



October 10, 2017

## CDDO Peer Review of

## Disability Planning Organization of Kansas, Inc.

### Review Team:

Melissa McDaniel, KDADS

Colin Rork, KDADS

Linda Young, KDADS

Shannon Jennings, Big Lakes CDDO

Samantha Montanez, TCM

# CDDO REVIEW REPORT SUMMARY OF FINDINGS

Disability Planning Organization of Kansas, Inc. CDDO Peer Review

October 10, 2017

## 1. GENERAL COMMENTS

Disability Planning Organization of Kansas hereinafter referred to as “DPOK” CDDO’s Peer Review was held on Tuesday, October 10, 2017 at 9:00 a.m. Prior to October 10th, DPOK CDDO’s last Peer Review was held February 23, 2011. Mieke Hoeffner is Director for DPOK CDDO and Cheryl Rutz, Access Coordinator was the primary point of contact for KDADS throughout the review process. All information requested prior to the review and onsite was received. The review team would like to thank the CDDO for their preparation, organization and availability throughout the process.

## 2. IDENTIFIED STRENGTHS

1. **BASIS** – KDADS requested a random sample of 14 individuals who had BASIS assessments within the last year. All of the sampled assessments were entered within the agreed upon timeframe, if not prior to. Through on-site interview with the BASIS assessors and a review of assessments, it is evident the CDDO has a good process in place to ensure assessments are completed accurately and entered into KAMIS timely.
2. **Person Centered Approach** – DPOK is in the process of designating a staff person who will travel through all of the different CDDO functions including Eligibility, Basis, Options Counseling etc. The CDDO Director emphasized the importance of relationship building and some of the challenges associated when persons served and family members have to meet with so many different people.
3. **State Aid** – The CDDO has a solid process in place for educating, discussing and expending state aid dollars. The CDDO has dedicated conversations with affiliates about state aid, how to request the dollars, what the dollars can be used for etc. All of the affiliates provide the CDDO with their state aid needs and the CDDO prioritizes and funds these requests based upon those specific needs. Typically, funding occurs within 24 hours when there is an identified need.
4. **Strategic Planning** – DPOK has a “laundry list” of goals they’ve identified and recorded to be completed from July 1, 2017 – June 30, 2018. At that top of their priority list is a comprehensive database that staff are able to access which would be inclusive all CDDO functions: billing, eligibility, quality assurance etc. This would also help to automate some of

their current processes. The CDDO is also looking at their infrastructure. It was determined some mid-level management positions were necessary to help oversee the day to day operations.

5. **Tracking and Trending Data** – Statistics are all captured as part of the CDDO Information Systems (IS) report. This report details number of persons served, transfers, deaths, crisis/exceptions, how many people accepted waiting list offers, eligibility determinations, basis, Tier changes, state aid fund distribution, dispute resolution, MCO assignment etc. The CDDO also maintains a separate system to track complaints and negative actions.
6. **CSP and Consumer/Guardian Interviews** – Overall, the interviews completed for both persons served and affiliates yielded positive responses. One guardian commented “Very impressed with them, very professional and polite. Very glad to have them walk us through this. The process can seem overwhelming and confusing at times.”

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

1. **Outcome 2: CDDO Maintains policy and procedure changes that are approved as required – Monitoring Activity 2.**  
Issue: As a result of the Peer Review Desk Review process, KDADS identified some areas in the proposed policies the CDDO may consider making some updates/adjustments to.  
Recommendation: Refer to below report pages 8-9. Update and re-submit policies to KDADS for final approval and commissioner’s letter.
2. **Outcome 3: CDDO completes all management responsibilities as required. – Monitoring activity 3.**  
Issue: CDDO Website and DPOK, Inc. Service Guide is reflective of other community resources and providers who the CDDO does not hold a current affiliate agreement with including Cloud County Health Center, Salina Regional Health Center, Salina-Saline County Health Department and Sunflower Adult Day Services.  
Recommendation: It would be helpful to differentiate the providers who the CDDO maintains a current affiliation with from other available community resources.
3. **Outcome 3: CDDO completes all management responsibilities as required. – Monitoring activity 3b.**  
Issue: Basis cover sheet indicates “Provider Rights information Shared.”  
Recommendation: Suggest changing the section that indicates “Provider Rights information Shared” to “Provider Rights information accepted/reviewed (Y/N)”. Rights should always be shared. If consumer declines, CDDO can indicate such and have the individual sign.

4. **Outcome 3: CDDO completes all management responsibilities as required. – Monitoring activity 3g.**

Issue: Evidence provided to demonstrate affiliates have opportunity for input on CDDO area systems management appeared to be minimal.

Recommendation: Record attendance at all affiliate meetings. CDDO could incorporate a place holder at every affiliate meeting to allow time for the affiliates to provide input or feedback as necessary to the CDDO. A satisfaction survey or other methods for gaining input from affiliates could be considered.

