



November 9, 2017

# CDDO Peer Review of Johnson County Developmental Supports CDDO

Review Team:

Colin Rork, KDADS

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# CDDO REVIEW REPORT SUMMARY OF FINDINGS

## Johnson County Developmental Supports CDDO Peer Review

November 9, 2017

### 1. GENERAL COMMENTS

Johnson County Developmental Supports CDDO Peer Review was held on Thursday, November 9, 2017 at 9:00 a.m. Prior to November 9th, Johnson County's last Peer Review was in 2010. Shelly May is the CDDO Director for Johnson County Developmental Supports CDDO and was the primary point of contact for KDADS throughout the review process. All information requested prior to review and onsite were received and well organized. The review team would like to thank the CDDO for their preparation, organization and availability throughout the process.

### 2. IDENTIFIED STRENGTHS

1. **Affiliate Involvement** – Evidence provided on-site and through interviews demonstrates the CDDO has great practices in place to solicit input, offer learning opportunities, training, and are open to changes in system management to strengthen their affiliate network and the services they provide. The CDDO's recent implementation of fall and spring summit meetings with their affiliates is considered a best practice. Documentation shows that those who attended found these meetings to be very beneficial. The CDDO brings in speakers to provide keynote presentations and utilize these summits to create learning opportunities and suggestions for improvement. Along with the summits, Affiliate meeting minute notes and Survey Monkey satisfaction surveys provide more evidence that the CDDO utilizes as many resources as possible to ensure affiliates have ample opportunities to learn, improve and be heard.
2. **Online Options Sharing** – The CDDO does a great job in regards to presentation of their available service options on their CDDO website. Recent updates to the website allow interested individuals to see all JCDS CDDO affiliated providers, the services they offer, their contact information and whether or not they are open for referrals.
3. **Strategic Planning and Capacity** – The CDDO provided a document completed April 2016 titled "Creating a Strategic Framework for Effective Planning". The material included in this document is very detailed and utilizes recommendations following research and surveys gathered from stakeholders identifying systemic issues. This information provides an

opportunity for the CDDO to take steps to address current and potential issues. The qualitative data was reviewed to look for recurring themes, opportunities for progress, and key strategic challenges across all service groups. This information was then used to create a planning process for mutual problem solving and service improvement. The Advisory Group consisted of case managers, parents, contract providers with KDADS, community service providers, and staff of Johnson County CDDO. The goal was to identify critical issues and priorities from their perspective and to receive guidance about moving the process forward. Service navigation, rates, accessibility and quality were determined as systemic issues identified by the Advisory Group and Surveys. Along with the strategic framework for effective planning, the CDDO provided emails utilized to determine the exact capacity of all affiliated providers. There is indication of how many openings each affiliate has, or if they are at capped capacity/not accepting referrals. The planning document and other evidence provided are considered a great strength and recommend continued practice to stay ahead of the curve and continue to improve system operations.

4. **Council of Community Members** – Following review of COCM membership and meeting minutes, the review team recognizes the CDDOs Council of Community Members policy/procedure and processes are implemented in a way that is considered a best practice. The CDDO maintains documentation that clearly shows membership meets regulatory requirements. Each member is tracked by when they became a COCM member, when their membership expires and when it has expired. Review of meeting minutes shows that meetings are beneficial to all involved and much is accomplished. One particular example was following the COCMs first Dispute Resolution process in recent history, members determined that they needed to update their forms regarding the process to make it more clear how and when to initiate the process. The review team had the same determination prior to reviewing COCM minutes, which shows these meetings are beneficial and create opportunity for the Council to make necessary improvements.

### **3. RECOMMENDATIONS FOR CDDO**

1. **Outcome 4: Unbiased affiliation process – Monitoring activity 4.**

Issue: The CDDO does have a procedure in place, however it includes outdated language and needs to be updated to reflect current practices.

Recommendation: Review team acknowledges that all policies and procedures are in the process of being updated. It is recommended that updated policy and procedure includes current language and practices.

2. **Outcome 5: Unbiased service option information – Monitoring activity 5.**

Issue: The CDDO sends out a letter stating that “Once you have made a choice then please contact the agency or individual that you have chosen to verify that they are currently available”.

Recommendation: It is recommended the CDDO add language to their letters sent to consumer that directs them to the CDDO website to see who is open to referrals before making calls. This additional information could prevent unnecessary work locating available services.

3. **Outcome 6: Access to HCBS & Day/Res State Aid funding is not dependent on the person’s chosen service provider – Monitoring activity 6.**

Issue: There is evidence that information on state aid can be received upon request and information is very thorough, however there is no formal policy and procedure in place that makes State Aid information available to anyone who is interested. It appears that over the last year the majority of state aid was utilized by JCDS, indicating additional education on State Aid could benefit other CSPs.

Recommendation: Create a formal policy and procedure for accessing state aid funds. The CDDO’s State Aid Policy could be made available for anyone interested in what state aid is, what it is used for, and how it can be accessed.

4. **Outcome 13: CDDO maintains an effective dispute resolution system that meets regulatory requirements – Monitoring activity 13.**

Issue: The form that is included with the CDDO handbook and when negative actions have occurred is more specific to funding request denials and does not clearly address how/when to access the Dispute Resolution process.

Recommendation: Update form, or create additional document to include when supplying appeal/dispute information that is more specific about how, when and why to access the dispute resolution process that is understandable to all interested parties.

#### **4. FINDINGS**

1. **Outcome 3: CDDO completes all management responsibilities as required – Monitoring Activity 3b.**

Issue: Though it appears the CDDO has updated their practices and resolved the issue of entering BASIS information into KAMIS in the agreed upon timeframe, there was still one assessment sampled that was out of compliance.

Recommendation: It is recommended that the CDDO continues their updated practices and ensure all assessments are completed and entered into KAMIS in the agreed upon timeframe.

2. **Outcome 3: CDDO completes all management responsibilities as required – Monitoring Activity 3c.**

Issue: Following a sample of crisis/exception requests, appeal rights are only sent to the TCM who is then tasked to inform and educate the consumer/family/guardian of their appeal rights.

