Johnson County Affiliates  
Meeting Minutes  

2/13/20 KU Edwards Campus  
Regnier Hall Room #255 1:00 – 2:00 PM  
12610 Quivira Road  
(West side of the Regents Center)  
Overland Park, KS  66213  

Introductions  
SAVE THE DATE for the CDDO 2020 Spring Summit – April 22 at the Arts and Heritage Center. Among some of the topics are Guardianship and HIPAA information Be watching for more information coming soon.  

Carla Sadler with the Community Behavioral Health Team (913-826-2516) shared the team can do trainings with agencies. Let her know about any specific interests or areas of training you would like.  

Stephanie Coleman, family support coordinator with the Center for Child Health & Development with the KU Medical Center shared information on the LEND Family Education Series/Facebook events. You can contact her at 913-588-5741 or scoleman3@kumc.edu  

Stephanie is also with the Council of Community Members. The council is interested in expanding capacity for I/DD providers. They are asking “How can we grow?” and “What are the needs of providers?” They are planning a Business Fair concentrating on two separate tracks. Partnering with all three MCO’s for capacity is planned.  
1. For Agencies already in business focusing on training needs (Human Resource assistance, business practices, tax info, etc.)  
2. For Agencies wanting to start a new business – working on a package on what it will take to get it started.  
Please contact her if you have any other suggestions. You can also contact Sheri Kendall sherikendall@jocogov.org or Mandy Flower mandy.flower@jocogov.org with any ideas or concerns.  

Mandy and David Gibbs attended a legislative session in Topeka yesterday and listened to powerful testimony concerning I/DD needs. Push Day at the Capitol is coming soon. Mandy urged all to get involved with the legislators.  

Jeremy Cagle was offered the Quality Assurance position with the CDDO. He currently works at Johnson County Mental Health and his first day is Tuesday, February 18th. The CDDO looks forward to Jeremy joining our team. Jeremy has experience in quality assurance and working with people with complex needs. We are excited about the skill set and new perspective he will bring to the team.  

April 8 1-3:30 a BASIS training is planned. Be looking for more information and a sign-up sheet.
March is I/DD Awareness Month and Mandy will be presenting the Proclamation to Linda Lott with Kris and Mo, LLC. Please join her at 9:30 AM on March 5th, at the BOCC meeting in the Olathe downtown administration building.

Eeroma Resources, LLC has both DS and RS openings. 913-215-1112.

**Please remember to involve the MCO as soon as a Crisis or Exception is warranted. The HCBS Program Director wants a list of all the resource explored by the MCO before a crisis request can be processed.**

**MCO presentations on Value Added Benefits for 2020 (VABs)**
- Aetna, Debbie Pfeifer pfeiferd@aetna.com or 785-596-8436
- Sunflower, Danae Hilliard and Nan Perrin nanette.l.perrin@sunflowerhealthplan.com or 913-401-4272
- UnitedHealthcare, Robert Melson robert.melson@uhc.com or 913-253-1586

VAB information will be attached for Aetna and UnitedHealthcare. Go to sunflowerhealthplan.com for information for Sunflowerhealthplan VABs.

**KDADS business meeting March 19th**
9:30 to 12:00 at the Mark D. Elmore Building. RSVP to gail.lauri@jocogov.org if you would like to attend.

**Community Connections/Final Rule Update**
The deadline has been extended to February 22nd. Please contact Sheri Kendall or Mandy Flower if you need assistance in completing this.

**Data Management team request**
The subject line of the email sent to the team must include **BCI number, initials of consumer and the reason for the change**. For Example: #1234 GL Update Address. Also, make sure in the body of the email that you are specific about the changes. Is the change for the guardian, mother, father, emergency contact or the consumer? Also attach all needed supporting documents. Incorrect changes have been made and then need to be corrected. The data team is trying hard to make sure all the changes are updated in a timely manner.

**Electronic Health Record (EHR)**
JCDS and the CDDO will be upgrading records using Welligent. This should not change anything for affiliates but should streamline all processes. It should take about 12-18 months to implement. The CDDO will reach out to all agencies and TCMs to ensure all records are accurate before the transition.

**Licensing Checklist (info from previous email sent)** See attachments 1 through 10 sent with minutes.
We have reviewed and revised the license renewal application to ensure that we are getting complete and accurate information for all providers. We have also revised the forms the surveyors will use beginning October 1 when conducting licensure and complaint surveys. I have included a document that outlines the procedures the IDD Licensing staff are to follow for each type of visit and attached copies of all the forms. These forms will be also made
available on our website in the near future. Please share these documents with your providers.

I hope that this information will help providers and their staff know what to expect when the surveyor visits.

Please feel free to reach out to me or to Paula Branizor with any questions you may have.

**Patty Brown, RN MS**  
Commissioner  
Survey, Certification and Credentialing  
Kansas Department for Aging and Disability Services  
503 S. Kansas Ave.  
Topeka, KS 66603  
Office: (785) 296-1269  
Fax: (785) 296-0256  
Email: patty.brown@ks.gov

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**Next Johnson County Affiliate Meeting – March 12, 2020**  
KU Edwards Campus  
Regnier Hall Room #256
Expanded Transportation Services

Non-emergency medical transportation:

- Rides to doctor appointments, pharmacy or WIC clinic
- Call two days in advance of appointment
- Call for urgent transportation needs
- Mileage reimbursement
Take a look at our extras
All Members

- Ten free rides per year for job-related activities like interviews, job training, shopping for work clothing, food bank or community health services.
- Each household can order $25 per month of certain Over The Counter drugs and supplies from a catalog.*
- Mental Health First Aid classes
- Cell phone through national program with 350 free minutes and 1 GB of data per month
- Healthy Rewards Program

* New for 2020!
All Members

Members can earn $10 to $25 gift cards for completing wellness activities:

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<tr>
<th>Gift card amount</th>
<th>Action</th>
<th>Who can earn?</th>
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<td>$10</td>
<td>Health risk screening</td>
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<td>Mammograms</td>
<td>Women</td>
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<td>Shots</td>
<td>Birth to age 2</td>
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<td>Well child check ups</td>
<td>Birth to age 12</td>
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<tr>
<td>$15</td>
<td>Annual flu shot</td>
<td>All members</td>
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<tr>
<td>$15</td>
<td>Annual cervical cancer screening</td>
<td>Women</td>
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<td>$15</td>
<td>First colonoscopy</td>
<td>Men</td>
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<td>$15</td>
<td>Prostate screening every 2 years</td>
<td>Men over 21</td>
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All Members

Members can earn $10 to $25 gift cards for completing wellness activities:

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<thead>
<tr>
<th>Gift card amount</th>
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<tr>
<td>$15</td>
<td>Members with diabetes eye exam</td>
<td>Members with Diabetes</td>
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<tr>
<td>$15</td>
<td>HPV Vaccine</td>
<td>Age 9 to 26</td>
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<tr>
<td>$25</td>
<td>Annual HbA1c blood test</td>
<td>Members with Diabetes</td>
</tr>
<tr>
<td>$25</td>
<td>Healthy teen annual exam</td>
<td>Age 13 to 21</td>
</tr>
</tbody>
</table>
All Members

Member Mobile App:

• Finding a provider
• Requesting ID card
• Changing a PCP
• Viewing claims and prescriptions
• Updating member information
• Contacting member services
Adults

- $500 per year toward dental services such as exams and cleanings twice a year, x-rays, fillings, extractions, and fluoride treatments.
- 12-week Weight Watchers membership
- Vision services including $50 per year for glasses, no-line bifocals, or anti-glare coating.
- GED Assistance
- Two podiatry visits for those with diabetes
- Home delivered meals after a hospital stay
- No Place Like Home Grant for transitioning from a nursing facility to an HCBS setting.
PROMISE Pregnancy Program

Aetna Better Health® of Kansas wants our pregnant members to get early and frequent prenatal and postnatal visits to make sure you and your baby are healthy. You can earn:

- Gift cards up to $30 for doctor visits: $10 for first prenatal; $10 for dental checkup; $10 for postpartum visit.
- Level 1 Rewards: Visit the doctor 7 times before and one postpartum to receive a gift card up to $80.
- Level 2 Rewards: Visit doctor 8 to 10 times before and one postpartum to receive a gift card up to $125.
- Level 3 Rewards: Visit doctor 11 or more times plus one postpartum to receive a gift card up to $150.
Children and Teens

- Members age 5 to 18 can get up to $50 per year to take part in activities with participating YMCA, 4H, Boys and Girls Club or Boy and Girl Scouts. *

- Get a $25 gift card for going to annual well teen visits.

- Members up to age 18 with an asthma diagnosis can request an air purifier.*

- Up to 10 free round-trip rides per year for two family members or guardians to assist with case planning and inpatient psychiatric treatment for children in a residential facility or inpatient psychiatric treatment facility.*

* New for 2020!
Children and Teens

Ted E. Bear, MD Club

- For kids age birth to 12
- Gift cards for completing healthy activities
- An activity book
- An opportunity to receive a cool item
- Look for Ted E. Bear, MD throughout Kansas!
Members on Waiver Programs

- Pest control services up to $250 per calendar year for those who own their own home on the I/DD, PD, FE or TBI waiver programs.*

- A complete set of dentures every 5 years with a limit of $2500 for those who qualify on the HCBS, FE and PD waiver programs.*

- Up to 120 hours of respite care (no more than 48 in a single month) for members on a waiver waiting list for Home and Community Based Services

- 24 hours of extra personal care services for those on the I/DD, PD and FE waiver programs.

* New for 2020!
We can help answer your questions

Call us at
1-855-221-5656 (TTY: 711)

Or visit us online at
AetnaBetterHealth.com/Kansas
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<thead>
<tr>
<th>Description</th>
<th>Value-Added Benefits</th>
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<td>Phone Help</td>
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<td>Group Meetings</td>
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<td>Transportation to Support</td>
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<td>Learning to Code</td>
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<td>Help Getting CED Benefits</td>
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<td>Enhanced Transportation</td>
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<td>Fresh EBT</td>
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<td>Vision</td>
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<td>Annual Dental Exam</td>
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<td>MyUHC.com &amp; Healthmate</td>
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<td>Program</td>
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<td>UHC Healthy Rewards</td>
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<td>Value-Added Benefits</td>
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This guide provides information on value-added benefits in 2020 for UnitedHealthcare Community Plan.

2020 Value-Added Benefits Quick Reference Guide for Adults, Long-Term Care and Waiver Members.

Key for Acronyms:
- TA: Technology Assisted - TA
- SWL: Serious Mental Illness - SWL
- IDD: Intellectual/Developmental Disability - IDD
- FE: Frail Elderly - FE
- FE/CD: Frail Elderly - FE/CD
- CDD: Community Developmental Disability Organization - CDDO
Members with Intellectual and Developmental Disabilities

Member will need to work with their Service Coordinator to access the benefit.

HCBS waiver members who transition from an institutional setting to an institutional setting on December 20, 2020, will be eligible for the post-transition service.

Wellness Calendar

Assess the situation and arrange for the post-transition service.

Wellness Calendar

Healthy and Healthy at Home

Member's home

Member's home

Plan FE/IDD members can select one product from a catalog of items per year that helps with home safety or home assistance.

Dentures

Member's home

Member's home

For meeting specific health measures as defined by UnitedHealthcare.

Internet Access

Member's home

Member's home

Member's home

Member's home

Member's home

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Member's home
<table>
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<tr>
<th>Description</th>
<th>Value Added Benefit</th>
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<tbody>
<tr>
<td>Community Baby Showers</td>
<td>Community Baby Showers</td>
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<tr>
<td>Healthy First Steps</td>
<td>Healthy First Steps</td>
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<tr>
<td>First Prenatal Visit</td>
<td>First Prenatal Visit</td>
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<tr>
<td>Debit Card for Completing First Prenatal Exam Within First Trimester (First 20 Days of Plan Enrollment) Can Earn $200</td>
<td>Debit Card for Completing First Prenatal Exam Within First Trimester (First 20 Days of Plan Enrollment) Can Earn $200</td>
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</table>

**Pregnant Members:**

- Can earn pharmacy benefits to buy OTC brand bug spray to help protect against mosquito bites.
- Can use their pharmacy benefits to buy OTC brand bug spray to help protect against mosquito bites.