5. **Outcome 10: CDDO will maintain a locally developed impartial QA process that reasonably addresses the regulatory requirements. - Monitoring activity 10a.**

Issue: There was little evidence provided by the CDDO to demonstrate follow up/remediation is occurring with the affiliate network.

Recommendation: Continue to try to develop a relationship with KDADS licensing staff as the CDDO and KDADS staff can reinforce each other's efforts. Increase the amount of documentation related to follow up efforts with affiliates.

#### **4. FINDINGS**

1. **Outcome 10: CDDO will maintain a locally developed impartial QA process that reasonably addresses regulatory requirements including Choice, Person-Centered, Rights and Responsibilities, Paid/Delivered, Third party payment responsibility and ANE reporting information – Monitoring Activity 10.**

Issue: “The CDDO or affiliate meets both these requirements (A) is reporting any suspicions of abuse, neglect or exploitation to the appropriate state agency; and (B) has corrected or is actively in the process of correcting the cause of any confirmed violation.

Recommendation: The CDDO should develop a plan to be presented to KDADS within 30 days of this report being provided to them to address all Quality Assurance related issues. Please refer to Outcome 10 in the below report narrative for a more detailed description of the identified concerns.

## **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.

**SUMMARY:** This review identified several strengths, as well as opportunities for improvement. Overall, the CDDO does a good job implementing policy and procedures as written. Evidence shows the CDDO does a great job interacting with their consumers/family/guardians and community service providers alike. Correcting the outcomes that resulted in findings and implementing some of the best practice and general recommendations will help the CDDO exceed regulatory requirements and benefit all involved in the process.

# Peer Review Tool

## Review Team Members:

- 1) Melissa McDaniel, PI Manager, KDADS
- 2) Colin Rork, PICS, KDADS
- 3) Linda Young, PICS, KDADS
- 4) Shannon Jennings, CDDO Director Big Lakes
- 5) Samantha Montanez, TCM

Date of Review: October 10, 2017

CDDO Name: DPOK, Inc. CDDO

Address: 119 W. Iron, 4<sup>th</sup> Floor, Salina, KS 67401

Contact Person: Mieke Hoeffner

Phone Number: 785-823-3173

Email: miekeh@dpok.com

## 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

Program Contact:

KDADS Program Integrity

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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"/>	The CDDO and CSP are two separate entities not housed within the same building.	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"/>		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"/>	Reviewers commented: 1) Website is simple and easy to navigate. 2) 'Public Notice' link that provides Public Notice of Intention to Amend Policy or Procedure so they can receive feedback online from interested/invested parties. 3) Might consider including some information for potential affiliates "How to affiliate" area of the website with all the necessary forms. 4) Eligibility information is written in simple, understandable language for the public. 5) Like how they have their service guide pamphlet which provides a brief	No concerns noted.

				<p>description of the services and then lists all the eligible service providers under that category they have affiliated with to do that service.</p> <p>6) The guide to affiliation document needs to be updated. Makes references to SRS/DBHS/CSS. The document indicates that Lorraine Harris is the CDDO Director.</p>	
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**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"/>	Policies have traveled through the appropriate process up to this point. Each policy indicates the last review date, affiliate review, public notice, council review, board approval and submission to commission date.	<p>KDADS has the following recommendations to the submitted policies:</p> <ol style="list-style-type: none"> <li>1) “Single Point of Application, Eligibility Determination and Referral for Persons who have DD” Page 4 under Service Access 2b reads “licensed providers and agencies in the area that have advised the CDDO they <b>might be willing</b> to provide services to that person” – suggest reword.</li> <li>2) “Single Point of Application, Eligibility Determination and Referral for Persons who have DD” Page 4 references another source (K.S.A. 39-1803), should spell out what K.S.A. 39-1803 is.</li> <li>3) Gatekeeping Policy Page 5 – The acronym “BASIS” is defined but it’s not referred to again anywhere throughout the Gatekeeping Policy the term Functional Assessment is used. It seems you wouldn’t need to define BASIS at all in this scenario.</li> <li>4) Council of Community Member Policy Page 17 – don’t see any reference to the council’s involvement in the QA process. The QA Policy mentions the council serves as the QA Committee but that function is not listed in this policy.</li> <li>5) Continuity and Portability of Services Policy Page 20 – spell out what the policy actually consists of.</li> <li>6) Election of DPOK CDDO Council of Community Member Policy page 25 suggest removal of BASIS reference.</li> </ol>

