



# Harvey-Marion County CDDO

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

## Options Counseling & Choices for HCBS Providers & Dispute Resolution Information

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

### HMCDDO Options Counseling:

**HMCDDO Definition of Options Counseling:** Helping individuals, families, & guardians understand their strengths, needs, preferences, & unique situations, and using this information to develop support strategies, plans, and tactics based on the type of service options available in the community.

**HMCDDO Notice of Options Counseling:** As referenced within the HMCDDO Service Access & Provider Change Protocols.

Upon notice of approval of funding for new services, the Harvey-Marion County CDDO will provide options counseling and obtain signed, dated choice forms at that time. If individuals desire to have interviews and/or schedule tours to make an informed provider choice, follow-up contact will be required to ensure that signed, dated choice forms are obtained at that time. Upon request of a provider change, person/legally responsible party contacts Harvey-Marion County CDDO (HMCDDO) about a change of service provider. HMCDDO offers the option to facilitate problem-solving with the current provider, if applicable. HMCDDO provides explanation of service options and available provider choices, and current directory of affiliated providers and current choice form. Person/legally responsible completes, signs, and returns choice form to HMCDDO. HMCDDO sends completed choice form to present and future provider(s), and to the MCO Care Coordinator, as applicable.

**It is recommended that all individuals/guardians contact the HMCDDO to complete options counseling. If you choose to use the HMCDDO Service Providers & Options Counseling Form (via paper OR webform) on your own, you are consenting that you have reviewed the definition and notice of options counseling listed above. You are also acknowledging that options counseling has been achieved upon completion of the HMCDDO State Plan & Non-HCBS Provider options counseling form (via paper OR webform). If, at any point in the process of completing the HMCDDO Service Providers & Options Counseling Form/Webform on your own, you feel that you need further assistance with your options counseling, please contact the HMCDDO Office: Phone: 316-283-7997 or Email: [keving@harveymarioncddo.com](mailto:keving@harveymarioncddo.com)**

### Home & Community Based Services (HCBS) Choice of Provider:

**The HMCDDO does not have any role in provider choice other than reporting available providers for each service and then receiving and processing the form(s) showing the provider choice(s) made by the individual/guardian.**

**Provider Choice Definition:** the ability of consumers & guardians to select their preferred service provider from a range of available service providers. The HMCDDO regularly updates the Options Counseling & Choice of Provider form that shows all providers available for referral as it relates to the HMCDDO Service Types listing. Choosing an affiliated service provider is an important decision, as well as understanding the types of services offered in the HMCDDO service area. It can be hard to know what to ask a service provider, especially if you are not entirely sure what your needs are. We encourage you to contact any of the service providers within the Harvey-Marion CDDO service area to arrange an agency tour, as well as answer any questions you may have before making your decision. Once your decision has been made, it's important to know that you are never confined to that service provider. If you are dissatisfied with the services you are currently receiving, you can always make a provider change. Upon choosing your new service provider(s), the HMCDDO will contact the newly chosen provider(s) so they may initiate your services. If you would like to make a service provider change, please contact the HMCDDO for assistance.

### Harvey-Marion County CDDO Affiliated HCBS Provider Contact Information

**\*You are highly encouraged to reach out to each individual agency to determine who would be the best fit for you\***

**PROVIDER LISTING CONTINUES ON THE NEXT PAGE**

Advocate Care Services, Inc. Rose Hill, KS 67133-0091 316.260.9910	Broadway Home Medical Wichita, KS 67211 316.264.8600	DCCCA Lawrence, KS 785.312.8352
Eckerd Wichita, KS 67203 316.440.5536	Great Plains Support Services, LLC Newton, KS 67114 316.461.9086	Goodwill Industries of KS Newton, KS 67114 316.744.9291
GT Independence Overland Park, KS 66210 877.659.4500	Heart Land Supports, LLC Newton, KS 67114 316.283.0843	Helpers, LLC. Lenexa, KS 66214 913.322.7212
Home Technology Solutions Wichita, KS 67209 316.265.1700	Independent Living Resource Center (ILRC) Wichita, KS 67203 316.942.6300	Integrated Behavioral Technologies, Inc 1106 155th St, Basehor, KS 66007 913.662.7071

