

COWLEY COUNTY, KANSAS
Request for Board Action

Date: 9/2/25

Requested By: Susan Slothower-Gober, CDDO Director

Action Requested: For BOCC Meeting on 9/16/25, request approval for update to CDDO Process Index.

Fiscal Impact: None

- ☐ **Budgeted item with available funds**
- ☐ **Non-budgeted item available through reprioritization**
- ☐ **Non-budgeted item with additional funds requested**
- ☒ **Not Applicable**

Attachments: The attached red line procedure reflects updates to removal of language associated with BASIS and general updates regarding typical departmental functions and processes. I recommend approving the updates.



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Susan Slothower-Gober, Director

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BASIS/FUNCTIONAL ASSESSMENT PROCESS

Each CDDO in Kansas has developed their own protocols that outline responsibilities to assure that the **BASIS/**Functional Assessment process goes smoothly. These protocols include:

- **WHO** will be responsible for assuring people are invited to the meeting?
- **WHAT** information should be provided for the meeting and when?
- **WHEN** the meeting will be held?
- **WHERE** the meeting will be held?

The **BASIS/**Functional Assessment meeting is the best opportunity for all people involved in the well-being of the person served, to provide input on the **BASIS/**Functional Assessment. The people invited to the meeting will vary for each person, but in general should include:

- The person served (must be in attendance)
- *A representative from each service provider
- Shared Living subcontractor (should be invited by the provider)
- *The parent/guardian if one is appointed
- *The Case Manager and Care Coordinator
- Friends invited by the consumer or guardianguardian.
- Anyone in the person's life who has knowledge to ~~contribute~~contribute.
- *Invited by the CDDO, prefer they attend but are not required to do so

THE CDDO RESPONSIBILITY

Annual Reassessment

The **BASIS/**(~~F~~unctional ~~A~~assessment) Assessor at the Cowley County CDDO is responsible for:

- Obtaining the list of assessments that will need to be completed for that month,
- Scheduling the assessments,
- Notifying Targeted Case Managers of those people on the list to be assessedSending out invites,(see more detail below)
- Requesting all required information needed for the assessment.

The **BASIS/**(~~F~~unctional ~~A~~assessment) Assessor at the Cowley County CDDO will be responsible for scheduling the **BASIS/**aAssessment meeting within the 364 days of the last assessment.

AFFILIATE RESPONSIBILITY

Each affiliate providing support to the person served is responsible for

- Assuring the **BASIS/**Functional Assessment information on file is the most current information available for the person, the person's family, and service providers.
- Documenting, gathering, and submitting the required informationPage/documentation required on the Cowley CDDO Checklist of Documents required as part of the BASIS packet

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to the TCM provider, 14 days prior to the scheduled BASIS date. to the BASIS/Functional Assessment Assessor.

- It is the responsibility of the Targeted Case Manager to complete and gather and submit each Individual Service page no later than 14 days prior to the Functional Assessment meeting date. The Information Services page must be filled out completely with verified entries (no blanks). required information/documentation listed on the Cowley CDDO Checklist of Documents required as part of the BASIS packet for the BASIS/Functional Assessment meeting to the Assessor no later than 14 calendar days prior to the scheduled assessment. To help ensure the listed information is submitted, the Cowley County CDDO Checklist of Documents Required as part of the BASIS packet checklist (Form B-3) as a cover sheet for the documentation submitted must be submitted with checks for the items included in the submission. In cases where there is a conflict gathering the information, the Case Manager must inform the Assessor of the conflict and the process for resolving the conflict.

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DOCUMENTATION REQUIRED FOR THE ASSESSMENT

It is the responsibility of the Targeted Case Manager to gather and submit required information for the BASIS/Functional Assessment meeting to the Assessor no later than 14 calendar days prior to the scheduled assessment. In cases where there is a conflict gathering the information, the Case Manager must inform the Assessor of the conflict and the process for resolving the conflict. For individuals who do not have TCM services, the individual/guardian is responsible for the timely submission of information to the CDDO BASIS Assessor if the individual resides at home; otherwise, the day and residential providers will submit the required documentation. The BASIS Assessor will work directly with the individual or guardian

Information listed on the Cowley County CDDO Checklist of Documents Required (Form B-3) as part of the required for the BASIS/Functional Assessment packet meeting includes:

- The Individual's current Person-Centered Support Plan (PCSP)
 - Other documentation such as Risk Assessments, Individual Justice Plans should be provided as a part of the PCSP.
 - Medication Administration Record that shows ALL medications ALL medications for the last 12 months with the beginning and end dates for each medication or a printout from the pharmacy for the past 12 months
 - Documentation of special diets with a diagnosis as ordered by the physician, and physician and individualized by a registered dietitian or nurse or nurse within the current year year.
 - The individual's Behavior Support Plan/Positive Support Plan
 - The individual's current Individual Education Plan (IEP) (as applicable)
 - The behavior data accumulated for the last 12 months along with the completed Behavior Data Cover Page
 - Evidence of severity data collection for individuals with restrictive measures in the BSP.

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- Documentation of medical diagnoses/current physical, dated within the prior 12 months.
- Documentation of seizures in the prior 12 months.
- Other documentation as requested.
- To help insure the above listed information is submitted, the Cowley County CDDO Checklist of Documents Required as Part of the BASIS packet checklist (Form B-3) as a cover sheet for the documentation submitted must be submitted with checks for the items included in the submission.

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THE BASIS/FUNCTIONAL ASSESSMENT INVITE

Case Managers will be the main contact for scheduling the assessment for an individual served. It will be the Case Manager's responsibility to inform the BASIS Assessor of special circumstances which may affect the individual's scheduled BASIS/Functional Assessment Meeting. ~~Given Covid-19 precautions taken in 2020-2021 and continuing into 2023, arrangements for Zoom meetings require coordination between case managers, providers, individuals, guardians, and the Assessor. Cowley County CDDO continues to perform the majority of functional assessments via Zoom. Arrangements for Zoom meetings require coordination of case managers, care coordinators, individuals, guardians and the Assessor.~~

Each affiliating provider will be sent an email with the Monthly Functional Assessment BASIS schedule (4-6 weeks prior) for confirmation, ~~then an then an Outlook/Zoom invite prior invite prior to a formal Save the Date (Form B-4) being mailed out to the individual/guardian.~~ It is the Targeted Case Manager's responsibility VERY important to confirm the date and time will work with the TCM, guardian, and MCO Care Coordinator. ~~appointment and activity schedule before responding via email to confirm the proposed dates. If changes to the schedule need to be made, need to be made to resolve conflicts, the TCM will need to notify the Assessor as soon as possible via phone/email to resolve the conflict. The scheduling process has a short turnaround time and requires urgent attention for timely processing. The TCM is responsible for assuring the parent/guardian/individual is aware of the new date schedule via email and accept these invites as soon as possible and/or notify the Assessor of any changes which need to be made to the scheduled assessment, before the mailing goes out. Once confirmation is received the BASIS Assessor will send Outlook/Zoom invite prior to the formal Save the Date (form B-4) being mailed to the individual/guardian.~~

Targeted Case Managers will also ~~Individuals included in the invite:~~ will include:

- The Targeted Case Manager
- The Supervisor/Director of Day Services (if applicable)
- The Supervisor/Director of Residential Services (if applicable)
- The provider for Shared Living who will invite the - Shared Living Subcontractor ~~is invited by the Provider of Residential Services)~~
- The MCO Care Coordinator (if one is assigned)
- The CDDO Administrative Assistant will receive a copy of the invite ~~invitation for the master calendar.~~

- Others as specified by the person or guardian on the Affiliate Agreement information page.

Upon receiving the Save the Date, the guardian/individual can reschedule the meeting at any time to better fit their needs. If a reschedule does occur, the Assessor will notify each service provider involved of the rescheduled date/time. The TCM is responsible for assuring the parent/guardian/individual is aware of the new date.

In general, residential providers who have shared living subcontractors are responsible for ensuring the shared living subcontractor is aware of the BASIS meeting in the same way that a house manager/program manager receives the information to assist with coordination for the individual living in other residential settings. The individual must be present to hold the Assessment meeting.

LOCATION/DATE/TIME OF THE BASIS/FUNCTIONAL ASSESSMENT MEETING

ALL INDIVIDUALS SERVED MUST BE PRESENT FOR THEIR BASIS MEETING.

Prior arrangements can be made for the individual to “make an appearance” and participate in options counseling then return to their regularly scheduled activity if it is their choice not to remain at the meeting. However, the Assessor must at least meet each individual at the time of the BASIS meeting. With the use of Zoom, it is preferred that the individual be observed by the Assessor via camera.

Assessments could be completed at one of the following locations:

- Day Program where the individual spends the majority of their time, if applicable.
- Cowley County CDDO office
- The individual’s home or the residential setting
- School
- TCM Agency
- Via electronic means such as Zoom only as a last resort. Face to face assessments are always the preferred method.

It will be the responsibility of the TCM to inform the Assessor of any special circumstances required in scheduling a location for the assessment.

BEHAVIOR DATA

Every provider/caretaker has the right to document behaviors displayed by the individual in the format that best fits their needs and meets Article 30-63 requirements. Regardless of format, data sheets for the full year (12 months) must be provided to the CDDO. It is the responsibility of the TCM to gather data tracked for a 12-month period from all providers who provide services to the individual.

Collecting the data monthly is recommended so the data may be reviewed by the TCM/Team designee and used to affect the individual’s quality of life.

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~~The CDDO has provided the Behavior Data Cover Page (Form B-1) as a tool to assist the TCM in condensing/calculating all tracked behaviors onto one sheet.~~

DURING THE ASSESSMENT

On average, the ~~BASIS/~~Functional Assessment Meeting should take ~~1.5 hours~~30-45 minutes to complete. ~~the annual assessment.~~ ~~An hour should be planned for an initial assessment.~~ It is very important to be on time as ~~multiple assessments~~BASIS may be scheduled one after another and the team composition varies so delays cause other individuals and teams to have to wait.

The meeting time assigned for each individual ~~served, served~~ is for ~~BASIS/~~Functional Assessment purposes only. ~~It is very important that everyone involved in the BASIS/Functional Assessment process is focused solely on answering questions for the assessment.~~

BASIS/FUNCTIONAL ASSESSMENT MEETING CONFLICTS

The CDDO encourages participants to sign the attendance sheet, at the beginning of the meeting. At the conclusion of the meeting, the attendance sheet is again passed around to participants to mark their agreement/disagreement with how the ~~BASIS/~~Functional Assessment was answered and scored.

~~Consensus must be achieved on every question. Any remaining concerns may be documented on Those who disagree with how the questions will be scored, can document those concerns on the bottom of the attendance sheet and in the format of the assessment itself by the Assessor. - The attendance sheet is form (B-2.)~~

~~In the event a participant of the BASIS/Functional Assessment meeting makes a challenge on how a question should be answered, the BASIS Assessor will review the documentation with the CDDO Director and/or other CDDO Assessors in the state of Kansas, then the Cowley County CDDO will determine the scoring outcome based on the supporting documentation provided prior to the assessment.~~
~~the BASIS Assessor/CDDO decides based on the supporting documentation provided prior to the assessment.~~

BASIS ITEMS OR TIER CHALLENGED

~~Within two five days after the BASIS/Functional Assessment is uploaded into the KAMIS system, the CDDO sends a copy of the BASIS to the TCM. When the TCM receives the BASIS document and tier score, it should be reviewed at that time. If the TCM plans to challenge a question on the BASIS, they must notify the BASIS Assessor within two business days of receipt of the BASIS. The specific questions/items being challenged, and the reason, must be identified to the BASIS Assessor.~~

~~The CDDO will follow the “General Guidelines for BASIS Assessors” when items are questioned as above. It is the responsibility of the CDDO to determine if the questions were answered correctly based upon the documentation provided in advance of the Assessment completion. If changes are needed based upon the internal review at the CDDO, the changes will be made, and all parties informed. The BASIS Assessor will request Special Permission to the KDADS I/DD Program Manager to reopen the Assessment in KAMIS to allow for the correction to be made. When/if the request is granted, the changes will be made and all parties informed. If the request to reopen is denied, all parties will be notified.~~

~~Per “General Guidelines for BASIS Assessors” a formal appeal is only available for those with a change in tier to a Tier 0, resulting in a loss of funding. In this situation, the CDDO will conduct an internal review responding as soon as possible but within 10 business days as a maximum. The individual or guardian has a right to appeal this determination to the Office of Administrative Hearing (OAH) per KDADS policy.~~

SPECIAL BASIS/FUNCTIONAL ASSESSMENTS

Special assessments may be requested in the following situations:

- The individual has experienced a life altering event and
 - The event is likely to continue for the foreseeable future and
 - As a result of the event the person requires additional staff support.
- A child is turning 5 years of age and must be entered into KAMIS and added to the I/DD waiting list for services.
- An individual over the age of 5 who is applying for I/DD crisis access to waiver funding if the assessment is more than 365 days old.
- An individual whose name comes up on the waiting list and their assessment is more than 365 days old.

NOTICE OF ACTION/RE-EVALUATION LETTER

~~Once the BASIS/Functional Assessment meeting has been completed, the Assessor will email the I/DD-4/5 to the individual’s Targeted Case Manager. The guardian will receive the same via mail, has 7 business days to enter the Assessment into the KAMIS system (this is limited by the fact that the Assessment must be held and entered within 365 days so the limit may be less than 7 days if the Assessment wasn’t scheduled at least 7 days in advance of reaching the 365-day limit.) All supporting documentation must be submitted prior to entry.~~

~~Upon entry into KAMIS, the Assessor will obtain immediate scoring.~~

~~The updated BASIS/Functional Assessment, tier score and MR-4/5 will be emailed to the TCM, providers and assigned MCO for their records.~~

~~A formal copy of the Notice of Action/Re-evaluation Letter will be mailed to the individual/guardian.~~

After the Assessment has been entered into KAMIS, it cannot be changed without the CDDO requesting special permission from the State.

CRITICAL INCIDENT REPORTING PROCESS (CDDO)

Each provider may have their own process on who is responsible for completing the Critical Incident Report Form (Form C-1.) Critical incidents must be submitted for the following: ANE Reports, Medical Reports and Law Enforcement Reports. The classification of an ANE Report would include the following: Abuse, Physical; Abuse, Emotional; Abuse, Sexual; Neglect; Exploitation and Other. The classification of a Medical Report would include the following: Hospitalization, ER visit, Mental Health, Death and Other to include Covid-19 positive results. The classification of a Law Enforcement Report would include Suspect/Arrest, Victim, Contact/Warning and Other. Critical Incident Reports must be submitted to the CDDO within 24 hours of the incident (Monday if incident occurs on a weekend; first working day following a holiday if the incident occurs on the holiday.)

Follow-ups are expected to be submitted as there are changes and information becomes available to update the Cowley County CDDO after the incident. Putting a date in front of the paragraph of the update helps to ensure clarity of when information is added to the CIR.

The submitter of the report should save a copy of the original report for the individual's record. This original should then be used to add updates/follow-ups for resubmission to the CDDO as information becomes available.

When a **Critical Incident Report is submitted for Abuse (physical, emotional, sexual), Neglect or Exploitation** you must fully describe the events as they are known at the time of the alleged abuse then submit the CIR to the CDDO within 24 hours of the incident. You must use the full name of the alleged victim and the full name of the alleged perpetrator (if known), the initials only of any other persons served, full names of all staff and their titles involved with the incident or who have knowledge of the incident and the date they were made aware. Include a specific safety plan that details what steps have been taken to protect the alleged victim from harm by the alleged perpetrator while the internal/external investigation takes place. The safety plan must also address steps taken to prevent re-occurrence if possible. As the internal/external investigation concludes, the CIR must be updated to include investigation findings and any remedial actions taken regarding the incident (i.e., staffing change, policy revision, staff training) and the date these steps were or is scheduled to be completed. Continue to update the CIR until external investigation has rendered a finding.

When a **Critical Incident Report is submitted for a Medical** incident, you must fully describe the events as they are known at the time and include the specific instructions from the hospital discharge summary, ER report, primary care physician office visit, or mental health therapist note. The CIR-Medical must also include the date of follow up with primary care physician (if deemed necessary by discharge instructions) or mental health therapist. If changes need to be made regarding medication, at-home treatment, purchase of durable medical equipment,

staffing, or any other needs resulting from the incident, this must also be explained in the follow-up section of the CIR. Finally, include the full names of everyone informed of the health incident, their title, and the date they were informed. Continue to update the CIR until injury/illness has healed or resolved.

When a **Critical Incident Report is submitted for Law Enforcement** involvement you must fully describe the events as they are known at the time and provide the name of the officer taking the report or effecting the arrest, and the police report number. If an arrest has been made, explain what arrangements have been made for transfer of enough medications until the physician overseeing the county jail can send new orders to the contracting pharmacy to fill while in custody. An update of the CIR must include the date of the first court appearance. Finally, include the full names of everyone informed of the law enforcement involvement, their title, and the date they were informed. Continue to update CIR until court action has concluded.

WHO TO REPORT TO

Susan Slothower-Gober at sslothowergober@cowleycountyks.gov
Christene Fuller at cfuller@cowleycountyks.gov Heather Goodman at hgoodman@cowleycountyks.gov
Amy Wogoman at awogoman@cowleycountyks.gov
Marlo Mason, KDADS at Marlo.Mason2@ks.gov

Adverse Incident Reporting is also required for many of the above outlined incidents; please see the KDADS website for the criteria and how to access the AIRs reporting system at:
<https://www.kdads.ks.gov/provider-home/providers/adverse-incident-reporting>

INTAKE PROCESS

The Cowley County CDDO Department will act as a Single Point of Entry for the application process.

Any individual interested in applying for services must contact the CDDO to schedule an intake meeting.

If an individual/guardian contacts a provider to discuss I/DD services in Cowley County, they should be referred to the CDDO.

When an individual/guardian contacts the CDDO to discuss accessing services for the first time, they will be scheduled for an intake meeting. During the call, they are informed of what documents to bring to the intake meeting.

INTAKE MEETING

At the initial intake meeting, the CDDO assists the individual/guardian by:

- Completing the I/DD application
- Explaining eligibility requirements
- Informing them of the required documentation needed to determine eligibility if something is missing from the requested ~~information~~ information.
- Requesting them to sign required consent to release ~~forms~~ forms.
- Educating them on all service options and availability
- Assisting them in identifying other community resources that could provide any type of support or ~~assistance~~ assistance.
- Designating the time frame required to have the intake process completed.

INTAKE FOLLOW UP

The CDDO follows up with ~~each individual~~ everyone who has applied for services to determine where they are in obtaining required documentation to complete the file for referral.

ELIGIBILITY PROCESS

TYPES OF ELIGIBLE DIAGNOSIS

1.) Developmental Delay Diagnosis

For children under the age of ~~6~~ six, Developmental Delay means the child measures delays in a least three developmental areas:

- Cognitive
- Adaptive Behavior
- Self Help
- Communication
- Gross Motor
- Fine Motor
- Socio-emotional

Only qualified professionals working with that child will be able to determine the areas of delays by completing the Developmental Delay Checklist and documenting what assessments were used to determine the delays.

Any individual under the age of ~~6~~ six will have a temporary eligibility determination and will be re-determined for eligibility at 3, 5 and 6 years of age. After the age of ~~6~~ six an individual must have a diagnosis of an Intellectual Disability or a Developmental Disability to be eligible.

2.) Intellectual Disability diagnosis

For a DSM diagnosis of Intellectual Disability, IQ testing is obtained in the form of a Psychological Evaluation completed by a healthcare professional who can make a DSM-IV diagnosis. A school psychologist, social worker, case manager, teacher, etc. are generally not licensed to determine DSM diagnosis.

3.) Developmental Disability Diagnosis

For a qualifying Axis I diagnosis of a Developmental Disability, a medical report stating a DSM diagnosis along with the EDI testing to show the Developmental Disability results in substantial functional limitations in three or more of the following areas of life functioning:

- Mobility
- Receptive and Expressive Language
- Self-Care
- Self-Direction
- Capacity for Independent Living
- Learning

Once all the required documents have been obtained by the CDDO for eligibility determination on an individual, the CDDO will review and determine if they meet eligibility for I/DD services as defined by K.S.A. 39-1803

Eligibility will be determined within ten business days of receiving all required documents. The Cowley County CDDO will inform all applicants of the determination of eligibility through a formal letter sent directly to the individual/guardian.

If an individual is determined eligible for I/DD services, the letter will request an additional meeting be scheduled with the CDDO to complete the BASIS/Functional Assessment, MR-1 and TCM Choice form. The assessment shall be initiated within five (5) business days and completed within twenty (20) business days from the date of the eligibility determination.

If the individual is determined not eligible for I/DD services, the letter will provide them with other community resources in the Cowley County area who may better be able to assist with providing supports/services. In addition, the letter will explain their right to appeal the CDDO's eligibility determination.

REDETERMINATION OF ELIGIBILITY

The Cowley County CDDO has the right to request redetermination of eligibility at any time. Re-Determination of eligibility typically occurs at ages three, before the 5th birthday and at age 6.

Redetermination requests will be submitted, in writing, to the assigned Case Manager and the individual/family/guardian.

Failure to complete redetermination will result in closure of all services and removal from any waiting lists for services/funding.

The Cowley County CDDO will inform individuals/families and Case Managers of the decision of redetermination through a formal letter.

If the individual/family wants to appeal the redetermination decision, they have a right to request a reconsideration of the decision from the CDDO or request an Administrative Appeal

with the Office of Administrative Hearings. This request must be submitted in writing within 30 days of the final determination to the Office of Administrative Hearings.

Should there be an appeal with the Office of Administrative Hearings; the State will inform the individual/family of the final decision of Eligibility.

CASE TRANSFER PROCESS

When an individual desires to move services from one provider to another within the County, the individual/guardian will present themselves to the CDDO requesting a change. The CDDO will complete Options Counseling with the individual/guardian and a new Choice Form (Form C-2) will be signed. Copies of the new choice form are sent to the MCO, and all providers involved.

Once the choice form has been distributed, the TCM should schedule a transition meeting if the transfer is for any service other than Targeted Case Management. For **transitions of Case Management only services**, the form Cowley County CDDO TCM Transfer Checklist (C-5) will be used, and no meeting is required. For all other service transitions, a meeting is required. A copy of the completed checklist is to be submitted to the CDDO signed by both the case managers signifying the information exchange is complete and there is an agreed upon date of transfer. Under additional comments there should be notes regarding BASIS packet Functional Assessment readiness or TCM Record Review or any other item that might be due during the month of transition or any late reviews and how this item will be remedied. The TCMs must consult with the MCO regarding the timeline as the authorizations will need to be updated for the transition to occur as well. The new TCM is responsible for updating the information page and the Person-Centered Support Plan and submitting them to the CDDO along with this Transfer Checklist.

For transitions of any service other than TCM, PCS/FMS, SHC and SMC, the Cowley County CDDO Department Transition of Services Form (Form C-3) will be used. The current TCM is generally in charge of scheduling and facilitating a meeting unless all parties agree to a different arrangement. The CDDO shall be invited to the meeting but may choose not to participate. All providers involved should be invited as well as the MCO representative. As the form indicates, **No change in service should occur until:**

- A completed choice form is received by the Cowley County CDDO
- The transition meeting has been set and the CDDO has been ~~notified~~notified.
- The transition meeting has occurred with all the individual's team members (both current and future) including the MCO having been extended an ~~invitation~~invitation.
- **The transition of services form has been completed, signed by the support team members identified in the current PCSP and it has been submitted to the CDDO. A training schedule is an important part of ensuring the success of the transfer and is included in Form C-3.**

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- All required documents, plans, etc. have been submitted to the CDDO, the new provider, MCO and the appropriate KDADS staff (as applicable.) This includes a signed fee agreement for all costs. For residential services, there must be a signed fee agreement as well as a lease agreement outlining the tenant rights of the individual. For all other services, a signed fee agreement is required in advance of initiation of the service.

For case transfers into and out of the County, the Transition of Services Form and the above list are requested but the timing and presentation of Options Counseling may be completed by the receiving CDDO. When moving out of Cowley County, some CDDOs do not require a transition meeting but in advocating for a smooth transition for the individual, the TCM should offer a transition meeting.

CRISIS ACCESS TO THE HCBS WAIVER

All individuals requesting crisis access or exceptions to the HCBS I/DD waitlist must meet I/DD eligibility criteria as well as functional eligibility requirements. When an individual/guardian believes the individual to be in crisis, or at imminent risk of crisis, the individual/guardian would request assistance from the TCM to complete the crisis request form. TCMs should be in regular contact with individuals on their caseload and be knowledgeable of risks involved that may perpetuate a crisis. TCMs refer individuals to community resources in an attempt to meet the individual's changing needs and mitigating risks. As TCMs are knowledgeable of the requirement of third-party documentation to support crisis requests, they can be supporting the individual in gathering such information prior to submission of a crisis request to the CDDO.

Prior to the CDDO being able to finalize processing of the crisis request an updated ~~BASIS~~ Functional Assessment will be needed if more than 365 days from the last one. The CDDO requires the application request ~~be to be~~ complete including supporting documentation as listed on the request form. This includes a letter from Adult/Child Protective Services confirming ANE or any pending action for the same; Third party letters/documentation of incidents of serious harm to self or others in current situation or evidence of significant, imminent risk of harm to self or others in current situation; current Person-Centered Support Plan. Documentation of all community resources that have been accessed as well as information about the availability of natural supports and the ability to privately pay for a service should be included. The TCM is responsible for outreach to involve the MCO (if the individual is Medicaid eligible) to explore resources and to obtain documentation of exhaustion of such by the MCO. This is required before a crisis/exception report can be submitted to KDADS.

Per KDADS Crisis and Exception Policy, "Persons shall be determined to be in crisis under the following conditions:

- Documentation from law enforcement or DCF supporting the need for the person's protection from confirmed abuse, neglect, or exploitation (ANE).

- Documentation substantiating the person is at significant, imminent risk, and is capable of performing serious harm to self or others.”

Once a completed crisis request is submitted to the CDDO, it will be reviewed within seven business days of receipt. If denied, the CDDO will provide notification to the individual/parent/guardian with their appeal rights. If approved by the CDDO, a request will be made to the assigned MCO for input. Once input is obtained from the MCO, the request will be finalized and uploaded to KDADS for review. If approved by KDADS, a 3160 will be disseminated by KDADS to the KanCare Clearinghouse, CDDO, MCO and the individual/parent/guardian will receive a Notice of Action. If KDADS denies the request, a Notice of Action will be disseminated, and the individual will be informed of their appeal rights.

Local Finance Plan

General Guidelines: This plan is being implemented January 1, 202364 and will remain in effect until updated or rescinded. This plan outlines the use of State Aid and County Mill Levy fund priorities and is subject to the availability of funds. ~~The specific allocation schedule will be reviewed by the CDDO Department Advisory Board should changes be needed based upon the needs of consumers in the county and/or the total allocation of mill levy funds from the Board of County Commissioners. Providers requested to be given funds to use to help their programs rather than received funds tied to a specific subsidy and that tenet has remained constant.~~ The waiting list is growing in Cowley County and the length of the wait at present is a decade. ~~In 20234, there will be continued support for targeted case management services as a priority. some programs for assistance for individuals on the waiting list in addition to the direct services that have been a priority over the last 45 years will be a second priority.~~

General Restrictions:

- Requests for any service offered through the educational system will not be accepted.
- Requests for legal fees/expenses will not be accepted.
- Requests for medical bills, insurance deductibles or co-pays will not be accepted.
- Requests for travel, dining, or leisure activity expenses will not be accepted.

Funding Committee: The funding committee will be comprised of the ~~employees~~ of the Cowley County CDDO Department. In the event of a conflict of interest for a committee member, an advisory board member and/or the County Administrator will replace the employee on the committee for the review of the specific application. The committee will meet monthly to review all application requests for funding/reimbursement for both State Aid and County Mill funds. Applications for direct service are ranked on a 1-3 scale with ~~3~~ 3 points awarded for situations approaching crisis, 2 points for circumstances that are more than a quality-of-life matter but not yet a crisis. One point is awarded for circumstances that are benefits to the individual's quality of life. Each committee member awards points and the total are used to rank applications for funding. Reviews will be scheduled to occur after the 10th of each month. Requests for disbursement of funds will then be made during the week following the meeting. All invoices for funded services are due to the CDDO by the 10th of the month for

the preceding month's services. All requests for funding are also due by the 10th of the month or will be reviewed at ~~the next~~ month's meeting.