Recommendation: The CDDO contract states that if the CDDO determines an individual does not meet the crisis threshold, written notification, including appeal rights should be sent to the individual, guardian, and Targeted Case Manager “TCM”. The CDDO is required to provide individual/guardian written notification of appeal rights in the event of crisis/exception denials to meet state guidelines.

3. **Outcome 3: CDDO completes all management responsibilities as required – Monitoring Activity 3i.**

Issue: Though there are several areas where CDDO ensures separation in function from the CSP, there are still some concerns. Staff that work for both CDDO and CSP do not have adequate position descriptions making it clear which functions are CDDO and which are CSP.

Recommendation: It is required that if there are personnel that work for both CDDO and CSP, their position description reflect such. The CDDO needs to make it clear which functions are for the CDDO and which are CSP.

**5. BEST PRACTICE RECOMMENDATIONS:**

1. A CDDO newsletter is recommended for best practice. Newsletters are a good way for the CDDO to stay in touch with individuals (especially those who are waiting for services) and provide insight to what is available, or any changes/updates. Individuals may opt in to receive an electronic newsletter so they can stay informed.
2. The CDDO is in the process of updating their website. Currently there are no forms or policies/procedures present, however they have sections dedicated to these documents that are empty on the website. As the CDDO continues to make updates/improvements it is recommended that all necessary forms and policies/procedures are made available.
3. The policies and procedures utilized for this review and that the CDDO has been using for recent history includes outdated language and practices. It is acknowledged that the CDDO is currently in the process of updating policies and procedures following the regulatory process. Prior to recent updates, the CDDO had not changed/updated policy and procedure for several years. It is recommended that the CDDO updates policy and procedure following the regulatory process continuously as changes/updates occur.

**SUMMARY:** This review identified many strengths, as well as opportunities for improvement. Overall, the CDDO does a good job implementing policy and procedures as written. Correcting the outcomes that resulted in findings and implementing some of the best practice and general recommendations will help the CDDO make necessary improvements and benefit all involved in the process.

# Peer Review Tool

**Review Team Members:**

- 1) Colin Rork, PICS, KDADS
- 2) Linda Young, PICS, KDADS
- 3) Angela Drake, Cottonwood CDDO Director
- 4) Jill Baker, Cottonwood CSP

Date of Review: November 9, 2017

CDDO Name: Johnson County Developmental Services CDDO

Address: 10501 Lackman Road, Lenexa, KS 66219

Contact Person: Shelly May CDDO Director

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Scoring Compliance Key
(1) =Yes (2) =No (7) = NA

## ACRONYM REFERENCE GUIDE

“ANE” Abuse, Neglect, Exploitation

“BASIS” Basic Assessment and Services Information System

“CDDO” Community Developmental Disability Organization

“COCM” Council of Community Members

“CSP” Community Service Provider

“ICF” Intermediate Care Facility

“ICF/IID” Intermediate Care Facility for Individuals with

Intellectual Disability

“KDADS” Kansas Department for Aging and Disability Services

“PD” Position Description

“QA” Quality Assurance

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**Desk Review Activities - Section I**  
**Review of Policies and Procedures, Website & Newsletters**

#		1	2	7	Strengths & Comments	Findings & Recommendations
1.	CDDO ensures that its policies are distinct to the CDDO, and CDDO operated CSP policies are distinct to CSP. CDDO and CSP functions are governed by two distinct sets of policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon review, it is evident that CDDO policies are distinct to the CDDO and CDDO operated CSP policies are distinct to CSP. CDDO and CSP functions are governed by two distinct sets of policies.	No concerns noted.
2.	Does the CDDO have a newsletter? If yes, review one years' worth. Does the CDDO ensure written communication demonstrates impartiality of the CSPs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	A CDDO newsletter is recommended for best practice. Newsletters are a good way for the CDDO to stay in touch with individuals (especially those who are waiting for services) and provide insight to what is available, or any changes/updates. Individuals may opt in to receive an electronic newsletter so they can stay informed.
3.	Does the CDDO have a company website? If so, does website ensure impartiality of CSPs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JCDS CDDO and CSP are part of Johnson County Government. The CDDO has its own website which includes all necessary information from Eligibility to Affiliating. Website also includes list of all providers, the types of services they provide and indicates any providers that are at capacity, which is considered a best practice.	As the CDDO continues to update their website it is recommended that all necessary forms for consumer and providers, as well as policy and procedures are included on the website. There are sections on the website dedicated to these forms and documents, however there is nothing included at this time. The review team acknowledges the CDDO is in the process of updating policies and procedures and want to ensure this information is included on website upon KDADS final approval.

## On-Site Review – Section II

### Outcome #1

**K.A.R. 30-64-20 - CDDO Maintains data regarding CDDO Review Improvement Plans (if any) requested during past review period including rebuttal and date.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
1.	CDDO submitted a performance improvement plan to KDADS as requested. There is documented plan available. Review team and KDADS approved plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDDO is not being held accountable to this regulation this peer review cycle.	N/A
1a.	CDDO maintains and monitors data for performance improvement plan. CDDO maintains data in a manner that allows evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDDO is not being held accountable to this regulation this peer review cycle.	N/A
1b.	CDDO is responsive to data results. CDDO has revised the performance plan as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDDO is not being held accountable to this regulation this peer review cycle.	N/A
1c.	Completion of improvement plan items occurred. Items completed within timeline and is verified by data and/or outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDDO is not being held accountable to this regulation this peer review cycle.	N/A

### Outcome #2

**K.A.R. 30-64-21 - CDDO Maintains policy and procedure changes that are approved as required.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
2.	CDDO will initially and on an on-going basis, follow the regulatory process when developing policy. Did CDDO run policy/procedure changes through the appropriate process: COCM Input, Board Approval, KDADS approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CDDO is in the process of updating all policies and procedures and are following the regulatory processes. Current updates are pending with Council of Community Members and the JCDS board before submitting for public comment and submitting to KDADS for final approval.	Review of the currently approved policies and procedures indicates several updates regarding outdated language and practices. The policy and procedure for Case Management is no longer applicable and should be removed. In general, the language changes would include updating any mention of SRS to KDADS. All language regarding BASIS assessments