						<p>Might refer to as functional assessment.</p> <p>7) “Discharge by Disability Planning Organization of Kansas, Inc.” Policy contains a typo in the Policy header. Statement reads “...discharged from service except for a reason permitted by law, Regulation or State Policy.” Need to add comma after “law”</p> <p>8) Funding Committee Policy under Procedure 1. Typo in “Home”</p> <p>9) Restraint/Seclusion Policy – Critical Incident and AIR report should be made in the event of restraint/seclusion.</p> <p>10) Suggest creating a policy to correspond to local CDDO critical incident management system/AIR.</p> <p>11) DPOK makes reference to a “Procedure Manual” in the header of each page when there appears to be only policies.</p> <p>12) QA policy states that committee will arrange for on-site monitoring of services provided, it does not state how often this will occur (% sample). Seems the process relies more on the internal monitoring by each CSP. This policy/procedure could provide more information on how the CDDO/Committee will be involved to ensure Quality outside of internal reviews.</p> <p>13) Suggest creating a policy/procedure to spell out the current process for distribution of state aid funds.</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"/>	Review team reviewed all current affiliate agreements, evidence shows the CDDO has current affiliate agreements for each affiliate.	There are four entities listed on website as DPOK, Inc. Services that do not have current affiliate agreements (Cloud County Health Center, Salina-Saline Health Department, Salina Regional Health Center and Sunflower Adult Day Services). Cloud County Health, Salina Regional Health Center and Salina-Saline Health Department do not require affiliate agreements. Director stated that Sunflower Day Service has a new CEO and they are working with them to go through the affiliation process with the CDDO. Currently they have one consumer with IDD being served at Sunflower Day Service. Recommend separating out the providers who maintain affiliation with the CDDO from others.
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"/>	CDDO has not cancelled or suspended any affiliate agreements.	No concerns noted.
3b.	Did CDDO report BASIS information to KDADS in the agreed upon timeframe? (All functional assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KDADS requested sample of 20 consumers who had BASIS assessments in the last year and CDDO provided	One consumer in the sample did not have a complete BASIS cover sheet. There were no signatures and 'No' was circled on

	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 request, 30 days to complete assessment from date of request, 7 days to enter in to KAMIS).				requested sample for review. Evidence shows the CDDO reports BASIS information to KDADS in the agreed upon timeframe. All sampled were entered into KAMIS in 7 days or less. CDDO follows regulatory requirements and has a good process in place to ensure timely reporting.	Rights Shared. CDDO stated that this was a special referral regarding a Waiting List offer.  Suggest changing the section that indicates “Provider Rights information Shared” to “Provider Rights information accepted/reviewed (Y/N)”. Rights should always be shared, if consumer declines, can indicate such and have them sign.
3c.	Following a sample of crisis/exception requests, do CDDO processes/procedures meet state guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KDADS requested to view a sample of crisis/exception requests in the last year. CDDO provided 7 files for review, 2 requests were denied. All denial letters/emails included the reason why they were being denied and appeal/dispute information. Review team liked the “CDDO Service Access Checklist” which ensures all information is provided, received and tracked.	Review team noticed some forms noted that “Signature was optional at Case Manager discretion”. CDDO staff stated that was an old form and this is no longer an option. All forms that were completed after requiring signatures, had signatures included.
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"/>	KDADS requested sample of 12 eligibility determinations completed by the CDDO in the last year. 6 were determined to be ineligible and 6 eligible. Evidence demonstrates CDDO process/procedures meet state guidelines and comprehensive options counseling was completed. The CDDO mails out an Eligibility Application Packet to those interested in applying for services. The packet includes a checklist outlining items to be returned, CDDO general information, Authorization forms, HCP/CDDO Policy, and acknowledgment of receipt of Notice of	The DPOK application packet includes the HCP/CDDO Policy regarding eligibility determination from 2004. This policy includes outdated language and should be replaced. The CDDO is aware and acknowledged they would be updating packet to include most recent policy on eligibility determination.

				<p>Privacy Policies. The review team believes the handout developed by the Kansas CDDO Coalition for information about work and emphasizing that Kansas is an employment first state for people with developmental disabilities is a best practice. Includes general information on employment and benefits, along with contact information for Vocational Rehabilitation, Working Healthy, and WORK.</p> <p>Those determined ineligible for services receive a denial letter/email including the reason they are not eligible, a copy of the definition of IDD, other types of services they could pursue, and informs individuals of their right to appeal/dispute, or request a redetermination.</p> <p>Consumers who are determined eligible receive an eligibility determination letter with a packet of information and forms. Following comprehensive options counseling eligible consumers sign acknowledgment of information received. This acknowledgment form includes a checklist of what they received at options counseling, which is consumer rights, information about services provided in area, listing of all affiliates, self-direction as an option form (best practice), employment handout (best practice), and case management provider selection.</p>	
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					The Case Management form includes all TCM options and a place to indicate “Declining TCM Services at this time”. Samples show policies and procedures are implemented as written and comprehensive options counseling was provided and evidenced by signatures of consumer/guardian. Consumer interviews confirm a timely and understandable process.	
3e.	Following a sample of provider case transfers inside and outside the CDDO catchment area, does CDDO ensure processes/procedures meet state guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KDADS requested a sample of 8 consumers who had recent case transfers inside and outside the CDDO catchment area. All included CDDO Area Transfer Forms which includes consumer, current service and funding information, as well as, checklist for case file documents for transfer. The same transfer form is utilized for those transferring in and those transferring out of the CDDO area. Evidence shows the CDDO has a good process in place to ensure timely and accurate transfers. It is apparent the CDDO processes and procedures are implemented as written and meet state guidelines.	No concerns noted.
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 all agreements are uniform and provide the same information and opportunities. Affiliation agreement does not extend advantages not offered to other CSPs.	No concerns noted.

