



## Harvey-Marion County CDDO

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

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### APPLICATION PACKET CHECKLIST

The application will be considered complete when we have received all of the following items:

- ☐ Completed, signed Acknowledgment of Receipt of Notice of Privacy Practices
- ☐ Completed, signed application form
- ☐ Completed, signed release forms
- ☐ A psychological evaluation
- ☐ A medical examination
- ☐ A copy of current health insurance (KanCare, Medicare, other health insurance plan)
- ☐ If applicable: Letters of Guardianship, or Durable Power of Attorney documents, or Child In Need of Care Journal Entry signed by Judge and Case Plan





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*THIS NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

## **HOW HARVEY-MARION COUNTY CDDO MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

HARVEY-MARION COUNTY CDDO may use and disclose your health information for the following purposes without your express consent or authorization. We will obtain your express written authorization before using or disclosing your information for any other purpose. You may revoke such authorization, in writing, at any time to the extent the HARVEY-MARION COUNTY CDDO has not relied on it.

**Treatment.** We may use your health information to determine your eligibility to receive home and community-based services and supports for individuals with intellectual/developmental disabilities. We may use and disclose health information to discuss with you options for services and supports to meet your needs, and to place your name on the statewide waiting list for the services and supports you want to receive. We may disclose your eligibility for services to the affiliated community service providers you have chosen to provide your services and supports. We may use and disclose your health information to remind you of upcoming meetings or the need for your annual BASIS assessment. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying the HARVEY-MARION COUNTY CDDO and asking for you to return our call. We will not disclose any health information to any person other than you, except to leave a message for you to return the call.

**Payment.** We may use and disclose your health information as necessary for reimbursement for the home and community-based services and supports for individuals with intellectual/developmental disabilities that you receive through HARVEY-MARION COUNTY CDDO and/or its affiliated providers. We also may provide information to affiliated providers to assist them in obtaining reimbursement for the services and supports which they provide to you.

**Health Care Operations.** We may use and disclose your health information for our internal CDDO operations as well as Quality Assurance/Quality Enhancement oversight of the services and supports that you receive. These uses and disclosures are necessary for our day-to-day operations and to make sure that you receive quality, responsive services and supports that respect your rights and offer you choices.

**Business Associates.** The HARVEY-MARION COUNTY CDDO may provide some services through contracts or arrangements with business associates. Before doing so, HARVEY-MARION COUNTY CDDO will require the business associate to appropriately safeguard your health information.

**Creation of de-identified health information.** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

**Uses and disclosures required by law.** We will use and/or disclose your health information when required by law to do so.

**Disclosures for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or controlling disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

**Disclosures about victims of abuse, neglect, or domestic violence.** We may disclose your health information to a government authority, including protective services, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose your health information during audits, compliance reviews, investigations, inspections, and other proceedings related to CDDO oversight.

**Disclosures for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

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**Harvey-Marion County Community Developmental Disability Organization**

500 N. Main; Suite 204 • Newton, KS 67114 • Phone: 316-283-7997 • Fax: 316-283-7969



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**Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

**Disclosures regarding victims of a crime.** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

**Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

**Disclosures for specialized government functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information maintained by the HARVEY-MARION COUNTY CDDO. To do so, you must submit a written request to the HARVEY-MARION COUNTY CDDO Privacy Officer at the contact below, with information needed to process your request. If you request copies, we may charge a reasonable fee.

**Right to Request Amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must submit a written request to the Privacy Officer at the contact below, with information needed to process your request including your supporting reason(s).

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your health information we have made, except for disclosures for Treatment, Payment, or Health Care Operations; disclosures authorized by you; and disclosures made to you. To request this list, you must submit a written request to the Privacy Officer at the contact below.

**Right to Request Restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. To do so, you must submit a written request to the Privacy Officer at the contact below.

**Right to Request Alternative Methods of Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. You must submit a written request with information needed to process your request to the Privacy Officer at the contact below. We will accommodate all reasonable requests.

**Right to Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To do so, send a written request to the Privacy Officer at the contact below.

## CHANGES TO THIS NOTICE

HARVEY-MARION COUNTY CDDO reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.