						<p>should be referred to as Functional Assessments. There is mention in the Uniform Access to Service policy/procedure that “If the community service provider cannot serve the individual or deny service, the CSP will submit documentation of the rationale for the action to the CDDO”. This language should not be included and updated to emphasize that all who request services, whom are eligible, receive available service of choice regardless of severity of disability. There are several typos throughout the policies and procedures that should be corrected upon completing regulatory requirements. The Gatekeeping policy requires updates to reflect current language and practices. The Quality Assurance Committee Procedure for Reporting Possible Abuse, Neglect, or Exploitation also needs updates regarding language and practice. Item 2 under procedure second sentence should read “Any suspicion of abuse, neglect, and/or exploitation of persons served in the CDDO area must be reported to the Department of Children and Families” and provide at minimum the DCF (APS/CPS) hotline phone number 1-800-922-5330. With all outlined updates, it is also recommended the CDDO include language outlining the requirement of reporting to the AIR system.</p>
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**Outcome #3**

**K.A.R. 30-64-22 - CDDO completes all management responsibilities as required.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
3.	CDDO maintains affiliate agreements with all affiliates. Does CDDO have current affiliate agreement for each affiliate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All affiliate agreements were reviewed. Evidence confirms that the CDDO maintains affiliate agreements with all affiliates and all are current. Upon review, the team would acknowledge this area as a strength. All services indicated on affiliate agreement match what is presented on affiliate lists, all services that are offered are signed off on affiliate agreements.	No concerns noted.
3a.	If the CDDO has cancelled or suspended an affiliate agreement, was the action consistent with regulatory criteria? Criteria: 1) provider did not accept rate equal to that established by the Secretary 2) Provider has established pattern of not abiding by service area procedures 3) Entering into an agreement would seriously jeopardize the CDDO's ability to fulfill its responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There have been no cancelled or suspended affiliate agreements recently. Serene Care lost their license July of 2017, however that cancellation came from the State and not the CDDO.	No concerns noted.
3b.	Did CDDO report BASIS information to KDADS in the agreed upon timeframe? (All functional assessments shall be entered into KAMIS within seven calendar days of completion of the assessment.) KDADS will sample completed assessments and dates to compare against KAMIS entries (5 days to initiate assessment from date of	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prior to April 2017 the BASIS information that was sampled was not in compliance with the agreed upon timeframe. Following announcement/clarification from KDADS, the review team sampled 11 completed BASIS assessments and 10 were entered into KAMIS in the agreed upon timeframe (7 days).	Though it appears the CDDO has updated their practices and resolved the issue of entering BASIS information into KAMIS timely, there was still one sampled that was out of compliance. It is recommended that the CDDO continues updated practice to ensure all assessments are completed and entered into KAMIS in the agreed upon timeframe.

	request, 30 days to complete assessment from date of request, 7 days to enter in to KAMIS).					
3c.	Following a sample of crisis/exception requests, do CDDO processes/procedures meet state guidelines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The review team sampled 2 files that were determined eligible and 4 that were denied. Written policy and procedure is compliant with state guidelines and is implemented as written, however current process regarding appeal rights distribution does not completely meet requirements. The CDDO contract states that if the CDDO determines an individual does not meet the crisis threshold, written notification, including appeal rights should be sent to the individual, guardian, and Targeted Case Manager "TCM". Notice to the MCO, if applicable, would be appropriate to help the MCO determine other supports.	The four files reviewed that were denied crisis/exception did include appeal rights, however evidence shows this information was only provided to the individuals TCM who was then responsible for providing information to individual/family/guardian. In order to be in compliance with state guidelines, along with current processes, written notification, including appeal rights, should be sent to individual/family/guardian.
3d.	Following a sample of eligibility determinations, do CDDO processes/procedures meet state guidelines? For example, was each person provided with "comprehensive options counseling?" Is the functional assessment/or reassessment occurring within the stated timeframe?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review team sampled the files of 10 individuals who recently had eligibility determinations. 5 were determined eligible and 5 ineligible. All eligible files sampled had signed comprehensive options counseling forms. All files that were determined ineligible included letters that provided appeal rights that were detailed and spelled out. Evidence shows CDDO implementation of processes and procedures meet state guidelines.	No concerns noted.
3e.	Following a sample of provider case transfers inside and outside the CDDO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten files were reviewed, evidence shows CDDO processes and procedures for	No concerns noted.

	catchment area, does CDDO ensure processes/procedures meet state guidelines?				provider case transfers inside and outside the CDDO catchment area meet state guidelines and are implemented as written.	
3f.	Following a sample of affiliation agreements, does CDDO ensure agreements are uniform for like services? CDDO operated CSP must have an affiliation agreement with CDDO. Affiliation agreement cannot extend advantages not offered to other CSPs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All affiliate agreements were reviewed, evidence shows the CDDO ensures agreements are uniform for like services and all agreements accurately reflect what services the affiliates are agreeing to provide. Affiliate agreement for Johnson County Developmental Supports CSP is uniform to like agreements and does not extend any advantages not offered to other CSPs.	No concerns noted.
3g.	Does evidence and documentation demonstrate that affiliated service providers have opportunity for input on CDDO area system management? Correspondence and interviews verify the CDDO makes input opportunities available for all affiliates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence and documentation reviewed indicates this area as a strength for the CDDO. The CDDO provided recent documentation outlining the implementation of fall and spring CDDO summit meetings with their affiliate providers. Evidence indicates the CDDO solicits input from their affiliated service providers in several different ways. CDDO provided recent affiliate satisfaction surveys (Survey Monkey) and strategic planning. Affiliate meeting minutes were well documented and show the CDDO and affiliates work together to create agenda items for the meetings. There is also evidence the CDDO offers time for affiliates to voice any opinions, concerns or questions they may have.	No concerns noted.