State Aid: Cowley County CDDO Department utilizes the State Aid Allocation in accordance with the Kansas Department for Aging and Disability Services, Service Taxonomy codes. The CDDO will continue to utilize these funds for direct services for individuals who are not eligible for HCBS waiver funds (DAYS, RESS, TCMDD, etc.), ~~and~~, and for other services not funded by other sources (FLEXDD, ~~etc.~~). The funding committee will consider other eligible taxonomy code uses if an applicable use is requested and funds exist. ~~In FY2022, funds are being used for direct services to individuals.~~

- Funding is allocated for ~~a 12-6-month period with allocations specified by month unless otherwise specified the year (unless otherwise specified)~~ and must be reapplied for ~~annually every 6 months with the exception of Non-Medicaid targeted case management which may be approved for a year.~~ annually. ~~If the contract between KDADS and the CDDO is for a lesser period, the funds will need to be reapplied for based upon the contract period.~~
- Individuals who do not meet the definition of HCBS crisis but have a need for services may apply ~~annually~~ for State Aid funding for Day or Residential Supports.
- Options counseling will be presented to all individuals who are funded services with State Aid.
- Once funds are expended for the year, there is no obligation for the CDDO to continue to pay for the service nor is there an obligation for the provider to continue to provide the service without funding.
- If HCBS funding is offered, these individuals will not have the option to continue accessing State Aid funding. If the individual does not wish to accept HCBS at that time they may choose to privately pay for supports or voluntarily remove themselves from services.
- The CDDO will attempt to utilize the published tier rates for reimbursement of day, residential and case management services. ~~In State FY2023, providers were given a 25% rate increase and the CDDO struggled to match that rate for day and residential services. In State FY2024, providers were given a 42% increase in rates for targeted case management. The number of units funded may be decreased in order to provide some service for more individuals.~~

County Mill Funds: It is the intent of the Cowley CDDO Department that mill levy funding approved through the Cowley County Board of Commissioners be available to support services for Cowley County residents who have been determined eligible for I/DD services. The amount of the County's contributions to the CDDO and its budget as submitted will be at the discretion of the Cowley County Commission considering the rate of the levy authorized by K.S.A. 791945 ~~et seq et seq~~, and all acts amendatory thereof or supplemental thereto, pertaining to services to the intellectually/developmentally disabled. The Local Finance Plan and guidelines are subject to review and approval by the Board of County Commissioners. The fiscal year for County funds is January-December.

Categories for funds (State Aid and County Funds)

1. Direct Service: Individuals who are not in crisis who have been determined programmatically and functionally eligible for services and who are on the I/DD waiting list for funding may be considered for enrollment in and payment for a direct service such as day supports. Individuals who are programmatically eligible but score a Tier 0 will also be considered for funding with County funds. Both State Aid and County funds may be utilized for direct services. Generally, everyone for whom a direct service is considered would be for partial days of services, i.e., less than 5 days per week for Day Services.

Coverage: Adults who are programmatically and functionally eligible for I/DD services but not necessarily Medicaid eligible.

Unit: The CDDO will be invoiced directly by the Provider for the service based upon the units of service provided/approved.

Rate: Set by schedule in [an](#) attachment by fiscal year. To request payment for a direct service: The TCM/Provider submits an Individual Funds request on behalf of the individual requesting the service. If approved, the CDDO will notify the recipient and the individual will be provided options counseling. The selected CSP will be notified to initiate services and bill monthly with an invoice submitted by the 10th of the month for the service units provided in the prior month.

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2. Medicaid Ineligible Case Management Payment (NMTCM): Individuals who are ineligible for Medicaid but who are determined programmatically and functionally eligible for I/DD services will be eligible to receive targeted case management from their chosen CSP. No application is necessary to receive NMTCM as the CDDO will monitor individual's Medicaid status. Should the person gain access to Medicaid, this funding would cease. The CSP agrees to accept the Medicaid Ineligible Case Management Payment under this local finance plan, as payment in full and will NOT bill any other entity for any additional charges. Support provided to those who meet I/DD guidelines shall consist of the following: assessment, development of a specific person-centered support plan, referral and related activities, and monitoring and follow-up. Services in these categories shall assist the person or support network to identify, develop, select, obtain, coordinate, utilize and monitor paid services and natural supports to enhance the person's independence, integration, productivity, and community inclusion consistent with the person's needs and lifestyle preferences as outlined in the person-centered support plan.

Coverage: Adults and Children who are programmatically ~~and functionally~~ eligible for I/DD services but not Medicaid eligible

Unit: Billing time shall be tracked for each person by accumulating all minutes for the month. The result is then divided by 15 (round to the nearest whole number) to determine units. Service utilization for this category will be capped at ~~30~~25 hours per year.

Rate: Set by schedule in attachment by fiscal year.

To request payment: On a monthly basis, standard Case Management billing documentation shall be submitted to the CDDO on each eligible individual by the 10th of the month for the services provided in the preceding month along with an invoice. Once the maximum units per calendar year is met there is no additional reimbursement for the year.