**Services for Health and Baby Needs:**

- Enroll in various incentives, activities, and webinars to learn about health and wellness.
- Reach out to various local organizations for details.

**Community HealthCare Plan**

- Members can register at UHCHealthFirststeps.com or call 1-877-833-3417.

| Members who earn $200 reward for Healthy First Steps job and get a $20 gift card or diaper bag. If a member stays with the program until their baby is 15 months, they can earn up to eight rewards. Members who register at UHCHealthFirststeps.com can earn a $200 reward with Healthy First Steps.
| Members who complete their first prenatal exam within first trimester (first 20 days of plan enrollment) can earn $200 |

**KidsHealth**

- Provides children's health and nutrition programs with over 200 videos and 10,000 written or spoken articles on a variety of topics.
- Helps members manage their health conditions and encourage healthy behaviors.

**KidsHealth Activities**

- Youth Organization Activities
- Clubs, the YMCA, and participating parks and recreation offices. Call Member Services to get the form to take the location.
- Members up to age 18 will be able to get access to youth programs local to their location.
<table>
<thead>
<tr>
<th>Training (CRF) Program</th>
<th>Question, Response &amp; Referral</th>
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<tr>
<td>Behavioral Health Concerns</td>
<td>Programs for Multiple \nCognitive Behavioral Therapy</td>
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<td>Personal Empowerment</td>
<td>Personal Empowerment \neduction and promotes wellness</td>
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<td>Intellectual/Developmental: Disabilities (IBDD)</td>
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<td>Intellectual/Developmental Disabilities (IBDD)</td>
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<td>Improved Health, Quality of Life</td>
<td>Improved Health, Quality of Life</td>
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<td>Live and Work Well</td>
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<td>On My Way (OMW) Program</td>
<td>On My Way (OMW) Program</td>
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<td>Value Added Benefit</td>
<td>Value Added Benefit</td>
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<td>Technology Programs</td>
<td>Technology Programs</td>
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<td>Seeking Safety</td>
<td>Mental Health First Aid</td>
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<td>Value Added Benefit</td>
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KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
IDD DAY AND RESIDENTIAL SERVICES LICENSE APPLICATION

☐ New Application  ☐ Renewal Application: License Exp. Date: _______________  ☐ Amended License

Services Provided:  ☐ Day Services  ☐ Residential Services  ☐ Residential and Day Services

License Type:  ☐ Full  ☐ Limited

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<thead>
<tr>
<th>I/DD Service Provider (Legal Name)</th>
<th>Federal ID Number/EIN</th>
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<td>Agency Mailing Address</td>
<td>City</td>
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<td>Director/Administrator/CEO/President</td>
<td>Phone Number</td>
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<td>Email Address/Agency Web Address (if applicable)</td>
<td>Fax Number</td>
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<tr>
<td>Board Chair (if applicable)</td>
<td>Mailing Address</td>
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Complete the next page listing all service delivery sites.

CERTIFICATIONS

1. I agree to abide by all laws, KMAP provider requirements, regulations, training materials, policies and procedures governing the provision of community services for people with developmental disabilities including the HCBS I/DD Waiver.
2. I agree to fully cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area community services are provided.
3. I understand that after notice and an opportunity to correct the deficiencies, the license status can be negatively affected, up to and including revocation of the license.
4. I certify that the licensee has and will maintain all licenses, certificates, and inspections of all local, county, state, and federal authorities, and that all wage and hour protections are in place under the FLSA. [e.g. Minimum wage payments, withholding taxes, occupational and health safety, zoning, fire safety inspections]
5. I certify that services provided under this license will only be provided by employees of the licensee and that no person will be served in a location without such location having first been inspected and approved by local, county, state, and federal authorities, including KDADS.
6. I certify that the information provided above is true, full, and complete to the best of my knowledge, information, and belief. I further certify that I will supplement this application to KDADS within seven days if any of the information changes, including but not limited to the addition of a location(s).

AUTHORIZATION

AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A COMMUNITY SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE, WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.

Signature  Title  Date

Send Applications to:  KDADS Survey, Certification, & Credentialing  Website: www.kdads.ks.gov
ATTN: IDD Licensing  Fax: 785-296-0256
503 S. Kansas Ave Topeka  Topeka, Kansas 66603
**DAD and RESIDENTIAL SERVICES**

Location(s) where services will be provided:
1. List all physical locations, the type of service, the phone number at the location, and the capacity to serve
2. **DO NOT LIST NAMES OF PERSONS SERVED**
3. If you have locations in more than one CDDO area, please complete a separate list for each CDDO.

## CDDO:

<table>
<thead>
<tr>
<th>Physical Address (Street, City, Zip Code)</th>
<th>Day</th>
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<th>Phone Number</th>
<th>Date of last Fire Marshal Inspection (for locations with capacity for 4 or more individuals)</th>
<th>Capacity to Serve</th>
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## SHARED LIVING

Location(s) where services will be provided:
1. List all physical locations, the phone number at the location, and the number of individuals
2. DO NOT LIST NAMES OF PERSONS SERVED
3. If you have locations in more than one CDDO area, please complete a separate list for each CDDO.

<table>
<thead>
<tr>
<th>CDDO:</th>
<th>Physical Address (Street, City, Zip Code)</th>
<th>Phone Number</th>
<th>Number of individuals</th>
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# KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
IDD TARGETED CASE MANAGEMENT LICENSE APPLICATION

- New Application  
- Renewal Application: License Exp. Date:  
- Amended License

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<thead>
<tr>
<th>DD Targeted Case Management Service Provider (Legal Name)</th>
<th>Federal ID Number/EIN</th>
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## CERTIFICATIONS

1. This agency and all case managers, working through this agency, have read and hereby agree to comply with the most current “Rules of Conduct for Case Managers Serving People with Developmental Disabilities.”

2. This agency and all case managers agree to abide by all laws, regulations, KMAP manual, training materials, policies and procedures governing the provision of community services and/or Targeted Case Management services (if applicable) for people with developmental disabilities.

