

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION  
Documentation for Full Day/Residential License**

Name/Agency Name \_\_\_\_\_

Date approved:	<input type="checkbox"/> Day <input type="checkbox"/> Residential
	30-63-12 (a): Completed application form
	30-63-12 (b)(1) Qualifications of Director of services to develop and modify a program of individualized services: <ol style="list-style-type: none"> <li>1. bachelor's or higher degree in a field of Human services awarded by an accredited college or university.             <ul style="list-style-type: none"> <li>- Evidenced by: Human Services field transcript</li> </ul> </li> <li style="text-align: center;"><b>OR</b></li> <li>2. Work Experience in human services of 1,040 hours of paid work experience substituted for higher education 15 undergraduate credit hours/ at least 8 full time semesters of satisfactory education/work experience             <ul style="list-style-type: none"> <li>- Evidenced by: Documentation of employer, time worked and job duties and/or documentation of college credit</li> </ul> </li> </ol>
	30-63-12 (b) (2) Qualifications of Director of services to supervise delivery of a program of services: <ol style="list-style-type: none"> <li>1. At least 1 year of experience in senior management-level positions w/ a licensed provider             <ul style="list-style-type: none"> <li>- Evidenced by Documentation of employer, time worked and job duties</li> </ul> </li> <li style="text-align: center;"><b>OR</b></li> <li>2. At least 2 years experience as a case manager or a services manager w/ supervisory authority over at least 2 other individuals providing direct services to persons             <ul style="list-style-type: none"> <li>- Evidenced by: Documentation of employer, time worked and job duties</li> </ul> </li> <li style="text-align: center;"><b>OR</b></li> <li>3. At least 5 years of experience delivering direct care services to persons with I/DD             <ul style="list-style-type: none"> <li>- Evidenced by: Documentation of employer, time worked and job duties</li> </ul> </li> </ol>
	30-63-12 (b) (3): 3 letters of reference by individuals knowledgeable both of the applicant and of the delivery services to persons
	30-63-12 (b) (4): Evidence of background check for director of services: <u><a href="http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">Information Memorandum January 24, 2017 (http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a></u> Background Check policy and Attachment A.) <ol style="list-style-type: none"> <li>a. DCF – APS Registry</li> <li>b. DCF – CPS Registry</li> <li>c. KNAR- Kansas Nurse Aid Registry (non-licensed/certified and/or licensed/certified)</li> <li>d. HOC-KBI Criminal history record check (including juvenile record)</li> <li>e. KDOR- MVR: Motor Vehicle Record for transportation</li> <li>f. OIG: Office of the Inspector General</li> <li>g. If applicable, professional license</li> </ol>
	<b>30-63-12 (b) (5) Written Policy and Procedures</b>
	30-63-21: Person Centered Support Plan
	30-63-22: Individual rights and responsibilities
	30-63-23: Medications, Restrictive interventions; behavioral management
	30-63-24: Individual Health
	30-63-25: Nutritional Assistance
	30-63-26: Staffing, abilities, staff health
	30-63-27: Emergency Preparedness
	30-63-28: Abuse, Neglect and exploitation
	30-63-29: Records
	30-63-12 (b)(6) -written business plan including marketing, accommodation of growth, response to risk factors For more information see: <a href="https://www.kdads.ks.gov/docs/default-source/General-Provider-Pages/Provider/IDD-Provider/idd-licensure/new-csp-suggestions-for-a-business-plan-3-16-15.pdf?sfvrsn=6be234ee_0">https://www.kdads.ks.gov/docs/default-source/General-Provider-Pages/Provider/IDD-Provider/idd-licensure/new-csp-suggestions-for-a-business-plan-3-16-15.pdf?sfvrsn=6be234ee_0</a> - financial plan to keep operation fiscally solvent during the next 3 years Documents required for evaluation of

fiscal solvency include

1. Three most recent bank statements and/or line of credit from a financial institution;
2. current income statement; current account payable journal and current balance sheet (or projected versions of income statement, account payable journal and balance sheet)

Application approved by: