



**HOW TO AFFILIATE  
with  
WYANDOTTE COUNTY DEVELOPMENTAL DISABILITY  
ORGANIZATION  
(WCDDO)**



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## **INTRODUCTION**

This handbook is a guide for new and established agencies that want to provide services and supports to Kansans living in Wyandotte County with Intellectual and Developmental Disabilities (I/DD). It is only intended to assist you through the process of what it takes to become an affiliated provider in Wyandotte County/KCK and not to be used as a comprehensive guide. Entities interested in providing services to the I/DD population must first affiliate (contract) with Wyandotte County CDDO.

The CDDO is a single point of access for I/DD services. It is responsible for determining eligibility and collaborating with affiliated providers to coordinate, identify and arrange for services to persons with Intellectual and Developmental Disabilities. There are 27 CDDOs in the state of Kansas with specific service areas. WCDDO is the designated CDDO for Wyandotte County.

If you are interested in becoming an affiliated service provider in Wyandotte County, please read through this handbook and contact:

Wyandotte County Developmental Disabilities Organization  
701 North 7<sup>th</sup> Street - Room 346  
Kansas City, Kansas 66101  
Phone. 913.573.5502 Fax: 913.573.5511

## ELIGIBILITY FOR SERVICES

Persons must meet specific eligibility criteria outlined in this section to qualify for federal and state funds from the Kansas Department for Aging & Disabilities Services (KDADS). Use of KDADS funds to provide services and supports to persons who do not meet the eligibility criteria will result in recoupment of those funds from the affiliate.

### Definitions:

Intellectual Disability means substantial limitations in present functioning that are manifested during the period from birth to age 18 years and is characterized by significantly sub-average intellectual functioning that exist 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

It is required that an Axis II diagnosis of Intellectual Disability be made by a health professional who is licensed to make DSM-IV diagnosis.

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

1. is attributable to 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

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 from aging.

For children under the age of six, Intellectual Disability and 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 or 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 have the responsibility of proving that all persons served with KDADS funds meet one of the above definitions unless otherwise approved by KDADS in writing. The CDDO must designate a person to be responsible for the activities related to serving as the single point of contact and service application, eligibility determination, and information and referral.
2. The CDDO must inform all persons whom it has determined do not meet the I/DD criteria that they may have the determination reviewed by an independent third party. If the person requests a re-determination review, the CDDO must make a good faith effort to arrange for such a local review that is done by a person who is appropriately trained in I/DD eligibility determination and who is not financially associated with the CDDO.
3. If, upon reconsideration, the determination is unchanged, the person shall be notified that they have the right to request an administrative appeal, which must be submitted in writing within 30 days of the final local notification. Once KDADS is notified of an appeal, KDADS shall notify the CDDO who will send all determination records to KDADS within 72 hours. The CDDO shall also be available for and attend all eligibility hearings at the request of KDADS. Requests to the Office of Administrative Hearings shall be sent to:

Kansas Office of Administrative Hearings  
1020 South Kansas Avenue  
Topeka, Kansas 66612-1324

4. Re-determinations to confirm continued eligibility may be performed at the discretion of the area CDDO.

To receive Intermediate Care Facility for the Intellectually Disabled (ICF/IDD) or Home and Community Based Services Intellectual Disability Developmental Disability Waiver (HCBS I/DD) services, persons must meet additional eligibility criteria.

## SERVICES AND SUPPORTS

All services and supports provided to persons with Developmental Disabilities and licensed by KDADS must be provided in accordance with a Person-Centered Support Plan (PCSP) and also approved by the person and/or the person's guardian if one has been appointed. The Plan must include:

- A description of the person's preferred lifestyle, the quality of life choices made by the person and the guardian, if there is one. Such a description must include at least:
  - a. where the person wants to live
  - b. with whom the person wants to live
  - c. what work or other valued activity the person wants to do
  - d. with whom the person wants to spend time
  - e. in what social, leisure and religious activities the person wants to participate.
- A description of the necessary activities, training, materials, equipment, assistive technology and services needed to achieve the persons preferred lifestyle.
- If the cost of the services necessary to provide the preferred lifestyle is more than the person's funding, or above a person's financial means, the consumer and guardian, if one is appointed, will need to make other choices.
- Individualized measurable outcomes leading toward the achievement of the person's preferred lifestyle or next best option.

### Expected Service Outcomes for Individuals or Agencies Providing IDD/DD Services

- Services are provided according to the Plan of Care, in a quality manner and as authorized on the Notice of Action.
- Provisions of services are coordinated in a cost-effective manner
- Beneficiary's independence and health are maintained, when possible, in a safe and dignified manner.
- Beneficiary's concerns and needs, such as changes in health status, are communicated to the Case Manager within 48 hours.
- Failure or inability to provide services as scheduled in accordance with the Plan of Care shall be reported the Case Manager immediately, but not to exceed 48 hours.

Services and supports provided to persons with Developmental Disabilities and paid for by KDADS include the following general categories.

- Residential Supports for Adults Children
- Day Supports

- Supported Employment
- Overnight Respite
- Medical Alert
- Personal Care Services
- Supportive Home Care
- Specialized Medical Care
- Enhanced Care Services
- Financial Management Services
- Assistive Services

Day and Residential supports provided to adults with IDD are licensed by the Kansas Department of Aging & Disability Services (KDADS). Residential supports provided to children voluntarily placed in foster care settings are licensed by Kansas Department of Health & Environment (KDHE). Refer to the HCBS I/DD Waiver Handbook and the Kansas Medical Assistance Program (KMAP) Provider Manual for definitions of the above-services and limitation for I/DD Waiver services.

### **TYPES OF SERVICES**

Check the service(s) you provide or intend to provide over the next contract year.

<b>Agency Directed Services</b>	<b>Financial Management Services</b>
<input type="checkbox"/> Assistive Services <input type="checkbox"/> Day Supports <input type="checkbox"/> Medical Alert Rental <input type="checkbox"/> Overnight Respite <input type="checkbox"/> Residential Supports <input type="checkbox"/> Sleep Cycle Support <input type="checkbox"/> Specialized Medical Care <input type="checkbox"/> Supported Employment <input type="checkbox"/> Supportive Home Care <input type="checkbox"/> Wellness Monitoring <input type="checkbox"/> Targeted Case Management <ul style="list-style-type: none"> <li><input type="checkbox"/> Ages 0 — 13</li> <li><input type="checkbox"/> Ages 14 — 18</li> <li><input type="checkbox"/> Ages 18 and Over</li> </ul>	<input type="checkbox"/> Overnight Respite <input type="checkbox"/> Personal Assistant Services <input type="checkbox"/> Sleep Cycle Support <input type="checkbox"/> Specialized Medical Care
	<b>Limited License Provider</b>
	<input type="checkbox"/> Day Supports <input type="checkbox"/> Residential Supports

**KEY STAFF MEMBERS** (Please the list names of staff members in the following positions or indicate N/A if this does not apply to your organizational structure).

Agency Director (include title):

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Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

---

DD Services/Program Director:

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Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

---

Financial Director:

---

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

---

Contact Person for ANE Reports:

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Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Admissions Representative:

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Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

<b>Complete this section if you provide Targeted Case Management</b>	
QA Team Leader:	
Phone: _____	E-Mail: _____
Behavior Management Committee Chair:	
Phone: _____	E-Mail: _____
BASIS Representative:	
Phone: _____	E-Mail: _____

GENERAL INFORMATION

Do you do business with any other Wyandotte County Department?  NO  
If yes, which department?

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Has the agency ever been denied a contract by Wyandotte County?  NO  
If yes, what type of contract was denied?

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If yes, what date was the contract denied? \_\_\_\_\_  
If yes, what department denied the contract?

---

Has the agency ever been denied a provider agreement by Medicaid?  NO  
If yes, please explain:

---

Has the agency ever been banned from providing Medicaid services?  NO  
If yes, please explain:

---

How many full time equivalent (FTE) direct care staff are employed to provide services to people funded under the CDDO/CSP contract? \_\_\_\_\_

Please attach a certificate of insurance verifying general liability coverage (\$1,000,000 or more), auto insurance, if transporting clients (in the minimum amount of \$1,000,000) and workers compensation. Please refer to the next page for an example of a certificate of insurance. The certificate holder and additional insured should be in the name listed below:

Unified Government of Wyandotte County/KCKS  
Human Services/WCDDO 701 North 7<sup>th</sup> Street – Room 346  
Kansas City, Kansas 66101  
Phone: 913.573.5502 Fax: 913.573.5511  
email: WCDDO@wycokck.org



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p><b>PRODUCER</b></p>	<p><b>CONTACT NAME:</b></p> <p><b>PHONE (A/C, No, Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span></p> <p><b>E-MAIL ADDRESS:</b></p> <p><b>PRODUCER CUSTOMER ID #:</b></p>
<p><b>INSURED</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Insured must be the name of the agency. Not the name of the owner</p> </div>	<p><b>INSURER A:</b></p> <p><b>INSURER B:</b></p> <p><b>INSURER C:</b></p> <p><b>INSURER D:</b></p> <p><b>INSURER E:</b></p> <p><b>INSURER F:</b></p>

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADUL INSR	SUSH WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<p><b>GENERAL LIABILITY</b></p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC</p>			Required minimum 1,000,000		Additional insured required	<p>EACH OCCURRENCE</p> <p>DAMAGE TO RENTED PREMISES (Ea. occurrence)</p> <p>MED EXP (Any one person)</p> <p>PERSONAL &amp; ADV INJURY</p> <p>GENERAL AGGREGATE PRODUCTS - COMPROP AGG</p>
	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>			Required 1,000,000 if transporting client			<p>COMBINED SINGLE LIMIT (Ea. accident)</p> <p>BODILY INJURY (Per person)</p> <p>BODILY INJURY (Per accident)</p> <p>PROPERTY DAMAGE (Per accident)</p>
	<p><b>UMBRELLA LIAB</b></p> <p>EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE</p> <p>DEDUCTIBLE</p> <p>RETENTION \$</p>						<p>EACH OCCURRENCE</p> <p>AGGREGATE</p>
	<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>		N/A	Require for licensed professionals			<p>WC STATU-TORY LIMITS <input type="checkbox"/> OTHER</p> <p>E.L. EACH ACCIDENT</p> <p>E.L. DISEASE - EA EMPLOYEE</p> <p>E.L. DISEASE - POLICY LIMIT</p>
	<p><input type="checkbox"/> Professional Liability</p>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER** **CANCELLATION**

<p style="text-align: center;"> <b>Unified Gov. – WCDDO</b>  <b>701 N 7<sup>th</sup> Street - Rm. 346</b>  <b>Kansas City, Kansas 66101</b>                  (must be listed as a certificate holder and additional insured)             </p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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# Wyandotte County Developmental Disability Organization Provider Application

Agency Name:

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Address Information:

Primary Location (Where your business is physically located)

Street:

---

City & State:

Zip:

---

Mailing Address (Where you want to receive correspondence)

Street:

---

City & State:

Zip:

---

Billing Address (Where you want invoices sent)

Street:

---

City & State:

Zip:

---

Business Phone:

---

Business Fax:

---

Business E-Mail:

---

After hours emergency name and number:

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(Indicate the name of a staff member and the number where they can be reached after hours in case there is an emergency that would require someone at your organization to be notified.)

Profit Status: (please check one)

NOT FOR PROFIT

FOR PROFIT

Federal Tax Number: \_\_\_\_\_

Contract Signer: \_\_\_\_\_

(The individual with your organization who is authorized to enter into contractual agreements)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**LICENSING**  
**STATE OF KANSAS - KDADS I/DD COMMUNITY SERVICE PROVIDER**

**LICENSING ASSURANCES:** The "Licensing Assurance" contain the basic assurances that a person or entity has the education, experience, training, knowledge of the I/DD community service system, financial ability and planning experience to establish and successfully operate a business in the State of Kansas that provides services and supports to persons funded through the I/DD community service provider system.

**PREREQUISITES FOR FULL LICENSE OWNER/OPERATORS:**

1. Bachelor's Degree preferably in Human Services or Business; or the equivalent work experience substitution of 1040 paid work experience per semester in the Intellectual Disability and Developmental Disability service provider system.

**PLUS a minimum of:**

2. One (1) year experience in a senior level management position; or
3. Two (2) years experience in the program management or case management level; or
4. Five (5) years experience of direct care experience in the developmental disabilities field.

**PLUS** three (3) written letters of reference that describe the owner/operator's experience and abilities.

**PLUS** completed background checks that meet HCP/CSS "Background Check" Policy requirements.

**OR** the applicant may choose to hire a director who meets the above prerequisites. If this option is chosen, the applicant must provide a signed employment agreement with the qualifying person.

**PREREQUISITES FOR FULL LICENSE COMMUNITY SERVICE PROVIDER:**

- Business Plan
- Policy and Procedures addressing Article 63 requirements
- Sub-minimum wage and hour certificate of the Department of Labor, if applicable

**PREREQUISITES FOR LIMITED LICENSE COMMUNITY OWNER/OPERATORS:**

- A previous relationship with the person seeking services or specialized skills that would be necessary to support the person and are not readily available in the current service system.
- 1 year of paid work experience in Human Services
- Completion of College of Direct Support curriculum or the Full License Owner/Operator prerequisites

**PLUS** completed background checks that meet HCP/CSS "Background Check" Policy requirements.

**PREREQUISITES FOR LIMITED LICENSE COMMUNITY SERVICE PROVIDER:**

- Written explanation of service design that includes how current and future services, specific to the person, will remain in compliance with licensure standards. (Policies and procedures or detailed support plan that addresses all applicable standards)
- Business Plan

**ALL CSP PREREQUISITES MUST BE MET BEFORE CSP LICENSE APPLICATION IS SUBMITTED TO SRS/HCP/CSS. ALL CSP APPLICANTS AND RENEWALS MUST DEMONSTRATE THAT BASIC REQUIREMENTS ARE MET TO RECEIVE A LICENSE.**

New applicants must meet all prerequisites. Current providers not meeting the owner/operator prerequisites have 2 years from the effective date of the regulation to meet the prerequisites.

**TEMPORARY LICENSE**

Valid for six (6) months. One (1) additional period of six (6) months allowed if the CSP is not serving persons prior to expiration.

**LICENSE WITH REQUIREMENTS**

Issued when a corrective action is necessary for the provider to achieve full compliance with the standards. Failure to achieve compliance will result in a provisional license.

**PROVISIONAL LICENSE**

Issued to provide an opportunity for the CSP to fulfill all conditions as identifies as deficiencies in the Compliance Summary. The CSP must comply with all K.A.R. 30-63 regulations at the end of the provisional period or license revocation proceeding may be initiated. This will be valid for the period specified and stated in the Compliance Summary.

