

KANSAS DEPARTMENT OF SOCIAL & REHABILITATION SERVICES
DIVISION OF HEALTH CARE POLICY
COMMUNITY SUPPORT AND SERVICES

**BASIC ASSESSMENT
AND
SERVICES INFORMATION SYSTEM
(BASIS 6.0)**

Forms Instruction Manual
Version 6.0

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INTRODUCTION

History

From 1981 to 1995 a database was maintained by SRS/HCP, from data submitted by community service providers, to provide demographic and service information about adults with developmental disabilities who were receiving community services or waiting for such services. During that period, the information system lapsed several times due to delays in data entry and errors in submission. In 1988 it was revived, and attempts were made to render it more useful and more accurate.

That database, called the Kansas Rehabilitation Information System (KRIS), was limited in a number of ways. First, it collected only demographic and services information, so it was not useful in determining relative level of disability. Second, there was no agreed upon definition of what it meant to be “waiting for services.” This often resulted in infants and very young children being reported as waiting for adult services, therefore spending years on the waiting list. Third, the children who were being served, primarily in developmental preschools, were often under reported or not reported at all. Finally, a single person could be reported by several community service providers simultaneously, unnecessarily duplicating the number of persons reported as waiting for services. Eliminating duplication of persons reported and correcting errors was difficult, and brought the accuracy of the information into question.

In 1992, KRIS was modified to include a primary and secondary waiting list. To be included on the primary list, a person had to agree to accept services, if offered, immediately. While this resulted in a decrease in the waiting list number reported to the Legislature, the list was still quite large.

In 1989, SRS/HCP began a project to develop a reimbursement system that would link level of payment to relative level of disability. Toward that end, an assessment instrument called the Developmental Disabilities Profile (DDP), developed by the New York Office of Mental Retardation and Developmental Disabilities, was adopted. The DDP is a four-page instrument designed to collect information about adaptive functioning skills, challenging behaviors, and health factors. It yields three index scores (from which a converted score is also calculated). The higher the score, the greater (more severe) the disability.

The DDP has been used since July, 1990, as the eligibility instrument for Intermediate Care Facilities for persons with Mental Retardation (ICFs/MR) and Home and Community Based Services for persons with Mental Retardation and other Developmental Disabilities (HCBS/MRDD). One factor in reimbursement levels for ICFs/MR is their average converted DDP score. Certain HCBS/MRDD rates are also tied to reimbursement tiers which relate to ranges of DDP index scores so providers are reimbursed at rates corresponding to the relative severity of disability of the person served.

Prior to December, 1995, the DDP was required to be completed only on persons residing in ICFs/MR, including State Mental Retardation Hospitals (SMRH), and those receiving HCBS/MRDD funded services. SRS/HCP has maintained a DDP data base, which collected

and scored DDPs, since 1989. By July, 1995, the data base contained about 8,000 records, however, not every person served or waiting for services had a completed DDP, and not every person for whom there was a DDP was reported in KRIS. All DDPs were entered by SRS/HCP staff.

When the HCBS/MRDD Medicaid waiver was implemented in July, 1991, SRS/HCP began collecting information about HCBS/MRDD recipients. This information constituted the HCBS/MRDD Tracking List, another data base, designed to help manage the HCBS/MRDD budget, as well as, to assist SRS field staff and community service provider staff in performing annual re-evaluations. Often, however, persons reported on the Tracking List were not reported in KRIS.

Each of the three aforementioned data bases met a need, but each had limitations. In addition, the three systems all contained data elements which were duplicative and, in some instances, unnecessary. The growth in the number of DDPs, which paralleled the growth in the HCBS/MRDD program, resulted in a data entry overload for SRS/HCP. One staff person performed all data entry, and as the number of records increased, the turnaround time for agencies to receive scores in order to learn whether someone was eligible for ICF/MR or HCBS/MRDD increased from five working days to several weeks. In mid-1994, SRS/HCP began exploring alternative ways to meet the need for comprehensive information about persons with developmental disabilities, and to provide more timely funding eligibility determinations.

Development

The first stage of development involved the DD Administrator of Information Services visiting a sample of community service providers which represented urban and rural areas of the state, as well as small and large agencies and all geographic regions. The intent of these visits was to obtain input about problems with the three information systems and ways they could be improved.

The primary recommendation from the agencies was to create standard criteria for inclusion on the waiting list. Following the visits, all community service providers were informed that SRS/HCP was planning to create a single consolidated information system.

An internal work group was formed to begin developing the new system. It was decided the system would be designed with the following outcomes:

1. SRS/HCP staff would not be responsible for data entry;
2. All submission of data from Community Developmental Disability Organizations (CDDOs) would be electronic;
3. Only unduplicated, essential information would be included;
4. Criteria would be outlined for persons to be included in the system;

5. All eligible persons, served or waiting, including children whose families were receiving family support, would be included in the system;
6. DDPs would be obtained for all eligible persons, whether served or waiting for services, age five or older; and
7. CDDOs would receive funding eligibility determinations more quickly.

SRS/HCP developed data entry screens and instruction manuals. Four community service providers were selected to test the system during late summer and early fall of 1995. Data entry and information collection training occurred in October and November of 1995, and implementation of the new system, the Basic Assessment and Services Information System (BASIS 1.0), began December, 1995.

Description

BASIS consists of five sections. Section 1 contains individual information - basic demographic information about each person who is receiving, or waiting for, services. Section 2 contains assessment information, from the DDP, about the person's ability to perform a variety of daily living skills, his or her medical condition, and any challenging behaviors. Section 3 consists of service information - the kind of service(s) the person is receiving or waiting to receive. Section 4 is designed to collect information about the service system, and Section 5 examines the use of psychotropic medication and psychotropic PRN medication.

For information to be included in BASIS for a specific person, the following conditions must be met:

1. The person must meet the MR/DD definition as established by statute and SRS regulation;
2. Assessment information must be completed if the person is five years of age or older;
3. The person, family, or guardian must indicate willingness to accept services if offered up to three years from the date of application;
4. The person, family, or guardian has requested, or is receiving, one or more of the following services and supports:
 - a. Residential services;
 - b. Day services;
 - c. Individual/family support;
 - d. Other support; or
 - e. Direct financial support; and
5. The person, family, or guardian is contacted annually and indicates the continued need for services or support.

Implementation

During the initial implementation of BASIS 1.0, SRS/HCP gave each CDDO and State Mental Retardation Hospitals (SMRH) a data file containing DDP (assessment) information on the persons served in their areas. In addition, CDDOs had the option of performing all data entry for their affiliates or collecting the information electronically. SRS/HCP required the 28 CDDOs and SMRHs to submit all data for their areas electronically. There were several problems in the beginning. Some related to old data which was not updated following the conversion. This caused some persons' DDP scores to drop. Other problems included difficulty transmitting data, and confusion about who should be included in, and who should be excluded from, the system. The DD Administrator of Information Services provided ongoing technical assistance by telephone as well as on site to help agencies develop their BASIS 1.0 capabilities.

SRS/HCP staff held two question-and-answer meetings in April, 1996, to assess how well BASIS 1.0 was working and obtain input on the system. As a result of those meetings, some modifications have been made to the data entry software to make it more user friendly (BASIS 1.1).

Initially, the goal in implementation was to convert all CDDOs and SMRHs to BASIS 1.0. Following this, work began on verifying and correcting the information. During the first 18 months of implementation, SRS/HCP produced daily reports to help CDDOs establish the accuracy of the information they submit. Eligibility determinations are now downloaded by CDDOs weekly. In addition, a variety of reports have also been provided to all CDDOs on specific aspects of their data to help them ensure its accuracy. SRS/HCP staff have also worked with several CDDOs individually to assist them in correcting problems with their information. This ongoing evaluation process has resulted in an information system that provides accurate, comprehensive information about persons with developmental disabilities.

Information Flow

Data is collected for BASIS as persons apply for or enter service. Revisions to all but the Assessment Section can be made any time; the System Analysis and Psychotropic Medications sections must be updated twice annually; the Assessment Section is updated annually during the month of the person's birth. Data must be transmitted at least once per week to HCP's Citrix server. In order for transmissions to be processed weekly, each CDDO must transmit prior to 6:00 AM on Thursday. The "transmission week" begins Thursday at 6:01 AM and ends at 5:59 AM on the following Thursday.

All five sections of BASIS must be transmitted each time. No data is processed until all CDDOs have transmitted. This is necessary to ensure that any statewide data reported is all from the same time period, and is as current as possible. All CDDOs must designate a "BASIS Contact" to receive information and reports from HCP.

Individual Assessments cannot be processed by HCP to obtain DDP scores. HCP will not process individual agency data, except on Thursdays, when all CDDO data is processed.

GENERAL INSTRUCTIONS

Who is included?

In order for anyone to be included in BASIS 6.0, he or she must meet all the criteria outlined on page 5 of this manual. If the person does not meet all the criteria, he or she must not be included in BASIS 6.0. A critical criterion, and the first which must be met, is that the person meets the definition of mental retardation or other developmental disability contained in Appendix A of this manual. A flowchart illustrating the steps involved in determining eligibility is also contained in Appendix A.

BASIS 6.0 only includes information on person receiving services or waiting for services and willing to accept services within three years from the date of application. This time period permits planning, at the state level, for two annual budget cycles. CDDOs may, and should, maintain planning lists locally of persons who want services further in the future. Such persons would be entered into BASIS 6.0 as their anticipated service date falls within the three year time frame. The “Date Requested” field (see Section 3 instructions in this manual) will be used to determine who can be expected to enter service annually.

Collection and Transmission of Data

The information collected in BASIS 6.0 comprises the statewide application required in the DD Reform Act. CDDOs are required, by this act, to serve as the single point of entry for developmental disabilities services. Only those trained to complete BASIS 6.0 forms may collect the information. For persons already in service, the provider of case management services will collect the information, and that provider’s code will be placed in the “Reporting Agency” field (see Section I instructions in this manual). Exceptions to this are persons residing in private ICFs/MR and SMRHs (CDDOs must collect the information, but use the ICF/MR’s or SMRH’s code in the “Reporting Agency” field).

Because of the requirements of DD Reform, CDDOs are required to transmit electronically all BASIS 6.0 data to HCP for everyone served in their areas. Affiliates may collect the information, if they provide case management, but CDDOs must transmit it. Ultimately, CDDOs are responsible for the accuracy and validity of the data for their areas. All reports generated by HCP from BASIS 6.0 data will be sent to CDDOs, including assessment scores and error reports. It is the responsibility of each CDDO to distribute this information to its affiliates, private ICFs/MR, and SMRHs.

CDDOs transmit their entire data bases each week to HCP. This information is processed on Thursdays and reports are prepared for each CDDO area, and placed on HCP’s Citrix server for downloading. These reports are:

1. A listing of assessment scores for persons in the CDDO area; and
2. An error report, listing errors in the CDDO data base.

