

## **Harvey-Marion County CDDO**

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

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

Consumer Name:	Phone:		Date of Birth:	
Address:	Email:		KAMIS#:	
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				
** Disability Supports of the Great Plains	** Goodwill Industries of KS (ages 14 & up)	** Lifespan, LLC	ResCare Newton	
		Other:		
Residential Service Providers:			ing those providers closed for referral	
DCCCA (CR)	ECKERD (CR)	Great Plains Support Serv	(Aetna & United ONLY)	
** ResCare Newton	ResCare KS, Inc: Shared Living	TFI Family Services		
Day Service Providers:  Goodwill	Creet Dising Support Somilage LLC	Heart Land Supports,	ing those providers closed for referrals  LLC ResCare Newton	
Goodwiii	Great Plains Support Services, LLC	(Aetna & United ONL		
		Other:		
<b>Agency Directed Specialized Medica</b>	I Care & Overnight Respite Care Provi	ders: ** Indicat	ing those providers closed for referral	
** Integrated Behavioral Technologies	** Maxim Healthcare Services, Inc	Thrive Pediatric Ca	ire	
A - i-time Comite a Marking Alast O M	Vallages Manifesium Durasidanes	**!!:4:	and the second s	
Assistive Services, Medical Alert & V Broadway Home Medical	MedScope America Corporation	Taylor Drug	ng those providers closed for referrals	
Financial Management Service Provi			ing those providers closed for referral	
Advocate Care Services, Inc	Another Day, Inc	GT Independence		
Helpers, Inc	Life Patterns, Inc	SKIL Resource Cente		
**** DI EACE INIT	TAL ALL SECTIONS THAT ARRI	V AND THEN SIGN 9	DATE DEL 014/ ****	
****** PLEASE INII	IAL ALL SECTIONS THAT APPL	Y AND THEN SIGN &	DATE BELUVY	
*INDIVIDIAL PIGHTS: Information has be	en reviewed with person and/or support netw	ork		
Individual and/or Guardian provided			eclined a copy of Individual Rights	
marriada anajor Saaralan promasa	a copy of marriadar ragnic	marriadar ariayor Oddraidir de	on the design of the triangle	
			for community services and have been determine	
			tial to the licensed providers in the service area wh	
	rstand by agreeing to have my name and address		e annual BASIS assessment with the Kansa	
			to assist in the coordination of care regarding	
the individual named above.	Solvisos, Managoa Salo Organization and S	online of vioce i revidere	to accide in the coordination of care regarding	
If applicable, I agree t	o 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.				
Individual and/or Guardian has been provided a copy of the HMCDDO Dispute Policy & <i>I decline the offer for dispute resolution</i> , 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				
oversies my right to change convice n	provided a copy of the HMCDDO Dispute Pol	icy & I decline the offer for d	ovider change. ispute resolution, and at this time I choose to	
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exercise my right to change service p resolution process.	provided a copy of the HMCDDO Dispute Pol	icy & I decline the offer for d	ovider change. ispute resolution, and at this time I choose to	
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resolution process.  TCM PROVIDER CHANGE EFFECTIVE DA 10 working days from the date signed by the	provided a copy of the HMCDDO Dispute Pol roviders. If this decision should change, I will ATE: If this is a change of I/DD TCM provider HMCDDO staff.	icy & <i>I decline the offer for di</i> contact the HMCDDO which w s with the Harvey-Marion Cour	ovider change.  ispute resolution, and at this time I choose to will require further actions to begin the dispute only CDDO area, this change will be effective in	
resolution process.  TCM PROVIDER CHANGE EFFECTIVE DA 10 working days from the date signed by the DECLINE TCM SERVICES: This option ma	provided a copy of the HMCDDO Dispute Pol roviders. If this decision should change, I will ATE: If this is a change of I/DD TCM provider a HMCDDO staff. y be chosen by IDD-eligible individuals who a	icy & I decline the offer for document of the HMCDDO which we with the Harvey-Marion Courter on the waiting list, and/or document of the waiting list.	ovider change.  ispute resolution, and at this time I choose to will require further actions to begin the dispute only CDDO area, this change will be effective in the one of the things	
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TCM PROVIDER CHANGE EFFECTIVE DAY 10 working days from the date signed by the DECLINE TCM SERVICES: This option ma wish to private-pay for IDD TCM. If applical My signature below verifies that I have	provided a copy of the HMCDDO Dispute Pol roviders. If this decision should change, I will ATE: If this is a change of I/DD TCM provider HMCDDO staff. y be chosen by IDD-eligible individuals who a ble, I agree to decline I/DD TCM Services: we been informed of all available servi	icy & I decline the offer for dicontact the HMCDDO which we swith the Harvey-Marion Cours on the waiting list, and/or do DECLINE TCM SEI ce providers within the Hation information. I have be *I have chosen*	ispute resolution, and at this time I choose to vill require further actions to begin the dispute onty CDDO area, this change will be effective in the one of the control o	
resolution process.  TCM PROVIDER CHANGE EFFECTIVE DA.  10 working days from the date signed by the DECLINE TCM SERVICES: This option may wish to private-pay for IDD TCM. If applicate My signature below verifies that I have individual rights & wait-list information declined, a copy of this information.  Consumer Signature	provided a copy of the HMCDDO Dispute Pol roviders. If this decision should change, I will ATE: If this is a change of I/DD TCM provider HMCDDO staff. y be chosen by IDD-eligible individuals who a ble, I agree to decline I/DD TCM Services: we been informed of all available servi	icy & I decline the offer for dicontact the HMCDDO which we swith the Harvey-Marion Course on the waiting list, and/or decline DECLINE TCM SEInce providers within the Hation information. I have be *I have chosen*	ispute resolution, and at this time I choose to will require further actions to begin the dispute onty CDDO area, this change will be effective in the not have KanCare Medicaid, and do not RVICES (check the box to decline) arvey-Marion County CDDO area, the not ferred and accepted, and/or to decline services at this time:	
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REVISED: 07/05/2024

