the individual's needs. The TCM is also responsible for closing and deleting the individual out of BASIS, as well as completing and submitting all required termination paperwork to the SCDDO. The TCM is responsible for closing the individual out of the prior authorization system, if applicable.
9. Only the individual and/or guardian may appeal the eligibility determination by following appeal procedures outlined in policy B-02.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access &amp; Outreach</b>	Policy Number	<b>B-04</b>
Policy Name	<b>Case Management Changes</b>	Revision Date	<b>11/08</b>
Former Number	<b>B-02-05</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to identify the means by which an individual currently receiving services can change the provider of those services.

### **POLICY:**

A qualifying individual with developmental disabilities and/or his or her guardian can choose who, from among qualified enrolled providers, provides services to him or her.

### **PROCEDURES:**

1. An individual currently receiving case management services who wishes to change his or her service provider will be advised to contact the Client Outreach Specialist (COS) at the Sedgwick County Developmental Disability Organization (SCDDO). The COS will offer to meet with the individual and/or guardian to discuss provider options or mail the information. Once the individual and/or guardian have chosen a new provider, the Request to Change Service Providers form must be completed. A change in service providers will not occur until this form has been received and approved by the SCDDO and providers have been notified.
2. The SCDDO will encourage and advise the person to contact the current case management provider prior to changing providers in order to review case management service options, but will not require him or her to do so.
3. The SCDDO will notify both of the agencies of the change and the date it will occur. The effective date will be five business days upon notification of the case management change

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access &amp; Outreach</b>	Policy Number	<b>B-05</b>
Policy Name	<b>Changing Service Providers</b>	Revision Date	<b>11/08</b>
Former Number	<b>B-02-06</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to insure the Sedgwick County Developmental Disability Organization (SCDDO) assists eligible individuals with accessing the service provider(s) they prefer.

### **POLICY:**

The SCDDO must impartially assist eligible individuals with accessing the service provider they prefer.

### **PROCEDURES:**

1. If an individual and/or his/her guardian desires to change service providers for any service, the Client Outreach Specialist (COS) at SCDDO is responsible for ensuring he/she is aware of all options available in Sedgwick County. It is the responsibility of the individual, guardian, and/or case manager to contact the COS anytime a change is requested. The COS will offer to meet with the individual and/or guardian to discuss provider options or mail the information. The case manager or service provider will be responsible for assisting the individual and/or his/her guardian with touring the selected service providers identified by the individual and/or his/her guardian.
2. Once an individual and/or his/her guardian have selected a new service provider, a Request to Change Service Providers form must be completed, in its entirety, and returned to SCDDO. The COS will contact the individual and/or guardian to identify with them that their choice of the new provider was their own and that they are aware of their options in service providers. A change in service providers will not occur until the form has been received and approved by SCDDO and providers have been notified.
3. The SCDDO will notify both agencies of the change. The effective date is the date agreed upon by all providers, but not prior to notification of change

approval from SCDDO. The case manager is responsible for updating any necessary changes to BASIS and the Plan of Care.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Service Access &amp; Outreach</b>	Policy Number	<b>B-06</b>
Policy Name	<b>Service Reduction/Termination</b>	Revision Date	<b>12-31-08</b>
Former Number	<b>CDDO 2-18</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to identify the terms under which services may be reduced or terminated for an individual.

### **POLICY:**

No individual will have their services reduced or terminated unless at least one of the following conditions has been met:

1. The Secretary of Social and Rehabilitation Services (SRS) determines a person to be inappropriate for community services based on a finding that the person presents a clear and present danger to self or others in the community;
2. A person who has available private funding fails to abide by a written service agreement with the provider which specifies payment of any amount with private funding;
3. A person refuses to apply for Medicaid benefits;
4. The person voluntarily reduces or withdraws from services.
5. The Funding Committee has determined a reduction or termination of services/funding should occur.

### **PROCEDURES:**

#### Involuntary Service Reduction or Termination:

All involuntary service reductions or terminations will be reviewed by the Funding Committee. If the Funding Committee determines a reduction or termination of funding should occur, the decision will be noted in the Funding Committee Minutes and will follow DBHS' Involuntary Service Reduction Methodology Policy.

### Voluntary Service Reduction or Termination:

If an individual chooses to voluntarily reduce or terminate a service the TCM will notify the SCDDO by submitting a Service Reduction/Termination form. The form must be signed by the individual, his or her guardian or appropriate family member. If the signature cannot be obtained, the TCM should include an explanation of why the signature was not included.

### For all service reductions or terminations:

1. The Person Centered Support Plan (PCSP) must be revised to reflect any change in service.
2. The following documents must be submitted with the Service Reduction/Termination form:
  - a. If the service is Home and Community Based Services (HCBS) funded, the TCM shall update the Plan of Care and send the providers listed on the plan of care a revised plan of care within five business days. If a change to the plan of care affects one of the providers immediately then the TCM should contact the provider immediately of such changes.
  - b. If the service is not HCBS funded, the TCM shall notify the provider of change in service/funding
  - c. Revised BASIS Service section, if applicable.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>BASIS</b>	Policy Number	<b>C-01</b>
Policy Name	<b>Basic Assessment and Services Information System (BASIS)</b>	Revision Date	<b>10/2008</b>
Former Number	<b>SCDDO 6-1</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to define the objective of the BASIS System and develop a mechanism in which the Sedgwick County Developmental Disability Organization (SCDDO) and Community Service Providers (CSP) meet Disability and Behavioral Health Services (DBHS) BASIS contractual requirements.

### **POLICY:**

The SCDDO, Targeted Case Management Agencies and CSPs shall provide DBHS with information required by following the SCDDO BASIS Policy and Procedures.

### **PROCEDURES:**

1. The BASIS System is the statewide database representing the Mental Retardation and Developmental Disabilities (MR/DD) population in Kansas. Information contained in this database serves the following functions:
  - a. Collects demographic information regarding individuals with MR/DD.
  - b. Collects service and funding status.
  - c. The assessment section of BASIS is utilized as a tool to determine eligibility for ICF/MR services or HCBS/MR Waiver funds and to determine an individual's level of care.

This information is provided to the Legislature to support current funding levels and future requests of funding.

2. The SCDDO, Targeted Case Management Agency or CSP will identify a BASIS representative within their organization. The identified Basis Representative will download BASIS data weekly from the SCDDO to be disbursed within their agency. The BASIS Representative is responsible for quality oversight and submission of accurate BASIS information to the SCDDO.

3. The SCDDO, Targeted Case Management Agency or CSP will follow all BASIS policies established by DBHS and the SCDDO.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>BASIS</b>	Policy Number	<b>C-02</b>
Policy Name	<b>Addition of New Persons to BASIS</b>	Revision Date	<b>01/2009</b>
Former Number	<b>SCDDO 6-2</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to establish the procedure and timeline for adding new consumers into the BASIS System to be reported to the Sedgwick County Developmental Disability Organization (SCDDO) and Disability and Behavioral Health Services (DBHS).

### **POLICY:**

The Targeted Case Management Agency or CSP will submit required BASIS forms to the SCDDO. The SCDDO will enter submitted information into the BASIS System for reporting purposes to DBHS.

### **PROCEDURES:**

1. The SCDDO Service Access and Outreach (SAO) will complete and submit the initial BASIS ASSESSMENT, INFORMATION and SERVICES sections, as well as the Children's Supplement for individuals age 5 through 10, to the SCDDO BASIS Liaison. The BASIS Liaison will enter the information into the BASIS System to be transmitted for processing to DBHS.
2. The SCDDO SAO will include a copy of the initial BASIS in the referral packet sent to the Targeted Case Management Agency the individual has chosen for Targeted Case Management services..
3. The chosen Targeted Case Management agency has 10 business days from receipt of the referral to submit revised INFORMATION AND SERVICE sections to the SCDDO for data entry into BASIS and transmission to DBHS.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>BASIS</b>	Policy Number	<b>C-03</b>
Policy Name	<b>Data Collection, Submission and Quality Oversight Responsibilities</b>	Revision Date	<b>01/2009</b>
Former Number	<b>SCDDO 6-3</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to establish the procedure, timeline and responsible entity for Sedgwick County Developmental Disability Organization (SCDDO) data collection, submission and quality oversight of information in the BASIS system.