**FULL LICENSE** - One Year

This license recognizes that the CSP has achieved compliance with all applicable regulations and Performance Outcome Measures.

**FULL LICENSE** - Two Year

This license recognizes that the CSP has achieved compliance with all applicable regulations by a KDADS approved accrediting body. Accreditation must be in the same program areas as licensed services.

**LIMITED LICENSE** - One Year

This license limits a provider to serving a maximum of 2 persons. Full compliance with licensure standards must be achieved and maintained. This license is issued based upon individually tailored services and expires when the specific person for which the license is issued is no longer receiving services by the limited licensed provider.

To request an application for Adult licensed I/DD services you will need to contact KDADS directly. After they receive the application, a Quality Management Specialist will contact you to finalize the licensure process.

To provide children residential services you will need to contact KDHE to request an application.

## **BUSINESS PLANS**

The purpose of the business plan is to allow an objective analysis of a proposal to determine if it is economically viable. The plan should demonstrate organizational credibility, adequate customer potential and financial feasibility. The plan should include:

### Administrator(s)

Personal characteristics

Technical competence and experience Management ability and experience

### Scope of Service

New provider or provider enhancing current operation

Define services to be provided and service area

Estimate the number and types of customers the affiliate will need to be viable

### Technical and Operational Requirements

Management and legal organization

Certifications, licenses, permits

Management information systems

Labor requirements

Professional services

Physical facilities

Fixtures and equipment

### Financial Requirements and Projections

Statement of financial requirements (startup funds)

Sources and estimates of revenue

Cash flow analysis

Estimates of expenditures and revenue

Technical Assistance can be obtained by contacting:

Small Business Development Center

Washburn University

120 SE 6<sup>th</sup> Street

Topeka, Kansas 66603

(785) 234-3235

<http://www.washburn.edu/community>

[business/sbdc.htmlhttp://washburnsmallbusiness.com/](http://business/sbdc.htmlhttp://washburnsmallbusiness.com/)

## How to Complete Background Checks

### **1) HEALTH OCCUPATIONS CREDENTIALING (HOC) - Criminal Record Check**

Price: \$10.00 (plus convenience fee)

Website: <https://www.kansas.gov/kdads-criminalhistory/index.do>

Prior to using this service, a Facility ID number must be requested using this form: <http://www.kdads.ks.gov/docs/default-source/SCC-Documents/Health-OccupationsCredentialing/hcbs-crc-documents/hcbs-facilitv-information-form.pdf?sfvrsn=4>.

Detailed instructions can be found here: <http://www.kdads.ks.gov/docs/defaultsource/default-document-library/hcbs-crc-instructionsver3.pdf?sfvrsn=0>

### **2) KNAR - KANSAS NURSE AID REGISTRY - ANE Findings**

Price: No Charge

Website: <https://ksdhe.glsuite.us/glsuiteweb/Clients/KSDHE/public/main.html>

For Certified Nurse Assistants (CNA) or Certified Medical Aids (CMA), click on Certification Verification.

For non-licensed/non-certified professionals, click on Non-Licensed/Non-Certified

Please print the page using the tools of your web browser and maintain a copy in the employee's file in order to verify date and time the online check was completed.

### **3) DCF ADULT ABUSE, NEGLECT AND EXPLOTATION (ANE) CENTRAL REGISTRY**

Price: No Charge

There is a form that needs to be filled out and signed by the individual who will be having the background check. It is very important that everything be filled out. If something does not apply to the individual, they need to mark it as N/A (not applicable).

The Release of Information form that needs to be mailed in can be found at: <http://www.dcf.ks.gov/services/PPS/Documents/PPM Forms/Section 10000 Forms/PPS10400.pdf>

#### **4) DCF CHILD ABUSE AND NEGLECT CENTRAL REGISTRY**

Price: \$10.00

There is a form that needs to be filled out and signed by the individual who will be having the background check. It is very important that everything be filled out. If something does not apply to the individual, they need to mark it as N/A (not applicable).

The Release of Information form that needs to be mailed in can be found at:  
[http://www.dcf.ks.gov/services/PPS/Documents/PPM Forms/Section 1000 Forms/PPS1011.pdf](http://www.dcf.ks.gov/services/PPS/Documents/PPM%20Forms/Section%201000%20Forms/PPS1011.pdf)

#### **5) KDOR - DRIVER'S LICENSE RECORD**

Price: Free

Website: <https://www.kdor.ks.gov/Apps/DLStatus/login.aspx?ReturnUrl=%2fApps%2fDLStatus%2fSecure%2fDefault.aspx>

or

Price: \$13.70

Website: <https://www.accesskansas.org/ssrv-mvr-ltd>

#### **6) KSBN - KANSAS STATE BOARD OF NURSING**

Price: Free (Online) or \$1.50 (Written)

Website: [https://www.kansas.gov/\\_ksbn-verifications/](https://www.kansas.gov/_ksbn-verifications/)

License status verification will include the following information:

- Kansas license number
- Date of issue and expiration
- Legal and/or disciplinary action (if any)

Note: Online services only shows nurses who are in Active Status. To view Inactive or Lapsed Status, inquiries may be requested via Written Request.