## COMPLAINTS

If you believe your rights with respect to health information have been violated, you may take action by filing a written complaint with the HARVEY-MARION COUNTY CDDO Privacy Officer at the contact below, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

## PRIVACY OFFICER CONTACT

**Privacy Officer:** HARVEY-MARION COUNTY CDDO; 500 N. Main Street, Suite #204, Newton, KS 67114

**Web:** [harveymarioncddo.com](http://harveymarioncddo.com)

*EFFECTIVE July 1, 2007*

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**Harvey-Marion County Community Developmental Disability Organization**

500 N. Main; Suite 204 • Newton, KS 67114 • Phone: 316-283-7997 • Fax: 316-283-7969

# KDADS STANDARD POLICY

<b>Policy Name:</b>	HCBS Intellectual/Developmental Disability Program Eligibility Determination Policy	<b>Policy Number:</b>	M2023-054
<b>Commission:</b>	Long Term Services & Supports (LTSS)	<b>Date Established:</b>	05/17/2001
<b>Applicability:</b>	HCBS I/DD Waiver	<b>Date Last Revised:</b>	04/26/2004
<b>Contact:</b>	Kansas HCBS I/DD Waiver Program Manager	<b>Date Effective:</b>	04/10/2023
<b>Policy Location:</b>	<a href="#">HCBS Policies (ks.gov)</a>	<b>Date Posted:</b>	04/12/2023
<b>Status/Date:</b>	FINAL 04/12/2023	<b>Number of Pages:</b>	1 of 7
<b>Revision History</b>	<b>04/26/2004</b>		

## Purpose

This policy establishes the process and procedures to determine programmatic eligibility for the HCBS I/DD waiver. This policy does not address functional or financial eligibility.

## Summary

This policy provides clarification on the established criteria and establishes the process and procedures for determining programmatic eligibility for the HCBS I/DD waiver.

## Entities/Individuals Impacted

- Community Developmental Disability Organization (CDDO)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment (KDHE)

## I. Policy

### A. General

1. Consistent with K.S.A. 39-1803 (f) and (h), individuals who are residents of Kansas and who have an intellectual or developmental disability are those whose condition presents an extreme variation in capabilities from the general population which manifests itself in the developmental years resulting in a need for life long interdisciplinary services.
2. To further clarify substantial functional limitation for programmatic eligibility purposes, the CDDO may, but is not required to, use a professionally accepted method of assessment as described in the current version of the I/DD Eligibility Handbook.
3. Pursuant to the current, approved 1915(c) Intellectual and Developmental Disability waiver, waiver eligibility begins at five (5) years of age.

### B. Programmatic Eligibility Criteria

1. Intellectual Disability

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<b>Status/Date:</b>	FINAL 04/12/2023	<b>Page Number:</b>	2 of 7

a) A diagnosis of intellectual disability shall be made by a healthcare or mental health professional licensed to make a current (at the time of diagnosis) DSM diagnosis.

b) Intellectual Disability is defined by K.S.A. 39-1803 as:

- i. Substantial limitations in present functioning; and
- ii. Manifested during the period from birth to 18 years of age; and
- iii. Characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two (2) or more of the following applicable adaptive skill areas:

- (a) Communication
- (b) Self-care
- (c) Home living
- (d) Social skills
- (e) Community use
- (f) Self-direction
- (g) Health and safety
- (h) Functional academics
- (i) Leisure
- (j) Work

## 2. Developmental Disability

a) Developmental Disability does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill or have disabilities solely as a result of infirmities of aging.

b) A diagnosis of a Developmental Disability shall be made by a healthcare or mental health professional licensed to make a current (at the time of diagnosis) DSM diagnosis.

c) Developmental Disability is defined as:

- i. An intellectual disability; or

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<b>Status/Date:</b>	FINAL 04/12/2023	<b>Page Number:</b>	3 of 7

ii. A severe, chronic disability which

- (a) Is attributable to a physical or mental impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of intellectual disability and mental illness; and
- (b) Manifested before the age of 22; and
- (c) Is likely to continue indefinitely; and
- (d) Results, in the case of a person five (5) years of age or older, in substantial functional limitations in three (3) or more of the following areas of life functioning:
  - (1) Self-care
  - (2) Receptive and expressive language development and use
  - (3) Learning and adapting
  - (4) Mobility
  - (5) Self-direction
  - (6) Capacity for independent living
  - (7) Economic self-sufficiency
- (e) Reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services, which are life-long, or extended in duration and are individually planned and coordinated.