### **POLICY:**

If the individual has chosen to receive Targeted Case Management Services, the Targeted Case Management Agency will be responsible for completing and submitting the Information and Services sections to the SCDDO. If the individual does not choose to receive Targeted Case Management Services, but receives services from a licensed Community Service Provider (CSP), such as, but not limited to Residential and/or Day services the CSP will complete and submit all required BASIS information to the SCDDO. If the individual is receiving multiple licensed services from multiple licensed CSPs the SCDDO will assign BASIS responsibilities to the most appropriate agency.

The SCDDO will be responsible for completing and submitting all required BASIS information for individuals who have chosen to not receive Targeted Case Management Services and are:

1. receiving non-licensed services
2. waiting for or requesting services in the future

The responsible entity will submit updated BASIS forms in the event of any change to the information or Service section within 5 business days.

The responsible entity will be responsible for reviewing data entered by the SCDDO into the BASIS system. It is the BASIS representative's responsibility to review the following reports located in the BASIS system at least weekly:

1. Served – Lists all individuals who have met MR/DD criteria and are receiving services by an affiliated service provider and the funding source.
2. Unserved by Name – Lists all individuals who have met MR/DD criteria and have applied for a service and are waiting for that service to be put in place.

3. Assessment Tier and Scores – Lists ASSESSMENT scores and tier rates for all individuals over the age of 5 as established by DBHS.
4. Error Report – Lists by reason, why assessments may not have been scored, duplicate records, data entry errors, etc. These errors require immediate attention.
5. Served/Funding-Non Home and Community Based Services (HCBS) Funded – Lists individuals currently in service who are eligible for HCBS Mental Retardation and Developmental Disability (MR/DD) Waiver funding and are being funded by other funding sources.
6. Underserved Individuals – Lists individuals currently receiving services and waiting for additional services.

#### **PROCEDURE:**

1. The Targeted Case Management Agency or CSP will submit a BASIS Update Cover Sheet along with the completed INFORMATION, ASSESSMENT, or SERVICES section(s). It is preferred that the form be one that has been printed out of the BASIS system, but if this is not available the Targeted Case Manager (TCM) may use a blank form with the information printed clearly and all corrections made in red ink. If forms are to be faxed, the corrections must be circled. The forms must be forwarded to the SCDDO within five (5) business days of notification of such changes. The SCDDO will enter the submitted information into the BASIS System. It is the responsibility of the Targeted Case Management Agency or CSP to review the downloaded information and notify the SCDDO of any further corrections in a timely manner. The SCDDO will electronically transmit the submitted data to DBHS.
2. If the SCDDO should identify any errors in the BASIS data, the SCDDO will notify the Affiliated Targeted Case Management Agency or CSP of the error. This notification should be addressed within five (5) business days.
3. The Targeted Case Management Agency or CSP is responsible for reviewing BASIS data, downloaded weekly, to ensure changes have been made.
4. If the SCDDO finds a data entry error has occurred in the Information or Services section the error will be corrected immediately. If the responsible entity or the SCDDO finds a data entry error has occurred in the Assessment section, the SCDDO will contact DBHS to request permission to correct the error. If permission is given, the error will be corrected immediately. The corrected information will be transmitted to DBHS on the next regularly scheduled transmission. The SCDDO will notify the Targeted Case Management Agency or CSP of DBHS's decision.
5. A revised Service section should be submitted within 5 business days of a provider change. The previous provider's name should be crossed out and the new provider's name should be written in. The Applied, Requested and Enter dates DO NOT CHANGE. Do not close the service, only the service provider name should be changed. NO PROVIDER CHANGES WILL BE MADE WITHOUT A "REQUEST FOR CHANGE IN SERVICE PROVIDER" FORM

FIRST BEING SUBMITTED AND APPROVED BY SCDDO SERVICE ACCESS AND OUTREACH.

6. If requesting a service, the “Requested Date” should be the date the individual will accept the service. The Requested date can be no more than three years from the date it is entered into the BASIS system. The Requested date may change if needed, as long as it does not go past the 3-year rule. The Applied date for service will be the date the SCDDO is notified of the request. For more instructions regarding the Services section see the BASIS manual.
7. When a service is entered, and the Applied and Requested dates have previously been entered into BASIS, only provide the Enter date and the funding source as listed in the BASIS manual. DO NOT CHANGE the Applied or Requested dates. If the Applied and Requested dates have not previously been entered, they may be entered at this time. The Applied, requested and entered dates may all be the same. When a service is entered a funding source must be listed.
8. If a service has been requested and it is determined the service will no longer be needed, the enter date and the close dates will be the same and the funding source will be coded as 7-“other”.
9. If a service is being closed a “Closure Date” and “Reason Closed” must be listed. If all services are being closed and the individual is not requesting any additional services, the individual must be deleted from BASIS, see SCDDO BASIS Deletions Policy.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>BASIS</b>	Policy Number	<b>C-04</b>
Policy Name	<b>BASIS Deletions</b>	Revision Date	<b>1/2009</b>
Former Number	<b>SCDDO 6-4</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to establish the procedure and time line for the deletion of a consumer from the BASIS System.

### **POLICY:**

The Targeted Case Management Agency or Community Service Provider (CSP) will submit completed BASIS forms to the SCDDO indicating a consumer deletion is to be made in the event of withdrawal from services or death. The completed BASIS forms and Plan of Care, if applicable, should be submitted along with the termination paperwork to the SCDDO Service Access and Outreach (SAO) department. The SCDDO will follow the SCDDO's Service Reduction/Termination and Disability Behavioral Health Services (DBHS) guidelines for deleting an individual from the BASIS system.

### **PROCEDURE:**

1. The Targeted Case Management Agency or CSP will submit a BASIS Update Cover Sheet and SERVICES section indicating end dates and reason codes for each service being terminated and an updated INFORMATION section, if applicable. The completed forms are to be submitted to SCDDO SAO within 5 business days of the termination date.
2. Once the documentation required by the Service Reduction/Termination policy has been received and processed, the information will be entered into the BASIS system.

The SCDDO cannot delete an individual from BASIS until the closing information has been transmitted to DBHS for processing. If the individual does not have a HCBS Prior Authorization (PA), the individual will be deleted in the following week's transmission to DBHS. If the individual has PA they cannot be deleted from BASIS until the PA has been closed and the closure has been approved by DBHS.

3. The Targeted Case Management Agency or CSP will confirm the close dates and deletion by reviewing the BASIS data received weekly.

4. If a person is listed as waiting for a service in BASIS and is deleted from BASIS, the enter and close date(s) will be the same and the funding source will be coded as 7-“other”.
5. Services are not closed when an individual transfers from one provider to another.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Billing</b>	Policy Number	<b>D-01</b>
Policy Name	<b>Payment process for State General Grant Funds, County Finance Plan, Flex Funds and Medicaid Targeted Case Management Funding</b>	Revision Date	<b>01/2009</b>
Former Number	<b>E-05-01</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The objective of this policy is to establish a method in which Community Service Providers (CSP) will request payment from Sedgwick County Developmental Disability Organization (SCDDO) for services provided for an individual funded by State General Grant Funds, which includes Adult Day, Adult Residential, Self Directed Personal Assistant Services and Family Support Funding; Flex Funds, One Time Funds enrolled in the County Finance Plan.

**POLICY:**

The SCDDO will render timely payment to Community Service Providers (CSP) that has provided a service to an individual funded by State General Grant Funds (SGF), County Finance Plan (CFP), Flex Funds, One Time Funding and/or Medicaid Targeted Case Management Funding. To receive payment the CSP must follow the procedures outlined and the individual must be entered into the BASIS system correctly.