					Evidence, correspondence and interviews verify the CDDO makes input opportunities available for all affiliates and goes beyond minimum requirements.	
3h.	Does CDDO have any individuals who work for both the CDDO and the CSP? If so, review a sample of PD's.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are 3 individuals who share job duties with both the CDDO and CSP. The CDDO provided position descriptions that were created by the Johnson County Government and not the CDDO.	No concerns noted.
3i.	CDDO will maintain a separation in function between the CDDO and CSP management and operations. It is clear which functions are CDDO and which are CSP. If there are personnel that work for both entities their position description reflect such. Paper and electronic information is stored securely to ensure CSP division of a CDDO does not have access.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The CDDO provided the review team a list of examples and evidence emphasizing their separation in function between CDDO and CSP management and operations. The CDDO has separate logo, letterheads/envelopes/ mailing labels, business cards, website, phone numbers, copier/supplies/rubber stamps, database (electronic information is stored securely), staff office locations, CDDO led committees (crisis, COCM, QAC), and separate releases.	Though there are several areas where CDDO ensures separation in function from the CSP, there are still some concerns. Staff that work for both CDDO and CSP do not have adequate position descriptions making it clear which functions are CDDO and which are CSP. It is recognized that the county government creates and maintains these position descriptions, it is required that position descriptions for personnel that work for both entities reflect such and make it clear which functions are CDDO and which are CSP. It was also noted the CDDO and CSP share email handles.

**Outcome #4**

**K.A.R. 30-64-22 - Unbiased affiliation process**

#		1	2	7	Strengths & Comments	Findings & Recommendations
4.	CDDO must have written policies/procedures that are approved in accordance with Article 64 requirements that clearly address the CSP affiliation process, and states the affiliation requirements. Evidence of a policy/procedure and it is followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO has a policy/procedure titled “CDDO Procedure for Affiliate Provider Enrollment Process” that states the affiliation process. Also included was an example of the letter and packet/s the CDDO sends out to those interested in affiliating. These documents clearly address the CSP affiliation process for all types of services and states the affiliation requirements. The CDDO also has a tab on their website titled “Become a Provider-Affiliation” which directs individuals to the email of the CDDO Affiliate Relations Coordinator for specific affiliation requirements or to begin the affiliation process.	Review indicates outdated language in policy and procedure. Review team made comments on the current approved policies and procedures and will ensure updates reflect most current language and practices upon submission to KDADS and implementation of final approval of CDDO policies and procedures.
4a.	CDDO must maintain documentation that identifies the current status of all individuals/entities/applicants requesting affiliation, including notification of appeal/grievance rights. Evidence of a process for affiliation and its monitoring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO has had one affiliation request in the last three years. There is evidence of a process for all individuals/entities/applicants requesting affiliation, which includes notification of appeal/grievance rights. The letter sent out to potential affiliates states they “must complete the enclosed paperwork as directed in order to be paid for your services”. In addition, Johnson County CDDO requires the execution of their enclosed Affiliate Agreement”. The Affiliation Agreement includes appeal/grievance rights.	No concerns noted.

**Outcome #5**

**K.A.R. 30-64-22 - Unbiased service option information**

#		1	2	7	Strengths & Comments	Findings & Recommendations
5.	CDDO policies and procedures are implemented as written for sharing, with persons requesting/receiving services, impartial information regarding all service options. The policy and procedures ensure all CSP options are shared.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO has language throughout their policies and procedures ensuring all CSP options are shared annually. “Implementation Responsibilities of CDDO” has Procedure titled “Annual Information to Persons Served and/or Guardians Regarding Community Services” which outlines how they will provide this information for new applicants, those on the waiting list, and with case managers. The “Single Point of Application, Eligibility Determination and Referral” policy/procedure also provides processes for how this information is shared. Evidence from Eligibility Determinations, Service Provider changes, BASIS Assessments, and letters to those residing in ICF/IID facilities shows policies and procedures are implemented as written for sharing impartial information regarding all services options to individual/family/guardian. The review team considers the way service options are presented to be a strength.	The review team recommends updates to the letter that is sent out with the “Choice Packet”. Letter states that “Once you have made a choice then please contact the agency or individual that you have chosen to verify that they are currently available”. The CDDO has recently updated their website to include information indicating whether or not affiliate is accepting referrals. It is recommended that letter direct consumer/family/guardian to CDDO website to easily narrow down those who are accepting referrals. Overall policies and procedures are implemented as written, providing the additional information could help and make the process easier for those searching for providers.

**Outcome #6**

**K.A.R. 30-64-22 - Access to HCBS & Day/Res State Aid funding is not dependent on the person’s chosen service provider.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
6.	CDDO policies and procedures for accessing state aid funds are made available on request. An impartial process for determining funding decisions is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO provided a document titled “Rules for Accepting State Aid Funds” that is made available upon request. This form provides detailed information explaining what State Aid can be utilized for and how it is accessed. The form provides details involving Day/Residential Supports or Consumer Emergent Needs/Flex Service IDD. This form indicates an impartial process for determining funding decisions. The CDDO provided the review team quarterly State Aid reports that were submitted to KDADS, indicating funds were utilized for approved services and contract requirements met.	Recommend CDDO create a formal policy and procedure outlining the rules for accessing state aid funds that is available for all to see without having to request. Review of one year of quarterly State Aid reports indicates that the majority goes to JCDS.

**Outcome #7**

**K.A.R. 30-64-23 - CDDO will serve as single point of entry and maintain an effective application, eligibility determination & service choice process.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
7.	Eligibility staff have been trained per regulation. CDDO has developed a training program and such have been approved by COCM. Evidence eligibility staff have completed identified requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single Point of Application, Eligibility Determination and Referral policy and procedure states that “Any CDDO staff who are responsible for processing applications for service or referral, determining eligibility or assisting persons in accessing services will complete at least 12 hours of training as approved by the Council of Community Members and KDADS. This training must meet the	No concerns noted.

					criteria as set forth in K.A.R. 30-64-23". The CDDO provided evidence including the types of training, hours and certificates of completion for the Eligibility Staff.	
7a.	CDDO policies and procedures are impartially implemented as written for the process that is utilized for persons wishing to change CSPs in that CDDO area. Policies and procedures are implemented as written.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single Point of Application, Eligibility Determination and Referral policy and procedure states that "If a person currently receiving any services from an affiliate provider expresses a desire to consider changing service providers, that person or their representative may contact the CDDO Referral Coordinator to request assistance with the process. The Referral Coordinator shall give the individual and/or their representative impartial information about the types and availability of other services and all other providers and will assist the person in accessing these services. The Referral Coordinator is an employee of the CDDO and is not involved in the delivery of services consistent with K.A.R. 30-64-23". Review team sampled ten files involving recent change in CSPs in the CDDO area. All files reviewed included necessary requirements and signed Comprehensive Options Counseling Forms indicating policies and procedures are implemented as written.	No concerns noted.