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## II. Procedures

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- A. The CDDO shall designate a person as the single point of contact for the individual to assist with activities related to service application, programmatic eligibility determination, and information referral.
  - 1. Each person who determines programmatic eligibility shall complete up to 40 hours of KDADS approved training per year.
  - 2. The community council shall also approve the training per K.A.R. 30-64-23.
- B. In the event an individual is found programmatically eligible, the CDDO shall notify the individual/legal guardian or activated DPOA, in writing, pursuant to the CDDO contract.

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<b>Status/Date:</b>	FINAL 04/12/2023	<b>Page Number:</b>	4 of 7

1. The checklist, and supporting documentation if applicable, pertaining to HCBS programmatic eligibility determination shall be uploaded into the KDADS' system of record within five (5) business days following the determination.
  2. Documentation not pertaining to HCBS programmatic eligibility determination (i.e., system eligibility determinations) shall not be uploaded into KDADS' system of record.
- C. In the event an individual is not found programmatically eligible the CDDO shall notify the individual/legal guardian or activated DPOA, in writing, including notice of their appeal rights, that they do not meet the I/DD programmatic eligibility criteria.
1. The documentation pertaining to HCBS programmatic eligibility determination shall be uploaded into the KDADS' system of record within five (5) business days following the determination.
  2. Notification shall be sent to the individual within ten (10) business days of programmatic eligibility determination.
  3. Notification shall include the option for an independent, third-party CDDO review of the programmatic eligibility determination.
  4. Documentation not pertaining to HCBS programmatic eligibility determination (i.e., system eligibility determinations) shall not be uploaded into KDADS' system of record.
- D. In the event the individual requests an independent, third-party review, the CDDO shall notify and send the documentation to the reviewing CDDO.
1. The independent, reviewing CDDO shall review the exact documentation used to make the first eligibility determination to ensure the manual criteria were correctly applied.
  2. The independent review shall be completed within ten (10) business days of the request from the original CDDO.
- E. If, after the independent, third-party review, the determination is unchanged, persons shall be notified that they have a right to request an administrative appeal, which must be received within 30 days of the issuance of the final local notification, plus three (3) days for mailing. If KDADS is informed of an administrative appeal, KDADS shall notify the CDDO and request the individual's determination records. The CDDO shall send all determination records to KDADS legal within 72 hours via secure email or mail.
- F. The CDDO shall be available for and attend all eligibility hearings at the request of KDADS.
- G. Re-determinations to confirm continued HCBS I/DD programmatic eligibility may be performed at the discretion of the CDDO.



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<b>Status/Date:</b>	FINAL 04/12/2023	<b>Page Number:</b>	5 of 7

### III. Documentation/Quality Assurance

- A. The CDDO shall upload, into the KDADS' system of record, all documentation pertaining to the individual's programmatic eligibility determination including but not limited to diagnosis from a licensed healthcare professional.
1. This documentation shall be uploaded within five (5) business days of programmatic eligibility determination.
  2. Documentation shall be uploaded for individuals who are found programmatically eligible as well as for individuals who are programmatically ineligible.
  3. Documentation shall be uploaded for those individuals who were found programmatically eligible prior to the implementation of this policy and who move to a new CDDO catchment area.
- B. The CDDO shall maintain correspondence and documentation surrounding the programmatic eligibility determination process.

### IV. Definitions

**Activated DPOA:** An activated Durable Power of Attorney (DPOA) is a document that has taken effect based on the existence or onset of required documented conditions and provides authority to another person to make financial and/or health care decisions on behalf of another individual. The person that is designated as the DPOA is generally referred to as the "Attorney in Fact" or as the agent. (K.S.A. 58-652)

**Business Day:** Any day that is not a Saturday, Sunday, or legal holiday. A legal holiday includes any day designated as a holiday by any statute or regulation of this state. In computing any period of time in this policy, the day of the act, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed is to be included, unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday.

**Combination:** More than one kind of service or support occurring simultaneously.

**Communication:** Skills include the ability to comprehend and express information through the spoken word, written word, graphic symbols, sign language or through facial expressions, body movement, touch and gesture.

**Community Use:** Skills related to the appropriate use of community resources.

**Functional Academics:** Cognitive abilities and skills related to learning at school that have direct application in life. The focus is on acquisition of academic skills that are functional in terms of independent living.

**Health and Safety:** Skills related to maintenance of one's health in terms of eating, illness, treatment, and prevention.

