

IDD Notification Form with Provisional Plan of Care

Instructions: CDDOs will use this form to notify KDADS that a person in the KDADS' data management system (KAMIS) is either requesting HCBS IDD Waiver services or is leaving the IDD system. The CDDO will upload this form and supporting documentation to the KDADS **IDD Utility** Upload. The upload date and the Provisional Plan of Care date must match the actual date that the document was uploaded in the IDD Utility Upload. Do not include any retroactive dating in these sections. The Provisional Plan of Care section 4 must be completed when requesting access to the IDD waiver via crisis, exception or KDADS waitlist offers.

Section 1: Demographics		Upload Date _____	
Person's Name _____		KAMIS ID Number _____	
Date of Birth _____		Social Security # _____	
Medicaid ID _____		KanCare MCO _____	
CDDO Area _____	Contact Person _____	Contact Phone _____	
Complete this section for crisis requests to by-pass the HCBS IDD Waiver wait list			
Section 2: Crisis Exception Request			
<input type="checkbox"/> Person is at significant, imminent risk of serious harm to himself/herself or others.			
<input type="checkbox"/> Person requires protection from confirmed abuse, neglect or exploitation or documentation of pending action for the same.			
Complete this section for exception requests to by-pass the HCBS IDD Waiver wait list			
Section 3: Access Exception Request:			
<input type="checkbox"/> Transition from: PRTF/YRC II			
<input type="checkbox"/> Children's Residential (to exceed 2 non-related children in placement home)			
<input type="checkbox"/> Military Inclusion			
<input type="checkbox"/> Supported Employment			
State Custody ¹ :	<input type="checkbox"/> Child/Person in Custody	<input type="checkbox"/> At Risk of Custody	<input type="checkbox"/> Exiting Custody
Transfer from:	<input type="checkbox"/> HCBS-Technology Assisted	<input type="checkbox"/> HCBS-Autism	<input type="checkbox"/> HCBS-Brain Injury
¹ Custody refers to Foster care only			
Complete this section for HCBS IDD Waiver services			
Section 4: Provisionally Identified Services			
Effective Date: _____			
<input type="checkbox"/> Residential Supports		<input type="checkbox"/> Enhanced Care Services	
<input type="checkbox"/> Day Supports		<input type="checkbox"/> Specialized Medical Care (RN/LPN)	
<input type="checkbox"/> Supported Employment		<input type="checkbox"/> Wellness Monitoring	
<input type="checkbox"/> Personal Care Services (agency or self-directed)		<input type="checkbox"/> Medical Alert Rental	
<input type="checkbox"/> Overnight Respite		<input type="checkbox"/> Assistive Services	
Complete this section for anyone in KAMIS			
Section 5: Reason for Leaving Services or the IDD System / Removal from the HCBS IDD Waiting List			
Effective Date: _____			
<input type="checkbox"/> Deceased; Date of Death _____ Adverse Incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, reported in AIR Date: _____			
<input type="checkbox"/> Moved (left State or CDDO area, with no plans to seek services in another CDDO area)			
<input type="checkbox"/> Voluntary Removal: person or his/her family or guardian removed the person from services			
<input type="checkbox"/> Termination: CDDO recommends termination of services to the person; Reason _____			
<input type="checkbox"/> Determined no longer eligible for IDD Waiver services (NOA/MR-5 sent: _____)			
<input type="checkbox"/> Admitted to Nursing Facility (permanent placement) – Date: _____			
<input type="checkbox"/> Other (please describe)			
Complete this section as needed			
Section 6: Comments / Additional Information _____			