

Johnson County Affiliates Meeting Agenda



10/11/18

1:00-2:00 PM

KU Edwards Campus

Regnier Hall Room #255

12610 Quivira Road

(West side of the Regents Center)

Overland Park, KS 66213

Introductions & Announcements/Affiliate Updates and Openings

- Welcome to new Affiliate, ChristLove. They are providing in home supports to individuals on multiple waivers.
- Monaco & Associates has hired a 10th case manager and are open for referrals.
- Welcome to Tess Osborne, new TCM, with CMS.

CDDO Updates

- Recap of CDDO Resource Fair
 - 80+ vendors, great foot traffic for both sessions, lots of positive feedback
 - Thanks to all the vendors and attendees from the Affiliate network.
- SAILS Closure 10.4.18
 - Emergency revocation issued by KDADS for closure effective @ 3:00 pm the same day.
 - All 5 individuals served in Johnson County have a transition plan in place and new providers selected.
 - Thank you to all the TCM's and providers involved in this emergency transition.
 - If you are being contacted by individuals impacted in Wyandotte County by this closure, please consult with Sheri Kendall about other individuals who are already here in Johnson County and have priority for services.
 - TCM license is still licensed in Wyandotte County.
 - The SAILS Group is no longer affiliated in Johnson County.
- Status Action Form (SAF) changes
 - Revised form for SAF has been uploaded to the CDDO website. Begin using immediately.
 - Biggest change is the added line for diagnostic codes. Diagnosis Changes for BCI must include the ICD-10 Diagnostic Code.
 - Shelly passed out a tip sheet for SAF's and 3161's.
 - TCM's only submit 3161's for individual address changes. This is submitted with the SAF to the CDDO.
 - SAF's are no longer needed after Choice/Referral forms are completed. No SAF's for service transitions between providers or when someone is new to services. David Gibbs now enters this information in BCI as

part of the Choice/Referral process.

- Choice/Referral Form Revisions/Process
 - David has revised the forms. Biggest change for providers is that the Referral form now requires a provider to identify the date that services will begin.
 - David updates BCI when the Choice/Referral forms come in, and this change should increase accuracy and timeliness.
- Survey emailed to Affiliates regarding CDDO Satisfaction on 10/10/18 – open until 10/26/18. Please forward the email to staff who interact on a regular basis with the CDDO.
- MCO Health Plan Highlights for 2019 – Value Added Benefits for 3 MCO's
 - Shelly shared large 11x17 sheet detailing value-added benefits. We will try to get an electronic version to mail out to Affiliates. All individuals/guardians with Medicaid should have received this in the mail.
- CDDO/KDADS Quarterly Business Meeting – October 18th from 9:30-12:00. Attend in Topeka or in the Boardroom at Mark Elmore Center. RSVP to Gail Lauri @ gail.lauri@jocogov.org.

County Updates

- Johnson County and KCATA Transportation Open House/Meetings
https://www.masstransitmag.com/press_release/12432696/johnson-county-and-kcata-hold-meetings-about-2019-service-changes

State Updates

- New Behavior Support Plan form – unknown the purpose of this form, has not been sent to CDDO's for comment, received only by a handful of Affiliates. Will include this form with the minutes.
- KDADS has reassigned Jeanne Davied to Southeast Kansas region. She will retain a few provider agencies, but most are being shifted to LaToya Ladd and Carmen Smith. It is unknown if KDADS plans to hire additional licensing staff.
- Bob Bethell HCBS & Kancare Oversight Committee has been set for November 8-9, 2018.

Upcoming CDDO Events

- **November 5, 2018. Essentials of Behavior Support Planning. Two sessions – 9:30-12 pm or 1-3:30 PM. KU Edwards Campus, Regnier Hall, Room 265. Registration required. RSVP to Gail Lauri. Only 32 people signed up – please sign up. This is not just for TCM staff – relevant for agency staff.**
- November 8, 2018. Affiliate Meeting presenter is Stephanie Rasmussen, Sunflower Health Plan. Stephanie will share their plan for providing care coordination for persons with IDD, collaboration with TCMs and IDD providers, and the new value added services from Sunflower.
- January 23, 2019. TCM Overview Training. Two sessions. 9-11:30 or 1:3:30. Mark Elmore Center, Room 111. Registration required. RSVP to Gail Lauri.

Other Events

- Heartstrings Open House
- The Whole Person Open House

- Wonderfully Made Conference @ Grace Church
- Human Trafficking training hosted by Lenexa Fire Department
- Dementia and IDD Training for Families hosted by JCDS

Next Johnson County Affiliate Meeting – November 8, 2018
KU Edwards Campus
Regnier Hall Room #255

SAF/3161 Tip Sheet

SAF changes

- SAF's go directly to Andrea
- SAF's are no longer required for new services or transitions between service providers as these will be entered as part of Choice/Referral process by David

When are SAF's needed:

Address Changes

Closures

Diagnosis with documentation

Funding Changes

When are Emails Acceptable:

New Caseload Assignments within an Affiliate

Guardianship change with letters

Insurance updates with copy of insurance card

Email/phone # changes

Care Coordinator updates

When are 3161's needed from the CDDO:

Change to Tier 0 - Rebecca

Individual Moves out of State - Rebecca

Individual Address Changes – TCM to complete 3161 and submit with SAF for Address Changes

Proactive and Remedial Plan & Related Final Rule Requirements
 (K.A.R. 30-63-23) (42 CFR 441.301)
for Behavior Management Committee Review and planning

Name: _____

Intervention Effective Date: ____/____/____

Support Plan Effective Date: ____/____/____

| | |
|--------------------------------|--|
| Legal Guardian (if applicable) | |
| Targeted Case Manager | |
| Lead Coordinator | |
| Lead Medical | |

Assessed need for Restriction/Medications – 42 CFR 441.301 (c)(4)(vi)(F)(1 and4)

Safeguards before implementation of a restriction (including medication)

Historical information –

- **List what other interventions have been tried and not worked** - 42 CFR 441.301 (c)(4)(vi)(F)(3) and K.A.R. 30-63-23 (b)(1)(A):

- **Why did the less restrictive intervention fail** – K.A.R. 30-63-23 (b)(1)(A):

- **How was the less restrictive intervention monitored** - 42 CFR 441.301 (c)(4)(vi)(F)(5) and K.A.R. 30-63-23 (b)(a)(A):

- **When and for what timeframe was the intervention attempted** - 42 CFR 441.301 (c)(4)(vi)(F)(6) and K.A.R. 30-63-23 (b)(1)(A):

Proactive and Remedial Plan

Current information –

- **Describe the positive behavior programming currently in place in the person's life** - 42 CFR 441.301 (c)(4)(vi)(F)(2) and K.A.R. 30-63-23 (b)(1)(B):
- **What environmental modifications and accommodations are in place** - 42 CFR 441.301 (c)(4)(vi)(F)(2) and K.A.R. 30-63-23 (b)(1)(B):
- **What services are currently provided** - K.A.R. 30-63-23 (b)(1)(B):

Moving forward -

Describe any proposed changes to the current supports, environment, accommodations, and/or services.

How will the proposed restriction be measured for success (include regular collection and review of data - 42 CFR 441.301 (c)(4)(vi)(F)(1 and4) :

How will the proposed restriction be monitored for success - 42 CFR 441.301 (c)(4)(vi)(F)(1 and4):

If this is a continuation of an existing restriction, provide evidence of the success of the existing plan - 42 CFR 441.301 (c)(4)(vi)(F)(6):

What ongoing methodologies and measures will be used to have the proposed restriction reduced or removed (or provide clinical evidence that a less restrictive alternative would not likely be effective) - 42 CFR 441.301 (c)(4)(vi)(F)(6):

Proactive and Remedial Plan

Assurance that the intervention will not cause harm to the person in conjunction with safeguard measures - 42 CFR 441.301 (c)(2)(xiii)(H) and K.A.R. 30-63-23 (b)(2)(A)(ii):

Management of a Restrictive Intervention (including medications)

Restrictive Interventions due to specific behavioral concerns:

What is the specific behavior that is putting the person at risk (OR) What is the presenting symptom for mental health diagnosis that requires management using medication - 42 CFR 441.301 (c)(4)(vi)(F):

What is the objective severity scale for the specific behavior/symptom
- K.A.R. 30-63-23 (b)(2)(A)(i):

Who will document the frequency and objective severity - K.A.R. 30-63-23 (b)(2)(A)(ii):

What will the review period be to determine effectiveness of the intervention - 42 CFR 441.301 (c)(4)(vi)(F)(5 and 6):

Who will do the reviews and recommend adjustments - K.A.R. 30-63-23 (b)(2)(A)(ii):

If there is not clinical evidence to the contrary, what is the plan for reduction/fading of the restrictive intervention or medication - 42 CFR 441.301 (c)(4)(vi)(F)(6) and K.A.R. 30-63-23 (b)(2)(A)(iii):

Proactive and Remedial Plan

If Medication:

Who is the prescribing physician - K.A.R. 30-63-23 (b)(2)(A)(iii):

Who will be responsible to report back to the prescribing physician

- K.A.R. 30-63-23 (b)(2)(A)(iii):

Who will monitor for side effects - K.A.R. 30-63-23 (b)(2)(A)(ii):

Medication used to treat specifically diagnosed mental illness when there is no current observable symptom presented.