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<b>Status/Date:</b>	FINAL 04/12/2023	<b>Page Number:</b>	6 of 7

**Home-living:** Skills related to functioning within a home, including clothing care, housekeeping, food preparation and cooking, budgeting, and home safety.

**Individually Planned and Coordinated:** Arranged for each person with explicit needs, goals, objectives, time frames, or procedures identified for that person and managed by a separate person or process, which assures the services and supports are not conflicting or duplicative at any given time or over time.

**Legal Guardian:** an individual or a corporation certified in accordance with K.S.A. 59-3070, and amendments thereto, who or which is appointed by a court to act on behalf of a ward, and who or which is possessed of some or all of the powers and duties set out in K.S.A. 59-3075, [and] amendments thereto. “Guardian” does not mean a “natural guardian” unless specified. (K.S.A. 59-3051(e))

**Leisure:** The development of leisure and recreational interests that reflect preferences and choices of the person.

**Lifelong:** Without known end; with an expectation of lasting throughout a person’s life.

**Self-care:** Skills involved in toileting, eating, dressing, hygiene, and grooming.

**Self-direction:** Skills related to making choices, learning and following a schedule, initiating activities appropriate to the setting, conditions, schedule, and personal interests, completing necessary or required tasks, seeking assistance when needed, resolving problems, demonstrating appropriate self-advocacy skills.

**Sequence:** Different service/support composites occurring in succession.

**Severe, chronic disability:** The person must meet ALL the conditions outlined in K.S.A. 39-1803. This would imply extreme variation from the general population in capabilities as well as a condition of long duration that is likely to continue indefinitely. Manifest before the age of 22: The condition is clearly apparent and obviously in place prior to a person’s 22nd birthday.

**Significantly sub-average intellectual functioning:** A score of two standard deviations or more below the mean as measured by a generally accepted standardized individual measure of general intellectual functioning.

**Social:** Skills related to social exchanges with others, including imitating, interacting, and terminating interactions, receiving and responding to pertinent situational clues, recognizing feelings, providing feedback, regulating one’s own behavior, making choices, sharing, controlling impulses, conforming conduct to laws, and displaying appropriate socio-sexual behavior.

**Substantial Functional Limitations:** Limitations should be an extreme variation from the general population regarding an individual’s ability to perform in the Areas of Life Functioning. If this is not obvious, then the Eligibility Determination Instrument (EDI), or other professionally accepted method of behavioral assessment, may be administered. Substantial functional limitations shall include functions the individual is physically unable to complete and shall not include functions unable to be completed due to a behavioral reason.

**Work:** Skills related to performing a part or full-time job or jobs in the community in terms of specific job skills.

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<b>Status/Date:</b>	FINAL 04/12/2023	<b>Page Number:</b>	7 of 7

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## Authority

1915(c) I/DD HCBS Waiver

## State Authorities

K.S.A. 39-1801 through 39-1810

K.S.A. 58-652

K.S.A. 59-3051(e)

K.S.A. 59-3070

K.S.A. 59-3075

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## Related Information

**PUBLIC COMMENT PERIOD:** 01/20/23 – 02/20/23

## RELATED CONTENT:

### Policy:

- Kansas IDD System Eligibility Policy





# Harvey-Marion County CDDO

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## **Psychological Assessment vs. Neuropsychological Assessment**

The terms psychological testing and neuropsychological testing are often used interchangeably, but they involve different evaluation approaches. Both types of assessments are designed to help a person understand the underlying cause for his or her struggles and find a definitive, actionable diagnosis. One assessment is more detailed than the other, but they both provide a foundation for treatment and intervention.

## **Psychological Testing**

Psychological testing involves an evaluation from a clinical psychologist. This process is used to diagnose and identify psychiatric and developmental disorders, such as anxiety, depression, ADHD, and autism spectrum disorders. The clinical psychologist evaluates the adult or child's behaviors, medical and mental health histories, answers to targeted questions, developmental milestones, and other factors to diagnose an underlying condition or clarify a diagnosis (example: distinguish between different mood disorders). Consider this the narrowed form of testing, whereas neuropsychological testing is broader and more comprehensive.