3. I hereby agree to cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area I provide Targeted Case Management services. And agree to maintain being in good standing with the CDDO affiliate agreements in areas I serve.

4. I hereby certify that the information provided above is true, full and complete to the best of my knowledge, information and belief.

5. I understand that – after notice and an opportunity to correct the deficiencies – my license status can be negatively affected, up to and including revocation of the license.

6. I certify that this agency has and will maintain all license, certificates, inspections of all local, county, state and federal authorities, and that all wage and hour protections are in place under the FLSA. [e.g. Minimum wage payments, withholding taxes, occupational and health safety, zoning, fire safety inspections]

## AUTHORIZATION

AS AN AUTHORIZED AGENT OR APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE INTELLECTUAL/DEVELOPMENTAL DISABILITIES (IDD) TARGETED CASE MANAGER SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THEIR APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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Send Applications to:  
KDADS Survey, Certification and Credentialing  
ATTN: IDD Licensing  
503 S. Kansas Ave.  
Topeka, KS 66603  
Website: www.kdads.ks.gov  
Fax: 785-296-0256
Updated information for providers – to be disseminated to all CDDOs to share with their providers

Job Descriptions/Job Title Change – Job title was changed from QMS to IDD Surveyor to more clearly reflect job role. Job descriptions were updated to remove language related to quality review activities that are no longer part of the job.

Licensure Applications:

New and Renewal Applications for IDD Licenses

1. All applications were revised to add a box for amended.
2. The application for Day and residential has been revised to:
   a. List sites for different CDDOs on separate pages
   b. List day/residential and shared living on separate pages
   c. Clarify that names of individuals are not to be listed on the application
   d. Request last fire marshal date for all sites with more than 4 individuals
3. Instructions for initial licensure have been updated to clarify regulatory references.
4. All changes to a license, including addition of new CDDO affiliation, change in address where services are provided, change in director or any other information listed on the license application page will require completion of an “amended” application

License Renewal Procedure:

1. Approximately 60 days prior to license expiration, the IDD Surveyor will send an email to the provider with a reminder of the date of license expiration and an attached application form
2. Provider will complete the renewal application and submit it to the IDD Licensing Manager at least 30 days prior to the expiration date of the license.
3. Licenses will not be issued unless the application form is complete, including the addresses, phone numbers, fire marshal visit dates within the past 12 months, and the number of individuals for each site where services are provided, and if applicable, an acceptable plan of correction has been received.

Licensure visits Day and Residential Providers with more than 1 physical service delivery site:

1. Each 12month period, 1/3 of the provider’s service delivery sites serving 3 or more individuals and 10% of residential service delivery sites (including shared living) with less than 3 individuals will be visited.
   a. The following forms will be completed at each site visit:
      i. Day/Residential Facility Tour Checklist
      ii. Day/Residential Sampled Person Review
   b. Areas of noncompliance will be documented in a Notice of Findings and submitted to supervisor for review and approval.
   c. Approved Notice of findings will be reviewed with the provider, signed and dated.
2. Licensure visit with the provider/director will be conducted at least 30 days prior to the expiration of the current license.
   a. Any areas of review or follow up from previous service delivery site visits will be discussed with the provider/director.
   b. The following forms will be completed during this visit:
      i. Day/Residential Facility Tour Checklist (if services are provided at the site)
      ii. Day/Residential Sampled Person Review (as appropriate)
      iii. Day/Residential Staff File Review
   c. Areas of noncompliance, including follow up from previous visits not corrected will be documented with a Notice of Findings and submitted to supervisor for review and approval.
   d. Approved Notice of findings will be reviewed with the provider, signed and dated.

Licensure visits Day and Residential Providers with only 1 physical service delivery site:

1. Licensure visit with the provider/director will be conducted at least 30 days prior to the expiration of the current license.
2. Any areas of review or follow up from previous complaint investigation visits will be discussed with the provider/director.
3. The following forms will be completed during this visit:
   i. Day/Residential Facility Tour Checklist
   ii. Day/Residential Sampled Person Review
   iii. Day/Residential Staff File Review
4. Areas of noncompliance, including follow up from previous visits not corrected will be documented with a Notice of Findings and submitted to supervisor for review and approval.
5. Approved Notice of Findings will be reviewed with provider, signed and dated.

Licensure visits Targeted Case Managers:

1. Licensure visit with the provider/director will be conducted at least 30 days prior to the expiration of the current license. Only the license renewal visit will be conducted unless evidence from review of documents at other sites indicate a need to do a special visit during the license renewal period.
   a. Any areas of review or follow up from previous visits will be discussed with the provider/director.
   b. A minimum of 10 randomly selected files will be reviewed including at least 1 from each TCM; review of files from related site visits or complaint investigations may be included.
   c. The following forms will be completed during this visit:
      i. TCM Staff File Review
      ii. TCM Sampled Person Review
2. Areas of noncompliance, including follow up from previous visits not corrected will be documented with a Notice of Findings and submitted to supervisor for review and approval.
3. Approved Notice of Findings will be reviewed with provider, signed and dated.
Complaint investigations:
1. All complaint intakes will be reviewed for potential license regulation requirements.
2. Onsite complaint investigations will be completed for any incident that involved elopement, actual injury of an individual, or the potential for serious injury or harm.
3. All substantiated findings will be reviewed with onsite investigations conducted if there was not an onsite investigation conducted at the time of the incident.
4. Areas of noncompliance, including follow up from previous visits not corrected will be documented with a Notice of Findings and submitted to supervisor for review and approval.
5. Approved Notice of Findings will be reviewed with provider, signed and dated.

Process for follow up on licensure survey:
Notice of findings: 30-63-13 (b) – will provide a written copy of “Notice of Findings” with instructions on the right to seek mediation of any disputed finding

Opportunity to request mediation: 30-63-13 (c) if the provider disagrees with a finding, the provider may request mediation within 14 days of receipt of the finding.

Notice of Determination: 30-63-13 (d) Issued if provider does not request mediation, mediation does not resolve the issue, or provider does not comply with requirements of mediation. Notice of Determination will outline areas of noncompliance with a required written plan of correction within 14 days of receipt of the notice.