**Outcome #8**

**K.A.R. 30-64-23 - Informed Choice of Community Service Providers**

#		1	2	7	Strengths & Comments	Findings & Recommendations
8.	CDDO effectively maintains documentation of service provider change/transition requests/notifications. Notifications are maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon request for change, consumer/family/guardian are sent a letter from the CDDO Intake Analyst explaining the process to complete all necessary forms including their choice. Review team sampled 10 files requesting change, all showed they are tracked by intake date, when choice form received and when transition completed. All sampled were signed and dated indicating notifications are maintained.	No concerns noted.

**Outcome #9**

**K.A.R. 30-64-25 - CDDO will maintain a process in coordination with affiliates that results in services being offered and provided in a way that does not discriminate against any persons because of severity of person's disability.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
9.	CDDO process is effective. All persons that request services, for whom funding is available, receive requested services. Review: affiliate agreement; policy/procedure; any agreements for provider specialization and capped capacity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uniform Access to Services and Affiliate agreements provide language indicating that all persons who request services receive requested services regardless of the severity of disability. The CDDO provided evidence of emails they sent out to affiliated providers to determine who was currently accepting referrals, how many openings they have, and identify those who are at capped capacity. Recent updates the CDDO website present CSPs with green or red indicators showing who is open (green) and who is closed (red) for referrals, which is considered a best practice.	No concerns noted.

9a.	CDDO identifies number of persons the Secretary of KDADS has determined inappropriate for community services because the person presents a clear and present danger to self of community.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No concerns noted.
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**Outcome #10**

**K.A.R. 30-64-26 & 30-64-27 - CDDO will maintain a locally developed impartial QA process that reasonably addresses regulatory requirements.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
10.	QA process addresses the required regulatory requirements including: Choice, Person-Centered, Rights & Responsibilities, Paid/Delivered, Third Party payment responsibility and ANE reporting information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO has a Quality Assurance policy and procedure that outlines the QA process and how and what will be reviewed. The QA process addresses all required regulatory requirements and notes that each community service provider in Johnson County must have an internal QA process and outlines what the process will include. There is also a policy and procedure titled "Procedure for Quality Assurance Reviews with Affiliate Providers" that further breaks down the Quality Review Process. JCDS CDDO has three individuals designated as Quality Staff who focus their time on completing quality assurance visits with their licensed providers. Quality Assurance Meeting Minutes include 15 additional individuals who make up the Quality Assurance Committee. The QA Committee Chairperson initially follows up concerns expressed during a visit; the issue is then assigned to a committee member by the chairperson if necessary; sometimes a	No concerns noted.

				<p>written response is requested from the provider; if the concern still exists, a plan for corrective action may be required. The concern is considered “closed” when the committee is satisfied with the information provided or when the necessary corrective action has been taken. Visits include: Case managers visit and complete an Annual Contact for all consumers during their birth month; CDDO QA Committee members each visit consumers annually; A request is made to the CDDO to complete a special investigation on an issue or concern regarding service delivery. Meeting minutes show the committee tracks types of visits, date and any issues that arise. QA checklists that included issues were very detailed and subsequent meeting minutes shows documentation of resolution. Quarterly meeting minutes also shows the CDDO tracks ANE reports and breaks down by Screened Out, Unsubstantiated, Unknown outcome, Substantiated, and total. The CDDO utilizes the BCI system in concurrence with the AIR system. On the BCI, when critical incident is reported there are spots to indicate if reported to AIR, as well as if report was submitted to DCF (APS/CPS). This database allows the CDDO to follow up as necessary should they notice trends or on a case-by-case basis.</p>	
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10a.	CDDO maintains evidence that the same remediation and follow-up process is utilized for all CSPs for same services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO has a policy and procedure titled “Procedure for Corrective Action with Affiliate Providers”, which outlines the process that is utilized for all CSPs. The policy and procedure includes dispute resolution information. Review indicates the process is very detailed, outlines all potential issues and is impartial.	No concerns noted.
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**Outcome #11**

**K.A.R 30-64-29 - CDDO will develop, implement and maintain a gatekeeping system for public and private ICFs/IID that is in compliance with regulations.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
11.	Is CDDO informing person/family/guardian of available community services choices and types in or near the person’s home annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Along with the Gatekeeping policy and procedure which states annual requirements, the CDDO provided the review team a list of all individuals institutionalized in their area (10 files were sampled). All files sampled included a letter that was sent by the CDDO Intake and Referral Specialist informing them of all their options. Included with the letter is the CDDO brochure, options/choices and rights brochure. With each file, there was indication whether there was, or was not a response to their letter.	No concerns noted.
11a.	Does CDDO have documentation of ICF/IID requests? Following a sample of ICF/IID request for admissions, did the CDDO follow appropriate “gatekeeping” policies and procedures to ensure appropriate processes were followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The review team sampled files of individuals who had been admitted to ICF/IID in the last year. Evidence provided onsite indicates the CDDO follows appropriate gatekeeping policies as outlined in Article 64 and their CDDO policy and procedure is implemented as written.	No concerns noted.

**Outcome #12**

**K.A.R 30-64-31 - CDDO maintains a council of community members that meets the regulatory requirements.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
12.	Did CDDO provide a list of the council of community members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	No concerns noted.
12a.	Does the council membership meet the regulatory requirements? Comprised of a majority of persons served, family members and/or guardians and includes affiliates of the CDDO for no more than 2 consecutive 3 year terms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of the Council of Community Members roster clearly shows they meet the regulatory requirements. Presentation and tracking included with COCM roster is considered a best practice. All members on roster are clearly identified and term tracking indicates start date and when their term expires. The review team would also like to acknowledge the content of the COCM meeting minutes. There was evidence showing these meetings are very useful, with a lot discussed and accomplished. A great example is documentation of the one instance the Dispute Resolution process as initiated and completed and the council's recent history. The issue was not appropriate for the Dispute Resolution process and the Council determined that they need to update their forms to clearly outline how/why/when to access the Dispute Resolution process.	No concerns noted.