**PROCEDURE:**

**State General Grant Funds**

The SCDDO will process State General Grant Funding (Adult Day, Adult Residential, Self Directed Personal Assistant Services and Family Support) invoices the second Monday of each Month. The CSP must submit invoices no later than 9:00 A.M. the second Monday of the month. Unless previous agreements have been made with SCDDO's Senior Administrative Officer, invoices will not be accepted more than 45 days after the month of service. Invoices must include:

1. Name of client served (must match name entered into BASIS)

2. Social security number
3. Slot number (if applicable)
4. Date(s) of service

Invoices must also include the following information if billing for:

1. Day Service – hours of service which may be billed in tenths of a unit (.10 unit, equal to 30 minutes).
2. Self-Directed Personal Assistant Services – hours of service and if the individual is Self Directing Day Services through Personal Assistant Services, a statement must be included that the individual has been out of the home 25 hours per week.
3. Residential – Date(s) of service.

In order to bill for the daily rate, the individual must be present for supports to be provided. Also, it must be documented that the supports were provided and/or the provider was available to provide the necessary supports to the individual, if needed.

4. In Home Supports – Hours of service and may be billed in quarter of the hour increments.

The SCDDO will process requests for payment through Sedgwick County Finance within five business days.

### **County Finance Plan**

- **Subsidized Live-in and Medicaid Ineligible Targeted Case Management**

The CSP must submit quarterly enrollment information the first Monday of January, April, July and October, utilizing the enrollment template provided by SCDDO. SCDDO will process request for payment within five business days upon receipt of correctly submitted enrollment information for each CSP enrolled in the County Finance Plan.

- **Subsidized Hourly Supports**

Payment for Subsidized Hourly Supports will be processed the third Monday of each quarter utilizing the following process:

1. A CSP, eligible to receive Subsidized Hourly Supports, will not be required to enroll and invoice the SCDDO for this service. SCDDO will utilize the EDS HCBS/MR Waiver Payment Report to determine each participating CSP's share of the total allocation.
  2. To calculate each CSP's amount, SCDDO will total the amount paid to participating CSP's the previous quarter for HCBS/MR Supportive Home Care. The CSP's quarterly total will be divided by the grand total to determine their percentage and the percentage will be applied to the County Finance Plan allocated amount.
  3. If there are concerns that the EDS report is flawed, SCDDO may ask the CSP for copies of remittance advices to establish their relative share. If the CSP determines the information is not accurate and chooses to dispute, it must provide SCDDO a copy of all HCBS/MR Waiver remittance advices containing hourly support payments for the period in question.
  4. SCDDO will review the information and all CSP payments for Subsidized Hourly Supports will be put on hold until the matter is resolved. SCDDO will process the information as quickly as possible to resume the payment process. Readjustment of payments previously made may be necessary.
- Program Funds

Program funds are paid quarterly and the CSP should invoice the SCDDO the first month and seventh month of the contract, but no later than 30 days past either deadline. The SCDDO will process requests for payment through Sedgwick County Finance within five business days of receipt, if the invoice is received within deadlines, except when funds are not available due to budgetary or contractual delays.

### **Flex Funds and One Time Funds**

1. Flex Funds are paid out to Targeted Case Management (TCM) agencies upon approval from the Funding Committee. SCDDO will process requests for payment through Sedgwick County Finance within five business days of approval.
2. The Targeted Case Management Agency is responsible for disbursing the funds to the individual and having the responsible party fill out and sign the Flex Fund Recipient Statement Form (F105) and return within 14 calendar days from the date funds were received.

3. If the TCM agency has had difficulty disbursing funds within the 14 calendar days allotted, it must provide written notification to SCDDO why the disbursement has been delayed and provide a projected date when the funds will be utilized.
4. If the individual does not utilize all or any portion of the funds, the TCM agency must notify SCDDO in writing. The TCM agency may be instructed to keep the funds for future Funding Committee authorizations or return them. These funds can only be used for individuals approved through the Funding Committee.

For all payment types the invoice information requested from a CSP must be provided electronically unless other arrangements have been made with SCDDO. All payments made to a CSP, will be mailed unless prior arrangements have been made with the SCDDO Director.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Funding</b>	Policy Number	<b>D-02</b>
Policy Name	<b>Waiting list and Funding Distribution Management</b>	Revision Date	<b>08/2009</b>
Former Number	<b>8-4,8-5,8-6,8-8,</b>	SRS Approval Date	<b>09/2009</b>

**PURPOSE:**

To identify the process in which individuals, determined to be Developmentally Disabled, may access Services and/or Funding through State and Local resources.

**POLICY:**

Individuals who meet the Developmental Disability definition, as identified by Kansas Department of Social and Rehabilitation Services Division of Disability & Behavioral Health Services Community Supports (SRS DBHS/CSS), may access funding according to the process outlined in the contract between SRS DBHS/CSS and Sedgwick County Developmental Disability Organization (SCDDO) and through local policy. In order to access state and local resources, individuals' information must be kept current in the Basic Assessment and Services Information System (BASIS).

**PROCEDURES:**

**Funding Distribution**

Funding resources allocated to SRS DBHS/CSS, such as HCBS-MR/DD Waiver, State Grant Funding (SGF) or State Aid (SA) will be distributed through the contract between Community Developmental Disability Organizations (CDDOs) and SRS DBHS/CSS.

With the exception of State Aid and Flex Funds, all funds identified in this policy must be portable per DBHS/CDDO Portability Policy.

**HCBS-MR/DD Waiver Funding**

To be eligible for HCBS-MR/DD funding, the individual must:

- Be 5 years of age or older
- score 35 or above on the BASIS assessment and children ages 5-10 must score 21 or above on the Children's Supplemental Assessment
- Be eligible for Medicaid

- Not funded through any other waiver program
- Not be funded by State Aid, State Grant or Family Support Funding for the same service

Access to new or additional HCBS/MRDD waiver funding is managed by SRS DBHS/CSS HCBS-MR/DD Statewide Waiting List which is guided by Appendix E of the contract between SRS DBHS/CSS and CDDOs.

Individuals private paying for services, Tier 1 through Tier 5, will not be captured on the Statewide Waiting List and will be maintained on the local HCBS waiting list by application date.

SCDDO will inform the Targeted Case Manager (TCM) if an individual has been offered HCBS-MR/DD waiver funds. The TCM will notify SCDDO if the individual will accept/decline funding within 15 calendar days of notification. If an individual is offered and declines HCBS-MR/DD funding, the “Date Requested”, as listed in BASIS, must be changed to at least 90 days from the date of decline. If the individual declines funding a second time, they may choose to be removed from the waiting list or their “Date Requested” will be changed to three years from the date of decline.

**An individual may bypass the HCBS-MR/DD Statewide Waiting List** if the TCM or SCDDO identifies the person may meet one of the criteria listed below. The TCM or SCDDO representative shall submit the appropriate funding request to the Funding Committee for review. The Funding Committee will confirm appropriate referrals to other available community services have been made to assure all natural and community supports have been explored and exhausted. Documentation of all attempts to find other resources will be included in the funding request. The Funding Committee will review the request and notify the TCM of their decision through Funding Committee Minutes (FCM). Information provided will be maintained by SCDDO.

**Criteria to bypass the waiting list:**

1. **CRISIS**, defined as a person who:
  - a. requires protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for same; or
  - b. are at significant, imminent risk of serious harm to self or others in their current situation.
2. **Children in Custody** may access new or additional HCBS waiver services for the purpose of addressing support needs related specifically to the child’s developmental disability and shall not be utilized to replace the cost of supporting a typical child in custody.

In addition to above instructions, individuals in custody utilizing HCBS funding will have their need for HCBS services reviewed as needed, but at least annually. The TCM will be responsible for submitting a needs assessment to SCDDO, no later than the 15<sup>th</sup> day of the child's birth month. If the individual changes placement, a new needs assessment must be submitted to SCDDO within 60 calendar days of placement.

