East Central Kansas Area Agency On Aging
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

the CDDO of Coffey, Osage & Franklin Counties

117 South Main - Ottawa, Ks 66067 ● (785) 242-7200 ● (800) 633-5621 ● www.eckaaa.org

COMPREHENSIVE OPTIONS COUNSELING CHOICE FORM-FY17

ALL SERVICES NEED TO BE FIRST AUTHORIZED BY THE MCO (SUNFLOWER, UNITED OR AETNA) BEFORE SERVICES CAN START, AND ALL SELECTED SERVICE PROVIDERS NEED TO BE IN THE MCO PROVIDER NETWORK.

Name:_____ **Birth date:**_____

1. It is my Choice to Receive Supports Through

☐Community Based Services ☐Institutionalized/ICF Based Services (skip to #7)

2. Specialized Medical Care: Agency-Directed In-Home Supports

☐CareStaf Inc. ☐NOT INTERESTED IN THIS SERVICE

3. Financial Management Agencies (FMS): Self-Directed In-Home Supports

☐All Services ☐Another Day ☐COF-**no new client referrals** ☐Helper's Inc. ☐Life Patterns
☐RCIL ☐TILRC ☐NOT INTERESTED IN THIS SERVICE

4. Targeted Case Management:

☐ Arc of Douglas County- **franklin county only**
☐ COF **-limited client referrals** ☐ Journeys ☐ Monaco and Associates – **no new client referrals**
☐ Quest**-no new client referrals** ☐ Serenity Case Management ☐ Tarc**-no new client referrals**
☐ NOT INTERESTED IN THIS SERVICE

5. Adult Day and Residential Providers (Check Selection for Day and Residential separately):

☐CLO-Day (Shared Living)-**no new referrals** ☐ CLO-Residential (Shared Living)-**no new referrals**
☐COF-Day ☐ COF-Residential ☐Hetlinger-Day ☐ Journeys-Day (Burlington) ☐ Journeys-Residential (Burlington)
☐Quest-Day ☐ Quest-Residential ☐Safe Haven (*Limited Lic.-Day) ☐ S and L Ranch-Day
☐S and L Ranch-Residential-**no new referrals** ☐ Stepping Stones-Day-**no new referrals**
☐Tarc-Day ☐ Tarc-Residential ☐ Tarc-Self Determination ☐NOT INTERESTED IN THIS SERVICE

6. Children's Residential (Voluntary Foster Care):

☐Calm ☐KVC ☐Lakemary ☐TFI (The Farm) ☐NOT INTERESTED IN THIS SERVICE

7. Medical Alert Rental

☐MedScope America ☐NOT INTERESTED IN THIS SERVICE

7. I have reviewed the CDDO Options Brochure and choice form with the CDDO. ☐**YES** ☐**NO**

8. I have reviewed the CDDO Rights-Responsibilities Brochure with the CDDO. ☐ **YES** ☐ **NO**

9. I have reviewed the CDDO Appeal and Grievance Process Brochure with the CDDO. ☐ **YES** ☐ **NO**

Individual's signature/date: _____

Guardian/Designated Representative signature/date:_____

ECK CDDO signature/date:_____

Release of Information Form

EAST CENTRAL KANSAS COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION (CDDO)
SERVING COFFEY, OSAGE, and FRANKLIN COUNTIES

Name: _____ Date of Birth: _____

Medicaid Number:_____ Phone Number:_____

Address: _____ City/State/Zip Code: _____

I authorize East Central Kansas Area Aging on Aging, **Community Developmental Disability Organization (CDDO) of Coffey, Osage and Franklin Counties**: 117 S. Main, Ottawa, KS 66067; to obtain or disclose information with the individuals and agencies listed below:

- **Medical/MCO**: _____
- **Relatives/Non Guardian/Friends**:_____
- **School/Vocational Rehabilitation/Transition Services**:_____
- **Psychological** (IQ testing, psych evaluations, etc):_____
- **CDDO**: ECK CDDO;_____
- **DCF/KDADS/SRS/Foster Care Agency**: KDADS; KDHE Clearinghouse;_____
- **Law Enforcement/Legal**:_____

Service Provider:_____

Specific description of the information to be used or disclosed:

☒IQ testing which indicates a full-scale IQ and tests related to adaptive skills
☒Diagnosed Developmental Disabilities and areas of substantial functional limitations such as:
self-care, understanding and use of language, learning and adapting, self direction in goal setting, mobility, living independently, economic self-sufficiency

☒Individualized Education Plan/Individualized Family Support Plan
☒Current Funding and Service information
☐Other:_____

The information may be used or disclosed for each of the following purposes:

☒ Eligibility Determination for I/DD services ☒Communication
☒ Referral to services ☒Crisis-Exception services ☐ Other:_____

I understand that the information used or disclosed may be subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations. I understand that I may revoke this authorization by notifying the Executive Director, 117 S. Main, Ottawa, KS 66067 in writing of my desire to revoke it. I understand revoking this authorization will not have any affect on actions taken by the East Central Kansas (ECK) CDDO, in reliance on this authorization. I understand I may refuse to sign this authorization and my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.

☒ This authorization will expire ***One Year from Date of Signature*** **Or** on the occurrence of the following:_____

_____ _____
Witness Signature Individual's Signature/Date

_____
Designated Representative Signature/Date

_____
Legal Guardian Signature/Date