3g.	<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>One year of Quarterly Affiliate meeting minutes were reviewed. Evidence shows affiliates have some opportunity for input. Recent affiliate meeting shows agenda item asking affiliates to add topics or agenda items for the upcoming CDDO business meeting. Notes also demonstrate the CDDO utilized affiliate meetings to solicit input on updating policies and procedures.</p> <p>Aside from affiliate meetings, the CDDO regularly emails updates and notifications to their provider network.</p> <p>KDADS survey monkey had eight responses from the CDDO affiliate network. Evidence shows there could be some improvement to the process to ensure affiliates are aware of their opportunities for input. Overall, affiliates feel the CDDO is impartial and make input opportunities available for all affiliates.</p>	<p>Review team believes it would be beneficial to ensure attendance is recorded on affiliate meeting minute notes for documentation of who was present and participated in meeting.</p> <p>It is recommended that the CDDO adds a standing agenda item making input opportunities available for all affiliates. It would be considered best practice to reserve time for CSPs to voice any issues and/or suggestions to improve CDDO area system management.</p> <p>A satisfaction survey may be helpful for the CDDO to gain additional insight from their CSPs.</p>
3h.	<p>Does CDDO have any individuals who work for both the CDDO and the CSP? If so, review a sample of PD's.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>DPOK, Inc. is a stand-alone CDDO. Staff is 100% dedicated to CDDO functions.</p>	<p>No concerns noted.</p>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPOK, Inc. contracts with OCCK for Executive Management functions for President/CEO and VP/CFO positions. Copy of contracts for both positions were provided.	No concerns noted.
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**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"/>	Policy and procedure titled “Affiliation to Provide Services” outlines the CDDO affiliation process. Potential applicants also receive an Affiliation Process guide with additional information for what is required to become an affiliate.  The CDDO also provides information on Affiliates and Affiliation on their website.	No concerns noted.
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 provided evidence and documentation showing they track the status of all applicants and monitor to ensure all necessary information is received.	It is not apparent when or if those requesting affiliation receive notification of appeal/grievance rights.



**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"/>	Reviewed “Single Point of Application, eligibility Determination and referral for persons with IDD”. The CDDO informs eligible persons of the role of Community Service Providers and how each may be accessed. The “Service Access” section ensures person, family, or guardian is fully and impartially informed regarding all Community Service Providers and services that are available. Evidence provided through BASIS, options counseling, transitions, and letters to consumers institutionalized indicate policies and procedures are implemented as written.	No concerns noted.

**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 their “Funding Committee Policy State Aid Funding Plan”. State Aid reports submitted to KDADS show funds are disbursed impartially to several different providers throughout the DPOK network. At the most recent affiliate meeting, the CDDO brought state aid up as a topic of discussion, they share the taxonomy codes so affiliates understand what state aid dollars can be applied towards. Affiliates were asked to come prepared to discuss at the next meeting what their state aid needs are. Based upon	Suggest creating a policy/procedure to spell out the current process for distribution of state aid funds.

				information received, the CDDO will prioritize those identified needs and fund accordingly. When an imminent need is identified, the CDDO typically funds within 24 hours.	
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**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"/>	The CDDO provided “Training Outline for Single Point of Application and Operations Staff” which outlines training requirements and was approved by the COCM. A list of trainings was provided for Mieke, Cheryl and Laurie. Policy indicates staff will obtain at least 16 hours of training. Evidence shows staff has completed in excess of the 16 hours of training.	No concerns noted.
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"/>	CDDO provided decision making process procedure and sample letter, Decision Making Interview Checklist and Decision Making process form. Evidence demonstrates 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"/>	Conducted a sampling of eight individuals who changed service providers including the decision making checklist and worksheet, authorization forms and formal letter to indicate the specific change in provider. Notifications were 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"/>	Currently, Mosaic is the only DPOK affiliate who specializes. Reviewed “Uniform access to Service and Continuity/Portability for People from the DPOK, Inc. Service Area” and Service Access Checklist. Affiliate agreement does not include a non-discrimination statement. The CDDO explained this was an intentional decision if at any point the state language changed. The CDDO prefers to reference their own policy.	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"/>	There is no person in DPOK area who has been determined inappropriate for community services.	No concerns noted.