3. Personal Needs: Any request for personal needs must be directly related to the individual's disability. The item being requested must not be able to be funded by Medicaid, or

~~private insurance. The application must include evidence of alternate sources of funding being explored and exhausted. For items exceeding \$100, two bids/price comparisons for the same product must be submitted with the request. The CDDO will make the purchase of the Personal Needs item and have it delivered to the individual. Summer camp funding must be with a program that is specifically developed for individuals with disabilities. Staffing at camp for individuals on the HCBS waiver is not considered. Fees for participation in an exercise program or recreation center activity will be considered if tied to an individual's person-centered support plan goal for weight control or other similar goal (if not covered by the person's MCO.) Coverage: Adults and Children who are programmatically and functionally eligible for I/DD services but not necessarily Medicaid eligible
Unit: The CDDO will be invoiced directly by the approved provider of the product/service. No payments are made to the individual/family. Invoice must be received by the 10th of the month following the purchase for payment to be processed timely.
Rate: Set by schedule in attachment by fiscal year.
To request payment for a Personal Needs item/service: The TCM/individual/guardian submits a CDDO Funds Request Form-Individual Request Version on behalf of the individual. If approved, the CDDO will notify the recipient and order the item/service and arrange to be invoiced directly as indicated above.~~

3.4. Respite (Reimbursement Only): Respite care is a 1:1 service provided to an eligible individual when there is a need to have someone provide specialized supervision to the individual while the primary/natural supports are out of the home.

The stipulations on this service include:

- Any family requesting reimbursement for specialized supervision of minor children while the parents are working, must apply for Child Care Assistance through Kansas Department of Children and Families (DCF) prior to submitting requests for respite.
- Family Support for Respite will not be funded while natural supports are at work, unless DCF has denied Child Care Assistance and an exception has been made by the Cowley County CDDO Funding Committee.
- The need for I/DD respite reimbursement MUST ALWAYS meet the criteria of being beyond the cost/need of raising a typical child their age.
- No more than 15 hours per month will be approved for Respite care.
- Respite payments will be reimbursed to the parent/guardian of the individual receiving care.
- Respite care must be provided at a 1:1 ratio.
- Parent/Guardian is responsible for finding the care provider, determining the rate of pay, determining hours of care, conducting background checks, providing training and other logistics.
- A signed timesheet by the care provider, must be submitted with the Family Support Respite Request.
- Reimbursement rates for respite cannot exceed \$12.00/hr.
- Providers of respite must be at least 16 years of age.
- Respite can only be provided during waking hours between 6:00am – 10:00pm.

- Respite may not be provided while school is in session.
- If an exception to these guidelines is needed, it must be submitted to the CDDO Funding committee for review, clarifying the reasoning they cannot be met.
- If an individual becomes eligible for I/DD waiver funding, HCBS services must be accepted over Family Support funding for Respite. If the family chooses not to accept HCBS services, Family Support funding for Respite will no longer be available for use, as another funding source to cover the service has been presented.

54. Council Expenses: The Council of Community Members ~~has traditionally held an annual event and funds were allocated for this event. In FY2023, there will host an event(s.) be quarterly events sponsored by the Council instead of one major event. Options being discussed include movie night at the theater or other venue, swimming party at the outdoor pool, attending sporting events at Southwestern and Cowley Colleges as well as other outdoor, socially integrated events. The purpose of the event(s) are to provide education about the Council, and CDDO. In addition, the events are opportunities for individuals/parents/guardians in our community with I/DD to enjoy a social networking experience.~~

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6. Marketing Materials: A small portion of the County funds are used for marketing supplies. Typically, pens, sticky notes, and other small items identifying the CDDO, and contact information are purchased for use at fairs and for distribution at the office and Council events.

57. Diapers/Pull-ups/Wipes Reimbursement (Reimbursement only; max \$1000/year)
Diapers/Pull-ups/Wipes request must be submitted on the Family Support Diapers Request Form.

Diapers/Pull ups/Wipes are available for purchase for:

- Children ages 3-5
- Children over the age of 5five without Medicaid

If requesting diapers/wipes/pull-ups, indicate size, brand, quantity, and total cost.
(ex. 10 cases size 5 Huggies x \$25.00/case = \$250.00)

When requesting reimbursement for products, a copy of the original receipt of payment must accompany the request.

Any funds remaining near the end of the relevant fiscal year will be reviewed in accordance with the funding priorities and will be set for reserve/carryover or disbursement.

Local Finance Plan 20242	-	\$46,904.00	state aid	FY234	-	-
-	-	\$90,000.00	county	FY234	-	-

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-	-	\$30,000 \$136,904.00	total reserve funds revenue	-	-	-
-	-	\$166,904	Total funds	-	-	-
-	1. direct services	\$91,025.63 113,104		-	-	-
-	2. Non-Medicaid TCMnon-Medicaid TCM	\$10,400.00 \$30,000	16 individuals with 25 hours each	-	-	-
	3. Personal needs	\$3,000.00				
-	3. Respite reimbursement	\$10,800 \$10,800.00		-	-	-
-	4. council	\$6,000.00 8000.00		-	-	-
-	5. marketing	\$2,247.00		-	-	-
-	65. diapers/wipes/pull-ups reimbursement	_____ \$5,000.00		-	-	-
-	total to be expended	\$166,904 128,472.63		-	-	-