

**Johnson County Affiliates
Meeting Minutes**



3/8/18

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

Sheri Kendall reminded affiliates if there is an incident involving two person to file an incident report on both persons involved. We are seeing incident reports for the individual who is aggressive but there also needs to be an incident for the individual who is harmed.

Ann Cousin with Helpers, Inc. introduced new staff, Rebecca Gurera, who will be involved with client information and intakes.

Beth Johnson handed out flyers about an April job fair hosted by JCDS, Mental Health and Corrections. Contact her for more information. 913-826-2342.

The Sweet Life has 5 residential openings and 2 day openings. 924-835-1233.

Marilyn Kubler provided post-meeting that she was informed by a parent that Medicaid is now paying for adult briefs for persons who have an incontinence diagnosis. \$180 per month coverage.

Guest Presenters

Janie Yannicito, Director of Children & Family Services with Johnson County Mental Health gave an overview of the Seriously Emotionally Disturbed (SED) Waiver and eligibility for that waiver. SED refers to a diagnosed mental health condition that substantially disrupts a child's ability to function socially, academically, and/or emotionally. She stated that there is not a waiting list for this waiver. Both flyers she handed out will be attached with the minutes. You can contact her for more information at 913-826-1540 or Janie.yannacito@jocogov.org.

Jill Montaleone, Access Specialist with the CDDO gave an overview of the IDD Eligibility Determination. Her notes will be sent with the minutes.

CDDO Updates

Due to many questions, Shelly reviewed the Status Action Form (SAF) guidelines.

- SAF's go directly to Andrea. SAF's are required for:
 - New/transitions to affiliate
 - Address Changes
 - Closures
 - Diagnosis updates with documentation
 - Funding Changes

- Emails to Andrea
 - New caseload assignments within an affiliate
 - Guardianship change with letters
 - Insurance updates with copy of insurance card
 - Email/phone # changes
 - Care Coordinator changes

The first request for State Aid Funds for Consumer Emergent Needs was received and approved. Funds are available to assist with building capacity and supporting individuals with significant needs. The CDDO reviews this request when other resources are not available for the provider to address the barriers to providing services.

Shelly reported positive feedback from providers on the Transition Meeting Checklist. Seconded by providers at the meeting that it has been a useful tool and allowed for smoother transitions. Shelly thanked the QA team – Anna, Sheri and Seth – for their work on the tool.

Registration is now open for the Spring IDD Provider Summit on April 12th, 2018 at the Johnson County Arts & Heritage Center. There are three sessions throughout the day – Mental Health 101/Trauma Informed Care, Best Practices in Day Services, and Substance Abuse. Lunch and a bottle of water will be provided. There is no coffee or soda available, so feel free to bring your own. Remember this is in place of the April meeting. A flyer and the registration form will be sent with the minutes.

Johnson County Legal has been engaged in assisting with fire marshal issues. Just a reminder that there is an appeal process after the fire marshal has visited and must an appeal must be filed within 15 days of receipt of the compliance summary.

Advocacy

Jody Hanson, Community Relations Manager, JCDS gave the latest updates from the 2018 Kansas Legislative Session. Her notes will be sent with the minutes.

Families for KanCare Reform is a volunteer group of parents and guardians united to challenge the failures of KanCare and to ensure our children with intellectual or developmental disabilities live with purpose, dignity and respect in their communities.

Would you please share this video <https://youtu.be/ZMOahXjO4U8> with provider agencies in your county or region? Would you encourage them to, in turn, share it with parents and guardians of adults and children they serve?

If you haven't already done so we invite you to visit and like our Facebook page at <https://www.facebook.com/ReformKanCare/>. This is a place where you and others can come to post your ideas, thoughts and activities and to learn from others around the state. Please share this site with parents and guardians.

Upcoming CDDO Meetings/Trainings – RSVP to Gail Lauri gail.lauri@jocogov.org

- KDADS/CDDO Quarterly Conferences Calls – Hosted at the Elmore Center from 9:30-Noon.
 - April 19, 2018
 - August 16, 2018

Topics/Presenters for Johnson County Affiliate Meetings (2018)

- April 12th – Spring IDD Provider Summit @ Arts & Heritage Center
- May 10th – Betty Neiman and Casey Seitz – Special Needs Trusts
- June 14th – TBA (Client Obligations)

Next Johnson County Affiliate Meeting – May 10th, 2018
KU Edwards Campus
Regnier Hall Room #255

The way we talk to our children becomes their inner voice.

