



July 11, 2017

CDDO Peer Review of Sedgwick County Developmental Disability Organization

Review Team:

Linda Young, KDADS

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CDDO

CDDO REVIEW REPORT SUMMARY OF FINDINGS

**Sedgwick County Developmental Disability Organization
July 11, 2017**

1. GENERAL COMMENTS

The review team thanks the CDDO for all the hard work, preparation and coordination to make this review as effective and efficient as possible. The Sedgwick County Developmental Disability Organization CDDO Peer Review was held on July 11, 2017 beginning at 8:30a.m. Prior to July 11, 2017, the Sedgwick County Developmental Disability Organization was last reviewed on July 10, 2012. Currently Dee Nighswonger serves as Director of the Sedgwick County Developmental Disability Organization and she was the primary point of contact for KDADS throughout the review process. Desk review materials were submitted timely, all information requested was received. Files and samples were separated and labeled by specific outcome, and all required documentation was supplied for the on-site review. The organization of on-site review materials was very helpful and much appreciated.

2. IDENTIFIED STRENGTHS

1. **QA Monitoring System** – The CDDO has developed an excellent Quality Monitoring system which includes many useful forms and mechanisms to gather information to evaluate their affiliate’s performance and to evaluate their overall CDDO system of care. The QA system includes a variety of on-site monitoring tools, standardized scoring of the on-site reviews so that feedback can be tabulated across the affiliate network in a standardized manner and the use of continuous improvement plans and corrective action documents as needed. The CDDO routinely meets with KDADS licensing staff to discuss concerns/strengths/issues identified within the affiliate network. The CDDO provided strong evidence of their tracking/trending/analyzation of the information they collected and the CDDO uses these reports to provide feedback to each affiliate provider within their network and for presentation and review of the information to various committees. The CDDO provided evidence of follow up on identified issues through a variety of monitoring techniques. The CDDO provides training to their on-site reviewers to ensure consistency during the review process. The monitoring system developed would be considered a best practice model.
2. **CDDO Website** – The CDDO has developed a good website. The website was easy to navigate, very functional, displayed CDDO policies, was well designed and grouped information into easily understandable categories. It contained useful

content for persons learning about services (referral processes, resources, fast fact information, service descriptions) and relevant information on the affiliate network, how to affiliate, etc. CDDO forms are posted on the website. The information is posted in an impartial manner and overall the website contained a wealth of information pertinent to the CDDO operations.

3. **Policy/Procedure Format** – The CDDO generally had well written and organized policies and procedures. The format the policies/procedures were organized in was easy to read and policies were generally detailed.
4. **Distribution of State Aid Dollars** - The CDDO’s process allowed for multiple providers to access the CDDO’s state aid funds for a variety of different uses. The CDDO has developed a packet of information that is used for application of the funds. The CDDO fully expends its’ allocation of funds annually.
5. **Entering of Information into the KAMIS System** – The CDDO was very timely in entering information into the KAMIS system and they appeared to have well developed processes in place to streamline and handle their workload volume in an adequate and timely manner. All sample files reviewed for eligibility, crisis funding, annual functional assessments were completed in a timely and prompt manner, including the entering of all information into the KAMIS system.
6. **Engagement and Solicitation of Feedback with and from the CDDO’s Affiliate Network** – The CDDO showed evidence that they have provided many opportunities to engage with their affiliate network through several different modes. It was evident that the CDDO has a continuous process that allow for affiliate feedback to occur through an ongoing process. This engagement process helps to support the analyzation of information obtained by Quality Assurance and reinforces the overall intent to improve the local system of care to individuals receiving services in Sedgwick county.
7. **General Use of Best Practice Information to Build and Improve the Local System of Care** – The CDDO indicated that they feel that they utilize several best practice and other types of initiatives to improve their local system of care. Some examples of this include the following: Workplace.com which focuses of fraud/waste and abuse training, the use of the Relias learning system, an anonymous reporting system to report concerns to the CDDO, collaboration with a number of local entities (school districts, Business Leadership Network, WSU, National Association for Dual Diagnosis, law enforcement) and incorporation of trauma informed language into policies/practices. The CDDO is moving toward utilizing more technology in their interactions with their affiliate network and through the use of an electronic record. The CDDO is also utilizing their county mill levy money to help incentivize their providers to maintain individuals in the community who are in crisis.

8. **Printed Materials Disseminated to Individuals/Consumers** – The CDDO had several well designed informational pamphlets as well as other printed information which they utilize to assist with their dissemination of information about their various CDDO processes to the individuals/guardians they interface with.

3. RECOMMENDATIONS FOR CDDO

1. Outcome Desk Review: Review of Policies and Procedures, Website and Newsletters – Monitoring Activity 1.

Issue: Some items on the website need to be reviewed/updated and as related to the specific peer review tool, there were some policy change recommendations.

Recommendation: The website had a few broken links which need to be fixed. Not all the current affiliate agreements were listed on the website and there was some discrepancy in the affiliate information listed on the website versus the signed executed affiliate agreements listed on the website. Recommendation for the CDDO to consider the featuring of additional CDDO staff on their website (currently only the Executive Director is featured). The website did mention “Basis” and the CDDO may want to consider updating that language to “Functional Assessment”. As far as policies, the Options Counseling policy needs to clarify that Options counseling is completed on an annual basis. The Dispute Resolution policies need to clarify how the CDDO provides information to an individual/guardian of their right to appeal or their right to dispute resolution. KDADS recommends the CDDO develop a policy for Continuity and Portability of Services.

2. Outcome 3: CDDO completes all management responsibilities as required -

Issue: The Affiliate List provided on-site was accurate; however, discrepancies were found in the website information of the affiliates and the affiliate agreements listed on the website. The published Directory of Affiliates provided for on-site review did not list Dream Vision (may have had a name change) as a provider even though they had an executed contract to provide services effective April 5, 2017.

Recommendation: Review all materials to ensure that all affiliates are included on the affiliate list in the published in materials provided to individuals/guardians. Ensure that the website information about affiliates is accurate and that current executed contracts published on the website match the affiliates listed on the web.

3. Outcome 11: Is the CDDO informing person/family/guardian of available community service choices and types in or near the person’s home annually?

Issue: The CDDO presented a spreadsheet and sample letter of a mass mailing sent out annually that shows the individuals the mass mailing was sent to. KDADS had requested evidence per sample file review for specific cases; however, the CDDO was unable to produce specific evidence on a case by case basis which showed the actual letters were sent to these individuals. So, KDADS was unable to fully assess compliance in this area.

Recommendation: KDADS would request that the CDDO print a copy of each letter sent annually and place a copy of the letter into the individual's electronic file to show evidence that this probe is being fully met.