**Outcome #13**

**K.A.R. 30-64-32 - CDDO maintains an effective dispute resolution system that meets regulatory requirements.**

#		1	2	7	Strengths & Comments	Findings & Recommendations
13.	CDDO has policies/procedures implemented as written and approved in accordance with Article 64 requirements, and clearly addresses how persons requesting/receiving services and family members receive information regarding the CDDO complaint/grievance process is accessed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDOs policy and procedure for Dispute Resolution clearly outlines the process. Information on the Dispute Resolution process is included annually, at eligibility, BASIS, upon change, any negative action. Information is included in their CDDO handbook as well as the website.	CDDO policy, procedure and process is implemented as written and approved in accordance with Article 64 requirements, however the review team would recommend updating forms they send out. The document is located at the back of the handbook and is more specific to funding request denials and does not make it clear how to initiate the process to appeal/dispute.
13a.	CDDO will maintain evidence that the dispute resolution process is made available to all persons requesting it and to any persons whom a negative action has been initiated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The review team sampled crisis, ICF, and eligibility determinations, specifically for those who were denied. It is apparent after review of the sample that the CDDO provides and maintains evidence the dispute resolution process is made available to all persons requesting it and to any persons whom a negative action has been initiated.	The appeal rights, specifically regarding eligibility are much more detailed. The CDDO has a good process in place for distribution of information, however it is recommended that the form in the handbook and that persons requesting or whom a negative action has been initiated receive should be updated and include more details relevant to the Dispute Resolution process and how/when/why to access it.
13b.	CDDO must maintain evidence of all incidence in which the dispute resolution process was initiated by any party.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The CDDO provided evidence of the one instance that the Dispute Resolution process has been accessed, initiated and completed in recent history. COCM meeting minutes coincide with evidence provided and include great detail regarding status, who has been contacted, notes, and explanation of determination. The CDDO also provides those who	No concerns noted.

					initiate the dispute resolution process a Mediation Request form. The CDDO maintains evidence of all incidence in which the dispute resolution process was initiated by any party.	
13c.	CDDO must evaluate the collected data in effort to utilize trends to improve the CDDO system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Though there has only been one instance of the Dispute Resolution process being initiated recently, the CDDO/COCM was able to utilize information gathered to determine updates were necessary for their forms to provide additional clarification on the Dispute Resolution Process for those requesting it and those whom a negative action has occurred.	No concerns noted.

<b>CONSUMER/FAMILY INTERVIEW</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>12 total respondents</b>				
1) Did you understand the eligibility application process? If not, please explain	11	1	0	1) Determined eligible last year. 2) They were helpful throughout the process. 3) Don't recall any help. The process was overwhelming and could be simpler. 4) Did not understand at first, but CDDO and handouts helped.
2) Do you believe the eligibility determination process is understandable and timely? If not, please explain.	12	0	0	1) CDDO helped with any questions.
3) Do you believe the service referral process (including options counseling) was timely? If not, please explain.	11	0	1	1) Don't remember, but they provided handouts and informed of all options.
4) Did the CDDO make you aware that you can appeal or request a review of any decision made by your CDDO? If not, explain.	10	0	2	1) Provided brochures. 2) Not sure, probably included with handbook. 3) Yes, explained when providing documents.
5) If currently receiving services, did you receive information on all service providers in your area when you found out you had funding and could begin the process of selecting a provider?	3	0	9	1) On a 7 year wait list, so didn't choose any services. 2) Not getting any services. 3) Yes, information on all providers were included with documentation and is on website.
6) If currently receiving services, have you ever changed service providers? If so, how did you receive information about all your service options?	2	0	10	1) CDDO website. 2) Brochures. 3) Never changed. 4) On waitlist. Have information about all options.
7) If currently receiving services, do you know who to contact if you want to change service providers? If so, who?	3	0	9	1) CDDO or TCM. 2) I contact the CDDO with any questions. 3) Not receiving services, but would contact CDDO and/or TCM.

8) Do you have any other information regarding your interactions with the CDDO that you would like for us to consider?	3	9	0	<ul style="list-style-type: none"> <li>1) If I ever have questions can call the CDDO and they have been helpful.</li> <li>2) The eligibility process was timely, but waiting for services is not. The CDDO has been helpful providing additional options while on waitlist.</li> <li>3) No issues so far.</li> </ul>
<b>COMMUNITY SERVICE PROVIDER INTERVIEW</b> <b>20 total respondents</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>
9) Does the CDDO have an effective process for completing the annual BASIS assessment? If no, please explain?	15	7	0	<ul style="list-style-type: none"> <li>1) However, it seems reasonable that the CDDO could be allowed to accept a document past the time of the meeting if within the same day, etc.</li> <li>2) Very rigid procedure that is dictatorial and no communication.</li> <li>3) They keep changing when it is supposed to be done and there is no reason for it to be annual. It should only be every two years.</li> <li>4) The assessor is always prepared and willing to answer any questions.</li> <li>5) As an FMS Provider we receive the assessments in a timely manner.</li> </ul>
10) Does the CDDO maintain a process to solicit (ask you) for your input on CDDO policies/procedures, major local systems change and statewide initiatives for which they represent your area? If not, please explain.	8	4	10	<ul style="list-style-type: none"> <li>1) They do not listen, all show.</li> <li>2) I can't even get the CDDO to follow-up on things I specifically ask for assistance on.</li> <li>3) Meetings are available to attend on policies/procedures, changes and statewide initiatives giving you the opportunity to ask questions and voice your concerns or opinions.</li> </ul>
11) Does the CDDO share information about your CSP with persons seeking services?	9	3	10	<ul style="list-style-type: none"> <li>1) Persons served provided with lists of providers, etc.</li> <li>2) Limited, make decisions behind the scene without communicating.</li> <li>3) Website.</li> <li>4) Website, flyer.</li> <li>5) Sends out emails.</li> <li>6) We are not involved in that aspect.</li> </ul>
12) Does the CDDOs literature demonstrate impartiality regarding the CSPs in your area?	9	3	10	<ul style="list-style-type: none"> <li>1) I don't know, I don't look at that.</li> </ul>
13) Are you aware of communication in which the CDDO benefitted one CSP over	3	9	10	<ul style="list-style-type: none"> <li>1) I have heard about some agencies being contacted specifically to take on new clients when an agency is closed. That didn't give the rest of the agencies an opportunity to</li> </ul>