Any reports for SMRHs, private ICFs/MR, or other CDDO affiliates are provided to the CDDO for distribution to appropriate agencies. All weekly reports should be reviewed immediately for accuracy, and HCP notified of any potential errors or discrepancies.

When to Make Changes

Changes may be made at any time to all sections, except the Assessment Section, and must be made every six months to the System Analysis and Psychotropic Medications Sections. These would include individual or guardian address changes, changes in residential or day service status, entering service, leaving service, days of attendance, medication changes, and monitoring of medications. Any time such a change is made, the date field for that section should be updated. Without such an update, any data transmitted to HCP will be ignored. If a change in the Services Section involves closing someone out of service, a reason for closure must be given.

Changes to the Assessment Section may only be made annually, at the time of each person’s annual update which is completed in his or her birth month. Annual re-evaluations must be submitted to HCP during the birth month of the person; they will not be accepted otherwise and the reimbursement tier of the person will remain the same for another year. Annual re-evaluations that are not submitted timely could result in fiscal sanctions. Revisions of the data in this section at any other time may not be made without the permission of the HCP MR/DD Program Manager (785/296-3537). **All information in the Assessment Section should relate to the past year of the person’s life, not merely a few weeks or months prior to the completion of the annual update.**

Use this table as a guide for making changes in BASIS:		
SECTION	ANYTIME	MUST MAKE CHANGES
1. Information	YES	
2. Assessment	NO*	ANNUALLY (birth month)
3. Services	YES	
4. System Analysis	YES	EVERY 6 MONTHS (birth month and 6 months later)
5. Psychotropic Drugs	YES	EVERY 6 MONTHS (birth month and 6 months later)
*Revisions in the ASSESSMENT section that are not Annual require permission from the HCP MR/DD Program Manager (785-296-3537).		

Payment for Collection of BASIS Data

Agencies providing case management may bill Medicaid, via Blue Cross Blue Shield of Kansas, for completing the Assessment Section of BASIS. Up to four hours per screening may be billed at \$25.00 per hour. Time spent completing the other sections may be billed under Targeted Case Management, using the hourly rate for that service. If the individual is not eligible for Medicaid, the CDDO contract contains funds for administration of DD Reform intended to cover such instances.

SPECIAL INSTRUCTIONS

State Mental Retardation Hospitals

Persons who currently reside in a State Mental Retardation Hospital (SMRH) must have BASIS 6.0 information completed annually. There are special instructions for this available from HCP Community Supports and Services. Only staff at the two CDDOs in whose areas the SMRHS are located need to be aware of these instructions.

Persons served in SMRHs should never be reported as waiting for community services in the Services Section, however, there are questions in the System Analysis Section which are used to indicate that someone residing in an SMRH has requested community services.

Private ICFs/MR

The Developmental Disabilities Reform Act (K.S.A. 39-1801-1810) gives the CDDO in whose geographic area a private ICF/MR is located the authority and responsibility to screen persons for eligibility for ICF/MR services. When a person applies for admission to a private ICF/MR, the CDDO must first determine if the person has a diagnosis of mental retardation or meets the definitional criteria for a developmental disability. The CDDO also has a responsibility to inform the person, family, and guardian of services and supports which can be made available to the person. Following this, BASIS information must be collected by CDDO staff and transmitted to HCP.

If the person has applied to an ICF/MR outside the geographic area covered by his or her local CDDO, that CDDO must inform the CDDO in whose area the ICF/MR is located, and forward all BASIS information collected. When persons apply directly to an ICF/MR, it is the responsibility of the ICF/MR to inform their CDDO so that the steps discussed above can be completed.

A person may be admitted to an ICF/MR if he or she is mentally retarded or otherwise developmentally disabled, scores over 35 on the Assessment Section of BASIS (DDP), and placement is consistent with the specific lifestyle choice made by the person or the person's guardian, if one has been appointed. HCP must also authorize payment for ICF/MR services, but will not do so unless these criteria are met.

For all persons residing in private ICFs/MR who are mentally retarded or otherwise developmentally disabled, the CDDOs whose areas include the ICFs/MR will complete BASIS forms and transmit the data to HCP annually during the month in which the persons' birthday occurs. In addition, CDDOs whose service areas contain ICFs/MR will share information collected during annual updates with the CDDOs responsible for the home counties of the persons living in the ICFs/MR. The information must also be provided to the ICFs/MR.

The CDDO in whose area the ICF/MR is located is responsible for data entry, transmission of data, and will receive all reports from HCP. The BASIS contact person for the CDDO will be the contact person for the ICF/MR as well. The CDDO will use the agency number of the ICF/MR as the reporting agency in the Information Section of BASIS.

The only data needed in the Services Section are:

1. “Residential” services provider (the ICF/MR agency code);
2. “Date Applied”;
3. “Date Requested”;
4. “Date Entered”; and
5. “Funding Source”.

Persons served in ICFs/MR should never be reported as waiting for services in the Services Section, however, there are questions in the System Analysis Section which are used to indicate that someone residing in an ICF/MR has requested community services. When the person leaves the ICF/MR, the “Date Closed” and “Reason for Closure” fields must be completed.

If an agency other than the ICF/MR is providing “Day” service, the “Date Applied”, “Date Requested”, “Date Entered”, and “Funding Source” fields for “Day” service need to be completed. **Under no circumstance is the “Case Management” field to be completed on anyone in an ICF/MR. The funding source for all services for a person residing in an ICF/MR is “Other”.**

Annual Re-evaluation Procedures

Assessment (DDP) re-evaluations for persons receiving, or waiting for, services are due annually for every person recorded in BASIS (unless they are under age five) in the month in which the person’s birthday falls. **If the annual re-evaluation is not received by HCP in the person’s birth month, it will not be accepted and the reporting agency must wait until the birth month occurs in the next year to submit the assessment.**

The procedures below must be followed to complete an annual re-evaluation:

1. Update any items in the Assessment Section by interviewing the person, his or her family, and staff who know the person well, then reviewing current records.
2. If this is the person’s first annual re-evaluation, change the “Type of Report” field (#1) in the Assessment Section to “Annual Re-evaluation”.
3. Change the “Date Assessment Completed” field (#2) in the Assessment Section.
4. If the person is receiving HCBS/MR funded services, an *HCBS/MR Re-evaluation Form* (MR-4) will be generated by HCP and must be signed by the case manager. The form is then kept on file by the case management agency. **Do not send this form to HCP.**

Since an initial assessment could occur one to eleven months before a person’s birth month, some persons’ annual re-evaluations could be due very shortly after their initial screenings (e.g., the person is initially screened in May and his birthday occurs in September). If this occurs less than ten months after the initial screening, the following steps may be completed to get the person into the correct annual re-evaluation cycle and avoid a complete re-screening when less than a year has passed.

1. Change the “Date Assessment Completed” field (#2), in the Assessment Section, to the person’s birth date.
2. Enter “Annual Re-evaluation” in the “Type of Report” field (#1) of the Assessment Section.

Please note that only under rare circumstances will a “Special Re-evaluation w/HCP Permission” be allowed as a “Type of Report” (#1), and only after obtaining prior approval from the MR/DD Program Manager, (785) 296-3537.

Children

For children under the age of five, it is not necessary to complete the Assessment Section of BASIS. All applicable information in the remaining four sections must be completed, however. An assessment must be completed and transmitted in the birth month of the year the child turns five.

If a child is five or older, but under age eleven, a *DDP Children’s Supplement* must be completed, along with the Assessment Section, and kept on file by the case management agency. **Do not send this form to HCP.** In order for the child to be eligible for HCBS/MR funding he or she must score 21 on the *Supplement*, as well as meeting the other requirements for that funding source. It does not matter whether the *DDP Children’s Supplement* or the Assessment Section of BASIS is completed first.

The DDP Children’s Supplement is available from the BASIS Contact, or the HCP website.

REPORTS AND NOTICES OF ACTION

Regular Reports

HCP has provided CDDOs with several routine reports which can be produced from their BASIS 6.0 data. A listing of these routine reports is contained in Appendix C. Because the data is in Access 97, agencies can develop and produce other reports which meet their unique needs. Following the weekly processing of data, HCP also places some reports for each agency on the Citrix server, for downloading. Procedures for obtaining these reports are outlined in the *BASIS 6.0 Data Entry Manual*.

HCP also produces a *Developmental Disabilities Monthly Summary*, which summarizes certain aspects of BASIS data for the entire state.

Verification Reports

HCP also produces, when necessary, various other reports for agencies to verify specific data. These are generally infrequent, but usually require prompt attention from the agency to ensure the statewide BASIS data set is accurate and complete.

It is important to remember that any report HCP produces is based upon data submitted by CDDOs; if the data is incorrect, the report will also be incorrect. Careful attention to the collection, entering, and transmission of the data will minimize the chance of errors.

Notices of Action

Whenever an Assessment is completed for a person for the first time, a *Notice of Action* (MR-5) will be generated by HCP, explaining that the person either is, or is not, eligible for ICF/MR services or HCBS funding. The original of this form is sent to the person and copies are sent to the guardian, if there is one, and to the case manager. The case manager must provide a copy of the form to local SRS Economic Assistance staff to authorize Medicaid payment of services. When a re-evaluation is done which results in the person no longer being eligible for ICF/MR services or HCBS funding, a *Notice of Action* is generated by HCP to that effect. The distribution remains the same.