3. **Children determined by SRS/Children and Family Services (SRS/CFS) to be at imminent risk of coming into custody** and needing HCBS-MR/DD waiver services to assure the child does not come into custody.
4. **Individuals transitioning from SRS custody** may access HCBS services in an amount sufficient to provide for disability-related support needs of the person.
5. **Children transitioning to community services from a Youth Residential Facility 2 or a Psychiatric Residential Treatment Facility**
  - who previously accessed HCBS-MR/DD waiver funding, are eligible to receive waiver funding reinstated in an amount that addresses actual disability-related support needs.
  - who did not previously access HCBS-MR/DD funding; the facility, CDDO and CSS/MH will review the situation and collaboratively develop a plan to address their support needs.
6. **Individuals who because of the termination of Technology Assisted, Autism or Traumatic Brain Injury Waiver services** will have access to MR/DD waiver funding, not to exceed the actual level of disability-related support need.
7. **Individuals seeking community placement in the CDDO area who are residing in:**
  - **State Mental Retardation Hospitals**
  - **State Mental Health Hospitals**
  - **or a private Intermediate Care Facility for Mental Retardation (ICF/MR)**, which is closing, decertified or reducing bed capacity

must submit support plans and funding requests to SCDDO and DBHS/CSS for review.

DBHS/CSS will notify SCDDO when the funding plan has been approved (within 10 business days). Once the funding plan has been approved by

SCDDO and DBHS/CSS, SCDDO must arrange to serve all approved persons. SCDDO must provide a written explanation to DBHS/CSS for delay of services.

### **Access to HCBS Extraordinary Funding (EF)**

- a. Forms required for EF requests are located on the SCDDO website. The request should also include the Person-Centered Support Plan, Behavior Support Plan and medication plan, as applicable.
- b. Reviews for on-going need for EF are due by the 25<sup>th</sup> of the person's birth month. The SCDDO will follow the DBHS policy regarding the frequency of review for on-going need. That policy can be found on their website <http://srskansas.org/hcp/css/Policies.htm>. SCDDO does reserve the right to review need at any time. Requests will be processed within 15 business days including the appropriate site visits and review by the Funding Committee.
- c. Failure to meet the review deadline will result in the funding reverting back to the regular tier rate effective the first day of the month following the person's birth month.
- d. Initial requests for EF may be submitted to SCDDO at any time throughout the year. Requests will be processed within 15 business days including appropriate site visits and review by the funding committee. Requests approved by the funding committee are forwarded to DBHS/CSS and the individual is placed on a waiting list.

### **State Aid and State Grant Funding for Day and Residential Supports**

To be eligible for SA and SGF Day and Residential Funding the individual must:

- Be 18 years of age or older,
- Not be currently receiving HCBS MR/DD Waiver Services.
- Have a BASIS Tier level of 0
- Be eligible for Medicaid - if an individual is ineligible due to employment, exceptions can be granted by SCDDO Funding Committee to support Employment First initiatives. To seek an exception TCM should contact SCDDO.

SCDDO will maintain a waiting list for SA/SGF funds by order of application date. Individuals waiting for SA/SGF will be monitored annually to assure the individual continues to meet eligibility criteria. The individual and/or TCM must provide annually proof of Medicaid eligibility to the SCDDO within the birth month. Failure to provide documentation will result in removal from the waiting list

Individuals not in services will be removed from the SA/SGF waiting list at any time they become eligible for the HCBS MR/DD Waiver. HCBS eligibility will occur when the individual's Tier is no longer 0. At that time, the individual's name will be placed on the statewide HCBS waiting list in order of request date for the service.

Individuals currently in service determined eligible for the HCBS MR/DD Waiver will be removed from the SA/SGF waiting list and their application date will be transferred to the local HCBS MR/DD Waiver waiting list.

Individuals becoming eligible for HCBS MR/DD Waiver will be required to refinance, if matching funds are available. Individuals will not be given the option to continue receiving services funded with SA or SGF unless a determination has been made by the Funding Committee that the individual is not expected to maintain HCBS tier level eligibility in the following year. If in the subsequent year, the individual continues to maintain HCBS tier level eligibility, they will be required to accept HCBS funding. If the individual does not wish to receive the HCBS MR/DD waiver, they may choose to privately pay for supports or voluntarily remove themselves from services.

If an individual is not in service and they are offered SA/SGF funding and decline, the "Date Requested", as listed in BASIS, as well as the application date on the SA/SGF waiting list will be required to be changed to an agreed upon date, but must be AT LEAST 90 days from the date of decline. If the individual declines funding a second time, they may choose to be removed from the waiting list or their "Date Requested" and SA/SGF application date will be changed to three years from the date of decline.

If SA/SGF funds are offered to an individual currently served (example: private paying) and the individual declines they will be removed from the waiting list.

If funds are made available, the TCM will be contacted and asked to submit information to the Funding Committee to determine level of service need.

All individuals funded with SA/SGF funding will have their eligibility for funding reviewed annually in the birth month. Failure to provide documentation or if it has been determined the individual no longer qualifies, the individual will be referred to the SCDDO Funding Committee for funding termination.

SCDDO has the discretion to exchange funding for individuals between the HCBS/MRDD Waiver and SA/SGF funded services when an individual loses eligibility for Waiver funding and another individual is waiver eligible, as long as the fiscal effect is cost neutral and approved by DBHS/CSS. Prior to any funding changes the individuals, TCMs and guardians will be encouraged to explore other options, i.e. Working Healthy or Work Program.

## **State General Family Support Funds**

Family Support Funding is allocated annually, based on available resources and level of need. SCDDO will develop the eligibility criteria and process annually, for allocation of Family Support Funding based on available resources and stakeholder input. SCDDO will notify stakeholders when SCDDO will be accepting Family Support requests. Guidelines will be provided to stakeholders identifying the timeline of when the request must be submitted and the maximum amount that can be requested per individual.

It is the TCM's responsibility to work with the individual's family to determine level of need and submit the request to SCDDO. If an individual does not have a TCM, SCDDO will send the individual an application. Funding allocations are not ongoing and must be applied for annually.

## **Flex Funds**

Flex Funds may be requested at any time to address the needs of a person served in the Sedgwick County developmental disability service system related to avoiding a restrictive living environment and who does not have the ability to pay. Examples include, but are not restricted to: crisis situation, assistive technology, one-time unfunded dental services, or housing start-up and/or rent/utility deposits. Individual requests are limited to \$300.00 per person for housing start-ups and/or rent/utility deposits. Special exceptions can be requested providing there is sufficiently documented need. There is a \$1000.00 per person limit in any calendar year. Flex funds may not be used for the following:

- a. ongoing medical bills or cost of therapies and services,
- b. legal fees,
- c. requests that are not directly tied to the needs of a person served,

To request Flex Funds the TCM should submit the Request for Flex Funds form to SCDDO Funding Committee. The Funding Committee will review the request and if funding is approved, funds will be distributed to the TCM agency. The TCM Agency is responsible for disbursing the funds to the individual. A Flex Funds Recipient Statement must be submitted to SCDDO within 14 days after receiving the check. If SCDDO Funding Committee approves Flex Funds and funds are not available, the individual will be placed on the Flex Fund Waiting List. Allocation of funding to those on the Flex Fund Waiting List will be made by order of placement on waiting list.

## **FUNDING DISTRIBUTION and MONITORING**

If an individual accepts an offer of funds for:

- **Day and/or Residential services**, individual and/or guardian must agree to choose a provider within 30 days of acceptance and enter into services within 60 days of choosing a provider, if available.
- **In Home Support services**, individual and/or guardian must agree to complete and submit a needs assessment to the CDDO within 10 business days of acceptance and agree to choose a provider within 30 days of acceptance and enter into services within 60 days of choosing a provider, if available.

Once funding has been allocated, SCDDO Funding Committee will request weekly updates until services are in place and further updates as needed to monitor the person's continued need for services. If the person needs fewer paid supports after the review, SCDDO may reduce services. If the person no longer needs MR/DD funded services, he/she will be removed from services and SCDDO and or the TCM shall make appropriate referrals to other available community services. If the person is determined to need services after the initial 90 days, SCDDO will continue to monitor, as appropriate, the need for MR/DD funded services.