another? If yes, please explain.				serve more people.
14) Does the CDDO manage an effective process for persons to access your services? If not, please explain.	11	1	10	1) I don't know. 2) They update the directory frequently.
15) Does the CDDO maintain and share (if requested) a list of names of those persons interested in services who have consented to release their names?	8	4	10	1) Do not know of such a list. Poor communication. 2) Not that I'm aware of.
16) Does your CSPs grievance/dispute resolution process refer the person to the CDDO if the issue is unresolved? If not, please explain.	11	1	10	1) I don't know.
<b>CDDO STAFF INTERVIEW</b>				
<b>SHELLY MAY, CDDO DIRECTOR</b>				
	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>
17) Has the CDDO refused to affiliate with a provider? If so, was the appropriate regulatory criteria applied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No, have not refused to affiliate with anyone, would welcome new affiliates.
18) Has the CDDO cancelled/suspended an affiliate agreement? If so, was the appropriate regulatory criteria applied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. They have had people on CAP, affiliate agreement is not suspended, but they are not eligible to take referrals. Have had agency where license was revoked by state and affiliate agreement was cancelled.
19) Does the CDDO solicit input from all affiliates regarding policies/procedures, major local systems change and statewide initiatives for which they represent your area? If so, how?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly affiliate meetings; just had one today. Regularly ask for agenda items, questions, etc. In the last year we have not updated CDDO Procedures and is something we are in the process of doing; have a timeline of staff going through to look at them, going to COCM next week and then JCDS governing board and then open for public comment; then sent to KDADS w/in 30 days, should have that completed by beginning of the year. When CDDO receives feedback they utilize it to improve CDDO systems and procedures; updating website, etc. The last meeting involved online scheduling for BASIS assessments; one of the affiliates suggested it and could possibly help; meeting with county IT to possibly find an app to help stay in 365 and meet timelines.
20) Does the CDDO maintain separate in CDDO/CSP functions? If so, how?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We are in the county structure, are the county designated. Org chart is separate CDDO/CSP; happens to be where we are at in county structure. Staff have CDDO function only jobs. Have own procedures and COCM; own logos, etc. We are where we are and manage that. Tim Arnold is Finance Director because he has a role with

				<p>CDDO and budgeting; that is a big County process and is managed through their system; pretty involved process. We have CDDO section, separate cost center, Tim helps with accounting and budget, does reporting to the State. We don't separate from County gov't. HR/Payroll is done by County and centralized. All CDDO staff have mailboxes; everything is electronic, we do not get much mail. We all have own email, separate fax and copier. Mail is in centralized location, no one opens mail but us. Answers phone as JCDS because that is county. There is separate CDDO phone numbers, each staff has their own phone number. They have CDDO complaint line and it is routed to CDDO. There is a CDDO specific phone tree, we also have our own phone.</p>
<p>21) Do you explain the difference between the CDDO and CSP functions to families and consumers? If so, how?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>I would say that when people call going through eligibility or changing services we explain the difference. People who are in the system know the process and who the CDDO is. They explain that they are the gateway and do eligibility, BASIS, QA, etc. People do understand the distinction who are in services. They have their own separate CDDO handbook and staff is consistent with following language that is in there; received annually and at BASIS, also on website.</p>
<p>22) Do all CSPs in your area serve anyone requesting services, regardless of severity of disability? If not, please explain</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>That is an issue here. I would say that over the years providers have gotten a little choosy or providers design services in a way that someone with specific challenges would never choose them. IE if you are not interested in working, this would not be something you would be interested in. People have been unsuccessful finding services provides and have gone outside the county for that. We have become aware of this and are working on it. Realigned a position for capacity coordinator to have them engage with CDDO about why that is happening. Feel we have work to do with CMs and how they present people. They sometime list all negative things about a person and get the provider worried; could work on that presentation. Do our best to mitigate that; some parents do not want to force the provider to accept them; families aren't pushing it at that point, would be worried about the kind of services they would receive. Met with MCO and State regarding provider who was refusing to serve. There was another example where we met with MCO to find what it would take to serve the person and ultimately they ended up at ICF. Try to get other parties involved; capacity coordinator meets quarterly with MCOs for capacity and network adequacy to address problems. MCO has stepped up and provided enhanced rates in some situations.</p>

<p>23) Does the CDDO QA process assure services are provided in a manner consistent with Article 64 including: Choice, Person-Centered, Rights &amp; Responsibilities, Paid/Delivered, Third party payment responsibility, Report ANE? If so, how?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>We have a very active QA committee; used to only have one staff member for QA, it was evident we were not getting out enough. Have got staff added so they can spend more time on QA activities. They are active in day/res services, making scheduled and unscheduled visits. Very involved QA committee; CMs send provider satisfaction surveys. There is private review of services with persons on QA visits. On BCI system there is incident reporting on there; think with those different situations they are very aware of reporting to Anna; agencies are self-reporting and Anna follows up on those. Every birth month they are making connections with CMs. Follow-up on any BASIS issues and complaint hotline. Complaint hotline is used in a lot of different ways. There was an individual who was pretty independent living in complex; someone called in and said they know he is in services and stated that whoever was providing services was not providing enough. Parents use it; less than thrilled about TCM. We do get a lot of non-issue or waiting list calls. They put the number on website and handbook for complaint hotline. There is also an email function for complaints.</p>
<p>24) Does the CDDO inform persons and providers of the dispute resolution process? If so, how?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>On our website and in our handbook; provided on an annual basis; they talk about it at affiliate meetings.</p>
<p>25) What does your CDDO do in terms of best practices, or something that may set you apart from other CDDOs across the state? What are your organizations greatest strengths?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The longevity of the staff, everyone is very experienced in the process, most been here 10 years and longer. Jill helped write the book for eligibility that state still uses and is involved in workgroups, etc. seen as an expert. Gets emails from other CDDOs on different issues and questions. Staff know their job very well. Have taken a real strong approach to capacity building. Website is in transition, but hopes that it will be something that is considered a best practice. Think QA is pretty strong. We just started doing provider summits for our network; just finished second one, it's a free event for affiliates; provide lunch; focused on compassion fatigue, had panel of experts to talk about best practices and behavior support planning. Had guest speaker talking about how to build relationships with people with challenging behaviors; how to build rapport and staff boundaries making meaningful connections with people; really well received and plan to do that more (have spring/fall summit). Had pretty good attendance; got about 85 people there; had about 106 for the second one.</p>
<p>26) In your opinion, what are some areas your CDDO could make improvements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Procedures; haven't looked at them in a while, working on that. Would like to get forms online. Biggest struggle for the team is people wanting to do things before Kancare was implemented sometimes and it is difficult getting past that, but they are. Working on</p>

