

Narrative of End to End Access to DD Service Process

The CDDO is the entity that assists a member who is initially seeking and also being re-determined eligible for I/DD services. The CDDO also assists the member who may be seeking additional amounts of a service or additional new services or to transfer from TA, Autism, TBI or other HCBS programs to the I/DD program.

Steps for the process;

1. For persons applying for services for the first time, the person/guardian submit information to the CDDO so it can determine if the person has an Intellectual Disability or a qualifying developmental disability (I/DD). This is done in accordance with the KDADS Eligibility policy.
2. If the person is determined to have a qualifying I/DD, the CDDO meets with the member completes a BASIS assessment if the member does not have a current (completed within the last 365 days as required by the HCBS-I/DD waiver) assessment. (CDDOs are suggesting we call it KAMIS) and also completes member choice and options counseling.
3. If the BASIS does not result in a converted score of at least 35 (as prescribed in the approved HCBS-I/DD waiver) the CDDO sends an NOA with the appeal rights, and offers options counseling and refers the person for other possible service option.
4. Persons determined HCBS eligible and those who were originally determined not eligible for the waiver but were then found eligible for HCBS as part of the appeal process must apply for Kansas Medicaid to the Kansas Department for Children and Families (DCF). Those persons found not eligible for Kansas Medicaid receive an NOA from the DCF that advises them of their appeal rights. Those found eligible for Medicaid complete an initial or annual assessment based on their current status. At this time, if they have not already done so, the person may chooses an MCO and or a TCM.
5. If an HCBS-IDD program slot is not available at the time, the member is added to the waiting list but can receive TCM and care coordination from the MCO.
6. If an HCBS-IDD program slot is available or if the person has a qualifying exception (as defined in the KDADS-CDDO contract) the MCO and TCM do assessments and share documentation. Assessments completed by the TCM include the Person-Centered Support Plan and, if needed, a Behavior Support Plan. The MCO care coordinator will also be completing a needs assessment. These processes may occur simultaneously or separately based on the preference of the member and his/her guardian if applicable.
7. The member would then meet with the MCO and TCM (may also include providers if they have been chosen) and to review the assessments. At this time, the MCO would also share the draft Integrated Support Plan with the member and the TCM.

8. If the MCO is recommending a reduction to services and the member is not opposed, the State reviews the reduction and if approved at the State level, the final ISP goes to the member, provider, TCM and MCO. If the member or the State opposes the reduction the final ISP goes to the member, provider, TCM and MCO, the MCO creates the authorization and sends the member an NOA with appeal rights. The State reviews all MCO POC reduction requests to be consistent with the legislative proviso passed during the 2013 session. If the member agrees with the final ISP then the MCO and TCM ensure services are provided consistent with the ISP. If the member does not agree with the final ISP the member can appeal through the MCO grievance process or through the State Fair Hearing process (see work flow).