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewed QA Committee – CDDO Functions procedure, critical incident spreadsheet with a years’ worth of critical incident reporting, a sampling of Quality Indicator cover sheet/quality assurance interviews, Quality Assurance Interview Data, Satisfaction Interview Data, Council of Community Member meeting minutes.	Regarding the CDDO Critical Incident System – The CDDO indicates they receive Critical Incidents via email from affiliates or the affiliate has the option to print off the KDADS air report and submit. There is no formal policy/procedure which outlines the critical incident process. However, CDDO staff indicate in person trainings have been offered. From September 2016

						<p>to September 2017, the CDDO received a total of 60 critical incidents which is an average of 5 incidents per month. Reviewers then cross walked the local reporting system data for this exact same time frame to the AIR system and discovered an even lower number of reported critical incidents (38). Considering the number of individuals in services in the DPOK area, the state believes the number of incidents currently being reported to the state and to the CDDO to be artificially low. It was also noted of all the affiliates DPOK represents, the same five providers are consistently reporting. There is a concern about the lack of reporting from the other affiliated providers. Additionally, the CDDO does not seem to have a handle on how many (if any) of the ANE related reports are also being reported to the appropriate state agency. When asked how the CDDO is tracking this, the CDDO responded this isn't something they are aware of unless the provider offers up that sort of information. The CDDO mentioned, this isn't information they reach out to obtain. There was also little to no evidence provided the CDDO is following up on critical incidents being reported to them. Additionally, the state reviewed a dozen Quality Indicator surveys. There didn't appear to be much deviation in any of the reported responses and very few comments provided. The</p>
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						state would question whether or not the CDDO feels they are able to capture meaningful data using their current processes.
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"/>	KDADS was provided critical incident tracking spreadsheet as follow up along with DPOK satisfaction interview data. CDDO has not had to put any affiliates on corrective action plan. Per the CDDO, this is something KDADS licenser typically takes the lead on.	KDADS would suggest the CDDO increase the amount of documentation related to follow up efforts with affiliates. Through Satisfaction Interview Data reviewers were able to see some of the issues being identified but, little evidence provided to demonstrate follow up efforts on the part of the CDDO. There was some reference to follow up in meeting minutes but no specifics were provided. The CDDO indicated they have conducted follow up with affiliates through face-to-face and telephone conversations.

**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"/>	Reviewed annual letter to the person/family/guardian of available community service choices and types in or near the person's home. The CDDO is utilizing the rights pursuant to the DDRA along with packet including the DPOK, Inc. Service Guide. This guide lists all affiliates and provides definitions for each type of service provider.	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed 2 requests for ICF over the course of the last year. DPOK is following appropriate gatekeeping processes.	No concerns noted.

	appropriate “gatekeeping” policies and procedures to ensure appropriate processes were followed?					
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**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
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"/>	Evidence shows the Council of Community Members is comprised of a majority of person served/family members/guardians (13) and includes affiliates of the CDDO (6). COCM meets regulatory requirements.	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"/>	Reviewed Appeal and Dispute Resolution process policy and a sample of denial letters. Evidence shows letters include information on their right for reconsideration, appeal and dispute resolution. Letters indicate that CDDO offers this information to anyone who has had an appealable/disputable determination. Additionally, the CDDO has Dispute Resolution information contained within the DDRA Rights flyer which is distributed to persons served.	No concerns noted.
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewers conducted a sampling of letters where a negative action has been initiated by the CDDO. Evidence demonstrated persons are being provided with	No concerns noted.

	action has been initiated.				information about the dispute resolution process.	
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 their “Complaint Tracking or Negative Actions DPOK 10.1.16 to Current”. There were 12 items being tracked in the past year, 4 made dispute resolution requests, and 2 went pursued the formal dispute resolution process. The CDDO tracks the type of action, date complaint received, name of complainant, complaint category, complainant issue, status of issue, how issue was resolved, and date issue resolved. Evidence shows the CDDO maintains and tracks all incidences in which the dispute resolution process was initiated by any party.	No concerns noted.
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"/>	The CDDO provided “Trending Data for Negative Actions”. Evidence shows they are currently tracking provider changes, BASIS assessments, Service Access requests, and Eligibility Determinations.	Once trends are established, the CDDO should ensure that it documents how the information will be utilized to improve the CDDO system.

CONSUMER/FAMILY INTERVIEW	Y	N	N/A	COMMENTS
<b>15 total respondents</b>				
1) Did you understand the eligibility application process? If not, please explain	15	0	0	1) Very helpful.
2) Do you believe the eligibility determination process is understandable and timely? If not, please explain.	14	1	0	1) CDDO was helpful when we had any questions. 2) Any questions we had were answered and explained. 3) None, paperwork was done quickly. 4) Very timely 5) They were wonderful. 6) Difficult to answer. My daughter is nine and I was told we need to do assessments now – even though she will be on a waitlist for a while. Program does not seem very timely. But yet, DPOK was timely in setting things up. 7) Timely – no. Would leave messages often, took a while, months for them to get back to me. Finally got someone with emailing. 8) Just not the help I was looking for. Was denied because of IQ test. Was told by 2 <sup>nd</sup> grade teacher to have him tested for Asperger’s Syndrome, but I never did. Now at 20 years old, he is struggling.
3) Do you believe the service referral process (including options counseling) was timely? If not, please explain.	13	2	0	1) Still in process of meeting TCM for first time through OCCK. 2) Did not get options – just found out today she does not qualify because of a test result. 3) Was given no 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.	14	1	0	1) Received this information with all choices in their area. 2) Not yet anyway.
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?	6		9	1) On waiting list. 2) All options were explained. 3) Get TCM services, on WL for IDD waiver. 4) Waiting at this point. 5) I was given a list to choose from. 6) Yes, I got a list and chose TCM provider.
6) If currently receiving services, have you ever changed service providers? If so, how did you receive information about all your service options?	0	3	12	1) CDDO. 2) TCM and CDDO 3) CDDO 4) Have not switched.