				streamlining things and changing from paper to online. Would like to get more things on the website. Overall looking at workflow and process; making sense of what works now.
27) What CDDO function do you find to be the most challenging?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Capacity. We are trying to support a system that is stretched to the limit and trying to make them do more. We have people entering through crisis/exception; majority of who enter our system; those folks have multiple challenges; they are hardest to serve.
28) What does your organization do in terms of strategic planning? Looking forward over the next five years, what sort of goals may your organization be working towards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did a retreat and would say that just being here such a short time; we have some short term goals; build a collaboration with the network, with the other players (KDADS and MCOs) about how to create an expectation of excellence in Johnson county to not meet just minimum requirements but exceed. How do we have this excellence in the network?
29) How does your organization measure your success? Specifically, what sort of data does your CDDO capture? How do you analyze the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be determined. We do lots of monthly reporting where we are collecting information about things we are doing (satisfaction surveys). COCM/Board/Staff sees this information to help make changes/improvements. Would like to move to something that tells a little bit of a story to it; do some more trending of data to identify areas of concern or improvement.
<b>ASSESSOR INTERVIEW</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>Annie Russell, Susan Murdock, Jade Graham, Monica Morris</b>				
1) Please walk us through the assessment process for an initial assessment and a reassessment. What does the timeline look like from start to completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Initial: 45 days to determine eligibility once get records. As soon as they find out someone is eligible, sets up meeting, has to be w/in 30 days. Do initial BASIS, provide CDDO handbook w/ services and CSPs; crisis process; bring a lot of resources involving work/jobs. Let them know what they need; bring Case Management packet if they have Medicaid.  Reassessments: Sabrina pulls list from BCI, compares to KAMIS, see who's up for reassessment. Right now working on scheduling December meetings; pulled lists at end of Oct.; by last Friday or first Friday get things sent out to all case managers. Divide up number of month that needs done; split them up b/w 4. Give case managers 2 week window to respond w/ multiple dates selected; by mid-November should have everything scheduled for December; usually works, sometimes doesn't and reach out directly to family or provider and lets them know. Once scheduled; meetings occur in Dec.; once met, all necessary docs are presented at meeting; don't allow anything late because they have had so much notice and have time to get things together. Assessment

				takes about an hour (usually) depending on group; held either at residential or day; if it is a kid could be at a school setting, homes, wherever need takes us as long as HIPAA compliance. Could be down in Paola at Lakemary PRTF, go wherever need is/placement. Once back, go through cleanup process; all assessors do cleanup and keying into KAMIS; turn support docs into Gail who enters them in. Haven't had an issue w/ getting it in the timeline required; since June have had 3 that have not been keyed in a timely manner; usually something quirky has happened. May be waiting on primary county, or vacation have gotten courtesy assessment.
2) Is the consumer always present for their BASIS assessment? If not, please explain why.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes; the only way they would not be present is if in hospital, or emergency; otherwise they are requested to be there. If they are having an extreme behavior day they will reschedule. They have gone to hospital to do assessments, but otherwise extreme medical situations, weather, etc. if scheduled on site do not want to get them out of the house. Whatever the case they need to lay eyes on the consumer. Will make note in assessment if something extreme came up and the person could not be seen, they must be seen the next year.
3) Does the CDDO report BASIS information to KDADS in the agreed upon timeframe? If not, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial is bigger packet that goes to Andrea and scans into system then Sabrina keys it in and they do not miss dates. Since KDADS put timeframe into place have been good on that.
4) What do you find to be the most challenging aspect of your position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reliability of those reporting information. Seeing something different from what is being reported. Providers are reporting false behavior documentation; same from month to month. Where are the behavior support plans when they have that many behaviors? Sometimes assessors will give to QA team to let them know that there may be false reports. QA recently dealt w/ someone who could lose Licensing due to false reporting Tier 1; everything that was in BASIS such as self-care and daily living is spot on, but they are saying he can't do things, but he can. So there is some leeway to make calculations when entering score in. There is not a lot they can do when they are 'tracking' behaviors and they are documented so sometimes have to take what they can get. Day program has marked something every day 365 and consumer is not even there on weekends, so those concerns were directed to QA. Initial BASIS it is difficult in the other aspect because family does not want to admit behaviors; have to remind parents to be honest about everything so they can get services they need. Case manager helps make sure things are accurate.
5) In your opinion, what improvements can	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Certification that has to be done yearly; have to answer wrong to get it right, ridiculous.

<p>be made to the assessor process?</p>			<p>Deadlines could be improved upon; eligibility and BASIS are same and BASIS takes a much longer time, would like to combine records and BASIS done at one time instead of splitting them up, could get it all done at once. Makes schedule hard fitting in these different assessments w/in 30 day timeline. When KDADS put in place the 7 day rule, they did not realistically look at caseloads, doesn't count weekends or holidays. Makes it hard on staff. If you do an assessment on Thursday, not on Friday already have 40 hours in, Sat/Sun off, Monday, then next thing you know the 7 days is up. Putting a lot of stress on Assessor group to meet deadlines; hard to do anything else but work. If it was just business days or 10 days it would be a lot better.</p>
<p>6) What sorts of education and training is offered to you by the CDDO or you participate on your own?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <p>If have the time they want training on medical coding. They don't have much time for training, besides the yearly renewal. County offers training to do out on your own time. Does more training in regards to Eligibility; has helped with psych/med terminology. Have had people come in from out of state to give trainings etc., have had Doctors come out and talk. ANE rights trainings. They do BASIS roundtables with assessors from different CDDOs once a quarter. Tara Cunningham facilitates a group on the phone quarterly; people email questions from assessors around the state. Trainings are offered to affiliate network; CDDO has started some outreach training. Trained for MFEI. Eligibility has relationship with licensed psychologist at mental health for additional support and can ask questions.</p>