



# Harvey-Marion County CDDO

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

## **Harvey-Marion County CDDO: Service Funding Protocol**

<b>Amended:</b>	04/28/09; 10/14/11; 08/22/14; 09/06/16; 04/04/17; 02/27/18; 11/14/18	<b>Approved:</b>	<b>11/14/2018</b>
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### ***HCBS I/DD Program Funding***

Home and Community Based Services for individuals with Intellectual or other Developmental Disabilities (HCBS I/DD) program provides an array of funded supports from which to choose, based on assessment of need. HCBS I/DD is the primary funding source for services. There is a statewide waiting list in chronological order of request date. Typical wait period is 7 – 8 years. Access to HCBS I/DD Program Funding is limited to Waiting List offers made by the KDADS HCBS I/DD Program Manager, and other access exceptions approved by the KDADS HCBS I/DD Program Manager, as described in the KDADS-CDDO Contract, KDADS HCBS General Policies that apply to all HCBS programs including HCBS I/DD, and applicable KDADS HCBS I/DD-specific policies. Please check the KDADS HCBS General Policies section, as well as the KDADS HCBS I/DD Policies section, on the KDADS website, for current approved final policies governing access to HCBS I/DD services.

#### ***HCBS I/DD Program Funding CAPACITY TO SERVE (Waiting List) Allocations***

1. Individuals must meet I/DD eligibility criteria as determined by a CDDO.
2. Individuals must be at least age 5, and must meet eligibility criteria for the HCBS I/DD.
3. Individuals must be financially eligible for KanCare Medicaid in order to receive HCBS I/DD, and meet Social Security Disability Determination as having a disability.
4. The HCBS I/DD Program Manager will notify CDDOs upon receipt of approval to offer program access to functionally eligible individuals on the statewide wait list.
5. When HMCDDO receives notification from the HCBS I/DD Program Manager that funding is available for an individual in the HMCDDO area, HMCDDO staff will notify the individual to anticipate receipt of an offer by post mail, and follow up to assist as needed in understanding and completing the reply to KDADS.
6. If the individual’s last functional assessment was more than 365 days ago, HMCDDO assessor will completed a new functional assessment.
7. The individual must be financially eligible for KanCare Medicaid to receive HCBS I/DD program services. If individual does not already have KanCare Medicaid, individual/legally responsible party/natural supports will be referred by HMCDDO to the web-based KanCare application for aging and disabilities, and instructed to mark “HCBS” as a needed service, in addition to medical assistance.
8. When KanCare eligibility is confirmed, the individual’s Managed Care Organization (MCO) Care Coordinator will assess the individual’s need for HCBS I/DD program supports. If the individual agrees to access the supports identified as needed by the MCO assessment, HMCDDO will provide options counseling for informed choice of available services and

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service providers. The individual chooses a provider or providers, the MCO is notified of the individual's choice, the MCO develops and submits the individual's Integrated Service Plan (ISP), and funded supports are initiated.

## ***HCBS I/DD Program CRISIS/IMMINENT RISK OF CRISIS Allocations***

1. Individuals must meet I/DD eligibility criteria as determined by a CDDO.
2. Individuals must meet HCBS I/DD program eligibility criteria by being at least age 5.
3. Individuals must be eligible for KanCare Medicaid, or have initiated KanCare Medicaid application process using the application for aging and disability services, requesting HCBS, and meet Social Security Disability Determination as having a disability.
4. Request by completing HMCDDO HCBS I/DD Access Request Form posted on the HMCDDO website. Individual/legally responsible party signature of consent for submitting HCBS I/DD Crisis Access Request must be obtained for request to be considered.
5. Individuals must meet the definition of being a person in crisis or imminent risk of crisis, whose needs can only be met through the HCBS I/DD Program, as defined in the current KDADS/CDDO Contract and current KDADS HCBS I/DD Crisis Exception policy.
6. If the individual has a KanCare health plan and an MCO Care Coordinator, the need will be referred to the MCO Care Coordinator for assessment and availability of other/additional resources to meet the need in order to exhaust other resources first.
7. The HMCDDO funding committee, called Resource Allocation Committee, will review requests for crisis access to HCBS I/DD funds to determine whether request meets crisis criteria outlined in the KDADS/CDDO contract and KDADS HCBS I/DD Crisis Exception Policy, as well as the recommendation by the MCO Care Coordinator. If the MCO and the Funding Committee members agree on recommending crisis access to HCBS I/DD, HMCDDO will forward the recommendation and supporting documents to KDADS for consideration. If the last functional assessment is greater than 365 days, HMCDDO will update the functional eligibility assessment as preauthorized by KDADS policy for crisis access recommendations, prior to submitting the request to KDADS.
8. If HMCDDO Funding Committee does not approve the request for recommendation to KDADS, an HMCDDO notice of action that the request is not approved for recommendation to KDADS will be sent to the requesting case manager, the person, family (if applicable), DCF if the person is in the custody of DCF, the TCM (if applicable) and the MCO (if applicable) along with steps to provide additional information to substantiate the crisis need, request reconsideration by another CDDO Funding Committee, and formal KDADS appeal process.

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- a. If the HMCDDO denial is reversed, HMCDDO shall submit the crisis request and supporting documentation to KDADS.
  - b. If the HMCDDO denial is **upheld**, HMCDDO shall provide notice of the decision and appeal rights consistent with KAR 30-64-32, to requesting case manager, the person, family (if applicable), DCF if the person is in the custody of DCF, the TCM (if applicable) and the MCO (if applicable.)
  - c. If the denial is appealed **again**, all documentation, including both denial determinations will be provided to KDADS for review and will then follow the KDADS review process.
9. If KDADS approves access, notice will be mailed to address on file and emailed to the CDDO, DCF if the person is in the custody of DCF, and MCO, if applicable.
10. If KDADS Notice of Action denies approval of HCBS I/DD program access, then KDADS will provide the person and/or guardian, CDDO, MCO (if applicable), and DCF if the person is in the custody of DCF with a formal Notice of Action (NOA) indicating the services were denied and providing the person with their appeal rights, including the expedited appeal process.