—Peggy O'Mara

Fees and Insurance

Johnson County Mental Health Center offers a variety of services to Johnson County residents at a reduced rate according to ability to pay. At your first appointment we will determine your needs, and review your household income, family size and financial obligations. No individual is denied service due to lack of financial resources. Your health insurance may or may not cover a portion of our services.

Accessibility

Johnson County Mental Health Center does not discriminate on the basis of race, color, origin, gender, gender identification, sexual orientation, religion, age, or disability status in employment or the provision of services.

Governance and Licensing

Johnson County Mental Health Center operates under the auspices of Johnson County Government with an advisory board appointed by the Board of County Commissioners. We are licensed as a community mental health center and certified as an alcohol and drug treatment facility by the Kansas Department for Aging & Disability Services.



Accessing Services

For immediate crisis needs, please call our crisis line at (913) 268-0156. Help is available 24 hours a day/7 days a week.

To obtain services, utilize our same day access process. Open access is available M-F from 9am to 2pm at the Shawnee and Olathe offices on a walk-in basis. An initial intake with a Licensed Mental Health Professional (LMHP) will assess individual needs and match with appropriate mental health and/or substance use disorder services.

For additional information, please call (913) 826-4200.

Olathe Office 1125 W. Spruce St.

Mission Office 6000 Lamar Ave., Suite 130

Shawnee Office 6440 Nieman Rd.

Stay Connected



@JOCOMNH

@MNHDirector

www.jocogov.org/mentalhealth

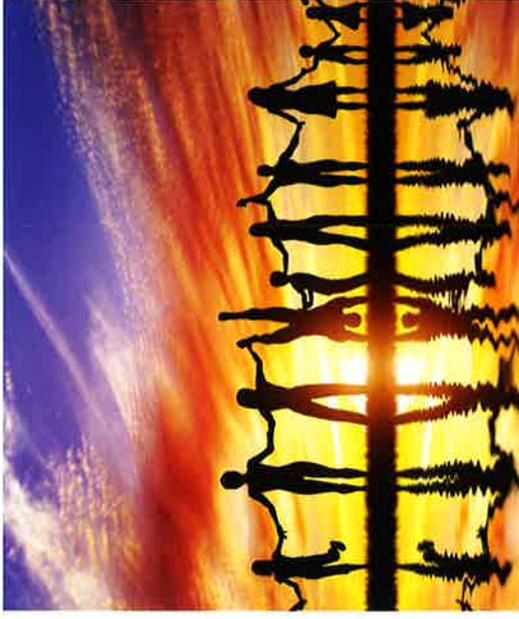
JCMHCInfo@jocogov.org

JOHNSON COUNTY
KANSAS



JOHNSON COUNTY
KANSAS

Mental Health



Children and Family Services

(913) 826-4200

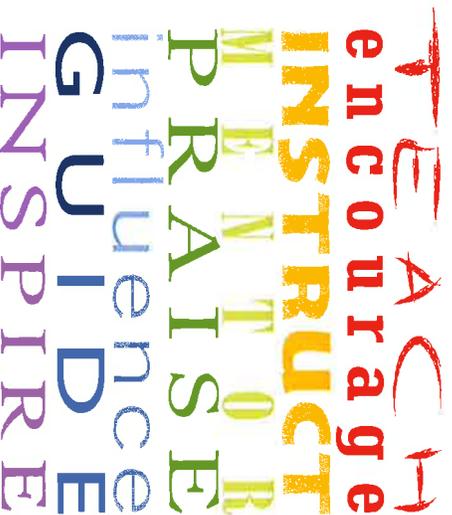
Crisis Line: (913) 268-0156

Children's Services

Johnson County Mental Health Center offers psychiatric rehabilitative services to youth (ages 3 – 18) with emotional or behavioral disorders. An individualized plan of care is developed for each child/family to determine needs, emphasizing short-term interventions aimed at resolving difficulties and stabilizing behavior.

