



# Harvey-Marion County CDDO

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

KAMIS #:

## Service Providers & Options Counseling, Individual Rights, Waiting List, Dispute Resolution Information

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

Services available in the Harvey-Marion CDDO area are listed below by category. Not all providers are contracted with all Managed Care Organizations (MCO) please ask them when discussing services. I acknowledge that I have the right to change service providers at any time, for any reason.

**\*\*\* PLEASE PLACE A CHECKMARK BY THE CHOSEN PROVIDER(S) \*\*\***

Targeted Case Management Providers (TCM):		** Indicating those providers closed for referrals	
<input type="checkbox"/> ** Goodwill Industries of KS (ages 14 & up)	<input type="checkbox"/> ** Lifespan, LLC	<input type="checkbox"/> ResCare Newton	<input type="checkbox"/>
Other: <input type="text"/>			
Residential Services Providers:		(CR) - children's residential only; ** Indicating those providers closed for referrals	
<input type="checkbox"/> Great Plains Support Services, LLC	<input type="checkbox"/> ** Heart Land Supports, LLC	<input type="checkbox"/> ** ResCare Newton	<input type="checkbox"/> Saint Francis Ministries Inc. (CR)
<input type="checkbox"/> ** TFI Family Services (CR)	<input type="checkbox"/> ** ECKERD (CR)	<input type="checkbox"/> ** SKIL	<input type="checkbox"/> DCCCA (CR)
Day Services/Supported Employment Providers:		** Indicating those providers closed for referrals	
<input type="checkbox"/> Great Plains Support Services, LLC	<input type="checkbox"/> Goodwill	<input type="checkbox"/> ** Heart Land Supports, LLC	<input type="checkbox"/> ResCare Newton
Other: <input type="text"/>			
Agency Directed Supportive Home Care Providers: (PCS, Specialized Medical Care, Respite, Assistive Services):		** Indicating those providers closed for referrals	
<input type="checkbox"/> Accessible Home Health	<input type="checkbox"/> Broadway Home Medical	<input type="checkbox"/> Maxim Healthcare Services, Inc	<input type="checkbox"/> ** SKIL
<input type="checkbox"/> Taylor Drug	<input type="checkbox"/> ** Thrive Pediatric Care	<input type="checkbox"/> Trinity Heights Respite (0-16)	<input type="checkbox"/> ** Integrated Behavioral Technologies
Medical Alert Providers / Wellness Monitoring / Positive Behavior Supports:		** Indicating those providers closed for referrals	
<input type="checkbox"/> Home Technology Solutions, Inc	<input type="checkbox"/> MedScope America Corporation	<input type="checkbox"/> ResCare Newton	<input type="checkbox"/>
FMS: Personal Care Services / Specialized Medical Care / ECS / PCS / ORC:		** Indicating those providers closed for referrals	
<input type="checkbox"/> Advocate Care Services, Inc	<input type="checkbox"/> Another Day, Inc	<input type="checkbox"/> GT Independence	<input type="checkbox"/> Helpers, Inc
<input type="checkbox"/> Life Patterns, Inc	<input type="checkbox"/> SKIL Resource Center, Inc	<input type="checkbox"/> ** ILRC	<input type="checkbox"/>

**\*\*\*\* PLEASE INITIAL ALL SECTIONS THAT APPLY AND THEN SIGN & DATE BELOW \*\*\*\***

**\*INDIVIDUAL RIGHTS:** Information has been reviewed with person and/or support network.

<input type="checkbox"/> Individual and/or Guardian provided a copy of Individual Rights	<input type="checkbox"/> Individual and/or Guardian declined a copy of Individual Rights
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**\*WAITING LIST CONSENT:** I understand that the HMCDDO is required to maintain a list of persons who have made application for community services and have been determined eligible. The HMCDDO is to allow access to this list, except for those persons who have requested that their name be kept confidential to the licensed providers in the service area who have entered into an affiliation agreement. I understand by agreeing to have my name and address released as part of this list that I may be contacted by potential service providers.

<input type="checkbox"/> I hereby authorize Harvey-Marion County CDDO to exchange protected health information (PHI) regarding the annual BASIS assessment with the Kansas Department of Aging and Disability Services, Managed Care Organization and Community Services Providers to assist in the coordination of care regarding the individual named above.
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**If applicable, I agree to HAVE MY NAME AND ADDRESS:  RELEASED  REMOVED**

**\*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.

<input type="checkbox"/> Individual and/or Guardian has been provided a copy of the HMCDDO Dispute Policy & I decline the offer for dispute resolution, 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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**TCM PROVIDER CHANGE EFFECTIVE DATE:** 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.