## ***HCBS I/DD Program – OTHER ACCESS EXCEPTIONS***

1. Individuals must meet I/DD eligibility criteria.
2. Individuals must meet eligibility criteria for the HCBS I/DD Program by being at least age 5.
3. Individuals must be financially eligible for KanCare Medicaid.
4. Individuals must meet a category of Access to Medicaid-funded HCBS I/DD program services as defined in the current KDADS-CDDO contract, and current KDADS HCBS general policy, or current KDADS HCBS I/DD policy. Categories include:
  - Persons in DCF custody, at risk of entering DCF custody, or transitioning out of DCF custody;
  - Individuals on the waiting list who access VR services, obtain competitive employment, have successful VR case closure, and need HCBS I/DD supported employment to retain employment;
  - Persons meeting the criteria set forth in the KDADS “Military Inclusion” policy;
  - Individuals transitioning from TBI, TA, Autism, or program services;
  - Individuals transitioning from institutional care settings (Psychiatric Residential Treatment Facilities, Nursing Facilities, State Hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Traumatic Brain Injury Rehabilitation Facilities);

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- Individuals transitioning from YRC II or a PRTF who previously accessed HCBS I/DD program services are eligible to have HCBS I/DD program services reinstated in an amount that addresses actual disability-related support needs;
  - Persons previously on the I/DD waiver transferring back to the I/DD waiver from the WORK program.
5. Request by completing HMCDDO HCBS I/DD Program Access Request Form.
  6. Include MCO Care Coordinator assessment and recommendation information.
  7. The local HMCDDO Funding Committee, Resource Allocation Committee, will review requests for funding through contract exception to determine whether request meets exception criteria outlined in the KDADS/CDDO contract, and current applicable KDADS HCBS general policy, and applicable HCBS I/DD policy. If the MCO and the Funding Committee agree on recommending access to HCBS I/DD, the recommendation and supporting documents are forwarded to KDADS for consideration for approval.
  8. If HMCDDO Funding Committee does not approve the request for recommendation to KDADS, an HMCDDO notice of action that the request is not approved for recommendation to KDADS will be sent to the requesting case manager, the person, family (if applicable), DCF if the person is in the custody of DCF, the TCM (if applicable) and the MCO (if applicable) along with steps to provide additional information to substantiate the exception need, request reconsideration by another CDDO, and formal administrative appeal.
  9. If KDADS approves HCBS I/DD access, HMCDDO offers choices of available services and providers, notifies the MCO of choices of providers, the MCO develops the ISP, and services are initiated.
  10. If KDADS Notice of Action denies approval of HCBS I/DD program access, then KDADS will provide the person and/or guardian, CDDO, MCO (if applicable), and DCF if the person is in the custody of DCF with a formal Notice of Action (NOA) indicating the services were denied and providing the person with their appeal rights, including the expedited appeal process.



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## **Discretionary Funding**

Harvey-Marion County allocates 100% of its State Aid award from State of Kansas, and approximately 70% of count mill funds received from Harvey and Marion Counties, into its Local Finance Plan for discretionary-funded services and supports for I/DD-eligible children and adults who resides in Harvey and Marion Counties.

### ***Discretionary Funds for Direct Supports***

1. Individuals must meet I/DD eligibility criteria.
2. Individuals may be ineligible for Medicaid.
3. Individuals may be ineligible for HCBS I/DD program.
4. Request by completing Request for Discretionary Funds form, needs assessment with signature of legally responsible party, and current person-centered support plan.
5. Funding awards will be made for a current fiscal year only and may be subject to reduction if discretionary funds available to HMCDDO are reduced.
6. If discretionary funds are committed and no discretionary funds are available, the individual may be placed on a waiting list in order of funding application and date requested to start.
7. If discretionary funds are available, priority is given to waiting individuals with health/safety concerns that do not meet KDADS/CDDO Contract criteria for crisis access to the HCBS I/DD program, individuals who lose HCBS I/DD program services due to change to tier zero and have need for supports as identified by a needs assessment, and earliest request date for waiting for funding for services.

### ***Discretionary Funds for One-time Personal Needs***

HMCDDO Local Finance Plan discretionary funds may be requested to meet otherwise-uncovered one-time individual needs for health, safety, & crisis prevention or management.

1. Individuals must meet I/DD eligibility criteria.
2. Individuals must reside in Harvey or Marion Counties.
3. Individuals may receive services or may be on the waiting list.
4. Individual/family participation is required, as well as documented research of other funding resources.
5. For dental requests, oral hygiene supports must be addressed in the individual's person-centered support plan and corroborated by dental office oral hygiene exam. Dental requests are limited to a lifetime maximum of \$10,000 per individual.
6. Request using the Personal Needs Fund Request Form on the HMCDDO website.

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## ***Discretionary Funds for Adult Project SEARCH Tuition***

Tabor College Project SEARCH, a program partnered with the Marion County Special Education Cooperative, is a hybrid model that includes post-graduate adults up to age 30. HMCDDO, at the discretion of its Board of Directors, may fund tuition costs for adult participants with county funds, as funds may be available.

1. Individuals must meet I/DD eligibility criteria.
2. Individuals must reside in HMCDDO area.
3. Individuals must be accepted into the Tabor College Project SEARCH program.