



# Harvey-Marion County CDDO

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

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

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

### HMCDDO Service 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)**

### Choice of Provider(s) for Non-Home & Community Based Services (Non-HCBS):

Non-HCBS service providers are those that are Medicaid State Plan only service providers – typically these are the Targeted Case Management service providers. The guidelines below outline the standard process for individuals and guardians exercising their right to provider choice. This means that you and your guardian have the power to choose the local service providers that best fit your needs. To help you make an informed decision, the HMCDDO continuously updates the Choice of Provider Form with the most current list of available service providers. We strongly encourage you to contact any of the available service providers within the Harvey-Marion CDDO service area to 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.

**The Harvey-Marion County CDDO (HMCDDO) does not influence or participate in your choice of service provider(s). Our responsibility is strictly limited to providing the list of available service providers and processing the choice of provider forms submitted by individuals or guardians.** If you have any questions while completing the HMCDDO Service Providers & Options Counseling Form (available via paper or webform), please contact our team for assistance: Below is the HMCDDO Affiliated Service Provider listing by service category. Within each category, you can choose your service provider using our webforms or paper forms.

#### Regarding Choice of Targeted Case Management Service Providers:

**For those with approved KanCare:** If you have active Title XIX KanCare, simply choose a TCM service provider that is available for referral on the next page.

**For those without active KanCare:** Targeted Case Management services are paid through State plan services (KanCare/Medicaid). Harvey-Marion County offers TCM services to those individuals who do not currently qualify for KanCare/Medicaid at no cost to the individual. You are free to choose any TCM agency, however you will need to contact that TCM agency prior to making that choice to discuss payment options for providing TCM. Should you move forward with the HMTCM for your Non-KanCare TCM services, once you are determined eligible for KanCare/Medicaid, you will then be provided with the option of remaining with HMTCM or choosing another available TCM provider.

**A LISTING OF ALL TARGETED CASE MANAGEMNT PROVIDERS IS AVAILABLE ON THE SECOND PAGE OF THIS FORM.**

# Harvey-Marion County CDDO Affiliated TCM Provider Contact Information

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

Disability Supports of the Great Plains 501 E Northview Ave, McPherson, KS 67460 620.241-8411 sheila@dsgp.org	Envision, Inc 2301 South Water Street Wichita, KS 67213 316.425.7275 tandie.clark@envisionus.com	Harvey-Marion County TCM 500 N. Main; Suite 206 Newton, KS 67114 316.243.5552 jacis@harveymarioncddo.com
Lifespan, LLC 216 N. Meridian; Suite 3G Newton, KS 67114 316.587.8050 cori@lifespanllc.com	New Horizon Services, Inc 1813 S. Ohio; Salina, KS 67401 785-833-6540 khalene@nhskks.com	ResCare Newton / REM Kansas, LLC 700 E. 14 <sup>th</sup> Newton, KS 67114 316.283.5170 jjacquino@rescare.com

## Targeted Case Management Providers (TCM):

**\*\* Indicates NOT open for referral**

**\* Notice of TCM COI (see below)**

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

<b>** Disability Supports of the Great Plains</b>	<b>Envision, Inc</b>	<b>Harvey-Marion County TCM</b>
<b>Lifespan, LLC</b>	<b>** New Horizon Services, Inc</b>	<b>* ResCare, Newton * REM Kansas, LLC</b>

**\*NOTICE REGARDING TCM CONFLICT OF INTEREST (COI):** IF YOU RECEIVE, OR WILL BE CHOOSING, **ResCare/REM Kansas** FOR HCBS DAY SERVICES &/or **RESIDENTIAL SERVICES**, **YOU CANNOT ALSO CHOOSE ResCare/REM Kansas FOR TCM SERVICES** AS THIS PRESENTS A CONFLICT-OF-INTEREST AS ISSUED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

**TCM PROVIDER CHANGE EFFECTIVE DATE:** I acknowledge that I have the right to change to another available service provider at any time, for any reason. 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.

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

**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.

**PLEASE INITIAL BELOW:**

	Individual and/or Guardian has been provided a copy of the HMCDDO Dispute Policy & <b><i>I decline the offer for dispute resolution</i></b> , 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 TCM 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