



Harvey-Marion County CDDO

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

Harvey-Marion County CDDO: Functional Assessment Protocol

- 1) Assessors Provide No Direct Services.** Harvey-Marion County CDDO utilizes a Functional Assessment assessor who is employed by Harvey-Marion County CDDO, or an entity that has entered into an agreement with Harvey-Marion County CDDO to perform Functional Assessments, and does not provide any direct services, including case management, to a person served.
- 2) Assessor Training Requirements.** To ensure accuracy and consistency in the Functional Assessment process, Harvey-Marion County CDDO requires the following of all Functional Assessment screeners:
 - a. All new screeners must pass the required KDADS online training and test within 30 days of employment and at least annually.
 - b. Current screeners will take part in and complete any re-training process provided by KDADS in cooperation with CDDOs with curriculums, training protocol, and continuous quality improvement procedures to be developed.
- 3) Assessor Compliance Requirements.** Harvey-Marion CDDO requires its screeners to comply with assessment instructions and guidelines as posted on the KDADS website regarding who should participate in the Functional Assessment screening, what documentation is required to substantiate answers, and how answers should be scored. Scroll down to “IDD Assessor Information” is posted on the following KDADS website link: <http://www.kdads.ks.gov/provider-home/forms>.
- 4) Assessment Completion Requirements.** Harvey-Marion CDDO completes functional assessments within requirements of the current KDADS-CDDO contract and applicable HCBS policies. Initial functional assessments are initiated within 7 days and entered within 30 days of the date the individual is determined eligible for I/DD services in Kansas, according to the Developmental Disabilities Reform Act. Annual reassessments are completed within 365 days of the previous assessment.
- 5) Scheduling the Functional Assessment Meeting.** The Functional Assessment assessor will start by contacting the individual/guardian for a convenient date/time, then contact the individual’s Targeted Case Manager (TCM), direct support providers, and Managed Care Organization (MCO) Care Coordinator as applicable via email of the proposed date/time for confirmation. The Functional Assessment assessor will make a reasonable effort to find dates that work for TCM, representatives of the person’s direct support team, and MCO Care Coordinator as applicable. The person’s TCM is responsible for assuring that additional appropriate people (for example, teacher or therapist) are invited to the meeting and coordination/notification of any change in the meeting time or location.

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- 6) **Rescheduling.** If the Functional Assessment meeting is cancelled and rescheduled, the rescheduled meeting will be held as soon as participant schedules allow and within the 365-day requirement.
- 7) The Functional Assessment assessor will initiate rescheduling following the same process described in 5) above.
- 8) **Functional Assessment Meeting Attendance.** Functional Assessment meeting attendance should include the person being assessed, the guardian, the TCM, direct support staff from applicable service areas, the MCO Care Coordinator if/as available, and the Functional Assessment assessor. Special accommodations for the person being assessed will be arranged if needed (for example, discomfort with meeting attendance).

The provider(s) /support network supporting the individual can best support the individual by providing current, accurate and thorough support information to the assessor according to the time frames below.

- 9) **Direct Support Service Providers Will Submit Documentation for Functional Assessment 2 weeks in advance.** For an annual assessment, the following documents are due to Harvey-Marion County CDDO Functional Assessment screener a minimum of two weeks (14 calendar days) before the scheduled Functional Assessment meeting:
 - a. **Current Person-Centered Support Plan** – to be provided by the TCM. The PCSP received for Functional Assessment should reflect the supports needed and received by the person at that time. The PCSP should be regularly reviewed and updated as needed so that it describes the person's current levels of supports needed and how the supports will be provided. The PCSP document should show the date of the planning meeting and include a copy of the dated and signed signature of approval page. The plan should include any updates or changes that have occurred for the person and the person's supports since the annual plan was written. Updates and changes may be documented in a variety of ways such as addendums or team notes with dated, signed signature pages.
 - b. **Positive Behavior Support Plans, Psychotropic/Mood/Behavior Altering Medication Plans, Risk Assessments, Individual Justice Plans, Guardian Consent, Behavior Management Committee Review** as needed for the person are to be provided by the TCM. These documents are considered part of the overall support plan for the person. Any restrictive intervention, or plan utilizing medication to manage mental illness, or alter mood or behavior, must be accompanied by a signature page with guardian consent, and documentation of review by a Behavior Management

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Committee/Human Rights Committee. This documentation should be obtained from the provider who generates it.

