

TCM Affiliate Meeting

07.06.17

Present: Tracey Herman, TARC; Robert Smith, CDDO; Nancy Rhone, CDDO; Ann Barr, TARC; Alissa Napier, TARC; Merilee Larson, Lifeworx; Coleen Hernandez, CDDO; Jess Reling, CDDO; Paula O'Brian, CDDO; Jeremy Chard, CDDO; Donna Holstein, SLI; Sabrina Winston, CDDO; Billie Padilla, CDDO

Guest Speaker:

Jennifer Brancaccio, Manager NE Kansas, Amerigroup.

- Effective date for Tier Rate is the first of the month after the Functional Assessment has been completed.
- It was suggested that it would be helpful if providers and the CDDO had access to check tiers prior to receiving the Notice of Action or MR-4.
- Amerigroup Service Coordinators no longer can attend BASIS Assessments due to concerns of the possible appearance of Conflict of Interest. The Service Coordinator can attend the PCSP's for information gathering.
- Discussion about when a Crisis is approved and the gap, which can be up to 60 days, between State approval and the MCOs approval of services. It was stated that Amerigroup assigns a Service Coordinator that day but cannot if they have not received a 3160.
- Amerigroup has a Service Coordinator responsible for the Wait List and for individuals coming off the list. It was asked about access to the waiting list. The last updated waiting list was sent out one-year ago, from the State.
- It was asked about In Lieu of Services. It was suggested to check with the Service Coordinator to see what other options are available for services.
- Respite and overnight respite is available to non-paid caregivers up to 60 days per year.
- Amerigroup Value added benefits include:
 - Ameri-tips offers health tips.
 - Training (including a Spanish presentation).
 - Specialty Trainings: Challenging Behaviors, High Medical Needs, Autism and more.
 - For more Value-added benefits go to www.amerigroup.com you must be a member to login.

CDDO Updates:

- Please make sure you are submitting completed Status Action Forms for individuals transferring out of Shawnee County. See handouts: CDDO Policy 06-017 and Status Action Form example showing sections to be completed (handouts).
- BCI updates:
 - Internet Explorer is the recommended server to access BCI.
 - Notifications continue to be worked on.

- A Help Ticketing system is in process for BCI issues. This system will prioritize the problems as they are submitted. The CDDO, TARC and Monaco will be assisting in testing. It will be rolled out to providers in small increments, after testing has been completed.
- MFEI Test Assessments – Assessors have started their sampling test of full and partial assessments. The Assessor will let you know which test they are doing prior to the scheduled date. The test Assessment does not affect the individuals tier score. The individual and their team need to be present at the time of the assessment. If there are questions or concerns, please call the Assessor. All feedback regarding the test Assessment will be forwarded to KU.
- Other handouts: Crisis Intervention Team, Behavioral Health Premise (designed to assist responding law enforcement to assist in their responses and investigations for service), Clock Medical Supply re: Kansas Medicaid Coverage of Reusable Underpads (emailed 07.05.17)

Upcoming:

- July 20 – CCM/QOC 12-1 TARC Training Room
- Transition Checklist Refresher Course Training – July 18, July 27, Aug. 17 and Aug. 29
10 am – 12 pm TARC
- Sept. 28 – CDDO Quarterly Training 8:30 am-12 pm TARC Board Room

The next meeting is 3 pm on Thursday, September 7, 2017.

If you are interested in CIT or want to give us your valued feedback, please contact:

OFC Shawn Kimble
Topeka Police Department
(785) 368-9571
skimble@topeka.org

Crisis Responder Supervisor
Christina Russell-LMSW
Valeo Behavioral Health Care
crussell@topeka.org

Dennis Bosley
NAMI Topeka
785-580-3021
dennis.bslydnns48@gmail.com

Crisis Responders
Amy Wasinger Lewis, LMSW
Shaun Moore, LMSW
(785) 207-2942
cit@topeka.org

CIT
Doing the **RIGHT** thing
for
the **RIGHT** reasons

A Community Effort



Serving with

Pride and Integrity.

