Introductions & Announcements/Affiliate Updates and Openings
Sheri Kendall introduced Mandy Flower the new CDDO Director. Mandy talked about her background in the I/DD field. At her request, all present introduced themselves and shared how/why they began working with I/DD individuals.

Oral Health on Wheels (OHOW) – Carla Sadler, JCDS
OHOW is the brainchild of Heather Samuel, Professor of Dental Hygiene. Since 2008, OHOW has provided service-learning and student enrichment necessary to accreditation-required education treating patients with special needs. They provide preventative services. Anyone getting I/DD services or on the waiting list can access these services. Contact the nursing department at JCDS to start the paperwork. The truck is at JCDS every Monday when students are in session and serve 8 individuals that day.

At 10 feet by 43 feet, the custom-designed truck is decked out with everything students need to provide a thorough cleaning, including:

- Two treatment rooms with full-sized dental chairs and lights
- Patient waiting area
- X-ray equipment
- Sterilization unit
- Digital imaging
- Wheelchair lift

Twice a week during the academic year excluding finals weeks, the dental hygiene team hits the road, bringing dental healthcare to the area’s underserved populations. Check out the link below for more information.


Community Behavioral Health Team – Carla Sadler, JCDS
This team is open to anyone in the county that is eligible for I/DD and mental health services. Carla shared the Referral Form. It will be attached with the minutes.

Lakemary Center is presenting a foster care recruiting event tonight at 5:00 PM at the Central Resource Library.
Heartstrings will be hosting information on the UnitedHealth Care dual complete program on May 23 from 5-7:00.

**CDDO Updates**

**Capacity Update**
Sheri stated currently three agencies are open for TCM referrals. She noted the CDDO website is user friendly for families searching for case managers. Open agencies will have a green dot by their name if they are accepting referrals and a red dot if they are closed.

**State Aid**
Sheri shared information on how to apply for State Aid funding. Day, Residential and TCM and other service providers can apply for consumer emergent needs. The rules and the form will be sent with the minutes.

**Annual Contacts**
In an attempt to streamline processes and reduce work for Johnson County’s Targeted Case Manager network, the CDDO Quality Assurance Committee (QAC) has had discussions over recent months about retooling how the annual contact requirement (written into QAC bylaws) can be met. Obviously, we hope(expect that case managers are having several contacts, in various settings, with those they serve throughout the year. However, for these purposes the result is that this requirement will now be satisfied through TCM’s attendance at the annual BASIS meeting. BASIS assessors will be letting CDDO QA staff know whether or not the Targeted Case Manager was simply in attendance at the meeting. If so, there will be no further action required. If not, QA staff will be reaching out to the TCM individually to find an alternative way the annual contact requirement can be met. In short, the old annual contact form previously submitted to the Johnson County CDDO will no longer be required. Feel free to reach out if you have any questions/comments. Seth Kilber 913-826-2531 or Sheri Kendall 913-826-2507.

**Crisis Funding Requests**
The crisis form is being updated to be more user friendly with checkboxes to make sure all documentation is included with the requests. A draft will be sent for feedback at a later date.

**Quality Assurance Committee**
This committee meets every third Thursday of the month and does at least six on-site visits a year. Contact Sheri Kendall sherikendall@jocogov.org or Seth Kilber seth.kilber@jocogov.org if you are interested.

**Council of Community Members**
Nominations are still needed for two positions: parent/family/guardian member and individual member. This committee meets quarterly and does special events through the year. A new parent has recently been nominated and will join at the next meeting. Contact Sheri Kendall sherikendall@jocogov.org if interested.

**State Fire Marshal Update**
Shelly May, Deputy Director of JCDS, stated the Johnson County Courts ruled in favor of JCDS’s claim that the SFM did not have authority to regulate or enter homes where JCDS provides residential services or to impose additional requirements because the individuals who lived there have IDD. The SFM has filed a motion to set aside that judgement. We are
waiting on the decision from Johnson County Courts. If they rule again in our favor, the SFM would most likely file an appeal.

Kerry Cosgrove with Team Cosgrove shared information on the over 16 and under 18 sibling exception that could be made for providers. It must come through the CDDO, TCM and MCO. You can contact her for more information. 913-529-9621.

Legislative Update
State session update
Melissa Reeves’ update is attached to the minutes

CDDO Contract Negotiations
The negotiations with KDADS are close to being completed. If you have any concerns, please contact Sheri or Seth and they will share at the next contract meeting.