#### **TERMINATION OF FUNDS**

Policy D-06 Service Reduction-Termination will be followed when reduction of funding or termination is recommended by the SCDDO Funding Committee.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Funding</b>	Policy Number	<b>D-03</b>
Policy Name	<b>HCBS Plan of Care Policy</b>	Revision Date	<b>12-31-08</b>
Former Number		SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

To establish a process in which Home and Community Based Services (HCBS) Plans of Care (POC) are created, revised, submitted to SCDDO and Kansas Department of Social and Rehabilitation services Division of Disability & Behavioral Health Services Community Supports and Services (SRS DBHS/CSS) for approval.

**POLICY:**

Centers for Medicare & Medicaid Services (CMS) requires all services funded by the HCBS-MR/DD waiver program will be provided in accordance with an individual Plan of Care. The Plan of Care must contain the following:

1. Support needs of the participant;
2. Services to be provided;
3. Specific amount of services to be provided;
4. Provider of services;
5. Amount of funds the provider(s) will be reimbursed to meet the identified needs.

SCDDO, Community Service Providers (CSP) and Targeted Case Managers (TCM) should keep signed copies of Plans of Care on file for a minimum of 5 years. If the consumer or guardian has not signed the POC, the file should contain documentation of efforts made to obtain a signed copy. The TCM must send a copy of the Plan of Care to all CSPs listed on the Plan of Care.

**PROCEDURES:**

When an individual receives a new allocation of HCBS funding:

1. If the individual does not currently have Medicaid, an application must be submitted to SRS within 10 working days of receiving the allocation.
2. Once the Medicaid application has been submitted a 3160 and POC must be submitted to SCDDO within 5 working days of choosing a provider.

Annual and Revised Plans of Care:

1. Annual plans of care should be submitted to the SCDDO within 5 working days of receipt of the individual's tier score.
2. Revised Plans of Care must be submitted to SCDDO within 5 working days of any revisions. Examples: client obligation changes, approved provider changes, allocation adjustments, name and social security changes, Extraordinary Funding approvals (please see Extraordinary Funding Policy for detail).

SCDDO will review all plans of care for accuracy and enter a correct plan of care into the KMAP system. If incorrect, SCDDO will notify the TCM by e-mail of any needed corrections and request a corrected plan of care be submitted to SCDDO within 2 working days. If a corrected plan of care is not received within 2 working days, SCDDO will contact the TCM director.

SCDDO will send TCM agency's weekly reports regarding the status of plans of care submitted to SCDDO by the close of business each Friday. It is the responsibility of the TCM to monitor the reports timely and report concerns, inaccuracies to SCDDO within 5 working days.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Funding</b>	Policy Number	<b>D-04</b>
Policy Name	<b>Monitoring of MR/DD Services and Funding Utilization</b>	Revision Date	<b>12-31-08</b>
Former Number		SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

To establish a process to timely monitor utilization of Mental Retardation/Developmental Disability (MR/DD) Services and Funding

**POLICY:**

Community Service Provider's (CSP's) will notify SCDDO within five working days of notice that an individual has not or will not be planning to utilize services and/or funding.

**PROCEDURES:**

When the CSP is made aware any of the following will or has occurred:

1. Medicaid closure
2. Services have not been accessed for 15 consecutive days. Examples include, but are not limited to:
  - a. Difficulty in hiring staff
  - b. Individual is hospitalized and/or recovering from an illness and funded services are not being utilized
  - c. The individual has left the state for any reason and funded services are not being utilized
3. Services are being used at less than 75% of allocation for 3 consecutive months.

The CSP should send an email to SCDDO Basis Liaison with a minimum of the following information within five working days:

- a. Name

- b. Social Security number
- c. Type of service and/or funding
- d. Service provider
- e. Date services were stopped or utilization was reduced
- f. Reason they are not utilizing services and/or funding
- g. Projected date they will resume accessing services and/or funding
- h. Any other pertinent information

SCDDO BASIS Liaison will review, collect any further information that may be needed and submit to SCDDO Funding Committee for review. SCDDO Funding Committee will review the information and determine if further action is needed. If it is the decision of the Funding Committee to involuntarily reduce or terminate services/funding, the Service Reduction/Termination Policy will be followed.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Gatekeeping</b>	Policy Number	<b>E-01</b>
Policy Name	<b>Placement in the Community from a Public or Private ICF/MR</b>	Revision Date	<b>10/2008</b>
Former Number	<b>F-06-02</b>	SRS Approval Date	<b>08/2009</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 or private Intermediate Care Facility for the Mentally Retarded (ICF/MR) and are seeking community services. SCDDO is the gatekeeping entity for this process.

**PROCEDURES:**

1. The individual, their guardian, or their support network shall contact the Community Support Coordinator (CSC) to begin the application/referral process. The CSC will request the following paperwork from the social worker:
  - a. Completed SCDDO application
  - b. SCDDO release of information
  - c. Psychological Evaluation
  - d. Medical Examination
  - e. Social Work History
  - f. Behavior Support Plan including behavior data
  - g. Person Centered Support Plan
  - h. Current Medication Information
  
2. Eligibility for Mental Retardation/Developmental Disability (MR/DD) services will be reviewed

3. The CSC will contact the individual, their guardian and/or support network to make information available regarding community services.
4. The individual and/or guardian will choose which CSP they wish to use for Targeted Case Management Services (TCM). The CSC will refer all information to the TCM agency according to policy.
5. Once the TCM receives the referral, they must contact the individual, their guardian and/or their support network within 10 working days to discuss services. The TCM must also contact the social worker at the ICF/MR within 10 working days of receiving the referral and arrange to meet with the individual and his/her support staff within one month of receiving the referral.
6. The TCM must obtain a copy of and adhere to the guidelines set forth in the Kansas Department of Social and Rehabilitation Services/Division of Disability and Behavioral Health Services/Community Supports and Services (SRS/DBHS/CSS) Community Integration Process (CIP) Manual available through the SRS website at [www.srskansas.org](http://www.srskansas.org). If unable to get the CIP Manual from the website, the TCM shall notify the CSC of the need for the manual, and the CSC will forward a copy to the TCM within 3 business days.
7. When the individual, their guardian and/or support network have determined which CSPs they are interested in, the CSC will assist the TCM as needed with setting up tours.
8. The TCM must provide a monthly written update to the CSC from the time the referral is received, until such time as the individual is placed in the community. This update is due by the first working day of each month. If at any time the CSC determines that a placement is not occurring in a timely manner, a written plan of action will be requested from the CSP.
9. The TCM must submit an initial person centered support plan (PCSP), funding request and application for start up funding to SCDDO within 120 days of the date the person becomes known to SCDDO. SCDDO will review and forward the support plan and funding request to SRS/DBHS/CSS. Once the support plan and funding request has been developed and approved by all parties, SRS/DBHS/CSS will notify SCDDO.
10. After the individual has been placed in the community, the TCM will submit a progress report to the CSC, which is due 30 and 90 days following placement. This is to determine if the individual is receiving the assistance he/she needs and/or if the individual needs additional assistance.

11. If a CSP has concerns about the appropriateness of community services for an individual, the CSP will be required to do the following before notifying the CSC of these concerns:
  - a. Review all information in the file.
  - b. Meet with the individual, appropriate staff, and family members to discuss concerns, and obtain additional information as needed.
  - c. If the CSP continues to have concerns once these requirements have been met, they must submit these concerns in writing, with supporting documentation, to the CSC.
  
12. When the CSC receives the CSP's written concerns regarding an individual, SCDDO will review the information. SCDDO will determine if it is appropriate to forward these concerns to SRS/DBHS/CSS, and, if so, the concerns will be forwarded. If SCDDO determines it is not appropriate to forward these concerns to SRS/DBHS/CSS, then SCDDO will meet with the CSP to discuss these concerns.
  