**Topeka/
Shawnee
County Topeka
Crisis
Intervention
Team**

**What is
CIT?**



<http://www.topeka.org/tpd/cit.shtml>

CIT Objectives & Goals

CIT is focused on the significant numbers of persons with mental illness in Shawnee County/Topeka, Kansas who have been absorbed by the criminal justice system rather than being directed to treatment.

GOALS

- To gain awareness of mental health issues
- To increase officer awareness in recognizing when a person is having a mental health crisis
- To learn how to intervene with effective and safe techniques to enhance both officer and public safety.
- To provide avenues for consumers to divert them away from incarceration.

IF YOU NEED HELP,

CALL 911!

VALEO BEHAVIORAL HEALTH

CARE

24-HOUR

CRISIS HOTLINE

234-3300

Veterans

National Crisis Hotline

**1-800-273-TALK
(8255)**

Press #1 if a Veteran



Partners for Success

- Adult Protective Services
- Breakthrough House
- Community Resource Council
- Family Service & Guidance Center
- Florence Crittenton Services
- Kansas Capitol Police Department
- Kansas Dept. of Corrections
- League of Women Voters
- NAMI Kansas
- NAMI Topeka
- Pathway Family Services
- Shawnee County Dept. of Corrections
- Shawnee County Sheriff's Office
- Stormont Vail Behavioral Health
- Topeka Municipal Court
- Topeka Police Department
- USD 501 TPPS School Police
- Valeo Behavioral Health Care
- VA Eastern Kansas Health Care Systems



Solving Problems / Delivering Solutions

901 INDUSTRIAL BLVD P.O. BOX 620 WINFIELD KS 67156-0620
LOCAL: 1-620-221-0550 TOLL FREE: 1-800-362-1314 FAX: 1-620-221-7460

Underpads Order Sheet

Kansas Medicaid Only with Incontinence Diagnosis

Resident Name: _____

Resident's Physician: _____

Resident's Diagnosis: _____

Facility: _____

Person Requesting: _____ (Print Name) _____ (Signature)

Reusable Underpads: _____ Quantity

Total of 20 in a 12 month period

- 34" x 36" Bed Grey Backing (7463)
34" x 36" Bed Brown/Green Plaid Backing (7496)
34" x 36" Green Backing (7464)
17" x 24" Wheelchair (6774)

***** Can we substitute colors if out of stock of one Circle Yes No

Disposable Underpads: _____

23" x 36" Green Disposable Underpads (Chux) 150 per month (please circle) Yes No

20 reusable underpads are covered in a twelve month period. 150 disposable underpads are covered each month. A resident can get both reusable pads and disposable pads – just not both in the same month.

Fax this form with the patient's Face Sheet and Incontinent Diagnosis to 620-221-7460 or email to intake@clockmedical.com



Roxann Schooley
Account Executive
901 Industrial Blvd
Winfield, KS 67156

1-800-362-1314 (office)
1-620-218-3605 (cell)
1-620-221-7460 (fax)

FACE SHEET FOR FORMS

To: _Clock Medical Supply, Inc. Intake Department From: _____

Fax: __620-221-7460_____ Subject: ____Underpads_____

Please find attached our Underpad Order Sheet and an Authorization Form.

Kansas Medicaid will provide reusable underpads and disposable underpads for your residents with urinary or bowel incontinence.

Attached is the completed:

- 1.) Underpad Order Sheet (Kansas Medicaid residents only)
- 2.) A copy of the resident's face sheet and supporting information showing the resident has urinary or bowel incontinence.
- 3.) The Authorization Form signed and dated. This form gives us the permission to bill the underpads to their Kansas Medicaid insurance. (You can sign this form if the resident is unable to.)
- 4.) Fax the order form, face sheet, supporting documentation (diagnosis on face sheet is sufficient) and the Authorization to: 620-221-7460.

If you have any questions, please feel free to call any of our billing staff or me at the numbers above.