4. Outcome 12: 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? – Monitoring Activity 12a

Issue: The published listing of council members does indicate when the members' current term on the committee expires and ends for each individual on the council; however, it does not list when the current term began or how long each individual has been serving on the COCM board. KDADS was unable to determine how long some individuals had served on this committee (if longer than two consecutive terms). Also, it appears from meeting minutes that a different CDDO representative attended an executive committee meeting, although this staff person is not identified on the membership listing as an "approved sub" for the CDDO representative on the roster.

Recommendation: KDADS would request that this information be added to the listing and it should be tracked by the CDDO and reflected in meeting minutes as documentation this requirement is being addressed and met. Also, please ensure that the membership roster indicates if the CDDO will be sending other staff and if they are approved to do this for future references.

4. FINDINGS

Outcome 8: Informed Choice of Community Service Providers –

Issue: Transfer choice forms were being completed primarily by phone with the individual/ guardian and the process was being documented by the CDDO staff as providing and receiving a telephonic options counseling process, with no follow up process in place to gain the individuals or guardians actual signature. There was also no process or evidence that the CDDO had gained the individuals or guardians consent that they could document their signature in this manner.

Recommendation: KDADS would like to see the CDDO develop a plan with timelines to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.

Outcome 13: CDDO maintains an effective dispute resolution system that meets regulatory requirements.

Issue: The CDDO policies do not indicate how the CDDO provides information to an individual to educate them of their right to dispute resolution. This item is not listed in the rights notification. When asked about this, the CDDO indicated that individuals would have to go to the website to access the information as they do not routinely provide it to their individuals/guardians.

Recommendation: KDADS would like to see the CDDO develop a plan with timelines to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.

Outcome 13- CDDO maintains an effective dispute resolution system that meets regulatory requirements – Monitoring Activity 13a

Issue: Appeal rights and/or dispute resolution information was not being sent directly to individuals/guardians for crisis denials and state aid funding denials. The appeal/dispute resolution information instead was being sent to the TCM provider who was being asked to go over the information with the individuals/guardians. Individuals/guardians were being directed to contact their TCM if they wanted to discuss their options; however, the specific dispute resolution process and notification of such was not being given directly to the consumer population or their representatives.

Recommendation: KDADS would like to see the CDDO develop a plan with timelines to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.

6. BEST PRACTICE RECOMMENDATIONS:

1. The CDDO does an excellent job communicating with affiliate providers and those directly involved in service delivery within their system. The CDDO may want to consider the periodic development and dissemination of a newsletter to be sent to guardians/individuals. (especially those who are waiting for services) Newsletters can be a good way to stay in touch with individuals and they can provide insight to what is available, or any changes/updates. Guardians/individuals may opt to receive an electronic newsletter update so they can stay informed.

SUMMARY: This review identified many CDDO strengths as well as opportunities for improvement. The Sedgwick County Developmental Disability Organization staff was very organized and accommodating. Overall, the CDDO does a great job meeting state requirements. The CDDO staffs' knowledge, experience and in-depth involvement are beneficial to all involved with the process.

Peer Review Tool

Review Team Members:

- 1) Linda Young, PICS, KDADS
- 2) Colin Rork, PICS, KDADS
- 3) Melissa McDaniel, PIC Manager, KDADS
- 4) Christa Jones, CDDO Director, Futures Unlimited CDDO
- 5) Cori Huxman, Executive Director, Lifespan LLC
- 6) Mary Hovey, Board Member, Butler County CDDO

Date of Review: July 11, 2017

CDDO Name: Sedgwick County Developmental Disability Organization

CDDO Address: 615 North Main, Wichita, KS 67203

Contact Person: Dee Nighswonger, Director

Phone Number: 1-316-660-7630

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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

Program Contact:

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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sedgwick county CDDO is a standalone CDDO and is not affiliated with a CSP.	N/A
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 type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	Most communication is completed in person, by email with affiliates, survey monkey or through virtual technology. There was a great deal amount of evidence that the CDDO has an ongoing system in place for communication with their affiliate network in a variety of different formats.
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"/>	The CDDO has a well-developed website. Even though the website is part of the overall Sedgwick County government website, it has its own separate section dedicated to describing the CDDO operations. The website was easy to navigate, very comprehensive, and CDDO policies are accessible to the public. The website had a lot of good links on it, including the Fast Facts information. The content was found to be useful for persons learning about CDDO services, including referral processes, resources, and notices. Information	Recommendation: There were a couple of broken links on the website for Payroll Plus and Fountain View Home Health services. The directory of affiliate providers was listed; however, only 13 had websites linked. There were 50 affiliates; however, 48 affiliate agreements were found on the website. The website needs to be updated to reflect all affiliate agreements. Affiliate Director meeting information only listed dates through 2016. The 2017 schedule of dates was not found.

				<p>about affiliates is posted in an impartial manner. The section on “What is the SCDDO” was done very well. Advisory Board meetings are listed on the website. Community Council Resource Guide is a great resource. Strategic Priorities were listed for 2017-2018. For new providers, the website gives a link to KDADS licensing information and it has licensure forms on the site. The website also had a “CDDO Forms” section. The website had some brochures translated in Spanish and Vietnamese. The information on the site had information broken down into understandable sections “I need services”, “I currently receive services”. The information seemed to be summarized and grouped in an efficient manner. Under “I currently receive services”, the 10 questions to ask providers when searching for a case manager was considered a good resource. The “Available Funding Resource” information related to the state aid on the website outlines the type of funding available and how to apply. This was good information.</p>	<p>At this time, the only CDDO staff featured on the site is the CDDO Director. The CDDO might want to consider adding information about their other staff on the website or include an organizational chart on the site.</p> <p>The website did mention “Basis”, and this language needs to be updated to “Functional Assessment”.</p> <p>The “Disabilities Do Not Limit Us” video was not working when some review team members tried to watch it.</p> <p>KDADS would request that the CDDO work to update the issues identified.</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"/>	The CDDO submitted both current and draft policies, which were being updated for the CDDO peer review. The review team chose to review the “Draft” policies for this peer review process. Public comment on the “Draft” policies was closed one day prior to the review on July 10, 2017. The review team found that the CDDO policies appear to be well written, they are generally easy to understand and appear to be generally comprehensive. The CDDO did have some policies developed that were not required by regulation which were good additions to the CDDO policies overall.	<p>Since KDADS chose to review “Draft” policies, KDADS will be generally providing their feedback on these “Draft” policies in a separate document, so that the CDDO can consider and incorporate that feedback into these policies prior to submitting them into KDADS for the final approval process.</p> <p>If there were specific concerns regarding policy language as it relates to a specific question probe on this peer review tool document, that feedback will be listed in this document as it pertains to the probe itself.</p>
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"/>	The CDDO provided the review team with current affiliate agreements for all affiliates for the on-site portion of the review. Affiliate agreements are executed annually and all had been signed within the past year. The CDDO has a Directory of Affiliated Service Providers which it uses to share information about the affiliate network. Affiliate agreements and the Affiliate Provider Network information was also listed on-line as	<p>Recommendation: There was some discrepancy about the affiliate list published on the website versus those executed and reviewed on site. There were 50 affiliate providers and 48 agreements were on the website. Day by Day and Dream Vision were not listed in the on-line Affiliated Service Providers Directory, however, they had affiliation agreements signed and dated on the website. The on-line directory lists Dream</p>