Desk or site revisit within 30 day of acceptable POC: 30-63-13 (d)(3) KDADS will complete a review to determine compliance with plan of correction. Failure to implement plan of correction may result in civil penalties up to $125/day per violation; order to cease providing specific services; suspension of license as provided by KAR 30-63-14. The enforcement actions are subject to administrative appeal.

Imminent danger: 30-63-13 (f) In a case where the provider’s noncompliance creates a situation of imminent danger to the health, safety or welfare or any person or persons, an emergency order may be issued specifying the action the provider must take, the reason for the emergency order, and the right of the provider to an emergency administrative hearing.
Day/Residential Facility Tour Checklist

Date: _________________  Time: _____________  IDD Surveyor: _________________________

Name of Provider:_______________________________________________________________

Address: ____________________________________________ Phone Number:______________

Day ______  Residential _______  Shared Living________

Capacity:   1 consumer ___     1 to 3 consumers ____   4 to 8 consumers___    8 or more consumers___

Today’s Census:_______  Purpose of Visit: __________________________ _____________________

Staffing:  Day_____________________ Evening ________________  Night ______________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>
| 30-63-11: License if prominently displayed in license holder’s principle place of business.  
Type of license: ___Full    ____ Limited |
<p>| Address where license is posted:__________________________________________________________ |
| Expiration date of license:____________________________________________________________ |
| 30-63-21 (d) (e) – Person-centered support plan is available in all locations where person receives services |
| 30-63-30 (a) safety equipment in good repair and readily accessible |
| 30-63-30 (a) Combustible/flammable materials stored safely |
| 30-63-30 (a) location is clean and well maintained |
| 30-63-30 (a) location is safe and secure |
| 30-63-30 (a) furniture and equipment in good repair and in working order |
| 30-63-30 (a) comfortable temperature and adequate ventilation |
| 30-63-30 (a) adequate lighting |
| 30-63-30 (a) free of insects and rodent infestation |
| 30-63-30 (a) routes of travel free of obstacles |</p>
<table>
<thead>
<tr>
<th>30-63-30 (a) appropriate assistive devices to meet needs of person (s) served</th>
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<tbody>
<tr>
<td>30-63-30 (a) sufficient space for meal preparation</td>
</tr>
<tr>
<td>30-63-30 (a) sufficient space of dining</td>
</tr>
<tr>
<td>30-63-30 (a) sufficient space for sleeping</td>
</tr>
<tr>
<td>30-63-30 (a) sufficient space for bathing, toileting, handwashing</td>
</tr>
<tr>
<td>30-63-30 (a) sufficient space for recreation and daily living</td>
</tr>
<tr>
<td>30-63-30 (a) sufficient space for storage of personal items</td>
</tr>
<tr>
<td>30-63-30 (a) meets the needs of each person’s preferred lifestyle as documented in the person’s plan</td>
</tr>
<tr>
<td>30-63-30 (a) in compliance with local and state codes for fire, life safety, health and sanitation and occupancy: Date of last fire marshal inspection: ___________________</td>
</tr>
<tr>
<td>30-63-29 (a) Records confidential and only accessible to those authorized in writing by the person or guardian and as required by law.</td>
</tr>
</tbody>
</table>
30-63-21 (a) (1) Person Centered Support Plan. Documentation of discussion with person, guardian, other individuals in support network.

Documentation includes:
Yes ___ No ___ names of all individuals involved in the discussion
Yes ___ No ___ names of individuals requested who did not participate
Yes ___ No ___ reason for lack of participation in discussion by person, guardian, or other individuals requested

Documentation includes
Yes ___ No ___ 30-63-21 (a)(2) (A) person’s choice of place to live
Yes ___ No ___ 30-63-21 (a)(2) (B) name of individual(s) person wants to live with
Yes ___ No ___ 30-63-21 (a)(2) (C) choice of work or activity
Yes ___ No ___ 30-63-21 (a)(2) (D) names of people to person prefers to socialize with
Yes ___ No ___ 30-63-21 (a)(2) (E) specific social, leisure, religious activities preferred

Yes ___ No ___ 30-63-21 (a) (3) what is needed to assist person accomplish preferred lifestyle
Yes ___ No ___ 30-63-21 (a) (4) (A) the communication methods used by the person
Yes ___ No ___ 30-63-21 (a) (4) (B) accommodations, supports or services to allow person to communicate choices

30-63-21 (a) (5) Documentation of the risk/benefit of choices including an assessment of:
Yes ___ No ___ decision making
Yes ___ No ___ effects of limiting choices
Yes ___ No ___ safeguards need to protect the person’s safety

30-63-21 (a) (6)(7)(8) Outline of services needed to allow person to achieve preferred lifestyle including:
Yes ___ No ___ written plan with priorities
Yes ___ No ___ method to monitor accomplishment of priorities which may include professional assessments, description of financial limitations, additional training/support needs, next best options related to risk/benefit of choices
Yes ___ No ___ Document signed and dated by provider, person and/or person’s guardian
30-63-21 (b) Document all providers involved in providing service
Yes ___ No ___ Document all services on 1 plan
Yes ___ No ___ Documentation of each provider’s development of portion of plan describing their services
Yes ___ No ___ Name and relationship of individual responsible for coordination of the plan

30-63-21 (c) Documentation of review and revision of the plan:
Yes ___ No ___ At least once a year,
Yes ___ No ___ with a change in service needs
Yes ___ No ___ upon request of person or person’s guardian

30-63-21 (d) (e) observation of evidence the plan is followed/interview with staff regarding how plan is followed: ________________________________________________________________
_____________________________________________________________________

30-63-22 (a)(b) - Policies and procedures identify how individual rights are met in the specific setting.
Yes ___ No ___ Documentation includes review of rights with person and/or person’s guardian

30-63-22 (c) Documentation of annual training on rights to:
Yes ___ No ___ person
Yes ___ No ___ guardian
Yes ___ No ___ parent
Yes ___ No ___ other individuals from person’s support network
Yes ___ No ___ Documentation lists date, length of training, topics covered, and signature of each participant