				<p>5) Not receiving services, but would contact CDDO.</p> <p>6) We have never changed providers.</p> <p>7) Did not change providers until we moved.</p>
7) If currently receiving services, do you know who to contact if you want to change service providers? If so, who?	8	0	7	<p>1) TCM and CDDO.</p> <p>2) CDDO</p> <p>3) Have all the paperwork they gave me.</p> <p>4) Sure, it is listed in my papers.</p> <p>5) Moved out of area.</p>
8) Do you have any other information regarding your interactions with the CDDO that you would like for us to consider?	9	3	3	<p>1) Pleasant experience, just waiting now.</p> <p>2) Everyone we have worked with so far have been very helpful and open to questions.</p> <p>3) They answered all my questions.</p> <p>4) Pleasantly surprised how quick the process was, thought it would take longer.</p> <p>5) They were just very good to work with.</p> <p>6) Very impressed with them, very professional and polite. Very glad to have to have them to walk us through this – can seem overwhelming and frustrating at times.</p> <p>7) Was not pleased with customer service. Would appreciate if calls were returned sooner. Even personally took test results to their office and everything shut at 4:15 – hours were not posted.</p> <p>8) Everyone seemed very helpful. If they can continue to put more things on-line that would be great.</p> <p>9) No other info to report.</p> <p>10) Feel they are very professional and very easy to work with.</p> <p>11) No further feedback to give at this time.</p>
<b>COMMUNITY SERVICE PROVIDER INTERVIEW</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>8 total respondents</b>				
9) Does the CDDO have an effective process for completing the annual BASIS assessment? If no, please explain?	8	0	0	<p>1) DPOK scheduled 30-45 days ahead, assessments are face to face, they invite all team members, person is the focal point, they enter and share a copy with us, we receive the notice, they talk about appeal processes.</p>
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.	4	2	2	<p>1) Council of Community Members and Affiliate meetings.</p> <p>2) Information is shared at Affiliate meeting when they have one, timely responds is lacking.</p>

11) Does the CDDO share information about your CSP with persons seeking services?	6	1	1	1) In person at affiliate meetings, through emails and trainings held. 2) No experience with this. 3) We are listed on the web and handouts.
12) Does the CDDOs literature demonstrate impartiality regarding the CSPs in your area?	6	0	2	1) All emails, etc. are addressed to the whole affiliate list.
13) Are you aware of communication in which the CDDO benefitted one CSP over another? If yes, please explain.	0	6	2	No comments received.
14) Does the CDDO manage an effective process for persons to access your services? If not, please explain.	6	1	1	1) Have in the past had one or two referrals from the CDDO. 2) This process is not done in a timely manner.
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?	3	3	2	1) We were not aware that they could. 2) We have not received any.
16) Does your CSPs grievance/dispute resolution process refer the person to the CDDO if the issue is unresolved? If not, please explain.	6	1	1	1) No experience with this topic.
<b>CDDO STAFF INTERVIEW</b>				
<b>MIEKE HOFFNER, 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, we have not refused. Last new affiliate was two years ago, Rosewood. Tend to let everyone in, not enough providers ever it seems.
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"/>	Not w/in this review period. In 2009 in partnership with the state, they did suspend an agreement and they cancelled their license. Pretty significant issues to say the least. The state and DPOK partnered and did process simultaneously.
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"/>	In the Information Systems Report, we track email communication and how many pieces of information they send to affiliates. No state aid will be kept for administration, they all go to services. We've stood really firm on that. Drafts pretty much whatever is going on.
20) Does the CDDO maintain separate in CDDO/CSP functions? If so, how?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes. Our board did a separate 501c3. We have our own audits, own checking account, own location. One of the key things back in 2002 when they decided to split off.