					well.	Catchers Case Management, Inc. and Progressive Home Health Care, Inc, but there were no current affiliate agreements for either found on-line. Also, the printed Affiliated Service Provider handbook reviewed on-site did not list Dream Vision in its resource directory provided. Contract was executed April 5, 2017 for this provider per the information received and reviewed. KDADS would expect all information to be up to date and the information executed and published on-site and in the Affiliate Directory should all consistently match and reflect accurately the choices regardless of the mode the information is communicated through.
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.	N/A
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KDADS reviewed a random sample of 20 individuals who had BASIS/functional assessments in the last year. The CDDO provided evidence showing that BASIS/functional assessment	No concerns.

	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).				information was entered into KAMIS in the agreed upon timeframe for all individuals sampled. The CDDO was very prompt in entering the information into KAMIS and in all instances the information on the sample set reviewed indicated that all information was entered in a very short period of time.	
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 a sample of 13 crisis/exception requests. Evidence provided indicates CDDO is following crisis and exception process as outlined by KDADS for those approved for crisis funding. Requests were processed in a timely manner and there was a good system in place to monitor referrals to expedite the process referral time.	Five denied crisis requests were reviewed and the sample pull of these indicated that the appropriate appeal and/or dispute resolution rights were not being sent to the individual/guardian directly when the crisis request was denied. It appears that the CDDO is giving the TCM the appeal and/or dispute right information instead of the individuals/guardians. Information received from the CDDO indicates that individuals are notified via TCM of the funding committee decision. TCM providers then are to inform the individuals/guardians of their potential right to appeal or have dispute resolution. KDADS would expect individuals/guardians to be notified directly of their right to appeal/dispute a negative action. KDADS will be issuing a finding on this issue under Probe 13a. KDADS would like to see the CDDO develop a plan with timeline to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.

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"/>	CDDO provided a spreadsheet list of individuals who had eligibility determinations over the past year. A sample set of 17 files were selected for review for this indicator, along with other desk review materials. Of the sample, face to face options counseling was provided in 16/17 of the eligible cases. (one completed by telephone). Processes/Procedures generally meet state guidelines and evidence shows they are implemented. KDADS would like to acknowledge the efforts of the eligibility staff who appear to have implemented a coordinated method to track those seeking eligibility within the CDDO catchment area.	During the sample pull, there was one comprehensive options counseling completed by phone. The CDDO indicated that typically initial comprehensive options counseling is completed face to face. If there is a telephonic options counseling on an initial eligibility determination, the CDDO indicated that the form would be mailed to the individual/guardian and that hard copy signature would be then uploaded into KAMIS once that document was received. KDADS was not able to locate a hard copy signature in this one instance. It should also be noted that there was some feedback from the individuals KDADS contacted by phone indicating they did not feel the options counseling process was that well explained. Please see those comments listed.
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 sampled 7 provider case transfers inside and outside the CDDO catchment area with desk review materials. The team reviewed the CDDO Area Transfer Form documents as well as the Notification of Options Counseling form and Options Counseling Progress Notes. Evidence demonstrates CDDO processes/procedures generally meet state guidelines. The CDDO does use telephonic options counseling in most cases to facilitate transfer requests with subsequent documentation of the request	Recommendation: There was no formal policy found for continuity and portability of services. KDADS would recommend this be developed. Also, on the telephonic options counseling, KDADS feels this process needs to be strengthened. The CDDO should develop more parameters around this process to ensure that the individuals/guardians are “consenting” up front to their signatures being documented in this way by signing a waiver or consent

					in an electronic progress notes into the individual's client file.	form of some type and/or the CDDO should make attempts to follow up to obtain a hard copy signature through the mail as evidence that this process actually occurred and to confirm the telephone conversation. KDADS will be issuing a finding on this issue under Probe #8. KDADS would like to see the CDDO develop a plan with timeliness to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.
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 reviewed and are uniform for like services. There is no evidence any agreement extends advantages not offered to other CSPs.	No concerns.
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"/>	This appears to be a strength area for the CDDO. The CDDO produced evidence that they have utilized several different methods to engage and solicit feedback from their affiliate network. The CDDO has utilized surveys, affiliate director meetings of which meeting minutes were reviewed, in person meetings with the Executive Director, emails on a variety of topics, presentation of various tracking/trending reports regarding the local system in general to gain feedback from affiliates, collaboration	No concerns.

					presentations to affiliates concerning research collaboration with the WSU network, and through the sponsoring of localized training efforts. The CDDO has also looked at developing the use of technology and virtual meetings to communicate with its' network. Affiliates are also invited to have representation on several workgroups and committees. CDDO solicitation of feedback seems to be a given and a continuous ongoing process. Some examples of workgroups the affiliates have participated in are the strategic planning process for the CDDO, input on workforce issues, formal policy review processes, behavioral health advisory groups and surveys with TCM providers to gain feedback on how their assessor staff is completing their tasks.	
3h.	Does CDDO have any individuals who work for both the CDDO and the CSP? If so, review a sample of PD's.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The CDDO is a standalone CDDO, so this question does not apply.	N/A
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 type="checkbox"/>	<input checked="" type="checkbox"/>	The CDDO is a standalone CDDO, so this question does not apply.	N/A

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 “Affiliation with SCDDO” which outlines the process for affiliation. An affiliate packet outlining the requirements to affiliate and the affiliate agreement/addendums provide all required certification, documentation and expectations for different services and affiliation. The CDDO provided a spreadsheet as evidence of applicants applying for and working on affiliation which included five pages of interested individuals who have expressed an interest to affiliate.	No concerns.
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 a policy “Affiliation with SCDDO” which outlines the affiliation process. In addition, the CDDO outlines the “Required Documentation for Affiliation with the Sedgwick County Developmental Disability Organization”. The website also outlines the affiliation process. All Affiliate Agreements reviewed included evidence of this process for affiliation. KDADS also reviewed a spreadsheet provided by the CDDO as evidence of applicants working on the affiliation process as well as the affiliation policy and affiliation packet. The CDDO did indicate it takes on average about three months to get affiliated, sometimes	No concerns.