Service Changes:

- Check applicable service and complete the CHANGE for that service.
- UPLOAD TRANSITION CHECKLIST AND SERVICE PROVIDER CHOICE FORM TO BCI IF APPLICABLE

Service	Provider Name	Date Applied	Date Requested	Date Entered	Funding Code	Date Closed	Reason Code
<input type="checkbox"/> Case Management (previous)							
<input type="checkbox"/> Case Management (new)							
<input type="checkbox"/> Day Service (previous) <input type="checkbox"/> Multiple Providers							
<input type="checkbox"/> Day Service (new) <input type="checkbox"/> Multiple providers							
<input type="checkbox"/> Residential Service (previous)							
<input type="checkbox"/> Residential Service (new)							
<input type="checkbox"/> Individual/Family Support (previous)							
<input type="checkbox"/> FMS <input type="checkbox"/> PCS (Self Directed) <input type="checkbox"/> Respite							
<input type="checkbox"/> PCS (Agency Directed) <input type="checkbox"/> Sleep Cycle							
<input type="checkbox"/> Individual/Family Support (new)							
<input type="checkbox"/> FMS <input type="checkbox"/> PCS (Self Directed) <input type="checkbox"/> Respite							
<input type="checkbox"/> PCS (Agency Directed) <input type="checkbox"/> Sleep Cycle							
<input type="checkbox"/> Other Support							
<input type="checkbox"/> Assistive Services							
<input type="checkbox"/> Wellness Monitoring							
<input type="checkbox"/> Medical Alert							
<input type="checkbox"/> Direct Financial							
		FUNDING SOURCE		REASON CLOSED CODES			
1 - HCBS Waiver 2 - State Funds Only 3 - Discretionary Funds 4 - County Mill Levy 5 - Certified Match 6 - Vocational Rehabilitation 7 - Other 8 - MFP 9 - Private Pay		1 - Deceased 2 - Discharged 4 - Wrong Social Security number (data entry code only) 7 - Moved		9 - Self/Family removal 10 - Transferred 11 - Terminated 12 - Other			
		DAY PROGRAMS (up to 3)		RESIDENTIAL STATUS		SPECIAL POPULATION (up to 3)	
<input type="checkbox"/> 1 - Attends school in a classroom 50 percent or more of the day, with people who are not MR/DD <input type="checkbox"/> 2 - Attends school in a classroom less than 50 percent of the day, with people who are not MR/DD <input type="checkbox"/> 3 - Generic community activities less than 20 hours per week <input type="checkbox"/> 4 - Generic community activities 20 or more hours per week <input type="checkbox"/> 5 - Work environment designed for persons with MR/DD less than 20 hours per week <input type="checkbox"/> 6 - Work environment designed for persons with MR/DD 20 or more hours per week <input type="checkbox"/> 7 - Competitive employment less than 20 hours per week <input type="checkbox"/> 8 - Competitive employment 20 hours or more per week <input type="checkbox"/> 9 - Agency based non-work activities less than 20 hours per week <input type="checkbox"/> 10 - Agency based non-work activities 20 or more hours per week <input type="checkbox"/> 11 - Other		<input type="checkbox"/> 1 - Lives Alone <input type="checkbox"/> 2 - Lives with 2 or less persons with I/DD <input type="checkbox"/> 3 - Living with 3-7 persons with I/DD <input type="checkbox"/> 4 - Living with 8 or more persons with I/DD <input type="checkbox"/> 5 - Living with relatives <input type="checkbox"/> 6 - Living with non-relatives who are not I/DD <input type="checkbox"/> 7 - Other <input type="checkbox"/> 8 - Minor - Lives with parents or guardian <input type="checkbox"/> 9 - State MR Facility		<input type="checkbox"/> 1 - CIP (MFP) <input type="checkbox"/> 2 - Child in Custody <input type="checkbox"/> 3 - Self-Directed Care <input type="checkbox"/> 4 - Self-Determination <input type="checkbox"/> 5 - Special Care Rate <input type="checkbox"/> 6 - ICF/MR Closure <input type="checkbox"/> 7 - Placed from SMHH			



Behavioral Health Premise Alert



The purpose of the "Behavioral Health Premise Alert" is to provide responding law enforcement officers and other first responders with information which may assist them in their responses and investigations to calls for service.

