



Harvey-Marion County CDDO

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

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.

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

EFFECTIVE July 1, 2007

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HCP/CDDO Policy

Regarding: Eligibility Determination

Approval Date: May 17, 2001

Effective Date: July 1, 2001

Revised: April 26, 2004

Policy Language

Eligibility Determination for MR/DD Services for Kansas Residents

The purpose of this policy is to outline how a person is determined eligible to receive MR/DD services in Kansas. This policy does not address eligibility for funding sources.

Eligibility Criteria

Consistent with K.S.A. 39-1803 (f) and (h), persons who are residents of Kansas and who are mentally retarded or otherwise developmentally disabled 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. The following identifies those who, among all persons with disabilities, are the most disabled, as defined below.

Mental Retardation Definition

Mental Retardation means substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas:

1. Communication
2. Self-care
3. Home living
4. Social skills
5. Community use
6. Self-direction
7. Health and safety
8. Functional academics
9. Leisure
10. Work

As stated in the SRS-Mental Retardation and Developmental Disabilities Eligibility Handbook (October, 1998), an Axis II diagnosis of Mental Retardation, made by a healthcare professional that is licensed to make a DSM-IV diagnosis, is required.

Developmental Disability Definition

Other developmental disability means a condition such as autism, cerebral palsy, epilepsy, or other similar physical or mental impairment (or a condition which has received a dual diagnosis of mental retardation and mental illness) and is evidenced by a severe, chronic disability which:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments, AND
2. Is manifest before the age of 22, AND
3. Is likely to continue indefinitely, AND

4. Results in substantial functional limitations in any three or more of the following areas of life functioning:
 - a. self-care,
 - b. understanding and the use of language,
 - c. learning and adapting
 - d. mobility
 - e. self-direction in setting goals and undertaking activities to accomplish those goals,
 - f. living independently
 - g. economic self-sufficiency, AND

To further clarify substantial functional limitations, the CDDO may, but is not required to, use the Eligibility Determination Instrument (EDI) or other professionally accepted, standardized methods of functional assessment.

5. Reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services, which are lifelong, or extended in duration and are individually planned and coordinated.
6. 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.

Children with a Developmental Disability

For children under the age of six, developmental disability means a severe, chronic disability which:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments, AND
2. Is likely to continue indefinitely, AND
3. Results in at least three (3) developmental delays as measured by qualified professionals using appropriate diagnostic instruments or procedures, AND
4. Reflects a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended in duration and are individually planned and coordinated, AND
5. Does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill.

Procedures

1. The CDDO must designate a person to be responsible for the activities related to serving as the single point of contact and service application, eligibility determination, and information and referral. The CDDOs must make this responsible person available for up to 40 hours of training per year by HCP/CSS.
2. The CDDO must inform all persons whom it has determined do not meet the MR/DD criteria that they may have the determination reviewed by an independent third party. If the person requests a re-determination review, the CDDO must make a good faith effort to arrange for such a local review to be done by a person who is appropriately trained in MR/DD eligibility determination and who is not financially associated with the CDDO.
3. If, upon reconsideration, the determination is unchanged, persons shall be notified they have the right to request an administrative appeal, which must be submitted in writing within 30 days of the final local notification. Once HCP/CSS is informed of an appeal HCP/CSS shall notify the CDDO which will send all determination records to HCP/CSS within 72 hours. The CDDO shall also be available for and attend all eligibility hearings at the request of HCP/CSS. Requests to the Office of Administrative Hearings, shall be sent to:

Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, Kansas 66612

4. Re-determinations to confirm continued eligibility may be performed at the discretion of the area CDDO.

Definitions Related to Eligibility Determination for MR/DD Services

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.

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

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

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.

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

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.

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

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.

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

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

Severe, chronic disability: The person must meet ALL the conditions outlined in position #MRDD 92-1. 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.

Substantial functional limitations: Limitations should be considerably different 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, standardized method of behavioral assessment, should be administered.

Combination and sequence: More than one kind of service or support occurring simultaneously, with different service/support composites occurring in succession.

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

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.

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.

Resident of Kansas: A resident of Kansas is a person residing in the state with the intent to remain in the state. Persons who are transients are not citizens of Kansas. Persons who are DD and who have guardians living out of state cannot form intent and therefore cannot, of their own accord, become residents. No CDDO has an obligation to accept as a resident someone sent from another state by their guardian to reside in Kansas. However, once someone lives in Kansas without state support, if even for a short time, they may be required to be treated as a resident.



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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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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:

Name	Phone #	Fax #	Address	Other info.
Prairie View, Newton office	(316) 284-6400	(316) 284-6493	1901 E. 1 st 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

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

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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***

Name	Phone #	FAX #	Address	Other info.
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.