#### **7) OFFICE OF INSPECTOR GENERAL (OIG)**

Price: Free

Website: <https://exclusions.oig.hhs.gov/>

## **MEDICAID ENROLLED PROVIDER**

### **Contact HP Enterprises to become a Medicaid enrolled provider:**

In order to bill and receive Medicaid reimbursement you must be an enrolled Medicaid Provider and assigned a Kansas Medical Assistance Program (KMAP) Provider number for HCBS I/DD Waiver services. To complete an application for enrollment, contact: HP Enterprises, 6511 SE Forbes Avenue, Topeka, KS 66619; or call (785) 274-4200. *There is an application fee*

Include a copy of your signed Affiliate Agreement with the Wyandotte County Developmental Disabilities Organization (WCDDO). That is a requirement prior to submitting the application. Refer to the HP Enterprises publications regarding electronic submission or contact HP directly if you have questions.

**AFTER BEING ASSIGNED A MEDICAID PROVIDER NUMBER**, forward that information to the WCDDO Director.

As of January 1, 2014, providers must contract with Managed Care Organizations (MCO). There are (3) MCOs: Aetna, Sunflower State Health and United Health Care. For more information about each MCO and the credentialing/contracting process, go to the KanCare website: [www.kancare.ks.gov](http://www.kancare.ks.gov).

## AFFILIATION CHECKLIST

### The following documentation must be included with your Provider Application:

- ❖ A business plan addressing the areas listed in the outline with all applicable appendices, to include:
  1. Organizational Chart
  2. Basic set of organizational policies that must include:
    - a. Criminal background checks of employees. Must check for when hired and have a policy or procedure to ensure that staff maintain compliance with background requirements. Background checks are required with: Adult Protective Service (APS), Child Protective Service (CPS), Kansas Dept. of Health and Environment (KDHE), Kansas Bureau of Investigation (KBI) and the Dept. of Motor Vehicles (DMV), DMV check is only required if transporting consumers.
    - b. Dispute resolution for consumers
    - c. Medicaid Fraud, Waste and Abuse policy that includes training for all employees
    - d. Emergency/crisis backup plan which may include emergency on-call availability
- ❖ A written statement verifying that the person who will sign the affiliation agreement is authorized to do so. This can be in the form of a letter on company letterhead.
- ❖ Background checks (APS, CPS, KDHE, KBI, and DMV, if transporting consumers) for officers of the organization and anyone handling funds.
- ❖ Three letters of reference regarding you or your organization. Letters may not be from relatives, employees or individuals receiving payment from you or your business.
- ❖ If the applicant, company or individual has previously held a license for a similar service within the last 10 years, a letter or other documentation demonstrating good standing from the licensing entity is required. Similar services may include, but are not limited to: foster care, any type of group home or congregate care, child placing agency, etc.
- ❖ A Tax Clearance Certificate that can be requested online at: <https://www.kdor.org/TaxClearance/Self/Start.aspx>. When asked the reason for requesting the certificate, check the Other box and indicate CDDO affiliation requirement.
- ❖ Certificates of Insurance (ACORD Form 25) in your company's name with WCDDO listed as a Certificate Holder and an Additional Insured for:
  - Worker's Compensation (if applicable — see guide)
  - General Liability (\$1,000,000 minimum)
  - Auto Liability (\$1,000,000 minimum if you or staff will transport consumers)

- Professional Liability, if applicable (Wyandotte County does not need to be listed as an additional insured for professional liability)
- ❖ If you want to provide Financial Management Services (FMS), attach a copy of your current contract with KDADS.

If this is a new company without a history of providing I/DD or Medicaid billable services, additional training and orientation may be required.

## FUNDING SOURCES

### Funding for Community Service Programs:

1. Medicaid — Home and Community Based Services (HCBS) I/DD Waiver
2. Wyandotte County Mill Levy
3. State Aid

### **DISTRIBUTION AND REIMBURSEMENT OF FUNDS**

**HCBS I/DD WAIVER** — The affiliated provider submits claims to the designated MCO to receive reimbursement as authorized on the approved Plan of Care (POC) also may be referred to as the Integrated Service Plan (ISP). Services billed may be for any amount less than the authorized POC/ISP and never more than the authorized amount. Any disagreements on the reimbursement are between the Provider and the MCO. The CDDO is not responsible for any suspended or rejected claims. No Provider will be reimbursed at a higher rate than KDADS authorizes.

**WYANDOTTE COUNTY MILL LEVY FUNDS** - In addition to CDDO Administration, a portion of Mill Levy funds may be used for I/DD emergencies. These funds may be considered for unfunded individuals, for persons who are currently receiving non-Medicaid eligible Case Management, or they may be used to support other relevant needs related to the well-being of the Wyandotte County I/DD population.