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

Harvey-Iviation County CDDO Attiliated Service Providers Contact information			
Advocate Care Services, Inc.	Another Day, Inc.	Broadway Home Medical	
PO Box 91	11802 W 77th St.	808 S. Hillside	
Rose Hill, KS 67133-0091	Lenexa, KS 66214	Wichita, KS 67211	
316.260.9910	913.599.2221	316.264.8600	
FMS/Self-Directed PCS; ECS; ORC	FMS; SC; ECS; PCS; ORC	Assistive Services (Van lift, Wheelchair Mods)	
DCCCA	Disability Supports of the Great Plains	Eckerd	
3312 Clinton Parkway	501 E Northview Ave,	1999 N. Amidon; Suite 232	
Lawrence, KS	McPherson, KS 67460	Wichita, KS 67203	
785.312.8352	620.241-8411	316.440.5536	
Residential for children not in custody,	TCM	Residential for children not in custody, ORC	
Great Plains Support Services, LLC	Goodwill Industries of KS	GT Independence	
2501 N. Main	2117 S. Kansas	7300 W 110th St. Suite 700,	
North Newton, KS 67117	Newton, KS 67114	Overland Park, KS 66210	
316.461.9086	316.744.9291	877.659.4500;	
Day & Residential Supports	TCM & Day Services	FMS for Self-Directed Supports; Self-Directed PCS;	
	·	Self-Directed ORC	
Heart Land Supports, LLC	Helpers, Inc.	Independent Living Resource Center (ILRC)	
313 Muse Street	11806 W 77 <sup>th</sup> St,	3033 W. 2 <sup>nd</sup> Street N.	
Newton, KS 67114	Lenexa, KS 66214	Wichita, KS 67203	
316.283.0843	913.322.7212	FMS for self-directed PCS	
Day & Residential Supports	FMS/Self-Directed PCS; ECS; ONR; SMC		
Integrated Behavioral Technologies, Inc	Life Patterns, Inc.	Lifespan, LLC	
1106 155th St, Basehor, KS 66007	3300 SW 29th St. Suite 100	216 N. Meridian; Suite 3G	
Phone: 913.662.7071	Topeka, KS 66614	Newton, KS 67114	
Agency Directed PCS	785.273.7189	316.587.8050	
	FMS/PCS/SC/ECS/ORC	Case Management	
Maxim Healthcare Services, Inc	MedScope America Corporation	ResCare Newton	
8301 E. 21 <sup>st</sup> St North; Suite 230	222 W. Lancaster Ave	700 E. 14 <sup>th</sup>	
Wichita, KS 67212	Paoli, PA 19301	Newton, KS 67114	
316.201.9401	800-645-2060	316.283.5170	
Specialized Medical Care	Medical Alert	Residential & Day Supports, TCM	
ResCare KS, Inc	Self-Management Services	SKIL Resource Center, Inc	
ResCare Shared Living/Kansas Central	804 W. 17 <sup>th</sup>	PO Box 957	
5112 E. 36th Street North	Newton, KS 67114	1801 Main	
Wichita, Kansas 67037	316.288.9664	Parsons, KS 67357	
316.612.7544	Limited License Day, PCS & Enhanced Care Services	800.688.5616	
Shared Living		(FMS) for Self-Directed PCS	
Taylor Drug	TFI Family Services	Thrive Pediatric Care	
201 S. Summit	4505 E. 47 <sup>th</sup> St.	534 N. Ridge Rd; Suite C; Wichita KS 67212	
Arkansas City, KS 67005	Wichita, KS 67210	316.522.0608	
620.442.3500	316.684.5300	Specialized Medical Care, Overnight Respite	
Assistive Services	Residential for children not in custody, ORC		
Trinity Heights Respite Care, Inc			
1200 Boyd Ave			
Newton, KS 67114			
316.217.2199			
Respite Care for children through age 16			
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<sup>\*\*</sup> Please make sure that your choice of provider listed here is currently accepting referrals.

Current referral status information can be found on the first page of this form. \*\*

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