					longer. Some affiliates have self-selected out of the process once they become more familiar with the requirements and expectations.	
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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 an “Options Counseling” and “Rights Notification Policy”. The CDDO also had some information “What is Options Counseling” and evidence that the CDDO had completed staff training on the options counseling process. The CDDO also provided a “Comprehensive Options Counseling Attestation” form which they use to document the individual’s provider choices. Initial options counseling is typically completed in person with the individual/guardian. If the guardian is not present, the CDDO indicates they mail the form to the guardian for their signature and when this is received back, the signed version is uploaded to KAMIS upon receipt. Survey Monkey results reveal that most CSP’s believe the CDDO is sharing information about their CSP with persons seeking services. The choice form is very detailed and is separated by service type. Also, the attestation form also includes a place for a signature line which indicates the individual received the community resources booklet and fast facts, annual	Recommendation: Policy needs to clarify that Options Counseling is completed on an annual basis to those currently in services.

					rights notification affiliate directory, MCO options and list of value ads and local resource options. Provider handbook is a good practice. At all BASIS/functional assessment meetings, consumers are provided with all affiliated organizations and choice form. The team reviewed choice forms, which included all affiliates (Case Management, Day, Residential, FMS, PCS, Specialized Medical, Supported Employment, Enhanced Care Services, Wellness Monitoring, and overnight Respite options.).	
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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 supplied Quarterly State Aid Tracking reports. Policy on "Monitoring of IDD Services, Funding Access and Utilization" was also reviewed. There are multiple providers accessing the state aid funds for a variety of different items including day, residential, case management, etc. The CDDO has a packet that is used to apply for these funds. The CDDO fully expends their yearly allocation of funds. The CDDO also uses a sliding scale fee system to stretch their state aid funds to support the needs of as many individuals as possible.	No concerns.

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 copies of “Application Packet and Description of Eligibility Process”. Also, the team reviewed: “SCDDO Eligibility Staff Training Plan” which outlines the training requirements. Service Access Specialists must complete Relias training and ongoing round table meetings that are offered. Information is documented in the Relias training system. A “Service Access Specialist Training Attestation” form is signed to indicate staff completed the required trainings. Forms/completed training forms were compared against the organizational chart.	No concerns.
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"/>	The team reviewed “Options Counseling” Draft policy, a staff training on options counseling manual and a power point document utilized for staff training. Procedures appear that they are impartially implemented for the process that is utilized for persons wishing to change CSPs in that CDDO area. Policy provides process to be followed that ensures no interruption of services. Several transfer requests are handled by phone with a telephonic signature being recorded. The policy discusses the consumer right to choose providers. The	On the telephonic options counseling, KDADS feels this process needs to be strengthened. The CDDO should develop more parameters around this process to ensure that the individuals/guardians are “consenting” up front to their signatures being documented in this way by signing a waiver or consent form of some type and/or the CDDO should make attempts to follow up to obtain a hard copy signature through the mail as evidence that this process occurred and to confirm the telephone conversation. KDADS will be issuing a finding on this issue under

					CDDO tracks provider changes and presents the data to the COCM. The annual provider choice form is supplied providing a place to check if they wish to change providers. The choice form includes affiliated providers. The choice form allows tracking indicating date change requested and effective date for new or changed service.	Probe #8. KDADS would like to see the CDDO develop a plan with timelines to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.
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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The “Options Counseling” policy was reviewed. Policy indicates some transfer requests are completed by phone to facilitated informed and timely provider changes. Upon completion of the telephonic options counseling, the individual or their guardian are told that we will document their choice and forward the paperwork out to the MCO and provider. The CDDO indicates that don’t necessarily use the words “documenting their signature” but that we are documenting their choice/request for a provider changed. There is no hard copy signature obtained when options counseling is completed over the phone. CDDO maintains documentation of service provider change/transition requests/notifications by spreadsheet as well.</p> <p>KDADS requested a random sample of 20</p>	<p>On the telephonic options counseling, KDADS feels this process needs to be strengthened. The CDDO should develop more parameters around this process to ensure that the individuals/guardians are “consenting” up front to their signatures being documented in this way by signing a waiver or consent form of some type and/or the CDDO should make attempts to follow up to obtain a hard copy signature through the mail as evidence that this process occurred and to confirm the telephone conversation. The CDDO needs to consider these changes to amend their current practices and provide a response to KDADS within 30 calendar days of receipt of this report.</p>

					consumers who have changed providers in the last year. The “Notification of options Counseling” form was reviewed for all 20 cases. All consumers who were sampled had a choice form.	
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"/>	The CDDO has “Uniform Access” policy which states that all persons have equal access to services and that services are offered and provided in a way that does not discriminate against any individual eligible for IDD program services because of the severity of his/her disability, health support needs or other considerations beyond the control of the individual. Appendix B of the affiliate agreement speaks to nondiscrimination. The CDDO did have one provider, Envision, who specializes. The CDDO indicates their policies outline their expectation that providers are to serve all individuals regardless of their level of disability. The affiliate agreement states that CSP must comply with all CDDO written procedures, and by signing agreement, they indicate that they have reviewed policies and procedures outlining that all persons that request services, for whom funding is available, regardless of severity of disability, receive requested services.	Affiliate agreement language could be clearer regarding the discrimination language used, but the intent and expectation is listed in the agreement.

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"/>	The CDDO has not had any persons the Secretary of KDADS has determined inappropriate for community services because the person presents a clear and present danger to self and community.	N/A
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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 maintains an excellent Quality Assurance Program which includes on-site visits being conducted by the QAC Monitoring Team Members. The CDDO tracks the number of visits and types of visits that are completed by agency per year and by affiliate location address each year. Monitoring includes visits to monitor a variety of services (ie Day/Res/TCM, etc.). Other components include program observation, annual satisfaction surveys, critical incident report monitoring, CDDO/CSP meetings, residential property monitoring, background check compliance, Psychotropic Medication Plan review, PCSP review, staff interviews, Quality of Life reviews (work services, Life Enrichment) and complaint monitoring. The CDDO had an excellent system in place for the tracking and trending of information it obtains through its various monitoring tools. The tracking/trending	No concerns.