The program can help a family in situations where a child:

- Expresses suicidal/self-harm tendencies
- Has a dramatic change in personality or behaviors
- Is verbally or physically assaultive
- Is isolated or withdrawn
- Frequently does not follow household rules
- Runs away or threatens to run away
- Avoids school
- Has contact with the legal system due to their behavior
- Is at risk of removal from the home due to hospitalization or placement



Services Available

Community Based Services

Psychiatric rehabilitative services begin with an assessment that focuses on the strengths and needs of the child and family. Based on this assessment, case manager's work one-on-one with the youth and family to provide the services needed to resolve issues and stabilize behavior. Some examples of what a case manager might do are:

- Help the family develop behavior management strategies for the home
- Explore recreational and socialization opportunities available in the community
- Teach the youth skills necessary for successful relationships
- Identify and implement strategies with the youth and family for school success
- Work on developing independent living skills

Psychosocial Group

Different from "therapy groups", psychosocial group helps children learn by doing. Groups are offered on a variety of topics including: problem solving, social skills, leisure time training, health and personal relationships.

Individual, Family & Group Therapy

Licensed Mental Health Professionals (LMHP) provide short-term, goal-directed therapeutic intervention to youth and families utilizing a wide range of specialized interventions and evidenced-based practices.

- Improve family communication skills
- Develop strategies to address emotionally charged problems
- Restore balance to family relationships.



Home and Community Based Waiver for Seriously Emotionally Disturbed (SED) Children and Youth

The SED Waiver is a federal Medicaid waiver program that the mental health center provides children who meet clinical and financial eligibility requirements. Services are specialized, intensive and time-limited to assist children and families in resolving difficulties, stabilizing behavior and improving the overall functioning of the child.

Forensic Services

Mental Health Clinicians provide services to individuals who are in the Johnson County Juvenile Justice system. The clinician located at the Juvenile Detention Center (JDC) provides crisis intervention services, suicide watch assessments, and mental health assessments for the Court. The JDC clinician meets with youth upon request to assist with managing their emotions while in JDC.

Functional Family Therapy (FFT)

is an evidence-based approach that has received international recognition for its outcomes in helping troubled youth and their families to overcome delinquency, substance abuse, and violence. FFT is a short-term treatment strategy of approximately 12-14 family sessions. The model includes treatment strategies that pave the way for motivating individuals and families to become more adaptive and successful in their own lives. Youth are referred to the team by Corrections staff or the Court.

SED Waiver

What do I need to know?

What is the SED Waiver?

Services provided under the SED Waiver are for children between 4-18 years of age who experience serious emotional disturbance and who are at risk of inpatient psychiatric treatment. SED Waiver services provide children with special intensive support so they may remain in their homes and communities. Parents and children are actively involved in planning for all services.

The SED Waiver is a federal Medicaid waiver program. Local Community Mental Health Centers provide services covered by the program.

Children who meet eligibility requirements will receive a medical card and are eligible for Medicaid physical and behavioral health services.



SED Waiver services include:

- **Wraparound Facilitator:** A person who works with the family and their identified supports to set treatment goals and decide on services for the child and family.
- **Parent Support and Training:** Services designed to provide education, assistance, and other support to parents and families. ✱
- **Independent Living Skills Building.** Staff supported development of the skills needed in order to live independently.
- **Attendant Care:** A staff person who helps the child with daily tasks. ✱
- **Professional Resource Family Care (Crisis Stabilization):** Intensive support services provided to the child outside the home in a safe environment.
- **Short Term Respite Care:** A service given inside or outside the home to provide caregivers and the child a break from their normal routines.

How do I access SED Waiver services?

If you believe your child would benefit from the services provided by the SED Waiver, your local Community Mental Health Center can assist you in accessing these services.

Parent Fee for SED Waiver

A small portion of the costs for services may be billed to parents or guardians by the State of Kansas, based upon available resources. A child cannot be denied services or be removed from the SED Waiver because of non-payment of the Parent Fee. For more information about the parent fee program, you may contact the Kansas Department for Aging and Disability Services, Parent Fee Program, 503 South Kansas Avenue, Topeka, KS 66603-3404.