30-63-23 (a)(b)(1) When the person has orders for medication or restrictive interventions, documentation includes:
Yes ___ No ___ initial interventions to manage behavior to be tried before medication or more restrictive interventions
Yes ___ No ___ description of restrictive interventions
Yes ___ No ___ informed consent signed and dated by person/person’s guardian that includes risks, benefits, and side effects of each restrictive intervention and medication, including PRN medications
Yes ___ No ___ a record of all medications administered, including the date, time and initials of the individual administering the medication
Yes ___ No ___ approval from the prescribing physician or health care professional for each dose of PRN medication administered unless administered by a licensed nurse.
30-63-23 (b)(2) (A) When restrictive interventions or medications to manage behavior are used, documentation includes:
Yes ___ No ___ Date and time of specific behavior
Yes ___ No ___ each intervention and medication used and the effectiveness and any side effects of the intervention or medication
Yes ___ No ___ periodic review of the documentation with the person, person’s guardian, support network, and physician
Yes ___ No ___ recommended changes in restrictive interventions or medications to manage specific behaviors.

30-63-23 (b)(2) (B) For medications used to treat diagnosed mental illness, documentation includes:
Yes ___ No ___ Order from person’s psychiatrist or
Yes ___ No ___ order from physician and documentation that the person or guardian requested a physician manage medications for mental illness
Yes ___ No ___ periodic review of medication effectiveness and side effects with the prescriber.

30-63-23 (b)(3) Review by Behavior Management Committee. Documentation includes:
Yes ___ No ___ Membership of the behavior management committee and their relationship to the person served and the provider
Yes ___ No ___ dates of review and recommendations
Yes ___ No ___ corrective actions taken by the provider based on the behavior management committee recommendations.

Yes ___ No ___ 30-63-23 (c) If the record lacks signed informed consent, documentation include steps provider took to obtain consent

30-63-24 Individual Health
Yes ___ No ___ 30-63-24 (a) Documentation include providers plan for scheduling preventative exams and, physicals, emergency care, medication management and supports.
Yes ___ No ___ 30-63-24 (b) Records document only individuals who have been trained and delegated the task of medication administration by a licensed nurse administer medications to the person
Yes ___ No ___ 30-63-24 (d) If there are two or more providers providing service to the same person, plan documents person who will take lead coordination role for health care needs

30-63-25 Nutrition Assistance
Yes ___ No ___ 30-63-25 (b) modified or special diet meals are in a form consistent with the persons needs and the medical directions.

30-63-29 (a) Each person’s record includes:
Yes ___ No ___ application or agreement for service (Date) _______________
Yes ___ No ___ rate and charges for services provided (Date) _______________
Yes ___ No ___ incident and accident reports (Date(s)) ________________________________
Yes ___ No ___ health profile reviewed by licensed medical practitioner at least every 2 years including
   health status, medications, and other health considerations (Date) ________________
Yes ___ No ___ BASIS documents and evaluation materials (Date) ____________________
Yes ___ No ___ person centered support plan (Date) ______________________________
Yes ___ No ___ HCBS plan of care (Date) ________________________________
Yes ___ No ___ release of information, authorizations for publication, consent for treatment as applicable
   (Date) __________________
Yes ___ No ___ discharge summary if applicable (Date) ___________________________
Kansas Department for Aging and Disability Services

Day/Residential Policy and Procedure Reference

Date: ____________________        IDD Surveyor: ____________________________
Day ______  Residential _______
Name of Provider: ___________________________________________________________
Address: ___________________________________________________________________

___30-63-22 (b) Policy on individual rights and responsibilities
___30-63-22 (c) Records document initial training and annual training on individual rights
___30-63-24 (c) Written policies for medication management include policies and procedures
  for self-administration, medication checks and reviews, emergency medical procedures
  and any other health care tasks delegated to the provider or staff
___30-63-26 (f) Personnel policy includes procedures to follow when staff suspected of
  having contagious disease.

30-63-27 (a) Emergency preparedness policies and procedures include:
___General fire, safety and emergency procedures that include evacuation procedures,
  procedures for sheltering in place, methods to account for individuals, and designated
  meeting place outside the building in case of evacuation, and responding to emergency
  conditions including loss of electricity, loss of gas service, loss of water service and flood
___Procedures for staff training and competency review
___ Records document date of initial training; dates of ongoing training
___ Records document date, time, staff participating, person’s participating, and length of
  time required to complete an evacuation at least annually on each shift
___30-63-26 (f) Personnel policy includes procedures to follow when staff suspected of
  having contagious disease.

30-63-28 Abuse, Neglect and Exploitation
___30-63-28 (a) (b)Records document actions taken when ANE suspected that showed
  persons served were protected during the investigation
___30-63-28 (c) Documentation shows dates, time, content and names of individuals who
  participated in ANE training
___30-63-28 (d) Records document reports of ANE including the date and time of the
  incident, the date and time the report was made and the agency to which the incident
  was reported
30-63-28 (d) (2) Policy and training records document:
___staff, persons, guardians and other agents have knowledge and access to phone
  numbers for making reports of ANE
___provider will not interfere or retaliate in any way related to reported made directly or
  anonymously
30-63-28 (e) Policy shall direct all agents to cooperate with any state agency conducting an investigation related to ANE.

30-63-28 (g) Records document all allegations of ANE were reported to the appropriate agency and corrective actions were taken.

30-63-30 (b)(1) Documentation includes provider description of each facility in which services are provided including the address of the facility, types of services provided at the facility and verification of compliance with fire and life safety, health sanitation and occupancy codes.

30-63-30 (b)(2) Policy for notification of person’s support network of any violation of life safety, health sanitation, or occupancy violations.