SECTION 1: INDIVIDUAL INFORMATION

1. SOCIAL SECURITY NUMBER - Enter the individual's nine digit social security number. Since this is a key field, please double check the accuracy of this number, taking care to avoid transposed numbers, etc.
2. DATE OF BIRTH - Enter two digits for the month, two digits for the day, and four digits for the year excluding slashes (e.g., 07171997). Again, be careful to enter the correct date to ensure accurate data retrieval.
3. LAST NAME - Enter as many letters of the last name of the individual as you have spaces for.
4. FIRST NAME - Enter as many of the individual's full given first name as you have spaces for. Do not enter a nickname.
5. MIDDLE INITIAL - If the individual has no middle name leave this field blank.
6. STREET ADDRESS - Enter the house number, street name, and apartment number, if applicable, of the address where the individual currently lives. Do not enter a Post Office box or the address of the agency serving the individual; use the address of the residence.
7. CITY - Enter the name of the city in which the individual currently lives.
8. STATE - Enter the two letter abbreviation for the state in which the individual lives.
9. ZIP CODE - Enter the five digit zip code for the individual's mailing address.
10. PHONE NUMBER - Enter the ten digit telephone number of the residence of the individual, including area code. If the individual has no phone, leave this field blank.
11. COUNTY OF RESIDENCE - Enter the three digit code for the county in which the individual currently lives. County codes may be found in Appendix D.
12. HOME COUNTY - Enter the three digit code for the county of residence of family members, friends, or other persons who know and care about this person. If there are no known natural supports, the home county may be the county in which this person resided prior to placement or the county of residence of the guardian.
13. MEDICAID ID NUMBER - Enter the number found on the individual's Kansas medical card. If he or she does not have a medical card, leave the field blank.
14. SEX - Mark male or female.
15. RACE - Mark the one which best describes the individual's race or ethnic origin.
16. RESIDENTIAL STATUS - Mark the **one** category which best describes the individual's **current** living arrangement. The categories are defined below:

1. Living alone - The individual has no roommate. Paid staff who stay overnight (awake or asleep) do not count as roommates.
 2. Living with 2 or less persons with MR/DD - The individual has two or fewer roommates who are mentally retarded or have some other developmental disability (i.e., no more than a total of 3 persons with MR/DD live in the setting).
 3. Living with 3 to 7 other persons with MR/DD - The individual has 3 to 7 room(house)mates all of whom are mentally retarded or have some other developmental disability (i.e., no more than a total of 8 persons with MR/DD live in the setting).
 4. Living with 8 or more persons with MR/DD - The individual lives in a group home or other facility with 8 or more persons all of whom are mentally retarded or have some other developmental disability (i.e., more than 8 total persons with MR/DD live in the setting).
 5. Living with relatives - The individual lives with one, or more, persons who are related by blood, marriage, or adoption to him or her.
 6. Living with non-relatives who are not MR/DD - The individual lives with a surrogate/foster family or in any other situation with persons who are not mentally retarded or otherwise developmentally disabled and who are not related to the consumer by blood, marriage, or adoption.
 7. Other - Mark this category **only** if none of the others best describes the individual's living arrangement.
17. DAY PROGRAMS - Mark **up to three** categories which best describe the individual's **current** activities which occur during the day. The categories are defined below:
1. Attends school in a classroom, 50% or more each day, with people who are not MR/DD - The individual is included in a regular education classroom at least half the day.
 2. Attends school in a classroom, less than 50% of the day, with persons who are not MR/DD - The individual attends a regular education classroom **less** than half the day. This would include children who attend a segregated classroom 100% of the time.
 3. Generic community activities less than 20 hours per week -The individual participates in community activities, during the day time, not specifically designed for persons with disabilities **less** than 20 hours per week.
 4. Generic community activities 20 or more hours per week - The same as above, except the individual participates in 20 or **more** hours per week.
 5. Work environment designed for persons with MR/DD less than 20 hours per week - The individual spends **less** than 20 hours per week in a sheltered workshop or other work setting specifically designed for persons with MR/DD.

6. Work environment designed for persons with MR/DD 20 or more hours per week - Same as above, except the individual spends 20 or **more** hours per week in such a setting.
 7. Competitive employment less than 20 hours per week - The individual works **less** than 20 hours per week in a setting in which at least 75% of the persons in the setting are not MR/DD.
 8. Competitive employment 20 or more hours per week - The individual works 20 or **more** hours per week in a setting in which at least 75% of the persons in the setting are not MR/DD.
 9. Agency based non-work activities less than 20 hours per week -The individual spends **less** than 20 hours per week in an agency setting engaged in activities which are not related to work, and earn him or her no wage.
 10. Agency based non-work activities 20 or more hours per week - The individual spends 20 or **more** hours per week in an agency setting engaged in activities which are not related to work and earn him or her no wage.
 11. Other - Mark this category **only** if none of the others best describes the individual's activities during the day.
18. IDENTIFIED DISABILITIES - Circle 'yes' for all that apply.
1. Mental Retardation - In order for this category to be marked, the individual must meet the criteria outlined in Appendix A of this manual.
 2. Autism - Mark this category if a psychologist or psychiatrist has confirmed a diagnosis of autism.
 3. Cerebral Palsy - Mark this category if any of the following diagnoses have been confirmed as a condition of cerebral palsy by a physician:
 - 343.0 Diplegic
 - 343.1 Hemiplegic
 - 343.2 Quadriplegic
 - 343.3 Monoplegic
 - 343.4 Infantile hemiplegia
 - 343.8 Other specified infantile cerebral palsy (ataxia atonic, mixed, rigidity, tremor)
 - 343.9 Infantile cerebral palsy, unspecified
 - 333.7 Athetoid cerebral palsy
 4. Epilepsy/Seizure Disorder - Mark this category if any of the following diagnoses have been confirmed by a physician:
 - 346.0 Generalized nonconvulsive epilepsy (absences, minor, petit mal, Pykno-epilepsy, akinetic, atonic)
 - 345.1 Generalized convulsive epilepsy (clonic, myoclonic, tonic, tonic-clonic, grand mal, major)
 - 345.2 Petit mal status
 - 345.3 Grand mal status

- 345.4 Partial epilepsy, with impairment of consciousness (psychomotor, temporal lobe)
- 345.5 Partial epilepsy, without mention of consciousness (Jacksonian)
- 345.6 Infantile spasms
- 345.7 Epilepsia partialis continua
- 345.8 Other or unspecified forms of epilepsy

5. Other - Mark this category if a diagnosis other than one of those listed in 1-4 is confirmed.

19. PRIMARY DISABILITY - Enter the one digit number of the one developmental disability in number 18 above, which is considered the individual's primary disability.

20. SPECIAL POPULATION - Mark **up to three** categories, if they apply. Many individuals will have nothing marked in this field. The categories are defined below:

- 1. CIP - Persons placed out of any of the SMRHs, using an Essential Lifestyle Plan, since July 1, 1991.
- 2. Child in custody - A child who has been determined to be a child in need of care by a court of jurisdiction and placed in the custody of the Secretary of SRS.
- 3. Self-directed care - Services directed by the person, if competent to do so, or the parent, if the person is under the age of 18, or a court appointed guardian whereby the person directing the care selects, trains, schedules, manages, and reserves the right to dismiss the persons providing services.
- 4. Self-determination - The person is participating in the Kansas Self-Determination Project in one of the following CDDO areas:

CLASS	Comcare	Cottonwood
OCCK	TARC	

- 5. Special Care Rate - The person was approved, by HCP, for a special care rate as defined in the CDDO contract, on or after July 1, 1993; AND still is using a Special Care Rate.
- 6. ICF/MR Closure - Any person placed out of a private ICF/MR **after October 1, 1994, as a result of bed or facility closure.**
- 7. SMHH - Any person placed into community developmental disabilities services from a State Mental Health Hospital (Larned, Osawatomie, or Rainbow) after July 1, 1995.

21. PSYCHIATRIC DIAGNOSIS - Enter up to three DSM-IV diagnosis codes. If the individual has no psychiatric diagnosis, leave this field blank. **Do not enter a DSM-IV code for any of the identified disabilities marked in number 18 above.**

22. INTELLECTUAL ASSESSMENT - Enter the **one** category which best indicates the individual's level of intellectual functioning based on the most recent psychological assessment available. If mental retardation was entered as the primary disability in number 19, you may **not** enter #1 or #6.

23. HEARING - Mark the category which best describes the person's hearing with the use of a hearing aid if one is used. If hearing levels are different for each ear, mark the category which equates to the most severe loss.
24. VISION - Mark the category which best describes the person's vision with the use of glasses or contact lenses if used. Note that legally blind may not necessarily be #5, 'Total blindness'. A person could be legally blind without being totally blind. For a person who is fully sighted in one eye only, mark #2, 'Moderate impairment'.
25. GUARDIAN'S LAST NAME - Enter as many letters of the last name of the individual's guardian as you have spaces for. Do not complete this field unless a guardian has been legally appointed, if the individual is an adult, or unless the individual is under age 18. If a guardian has not been appointed, skip #26 - #32. **For a child in custody simply put "SRS" in this field and leave the remaining guardian information blank.**
26. GUARDIAN'S FIRST NAME - Enter the guardian's full, given first name. Do not enter a nickname.
27. GUARDIAN'S STREET ADDRESS - Enter the house number, street name, and apartment number, if applicable, of the address where the individual's guardian currently lives.
28. GUARDIAN'S CITY - Enter the name of the city in which the individual's guardian currently lives.
29. GUARDIAN'S STATE - Enter the two letter abbreviation for the state in which the individual's guardian currently lives.
30. GUARDIAN'S ZIP CODE - Enter the five digit zip code for the individual's guardian's mailing address.
31. GUARDIAN PHONE NUMBER - Enter the ten digit phone number, including area code, for the individual's guardian.
32. SERVICE COORDINATOR LAST NAME - Enter the last name of the individual's service coordinator.
33. SERVICE COORDINATOR FIRST NAME - Enter the first name of the individual's service coordinator.
34. SERVICE COORDINATOR PHONE NUMBER - Enter the ten digit phone number of the individual's service coordinator, including the area code.
35. REPORTING AGENCY - Enter the six digit code for the agency whose staff is completing this information. (CDDO BASIS Contacts have access to these codes.) In the case of persons living in private ICFs/MR or SMRHs, this will be the agency code of the ICF/MR or the SMRH.
36. DATE OF REPORT - Enter the date the information is completed on this section of BASIS, not the date information is entered into the computer.

SECTION 2: ASSESSMENT INFORMATION

The Social Security number and name of the individual will automatically be entered into the computer when it is entered in Section 1: Information. For your paper records, however, you may want to mark them on the Assessment form.

1. TYPE OF REPORT: If this is the first time assessment information is being entered into BASIS for the individual, mark 'Initial'. Thereafter, mark 'Annual Re-evaluation' when the individual's re-evaluation is completed. If the person left services altogether (e.g., to go to a nursing facility, mental health facility, decided he/she did not need services, etc.) and came back to the same CDDO area (regardless of which agency actually served the person in the area) mark 'Readmitted'. If the person moved from CDDO area to another, mark 'Transferred'. 'Special Re-evaluation' is only marked when you have permission from the HCP Administrator of Program Support to revise the Assessment (see page 10 of this manual). When a Social Security number has been entered incorrectly and the record must be deleted and re-entered, use "Correcting Social Security Number."
2. DATE ASSESSMENT COMPLETED - Mark the date that the Assessment is completed for the person. Do not mark the date Assessment data is entered into the computer.
3. MEDICAL CONDITIONS - Mark 'yes' only if the individual actually has had any of the conditions any time within the last 12 months. Otherwise, mark 'no'. The following is a brief explanation/example of each category; when there is doubt about whether an individual has any of these, check the medical record or interview a medical professional:

Respiratory - asthma, emphysema, cystic fibrosis, chronic obstructive pulmonary disease (COPD), bronchiectasis, chronic bronchitis, fibrosis

Cardiovascular - heart disease, high blood pressure, arteriosclerosis, Raynaud's Disease

Gastro-intestinal - ulcers, colitis, liver and bowel difficulties, celiac disease, irritable bowel syndrome, diverticular disease, cirrhosis, hepatitis, gall stones

Genito-urinary - kidney problems, diabetes, neurogenic bladder, dysmenorrhea

Neoplastic disease - cancer, tumors, carcinomas

Neurological diseases - MS, ALS, Huntington's disease, narcolepsy, Parkinson's Disease, muscular dystrophy

NOTE: This category does not include neurological conditions which are reported in #18 of Section 1.