## **Standard Psychological/Diagnostic Evaluations**

Standard psychological/diagnostic evaluations include clinical interviews, testing of cognitive and personality characteristics, a write-up of test results, and consultations with the therapist and consultants. Standard testing includes:

- **Cognitive Testing**: IQ and achievement testing to determine the strengths and weaknesses of a person's thinking. General assessment of eleven domains including: general awareness, attention, verbal comprehension, visual-spatial ability, computation, abstract thought, impulsivity, problem solving, social comprehension, and judgment. Gross learning disabilities are also ruled out.
- **Emotional**: Assess emotional functioning and assess for depression, anxiety, deficits in identity formation, obsessive/compulsive disorders, and sleep disorders. Assess personality functioning. Obtain data regarding developmental and emotional age. Obtain data regarding family dynamics.
- **Behavioral**: Evaluate substance abuse. Evaluate for trauma and abuse. Evaluate for risk of self-harm, aggression, and treatment compliance or flight. Detect malingering, deceit, and exaggeration. Screen for behaviors that are high risk, illegal, or violate the rights of others or major social values. Rule out thought disorders and screen for organic impairment.
- **Executive Functioning**: We believe every student's EF skills should be evaluated in a standard psych evaluation. EF development is highly correlated with outcome, and should be included in treatment planning. Executive functioning assessment evaluates: accountability, self-regulation, problem solving, planning, organization, inhibition, meta-cognition (self-awareness), communication, and working memory.



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## **Neuropsychological Testing**

Neuropsychological testing is a specialized form of testing that covers many areas of cognitive and behavioral assessment. Some components of neuropsychological testing overlap with psychological testing, but the neuropsychological tests are more detailed. Neuropsychological assessments cover:

<b>Intellectual Abilities</b>	<b>Executive Functions and Problem Solving</b>
<b>Cognitive Abilities</b>	<b>Behavioral Concerns</b>
<b>Learning Disabilities</b>	<b>Language Abilities</b>
<b>Sensory Perceptual</b>	<b>Visual-Spatial Skills</b>
<b>Information Processing</b>	<b>Abstract Reasoning and Analysis</b>

A clinical neuropsychologist undergoes specialized post-doctoral training to perform these comprehensive evaluations. Neuropsychological testing is more thorough than psychological testing, but it is not necessary for all situations. Comprehensive neuropsychological evaluations are used when there is evidence to suggest neurological problems like: ADHD, dyslexia, autism spectrum, nonverbal learning disorder, alcohol or drug related damage, brain injury or concussion, or other neurologic conditions. Neuropsychology is the unique integration of genetic, developmental, and environmental history with extensive testing data to better understand brain functioning. While standard psych testing can diagnosis a condition like ADHD based upon behavior, neuropsychological testing can specify the origin, severity, and development of a disorder and then customize recommendations to create a specific treatment plan. Building upon the standard evaluation, neuropsychological evaluations assess: Attention and Concentration, Verbal and Visual Memory, Auditory and Visual Processing, Visual-Spatial Functioning, Language and Reading skills, Phonology and Audiology, Sensory Integration, Gross and Fine Motor Development, Executive Functioning, Collateral information and Behavioral Assessment is sought from parents, educators, doctors, and therapists when appropriate. Neuropsychology relates to the cognitive, behavioral, and emotional deficits resulting from patterns of cognitive strengths and weakness in someone with difficulties often associated with psychiatric (e.g., depression), neurodevelopmental (e.g., autism spectrum), and neurocognitive (e.g., traumatic brain injury) disorders. The results of a neuropsychological assessment are intended to identify not merely any intellectual or learning difficulties, but also any other cognitive or psychological difficulty that may be contributing to an adolescent's profile.



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## **PSYCHOLOGICAL EVALUATION GUIDELINES**

***A psychological and adaptive behavior evaluation completed by a Kansas licensed professional who can make an independent DSM-5 diagnosis*** is required as a part of the application process through Harvey-Marion County Community Developmental Disability Organization. If possible, a *neuropsychological evaluation* is preferred for the additional information it provides about functional deficits and areas needing support/accommodation. Please submit a copy of your formal report, including the information listed below, to HMCCDDO. Thank you in advance for providing helpful detail.

1. Please conduct intellectual and adaptive functioning evaluations to confirm or rule out a diagnosis of intellectual disability. Please identify test(s) used, scores from each test, full scale IQ score, areas of adaptive strengths and deficits, etc.
2. Based on evaluation results, what is the individual's level of intellectual disability?
3. How does the individual best learn?
4. Does the individual have the ability to comprehend and follow directions of one, two, or multiple steps?
5. Based on adaptive behavior assessment, in which of the following areas does the individual have substantial functional limitations?