21) Do you explain the difference between the CDDO and CSP functions to families and consumers? If so, how?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In application packets there is a gray sheet, what is a CDDO? Another brochure to answer questions about services when the CDDO offers presentations. All information is covered in decision making meetings.
22) Do all CSPs in your area serve anyone requesting services, regardless of severity of disability? If not, please explain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, they do. Cheryl holds uniform access very highly. Takes people to task when there is any deviance from that. Have some specialization – Mosaic in Ellsworth does not do case management for children. Sometimes they get some pushback at the onset of a provider selection. To CSPs – “They have selected you, you need to figure out how you are going to.” Sometimes they hear about it when someone wants to transition. The CDDO is not always people’s favorite person.
23) Does the CDDO QA process assure services are provided in a manner consistent with Article 64 including: Choice, Person-Centered, Rights & Responsibilities, Paid/Delivered, Third party payment responsibility, Report ANE? If so, how?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to folder 10 cover sheet, here are your services, did you get what you paid for etc. Yes, they do.
24) Does the CDDO inform persons and providers of the dispute resolution process? If so, how?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the actual procedure on the website. In all letters it says to contact the CDDO if they’d like pursue the dispute resolution process. They have talked about including a flow chart or easy to understand the process to accompany the letters. They feel they could help to provide some more education. This would be an area of improvement.
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coalition that has come together that has put together some best practices. Helped us to be the most efficient we can be in our rural areas. It take a lot to get to do 1200 plus assessments face to face. DPOK brings a separation for other CDDOs who are not separated from the CSP. Having that funding advisory panel to have an extra set of eyes to look at that. Instead of just sending out a packet of info once s a year to see if people still want to be on the waitlist. They have a dedicated person to make calls to check in with the person to see how they are doing, do they still want to be on the WL. This has helped with clean up. Staff at DPOK have lots of years of experience in other systems. Laurie worked as a trainer for many years, Christi in a mental health center, also MCO care coordinator, Cheryl did direct services. All of those pieces help to make us stronger as a whole.
26) In your opinion, what are some areas your CDDO could make improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dispute resolution, want to come up with a better tool when they send out negative actions. Enhance follow up strategies with people who do cold calls. Five day follow up with every walk in and every cold call. Working with a company who is customizing a dataset for us so staff are promoted to get in contact. More community based training

				for people with disabilities and their families. Looking at offering one on guardianship and other topics they may be interested in. Much more efficient QA system. QA will be built in to the new database. Need alerts so they can follow up. Otherwise they don't get any information back. Automatic error functions built in to it if certain follow up does not occur by staff.	
27) What CDDO function do you find to be the most challenging?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Service access barriers in crisis. Friday afternoon this person is pulled from their home. Mom and dad just went in to the nursing home. Need immediate assistance, can't go to homeless shelter, how do we get something? Use state aid for part of that, it's still a process and it's still hard. Have to still get Medicaid approved if it's not there, get an MCO on board if it's not there etc. Urgent times when your stomach is churning to try to get the right things in place for the person. Watching people struggle when it's the system that's keeping them from getting what they need.	
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"/>	We worked with board and executive management and we have a laundry list of goals. Comprehensive database that staff are able to go in and out of – billing, qa, eligibility etc. Looking at our infrastructure within who does what since 2002 or so been too long. New we needed some mid-level management to handle the day to day operations. Cheryl accepted the access coordinator position to help fill this gap. Hate the fact when someone walks through the door they've met with 5 different people. Very confusing and there's no way to develop a relationship. Let me walk through the system with one person. Looking at developing a position that is one person. After that, some new projects we could partner on MFEI etc.	
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 checked="" type="checkbox"/>	ISR report. Different quarterly state reports. Staff are tracking on different spreadsheets. Database will be nice to have. IS report will come straight from there.	
<b>BASIS ASSESSOR INTERVIEW</b>		<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>CHRISTI AND LAURIE, BASIS ASSESSORS</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: Send out checklist, call person and inform them they have assessment coming up. Show them choice form. If they have case manager, notify case manager.  Reassessment: print off list through KAMIS, work on scheduling with CM or person/guardian and support staff. Conduct BASIS, bring it back and take it to Jamie on Monday's/Thursday (twice a week). Keep things timely. Send out checklist, call person and tell them that they are informed.	
2) Is the consumer always present for their	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Goal is that consumer is always present. There have been crisis situations (e.g. BASIS	

BASIS assessment? If not, please explain why.				scheduled for young man in Hutch and he ended up going into PRTF/Hospital, just met with father). Has done initial BASIS with parents who thought child would not do well in setting. Meet with parent and then make arrangements before leaving town to go by and at least meet the individual. Intent is to have them in BASIS. Once in a while some of the adults are not comfortable in settings, they come and then they excuse them if not handling things well or not comfortable. (e.g. client gets excitable with guardian present, she did not come, but makes a point to visit the person). Make sure they are content with services. Sometimes if they are getting paid to work they do not want to go to BASIS so they will go to their work to visit with them.
3) Does the CDDO report BASIS information to KDADS in the agreed upon timeframe? If not, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have 365 rule for BASIS to be entered from last BASIS, stay prior to that date. On initials have 5 days to schedule and 30 days to complete assessment. Turn BASIS in to Jamie twice a week on Mondays and Thursdays and she enters them in within 3 days. Sometimes Cheryl will enter them in if something comes up.
4) What do you find to be the most challenging aspect of your position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coordinating with all the parties. Sometimes it is not too bad, and sometimes it is a nightmare. Foster care is most difficult
5) In your opinion, what improvements can be made to the assessor process?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Be more consistent being able to meet with everyone face-to-face, would be nice to do video conference or skyping. Challenging to convince guardian of the need to get this done.
6) What sorts of education and training is offered to you by the CDDO or you participate on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	State website training (not a fan), staff had to help due to having to answer a couple questions wrong to pass. Get emailed opportunities, training in Topeka, CDDO is very open to them training. Train with interhab. Have eligibility workgroup and BASIS roundtable that meets at least quarterly. Work closely within the office and with peers, it is very helpful.

