



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:

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.

Service Coordination / Case Management Providers (TCM): ** Indicating those providers closed for referrals			
Goodwill Industries of KS	Lifespan, LLC	ResCare Newton	STAIRS, LLC (Sunflower & United Only)
Multi-Community Diversified Services (MCDS)		Other:	
Residential Services Providers: CR = Children's residential only; ** Indicating those providers closed for referrals			
Heart Land Supports, LLC	ResCare Newton	Saint Francis Ministries Inc. (CR)	TFI Family Services (CR)
** ECKERD (CR)	** SKIL		Other:
Day Services/Supported Employment Providers: ** Indicating those providers closed for referrals			
Heart Land Supports, LLC	ResCare Newton		
** SKIL		Other:	
Agency Directed Supportive Home Care Providers (PCS, Specialized Medical Care, Respite, Assistive Services): ** Indicating those providers closed for referrals			
Accessible Home Health	Broadway Home Medical	Taylor Drug	Trinity Heights Respite (0-16)
** SKIL			
Medical Alert Providers / Wellness Monitoring / Positive Behavior Supports: ** Indicating those providers closed for referrals			
Home Technology Solutions, Inc	MedScope America Corporation	ResCare Newton	
FMS: Personal Care Services / Specialized Medical Care / ECS / PCS / ORC: ** Indicating those providers closed for referrals			
Advocate Care Services, Inc	Another Day, Inc	GT Independence	Helpers, Inc
Life Patterns, Inc	SKIL Resource Center, Inc		

******* PLEASE INITIAL ALL SECTIONS THAT APPLY AND THEN SIGN / ADDRESS / EMAIL 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.

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.	<input type="checkbox"/> Individual and/or Guardian has been provided a copy of the HMCDDO Dispute Policy & I accept the offer 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 on: _____

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
Address & Phone	Email
HMCDDO Personnel	Date