				<p>reports are presented to the specific CSP agency, and in addition the reports are also reviewed by Community Council, during QAC quarterly meeting and by the Intellectual and Developmental Disability Advisory Board. It was apparent the CDDO is utilizing the tracking/rendering reports in ways to also analyze them to determine improvement needed within their affiliate network system. For site visits, the CDDO has developed a scoring criteria guide which is used to standardize scoring of the tools and tool matches Article 63. The CDDO utilizes a service modification plan and a continuous improvement plan, which includes goals and action steps at a glance for continued monitoring purposes. The CDDO works closely with KDADS licensing staff and has routine scheduled meetings established with licensing staff to ensure that both entities are on the same page and the meeting serves as a good way to collaborate and share any pertinent information between the two agencies. The CDDO also reviews any corrective action plans the CSP's develop as a result of KDADS action and gives feedback as necessary. The CDDO has also placed temporary "holds" on CSP providers when needed until licensing/compliance issues are corrected. The CDDO hosts a variety of routine meetings with their affiliate</p>	
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					network including TCM Director Meetings. Critical incident documents are analyzed by provider, by incident and in some instances by individual and a quarterly summary report is given back to each affiliate for their review and feedback. The Critical Incident Form also has a section in which the provider indicates whether or not an AIR report has been filed by the reporter. The monitoring team is trained by the CDDO on how to conduct the on-site reviews. The TCM on the team is the individual who heads up the review team, so they are aware of any concerns coming out of reviews at the agency being reviewed. ANE reports are monitored through APS/CPS investigation to include requirements that CSP's are to submit all corresponding documentation.	
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 team reviewed a sample set of 8 corrective action plans. Over the past year, three providers had issues which required Continuous Quality Improvement Plans. Some resulted in temporary holds being placed on them until deficiencies were improved and/or corrected. The CDDO has clear policies/procedures in place for follow up which indicate when a continuous improvement plan or corrective action plan would be issued by the CDDO. Policies/procedures indicate standardized follow up across agencies is provided by the CDDO as necessary.	No concerns.

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"/>	KDADS had requested a sample set of 8 individuals be pulled for review of this question probe. The CDDO however indicated that they complete a mass mailing each year in September to fulfill this requirement. The CDDO only kept a spreadsheet of the names of the individuals who were sent the information and did not keep copies of the letters sent out to place in the individual’s electronic record. Therefore, the sample pull of records was not able to be reviewed. The CDDO did provide a list of documents for review that they send annually during this mass mailing which include a form letter, Rights/Responsibility information, Directory of Affiliated Service Providers, a brochure about Learning About Community Service Providers, Community Council Resource Guide, and several flash cards about program services and supports, financial assistance, advocacy, TCM and how to choose a CSP.	Recommendation: The CDDO needs to show evidence that each individual is sent this information annually. The CDDO should place a copy of each years’ mailing to these individuals in their individual electronic medical record as proof this activity was completed for future reference.
11a	Does CDDO have documentation of ICF/IID requests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were 3 total individuals who met this criterion. All three files were reviewed and met compliance.	No concerns.

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"/>	Yes, a list was provided.	No concerns.
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"/>	There were six total individuals listed on the membership list. Membership included two individuals who had IDD, two family/guardian members, two agency representatives and one CDDO representative. The listing indicates that the President and Vice President are both individuals who have IDD. Membership terms are staggered. The policy “Developmental Disabilities Community Council” was reviewed as well as Council Meeting Minutes, Attendance Rosters and Sign in Sheets. The CDDO indicated the Executive Committee (voting member) terms are no longer than 2 full consecutive three-year terms. Bylaws for this group were also reviewed. The CDDO representative is a voting member of the group.	Recommendation: The published listing does indicate when the current term ends for each individual; however, it does not list when the current term began or how long each individual has been on the COCM board. KDADS was unable to determine how long some individuals had served on this committee (if longer than two consecutive terms). This information needs to be added to the membership listing and it should be tracked by the CDDO and reflected in meeting minutes as documentation this requirement is being met. On Executive Committee notes reviewed from May 2, 2017, Dee Nighswonger appeared to be the CDDO representative instead of Jeannette Livingston as indicated on the Voting Member roster. Dee’s name is not indicated on the roster as being a member of this group or an approved substitute.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The CDDO has two current policies “Dispute Resolution: Individual Disputes with Affiliated Providers” and “Dispute Resolution: Disputes with SCDDO” and a new Draft Policy “Dispute Resolution Committee” to address the dispute process. They also have a “Rights Notification Policy”. The CDDO indicated that individuals can learn of this process from looking on their website, but they do not routinely provide this information to their individuals/guardians on a routine basis.	The policies do not indicate how the CDDO provides information to an individual of their right to dispute resolution. This item is also not listed in the rights notification. When asked about this, the CDDO indicated that individuals/guardians would have to go to the website to access the information as they do not routinely provide it to their individuals. KDADS will be issuing a finding on this issue. KDADS would like to see the CDDO develop a plan with timelines to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KDADS requested a sample set of individuals who had been denied state aid funding, eligibility request denials and crisis request denials. Seven total files were reviewed. The eligibility denials clearly had notification of the appeals process included in the denial letter to the individuals/guardians.	Letters sent to individuals/guardians for crisis denials and state aid funding denials did not include information about appeal/dispute resolution rights, but instead made a statement that if the individual would like to present additional information and/or documentation, they were to work with their TCM agency to request reconsideration. In turn the TCM was sent Funding Committee Notes which indicated the TCM should notify the individual/guardian of their right to appeal or follow the SCDDO Dispute Resolution process. This information was not sent directly to the individual/guardian

						themselves, but instead relied on the TCM provider to discuss the options with their consumers. KDADS will be issuing a finding on this issue. KDADS would like to see the CDDO develop a plan with timelines to address this issue. The plan will be due to KDADS within 30 days of receipt of this report.
13b	CDDO must maintain evidence of all incidence in which the dispute resolution process was initiated by any party.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CDDO indicates there have been no formal disputes within the past 12-month time frame. One complainant initiated the process but cancelled prior to mediation being scheduled. The CDDO provided evidence of this interaction. All dispute resolution information is maintained in a Dispute Resolution notebook. The CDDO indicated it had been approximately five years since the CDDO had a formal dispute.	N/A
13c	CDDO must evaluate the collected data in effort to utilize trends to improve the CDDO system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There has been no dispute resolution data to trend. However, the CDDO does upload the Quarterly Complaint Tracking Form to KDADS to track complaints. The CDDO also verbally described what sort of process they would complete to analyze this type of information. Other data is tracked and evaluated as part of the QA overall process and is routinely reviewed by the COCM and QA Committee. An Assessor Error Report including demographic information is monitored and disputes would show up on the quarterly complaint tracking reports.	N/A

