



# Harvey-Marion County CDDO

Supporting increased independence, integration, inclusion, and productivity in individual homes and communities.

## Service Provider Choices & Options Counseling, Individual Rights, Waiting List & Dispute Resolution Information

Consumer Name:	Phone:	Date of Birth:
Address:	Email:	KAMIS#:

Services available in the Harvey-Marion CDDO area are listed below by category. Not all providers are contracted with all Managed Care Organizations (MCO) please ask them when discussing services. I acknowledge that I have the right to change service providers at any time, for any reason.

**\*\*\* PLEASE PLACE A CHECKMARK BY THE CHOSEN PROVIDER(S) \*\*\***

<b>Targeted Case Management Providers (TCM):</b>		<b>** Indicating those providers closed for referrals</b>	
<input type="checkbox"/> ** Disability Supports of the Great Plains	<input type="checkbox"/> ** Goodwill Industries of KS (ages 14 & up)	<input type="checkbox"/> Lifespan, LLC	<input type="checkbox"/> ResCare Newton
Other: _____			
<b>Residential Service Providers:</b>		<b>(CR) - children's residential only; ** Indicating those providers closed for referrals</b>	
<input type="checkbox"/> DCCCA (CR)	<input type="checkbox"/> ECKERD (CR)	<input type="checkbox"/> Great Plains Support Services, LLC	<input type="checkbox"/> Heart Land Supports, LLC (Aetna & United ONLY)
<input type="checkbox"/> ** ResCare Newton	<input type="checkbox"/> ResCare KS, Inc: Shared Living	<input type="checkbox"/> TFI Family Services (CR)	
<b>Day Service Providers:</b>		<b>** Indicating those providers closed for referrals</b>	
<input type="checkbox"/> Goodwill	<input type="checkbox"/> Great Plains Support Services, LLC	<input type="checkbox"/> Heart Land Supports, LLC (Aetna & United ONLY)	<input type="checkbox"/> ResCare Newton
Other: _____			
<b>Agency Directed Specialized Medical Care &amp; Overnight Respite Care Providers:</b>		<b>** Indicating those providers closed for referrals</b>	
<input type="checkbox"/> ** Integrated Behavioral Technologies	<input type="checkbox"/> ** Maxim Healthcare Services, Inc	<input type="checkbox"/> Thrive Pediatric Care	
<b>Assistive Services, Medical Alert &amp; Wellness Monitoring Providers:</b>		<b>** Indicating those providers closed for referrals</b>	
<input type="checkbox"/> Broadway Home Medical	<input type="checkbox"/> Home Technology Solutions, Inc	<input type="checkbox"/> MedScope America Corporation	<input type="checkbox"/> Taylor Drug
<b>Financial Management Service Providers (Self-Directed Personal Care Services):</b>		<b>** Indicating those providers closed for referrals</b>	
<input type="checkbox"/> Advocate Care Services, Inc	<input type="checkbox"/> Another Day, Inc	<input type="checkbox"/> GT Independence	<input type="checkbox"/> ** ILRC
<input type="checkbox"/> Helpers, Inc	<input type="checkbox"/> Life Patterns, Inc	<input type="checkbox"/> SKIL Resource Center, Inc	

**\*\*\*\* PLEASE INITIAL ALL SECTIONS THAT APPLY AND THEN SIGN & DATE BELOW \*\*\*\***

**\*INDIVIDUAL RIGHTS:** Information has been reviewed with person and/or support network.

<input type="checkbox"/> Individual and/or Guardian provided a copy of Individual Rights	<input type="checkbox"/> Individual and/or Guardian declined a copy of Individual Rights
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**\*WAITING LIST CONSENT:** I understand that the HMCDDO is required to maintain a list of persons who have made application for community services and have been determined eligible. The HMCDDO is to allow access to this list, except for those persons who have requested that their name be kept confidential to the licensed providers in the service area who have entered into an affiliation agreement. I understand by agreeing to have my name and address released as part of this list that I may be contacted by potential service providers.

<input type="checkbox"/> I hereby authorize Harvey-Marion County CDDO to exchange protected health information (PHI) regarding the annual BASIS assessment with the Kansas Department of Aging and Disability Services, Managed Care Organization and Community Services Providers to assist in the coordination of care regarding the individual named above.
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**If applicable, I agree to HAVE MY NAME AND ADDRESS:**       RELEASED       REMOVED

**\*DISPUTE RESOLUTION / PROVIDER CHANGE REQUEST:** I have contacted the Harvey-Marion County CDDO to ask for a change of service provider. The Harvey-Marion County CDDO has offered to meet with me, and my present service provider, to discuss my concerns to resolve issues instead of a provider change.

<input type="checkbox"/> Individual and/or Guardian has been provided a copy of the HMCDDO Dispute Policy & I decline the offer for dispute resolution, and at this time I choose to exercise my right to change service providers. If this decision should change, I will contact the HMCDDO which will require further actions to begin the dispute resolution process.
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**TCM PROVIDER CHANGE EFFECTIVE DATE:** If this is a change of I/DD TCM providers with the Harvey-Marion County CDDO area, this change will be effective in 10 working days from the date signed by the HMCDDO staff.