How will effectiveness of the medication be determined and documented

- K.A.R. 30-63-23 (b)(2)(B):

Who will document the effectiveness - K.A.R. 30-63-23 (b)(2)(B):

Who will monitor for side effects - K.A.R. 30-63-23 (b)(2)(B):

Who is the prescribing psychiatrist (or physician if there is documentation that this is the person or guardian's need or preference) - K.A.R. 30-63-23 (b)(2)(B):

Who will communicate effectiveness to the psychiatrist - K.A.R. 30-63-23 (b)(2)(B):

Proactive and Remedial Plan

Positive Behavior Support Planning Process

The following 3 requirements are used when medication is present with no specific behavior or ongoing symptom that is observable. The person must be stable on their medications with no behaviors, and there is clinical evidence that less restrictive alternatives would not likely be effective - K.A.R. 30-63-23 (b)(1)(A):

**Describe “stability” for the person and provide supporting evidence:
What would be some indications that the person’s medication is losing effectiveness** - K.A.R. 30-63-23 (b)(2)(B):

What supports would a person need in the event that their medication is not effective - K.A.R. 30-63-23 (b)(1)(B):

*** Since there are no behaviors to remediate, there is no need to go further in development of a behavioral support plan.**

For medications and restrictive interventions used to manage specific behaviors
- K.A.R. 30-63-23 (b)(1)(B):

(Antecedent, Behavior, Consequence, Functional Assessment)

What happens before the managed behavior occurs (consider physical environment, activities, staffing, weather, triggers or setting events – identify and describe):

Describe in detail the managed behavior:

Proactive and Remedial Plan

What outcome does the person want to get from the managed behavior:

How can triggers, be avoided or reduced:

Once a person is engaged in the behavior, what should be done:

Describe the behavior that will result in the same outcome for the person as the managed behavior:

What does behavior training look like, and when does it happen (be proactive, not reactive):

How will the plan be evaluated to see if it is effective at helping manage a behavior - 42 CFR 441.301 (c)(4)(vi)(F)(5 and 6) and K.A.R. 30-63-23 (b)(1)(B):

What will reduction/fading of the plan look like - K.A.R. 30-63-23 (b)(2)(A)(iii):

Proactive and Remedial Plan

Voluntary Informed Consent for a restrictive intervention/medication

- 42 CFR 441.301 (c)(2)(xiii)(G) and K.A.R. 30-63-23 (b)(1)(C):

Name of Medication _____

Dosage _____

Risks of this restrictive intervention or medication - K.A.R. 30-63-23 (b)(1)(C):

Benefits of this restrictive intervention or medication - K.A.R. 30-63-23 (b)(1)(C):

Side Effects of this restrictive intervention or medication - K.A.R. 30-63-23 (b)(1)(C):

Other additional information:

My signature/legally recognized unique mark below means that I have reviewed the information contained in this document and I am providing informed consent to implement this restrictive intervention as outlined.

I understand that I may request the removal of a restrictive intervention at any time.

I also understand that this restrictive intervention plan and accompanying documentation will be discussed at a Behavior Management Committee meeting to ensure provider compliance with K.A.R. 30-63-23.

My Signature

Date

My Guardian's Signature

Date

Proactive and Remedial Plan

Behavior Management Committee Review – K.A.R. 30-63-23 (b)(3)

Date of last review for this same restriction: ____/____/____

Committee review of documentation: ____/____/____

Committee Comments:

Signature of BMC Members

Date

FREE TRAINING FOR SOCIAL SERVICES PERSONNEL

Opal Singleton - Exploited! Crimes Against Humanity

Human Trafficking and Child Pornography expert, Opal has educated tens of thousands of first responders, government agencies, civic leaders, school administrators, medical personnel, faith based organizations and parents and grandparents about how predators operate and how to prevent young people from becoming victims of exploitation.



Opal Singleton
President and CEO of Million Kids

Human trafficking is the fastest growing crime in America. Three out of four cases involve U.S. citizens, mostly our young people who have been lured, tricked or forced into prostitution or sextortion.

- ◆ Opal's presentation will educate Social Service professionals about labor and sex trafficking, sextortion, child pornography, and social media exploitation.
- ◆ During this presentation Opal will be sharing her knowledge with Social Service professionals on new technologies and how predators use them to groom kids.
- ◆ She will share with participants the psychology of grooming the eventually exploited the victims.
- ◆ She will analyze real cases of exploitation from the perspective of Law Enforcement, the Victim, and the Perpetrator.
- ◆ She will explore how law enforcement identifies the crime and looks at evidence.
- ◆ She will share how to prevent young people from becoming victims of exploitation.

Opal Singleton - Exploited! Crimes Against Humanity

Tuesday, November 13th 2018 1:00 pm-4:00pm

(Lenexa Fire Station #3) 24000 Prairie Star Parkway Lenexa Kansas 66227

or

Wednesday, November 14th 2018 1:00pm- 4:00pm

(City Council Chambers) 17101 W. 87th Street Lenexa Kansas 66219

Register at: <https://TINY.CC/OPAL22>



Hosted by the Lenexa Kansas Fire Department



MILLIONKIDS
Because one million kids are trafficked each year



Opal Singleton - Exploited! Crimes Against Humanity



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Opal's presentation will educate first responders and individual leaders about labor and sex trafficking, sextortion, child pornography, and social media exploitation. During this presentation Opal will be sharing her knowledge with first responders on what to look for on incident scenes to identify potential trafficking. She will analyze real cases of exploitation from the perspective of Law Enforcement, the Victim, and the Perpetrator. She will explore how law enforcement identifies the crime and looks at evidence. She will share her understand of the psychology of grooming the eventually exploited.

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MILLIONKIDS 
Because one million kids are trafficked each year