Upcoming CDDO Events
• KDADS Business Meeting Thursday May 16th 9:30-Noon. RSVP to Gail Lauri gail.lauri@jocogov.org
• TCM training September 5 – this training is not just for case managers. Be looking for more information.
• October 3 - CDDO Resource Fair at the Arts & Heritage Center.

Next Johnson County Affiliate Meeting – June 13, 2019
KU Edwards Campus
Regnier Hall Room #255
Community Behavioral Health Team Services
Referral Form

Individual Name:

Referral Date:
Referral Source:

Name of individual referred:

Does this individual currently have an open case with the Johnson County Mental Health Center?
If so, Avatar ID #:

Has this individual been found eligible for IDD services through the Johnson County Community Developmental Disabilities Organization (CDDO)? If so BCI#:

Parent/Guardian Names:

Home address of individual being referred:

Individual and/or contact person’s name and phone number:

Please list all current treatment team participants (e.g., MNH CM, Therapist, IDD TCM, Residential/Day Service Providers, School, Medical Providers, MCO Contact):

Diagnosis:

Current Medications:

<table>
<thead>
<tr>
<th>The Community Behavioral Health Team has been explained to individual’s family and/or providers.</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family and/or provider is willing to be trained and to collect data for documentation of progress.</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>The family and/or provider is willing to implement and follow specific interventions.</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>The family and/or provider is willing to teach, model and reward positive replacement behaviors.</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
Individual Name:

**Physical and Mental Health History:**

Does this individual have any other mental health concerns, if so what?

How is this individual’s physical health? Any concerns or recent changes?

Does this individual experience challenges with hearing, vision or speech?

What are this individual’s experiences related to relevant mental health events? (include prior hospitalizations or other placements outside of the home)

Has this individual received ongoing mental health supports in the past? If so, please indicate when and from whom.
Rules for Accepting State Aid Funds

This Agreement is between ___(Johnson County Affiliate)___ and the Johnson County Community Developmental Disabilities Organization (CDDO.) The term of this Agreement is for the time period of __________ to __________.

Affiliate is receiving this funding in order to support one or more individuals with:

☐ Case Management – I/DD (Non-Medicaid):

State aid funds are requested to support individuals who are eligible for Intellectual and Developmental Disabilities services but are not yet eligible for Medicaid and in crisis need of support coordination. Case management services will be provided in order to identify, select, obtain, coordinate and use both paid and unpaid supports to enhance the person’s independence, integration, and productivity. Affiliate must be willing to accept payment rate of $500 per case management referral for up to 50 units of service. If the Affiliate discontinues services, any remaining units will be refunded to the CDDO at $10.00 per unit.

Affiliates who receive these funds will have a plan that outlines the service that will be provided to the individual(s) and the funds that are committed by the CDDO to each person. By accepting these State aid funds, the Affiliate agrees to:

1) Provide Case Management Services to ________________.
2) Provide services consistent with the definitions provided in the Kansas Medical Assistance Provider (KMAP) Manual and the HCBS I/DD Waiver Handbook.

OR

☐ Day/Residential Supports:

State aid funds are requested to support individuals who are not functionally eligible for the Intellectual and Developmental Disabilities (IDD) Home and Community Based Services (HCBS) Waiver. Day and residential supports must be designed to assist persons with maintaining or increasing adaptive capabilities, productivity, independence and/or inclusion. Affiliate must be willing to accept annual payment rate of $12,394 for Residential Supports and $7,315 for Day Supports for each person receiving that particular service. If the Affiliate discontinues services, any remaining service days in the State Fiscal Year (July 1 to June 30) will be refunded to the CDDO at the rate of $33.96 per day for Residential Supports and $140.67 per week for Day Supports. Commitment of funding will be reviewed by the CDDO on an annual basis.
Affiliates who receive these funds will have a plan that outlines the service(s) that will be provided to the individual(s) and the funds that are committed by the CDDO to each person. By accepting these State aid funds, the Affiliate agrees to:

3) Provide Day and/or Residential Supports to the person(s) listed on the attached document.
4) Provide services consistent with the definitions provided in the Kansas Medical Assistance Provider (KMAP) Manual and the HCBS I/DD Waiver Handbook.

OR

☐ Consumer Emergent Needs/Flex Service IDD:

State aid funds are requested to pay for individual-specific needs that require specialized environmental modifications, equipment or other supports in order for the Affiliate to provide appropriate services to maintain or increase adaptive capabilities, productivity, independence and/or inclusion. These costs cannot be met through other funding sources and are offered to the Affiliate in order to serve individuals with significant and challenging needs. Priority will be given to Affiliates serving individuals entering service through the crisis/exception process.