Enrollment is voluntary and the information provided will be submitted and added to law enforcement dispatch systems. Enrollment can be made by:

- Individuals who have a behavioral health issues
- Parents or guardians of minor children who have a behavioral health issues
- Those with legal guardianship for another who has a behavioral health issues*
- Those with lawful power of attorney for another who has a behavioral health issues*
- Current foster care parents of child living within premise who has a behavioral health issues (The child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

Information provided in the Behavioral Health Premise Alert Voluntary Early Notification Registration Form will be scanned by the Topeka Police Department and kept electronically.

When dispatch receives a call about the address listed on the form, the information that was provided on the form will be provided to first responders by radio to assist them in their responses and investigations to calls for service.

The information will be maintained by the Topeka Police Department for three months. At the end of three months, the Police Department will contact the provider of the information to confirm the information is still accurate and if they wish to continue in the program. In the event the provider of the information wants to change or remove the information from the premise alert before the three month period ends, they must contact the Topeka Police Department at: (785) 207-2942).

Premise Alert notification systems are a best practice utilized by law enforcement agencies across the United States. Premise Alerts play a major role in keeping those with behavioral health issues, their family members, first responders, and other citizens of the community safe.

If after three months, the Topeka Police Department cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.



Behavioral Health Premise Alert



Voluntary Early Notification Registration Form

Purpose: Provide responding law enforcement officers and other first responders with information which may assist them in their responses and investigations to calls for service.

Completing this form is voluntary. The information provided may be submitted and added to the Shawnee County Emergency Communication Center (SCECC).

This form can be completed by:

- Individuals who have a behavioral health issues
- Parents or guardians of minor children who have a behavioral health issues
- Those with legal guardianship for another who has a behavioral health issues*
- Those with lawful power of attorney for another who has a behavioral health issues*
- Current foster care parents of child living within premise who has a behavioral health issues (The child’s name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

**Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you. Copy and submit documents will not be returned.*

Is the person with behavioral health issues aware this form is being completed on their behalf: _____Yes _____No

Information provided in the Behavioral Health Premise Alert Voluntary Early Notification Registration Form, hereafter referred to as “Premise Alert,” will be scanned and stored electronically by Topeka Police Department.

When SCECC receives a call about the address listed on the form, the information on the form may be provided to the responding law enforcement officers/and or other emergency responders to assist them in their responses and investigations to calls for service.

The information will be maintained by the Police Department for **three months**. At the end of three months, the Topeka Police Department will contact the provider of the information to confirm its accuracy and consent to continue to keep the information. In the event the provider of the information wants to change or remove this form before the three month period ends, they must contact the Topeka Police Department at (785) 368-9512. If after three months, the Topeka Police Department cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.

By signing the last page, you confirm understanding that the Topeka Police Department and responding officers will do the best they can to preserve confidentiality; however, when dispatch broadcasts information over the radio, it may be heard by others. It is not secure and could be intercepted.



Behavioral Health Premise Alert



Today's Date _____

1. Do you/your loved one have a behavioral health issues or history of behavioral health issues?

Yes___ No__ (Do not complete form if answered "no.")

Please **PRINT** responses

2. Name of person who has a behavioral health issues: _____

Address: _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Home phone: _____ Cell phone: _____

Please describe the behavioral health issues. (Please print clearly and briefly as possible.)



Behavioral Health Premise Alert



3. Contact Information: *(Two contacts may be listed; however, listing one person is preferred. Further, if this form is being completed by an individual other than the person named above, the individual completing this form is the preferred contact.)*

Please **PRINT** responses

Primary Contact:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to person with behavioral health issues: _____

Secondary Contact:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to person with behavioral health issues: _____

4. Please check if any of the following apply:

- | | |
|---|---|
| <input type="checkbox"/> History of Violent Behavior | <input type="checkbox"/> Aggressive Pets in Home |
| <input type="checkbox"/> History of Aggressive Behavior | <input type="checkbox"/> Live Alone |
| <input type="checkbox"/> History of Substance Abuse | <input type="checkbox"/> Live with Others |
| <input type="checkbox"/> Guns on Premise | <input type="checkbox"/> Fearful of Police |
| <input type="checkbox"/> Children in the Home | <input type="checkbox"/> Fearful of Members of Opposite Sex |
| <input type="checkbox"/> Served in the Military | |