CONSUMER/FAMILY INTERVIEW 29 total respondents	Y	N	N/A	COMMENTS
1) Did you understand the eligibility application process? If not, please explain	25	3	1	1) Was timely, but hard to understand. CDDO and Case Managers helped to answer questions and made it easier. 2) Website and staff were very helpful. 3) Not sure. 4) Application was easy. 5) For the most part, overwhelming. Didn't understand being eligible and getting put on a list for something, if you don't have Medicaid, can't get TCM. 6) Process for this was very lengthy. Felt like it was a waste of time. 7) Lucky she had a case worker that helped fill out all of that huge amount of paperwork. 8) There for two hours, they explained everything to me in detail. 9) Sort of. He was in a skilled nursing facility. 10) The CDDO was very helpful in explaining the process. 11) Easy to understand. They were more than helpful. They explained things well. 12) I didn't complete the application. The state hospital did it all. They had a terrible time. 13) They did. 14) Wasn't that easy to understand, but the CDDO did help me through it. 15) The social worker completed his application. 16) Application process was easy. They were helpful, but I didn't understand everything. It can be confusing. 17) Yes, they did. 18) Not really at all.
2) Do you believe the eligibility determination process is understandable and timely? If not, please explain.	25	4	0	1) Just filled out some papers for KANCARE 2) Timely, but a little confusing. Person I originally dealt with was wonderful. Second person wasn't very informative. 3) There were some delays; however, they kept in contact, so that was ok. 4) Didn't take long. 5) Don't know what the waitlist means. Wasn't a good list of things for the process. Tell us one thing and then they'd call again and need something else. 6) Thought it would take longer than it did.

				<p>7) Not too much wait time. A couple of weeks.</p> <p>8) Timely</p> <p>9) The CDDO held a meeting. KANCARE held things up. The CDDO did not.</p> <p>10) The application was completed timely.</p> <p>11) They processed things timely. I dropped the ball, so it took some time.</p> <p>12) It took several years (2-3 years due to appeals)</p> <p>13) They did.</p> <p>14) Yes, they processed it timely.</p> <p>15) Yes, it seemed to be timely.</p> <p>16) Yes</p> <p>17) Did not take too long</p>
3) Do you believe the service referral process (including options counseling) was timely? If not, please explain.	18	5	6	<p>1) Not sure, but received a lot of information, was probably included in the paperwork.</p> <p>2) Don't feel like that was reviewed very well.</p> <p>3) They gave them 2 folders of other resources, but no one explained anything.</p> <p>4) The lady in the meeting was very informative.</p> <p>5) She thinks there was probably something in writing provided but doesn't remember having a conversation on this topic.</p> <p>6) My ward ended up not getting IDD services.</p> <p>7) My ward moved away, so he is not getting any services currently.</p> <p>8) We are not getting any services at this time.</p> <p>9) Get TCM. They gave me brochures, so they didn't lead me one way or the other</p> <p>10) Yes, we chose options.</p> <p>11) We don't have any services, no TCM. I didn't know I could get one.</p> <p>12) No, we never got anything.</p> <p>13) Can't remember.</p> <p>14) No.</p>
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.	22	2	5	<p>1) Emailed recently to see if son would qualify for anything even though he is on a waiting list.</p> <p>2) By letter. Went through the process for nothing, Had out of pocket expenses as a result of all the requirements.</p> <p>3) Can't remember.</p> <p>4) No.</p> <p>5) No.</p>

				6) Probably included with the paperwork
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?	14	4	11	<ol style="list-style-type: none"> 1) Currently receiving TCM through Rainbows. 2) Referred him to Rainbows. Wraparound facilitator trying to find him respite. 3) Flint Hills Day Service Program 4) Starkey, ResCare, got information on family counseling and individual counseling. 5) Just case management. 6) Went through every single option with me. 7) No 8) Not in services at this time.
6) If currently receiving services, have you every changed service providers? If so, how did you receive information about all your service options?	0	15	14	<ol style="list-style-type: none"> 1) No services. Case manager got funding for communication with IPAD. 2) Should have been done in the beginning. Needs pull ups and formula. Mentioned this early on and there was no follow up. Had to mention it again. 3) We haven't had to change since guardianship was updated. 4) Have not changed. Am happy with the current provider. 5) We have never changed. 6) No.
7) If currently receiving services, do you know who to contact if you want to change service providers? If so, who?	15	3	11	<ol style="list-style-type: none"> 1) CDDO and/or TCM 2) CDDO 3) Case Manager or CDDO 4) CDDO/TCM 5) Everything is going ok. 6) Case Manager 7) I would call Starkey and they would get a hold of the CDDO. 8) Don't know. I'd have to call the CDDO to ask how to do this. 9) I am no longer the guardian, someone local took over. 10) No, I was not aware I could contact the CDDO if I had a concern. 11) CDDO 12) Contact CDDO and Case Manager 13) CDDO/TCM
8) Do you have any other information regarding your interactions with the CDDO that you would like for us to consider?	18	6	5	<ol style="list-style-type: none"> 1) Very helpful and willing to answer questions. 2) No complaints yet. 3) Very nice and easy to work with. 4) Been helpful so far.

				<p>5) Everything was very pleasant, easy going. Heather is good to work with.</p> <p>6) We've been very happy with everyone we've worked with.</p> <p>7) The person who did the Basis, there was some confusion on what the individual might qualify on based on the family income. The Basis staff did not know a whole lot about Medicaid.</p> <p>8) 1-3 people there do eligibility. Interactions with everyone were nice and polite, but staff were not knowledgeable.</p> <p>9) Not that I can think of at this time.</p> <p>10) Process is easy for some people. Not understanding why it would benefit and what was available. However, Heather Pace deserves a medal. She would tell you she hasn't done anything special. I can call her just to bounce an idea off of or just talk to her. She's been great.</p> <p>11) Not at the moment. Feel like we have all the information we need, but are waiting.</p> <p>12) They have been helpful with linking me up to other resources (Shriners, Tablet, etc.). They are very nice.</p> <p>13) Communication between parties could have improved.</p> <p>14) Nothing except they have been good about walking me through the process.</p> <p>15) Not really. Think they did a fine job. We moved here from out of state, process here is easier, but we get less services in Kansas due to being on a waiting list here.</p> <p>16) I had no concerns.</p> <p>17) I wish more services were readily available, but that's not the CDDO's fault.</p> <p>18) Have had a good experience up to this point.</p>
COMMUNITY SERVICE PROVIDER INTERVIEW	Y	N	N/A	COMMENTS
24 total respondents				
9) Does the CDDO have an effective process for completing the annual BASIS assessment? If no, please explain?	23	1	0	<p>1) The PCSP's are generally done in the birth month.</p> <p>2) I am not sure but I assume so.</p> <p>3) I put Yes, as I assume they do.</p> <p>4) Basis assessors could do better at addressing adults as adults not talking down to them or addressing them as "do WE brush our teeth"</p> <p>5) Answered NO ONLY because this question is not relevant to our services. For survey questions----Our Organization ONLY provides the personal emergency response services (Lifeline) or medication dispensers. We do NOT provide direct</p>