- 4a. SEIZURE HISTORY - Mark 'yes' if the person has any documented history of seizure activity and proceed to questions 4b and 4c. If the person has no seizure history, mark 'no' and skip to question 5a.
- 4b. SEIZURE TYPE - Mark all types of seizures the person has experienced in the last twelve months. If the person has not had any seizures in the last twelve months, mark 'no seizures this year' and skip to question 5a. If you know the person has had seizures in the last twelve months but are unsure of the type of seizure, mark 'had some type...'

4c. SEIZURE FREQUENCY - Mark the one category which indicates how frequently the person has experienced seizures that involve a loss of awareness and/or consciousness in the last twelve months. If a person's seizures are very episodic or cyclical in nature, report the frequency of episodes over the last twelve months rather than individual occurrences. For example, if a person has seizures several times a week, mark that category, however, if a person is usually seizure-free, yet has several seizures throughout one or two weeks during the year, treat this as episodic and mark 'less than once a month.'

5a. PRESCRIPTION MEDICATION - Mark 'yes' if the individual is taking any of the medications listed (by any route, including injections) on an **ongoing, scheduled basis for a period of 12 months or more, which is prescribed by a physician and cannot be purchased without a prescription**. If you can purchase the medication over the counter, without a prescription, it is not considered prescription medication even if a physician has written a prescription. If the individual receives no prescription medication mark 'no' and skip to question 6.

5b. MEDICATIONS - For each type of medication, mark the number which indicates whether the person is taking a medication in that class.

1 - not currently taking this type of medication

2 - is currently taking this type of medication

5c. INJECTION - Mark 'yes' if the person receives any ongoing medication by injection. Examples of these would include Depo-Provera given once every three months, haloperidol decanoate given monthly, allergy medications injected weekly, and insulin given daily.

5d. LEVEL OF SUPPORT - Indicate the level of support the person receives when taking prescription medication. Please read the descriptions of the levels of support carefully. These levels of support have been defined as follows:

Total Support - The care giver or medical provider must physically administer medications by such means as injections, drops, mixed in food, or the person is physically incapable of taking medication or is often resistive (spits out or refuses to swallow it).

Assistance - The care giver keeps the medications and gives them to the person at the appropriate time for self-administration.

Supervision - The person keeps and takes his/her own medication, but the care giver may have to prompt or confirm that he/she has indeed taken it.

Independent - The person is totally responsible for his/her own medications.

If the person takes more than one medication and the support is provided at different levels (e.g., tablets and injections), mark the one that indicates more support. Mark only one response.

6. MEDICAL CONSEQUENCES - This question relates to the consequences of a person's medical condition. In determining whether or not the person missed two weeks of regular activities due to medical conditions in the past 12 months, please consider all aspects of the person's medical condition. Exclude routine examinations or assessments. Include only days missed due to actual medical problems. Hospitalization only refers to in-patient overnight stay during which the person was actually admitted to a hospital. It does not include out-patient procedures nor psychiatric hospitalization. When answering whether or not the person requires the care giver to have training in special health care procedures, include the following special procedures and equipment:
- a) Special Treatment/Testing Needs
Sterile Dressings - a procedure where, in a sterile environment, dressings are changed for a chronic condition on a daily basis.
Diabetic Test - The person is diagnosed as being diabetic and requires daily testing.
 - b) Elimination Needs
Ostomy Equipment - The person has a colostomy or ileostomy and requires direct care and treatment by another person (including changing colostomy bag, application of dressing, and irrigations). The person may be able to perform some of the tasks, but requires close supervision.
Catheter - The person has a condition which necessitates the use of either an indwelling or external catheter on a daily basis.
Enema - The person requires regularly prescribed enemas on an ongoing basis.
 - c) Respiratory Needs
Apnea Monitor - The person is diagnosed as having apneic spells that require the use of an apnea monitor.
Tracheostomy Care - The person presently has a tracheostomy, including relevant suctioning care.
Suctioning - The person's respiratory condition is such that he/she requires suctioning on a daily basis.
Inhalation Therapy - The person requires inhalation therapy three times a week or more.
Oxygen - The person requires oxygen assistance to maintain adequate ventilation.
Respirator - The person needs mechanical assistance to maintain adequate ventilation.
 - d) Eating Needs
Special eating utensils - The person requires special cups, plates, spoons, knives, forks, etc., in order to feed self.
Nasal gastric tube or gastronomy - The person requires all dietary needs via nasal/gastric tube or gastrostomy tube, or oral feedings are supplemented with nasal/gastric tube or gastrostomy tube feedings.
Parenteral Equipment - The person requires parenteral (intravenous or other) feedings to augment existing diet or as primary source of nutrition.
 - e) Mobility Needs
Prosthetic device (limb, hand, etc.) - The person requires a prosthetic device, such as an artificial limb, hand, etc., in order to ambulate or complete activities of daily living.

Electric wheelchair - The person uses an electric wheelchair.
Manual wheelchair - The person uses a manual wheelchair.
Special chair - The person uses a specially designed chair for positioning purposes.
Walker - The person needs the assistance of a walker for ambulation.
Braces/splints/casts/orthopedic shoes - Person wears braces, splints, casts, or orthopedic shoes on a daily basis to prevent contractures and aid in ambulation.
Crutches/cane - The person uses a cane and/or crutch.

f) Adaptive Positioning Needs

Special bed - The person's medical needs are such that they require other than the standard bed.

Floatation cushion/pad - The person requires a floatation cushion or pad, or similar device.

Belly board - The person has to be placed on a belly board as part of daily program.

Decubitus care and equipment - The person has bedsores and requires frequent turning, medical treatment and/or special mattresses.

Frequent turning in bed - The person is unable to reposition self, and requires frequent repositioning.

Head protective device - The person has to wear a helmet or similar protective device as part of a daily program.

A special diet is only one which has been specially planned by a nutritionist, dietician, nurse, or physician specifically for that person.

7. MOBILITY - Mark the one response that best describes the person's typical level of mobility. Note that 'walks independently but with difficulty' involves walking unaided; 'walks independently with corrective device' involves the use of a corrective device such as a cane or walker; 'walks only with assistance from another person' means the person needs some help from another person when walking. Include sensory deficits in your assessment if they are a significant impediment to mobility.
- 8a. WHEELCHAIR - Mark 'yes' if the person uses a wheelchair. If the person does not use a wheelchair, mark 'no' and skip to question 9.
- 8b. WHEELCHAIR MOBILITY - Mark the one response that best describes the person's wheelchair mobility. Note that the wheelchair may be motorized.
9. MOTOR CONTROL - Mark 'yes' or 'no' for each item. Try here to base your response primarily on personal knowledge and observation of the person and only secondarily on the person's record. These questions should be viewed as whether or not the person is presently capable of doing these things. If you have not had the opportunity to observe the person perform a particular task (e.g., 'can cut with scissors along a straight line') estimate their ability to perform that task based on similar tasks you have observed the person perform. **Base your answers only on the person's capabilities and not on their willingness or unwillingness to engage in these activities.**

10. COGNITIVE ABILITY - Mark 'yes' or 'no' for each item. This question is attempting to determine cognitive abilities. The person may have to be prompted verbally, but base your answers only on the person's capabilities as in the previous question. **For each of the items the person should be able to generalize their ability to other settings.** For example in 'understand simple functional signs', the person should be able to recognize and understand these signs wherever he or she encounters them.
11. COMMUNICATION - Mark 'yes' or 'no' for each item. In this item the word 'typically' means most of the time. Also, note that the method of communication can be written, verbal, sign, or symbolic.
12. BEHAVIOR - Mark the appropriate frequency for each of the items, **over the course of the past twelve months**. If the person has not exhibited a certain behavior in the past twelve months, enter 1 for that behavior. If a certain behavior is very episodic or cyclical in nature, report the frequency of the episodes over the last twelve months rather than individual occurrences. For example, if a person has tantrums several times a week, enter 'frequently'. However, if a person is usually calm yet has several emotional outbursts throughout one or two days during the month, treat this as episodic in nature and enter 'monthly'. **Restrict your answers here to behaviors which have been observed at the person's current situation only, even if you are aware of behavior problems exhibited in the past by the person in other settings.**

If the person does not have a behavior intervention program or procedure which specifically defines a maladaptive behavior, use the following definitions when interviewing care givers:
Tantrums/emotional outbursts - A combination of two or more of the following behaviors: screaming, crying, swearing, banging on walls, doors, windows, other objects, throwing self on floor.

Property damage - deliberately breaking, defacing or destroying things by hitting, tearing or cutting, throwing, burning, marking or scratching.

Physical assault - causing physical pain to other people or to animals by hitting, kicking, biting, pinching, scratching, pulling hair or striking with an object.

Disruption - interfering significantly with activities of others by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

Verbal/gestural abuse - swearing, verbal threats, name-calling, obscene gestures, gestures that indicate aggressive intent or threat.

Self-injury - causing injury to own body by hitting self; banging head; scratching, cutting or puncturing, biting, rubbing skin; pulling out hair; picking on skin; biting nails or pinching.

Teasing/harassing - any behavior performed deliberately to annoy another person.

Resists supervision - noncompliant behavior, refusing to follow instructions.

Running/wandering away - repeatedly and deliberately or inadvertently leaving program area, group activity or living area.

Steals - deliberately taking belongings, including food, of another.

Eats inedibles - putting objects other than food or medicine into the mouth.

Inappropriate sexual behavior - public masturbation, public undressing, inappropriate touching of self or others, making sexual remarks or gestures, forcing sexual attentions on others or voyeurism.

Smears feces - deliberately handling, throwing or spreading feces.

13. **BEHAVIOR CONSEQUENCES** - Mark 'yes' or 'no' for each consequence of a person's behavior as it is currently exhibited. Respond based on what has happened as a result of any behavior on the part of the individual, not just those listed in the previous question.

To answer the first item "yes" the person must be exhibiting some aberrant behavior which his/her current environment is helping to lessen, however, the behavior must be occurring at some frequency. It is not appropriate to answer "yes" to this item because you believe the person would display some aberrant behavior in a different environment.

Answer "yes" to the second item if there is a written plan and the following conditions are met:

- there is a clear definition of the behavior(s) at issue;
- there is a clear definition of what support staff are doing with regard to the behavior (prevention and support strategies, responses);
- there is collection of information as to the frequency and objective severity of the behavior at issue (as required by regulation); and,
- the plan ensures that the supports are specific to the individual involved (i.e., person-centered).

14. **SELF CARE** - Mark the appropriate number (1-4) for each item. We are interested here in how well the person performs these activities as stated in each item from start to finish at a reasonably acceptable level.