5. Please check if any of the following suggestion(s) would be preferred if you/your loved one is contacted:

- Call Valeo crisis line
- Call person(s) listed as contact
- Send a CIT trained officer, if possible
- Other _____



Behavioral Health Premise Alert



My signature below constitutes an affirmation that I am the person named above, or I am one of the following for the person named above for whom I have provided information:

- Parent or guardian of minor child named above
- Person with legal guardianship of person named above*
- Person with lawful power of attorney for person named above*
- Current foster care parent of child living within premise (the child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

*****Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you*****

Further, my signature below affirms the following:

- I consent to have this information entered into the necessary Computer-Aided Dispatch systems and agree that it may be shared among law enforcement personnel;
- I understand the Police Department and first responders will do the best they can to preserve confidentiality, but they cannot guarantee confidentiality;
- I understand when dispatch broadcasts information over the radio it may be heard by others. It is not secure and could be intercepted;
- I understand providing this information **in no way guarantees how law enforcement will respond** to calls for service at the address provided;
- I understand providing this information **does not guarantee or imply any specific actions or disposition** by law enforcement.

Signature _____ Date _____

Printed name _____

Address _____

Phone number _____

Relationship to person with behavioral health issues _____

How to submit this form:

Mail: Topeka Police Department
 Crisis Intervention Team (CIT)
 320 S. Kansas Ave., Suite 100
 Topeka, KS 66603

Fax: (785) 368-9458
 Please send to the attention of CIT



CLOCK MEDICAL SUPPLY, INC.
SOLVING PROBLEMS / DELIVERING SOLUTIONS

901 INDUSTRIAL BLVD
PHONE: 1-620-221-0550

PO BOX 620
TOLL FREE: 1-800-362-1314

WINFIELD, KS 67156-062
FAX: 1-620-221-7460

PLEASE
SIGN AND
RETURN

Assignment of Benefits / Release of Information

NAME OF INSURED (print): _____

MEDICARE #: _____

OTHER INSURANCE NAME: _____ POLICY #: _____

OTHER INSURANCE ADDRESS: _____

MEDICAID STATE / MCO GRP: _____ MEDICAID / KANCARE #: _____

- Urological Ostomy Wound Care Diabetic Enteral Nutrition

UNDERPADS - UNDER KS MEDICAID

I request that payment of authorized insurance benefits, including Medicare, if I am a Medicare beneficiary, be made either to me or on my behalf to Clock Medical Supply, Inc. for any equipment, supplies, or services provided to me by Clock Medical.

I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related equipment or services to Clock Medical, the Centers for Medicare and Medicaid, my insurance carrier or other medical entity.

I agree to permit Clock Medical Supply and their business associates to contact me, and all other responsible parties on my account, on our cell phone or other mobile devices concerning any and all aspects of my account.

A copy of this authorization will be sent to the Centers for Medicare and Medicaid, my insurance company or other entity if requested. The original authorization will be kept on file by Clock Medical Supply, Inc.

I understand that I am financially responsible to the organization for any charges not covered by health care benefits. It is my responsibility to notify the organization of any changes in my health care coverage (i.e. Home Health episodes, Hospice episodes, Hospital stays). If I fail to notify Clock Medical Supply of any of the changes, I accept financial responsibility for the supplies that were provided to me during that time period.

** No Charges For KS Medicaid beneficiary receiving underpads.*
In addition, I acknowledge receipt of the following materials: *with incontinence*

- New Customer Handout packet Medicare Supplier Standards
- HIPAA Privacy Notice Instructions provided

➔ _____
Signature of Insured or Parent/Guardian

Relationship

➔ _____
Name of person signing (print)