				support to a client. Therefore, the questions are not relevant to our services. 6) Occasionally a new basis assessor or does not notify all team members when an assessment has been rescheduled.
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.	19	5	0	1) I get emails with information on town meetings and copies of revisions to policies with chances to comment. 2) Meetings are usually scheduled to discuss changes. 3) Via email surveys and meetings. 4) Answered NO because this question is not relevant to our services. We do emergency response services and do not do direct support given to a client.
11) Does the CDDO share information about your CSP with persons seeking services?	19	5	0	1) I am a limited license and already have the 2 individuals that I can work with. 2) Cannot answer that. I haven't had a referral in a while. 3) Not sure. 4) Listing of providers. 5) We are on the choices list for clients seeking services. 6) Yes, booklet, website, etc. 7) Services providers of Sedgwick County are all in a handy book which is updated annually as I understand and is then distributed to IDD community. 8) I put No as I do not know 9) Options counseling 10) This should happen during options counseling 11) I am a limited provider. 12) Options counseling 13) Answered NO only because questioning not relevant to our services. 14) Options counseling / brochure
12) Does the CDDOs literature demonstrate impartiality regarding the CSPs in your area?	21	3	0	1) At least annually, we get brochures with CSP lists. 2) I do not know how to answer. 3) Yes. 4) I put NO as I do not know.
13) Are you aware of communication in which the CDDO benefitted one CSP over another? If yes, please explain.	3	21	0	1) The wording of this question is biased. "Benefitted" is the wrong word. Our CDDO has pointed people toward one CSP over another, but that was not intended to benefit anyone other than the eligible individual. 2) I put NO as I do not know. 3) Asking for specific agencies to be on workgroups, talking about specific people at

				agencies that they believe strongly in. That particular person was eventually fired from the provider they worked at.
14) Does the CDDO manage an effective process for persons to access your services? If not, please explain.	24	0	0	1) I assume they do. 2) To the best of my knowledge.
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?	14	10	0	1) In the past, I had access to that list since I have my quota of 2 people, I no longer need access to the list. 2) Sometimes. 3) Unaware. 4) Unknown. 5) Answered NO only because it is Not known 6) I imagine they do. We have not made a request. 7) N/A not that I am aware of. 8) Not that I am aware of 9) I assume they do 10) Unknown
16) Does your CSPs grievance/dispute resolution process refer the person to the CDDO if the issue is unresolved? If not, please explain.	23	1	0	1) That is the plan, but I have not had to use that process to date. 2) I assume they do. 3) Answered NO ONLY because No experience with any type of grievance dispute resolution process.
CDDO STAFF INTERVIEW				
Y N N/A				
DEE NIGHSWONGER, EXECUTIVE DIRECTOR, SHERRY ARBUCKLE, SERVICE ACCESS AND OPERATIONS DIRECTOR, SHELLEY HERRINGTON, QUALITY ASSURANCE DIRECTOR, JEANNETTE LIVINGSTON, ASSISTANT DIRECTOR				
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"/>	Refusal – No. We have not. A lot of assistance and guidance as affiliates are working through the process. Some provides self-select out because they didn't realize what being a provider was all about. Most people who reach out are individuals who may not have worked in IDD, have never run a business. From start to finish it can take approx. 3 months' average to affiliate.
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"/>	Cancel or suspend – No, we have not. The regulations are in are policies as far as termination. They do amend affiliate agreements to accurately reflect services provided so it's accurately reflecting what they are delivering.
19) Does the CDDO solicit input from all affiliates regarding policies/procedures,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes – lot of different ways. Have regular affiliate directors meeting, TCM director meetings, periodic surveys using survey monkey, annual tool where I go around and

major local systems change and statewide initiatives for which they represent your area? If so, how?				meet with all directors of all the affiliates and bring that info. Back to help the CDDO prioritize where they may want to spend time. Input on workforce, formal strategic planning process every 3-5 years with an outside facilitator with stakeholder engagement. Formal policy review process with public notification. Contract with Relias Learning email to 863 people including affiliates. Additional workgroup, BH advisory workgroup to address the gaps in services for people with co-occurring disorders, trauma informed workgroups, special meetings with affiliates over to review the state aid funding process, meetings around FMS challenges – sometimes FMS group don't engage as much as the other affiliates. Do solicit for feedback form TCMs during an annual process to see how they view the process with the assessors.
20) Does the CDDO maintain separation in CDDO/CSP functions? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does not apply
21) Do you explain the difference between the CDDO and CSP functions to families and consumers? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Since we are not a CDDO CSP, we don't have intentional conversations. Have a brochure that talks about who the CDDO is and what we do.
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 – we actually have that expressly identified in the affiliation agreement and policy.
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"/>	Yes – that's the QAC process, we have members, a manual, I believe we are meeting article 64 in reference to the way that's being written. We do comprehensive options counseling initially, annually, provider changes. Prior to June 1 st Options Counseling was done initially or a provider change. The policy was sent out from KDADS on April 3 rd , first comprehensive options counseling on May 31 st and that whole process was changed. It just wasn't the new form being signed and uploaded to KAMIS etc. QA does chart reviews to ensure Article 64 is being complied with.
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"/>	Policy posted on the website in a couple of different places. Included in letters and written communication following an adverse action. Different thresholds of reconsideration, complaint, dispute etc. Depends where you are at in the process, we provide different types of notifications. Dispute gets used a lot in conjunction with complaint and it's not the same process – try to keep those separate. Affiliates have an internal process to address complaints or disputes. Affiliates also get all of our policies and this is addressed in there and it is also spelled out in the affiliate contract.