Each item means exactly what it says. For example, 'putting on clothes', asks if the person can put on clothes, not if he or she is capable of selecting appropriate clothes. 'Feeding self' involves just being able to feed oneself once the food is on the table, not being able to cook or prepare food.

For 'chewing and swallowing food', if a person receives a pureed or ground diet because they have problems chewing, mark #2, 'Assistance'. If the person also needs help swallowing, mark #1, 'Total support'.

The following descriptions may help clarify the four column headings. Please note that 'Independent' (#4) appears at the far right in this question.

Total Support: The person is completely dependent on others to carry out activities on their behalf. Total support requires that the service provider be involved throughout the task. (Depending)

Assistance: The person often requires physical aid in order to accomplish tasks. The service provider would offer regular verbal prompting and instructions as well as regular physical hands-on-aid. (Helping)

Supervision: The person is able to perform tasks with some verbal direction. The person usually understands the need for and is usually willing to perform a task. (Reminding)

Independent: The person understands the need for, is willing to, and can perform tasks with no prompting. The person may need supervision and/or assistance in exceptional circumstances.

15. **DAILY LIVING** - These items use the same rating scale listed for question 14. Where the individual's situation does not really allow him or her to perform a certain activity, we would like an estimate of the person's ability to perform this task independently. For example, 'Crossing street in residential neighborhood' - **If the situation doesn't allow someone to do this on their own, estimate their ability to do this independently.**
16. **ASSESSMENT COMPLETED BY** - Fill in the last and first names and phone number of the person who completed the assessment. This may or may not be the Service Coordinator listed in the Information Section.

SECTION 3: SERVICES

As in the Assessment Section, the Social Security number will automatically be entered from the Information Section.

1. REVISION DATE - Enter the date any changes to the individual's information in the Services Section are made.

Please follow these general instructions for items 2 through 7:

PROVIDER CODE - Enter the six digit code for the agency or other provider to which the individual has applied for a service, or from which the individual is receiving a service. These codes are available from the CDDO BASIS Contact. Codes are now tied to each CDDO area, but for any individual provider, the code 999 will be used. Provider codes are not necessary for items 5 through 7.

DATE APPLIED - Enter the date the individual, family, or guardian applied to a specific agency for service, using two digits for the month, two digits for the day, and four digits for the year.

DATE REQUESTED - Enter the date the individual, family, or guardian has indicated they need services to begin. This is not the date the agency is willing to provide the services, but the date the person, family, or guardian needs them. Use two digits for the month, two digits for the day, and four digits for the year.

DATE ENTERED - Enter the date the individual or family began receiving a service or support from a specific agency, using two digits for the month, two digits for the day, and four digits for the year.

FUNDING SOURCE - For each service or support the individual receives, enter a number corresponding to the **primary** funding source which pays for the service or support. Refer to the list below. **NOTE: You may only enter a funding source number for services or supports which have a "date entered" field completed. HCBS waiver is not a valid funding source for case management or direct financial support, or for anyone living in an SMRH or ICF/MR.**

1. HCBS WAIVER - funds from the Title XIX Medicaid waiver for persons with DD
2. STATE FUNDS - Special Purpose Grant funds, Alternate Care funds, Social Service Block grant funds
3. DISCRETIONARY FUNDS - state aid, donations
4. COUNTY MILL LEVY - Money contributed by the county raised through mill levy.
5. CERTIFIED MATCH - State or county funds used to match federal funds for targeted case management
6. VOCATIONAL REHABILITATION - Funds paid by Kansas Rehabilitation Services
7. OTHER - SRS Children and Family Policy purchase of service, private pay, or any other funding source not already listed.

DATE CLOSED - Whenever a service or support is ended enter a date in this column. If a person is waiting for a service or support and decides he or she no longer needs it, enter a date in this column and enter **the same date** in the "Date Entered" column. After information related to closure has been transmitted to SRS/HCP, delete the line from the Services section.

REASON CLOSED - Whenever information about an individual must be removed from BASIS, a reason for closure must be entered. Use one of the following codes:

- 1 - **Deceased:** the person died
- 2 - **Discharged:** the person left the State Mental Retardation Hospital or private ICF/MR for the community (NOTE: This code is valid only for someone residing in one of these facilities.)
- 3 - *(Number reserved)*
- 4 - **Entered in error - wrong Social Security #:** an incorrect Social Security number was entered for the person
- 5 - *(Number reserved)*
- 6 - *(Number reserved)*
- 7 - **Moved:** the person left the state or CDDO area, with no plans to seek services in another CDDO area
- 8 - *(Number reserved)*
- 9 - **Self (family) removal:** the person or his or her family or guardian removes the person from services
- 10 - **Transferred:** the person moves from one CDDO area to another, or from one SMRH or ICF/MR to another
- 11 - **Terminated:** the CDDO or ICF/MR terminates services to the person
- 12 - **Other:** any reason not covered by one of the above.

USE THE FOLLOWING DEFINITIONS TO GUIDE YOU:

1. **CASE MANAGEMENT** - This is defined in K.A.R. 30-64-24: Case management shall assist the person and the person's support network to identify, select, obtain, coordinate, and use both paid services and natural supports that may be available to enhance the person's independence, integration, and productivity consistent with the person's capabilities and preferences as outlined in the person's person-centered support plan.
2. **DAY SERVICES** - These include regularly occurring activities which provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration, and thereby serve to maintain or increase adaptive capabilities, independence, integration, and participation in the community. Such activities shall be appropriate for or lead to a lifestyle similar to people of the same chronological age.
3. **RESIDENTIAL SERVICES** - This is service and support provided to **adults or children who no longer live in their family homes**. The service is defined in the *HCBS/MR Handbook*.
4. **INDIVIDUAL/FAMILY SUPPORT** - This includes services and supports provided to **children or adults who are living in their family homes**, and include supportive home care, respite, and night support. Definitions of these specific services and supports are located in the *HCBS/MR Handbook*.
5. **OTHER SUPPORT** - This includes any of the services listed in the second column from the left. The specific services and supports are defined in the *HCBS/MR Handbook*.
6. **DIRECT FINANCIAL SUPPORT** - This is defined as a stipend made to a family on a monthly, quarterly, or one-time basis to help cover the excess cost incurred for equipment or services related to the child's disability (e.g. the additional cost a family might incur because they must pay a day care provider extra to serve their child). This can also be handled in the form of reimbursing the family for excess expenses already incurred.

Direct Financial Support may also include medical expenses in excess of the costs for a typical child for individuals who are not eligible for Medicaid benefits.

SECTION 4: SYSTEM ANALYSIS

The information in this section must be reviewed and updated in the month of the person's birth and again in six months following the birth month.

The update must be submitted to HCP during the birth month and again six months (180 days) later. The cut-off dates for the last transmission for monthly assessments will be used.

1. **DATE OF DATA:** Enter the date information in this section is updated. Use the same format as in other sections (MMDDYYYY).
2. **DAYS ATTENDED:** If the person is receiving Day Services, enter the total number of days s/he has attended the day service in the previous quarter. Attendance is defined as receiving day services (as outlined in Appendix A of the CDDO contract) out of the person's home a minimum of five hours per day, or a total of 25 hours per week (Sunday through Saturday).
3. **RESIDENTIAL DAYS:** If the person is receiving Residential Services, enter the total number of days s/he has been provided residential services in the previous quarter. A day of residential service is defined as being present for one regularly scheduled meal while in residential service.
4. **CHOSEN COMMUNITY:** **This item is only to be completed for persons currently living in SMRHs or ICFs/MR.** Indicate whether or not the person, or his/her guardian, has chosen to receive services in the community (defined as not SMRH or ICF/MR).
5. **DATE COMMUNITY CHOSEN:** **This item is only to be completed if item 11 has been answered "Y."** Enter the date the person, or his/her guardian, **wants to begin receiving community services.** Enter the date the person and/or his or her guardian chose a specific community service provider **or** if a choice cannot be made by the person because he or she is not satisfied with the options currently available in the area he or she wishes to move, but he or she still wants to move, enter the date this decision was made.
- 6a. **HEALTH-RELATED SERVICES:** **(Rationale – Focus is on access to services. Information requested is an identification of basic health-related services that are needed by the individual and how often they are accessed, or what barriers exist which prevent access.)**
Indicate how frequently, in the past six months, the person has received each of the listed services. If any service is marked "1," 15b must be completed.

- 1 – Needed but not received this reporting period
- 2 – Occasionally
- 3 – Monthly
- 4 – Weekly
- 5 – Frequently (more than weekly, but less than daily)
- 6 – Daily
- 7 – Did not need this reporting period

Use the following definitions and examples to guide you in completing this item:

Primary Medical Care – Includes, but is not limited to, routine visits to primary care physicians, medical exams, emergency room care, injections, non-psychotropic routine medication monitoring, treatment for routine illnesses, etc. This does not include Community Service Provider-based wellness monitoring or other CSP-based health services.

Medical Specialists – Includes, but is not limited to, any physician with a speciality such as gastroenterology, ear nose & throat, neurologist, cardiologist, etc.

Dental Services – Includes all services received from a dentist, dental assistant, dental hygienist, orthodontist, or endodontist.

Ancillary Health Services – Includes, but is not limited to, physical therapy, occupational therapy, speech and language therapy, audiology services, or dietician/nutritionist services.

Vision Services – Includes all normally requested services from an optometrist, ophthalmologist, and/or vision care staff, including the repair or maintenance of glasses. This does not relate to the person needing to use glasses or other vision enhancement.

Mental Health Services – Includes, but is not limited to group therapy, counseling visits to a psychologist or psychiatrist, and/or psychotropic medication monitoring.

Durable Medical Equipment – **NOTE: This does not include the routine use of durable medical equipment such as wheelchairs, walkers, canes, etc. It does include accessing the equipment, fittings, renewing, and adjusting, etc. the equipment.**

Home Health Services – Includes any service provided by a home health agency which is health-related and specific to the status of a home health agency. This does not include ongoing supports related to the person's developmental disability which should be provided by any Community Service Provider.

Assistive Technology – Includes any service, provided outside of the licensed Community Service Provider agency, that develops, adjusts, or fits any type of technology-related device which assists persons to access daily life activities at home, work, school, or in the community.

6b. FACTORS PREVENTING HEALTH-RELATED SERVICES: **(Rationale – Information is requested to determine the key factor preventing access to common generic community services)**

For each service listed in 15a, **that was needed** but was not received, enter the number of the one key factor, listed below, preventing him/her from receiving the service.

- 1 – Not available in person's immediate or nearby community
- 2 – Service provider will not accept person's insurance
- 3 – Service provider will not accept person because of DD
- 4 – Financial limitations of person
- 5 – Currently inadequate exploration of options/responsiveness to need
- 6 – Opinions or beliefs of the person's guardian
- 7 – Opinions or beliefs of the person's family
- 8 – Other

SECTION 5: PSYCHOTROPIC MEDICATIONS

The information in this section must be reviewed and updated in the month of the person's birth and again in six months following the birth month.