**DECLINE TCM SERVICES:** This option may be chosen by IDD-eligible individuals who are on the waiting list, and/or do not have KanCare Medicaid, and do not wish to private-pay for IDD TCM. **If applicable, I agree to decline I/DD TCM Services:**       DECLINE TCM SERVICES (check the box to decline)

**My signature below verifies that I have been informed of all available service providers within the Harvey-Marion County CDDO area, individual rights & wait-list information, as well as provider dispute resolution information. I have been offered and accepted, and/or declined, a copy of this information.**      **\*I have chosen to decline services at this time:**

Consumer Signature	Date
Guardian Signature (if applicable)	Date
HMCDDO Personnel	Date

## Harvey-Marion County CDDO Affiliated Service Providers Contact Information

<p>Advocate Care Services, Inc. PO Box 91 Rose Hill, KS 67133-0091 316.260.9910 FMS/Self-Directed PCS; ECS; ORC</p>	<p>Another Day, Inc. 11802 W 77th St. Lenexa, KS 66214 913.599.2221 FMS; SC; ECS; PCS; ORC</p>	<p>Broadway Home Medical 808 S. Hillside Wichita, KS 67211 316.264.8600 Assistive Services (Van lift, Wheelchair Mods)</p>
<p>DCCCA 3312 Clinton Parkway Lawrence, KS 785.312.8352 Residential for children not in custody,</p>	<p>Disability Supports of the Great Plains 501 E Northview Ave, McPherson, KS 67460 620.241-8411 TCM</p>	<p>Eckerd 1999 N. Amidon; Suite 232 Wichita, KS 67203 316.440.5536 Residential for children not in custody, ORC</p>
<p>Great Plains Support Services, LLC 2501 N. Main North Newton, KS 67117 316.461.9086 Day &amp; Residential Supports</p>	<p>Goodwill Industries of KS 2117 S. Kansas Newton, KS 67114 316.744.9291 TCM &amp; Day Services</p>	<p>GT Independence 7300 W 110th St. Suite 700, Overland Park, KS 66210 877.659.4500; FMS for Self-Directed Supports; Self-Directed PCS; Self-Directed ORC</p>
<p>Heart Land Supports, LLC 313 Muse Street Newton, KS 67114 316.283.0843 Day &amp; Residential Supports</p>	<p>Helpers, Inc. 11806 W 77<sup>th</sup> St, Lenexa, KS 66214 913.322.7212 FMS/Self-Directed PCS; ECS; ONR; SMC</p>	<p>Home Technology Solutions, Inc 149 S. Ridge Rd. Wichita, KS 67209 316.265.1700 Medical Alert</p>
<p>Independent Living Resource Center (ILRC) 3033 W. 2<sup>nd</sup> Street N. Wichita, KS 67203 FMS for self-directed PCS</p>	<p>Integrated Behavioral Technologies, Inc 1106 155th St, Basehor, KS 66007 Phone: 913.662.7071 Agency Directed PCS</p>	<p>Life Patterns, Inc. 3300 SW 29th St. Suite 100 Topeka, KS 66614 785.273.7189 FMS/PCS/SC/ECS/ORC</p>
<p>Lifespan, LLC 216 N. Meridian; Suite 3G Newton, KS 67114 316.587.8050 Case Management</p>	<p>Maxim Healthcare Services, Inc 8301 E. 21<sup>st</sup> St North; Suite 230 Wichita, KS 67212 316.201.9401 Specialized Medical Care</p>	<p>MedScope America Corporation 222 W. Lancaster Ave Paoli, PA 19301 800-645-2060 Medical Alert</p>
<p>ResCare Newton 700 E. 14<sup>th</sup> Newton, KS 67114 316.283.5170 Residential &amp; Day Supports, TCM</p>	<p>ResCare KS, Inc ResCare Shared Living/Kansas Central 5112 E. 36th Street North Wichita, Kansas 67037 316.612.7544 Shared Living</p>	<p>Self-Management Services 804 W. 17<sup>th</sup> Newton, KS 67114 316.288.9664 Limited License Day, PCS &amp; Enhanced Care Services</p>
<p>SKIL Resource Center, Inc PO Box 957 1801 Main Parsons, KS 67357 800.688.5616 (FMS) for Self-Directed PCS</p>	<p>Taylor Drug 201 S. Summit Arkansas City, KS 67005 620.442.3500 Assistive Services</p>	<p>TFI Family Services 4505 E. 47<sup>th</sup> St. Wichita, KS 67210 316.684.5300 Residential for children not in custody, ORC</p>
<p>Thrive Pediatric Care 534 N. Ridge Rd; Suite C; Wichita KS 67212 316.522.0608 Specialized Medical Care, Overnight Respite</p>	<p>Trinity Heights Respite Care, Inc 1200 Boyd Ave Newton, KS 67114 316.217.2199 Respite Care for children through age 16</p>	

**\*\* Please make sure that your choice of provider listed here is currently accepting referrals. Current referral status information can be found on the first page of this form. \*\***