**STATE AID** - The planned use of State Aid funds must be approved in advance by KDADS. Currently WCDDO uses its State Aid funds to support an I/DD Grant Program. Under the grant program if a consumer makes a request for items that are related to their health needs, their safety or their welfare, then grant funds can be considered if the items are not covered by Medicaid

### Dispute Information

New or existing affiliated providers denied affiliation may appeal the CDDOs decision by following the procedures outlined in Policy #06-020 Dispute Resolution.

If a Community Service Provider appeals the decision, they may continue to provide services although they are not eligible to receive referrals for new persons until the dispute process is final.

When an affiliate has been involuntarily terminated as an existing Community Service Provider, the Provider is not eligible to reapply for a period of five (5) years from the date of termination.

**WYANDOTTE COUNTY  
DEVELOPMENTAL DISABILITY ORGANIZATION**

**POLICY NUMBER: 32-1  
K.A.R. 30-64-32  
IMPLEMENTATION DATE: 12/15/97  
REVISED DATE: 04/01/2005  
REVIEW DATE: 09/01/2009**

**DISPUTE RESOLUTION  
Individual Disputes With Affiliated Providers**

**PURPOSE:**

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

**POLICY:**

Persons with developmental disabilities and/or the family, legal guardian or support network of a person with developmental disabilities, who have an unresolved dispute with an affiliated service provider, may seek resolution to the dispute through review by the CDDO and/or a mediator.

**PROCEDURES:**

1. When managing a dispute with an affiliated provider, the person with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities must first use the agency's dispute resolution processes.
2. Each affiliated provider is required to have internal procedures which:
  - a. Affords the person with developmental disabilities and/or the family, legal guardian, or support network of a person with developmental disabilities a means to voice concerns and have those concerns responded to by agency staff and administration in a timely manner;
  - b. Assures there is no retaliation against persons who complain or utilize dispute resolution procedures; and
  - c. Refers unresolved disputes to the CDDO for an external process of resolution.
3. If a dispute is unresolved by using internal provider processes, the affiliated provider and/or the person with developmental disabilities and/or the family, legal guardian, or support

network of a person with developmental disabilities shall forward the dispute in writing to the CDDO Quality Assurance Administrator.

4. Upon receipt of the written dispute, the CDDO Quality Assurance Administrator will provide the following options to the individual requesting resolution:
  - a. A person may request intervention into the dispute by a mediator. The mediator must be an individual with no decision-making authority who is impartial to the issues being discussed. Mediation will be completed in no more than 40 days after the CDDO receives the written appeal. Either party may decline to enter into mediation if that party chooses to go directly to process (b) or (c) as described below. Either party may withdrawal from mediation whenever the party feels that further efforts will not likely result in a resolution to the dispute. The parties will receive a copy of what was agreed to in the mediation and signed copies of the agreement will be forwarded to the CDDO. (When mediation is used to resolve disputes, the parties involved shall equally share the cost; but no person shall be denied mediation due to an inability to pay.)
  - b. A person may request the dispute be referred to the Council of Community Members. Any member of the Council who is the subject of the dispute shall not participate in the resolution process. The dispute may be heard at a regular meeting of the Council or a special meeting set up so the dispute is resolved in a timely manner. All requests for a dispute hearing need to be written and will be forwarded to the Chairman of the Council for scheduling. Once the documentation is received requesting dispute resolution a time for the dispute resolution meeting will be forwarded to all parties by certified mail. If mail delivery is not possible, other means of prior communication/notification may be utilized, provided they can be duly witnessed and documented. The Council shall have 20 days from receipt of the written dispute to hear the dispute and issue a written decision. If the Council fails to issue a written decision within the 20-day period the dispute shall be deemed to have been decided in favor of the individual bringing the dispute. All decisions by the Council of Community Members are to be binding unless either party appeals the decision of the Council to the SRS-DBHS/CSS as described in (c) below.
  - c. A person may request that the dispute be referred to SRS-DBHS/CSS. If the appeal is of a decision of the Board or their designee, a written notice of appeal shall be delivered to SRS-DBHS/CSS within 10 calendar days of receipt of the Council's decision. If the appeal does not involve the CDDO in any form a written notice of appeal shall be delivered to SRS-DBHS/CSS within 60 calendar days of the CDDO receiving written notice of the dispute.
5. Any decision reached in the processes above can be appealed to administrative appeal by sending a written request for appeal to:

Office of Administrative Hearing

1020 S Kansas Avenue  
Topeka, KS 66612-1327

**WYANDOTTE COUNTY**  
**DEVELOPMENTAL DISABILITY ORGANIZATION**

**POLICY NUMBER: CDDO 32-2**  
**K.A.R. 30-64-32**  
**IMPLEMENTATION DATE: 12/15/97**  
**REVISION DATE: 04/01/2005**  
**REVIEW DATE: 09/01/2009**

**DISPUTE RESOLUTION**  
**Individual Disputes With The CDDO**

**PURPOSE:**

These procedures identify the means by which persons with developmental disabilities and/ or the family, legal guardian or support network of a person with developmental disabilities may resolve disputes with the CDDO, including access to an independent mediator.

