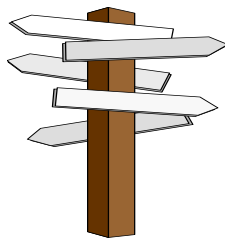


# How to affiliate with The Shawnee County Community Developmental Disability Organization (CDDO) TARC



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This booklet is designed to assist you through the process of becoming an established provider and not intended to be a comprehensive resource. Entities interested in the provision of quality MR/DD services in Shawnee County must contract (affiliate) with the Shawnee County CDDO, TARC. The affiliation process allows community service providers to receive Medicaid and/or state funds for the provision of MR/DD services and supports. The CDDO is the single point of access. CDDOs are responsible for determining MR/DD eligibility, HCBS waiver eligibility and work in collaboration with affiliated providers to coordinate, identify and arrange for services. There are 27 CDDOs in Kansas and TARC is the CDDO for Shawnee County.



#### Home Community Based Service (HCBS) MR/DD Waiver

Services and supports provided to a person with mental retardation or developmental disability and reimbursed for those services by Social Rehabilitation Services (SRS), Disability & Behavioral Health Services/Community Supports & Services (DBHS/CSS) include the following general categories:

- Residential Supports for adults and children
- Day Supports
- Supported Employment
- Supportive Home Care
- Personal Assistant Services
- Sleep Cycle Support
- Temporary and Overnight Respite
- Assistive Services
- Oral Health Services
- Wellness Monitoring

Day and residential supports provided to adults with mental retardation/developmental disabilities (MR/DD) are licensed by SRS. Residential supports provided to children voluntarily placed in foster care are licensed by Kansas Department of Health and Environment (KDHE).

*Refer to the HCBS MRDD Waiver Handbook for service definitions and limitations on the SRS DBHS/CSS website.*

**Are you going to be a licensed provider or a non-licensed provider?**



Licensed Provider

License required – Any person, group, association, corporation or any community or local governmental department which is:

1. Operating as or undertaking to become a provider of services and supports to adults or children who have been determined eligible for MR/DD services;
2. In need of services greater than those provided in a boarding care home as defined by KSA 39-932; and
3. Not otherwise certified as an intermediate care facility for the mentally retarded much be licensed as a community based agency providing services to adults with mental retardation or other developmental disabilities under K.A.R. 30-40-1 et.seq.

**If licensed provider, proceed to step 1**

Non Licensed Provider

A non-licensed provider is an agency or individual providing payroll services to persons with developmental disabilities, their parents and/or guardians who self-direct their services. Payroll Agents are responsible for financial records, tax withholding records and HCBS documentation. Employee records are to be made available to the CDDO or SRS upon request.

**If non-licensed provider, proceed to step 2.**

# **Step 1 – License Process**

## *Licensure for Adults*

1. Contact SRS/Disability & Behavioral Health Services/Community Support Services (SRS/DBHS/CSS) at (785) 296-6140 and request an application to provide licensed MR/DD services or visit the website at [www.srskansas.org/hcp/css/QAManual/DevelopmentalDisabilitiesQA.html](http://www.srskansas.org/hcp/css/QAManual/DevelopmentalDisabilitiesQA.html)
2. Complete the license application and submit electronically or by mail to:  
  
DBHS/CSS  
Docking State Office Building – 9th Floor East  
915 SW Harrison  
Topeka, KS 66612-1570
3. Once the application is received by DBHS/CSS, the SRS Quality Improvement Staff will contact you to finalize the licensure process.

## *Licensure for Children*

1. KDHE is responsible for licensing children residential providers. Contact KDHE at (785) 368-7015 to request an application to provide children residential services.

**Proceed to Step 2**

## **Step 2 – Business Plan**

The business plan is an objective analysis of a proposal to determine if the business is economically viable. The business plan should demonstrate organization credibility, adequate customer potential and financial feasibility. The CDDO requires the business plan to include the following:

1. Description of Business
  - a) Mission statement
  - b) Purpose
  - c) Sites(s)
  - d) Service(s) provided
2. Target area
3. Management
4. Future plan
5. Financial plan
  - a) Working capital

More assistance may be obtained by contacting:

Small Business Development Center  
Washburn University  
120 SE 6<sup>th</sup> St.  
Suite 110, Box 7  
Topeka, KS 66603  
(785) 234-3235

Small Business Administration  
323 West 8<sup>th</sup> St. Suite 501  
Kansas City, MO 64105  
(816) 374-6675

**Proceed to step 3**

# **Step 3 – Affiliate Requirements**

The following information must be supplied to the CDDO: (If you have any questions regarding the requirements contact Ramona Macek, CDDO Director at (785) 232-5083 ext. 408)