30-63-31 CDDO Documentation of CDDO affiliation

30-63-32 (a) (1) (2) Case Management Policies and procedures include requirements for case managers including:

- case manager for person who is receiving direct services from the agency that employs the case manager does not provide any other direct service except case management

- Case manager’s supervisor is not responsible for direct service or supervision of the services for persons

- Compliance with “rules of conduct for case managers serving people with developmental disabilities”

- Qualifications

- Role of the Case manager including Assessment, support planning, support coordination, monitoring and follow up and assisting transition and portability

30-63-32 (a) (3) Documentation includes:

- case manager name and list of person’s served,
agency where case manager is employed,

Names of individuals providing other direct services from the case manager's employer service,

case manager's supervisor

Case manager's signature and date verifying compliance with rules of conduct

documentation of division required assessments

qualifications including a minimum of 6 months full-time experience in the field of human services and either a bachelor's degree or additional full-time experience in the field of developmental disabilities with 6 months of full time experience substituted for each semester of college missing

30-63-32 (b) (1) Documentation of the case management assessment

30-63-32 (b) (2) Documentation of support planning documentation of role in development, updating, and reviewing person's person-centered support plan

30-63-32 (b) (3) Documentation of support coordination

30-63-32 (b) (4) Documentation of monitoring and follow up

30-63-32 (b) (5) Documentation of transition and portability assistance

Staff:

30-63-26 (a) Schedule and time records document direct care staff providing services with a sufficient number to meet the needs of each person served

30-63-26 (c) Personnel policy includes method for period review of employee performance.

30-63-26 (d) Schedule documents at least 1 staff with current CPR and first aide certification on duty at all times when person are being served.

Affiliated Sites:

30-63-30 Evidence of monitoring of affiliated sites for compliance with 30-63-30

30-63-30 ((b)(2) Documentation of appropriate actions in circumstances that create violation of fire, life safety, sanitation, or occupancy code or that place a person's health, safety or welfare in imminent danger
## Day/Residential Staff File Review

<table>
<thead>
<tr>
<th>Staff Identifier</th>
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<tbody>
<tr>
<td>Staff Name</td>
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<td>Position</td>
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<tr>
<td>Date started providing direct service</td>
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<tr>
<td>Training (list dates)</td>
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<tr>
<td>Rights and Responsibilities</td>
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<td>Abuse, Neglect, Exploitation</td>
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<tr>
<td>First Aide</td>
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<tr>
<td>CPR</td>
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<tr>
<td>Emergency Preparedness</td>
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<td>Background Checks (date completed)</td>
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<tr>
<td>KBI/HOC</td>
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<td>APS</td>
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<td>MVR</td>
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<tr>
<td>Licensure/ Certification Type</td>
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<tr>
<td>Licensure/certification verification (list date)</td>
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</table>
Delegated/Special Competency (list type of competency and date verified)

Applicable regulations:

30-63-26 (e) Personnel records document current licensure, certification or accreditation for identified staff.
30-63-28 (f) Personnel records document background check completed prior to providing service to persons served
30-63-26 (b) Personnel records contain competency verification for all job duties signed and dated by individual and person verifying competency
30-63-26 (d) - Personnel record included documentation of current CPR and first aide certification for identified staff
30-63-22 (c) annual training regarding individual rights
30-63-24 (c) Training to carry out medication administration, emergency medical procedures and other health care tasks
Kansas Department for Aging and Disability Services

TCM SAMPLED PERSON REVIEW

Date: ____________________  IDD Surveyor: ______________________________

Name of Provider: ___________________________________________________________

Address: ___________________________________________________________________

Consumer Name: _____________________________________Sample ID #: ___________

TCM: ________________________

____________________________________________________________________________________

30-63-21 (a) (1) Person Centered Support Plan. Documentation of discussion with person, guardian, other individuals in support network.

Documentation includes:
Yes ___ No ___ names of all individuals involved in the discussion
Yes ___ No ___ names of individuals requested who did not participate
Yes ___ No ___ reason for lack of participation in discussion by person, guardian, or other individuals requested

Documentation includes
Yes ___ No ___ 30-63-21 (a)(2) (A) person’s choice of place to live
Yes ___ No ___ 30-63-21 (a)(2) (B) name of individual(s) person wants to live with
Yes ___ No ___ 30-63-21 (a)(2) (C) choice of work or activity
Yes ___ No ___ 30-63-21 (a)(2) (D) names of people to person prefers to socialize with
Yes ___ No ___ 30-63-21 (a)(2) (E) specific social, leisure, religious activities preferred
Yes ___ No ___ 30-63-21 (a) (3) what is needed to assist person accomplish preferred lifestyle
Yes ___ No ___ 30-63-21 (a) (4) (A) the communication methods used by the person
Yes ___ No ___ 30-63-21 (a) (4) (B) accommodations, supports or services to allow person to communicate choices

30-63-21 (a) (5) Documentation of the risk/benefit of choices including an assessment of:
Yes ___ No ___ decision making
Yes ___ No ___ effects of limiting choices
Yes ___ No ___ safeguards need to protect the person’s safety

30-63-21 (a) (6)(7)(8) Outline of services needed to allow person to achieve preferred lifestyle including:
Yes ___ No ___ written plan with priorities
Yes ___ No ___ method to monitor accomplishment of priorities which may include professional assessments, description of financial limitations, additional training/support needs, next best options related to risk/benefit of choices
Yes ___ No ___ Document signed and dated by provider, person and/or person’s guardian
30-63-21 (b) Document all providers involved in providing service
Yes ___ No ___ Document all services on 1 plan
Yes ___ No ___ Documentation of each provider’s development of portion of plan describing their services
Yes ___ No ___ Name and relationship of individual responsible for coordination of the plan

30-63-21 (c) Documentation of review and revision of the plan:
Yes ___ No ___ At least once a year,
Yes ___ No ___ with a change in service needs
Yes ___ No ___ upon request of person or person’s guardian

30-63-21 (d) (e) observation of evidence the plan is followed/interview with staff regarding how plan is followed: ____________________________________________________________
________________________________________________________________________________

30-63-23 (a)(b)(1) When the person has orders for medication or restrictive interventions, documentation includes:
Yes ___ No ___ initial interventions to manage behavior to be tried before medication or more restrictive interventions
Yes ___ No ___ description of restrictive interventions
Yes ___ No ___ informed consent signed and dated by person/person’s guardian that includes risks, benefits, and side effects of each restrictive intervention and medication, including PRN medications
Yes ___ No ___ a record of all medications administered, including the date, time and initials of the individual administering the medication
Yes ___ No ___ approval from the prescribing physician or health care professional for each dose of PRN medication administered unless administered by a licensed nurse.