**POLICY:**

Persons with developmental disabilities and/or family, legal guardian or support network of a person with developmental disabilities may request intervention from a mediator if disputes with the CDDO have been unresolved using internal CDDO dispute resolution procedures.

**PROCEDURES:**

1. When managing a dispute with the CDDO, other than those regarding eligibility determination or funding allocation, the person with developmental disabilities and/or the family, legal guardian or support network of a person with developmental disabilities shall present the following information to the CDDO in writing:
  - a. what action taken by the CDDO had a negative impact on the person with developmental disabilities;
  - b. what action the person would like the CDDO to take to correct or remedy the situation, and
  - c. suggestions for how the CDDO could change its current practices to prevent similar situations from occurring in the future.
2. Upon receipt of the written dispute, the CDDO Quality Assurance Administrator will provide the following options to the individual requesting resolution:

- a. A person may request intervention into the dispute by a mediator. The mediator must be an individual with no decision-making authority who is impartial to the issues being discussed. Mediation will be completed in no more than 40 calendar days after the CDDO receives the written appeal. Either party may decline to enter into mediation if that party chooses to go directly to process (b) as described below. Either party may withdrawal from mediation whenever the party feels further efforts will not likely result in a resolution of the dispute. The parties will receive a copy of what was agreed to and signed copies of the agreement will be forwarded to the CDDO. (When mediation is used to resolve disputes, the parties involved shall equally share the costs; but no person shall be denied mediation due to an inability to pay.)
  - b. A person may request the dispute be referred to the Council of Community Members. Any member of the Council who is subject the dispute shall not participate in the resolution process. The dispute may be heard at a regular meeting of the Council or a special meeting set up so the dispute is resolved in a timely manner. All requests for a dispute hearing need to be written and should be forwarded to the Chairman of the Council for scheduling. Once the documentation is received requesting dispute resolution a time for the dispute resolution meeting will be forwarded to all parties by certified mail. If mail delivery is not possible, other means of prior communication/notification may be utilized, provided they can be duly witnessed and documented. The Council shall have 20 days from receipt of the written dispute to hear the dispute and issue a written decision. If the Council fails to issue a written decision within the 20-day period the dispute shall be deemed to have been decided in favor of the individual bringing the dispute. All decisions by the Council are to be binding unless either party appeals the decision of the Board to SRS-DBHS/CSS as described in (c) below.
  - c. A person may request that the dispute be referred to SRS-DBHS/CSS. A written notice of the appeal shall be delivered to SRS-DBHS/CSS within 10 calendar days of receipt of the Council's decision.
3. Any disputes regarding eligibility determination shall follow the procedures outlined in CDDO Policy Number 23-2 SINGLE POINT OF ENTRY, Eligibility Determination.
  4. Any dispute regarding funding allocation shall follow the procedures outlined in CDDO Policy Number 32-5 DISPUTE RESOLUTION, Funding Allocation.
  5. The CDDO assures that there will be no retaliation against person who complain or utilize the dispute resolution procedures.
  6. Any decision reached in the processes above can be appealed to administrative appeal by sending a written request to:

Office of Administrative hearing  
1020 S Kansas Avenue

**WYANDOTTE COUNTY  
DEVELOPMENTAL DISABILITY ORGANIZATION**

**POLICY NUMBER: CDDO 32-3  
K.A.R. 30-64-32  
IMPLEMENTATION DATE: 12/15/97  
REVISION DATE: 04/01/2005  
REVIEW DATE: 09/01/2009**

**DISPUTE RESOLUTION  
Affiliated Provider Disputes With Another Affiliated Provider**

**PURPOSE:**

These procedures identify the means by which two affiliated providers may resolve disputes, including access to an independent mediator.

**POLICY:**

Affiliated providers may request that the CDDO help them resolve a dispute when one affiliate has taken any action, which negatively impacts the second affiliate's ability to conduct business.

**PROCEDURES:**

1. The two affiliated providers need to show that they have tried to resolve any dispute between them before they request intervention by the CDDO.
2. The two affiliates shall meet with the CDDO team to see if the dispute can be resolved by discussing the issues and what is stated according to Kansas statutes, the DD Reform Act, The DD Rules and Regulations, The CDDO Policies and Procedures, and the present SRS-CDDO/DBHS Contract and Policies and Protocols.
3. If a dispute is unresolved using the process above, either affiliated provider shall forward the dispute in writing to the CDDO Quality Assurance Administrator.
4. Upon receipt of the written dispute, the CDDO Quality Assurance Administrator will provide the following options to the affiliated provider requesting resolution;
  - a. Either affiliated provider may request intervention into the dispute by a mediator. The mediator must be one who has no decision-making authority and is impartial to the issues being discussed. Mediation will be completed in no more than 40 calendar days after the CDDO receives the written appeal. Either affiliated provider may decline to enter into mediation if they choose to go directly to process (b) or (c) as described below. Either affiliated provider may withdraw from mediation at any time if they feel that further efforts will not likely result in a resolution to the dispute. The parties will receive a copy of what was agreed to in the mediation and signed copies

will be forwarded to the CDDO. (When mediation is used to resolve disputes, the parties shall equally share the cost.)