<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> Folders that were provided at the beginning of the meeting help to provide some best practice information. Workplace.com help affiliates to recognize how to recognize FWA. Workplace is a web based program. Affiliates can provide feedback on workplace.com. Also, Relias Learning which is an on-line vehicle Fraud, Waste and Abuse training is also provided. Telephone number – compliance number that is monitored by Shelly’s staff. Purchased an IDD topic related library through Relias Learning. Contract requires that our affiliates have the basic IT that allows them to access this platform – all TCMs are required users, DSW Supervisors, all affiliates must have one user. Training on funding committee process. Certain trainings will be assigned to address topics that need to be addressed. Have also purchased sub portals – allows some affiliates to manage training for all their staff that way, affiliates can also create their own content with the purchase of a sub portal. Project Search- three school districts Business Leadership Network of SG County - standalone 501c3 and the focus is business to business support on the return for investment for people with disabilities. Helping to create opportunities for people with disabilities with work support challenges. Significant gaps for people with co-occurring conditions. We hired WSU to do a gap study for us. Used this research for our strategic planning. National Association for Dual Diagnosis (NADD) Train the trainer where they trained 26 professionals from the community on a mental health approach as it relates to IDD. The trainers then in turn agreed to do three trainings in the community. Goal is to train more mental health folks to be more competent with our population. Article on Integration on trauma informed care – something the CDDO has been working on. Created an organizational assessment just sent out to see how we are doing. Ran all policies through “Trauma Informed Lens” What exactly is the trauma experience of people in our system? – Did a research project on the population here through record review and research protocols to determine the trauma experience. Looked at 250 records. 80% of the population has experienced between 3-4 instances of trauma. Try to use research when we can to support what it is we do or take a certain direction. Community Capacity Development Fund – CDDO has been doing an annual capacity </p>
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			<p>assessment – what services are people waiting for to determine where we need capacity. We need to be able to partner with them in a financial way to help them develop capacity. Budget 250k/year to help build capacity.</p> <p>Crisis team training with local law enforcement.</p> <p>Trying to use technology more. Adobe connect to host more virtual meetings to engage with affiliates in other ways. Using an electronic record, using technology to track credentialing /affiliation processes.</p> <p>Kansas Leadership Center – sending all CDDO staff to this training.</p> <p>Creating Capacity for crisis: 3 pots of money CDDO Admin, State Aid and County Mill Levy (small amount) use the county money to incentive providers to maintain and provide for people who are in crisis. If we didn't have that, we might have some challenges when people are in crisis. It allows the CDDO to stay out of the CSP game. CDDO doesn't keep any county funds, they distribute 100% of it.</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>What areas to make improvements – Capacity development. Capacity is a challenge regardless of what CDDO area you are in. Look at current subsidized living program to take a look at what it's doing to determine if it's doing what we need it to do. While the payments were intended to help providers to subsidize their operations, we have kind of run in to a situation for several years where providers didn't have a rate increase started to use this program to help keep the boat afloat.</p> <p>Challenged with provider engagement, had to switch up how they do affiliate meetings. How can we best meet their needs? We have such a diverse network. Some agencies do multiple services, some mom and pop shops etc.</p> <p>Quality Assurance is a constant.</p> <p>Could work on balance and pace of work. A lot coming at us all the time. Change happens at a pretty rapid pace. Being able to stay up on those changes, being able to share with affiliates with we need to without overwhelming.</p> <p>Having to communicate to the masses. Any kind of implementation of a policy take a little bit of time to do.</p> <p>Another thing they could do better – make sure they are constantly mitigating the blinders we might have because we are in an urban area, largely populated area, have been doing some of the things we've been doing for a long time. Being more intentional on getting out and spend time with our peers at their places to see how they do things. We are open to trying new things, create way to meet the challenges we</p>

				have here in this area.
27) What CDDO function do you find to be the most challenging?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Capacity – especially because we are not a provider. Capacity does not just mean bed space. Provider workforce, retain and recruit qualified staff. Capacity means a lot of things. Financial stability of providers. Gatekeeping – as it relates to the complex needs of individuals. We have people in SG county, tend to get a lot of population here. A lot people with really challenging co-occurring conditions. The gatekeeping function to make sure we have a system here that keeps folks here when it’s appropriate to do so and also to bring folks out of institutions. People with Complex clinical presentations. Changes in the system that have shifted local authority that eroded local authority to a certain degree. Role between CDDO and MCO can be difficult
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"/>	Talked about this previously. Refer to brochure. We will ratchet up goals if we meet the original goals. The county is working on a dashboard for us.
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"/>	Data – Strategic Results, Utilization of state aid, Satisfaction data, Statewide Quality oversight, Capacity Development Projects, Monitoring the waitlist on an ongoing basis, trending critical incidents, key performance indicators for CDDO staff. CDDO staff used to have a pay for performance. Quarterly reports for critical incident data to each agency. They get to see some network data as well as data specific to their own organization.
BASIS ASSESSOR INTERVIEW	Y	N	N/A	COMMENTS
CYNTHIA JONES, BASIS ASSESSOR AND CHASSIDY YOUNG, SERVICE ACCESS SPECIALIST				
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 – Process would be initiated once the intake meeting is held, eligibility is determined and basis process is started. 5 days once the eligibility process is started – letter is sent out. 14 business days to get assessment scheduled. If they don’t reach out, CDDO follows up. We have 30 total days to get the entire process wrapped up. We try to turn the information into KAMIS within 3 days of getting things wrapped up. For reassessment – list is generated in house for the month of individuals. We schedule all the appointments. Email them out to all the case managers, make calls to guardian or family. Mail out save the dates to guardians/family. TCMs have two weeks prior to the face to face to turn everything in – behavior data, psychotropic medications etc. From that face to face meeting, CDDO has three days (but usually turn it in that day) to

				get it turned in to Serena since there is the seven-day window. We started offering comprehensive options counseling around June 1 – remind people at the beginning they need to do Options Counseling at the end, ask the providers to step out. Advocacy resources, info about self-direction versus agency. There is a form they provide with all the boxes for the individual has received all the information. Started June 1 st going over Comprehensive Options counseling initially and annually and upon request.
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"/>	For assessments, they are required to be there. If they are not, we do not do the assessment. During the assessment, they are somewhat flexible if there is a behavior etc. and they need to step out. If they are in patient, they travel – will go to hospital. We do the entire assessment process each year.
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"/>	YES – if for some days it goes beyond the three days, will give the next person to process a heads up so it’s made a priority so it still hits the seven day timeframe.
4) What do you find to be the most challenging aspect of your position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Most challenging aspect – working with the case managers and getting all the necessary data in time. It’s improving. Trying to be trauma informed. Doing that “little dance” we all answer to somebody. The save the date we send out, reminds each of the providers who is responsible for bringing which pieces of information for the meeting. Second assessor – Time is the biggest challenge, a lot to do and not enough time in the day.
5) In your opinion, what improvements can be made to the assessor process?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Like the idea of checking with other CDDOs to see how things are done. 3 assessors right now. It would be fun to go with one of the other assessors to shadow them for consistency and to learn of how others gather their information. Make sure we are all on the same page. Don’t have many ideas for improvements. The process is continual – smooth and the ball just keeps on rolling. For eligibility staff, no ideas for improvement. For the most part, everything runs smoothly.
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"/>	Education/training – formal and informal training. Relias training, training through the KDHE site, mandatory training, assessor meetings every couple of weeks with supervisor Heather, all staff meetings. So many options for training for personal or career growth. Individualized business meetings with direct supervisor. Department is allowing them to take advantage of Kansas Leadership Training. We are highly encouraged to look up trainings on Relias. Meetings with Heather consist of talking about difficulties, changes to any of the processes.