13. The CSP must continue the placement process, even after concerns have been submitted to the CSC, until such time as the State notifies SCDDO that the individual is not appropriate for community services. If this determination is made by the State, the CSC will notify the CSP, and the file will be closed

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Gatekeeping</b>	Policy Number	<b>E-02</b>
Policy Name	<b>Request for Services from a Public or Private ICF/MR</b>	Revision Date	<b>11/2008</b>
Former Number	<b>F-06-03</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to clarify the process for requesting placement at a public (state hospital) or private Intermediate Care Facility for the Mentally Retarded (ICF/MR) in Kansas. Sedgwick County Developmental Disability Organization (SCDDO) is the gatekeeping entity for this process.

### **PROCEDURES:**

1. In order to apply for ICF/MR services, the individual must be determined eligible for MR/DD services, according to Kansas Department of Social and Rehabilitation Services/Division of Disability and Behavioral Health Services/Community Supports and Services policy, and have a diagnosis of Mental Retardation with an IQ below 70.
2. Before an application for ICF/MR services is made, the Targeted Case Manager (TCM) will ensure the individual and his/her support network are informed of the persons rights pursuant to the DD Reform Act and offered community services, which are available, or could be made available within ninety (90) days in or near their home county.
3. The individual, their guardian, or their support network shall contact the Community Support Coordinator (CSC) to begin the application process to an ICF/MR.
4. For application to be considered, the TCM must submit to the CSC either the private ICF/MR application or the statewide application for public ICF/MR placement, along with the following:
  - a. Person Centered Support Plan
  - b. Medication information for the previous six months as well as current information

- c. Copies of a recent psychological evaluation and medical examination
  - d. Behavior support plan including behavior data and incident reports from the previous six months
  - e. Written narrative and transition plan to return to community services
5. The written narrative must address the following:
- a. What services are currently in place?
  - b. Why these services are not meeting the individual's needs?
  - c. What has changed in the individual's life to precipitate a request for institutional placement?
  - d. What other options have been explored?
  - e. What was the outcome of these options?
  - f. What is the plan for the person to return to community services
6. If the individual does not have a TCM, the CSC will complete the application for ICF/MR placement.
7. SCDDO will assess if the individual is a risk to him/her self or the community and determine if an ICF/MR placement is consistent with the individual's preferred lifestyle. The CSC will offer all available services to the individual and his/her support network.
8. Within 15 days of receiving the completed application, the CSC will forward information regarding the individual, using methods prescribed by SRS, and SCDDO's findings to SRS/DBHS/CSS, the QEC, and the ICF/MR.
9. If admission to the ICF/MR is approved by the ICF/MR, the CSC and/or TCM will assist the family in obtaining legal approval through the court system.
10. If admission to the ICF/MR is not approved by any of the above parties, the CSC and/or TCM will assist the individual in accessing community services that will correspond with his/her preferred lifestyle.
11. If admission to an ICF/MR is approved by the court, the CSC and/or TCM will assist the individual in the admissions process and transition to the ICF/MR. The TCM will submit to the PC a progress report due the first working day of every month until the individual returns to community services, or until case management is terminated.

12. The TCM must submit a written plan to transition the individual back into community services to the CSC within 30 days of admittance. This plan must address identified individual needs and supports necessary for successful community placement, as well as action steps to meet these needs and supports. The TCM must also submit a written timeline as part of this plan. Monthly written reports must be made by the TCM to the CSC by the first working day of each month regarding the progress on this plan.
13. When the individual is placed back in the community, the TCM will submit a progress report to the CSC, which is due 30 and 90 days following the placement.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Case Management</b>	Policy Number	<b>F-01</b>
Policy Name	<b>Support to People Who Self Direct</b>	Revision Date	<b>10/2008</b>
Former Number	<b>G-07-03</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to identify the monitoring and oversight requirements for individuals and/or guardians who self-direct.

**POLICY:**

Case management providers shall monitor self-directed services to ensure the services meet minimum requirements set forth by the Department of Social and Rehabilitation Services Division of Disability and Behavioral Health Services Community Supports and Services (SRS DBHS/CSS).

**PROCEDURES:**

1. Self-direction is a management tool that supports an individual with a disability or their guardian to be in charge of and responsible for the personal assistance services they receive. Per K.A.R. 30-63-10, self-directed services must meet the following requirements:
  - a. The services are directed and controlled by an adult receiving services, the parent or parents of a minor child receiving services, or the guardian of the person receiving services;
  - b. The person directing and controlling the services selects, trains, manages, and dismisses the person or persons providing the services, and coordinates payment;
  - c. The person directing and controlling the services owns, rents, or leases the whole or a portion of the home in which services are provided; and
  - d. The person receiving services does not receive services in a home otherwise requiring a license pursuant to K.A.R. 30-63-10.
2. The case manager must monitor the provision of services and upon request provide

documented evidence to the Sedgwick County Developmental Disability Organization (SCDDO) that the following requirements are met:

- a. If any person providing services also lives in the home in which services are provided, there is a written agreement specifying that the person receiving services will not be required to move from the home if there is any change in who provides services, and that any person chosen to provide services will be allowed full and reasonable access to the home in order to provide services.
3. The person directing and controlling the services must cooperate with the SCDDO's quality assurance committee and allow review of the services as deemed necessary by the committee to ensure that the person's needs are met. In addition, the person directing and controlling the services must cooperate with DBHS and allow monitoring of the person's services to ensure that the case manager and the SCDDO's quality assurance committee have adequately reviewed and determined the person's needs are met.
4. If at any time, the case manager feels the person receiving services is or may be at risk of imminent harm, the case manager must notify Adult or Child Protective Services (APS/CPS) and the SCDDO Quality Assurance Department immediately.
5. If it is determined by the APS/CPS or the SCDDO the person receiving services is or may be at risk of imminent harm to the person's health, safety, or welfare, the person directing and controlling the services shall correct the situation promptly.
6. If the situation is not so corrected, after notice and an opportunity to appeal, funding for the services shall not continue.
7. Prior to initiation of self-directed services and at least annually thereafter, the case manager shall explain the benefits and responsibilities of self-directed services as well as the possible consequences if responsibilities are not met.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Case Management</b>	Policy Number	<b>F-02</b>
Policy Name	<b>Service Stipulations and Limitations</b>	Revision Date	<b>10/2008</b>
Former Number	<b>G-07-04</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

This policy identifies the limitations and stipulations for the provision of case management services.

### **POLICY:**

Case managers shall not provide any service other than case management to any person receiving direct service from the organization that employs the case manager. In addition, case managers shall not be supervised by anyone responsible for the provision or supervision of direct services.

### **PROCEDURES:**

1. Case managers/case management providers must attest to the Sedgwick County Developmental Disability Organization (SCDDO) Case Management Coordinator that each case manager provides no direct services to any person other than case management. For the purpose of this policy “direct service” is defined as any service that would normally be performed by direct contact or other support staff.
2. Each person shall have only one Mental Retardation/Developmental Disability (MR/DD) case manager billing for services. If a person has an MR/DD targeted case manager (TCM) and a case manager for another system or waiver, the team needs to determine a primary or lead case manager to coordinate all services. The team includes the service professionals working with the individual from both the MR/DD system and any other service systems.
3. Case managers must not be supervised by anyone responsible for the provision or supervision of direct services to any person.
  - a. Current providers must report to the SCDDO the current line of authority and supervision for TCM staff, and all job responsibilities for the designated supervisor of case managers.
  - b. New case management providers must report this information to the SCDDO

- prior to providing or billing for case management services.
- c. All providers must report any changes in the supervision of case management staff prior to implementing those changes.
  - d. The TCM supervisor is responsible for notifying the SCDDO Case Management Coordinator within 10 days when a case manager begins or ends employment at their organization. Notification should include hire date, termination date, and contact information for any new TCM's.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Case Management</b>	Policy Number	<b>F-03</b>
Policy Name	<b>Consequences for Failure to Comply with Case Management Requirements</b>	Revision Date	<b>11/2008</b>
Former Number	<b>G-07-10</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

This policy identifies consequences the Sedgwick County Developmental Disability Organization (SCDDO) may impose on any Targeted Case Manager (TCM)/targeted case management provider who fails to comply with case management requirements as identified in K.A.R. 30-63-32, SCDDO policies and procedures and/or the CDDO-Community Service Provider (CSP) affiliation agreement

**POLICY:**

If any case manager/case management provider fails to meet the requirements set forth in regulation, SCDDO policies and procedures and/or the CDDO-CSP affiliation agreement, the SCDDO may impose consequences including, but not limited to the provider becoming disqualified, and not able to provide, bill, or receive payment for case management services.