## **Licensed Affiliate Requirements**

1. Certificate of Corporation with the Secretary of the State (if applicable)
  2. Copy of the SRS license or KDHE license
  3. Business Plan
  4. Three Reference Letters (written within the last 3 years)
  5. Certificate of Insurance to include: Comprehensive General Liability (1,000,000.00 minimum or 300,000.00 for Limited License), Automobile Liability (\$500,000 minimum), and Workers Compensation Insurance (\$500,000 minimum) as required. The CDDO is to be named as the additional insured on the insurance policy.
  6. ANE Policy (KAR 30-63-28)
  7. \*Capacity Methodology policy  
(The maximum number of persons to serve)
  8. \*Continuity of Service Provision policy  
(How services will be provided during emergency situations)
  9. Direct Care – Training Expectations policy (KAR 30-63-26)
  10. \*Grievance Process policy (An internal process for individuals and families not satisfied with service delivery)
  11. Individual Rights and Responsibilities policy (KAR 30-63-22)
  12. Medication policy (KAR 30-63-23)
  13. Records Maintenance policy (KAR 30-63-29)
  14. Required Background Checks (See step 4)
  15. Satisfaction Survey
- \*Additional policies required by the CDDO

## **Additional Targeted Case Management (TCM) Requirements**

1. Successful completion of the SRS on-line assessment module testing
2. TCM job description
3. Organizational chart
4. Case Management training requirements and professional growth and development expectations and strategy
5. Person Centered Support Planning Process
6. Referral Process – Policy and procedure for submitting referrals to service providers

## **Non Licensed Affiliate Requirements**

1. Certificate of Corporation with the Secretary of the State (if applicable)
2. Business Plan
3. Three Reference Letters (written within the last 3 years)
4. Certificate of Insurance to include: Comprehensive General Liability (1,000,000.00 minimum) and Workers Compensation Insurance (\$500,000.00 minimum) as required. The CDDO is to be named as the additional insured on the insurance policy.
5. ANE Policy (KAR 30-63-28)
6. Capacity Methodology policy
7. Continuity of Service Provision policy
8. Grievance Process policy
9. Implementation and Adherence policy (KAR 30-63-10 Licensed Required Exceptions)
10. Job descriptions for employees performing direct care functions
11. Documentation sheets – Example sheet(s) of how documentation for services will be maintained.

## **Limited Licensed Affiliate Requirements**

1. See listed items 1-15 on page 7 licensed affiliate requirements.
2. A written statement from the Guardian (if applicable) supporting the request and identifying why limited licensure is in the best interest of the person. If the individual does not have a guardian, a written statement from the person or the TCM as to why the request for limited licensure is in the best interest of the person.
3. Person Centered Support Plan

**Proceed to step 4**

# Step 4 – Background Checks

## **Background Checks**

- 1) MVR (Motor Vehicle Report) – The Vehicle Record Consent form may be obtained from:

Docking State Office Building – Division of Vehicles  
915 Harrison St.  
Topeka, KS 66612  
(785) 296-3601

The fee for this check is \$6.00 per individual.

- 2) Adult Protective Services Registry –  
Call (785) 368-8105 to ask for a copy of their form to fill out.

Adult Abuse Registry  
Docking State Office Building – Room 551 West  
915 Harrison St.  
Topeka, KS 66612

There is no fee for this check.

- 3) Child Protective Services Registry – The current Release of Information form can be found on SRS Children and Family Services website at [www.srskansas.org/CFS/](http://www.srskansas.org/CFS/) Select Program Information, next select Child Abuse and Neglect Central Registry, then select Registry Release form.

**OR**

Call (785) 296-6783 to request a Child Abuse and Neglect Central Registry Information packet.

Child Abuse and Neglect Central Registry  
PO Box 2637  
Topeka, KS 66601  
(785) 296-6783

The fee for this check is \$10.00 per individual.

- 4) Kansas Department of Health and Environment (KDHE) Health Occupations – Go to [www.kdhe.state.ks.us/hoc](http://www.kdhe.state.ks.us/hoc) and next click on the list of individuals with findings of ANE and then click to continue. Print a copy of the page that your last name falls under.

5) KBI (Kansas Bureau of Investigation) – Record checks may be obtained from the Internet web site [www.accesskansas.org/kbi/criminalhistory/](http://www.accesskansas.org/kbi/criminalhistory/). The fee is \$17.50 for each name searched. This service supports payment by credit card or bills used accounts. You may search the Central Repository database and obtain records at that site. You can also obtain full information on record services and download forms for those services.

**OR**

Mail a letter requesting the record check and explaining the purpose of the request. Include all names by which you have been known, your dates of birth, race, sex and social security number. Include a check made payable to KBI Record Check Fee Fund for payment.

Kansas Bureau of Investigation  
Attn: Criminal History Records Section  
1620 Tyler  
Topeka, KS 66612  
(785) 296-8200

The fee for this check is \$20.00

Third and subsequent names associated with the same person are billed at \$20.00 per search.