Life Patterns, Inc. Topeka, KS 66614 785.273.7189	Maxim Healthcare Services, Inc Wichita, KS 67212 316.201.9401	MedScope America Corporation Paoli, PA 19301 800-645-2060
ResCare, Newton / REM, Kansas, LLC Newton, KS 67114 316.283.5170	ResCare / REM Kansas, LLC (Shared Living) Wichita, Kansas 67037 316.612.7544	Self-Management Services Newton, KS 67114 316.288.9664
Self-Management Services Newton, KS 67114 316.288.9664	SKIL Resource Center, Inc Parsons, KS 67357 800.688.5616	Taylor Drug Arkansas City, KS 67005 620.442.3500
Trust Homecare Wichita, KS 67208 316.683.7700	TFI Family Services Wichita, KS 67210 316.684.5300	Thrive Pediatric Care Wichita KS 67212 316.522.0608

## **AFFILIATED HCBS SERVICE PROVIDERS:**

**\*\* Indicates NOT open for referral  
(CR) Indicates Children's Residential Only**

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**PLEASE PLACE A CHECKMARK IN THE BOX NEXT TO THE CHOSEN PROVIDER**

### **Residential Service Providers:**

<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 (Healthy Blue & United ONLY)
<input type="checkbox"/>	ResCare, Newton REM Kansas, LLC	<input type="checkbox"/>	ResCare Kansas: Shared Living REM Kansas, LLC: Shared Living	<input type="checkbox"/>	TFI Family Services (CR)	<input type="checkbox"/>	

### **Day Service Providers:**

<input type="checkbox"/>	Goodwill	<input type="checkbox"/>	Great Plains Support Services, LLC	<input type="checkbox"/>	Heart Land Supports, LLC (Healthy Blue & United ONLY)	<input type="checkbox"/>	ResCare, Newton REM Kansas, LLC
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### **Agency Directed Specialized Medical Care, Personal Care & Overnight Respite Care Providers:**

<input type="checkbox"/>	** Integrated Behavioral Technologies	<input type="checkbox"/>	** Maxim Healthcare Services, Inc	<input type="checkbox"/>	Thrive Skilled Pediatric Care	<input type="checkbox"/>	Trust Homecare
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### **Assistive Services, Medical Alert & Wellness Monitoring Providers:**

<input type="checkbox"/>	Broadway Home Medical	<input type="checkbox"/>	Home Technology Solutions	<input type="checkbox"/>	MedScope America Corporation	<input type="checkbox"/>	Taylor Drug
<input type="checkbox"/>	Trust Homecare	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

### **Financial Management Service Providers (Self-Directed Personal Care Services):**

<input type="checkbox"/>	Advocate Care Services, Inc	<input type="checkbox"/>	GT Independence	<input type="checkbox"/>	** ILRC	<input type="checkbox"/>	Helpers, LLC
<input type="checkbox"/>	Life Patterns, Inc	<input type="checkbox"/>	SKIL Resource Center, Inc	<input type="checkbox"/>		<input type="checkbox"/>	

## **PLEASE REVIEW & INITIAL THE DISPUTE RESOLUTION SECTION BELOW**

**DISPUTE RESOLUTION / PROVIDER CHANGE REQUEST:** I acknowledge that I have the right to change to any available service provider at any time, for any reason. 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.

**PLEASE INITIAL BELOW:**

	Individual and/or Guardian has been provided a copy of the HMCDDO Dispute Policy & <i>I decline the offer for dispute resolution</i> , 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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**\* My signature below verifies that I have completed options counseling and have been informed of ALL available HCBS service providers within the Harvey-Marion County CDDO area, as well as provider dispute resolution information (if necessary).**

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