Self-Care	Self-Direction
Communication	Independent Living
Learning & Adapting	Economic Self-Sufficiency
Mobility	Social Skills
Health & Safety	Recreation/Leisure
6. Is the individual susceptible to mood swings?
7. How would the individual respond to criticism?
8. How effectively does the individual deal with "changes?"
9. Does the individual engage in any of the following behavior:

Self-stimulatory
Aggression - gestural/verbal/physical;
Non-compliance;
Threat to self/others
10. What is the long-term prognosis for the individual?
11. What is the individual's diagnosis or diagnoses, using DSM-5 codes?
12. If the individual does not have an intellectual disability diagnosis, does the individual have a diagnosed developmental disability manifest by age 22? If yes, what diagnosis?

***Please send report to:***

Attn: Executive Director  
Harvey-Marion County Developmental Disability Organization  
500 North Main Street, Suite #204  
Newton, KS 67114  
Fax: (316) 283-7969

REVISION DATE: 09/04/2019

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**Harvey-Marion County Community Developmental Disability Organization**

500 N. Main; Suite 204 • Newton, KS 67114 • Phone: 316-283-7997 • Fax: 316-283-7969







# Harvey-Marion County CDDO

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

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## ***Licensed Psychologists: Providing Psychological Evaluations***

The following professionals are willing to complete psychological evaluations for individuals applying for Intellectual/Developmental Disability services through Harvey-Marion County Developmental Disability Organization. This list **should not** be considered all inclusive.

Psychologists who **accept Medicaid** as reimbursement are as follows:

<b>Name</b>	<b>Phone #</b>	<b>Fax #</b>	<b>Address</b>	<b>Other info.</b>
Prairie View, Newton office	(316) 284-6400	(316) 284-6493	1901 E. 1 <sup>st</sup> Newton, KS 67114	Ask for admissions, then ask for psychological testing for CDDO services
Prairie View, Hillsboro office	(620) 947-3200	(620) 947-3845	508 S. Ash Hillsboro, KS 67063	Ask for psychological testing for CDDO services
Wichita Child Guidance Center	316-686-6671		415 N. Poplar Street, Wichita, KS 67214	Dr. Katherine Mick, PhD, ARNP
Sunflower Counseling Services	316-685-9311	316-633-4283	1421 E. 2nd Wichita, KS 67214	Dr. Fred Dewitt
First Star Rehabilitation and Behavioral Health	201-1273	260-9389	260 N. Rock Rd #210 Wichita, KS 67206	Dr. Abiola Dipeolu, Dr. Joseph Donaldson

Psychologists who **do not accept Medicaid** – Includes sliding fee scales or private insurance

<b>Name</b>	<b>Phone #</b>	<b>Fax #</b>	<b>Address</b>	<b>Other info.</b>
Wichita State University Psychology Clinic	978-3212	978-3086	Jabara Hall 4 <sup>th</sup> Flr 1845 Fairmount Wichita, KS 67260	Call and Leave a message. Your call will be returned to set up an appointment. <b>Sliding Fee Scale</b>
The Therapy Center	636-1188		7807 E. Funston, Wichita, KS 67207	Dr. James Vincent <b>Private Insurance</b>

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## ***Licensed Physicians: Providing Physical Examinations***

The following professionals are willing to complete physical examinations for individuals applying for Intellectual/Developmental Disability services through Harvey-Marion County Developmental Disability Organization. This list **should not** be considered all inclusive.

### Agencies that Provide Physical Examinations at a ***Reduced Cost***

<b>Name</b>	<b>Phone #</b>	<b>FAX #</b>	<b>Address</b>	<b>Other info.</b>
Health Ministries Clinic	(316) 283-2700	(316) 283-1333	720 Medical Center Drive, Newton, KS 67114	Accepts children & adults, takes Medicaid and Medicare, uninsured welcome, no one turned away due to inability to pay. Spanish interpreters available. Same day appointments, evening hours.
Hunter Health Clinic	(316) 262-2415	(316) 264-4734	2318 E. Central Wichita, KS 67214	Accepts both children & adults. Sliding fee scale with minimum of \$15.00. Accepts Medicaid & Medicare. Call first to make an appointment.

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