➔ _____
Date

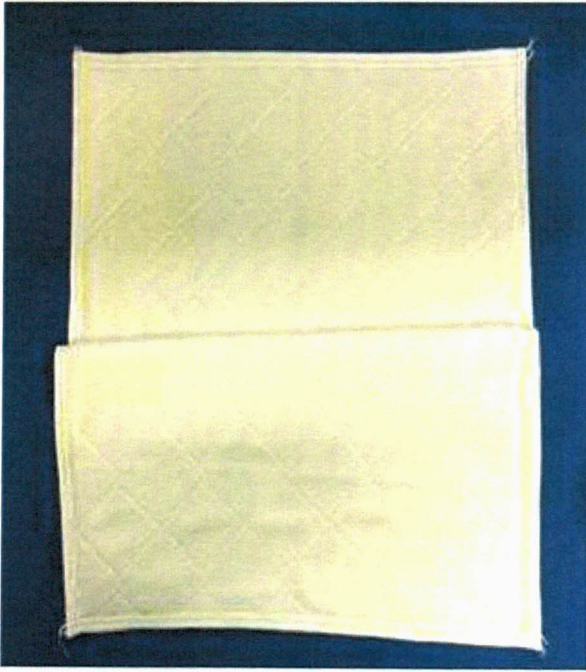
Billie Padilla

Subject: FW: Kansas Medicaid Coverage of Reusable Underpads
Attachments: AOB for Underpads.pdf; FACE SHEET FOR FORMS.docx; Underpads Order Sheet.docx

Kansas Medicaid is now covering 20 each of the reusable underpads in a 12 month period. Individuals can still get the disposable underpads at 150 per month; however, they cannot get both in the same month. They can order all 20 at once or a lesser amount. We prefer that they either order all of them at once or at least order in quantities of 5 due to shipping costs.

To order the underpads, the individual must have Kansas Medicaid and be incontinent of bladder and/or bowel. Individuals using paper incontinence supplies such as briefs or pull-ups, foley catheters, or ostomies are considered incontinent. I have attached an order form, fax sheet and an Authorization of Benefits. Below are pictures of the underpads available. #1 is green, #2 is plaid, #3 is grey and #4 is the wheelchair pad. They can have any 1 or combination of pads as long as it is not more than 20. If you have any questions, please call me.





Roxann Schooley
Account Executive – TPB
Clock Medical Supply, Inc.
901 Industrial Blvd.
Winfield, KS 67156
Office: 800-362-1314
Cell: 620-218-3605
Fax: 620-221-7460
roxann@clockmedical.com

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Shawnee County
Community Developmental Disabilities Organization
"Your resource for connecting our community"

Subject: Continuity & Portability (Out of Shawnee County) Effective Date: 12-15-97	Reviewed: 08-31-09, 08-26-10, 08-22-11, 08-27-12, 09.08.14, 09-02-16	Policy No: 06-017
Revised: 06-10-99, 11-06-01,04-21-03, 10-20-03, 05-15-06, 08-18-08, 08-31-09, 08-26-10, 08-22-11, 08-27-12, 09-08-14, 09-02-16	Forms: CDDO Transfer Form Status Action Form 06-008.002	

POLICY: *The Shawnee County Community Developmental Disability Organization (CDDO) will transfer Kansas Aging Management Information System (KAMIS) information to another Kansas CDDO.*

GUIDELINES:

1. When a person has made the decision to move out of the Shawnee County CDDO area, the Targeted Case Manager (TCM) will contact the CDDO Funding Coordinator and provide the following information within ten (10) business days prior to move date:
 - a. CDDO area to which the person is moving
 - b. Date the person is moving and new address
 - c. Status Action Form (uploaded into BCI CDDO web-based management system).
 - d. Copy of the Person Centered Support Plan (PCSP), uploaded into BCI.
 - e. Copy of 3161(if receiving HCBS Services).

2. Upon receipt of the above information, the CDDO Funding Coordinator will complete the transfer.

3. The CDDO Funding Coordinator will forward all documents per the State of Kansas Portability Policy to the designated CDDO within five (5) business days.
 - a. A copy of the signed CDDO transfer form will be placed in the CDDO Portability Notebook by the CDDO Funding Coordinator.
 - b. A BASIS Deletion form will be completed, and file will be forwarded to the CDDO Coordinator to close in KAMIS.
 - c. Once closed in KAMIS, the CDDO Coordinator will forward the file to the IT Assistant to close in BCI and be placed in the CDDO closed files.

4. State Aid and Shawnee County Mill Levy funds are not portable.