The update must be submitted to HCP during the birth month and again six months (180 days) later. The cut-off dates for the last transmission for monthly assessments will be used.

For the purpose of completing this section, the term psychotropic medication is defined in the table on the following page, with modifications (in italics) added by SRS/HCP.¹

PRN psychotropic medications are those psychotropic medications for which the physician has given a standing order to administer the drug if a person engages in a certain behavior or exhibits certain signs or symptoms.

For each medication the person takes regularly, or on a PRN basis, and which meets the definition above, enter the following information:

DRUG NUMBER: Assigned by a listing available from the CDDO BASIS Contact.

DATE PRESCRIBED: Enter the date the medication was prescribed (not renewed).

REASON FOR DRUG: Enter the number of the primary reason², as indicated by the prescribing psychiatrist or physician, the medication was prescribed.

1. **To treat a clearly diagnosed primary psychiatric illness** – Whether a potential recipient has a developmental disability or not, the criteria established in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or the International Classifications of Diseases (ICD-10) should be satisfied.
2. **Medical conditions** – Some conditions may have associated secondary psychiatric features. Examples include specific types of epilepsy which may lead to a variety of seizures and problematic behaviors. For example, temporal lobe seizures can appear as unusual behaviors.

¹Kalachick, J.E., Leventhal, B.L., James, D.H., Sovner, R., Kastner, T.A., Walsh, K., Weisblatt, S.A., & Klitzke, M.G. (1998). Guidelines for the use of psychotropic medication. In Reiss, S. & Aman, M.G. (Eds.). *Psychotropic Medications and Developmental Disabilities: The International Consensus Handbook*. Washington, D.C.: American Association on Mental Retardation.

²Heimerl, Chris. (Ed.). (1996). *No Easy Answers*. Madison, WI: Wisconsin Council on Developmental Disabilities.

Guideline 1: Psychotropic Medication Definition		
Guideline	What It Means	What It Does Not Mean
A psychotropic medication is any drug prescribed to stabilize or improve mood, mental status, or behavior	This includes medications typically classified as antipsychotic, antianxiety, antidepressant, antimania, stimulant, or sedative-hypnotic.	This definition does not include situations when medications typically classified as psychotropic are prescribed for other conditions or diagnoses (e.g., diazepam can be prescribed for spasticity and haloperidol can be prescribed for Huntington’s Chorea).
	This includes other medications not typically classified as psychotropic when such medication is prescribed to improve or stabilize mood, mental status, or behavior (e.g., carbamazepine is generally classified as an antiepileptic medication but can be prescribed for affective disorders).	This definition does not include situations when medications not typically classified as psychotropic are prescribed for other conditions or diagnoses (e.g., if carbamazepine is prescribed for epilepsy, it is not psychotropic medication).
	This includes herbal or nutritional substances when such substances are <i>recommended by the physician or another health care provider</i> to stabilize or improve mood, mental status or behavior.	This definition does not include situations such as giving someone a glass of warm milk when he cannot sleep or a multi-vitamin tablet in the morning,

REASON FOR DRUG (continued):

3. **Emotionally distressing, extreme behavior that interferes with important aspects of a person’s life** – This is perhaps the most contentious and challenging rationale. The risk of it being used as a “garbage can” to justify medication for a variety of unpleasant, obnoxious, even hurtful behaviors that serve a clear functional means for an individual is inherent. This rationale should be accompanied by a comprehensive assessment of the behavior that includes a functional analysis. If such analysis is unavailable or yields unclear results – and intermediate intervention is necessary for safety or continued inclusion in support efforts – short term psychotropic intervention may be considered. Use of medication in these circumstances is most clearly indicated when the individual with developmental disabilities expresses a desire for the behavior to be controlled.

For example, the person's support team may still be exploring ways to reduce or eliminate the behavior via environmental changes, but are having a difficult time determining exactly what may be contributing to, or triggering the behavior. Psychotropic medication may be successful in decreasing the frequency or intensity of the behavior until a programmatic solution is found.

4. **For empirical reasons, to address severe dysfunction that has been resistant to other intervention** – There are times when the use of psychotropic medication should be considered when addressing a chronic condition or characteristic (other than behavior) which significantly interferes with an individual's social functioning and quality of life, particularly when exhaustive habilitative, environmental and lifestyle adaptations interventions have not provided relief. ... An example is using a mild anxiolytic to ease acute difficulty with transitions experienced by an individual diagnosed with Pervasive Developmental Disorder (PDD), even when an anxiety disorder diagnosis is not established.

In this instance, assessment has been thorough and has demonstrated there is no programmatic solution, so psychotropic medication is used to try to reduce the frequency or intensity of the behavior.

5. **To treat medical withdrawal or discontinuation symptoms** – There is growing awareness that people may experience withdrawal difficulties from a variety of psychotropic medications, although they may be markedly softened with gradual reductions. These symptoms may include anxiety, agitation, unstable mood, self-stimulation, insomnia, expressiveness, sexual expression, property destruction, and self-injury. Another instance would be when – upon decreasing or discontinuing a psychotropic medication which masked tardive dyskinesia symptoms – a return to a small dose or alternative drug is required. For a small group of individuals with developmental disabilities who exhibit chronic, severe self-injury, withdrawal from endogenous endorphins may be a factor needing psychotropic medication intervention. Endogenous endorphins are naturally occurring neurotransmitters which have a narcotic-like effect. For some, withdrawal from alcohol, caffeine, nicotine or illicit drugs may require short term intervention.
6. **For sedation during a medical procedure** – When the importance of a medical procedure is unquestioned and the procedure cannot be performed without sedation, a psychotropic may be used for its sedating effect.
7. **Other** – Any other reason that does not fit any of the above-listed criteria.
8. **Unknown** – If it is not known why the drug was prescribed, enter this code.
9. **Declined to answer** – If the person, or the family, refuse to share the reason the drug was prescribed, enter this code. **This code may only be entered when the person is receiving a non-licensed service.**

DATE LAST MONITORED: Enter the date a diagnostic or functional assessment was last performed. This would include the testing of blood levels (if indicated), performance of dyskinesia screenings, and formal observation of the person by a medical professional for the presence of side effects.

DATE LAST CHANGED: Complete this field if the dosage of a drug has changed since the information was last entered.

DOSAGE CHANGED: If the dosage changed since the last report, indicate if it increased or decreased.

REASON CHANGED: If a dosage has changed, enter the number corresponding to the primary reason for the dosage change –

1. Ineffective to address condition or targeted behavior
2. Adverse reaction or side effects
3. Improvement in condition or targeted behavior
4. Individual and/or guardian refused the medication
5. Change in physician/psychiatrist
6. Pursuant to a titration plan recommended/approved by a physician/psychiatrist
7. Condition or targeted behavior worsened
8. Blood levels not at therapeutic level
9. Physical/health condition changes
10. Hospitalization
11. Interaction with other medications
12. Change in diagnosis
13. Change to a newer medication
14. Environmental changes
15. Crisis
16. Cost
17. Other
18. Non-compliance with physician's orders
19. Unknown
20. Declined to answer (This code made only be used if the person is receiving a non-licensed service.)

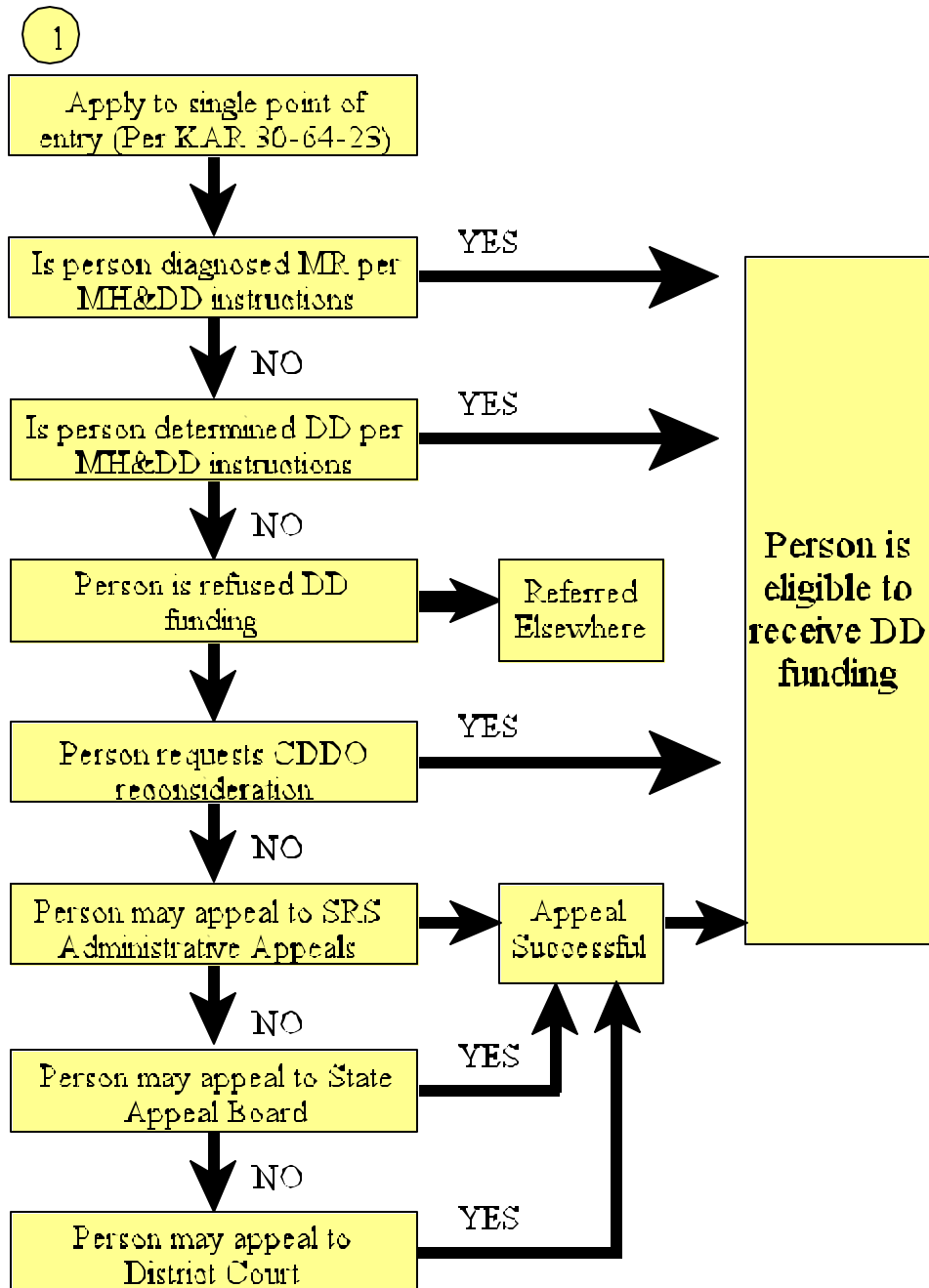
DATE STOPPED: If a drug is discontinued altogether, enter the date it was discontinued.