**PROCEDURES:**

1. All case managers/case management providers must meet the requirements set forth in K.A.R. 30-63-32, applicable SCDDO policies and procedures, and the CDDO-CSP affiliation agreement.
2. If a case manager/case management provider fails to meet the requirements, the SCDDO shall gather any necessary data via file reviews, billing/reimbursement audits, etc. and discuss the issue or concern with the provider. Provider concerns are also shared with SRS licensing staff. Possible areas of deficiency include, but are not limited to:
  - a. Not meeting requirements set forth in the contract.
  - b. Failure to respond to requests.
  - c. Not meeting deadlines.

- d. Failure to work with other agencies.
  - e. Failure to request adequate funding for individuals.
3. If the provider fails to correct the identified deficiency, the SCDDO will request a corrective action plan to include the provider's plan for correcting the identified deficiency with dates of implementation and proactive actions to ensure the deficiency is not repeated.
  4. If the provider fails to correct the identified deficiency, or if the deficiency recurs, the SCDDO shall notify the provider that it is on probationary status for a specified amount of time during which it is expected the provider will take immediate action to correct the deficiency. During the probationary period, the provider will not be included on the case management referral list and may not accept new referrals.
  5. At the end of the probationary period the SCDDO will decide, based on the corrective action of the provider to:
    - a. Notify the provider they have corrected the identified deficiency, therefore the probationary period will end, the provider will be added to the case management referral list, and the provider may begin accepting new referrals; or
    - b. Extend the probationary period to determine if the corrective action remedies the concern; or
    - c. Notify the provider it has failed to correct the identified deficiency and that the SCDDO plans to initiate termination of the CDDO-CSP affiliation agreement for case management services.
      6. SCDDO may take over the responsibility for billing TCM services if the provider does not bill correctly at least monthly for all services provided. SCDDO will give written notice to the provider of its intention to assume the billing responsibilities 10 calendar days prior to the date of assumption of responsibility. If the SCDDO assumes responsibility for billing TCM for the provider, the SCDDO will withhold an administration fee from the TCM rate of no more than 15%.
  7. Providers who have been disqualified may not re-apply to become a case management provider until they provide evidence they are able to comply with all case management requirements. Such evidence may include revised policies, additional training obtained, or changes in the make up of the organization.

**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>10/2008</b>
Former Number	<b>H-08-01</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to identify the responsibilities of the Quality Assurance Committee (QAC) to ensure responsive services are provided to all persons and corrective action is taken for any identified deficiencies.

**POLICY:**

The Sedgwick County Developmental Disability Organization (SCDDO) will ensure the quality of services provided to persons served by each Community Service Provider (CSP). The review shall include provisions to determine whether or not:

1. Services are provided consistent with the Person Centered Support Plan(PCSP);
2. Services are provided in a manner that offers opportunities of choice to the person being served;
3. The CSP is affording the person being served all of the person's legally protected rights;
4. Services that are paid for are delivered.

**PROCEDURES:**

1. Every Community Service Provider (CSP) that provides Targeted Case Management (TCM) is responsible for an annual on-site visit for each individual who receives TCM from their agency plus one additional service.
2. The SCDDO QAC will also provide on-site monitoring and review PCSP's of a sample of individuals who receive TCM plus one additional service.
3. The QAC will be comprised of persons representing each of the following categories: persons receiving services, their family members and/or guardians, interested citizens, and TCM service providers.

4. Each CSP approved and licensed to provide TCM is required to appoint at least one representative from the agency, as well as recruit one volunteer not paid by the agency, or one person receiving services or their family member/guardian to participate on the QAC.
5. Typically, each CSP is assigned reviews for whom they provide TCM. However, if a CSP representative is not able to recruit a volunteer, the agency representative will be assigned another agency to review. The same also happens in the instance of a small provider when a case manager is the CSP representative. This provides for an outside view of the service(s) provided. Case managers are not review their own work as a part of this process.
6. The CSP representative shall be the person who maintains oversight of the agency's Quality Assurance and/or TCM department.
7. The QAC will review a sample of consumers randomly selected by the SCDDO Quality Assurance team. Each TCM agency serving 5 or more people who receive TCM and at least one additional service is to be assigned at least one review each quarter. Each licensed CSP serving three or more persons is to be reviewed at least once annually.
8. The QAC review will consist of the following:
  - a. First, a review of the selected person's documents pertaining to his/her individual services. At minimum, the Person Centered Support Plan must be reviewed, as well as the Behavior Support Plan and Psychotropic Medication Plan as applicable.
  - b. Second, an on-site review of each service received. This will include Supportive Home Care (SHC), Family Support, Day, and/or Residential services. The review must be conducted in the home in the case of Family Support, SHC or Residential services. In the case of Supported Employment, the individual receiving that service may choose where the interview will occur. Individuals who receive Day services from more than one CSP shall be reviewed at the site where the majority of their time is spent.
9. On-site reviews will be conducted both with the individual AND his/her paid staff if applicable. This includes paid family members. If staff is not present, the QAC team member should follow up with the staff person at another time before submitting the QAC review to assure all information is complete. It is the decision of the individual whether his/her interview is conducted confidentially or with staff present. Exceptions can be made if the review

team can demonstrate to the SCDDO QA Team that sufficient attempts have been made to conduct the review with staff present.

10. The review team will use review tools developed by the QAC that correspond with the service document and service reviewed.
11. If any concerns are noted from the document review or on-site monitoring, the reviewing CSP is responsible for assuring corrections are made using that agency's internal Quality Assurance mechanisms.
12. All original review tools and copies of reviewed documents will be provided to the SCDDO QA Team by the due date assigned. Reviews not received by the due date will receive a score of 0 for the case management portion of the review. The other services will not be scored due to the lack of data to produce a score.
13. The SCDDO QA Team will provide feedback with any trends and positive items noted from the reviews on a quarterly basis to each CSP that provides TCM. Reports to other CSP's are shared on a quarterly basis or when provider meetings are held.. If any system trends are noted at that time, the CSP will develop a Corrective Action Plan (CAP) and submit it to the SCDDO Quality Assurance staff within 30 days of the date the feedback was given to the CSP.
14. The CAP shall include at least the following:
  - a. The method by which the CSP intends to address each issue.
  - b. Timelines and persons responsible for each objective.
15. The SCDDO QA Team may also request revisions to documents and/or procedures based on individual QAC reviews as necessary. Those revisions will be due within 30 days of the date the feedback is given to the CSP as well.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-02</b>
Policy Name	<b>Compliance w/Regulatory and Contractual Requirements</b>	Revision Date	<b>10/2008</b>
Former Number	<b>H-08-02</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

The purpose of this policy is to identify methods for reviewing Community Service Provider (CSP) compliance with applicable regulatory and contractual requirements.

### **POLICY:**

The Sedgwick County Developmental Disability Organization (SCDDO) will review services provided by affiliated CSPs to determine if they meet applicable contractual requirements.

### **PROCEDURES:**

1. Each provider licensed by the Department of Social and Rehabilitation Services Division of Disability and Behavioral Health Services Community Supports and Services (SRS DBHS/CSS) must immediately notify the SCDDO anytime DBHS/CSS issues written notice to the provider of a determination of noncompliance, including any plans of action submitted by the provider, enforcement actions taken by DBHS/CSS, requests for mediation regarding the findings of DBHS/CSS, as well as any emergency orders issued by DBHS/CSS. Further, the provider must cooperate with the 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.
2. The SCDDO quality assurance staff will conduct site visits, review information provided through agency Quality Assurance Committees, reports of suspected abuse, neglect, exploitation, and subsequent corrective action, customer satisfaction surveys, and complaints or concerns brought to the attention of the SCDDO.
3. The results of these reviews will be discussed with the provider, who is expected to take corrective action when warranted and develop internal systems for quality management. These concerns will be shared with SRS licensing staff.