30-63-23 (b)(2) (A) When restrictive interventions or medications to manage behavior are used, documentation includes:
Yes ___ No ___ periodic review of the documentation with the person, person’s guardian, support network, and physician
Yes ___ No ___ recommended changes in restrictive interventions or medications to manage specific behaviors.

30-63-23 (b)(2) (B) For medications used to treat diagnosed mental illness, documentation includes:
Yes ___ No ___ Order from person’s psychiatrist or
Yes ___ No ___ order from physician and documentation that the person or guardian requested a physician manage medications for mental illness
Yes ___ No ___ periodic review of medication effectiveness and side effects with the prescriber.

30-63-23 (b)(3) Review by Behavior Management Committee. Documentation includes:
Yes ___ No ___ Membership of the behavior management committee and their relationship to the person served and the provider
Yes ___ No ___ dates of review and recommendations
Yes ___ No ___ corrective actions taken by the provider based on the behavior management committee recommendations.

Yes ___ No ___ 30-63-23 (c) If the record lacks signed informed consent, documentation include steps provider took to obtain consent

30-63-24 Individual Health
Yes ___ No ___ 30-63-24 (a) Documentation include providers plan for scheduling preventative exams and, physicals, emergency care, medication management and supports.
Yes ___ No ___ 30-63-24 (d) If there are two or more providers providing service to the same person, plan documents person who will take lead coordination role for health care needs

30-63-25 Nutrition Assistance
Yes ___ No ___ 30-63-25 (a) Plan documents diet services according to the person’s choices for any meals
Yes ___ No ___ 30-63-25 (b) Plan documents any modified or special diet based on an order from a medical care provider and directions for preparation of the modified or special diet
___30-63-22 (b) Policy on individual rights and responsibilities
___30-63-22 (c) Records document initial training and annual training on individual rights
___30-63-24 (c) Written policies for medication management include policies and procedures
    for self-administration, medication checks and reviews, emergency medical procedures
    and any other health care tasks delegated to the provider or staff
___30-63-26 (f) Personnel policy includes procedures to follow when staff suspected of
    having contagious disease.
30-63-28 Abuse, Neglect and Exploitation
___30-63-28 (a) (b) Records document actions taken when ANE suspected that showed
    persons served were protected during the investigation
___30-63-28 (c) Documentation shows dates, time, content and names of individuals who
    participated in ANE training
___30-63-28 (d) Records document reports of ANE including the date and time of the
    incident, the date and time the report was made and the agency to which the incident
    was reported
30-63-28 (d) (2) Policy and training records document:
___ staff, persons, guardians and other agents have knowledge and access to phone
    numbers for making reports of ANE
___ provider will not interfere or retaliate in any way related to reported made directly or
    anonymously
___30-63-28 (e) Policy shall direct all agents to cooperate with any state agency conducting
    an investigation related to ANE
___30-63-28 (g) Records document all allegations of ANE were reported to the appropriate
    agency and corrective actions were taken.
30-63-31 CDDO
___ Documentation of CDDO affiliation
___ notice to CDDO of provider’s current availability to offer service
30-63-32 (a) (1) (2) Case Management Policies and procedures include requirements for case managers including
___ case manager for person who is receiving direct services from the agency that employs
the case manager does not provide any other direct service except case management
___ Case manager’s supervisor is not responsible for direct service or supervision of the
services for persons
___ Compliance with “rules of conduct for case managers serving people with
developmental disabilities”
___ Qualifications
___ Role of the Case manager including Assessment, support planning, support coordination,
monitoring and follow up and assisting transition and portability
30-63-32 (a) (3) Documentation includes:
___ case manager name and list of person’s served,
___ agency where case manager is employed,
___ Names of individuals providing other direct service, if the person receives other direct
services from the case manager’s employer service,
___ case manager’s supervisor
___ Case manager’s signature and date verifying compliance with rules of conduct
___ documentation of division required assessments
___ qualifications including a minimum of 6 months full-time experience in the field of human
services and either a bachelor’s degree or additional full-time experience in the field of
developmental disabilities with 6 months of full time experience substituted for each
semester of college missing
___ 30-63-32 (b) (1) Documentation of the case management assessment
___ 30-63-32 (b) (2) Documentation of support planning documentation of role in
development, updating, and reviewing person’s person-centered support plan
___ 30-63-32 (b) (3) Documentation of support coordination
___ 30-63-32 (b) (4) Documentation of monitoring and follow up
___ 30-63-32 (b) (5) Documentation of transition and portability assistance
| Staff Identifier | | | |
| Staff Name | | | |
| Position | | | |
| Date started providing case management service | | | |
| **Background Checks (date completed)** | | | |
| KBI/HOC | | | |
| APS | | | |
| CPS | | | |
| OIG | | | |
| MVR | | | |
| **Education and Training** | | | |
| Emergency Preparedness Educ. | | | |
| ANE Education | | | |
| Rights and Responsibility Education | | | |
| **Licensure/ Certification Type** | | | |
| Licensure/certification verification (list date) | | | |
### Requirements 30-63-32 (a)(3)

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>(A) Does not provide any other direct service except case management to any person receiving service from the agency employing the case manager</td>
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<tr>
<td>(B) Not supervised by anyone directly responsible for the provision of direct services provided to any person or responsible for the supervision of those services.</td>
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<tr>
<td>(C) Complies with the “rules of conduct for case managers”</td>
</tr>
<tr>
<td>(E) (i) Minimum 6 mo full time experience in field of human service</td>
</tr>
<tr>
<td>(E) (ii) Bachelor’s degree or 6 months full time experience in field of developmental disabilities for each missing semester</td>
</tr>
</tbody>
</table>

**Applicable regulations:**

30-63-26 (e) Personnel records document current licensure, certification or accreditation for identified staff.
30-63-27 Emergency preparedness
30-63-28 (c) ANE training
30-63-28 (f) Personnel records document background check completed prior to providing service to persons served
30-63-32 (a) Case Management