REASON STOPPED: If a medication is discontinued, enter the number corresponding to the reason listed above in REASON CHANGED.

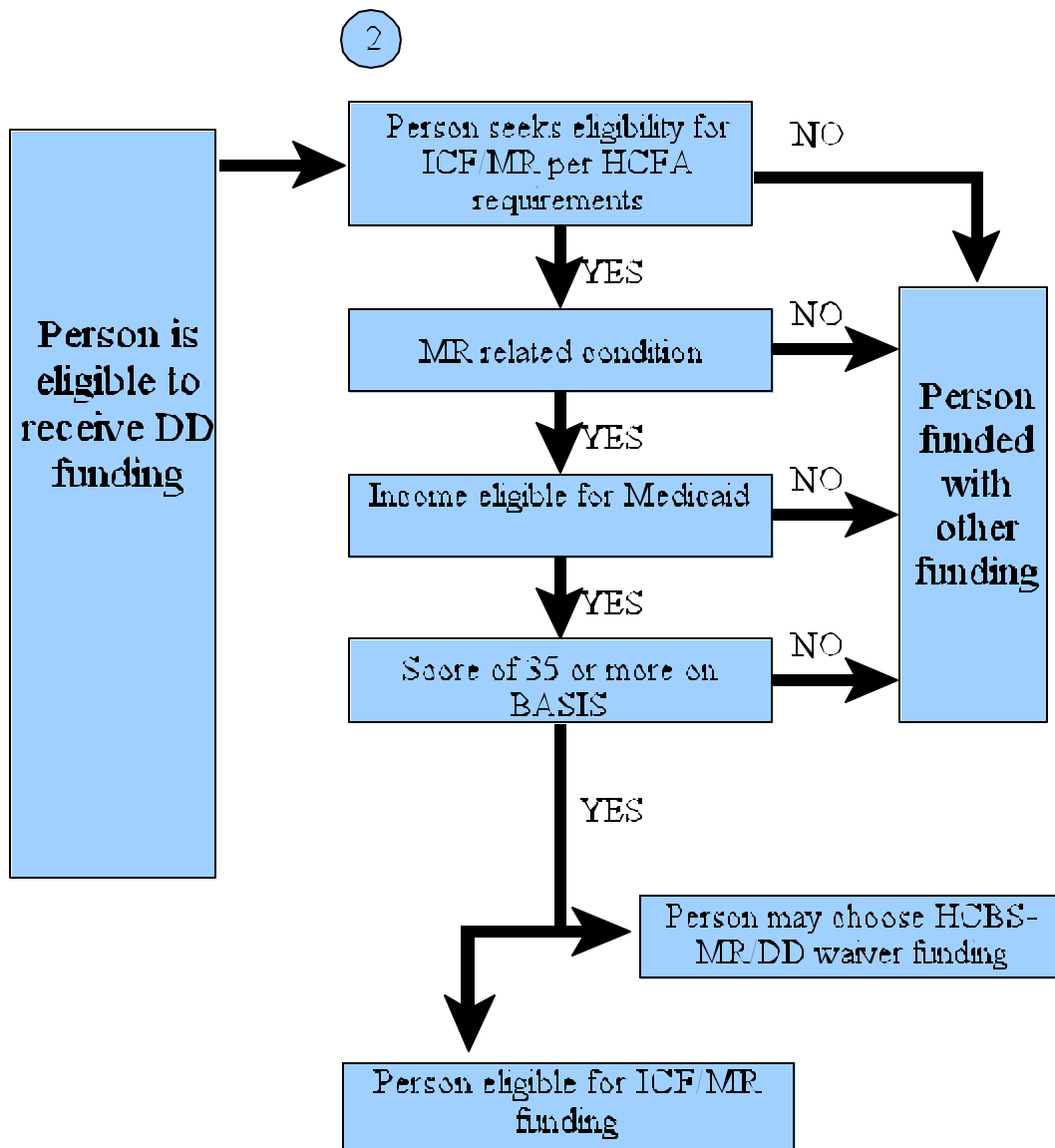
APPENDIX A

*MR/DD Eligibility Criteria
CDDO Contract, Appendix B*

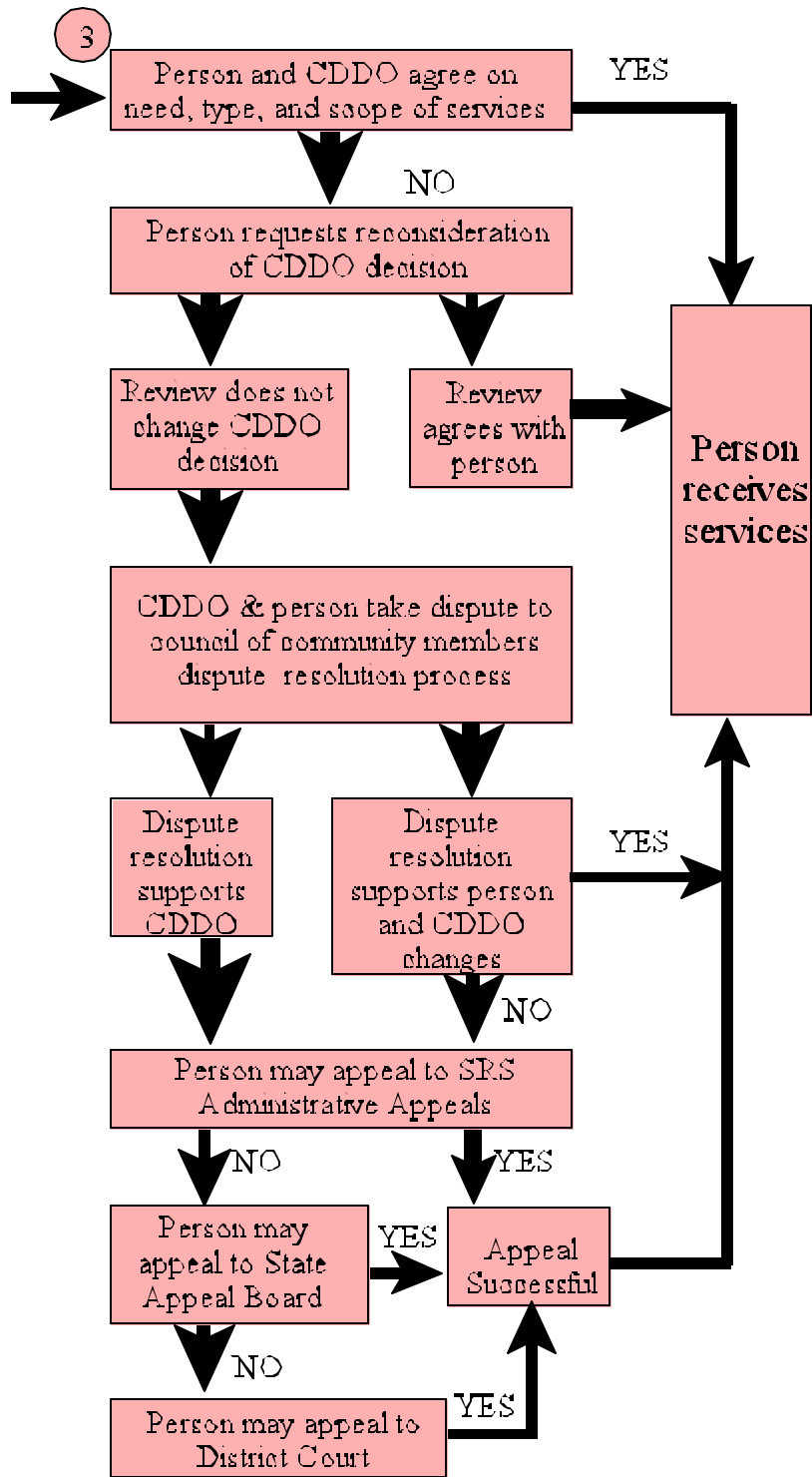
DD ELIGIBILITY



ICF/MR - WAIVER ELIGIBILITY



SERVICE DISPUTES



CDDO Contract
Appendix B

Definition of Mental Retardation and Other Developmental Disabilities for the Purpose of Program Administration

BACKGROUND: Consistent with K.S.A. 39-1803 (f) and (h) persons who are mentally retarded or otherwise developmentally disabled are those whose condition presents an extreme variation in capabilities from the general population which manifests itself in the developmental years resulting in a need for life long interdisciplinary services. The following identifies those who, among all persons with disabilities, are the most disabled, as defined below:

Mental Retardation means substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas:

1. Communication
2. Self-care
3. Home living
4. Social skills
5. Community use
6. Self-direction
7. Health and safety
8. Functional academics
9. Leisure
10. Work

Other developmental disability means a condition such as autism, cerebral palsy, epilepsy, or other similar physical or mental impairment (or a condition which has received a dual diagnosis of mental retardation and mental illness) and is evidenced by a severe, chronic disability which:

1. is attributable to a mental or physical impairment or a combination of mental and physical impairments, AND
2. is manifest before the age of 22, AND
3. is likely to continue indefinitely, AND
4. results in substantial functional limitations in any three or more of the following areas of life functioning:
 - a. self-care,
 - b. understanding and the use of language,
 - c. learning and adapting,
 - d. mobility,
 - e. self-direction in setting goals and undertaking activities to accomplish those goals,
 - f. living independently,
 - g. economic self-sufficiency, AND

To further clarify substantial functional limitations the CDDO may, but is not required to, use The Eligibility Determination Instrument (EDI) in Mental Health and Retardation Services, Division of MR/DD Services, Case Management Handbook.

5. reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated, AND

6. does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill or have disabilities solely as a result of infirmities of aging.

For children under the age of six, developmental disability means a severe, chronic disability which:

1. is attributable to a mental or physical impairment or a combination of mental and physical impairments, AND
2. is likely to continue indefinitely, AND
3. results in at least three developmental delays as measured by qualified professionals using appropriate diagnostic instruments or procedures, AND
4. reflects a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended in duration and are individually planned and coordinated, AND
5. does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill.