Affiliates who request these funds will submit a plan to the CDDO Director that outlines the needs of the individual(s), the barrier(s) to providing day or residential services, the equipment, modifications or supports that will address the barrier(s) and need(s) of the individual(s), and the amount of funds requested. A CDDO review committee will review the request. The affiliate may be asked to submit multiple bids, contractor qualifications or additional information.

By accepting these State aid funds, the Affiliate agrees to:

1) Provide Day and/or Residential Supports to the person(s) listed on the attached document.
2) Provide services consistent with the definitions provided in the Kansas Medical Assistance Provider (KMAP) Manual and the HCBS I/DD Waiver Handbook.
3) Submit proof of payment for specialized environmental modifications, equipment or other supports.

The Affiliate understands that payment for the person(s) listed on the attached document will be paid in one lump sum. Should the CDDO find that the Affiliate has not been providing services as outlined, payment may be recouped from the Affiliate. If person(s) on the attached document wish to terminate services from the Affiliate, the Affiliate will immediately notify the CDDO. Any transferrable items purchased with State aid funds will transition with the individual.

IN WITNESS WHEREOF, the parties hereto have caused the Agreement to be executed by their duly authorized representatives and made effective the date signed below.

_______________________________________   __________________________
Affiliate Signature                  Date

12.10.18
<table>
<thead>
<tr>
<th><strong>Affiliate Printed Name</strong></th>
<th><strong>Title</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandy Flower, CDDO Director</td>
<td>Date</td>
</tr>
</tbody>
</table>
Request for State Aid Funds for Consumer Emergent Needs/Flex Service IDD

Name of Affiliate making request: 

Affiliate contact person: 

Individual(s) to be served: 

Services to be provided: 

Please describe individual’s significant and/or challenging needs: 

Please describe the barriers to providing services: 

Please describe the specialized environmental modifications, equipment or other supports needed to address the needs of the individual(s) and barriers to providing services. Include costs of modifications, equipment and/or supports: 

Please describe attempts to secure funding from other sources to cover the costs of modifications, equipment and/or supports: 

If review committee awards funding, the Affiliate agrees to: 

1) Provide Day and/or Residential Supports to the person(s) listed on the attached document. 
2) Provide services consistent with the definitions provided in the Kansas Medical Assistance Provider (KMAP) Manual and the HCBS I/DD Waiver Handbook. 
3) Submit proof of payment for specialized environmental modifications, equipment or other supports. 
4) Transition any transferrable items purchased with State aid funds with the individual in the event they chose to terminate services. 

Affiliate Signature/Title Date 

To be completed by CDDO Review Committee:

☐ Individual(s) have significant and challenging need. 
☐ Affiliate has identified barrier to providing services to the individual. 
☐ Other resources have been exhausted to pay for this request. 
☐ Request is reasonable and will meet the individual(s) needs.
Decision by CDDO Review Committee:

- Fund request in full.
- Fund partial request in the amount of ____________.
- Deny request.

Basis for Decision:

__________________________________________  
CDDO Staff Signature                       Date

__________________________________________  
CDDO Staff Signature                       Date

__________________________________________  
CDDO Staff Signature                       Date
CDDO Legislative Update

State Budget

The House and Senate worked throughout the weekend and the budget passed the House 79-45 and the Senate 26-14. The $18.4 billion budget is for the fiscal year beginning in July.

This was not a smooth process, however. In an effort to achieve a vote in the Senate on Medicaid expansion, on Friday the House voted to reject the the state budget agreed upon by the House and Senate Budget Conference Committee. This caused much concern that the line items important to people with IDD may not survive another round of cuts, but the budget was approved as of adjournment early Sunday morning without any changes to the following items:

- 1.5% increase in HCBS reimbursement rates
- Increased protected income level to $1,177
- $2.5 million for the waiting list

The budget has not been signed by the governor yet, so until then, there is always a chance the budget could be altered. Additionally, Medicaid expansion was not approved this session, but it will be addressed again in the next session. Senate leaders have promised a summer study on the issue.

2020 Challenges

Moderate Republican Rep. Tom Cox has filed for the GOP nomination for the Senate seat now held by Conservative Republican Sen. Mary Pilcher-Cook.

Democrat Rep. Cindy Holscher has announced she plans to run to run against Republican Senate Majority Leader Jim Denning for his Senate seat.

HB 2034

Enacting the supported decision-making agreements act; relating to decision-making assistance for adults

- Passed House 101-15
- Senate Committee Report recommending bill be passed as amended, by Senate Committee on Judiciary

HB 2205 and SB 10

No progress has been made on either the Senate or the House bill regarding eliminating the client obligation.