**Proceed to Step 5**

# Step 5 – Affiliate Agreement

Contact the Shawnee County CDDO Director at (785) 232-5083 to schedule an appointment to review your affiliate agreement upon completion of all required documents.

Shawnee County CDDO/TARC  
2701 SW Randolph  
Topeka, KS 66611  
(785) 232-5083

## **What to bring with you:**

1. Copy of license, if applicable.
2. Business plan.
3. All documents outlined in step 3.
4. Completed background checks.

Proceed to step 6.

# Step 6 – Medicaid Enrolled Provider

## Contacting EDS to become a Medicaid enrolled provider:

In order to bill and receive Medicaid funding you must become an enrolled Medicaid Provider. Kansas Medical Assistance Programs (KMAP)  
A prospective provider completes an application to enroll at:

EDS  
3600 SW Topeka Blvd  
Topeka, KS 66611

Contact provider enrollment at (785) 274-5964 to request an HCBS application.

Send EDS the completed application and a copy of your signed Shawnee County CDDO/TARC affiliate agreement to obtain your provider number. Affiliation with the Shawnee County CDDO/TARC is required **PRIOR** to submitting the application.

Refer to the EDS website address to download manuals and other publications, get HIPAA updates, and purchase software for electronic submission and to answer your electronic claims submission questions.

[www.srskansas.eds.com](http://www.srskansas.eds.com)

ONCE YOU HAVE RECEIVED YOUR MEDICAID PROVIDER NUMBER, PLEASE FORWARD THE INFORMATION TO THE CDDO DIRECTOR.

## **Sources of Funding**

Funding for Community Service Programs:

1. HCBS MR/DD Waiver (Federal)
2. State General Funds
3. County Mill Levy

### **Reimbursement from Funding Sources**

***HCBS/MRDD WAIVER*** – The provider bills for services provided directly to Medicaid at least monthly to receive reimbursement which is based on the Plan of Care (POC) that is in force at the time of the billing. Billings can be for any amount less than the Plan of Care for a service but never for more than the Plan of Care allows. All disagreements on the reimbursement must be directly dealt with between the provider and EDS. The CDDO is not responsible for any suspended or rejected claims. The CDDO will help a provider in any way possible should there be a problem for services although will not be responsible for any unpaid claims. No one will be reimbursed at a higher rate than Social Rehabilitation Services/Disability & Behavioral Health Services/Community Supports and Services (SRS/DBHS/CSS) allows.

***STATE GENERAL FUNDS*** – SRS allocates these funds to the CDDO on an annual basis. State general funds are paid to the CDDO quarterly to fund people with developmental disabilities who are not eligible for the HCBS MR/DD Waiver. Direct Financial Support is also paid to families who qualify to receive this funding source. The CDDO distributes payments when funding is received from SRS. Should there be a dispute on any billing it will need to be resolved between the CDDO and the service provider. No one will be reimbursed for a higher rate than stated in the CDDO/SRS contract in force at the time of the billing.

***MILL LEVY*** – Affiliates have an opportunity to apply for Mill Levy funds through an annual Mill Levy Application Screening Process. To obtain a schedule of dates please contact Donna White, TARC Fiscal Director at (785) 232-0597.

## **FY 2009 HCBS MR/DD Waiver Rates**

(Rates are established annually through the SRS/CDDO contract  
and are subject to change per SRS mandate)

<u>Category</u>	<u>Rates</u>
Day Habilitation Services	Tier 1 \$ 99.53 Tier 2 \$ 73.60 Tier 3 \$ 59.19 Tier 4 \$ 43.55 Tier 5 \$ 37.37
Residential Habilitation Services	Tier 1 \$ 160.21 Tier 2 \$ 131.22 Tier 3 \$ 94.86 Tier 4 \$ 61.26 Tier 5 \$ 44.27
Community Support Day	\$28.13/daily rate
Community Support Residential	\$33.96/daily rate
In Home Supports (Supportive Home Care)	\$3.06/unit
Personal Assistant Services	\$3.06/unit
Respite	\$ 3.06/unit
Sleep Cycle Support	\$30.64/night
Wellness Monitoring	

## **Alphabet Soup**

BASIS – Basic Assessment and Services Information System

CDDO – Community Developmental Disabilities Organization

CSD – Community Support Day

CSP – Community Service Provider

CSR – Community Support Residential

DD – Developmental Disability

DDP – Developmental Disability Profile

ELP – Essential Lifestyle Plan

HCBS – Home and Community Based Services

DBHS/CSS – Disability & Behavioral Health Services/Community Support & Services

IEP – Individual Education Plan

KLOII – Kansas Lifestyle Outcome

MH – Mental Health

MR – Mental Retardation

PCSP - Person Centered Support Plan

POC – Plan of Care

QA – Quality Assurance

QE – Quality Enhancement

TCM – Targeted Case Management