E-Mail: ParentFee@kdadads.ks.gov
Phone: (785) 296-3536

The Parent Fee Manual is available on the internet at www.kdadads.ks.gov/CSP/ParentFee/ParentFeeIndex.html.



SED Waiver Program Eligibility Requirements

- Determined at the local CMHC by a qualified mental health professional.
- Based on the child's income, determined by your local Kansas Department for Children and Families (DCF) office.



Please contact your local CMHC



If you suspect a child is being abused or neglected, please telephone the Kansas Protection Report Center at **1-800-922-5330.**

Kansas Department for Aging and Disability Services

915 SW Harrison

Docking State Office Building

9th Floor South

Topeka, KS 66612

1-888-582-3759

Rev. 5.10.2013

Children's Services



Home and Community Based Waiver for Seriously Emotionally Disturbed (SED)

Children and Youth

Home and Community

Based Waiver for Seriously

Emotionally Disturbed

(SED)

Children and Youth

Eligibility Criteria

Intellectual Disability

- A diagnosis of intellectual disability shall be made by a licensed healthcare professional.
- Intellectual Disability is defined by KSA 39-1803 as:
 - Substantial limitations in present functioning; and
 - Manifests during the period from birth to 18 years of age; and
 - Is characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two (2) or more of the following applicable adaptive skill areas:
 - Communication
 - Self-care
 - Home living
 - Social skills
 - Community use
 - Self-direction
 - Health and safety
 - Functional academics
 - Leisure
 - Work

Developmental Disability

- Developmental Disability 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 of aging.
- A diagnosis of a developmental disability shall be made by a licensed healthcare professional.
- Developmental Disability is defined as:
 - An intellectual disability; or
 - A severe, chronic disability
 - Attributable to a physical or mental impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of intellectual disability and mental illness; and
 - Manifests before the age of 22; and
 - Likely to continue indefinitely; and
 - Resulting, in the case of a person five (5) years of age or older, in substantial functional limitations in three (3) or more of the following areas of life functioning, and
 - Self-care
 - Receptive and expressive language development and use
 - Learning and adapting
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency
 - Reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services, which are life-long, or extended in duration and are individually planned and coordinated.

Children Less than 5 Years of Age

- Definitions of Intellectual and Developmental disability apply pursuant to K.S.A. 38-1803.
- Children less than 5 years of age may be assessed by the CDDO for eligibility based on the diagnostic criteria listed under eligibility criteria above.
- Children less than 5 years of age may be provided service options counseling (regarding the array of non-waiver supports and services that can be accessed) and other requirements consistent with 38-1801 et seq. and the CDDO contract. Examples include explanation of available services and service providers; case management services, if requested; and, advocacy for participation in community services.

IDD Provider Spring Summit

April 12, 2018
9AM-3PM

Johnson County
Arts and Heritage Center
8788 Metcalf Ave,
Overland Park, KS 66212



INTEGRATING, IMPACTING, CONNECTING

HOSTED BY JOHNSON COUNTY CDDO

Mental Health
101/Trauma
Informed Care

9:45-11:45

Susan Rome, LSCSW, Deputy Director of Johnson County Mental Health Center, will present Mental Health 101 - a training on signs, symptoms and support for mental illness. Additional tools will be presented on how to support individuals who have experienced trauma in their lives.

Best
Practices Panel:
Day Services

12:30-1:30

Tips for engaging individuals, providing meaningful activities and offering choices throughout the day. Hear best practices from four Johnson County providers: CLO, Skills to Succeed, Dreams Work, and Willow Tree.

CBHT/ Substance
Abuse

1:45-3:00

Learn about Community Behavioral Health Team (CBHT) services and how to access them. Then CBHT specialist, Tom Poole, will provide an overview of substance abuse symptoms, treatment and best practices.



IDD Provider Spring Summit: Integrating, Impacting, Connecting
Thursday, April 12, 2018
9:00 AM - 3:00 PM
Arts & Heritage Center
8788 Metcalf
Overland Park, KS 66212

9:00-9:30 Registration
 9:45-11:45 Session One
 11:45-12:30 Lunch
 12:30-1:30 Session Two
 1:45-3:00 Session Three

Name:	Title:
Agency:	
Address:	
Phone Number:	Email:

Registration deadline is April 5th, 2018.