4. If the provider demonstrates a pattern of failing to correct identified deficiencies, the SCDDO will provide written notice to the provider including the deficient areas, expectations for corrective action, and a period of time during which corrections must be made.
5. If the provider fails to correct the deficiencies, or if at any time the SCDDO feels that the provider's noncompliance creates a dangerous situation to the health, safety, or welfare of any person or persons, the SCDDO may take any or all of the following actions:
  - a. Suspend all or part of the payments provided for in the CDDO-CSP affiliation agreement;
  - 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. Place the provider on probationary status for a specified amount of time during which it is expected the provider will take immediate action to correct the deficiencies. During the probationary period the provider may not accept new referrals.
  - d. Terminate the CDDO-CSP affiliation agreement.
  - e. Implement any action allowed by the current CDDO-CSP affiliation agreement.
6. A provider may appeal any of these actions using dispute resolution procedures identified in 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>11/2008</b>
Former Number	<b>H-08-03</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to outline the coordination that is necessary in the person-centered support planning process.

**POLICY:**

The person and the person's support network must work together to prepare a single person-centered support plan. That plan is to be kept current.

**PROCEDURES:**

1. The targeted case manager is responsible for assuring that the person-centered support planning process occurs. The lead coordination role in preparation of the plan shall be designated in the plan. This person can be the person, the guardian (if applicable), a member of the person's support network, or a Community Service Provider (CSP).
2. Reasonable notice regarding all planning, team and coordination meetings shall be given so that all parties involved may participate fully in the planning process.
3. Each CSP is responsible for providing the person, the guardian (if applicable), the support network and other CSP's with any documents or information necessary to prepare, implement, review and revise the person-centered support plan.
4. The person, the guardian (if applicable), a member of the person's support network, or a CSP shall take the lead coordination role for medical issues management and this shall be designated in the plan.
5. The lead coordinator in preparing the plan must distribute copies of the approved person-centered plan to all CSP's involved in the person's support network within 30 days of the annual person-centered plan meeting or anytime the plan is revised.

6. Each CSP is responsible for completing and implementing that part of the plan that pertains to the services they provide.
7. Each CSP is responsible for regularly reviewing the plan and reporting any needed updates to the lead coordinator for writing the plan. Any member of the support network can request a meeting with the team to discuss needed changes. The lead person in preparing the plan must document the changes in the plan and distribute revisions as outlined in procedure 5.

## 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>10/2008</b>
Former Number	<b>H-08-06</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

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

### **POLICY:**

Sedgwick County Developmental Disability Organization (SCDDO) will respond to issues regarding the SCDDO and affiliated providers. Complaints from customers, the community, community service providers, and SCDDO staff are resolved in a timely manner.

### **PROCEDURES:**

1. The SCDDO staff person receiving the complaint will notify the appropriate staff member.
2. If the complaint is about:
  - a. a SCDDO staff person, then the staff person's supervisor is designated as the service representative.
  - b. an affiliated community service provider, then a staff person in quality assurance is designated as the service representative.
  - c. functions and responsibilities of the SCDDO, then a management team member is designated as the service representative.
  - d. an area not addressed above, then the complaint will be forwarded to the director.
3. The service representative will make contact with the complainant within 24 hours and will resolve the issue as quickly as possible.

## Sedgwick County Developmental Disability Organization

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-05</b>
Policy Name	<b>Death Reporting</b>	Revision Date	<b>10/2008</b>
Former Number	<b>H-08-08</b>	SRS Approval Date	<b>08/2009</b>

### **PURPOSE:**

This policy will clarify agency responsibilities for reporting deaths to the Sedgwick County Developmental Disability Organization (SCDDO).

Each Community Service Provider (CSP) must report to SCDDO, the death of any person in Sedgwick County listed in BASIS.

### **PROCEDURES:**

For purposes of this policy, all definitions, references, and requirements set forth in the Department of Social and Rehabilitation Services Division of Disability and Behavioral Health Services Community Supports and Services (SRS DBHS/CSS) policy regarding death reports shall be considered a part of this policy.

1. The death of any person who receives Home and Community Based Services (HCBS/MR) waiver, SCDDO or DBHS/CSS funding for services, including people who receive services in an intermediate care facility for the mentally retarded (ICF/MR), or are self directing their care should be reported.
2. Each CSP must provide an initial death report to the SCDDO Quality Assurance Team by telephone, e-mail, or fax by the end of the next business day. The report should include where the person was when the death occurred, the circumstances surrounding the death and the apparent cause of death.
3. The provider must also promptly notify the person's family or guardian, any service provider involved in serving the person, and the DBHS/CSS Performance Improvement staff for Sedgwick County.
4. Adult Protective Services, Child Protective Services, or the Kansas Department of Health and Environment should also be notified when there is any reasonable suspicion that abuse, neglect or exploitation may be involved in the death event

or circumstances surrounding the death. Law enforcement authorities and/or the coroner should be notified when the death is unexplained or there is any reasonable suspicion that criminal activity may be involved in the death event or circumstances surrounding the death.

5. If no autopsy is being conducted, a final death report and narrative summarizing the event prior to the individual's death must be completed and forwarded to the SCDDO within 15 working days from the date of death. If there was a Do Not Resuscitate Order (DNR) for the person the narrative should include information regarding when the DNR was signed, by whom and if it was utilized at the time of death.
6. If an autopsy is conducted, the final report is due within 5 working days of receipt of the autopsy report.
7. All reports are forwarded to DBHS/CSS in Topeka and the Performance Improvement staff for Sedgwick County.

**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>10/2008</b>
Former Number	<b>H-08-10</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The purpose of this policy is to clarify agency responsibilities for reporting critical incidents to the Sedgwick County Developmental Disability Organization (SCDDO).

**POLICY:**

Agents of any Community Service Provider (CSP) providing services must report by the end of the next business day any incident that involves a person served requiring emergent medical treatment, or the involvement of police.

**PROCEDURES:**

1. Definitions used in this policy:
  - a. Emergent Medical Treatment is any occurrence of an individual being taken to the emergency room, assessed by emergency medical personnel or admitted to a medical or psychiatric hospital.
  - b. Police Involvement is any occurrence of an individual having contact with the police the provider is made aware. Involvement can include being a victim or perpetrator.
2. Notification of the incident may be made to the quality assurance department via fax, e-mail, or phone. The report should include the name of person involved, their social security number, the date of the incident, type of report, and summary of the incident.
3. The CSP should also provide updates regarding these incidents until the medical issue or police involvement is resolved.

**Sedgwick County  
Developmental Disability Organization**

Policy Section	<b>Quality Assurance</b>	Policy Number	<b>G-07</b>
Policy Name	<b>ANE: Reports Made to the SCDDO</b>	Revision Date	<b>10/2008</b>
Former Number	<b>H-08-15</b>	SRS Approval Date	<b>08/2009</b>

**PURPOSE:**

The objective of this policy is to outline reporting procedures for affiliated community service providers who are required by contract and regulation to report incidents of suspected abuse, neglect, or exploitation to the Sedgwick County Developmental Disability Organization (SCDDO).

**POLICY:**

Agents of any Community Service Provider (CSP) providing services must report by the end of the next business day any incident of suspected abuse, neglect, or exploitation to the appropriate official body responsible for investigating such incidents, including the SCDDO.

**PROCEDURES:**

1. For the purposes of this policy, the definitions of abuse, neglect, and exploitation are those currently in use by Adult Protective Services (APS) and Child Protective Services (CPS).
2. Notification may be made by sending a report by fax or email to the quality assurance department using the SCDDO form or similar form that includes the following information: date of incident, person involved, social security number, person/agency reporting, description of the incident, alleged perpetrator, and date the incident was reported to APS/CPS.
3. The SCDDO requires follow-up information 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. If an incident is confirmed, then a copy of the corrective action plan and subsequent correspondence if the plan is not approved.
  - e. Additional information may be requested as needed.
4. The SCDDO will share information with community service providers of ANE trends.