- b. An affiliated provider may request the dispute be referred to the County Administrator or his/her designated hearing officer. All requests for a dispute hearing must be in writing with a copy sent to the CDDO. After the County Administrator receives a request for dispute resolution, a time for the dispute resolution meeting will be forwarded to all parties by certified mail. If mail delivery is not possible, other means of prior communication/notification may be utilized. The County Administrator or his/her designated hearing officer shall have 20 days from receipt of the written request for dispute resolution to hear the dispute and issue a written decision. If the County administrator or his/her hearing officer fails to issue a written decision within the 20-day period the dispute shall be deemed to have been decided in favor of the individual bringing the dispute. All decisions by the County Administrator or his/her designee are binding unless either party appeals the decision to SRS-DBHS/CSS as described in (c) below.
  - c. An affiliated provider may request that the dispute be referred to SRS-DBHS/CSS. If the appeal is of a decision of the County Administrator or his/her designee, a written notice of appeal shall be delivered to SRS-DBHS/CSS within 10 calendar days of the receipt of the County Administrator or his/her designee's decision. If the appeal does not involve the CDDO in any form a written notice of appeal shall be delivered to SRS-HCCP/CSS within 60 calendar days of the CDDO receiving written notice of the dispute.
- 5. The CDDO assures that there will be no retaliation against persons who complain or utilize the dispute resolution procedures.
  - 6. Any decision reached in the process above can be appealed to Administrative Appeal by sending a written request for appeal to:

Office of Administrative Hearing  
1020 S Kansas Avenue  
Topeka, KS 66612-1327

**WYANDOTTE COUNTY**  
**DEVELOPMENTAL DISABILITY ORGANIZATION**

**POLICY NUMBER: CDDO 32-4**  
**K.A.R. 30-64-32**  
**IMPLEMENTATION DATE: 12/15/97**  
**REVISION DATE: 04/01/2005**  
**REVIEW DATE: 09/01/2009**

**DISPUTE RESOLUTION**  
**Affiliated Provider Disputes With The CDDO**

**PURPOSE:**

These procedures identify the means by which an affiliated provider may resolve disputes with the CDDO, including access to an independent mediator.

**POLICY:**

Affiliated providers may request mediation to resolve disputes with the CDDO when the CDDO has taken any action, which negatively impacts the affiliated provider's ability to conduct business.

**PROCEDURES:**

1. The Affiliate Director, the CDDO Director, and those with knowledge of the action should meet to see if the problem can be resolved without intervention. Should the CDDO and an affiliate be unable to resolve an issue through direct negotiations between the affected parties, the following procedures will be followed.
2. Upon receipt of the written dispute, The CDDO Quality Assurance Administrator will provide the following options to the affiliated provider requesting resolution:
  - a. An affiliated provider may request intervention of a mediator. The mediator must be an individual with no decision-making authority who is impartial to the issues being discussed. Mediation shall be completed in no more than 40 calendar days after the CDDO receives the written appeal. Either party may decline to enter into mediation if that party chooses to go directly to process (b) as described below. Either party may withdraw from mediation if they feel that further efforts will not likely result in a resolution of the dispute. The parties will receive a copy of what was agreed to in the mediation and signed copies will be forwarded to the CDDO. (Affiliated providers may not request intervention of a mediator if the CDDO's action had no negative impact on the provider or

if the CDDO's action was directed toward an individual receiving services. In the latter situation, the affiliated provider may assist the person with dispute resolution procedures as outlined in CDDO Policy Numbers 23-2 and 32.2, but should not

consider such action as a dispute between the provider and the CDDO.) When mediation is used to resolve disputes, the parties involved shall equally share the cost.

- b. An affiliated provider may request the dispute be referred to the County Administrator or his/her designated hearing officer. All requests for a dispute hearing must be in writing with a copy sent to the CDDO. After the County Administrator receives a request for dispute resolution, a time for the dispute resolution meeting will be forwarded to all parties for certified mail. If mail delivery is not possible, other means of prior communication/notification may be utilized. The County Administrator or hi/her designated hearing officer shall have 20 days from receipt of the written request for dispute resolution, to hear the dispute and issue a written decision. If the county Administrator or his/her designated hearing officer fails to issue a written decision within the 20-day period, the dispute shall be deemed to have been decided in favor of the individual bringing the dispute. All decision by the County Administrator or his/her designee are to be binding unless either party appeals the decision to SRS-DBHS/CSS as described in (c) below.
  - c. An affiliate may request that the dispute be referred to SRS-DBHS/CSS. A written notice of appeal shall be delivered to SRS-DBHS/CSS within 10 calendar days of receipt of the County Administrators decision.
3. The CDDO assures that there will be no retaliation against persons who complain or utilize the dispute resolution procedures.
  4. Any decision reached in the processes above can be appealed to administrative appeal by sending a written request to:

Office of Administrative Hearing  
1020 S Kansas Avenue  
Topeka, KS 66612-1327

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