## REBUTTAL COMMENTS

Hi Mieke,

Specifically, the reason for the finding was based on Article 64 Regulation 30-64-27 (5) (A) & (B)

(5) The CDDO or affiliate meets both of these requirements:(A) Is reporting any suspicions of abuse, neglect, or exploitation to the appropriate state agency; and (B) has corrected or is actively in the process of correcting the cause of any confirmed violation.

The appropriate state agency referenced above would be DCF and KDADS per the Adverse Incident Reporting Policy. Both are requirements. Based upon evidence presented at the Peer Review and a conversation with a CDDO staff, the State of Kansas does not believe the current process DPOK has in place meets the above mentioned requirements to ensure for the health and welfare of persons served. Evidence provided demonstrates only a handful of your affiliates are reporting critical incidents in to the local CDDO system, let alone AIR and APS. The CDDO has a responsibility to help ensure all affiliates are making the necessary reports to the appropriate state agencies. When reviewers asked a DPOK staff member how they are informed APS/CPS reports are being made, it was noted this is not something that is tracked or followed up on. The provider either offers up the information or they do not. This is not adequate in order for the CDDO to be in compliance with this regulation.

Issuing a finding in this circumstance is appropriate so the State can document and receive detailed information on how you are improving your current system. This process will require KDADS monitoring and follow-up to ensure implementation within the agreed upon timeframes.

Program Integrity has presented your rebuttal to the Commissioner for her consideration and it is the commission's decision the finding will stand.

### **Melissa McDaniel MS**

Program Integrity Manager

Community Services and Programs Commission

Kansas Department for Aging and Disability Services

New England Building

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**PLEASE NOTE MY NEW EMAIL ADDRESS** [Melissa.mcdaniel@ks.gov](mailto:Melissa.mcdaniel@ks.gov)

**From:** Mieke Hoeffner [<mailto:miekeh@dpok.com>]  
**Sent:** Thursday, November 02, 2017 4:37 PM  
**To:** Cheryl Rutz; Melissa McDaniel [KDADS]  
**Cc:** [sjennings@biglakes.org](mailto:sjennings@biglakes.org); Amy Penrod; Colin Rork [KDADS]; Linda Young [KDADS]; Shelia Nelson-Stout; [mcmmanagement@peoplepc.com](mailto:mcmmanagement@peoplepc.com)  
**Subject:** Re: DPOK Peer Review Report 10-23-17

Good afternoon Melissa,

DPOK, Inc. would like to extend our appreciation for the opportunity to show you and the review team what we do at our CDDO.

In response to the *Finding* on the peer review, DPOK is requesting the *Finding* be changed to a *Recommendation for CDDO* as we feel the review team's input is more recommended enhancements to the current system rather than a finding that no evidence of a quality assurance system exists.

We are putting enhancements in place with our current quality assurance system, so it evolves into a more robust and engaging process, so our concern does not lie with the recommendations the review team made, our concern is a *Finding* indicates something was not present.

Thank you for your consideration and again for your time spent on this review.

Respectfully,

Mieke

*Mieke Hoeffner*

CDDO Director

Disability Planning Organization of Kansas, Inc.

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>>> "Melissa McDaniel [KDADS]" <[Melissa.McDaniel@ks.gov](mailto:Melissa.McDaniel@ks.gov)> 10/23/2017 3:11 PM >>>

Good afternoon Mieke & Cheryl,

Attached are the results of your recent Peer Review. Thank you again for all the hard work and effort you put in to this process. Please let me know if you have any questions or concerns related to any findings/recommendations/comments etc. As you are aware, your organization has 10 business days to provide any sort of rebuttal you'd like to provide back to KDADS. If nothing is received within that timeframe, please plan to return your completed Performance Improvement Plan (PIP) which is due in 30 calendar days. I had a few holidays and days off to take in to consideration in the upcoming month, so please don't hesitate to correct me in the event I've miscalculated the December 7<sup>th</sup> due date.

Thank you again,

**Melissa McDaniel MS**

Program Integrity Manager

Community Services and Programs Commission

Kansas Department for Aging and Disability Services

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