PROCEDURES

1. Community Developmental Disability Organizations shall assure that all persons served with HCP/CSS/Developmental Disabilities funds meet one of the above definitions unless otherwise approved by HCP/CSS in writing.
2. In order to receive ICF/MR or HCBS/MR services, persons must have a converted BASIS score of 35 or more as determined by HCP/CSS using BASIS assessment information submitted by the CDDO.
3. The CDDO must inform all persons which it has determined do not meet the MR/DD criteria that they may have the determination reviewed by an independent third party. If the person requests a redetermination review, the CDDO must make a good faith effort to arrange for such a local review to be done by a person who is appropriately trained in MR/DD eligibility determination and who is not financially associated with the CDDO.
4. If, upon reconsideration, the determination is unchanged, persons shall be notified they have the right to an administrative appeal which must be submitted in writing within 30 days of the final local notification. Once HCP/CSS is informed of an appeal HCP/CSS shall notify the CDDO which shall send all determination records to HCP/CSS within 72 hours. The CDDO shall also be available for and attend all eligibility hearings at the request of HCP/CSS. Requests to the Office of Administrative Hearings, Department of Administration shall be sent to:
The Office of Administrative Hearings
Department of Administration
Credit Union One Bldg.
610 W. 10th, 2nd Floor
Topeka, KS 66612

DEFINITIONS FOR TERMS USED IN APPENDIX B

Communication: Skills include the ability to comprehend and express information through spoken word, written word, graphic symbols, sign language or through facial expression, body movement, touch, and gesture.

Self-care: Skills involved in toileting, eating, dressing, hygiene, and grooming.

Home-living: Skills related to functioning with a home, including clothing care, housekeeping, food preparation and cooking, budgeting, and home safety.

Social: Skills related to social exchanges with others, including initiating, interacting, and terminating interactions, receiving and responding to pertinent situational cues, recognizing feelings, providing feedback, regulating one's own behavior, making choices, sharing, controlling impulses, conforming conduct to laws, and displaying appropriate socio-sexual behavior.

Community use: Skills related to the appropriate use of community resources.

Self-direction: Skills related to making choices, learning and following a schedule, initiating activities appropriate to the setting, conditions, schedule, and personal interests, completing necessary or required tasks, seeking assistance when needed, resolving problems, demonstrating appropriate self-advocacy skills.

Health and safety: Skills related to maintenance of one's health in terms of eating, illness, treatment, and prevention.

Functional academics: Cognitive abilities and skills related to learning at school that have direct application in life. The focus is on acquisition of academic skills that are functional in terms of independent living.

Leisure: The development of leisure and recreational interests that reflect preferences and choices of the person.

Work: Skills related to performing a part or full-time job or jobs in the community in terms of specific job skills.

Severe, chronic disability: The person must meet ALL the conditions outlined in position #MRDD 92-1. This would imply extreme variation from the general population in capabilities as well as a condition of long duration that is likely to continue indefinitely.

Manifest before the age of 22: The condition is clearly apparent and obviously in place prior to a person's 22nd birthday.

Substantial functional limitations: Limitations should be considerably different from the general population regarding an individual's ability to perform in the Areas of Life Functioning. If this is not obvious then the Eligibility Determination Instrument (EDI) should be administered. The general population presents a wide array of abilities. Those performing at the low end of the general population are not MR/DD.

Combination and sequence: More than one kind of service or support occurring simultaneously, with different service/support composites occurring in succession.

Lifelong: Without known end; with an expectation of lasting throughout a person's life.

Individually planned and coordinated: Arranged for each person with explicit needs, goals, objectives, time frames, or procedures identified for that person and managed by a separate person or process which assures the services and supports are not conflicting or duplicative at any given time or over time.

Significantly sub-average intellectual functioning: A score of two standard deviations or more below the mean as measured by a generally accepted standardized individual measure of general intellectual functioning.

APPENDIX B

HCBS/MR Re-Evaluation Form (MR-4)

HCBS/MR
RE-EVALUATION FORM

Recipient
Name: _____ Social Security #: _____

CDDO responsible for this individual: _____

SRS Area Administrative Office: _____

MEDICAID # _____ Converted Score: _____ Tier: _____

The individual above has been found as still eligible for ICF/MR (HCBS/MR) services.

MR Waiver Administrator: _____ Date: _____

The plan of care has been reviewed and found: (Circle Y for yes and N for no.)	Current	Y	N
	Adequate	Y	N

The plan is not adequate based on:

Additional Comments:

Service Coordinator _____ Date: _____

.....
.....

PROCESSING INSTRUCTIONS

Case managers need to keep this form with a copy of the persons Plan of Care.

APPENDIX C

*Report Screens
Notices of Action*

Main Menu **Reports**

Assessment Due Reports All Assessments By Month Assessment Form <input type="text"/>	Not Served On Waiver	Providers/RASIS Contacts By Number By CDDO By Affiliate RASIS Contacts
Edits Downloaded From State Errors From State	DSM-IV Codes DSM-IV Codes - Alphabetical DSM-IV Codes - Numeric	CDDO Edits CDDO Edits

Main Menu **Statistical Reports**

Served	Living Arrangement - Individuals Served
Funding	Living Arrangement - Individuals Unserved
Unserved By Status	Primary Funding Sources
Unserved By Name	Day Programs
Adults and Families Served In Community Settings	Served By Service Providers - Affiliate Order
Tiers Ages and Scores	Served By Service Providers - Services Order
Count By County of Residence	Individuals Not In Birth Month
Count By Home County	Case Management
Tiers and Scores	Unserved By Service Providers - Affiliate Order
Served/Funding Non HCBS Funded	Unserved By Service Providers - Services Order
Name List By Service Provider	Individuals Reaching 5 Years Of Age
All With A Psychiatric Diagnosis	
Psychotropic Meds Having A Psychiatric Diagnosis	
Underserved Individuals	

**Notice of Action
SRS, Division of Health Care Policy
5th Floor, Docking State Office Bldg
Topeka, Ks 66612**

Recipient of Action

Last Name: _____ First Name: _____
Street: _____
City: _____ State: KS Zip: _____

Guardian

Last Name: _____ First Name: _____
Street: _____
City: _____ State: KS Zip: _____

You are eligible for ICF/MR (HCBS/MR).

THIS DETERMINATION IS NOT VALID UNLESS IT HAS FIRST BEEN DETERMINED YOU MEET THE DEFINITION OF DEVELOPMENTAL DISABILITY OUTLINED IN MH/DD POLICY MRDD2-1. IF YOU DO NOT MEET THIS DEFINITION, YOU ARE NOT ELIGIBLE FOR ICF/MR (HCBS/MR) SERVICES.

An intermediate care facility for the mentally retarded (ICF/MR) is a facility, funded by Medicaid, and authorized by Title XIX of the federal Social Security Act, which provides 24 hour supervision and 'continues active treatment' to individuals with mental retardation and related conditions.

Home and Community-Based Services for individuals with mental retardation or other developmental disabilities (HCBS/MR) are an alternate to ICF/MR which pays for services in the individual's home or an integrated community setting.

You are not guaranteed to receive either services and may be placed on a waiting list, depending upon the availability of services. _____

Administrator, MR Waiver Programs

Date

If you have questions about this notice of action please contact the CDDO that is responsible for this person.

CDDO: _____

Phone: _____

Original to recipient; copies to guardian and screening agency.

The case manager must provide a copy of this form to an SRS Economic Assistance Worker at the local SRS Area Office for authorization of Medicaid payments.

**Notice of Action
SRS, Division of Health Care Policy
5th Floor, Docking State Office Bldg
Topeka, Ks 66612**

Recipient of Action

Last Name: _____ First Name: _____
Street: _____
City: _____ State: KS Zip: _____

Guardian

Last Name: _____ First Name: _____
Street: _____
City: _____ State: KS Zip: _____

You are not eligible for ICF/MR (HCBS/MR) services.

If you already reside in an ICF/MR, this determination will have no effect on your current services, but you must meet current ICF/MR eligibility criteria to receive HCBS/MR.

You may appeal this decision in writing, within 30 days to:

Administrative Hearing Section
Credit Union One Bldg.
610 SW 10th, 2nd Floor
Topeka, Ks, 66612

Administrator, MR Waiver Programs

Date

If you have questions about this notice of action please contact the CDDO that is responsible for this person.

CDDO: _____

Phone: _____

Original to recipient; copies to guardian and screening agency.

Notice of Action
SRS, Division of Health Care Policy
5th Floor, Docking State Office Bldg
Topeka, Ks 66612

Recipient of Action

Last Name: _____ First Name: _____
Street: _____
City: _____ State: KS Zip: _____

Guardian

Last Name: _____ First Name: _____
Street: _____
City: _____ State: KS Zip: _____

You are no longer eligible for ICF/MR (HCBS/MR) services.

You may appeal this decision by writing, within 30 days to:

Administrative Hearing Section
Credit Union One Bldg.
610 W. 10th. 2nd Floor
Topeka, Ks 66612

You should experience no change in current services as a result of this determination. Alternate funding should be available for continuation of services.

Administrator, MR Waiver Programs

Date

If you have questions about this notice of action please contact the CDDO that is responsible for this person.

CDDO:

Phone:

Original to recipient; copies to guardian and screening agency.

The case manager must provide a copy of this form to a SRS Economic Assistance Worker at the local SRS Area Office.

APPENDIX D

County Codes

COUNTY CODES

<u>CODE</u>	<u>COUNTY</u>				
		040	Harvey	077	Rawlins
				078	Reno
001	Allen			079	Republic
002	Anderson	<u>CODE</u>	<u>COUNTY</u>	080	Rice
003	Atchison				
004	Barber	041	Haskell		
005	Barton	042	Hodgeman	<u>CODE</u>	<u>COUNTY</u>
006	Bourbon	043	Jackson		
007	Brown	044	Jefferson	081	Riley
008	Butler	045	Jewell	082	Rooks
009	Chase	046	Johnson	083	Rush
010	Chautauqua	047	Kearney	084	Russell
011	Cherokee	048	Kingman	085	Saline
012	Cheyenne	049	Kiowa	086	Scott
013	Clark	050	Labette	087	Sedgwick
014	Clay	051	Lane	088	Seward
015	Cloud	052	Leavenworth	089	Shawnee
016	Coffey	053	Lincoln	090	Sheridan
017	Comanche	054	Linn	091	Sherman
018	Cowley	055	Logan	092	Smith
019	Crawford	056	Lyon	093	Stafford
020	Decatur	057	Marion	094	Stanton
021	Dickinson	058	Marshall	095	Stevens
022	Doniphan	059	McPherson	096	Sumner
023	Douglas	060	Meade	097	Thomas
024	Edwards	061	Miami	098	Trego
025	Elk	062	Mitchell	099	Wabaunsee
026	Ellis	063	Montgomery	100	Wallace
027	Ellsworth	064	Morris	101	Washington
028	Finney	065	Morton	102	Wichita
029	Ford	066	Nemaha	103	Wilson
030	Franklin	067	Neosho	104	Woodson
031	Geary	068	Ness	105	Wyandotte
032	Gove	069	Norton		
033	Graham	070	Osage	106	OUT OF STATE
034	Grant	071	Osborne		
035	Gray	072	Ottawa	999	UNKNOWN
036	Greeley	073	Pawnee		
037	Greenwood	074	Phillips		
038	Hamilton	075	Pottawatomie		
039	Harper	076	Pratt		