Lunch will be provided. Please indicate if you prefer a vegetarian option.
 A water bottle is provided with lunch. Coffee and soda are not available at this location for purchase, but you are welcome to bring in outside drinks or snacks.

Return this form to Gail Lauri at the CDDO.
Gail.lauri@jocogov.org
 913-826-2509

Please indicate if you need any special accommodations to participate in the training by **March 26th**:

This is a form you can fill in from your computer. Just hit tab to get to the next field. You may also just print and fill out manually.

JoCo Affiliate report
March 8, 2018

SB 332 (modernizing the DDRA). Held a hearing in Senate Public Health and Welfare on Feb 9. All in all it was a good opportunity to, for the first time, have a public hearing on the merits of carve out of I/DD services from privatized managed care. Many proponents spoke of their concerns of remaining in KanCare. There weren't many opponents to the bill but they, along with a fiscal note of \$405 million from FY 2020 – 2024, may have done enough to stall this approach.

Slowing down KanCare 2.0

The administration still has not withdrawn its application for KanCare 2.0 from the Centers for Medicare and Medicaid Services

Many stakeholders have signed a joint letter that summarizes what the administration has said about the halt of KanCare 2.0 and facts that support the fact that the waiver application is still alive. It will go to legislators and other interested stakeholders.

Three bills were introduced to slow down/halt KanCare 2.0 and/or require legislative approval before any changes to KMAP. One bill remains alive. SB 300 would prohibit substantial change to the Kansas medical assistance program without prior legislative approval. It would require legislative approval prior to any substantive changes to KanCare/KMAP. It would will prevent KDADS/KDHE from undertaking block granting, waiver integration, or implementation of KanCare 2.0 without legislative say-so. It passed out of Senate Ways and Means. Senator Denning isn't expected to have this bill debated.

Other bills still alive

HB 2676: Would amend the DDRA to codify the KDADS secretary's ability to penalize providers or place them on corrective action. If the plan is not corrected in 30 days, KDADS can assess a fine not to exceed \$500 per day per deficiency per day. InterHab is working with KDADS on some amendments. One would make the fines consistent with where it appears in the regulations. We also want to strike a section that says the secretary could require a CSP to keep people served in place after a license has been revoked. KDADS staff stated that his bill is a continuation of a licensure-regulation cleanup effort that KDADS started years ago under Sec. Bruffett.

HB 2427: The "background check bill". The state says it has to have this bill passed in order for it to continue to receive a federal grant. This bill unifies the various statutes that deal with prohibited offenses that disqualify people to work in HCBS or the Adult Care Home fields. The bill would allow the state to utilize KanCheck, which they say would decrease the cost per check from \$49 to \$19, and will take 5 days to process instead of several weeks. Federal and State Affairs passed the bill out favorably on March 8.

SB 264 would change Kansas election law to permit persons with disabilities to submit ballots without having been signed. Voters with any disability that prevents them from being able to provide a signature would be able to request assistance in signing an application for or marking an advance ballot, or signing an application or the form on the ballot envelope. It passed the Senate on 2/22 and had a hearing in House Elections on March 7. It may be worked on March 12.

HB 2416 Income tax credit for certain purchases of goods and services by a taxpayer from qualified vendors that provide employment to individuals who are blind or severely disabled. The idea is to incentivize private sector companies to subcontract work to nonprofit entities engaging in competitive and integrated employment practices. This bill passed the full House unanimously on March 7 and was introduced in the Senate.

Feb 22: Governor signed HB 2343 Nondiscrimination of organ transplants based on a disability.

Would prohibit health care providers or institutions from disqualifying individuals from receiving anatomical gifts or organ transplants, including evaluations and follow up treatments and services, solely on the basis of an individual's disability. Further, a health care provider or institution could not refuse to place a qualified individual on an organ transplant waiting list or place the qualified individual at a lower-priority position on a waiting list than the position at which the qualified individual would have been placed if not for the disability.