- c. **Behavior data** – to be provided by generating provider/caregiver/family. Functional Assessment Behavior data sheets for the entire year, twelve consecutive months, must be provided. Behavior data sheets are to be completed daily. Behavior terms and descriptions should match the current Functional Assessment manual. To facilitate accuracy, data sheets need a clear and consistent format. For Functional Assessment purposes, only one occurrence per day of a behavior is recorded, regardless of the number of times it occurs in a single day.
- d. **Current medical information** – to be provided by current provider or caregiver/family. This includes a list of current medications and current physician orders and can be provided by a current Medication Administration Record (MAR). Include the reason/condition for which the medication is prescribed. Also include any orders by a Physician, Registered Nurse, or Registered Dietician for a medically necessary diet, and the medical reason for the diet.
- e. **Seizure Data** – to be provided by the current provider/caregiver/family. Include type and frequency of seizure activity, in a monthly format.
- f. **Any other documentation that would be useful for the Functional Assessment.** There may be other documentation that is needed and will be requested or documentation that the provider may decide to provide that would be helpful in conducting a complete and accurate Functional Assessment.

10) Assessors Review Documentation to Substantiate Answers. As required by the KDADS/CDDO contract, assessors will complete a review of available documentation in order to substantiate the answers submitted on the Functional Assessment, including but not limited to, current medications/physician's orders, medical conditions, psychotropic medication plans, behavior plans, behavior data, PCSP, and seizure data, as applicable.

11) Functional Assessment Meeting Signature Sheet. Meeting participants will be asked to sign an attendance sheet indicating the information they provided during the screening was truthful and accurate.

12) Provision of Updated/Additional Documentation. HMCDDO will accept updated/additional supporting documentation, including an addendum to the PCSP and signature sheets, provided within 24 hours after the functional assessment meeting.

13) Review. Individuals may request a review of a question on the screening tool by noting the question number and description on the reverse of the signature sheet, along with the individual's

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signature. HMCDDO will consult with three other CDDOs regarding the question. A Review response will be provided in writing to the individual requesting the review within 3 (three) days.

14) Dispute/Appeal Process. The best way to eliminate disputes is for the provider(s) /support network supporting the individual to provide current, accurate and thorough support information to the assessor according to the above time frames. If the outcome of a Functional Assessment is that an individual scores ineligible for HCBS-IDD supports, the individual and his/her legally responsible party will be provided a Notice of Action with appeal rights, procedures, and timelines.

Special Permission Assessment Requests. Permission for special reassessment outside of the annual assessment cycle can be granted only by the HCBS IDD Program Manager. In compliance with requirements that have been posted on the KDADS website, Harvey-Marion County CDDO will consider submitting a request for permission for special reassessment only upon receipt of **documentation of the following circumstances:**

- 1. The individual has experienced a life altering event, and;**
- 2. The event is likely to continue for the foreseeable future, and;**
- 3. As a result of the event, the person requires additional staff support.**

15) Reassessment for individuals eligible and waiting for HCBS/IDD program, who are awarded new HCBS IDD program funding. If the last assessment completed was greater than 365 days ago, and, it has been determined that HCBS IDD program funding is available to serve the person (either through waiting list, crisis, exception, or other KDADS-approved priority or program transfer), then Harvey- Marion County CDDO will update the functional assessment to determine HCBS/IDD program eligibility as required.

Approved September 22, 2014; Reviewed/Revised April 3, 2018.