**DECLINE TCM SERVICES:** This option may be chosen by IDD-eligible individuals who are on the waiting list, and/or do not have KanCare Medicaid, and do not wish to private-pay for IDD TCM. **If applicable, I agree to decline I/DD TCM Services:  DECLINE**

**My signature below verifies that a representative from the Harvey-Marion County CDDO has informed me of all available service providers within the Harvey-Marion County CDDO area, individual rights & wait-list information, as well as provider dispute resolution information. I have been offered and accepted, and/or declined, a copy of this information. \*I have chosen to decline services at this time:**

Consumer Signature	Date
Guardian Signature (if applicable)	Date
HMCDDO Personnel	Date

## Harvey-Marion County CDDO Affiliated Service Providers Contact Information

<p>Accessible Home Health 400 N. Woodlawn; Suite 2 Wichita, KS 67208 316.691.9300 SMC-RN; SMC - LPN</p>	<p>Advocate Care Services, Inc. PO Box 91 Rose Hill, KS 67133-0091 316.260.9910 FMS/Self-Directed PCS; ECS; ORC</p>	<p>Another Day, Inc. 11802 W 77th St. Lenexa, KS 66214 913.599.2221 FMS; SC; ECS; PCS; ORC</p>
<p>Broadway Home Medical 808 S. Hillside Wichita, KS 67211 316.264.8600 Assistive Services (Van lift, Wheelchair Mods)</p>	<p>DCCCA 3312 Clinton Parkway Lawrence, KS 785-312-8352 Residential for children not in custody,</p>	<p>Eckerd 1999 N. Amidon; Suite 232 Wichita, KS 67203 316.440.5536 Residential for children not in custody, ORC <b>** Not an available choice at this time.</b></p>
<p>Great Plains Support Services, LLC 2501 N. Main North Newton, KS 67117 316.461-9086 Day &amp; Residential Supports</p>	<p>Goodwill Industries of KS 2117 S. Kansas Newton, KS 67114 316.744.9291 TCM &amp; Day Services <b>* Serving ages 14 &amp; up for TCM</b></p>	<p>GT Independence 7300 W 110th St. Suite 700, Overland Park, KS 66210 316.350.7210 FMS for Self-Directed Supports; Self-Directed PCS; Self-Directed ORC</p>
<p>Heart Land Supports, LLC 313 Muse Street Newton, KS 67114 316.283.0843 Day &amp; Residential Supports <b>** Not an available choice at this time.</b></p>	<p>Helpers, Inc. 15540 Pflumm Rd. Overland Park, KS 66213 913.322.7212 FMS/Self-Directed PCS; ECS; ONR; SMC</p>	<p>Home Technology Solutions, Inc 149 S. Ridge Rd. Wichita, KS 67209 316.265.1700 Medical Alert</p>
<p>Integrated Behavioral Technologies, Inc 1106 155th St, Basehor, KS 66007 Phone: 913-662-7071 Agency Directed PCS <b>** Not an available choice at this time.</b></p>	<p>Independent Living Resource Center (ILRC) 3033 W. 2<sup>nd</sup> Street N. Wichita, KS 67203 FMS for self-directed PCS <b>** Not an available choice at this time.</b></p>	<p>Life Patterns, Inc. 3300 SW 29th St. Suite 100 Topeka, KS 66614 785.273.7189 FMS/PCS/SC/ECS/ORC</p>
<p>Lifespan, LLC 216 N. Meridian; Suite 3G Newton, KS 67114 316.587.8050 Case Management <b>** Not an available choice at this time.</b></p>	<p>Maxim Healthcare Services, Inc 8301 E. 21<sup>st</sup> St North; Suite 230 Wichita, KS 67212 Phone (316) 201-9401 Specialized Medical Care</p>	<p>MedScope America Corporation 222 W. Lancaster Ave Paoli, PA 19301 800-645-2060 Medical Alert</p>
<p>Personal Support Services 700 E. Old Trail Rd. Newton, KS 67114 316.282.0099 Limited License Day, PCS &amp; ECS</p>	<p>ResCare Newton 700 E. 14<sup>th</sup> Newton, KS 67114 316.283.5170 Residential &amp; Day Supports, TCM <b>* Female referrals only at this time.</b></p>	<p>Saint Francis Ministries, Inc 509 E. Elm St. Mod A Salina, KS 67401 785.452.9653 Residential (Children no in custody)</p>
<p>Self-Management Services 804 W. 17<sup>th</sup> Newton, KS 67114 316-288-9664 Limited License Day, PCS &amp; Enhanced Care Services</p>	<p>SKIL Resource Center, Inc PO Box 957 1801 Main Parsons, KS 67357 800-688-5616 (FMS) for Self-Directed PCS</p>	<p>Taylor Drug 201 S. Summit Arkansas City, KS 67005 620.442.3500 Assistive Services</p>
<p>TFI Family Services 4505 E. 47<sup>th</sup> St. Wichita, KS 67210 316.684.5300 Residential for children not in custody, ORC <b>** Not an available choice at this time.</b></p>	<p>Thrive Pediatric Care 534 N. Ridge Rd; Suite C; Wichita KS 67212 Phone (316) 522-0608 Specialized Medical Care, Overnight Respite <b>** Not an available choice at this time.</b></p>	<p>Trinity Heights Respite Care, Inc 1200 Boyd Ave Newton, KS 67114 316.217-2199 Respite Care for children through age 16</p>