



## Disability Planning Organization of Kansas, Inc.

119 W. Iron, 4<sup>th</sup> Floor – P.O. Box 1067  
Salina, Kansas 67402-1067  
785-823-3173 – Fax 785-823-3299  
[www.dpok.com](http://www.dpok.com)

### *A GUIDE TO AFFILIATION*

### *WITH THE*

## *Disability Planning Organization of Kansas, Inc.*

It is the expectation of the Disability Planning Organization of Kansas, Inc. that all providers adhere to the policy of the state of Kansas to support individuals who have a developmental disability to include:

- 1. Services and Supports, which allow individuals opportunities of choice to increase their independence and productivity and integration and inclusion into the community;*
- 2. Access to a range of services and supports appropriate to them; and*
- 3. The same dignity and respect as individuals who do not have a developmental disability.*

*Developed by the Kansas CDDO Coalition  
January 2009*



## ***Overview...***

This guide is designed to assist you through the process of becoming an established provider and not intended to be a comprehensive resource. Entities interested in the provision of quality MR/DD services in the Disability Planning Organization of Kansas, Inc. (DPOK, Inc.) catchment area must contract (affiliate) with DPOK, Inc. The affiliation process allows community service providers (CSPs) to receive Medicaid and/or state funds for the provision of MR/DD services and supports.

Acquiring licensure with Kansas Department of Social and Rehabilitation Services (SRS) and affiliation with DPOK, Inc. is not intended to be an "overnight" process. Multiple steps and safeguards have been implemented to contain the basic assurances that a person or entity has the education, experience, training, knowledge of the MR/DD community service system, financial ability and planning experience to establish and successfully operate a business in the State of Kansas that provides services and supports to persons funded through the MR/DD community service provider system.

### **Community Developmental Disability Organization (CDDO)**

The Community Developmental Disability Organizations (CDDOs) are local agencies that contract with Kansas Social and Rehabilitative Services (SRS) and are responsible for ensuring service access to publicly funded services for persons with developmental disabilities in Kansas.

#### **What services does a CDDO offer?**

- Provides a single point of entry for people seeking services.
- Maintains a resource list of area-wide services.
- Offers information and referral while individuals and families determine which service providers they wish to use.
- Works with people towards admission to all needed services.
- Works with affiliate agencies to ensure customer-driven quality services.
- Facilitates a council of community members for local input.
- Oversees financial management according to contract with Kansas Department of Social and Rehabilitation Services.
- Provides Gate keeping services (admissions to State Mental Retardation Hospitals).
- Oversees the dispute resolution process for the DPOK, Inc. area and assists consumers when they have difficulties with their services.

## Home and Community Based Medicaid Waiver Services (HCBS)

Services and supports provided to persons with mental retardation or a developmental disability and reimbursed for those services by Kansas Department of Social and Rehabilitation Services include the following categories:

- Assistive Services
- Day Supports
- Medical Alert Rental
- Oral Health Services
- Sleep Cycle Support
- Personal Assistant Services
- Residential Supports
- Supported Employment
- Supportive Home Care
- Temporary and Overnight Respite
- Wellness Monitoring

Day Supports, Residential Supports, and Supported Employment provided to adults are licensed by SRS. Residential Supports provided to children are licensed by Kansas Department of Health and Environment (KDHE).

*Please refer to the Kansas Medical Assistance Program (KMAP) website ([www.kmap-state-ks.us](http://www.kmap-state-ks.us)) and manuals for service definitions, benefits and limitations, provider requirements, and documentation requirements. An additional resource is the Kansas SRS/DBHS/CSS HCBS MRDD Waiver Handbook ([www.srskansas.org/hcp/css/Manuals.html](http://www.srskansas.org/hcp/css/Manuals.html)).*

## Targeted Case Management Services (TCM)

Targeted Case Management (TCM) is made available to all individuals determined eligible for services according to the Kansas definition for someone with mental retardation or developmental disability. Providers are licensed by and registered with SRS. A Case Manager helps in the planning and arranging of services by doing:

- Assessment of a beneficiary to determine service needs,
- Development of a specific support/care plan,
- Referral and related activities, and
- Monitoring and follow-up activities.

Please refer to the Kansas Medical Assistance Program (KMAP) website ([www.kmap-state-ks.us](http://www.kmap-state-ks.us)) and manuals for service definitions, benefits and limitations, provider requirements, and documentation requirements.

## Are you going to be a licensed provider or a non-licensed provider?

### Licensed Provider

Licensed required – Any private person, group, association or corporation, or any community or local governmental department which is:

1. Operating as or undertaking to become a provider of services and supports to adults or children who have been determined eligible for MR/DD services;
2. In need of services greater than those provided in a boarding care home as defined by KSA 39-932; and
3. Not otherwise certified as an intermediate care facility for the mentally retarded (ICF/MR) must be licensed as a community based agency providing services to adults with mental retardation or other developmental disabilities under K.A.R. 30-40-1 et. seq.

**If licensed provider, proceed to Step 1.**

### Non-licensed Provider

The agency may be a Center for Independent Living (CIL) recognized by Kansas Rehabilitation Services compliant with standards and indicators for Title VII, Part C funded CILs.

The agency may be licensed in other ways such as a home health agency licensed under Kansas Department of Health and Environment (KDHE).

A non-licensed provider may also be an agency or individual providing payroll services to persons with developmental disabilities who self-direct their services and their responsible parties if applicable.

Payroll agents are responsible for the financial records, tax records, HCBS documentation, insurance requirements, and employee records. These records are to be made available to the CDDO and/or SRS upon request.

**If non-licensed provider, proceed to Step 2.**

## Step 1 – Licensing Process

### *Licensure for Adults:*

1. Contact SRS Division of Disability & Behavioral Health Services/Community Supports & Services (SRS/DBHS/CSS) at (785) 296-3561 and request an application to provide licensed MR/DD services or visit the website at [www.srskansas.org/hcp/css/OAManual/DevelopmentalDisabilitiesQA.html](http://www.srskansas.org/hcp/css/OAManual/DevelopmentalDisabilitiesQA.html).
2. Complete the license application and submit electronically or by mail to:  
SRS/DBHS/CSS  
Docking State Office Building – 10<sup>th</sup> Floor  
915 SW Harrison  
Topeka, Kansas 66612
3. Once the application is received by SRS/DBHS/CSS the SRS Quality Assurance staff for Local Member will contact you to complete the remaining steps of the licensure process.

### *Licensure for Children:*

1. KDHE is responsible for licensing children's residential providers. Contact KDHE at (785) 368-7015 to request an application to provide children's residential services.

**Proceed to Step 2.**

## Step 2 – Business Plan

The business plan is an objective analysis or a proposal to determine if the business is economically viable. The business plan should demonstrate the organization's credibility, adequate customer potential, and financial feasibility. DPOK, Inc. requires the business plan to include the following at a minimum:

1. Detailed description of business
  - a. Mission statement
  - b. Purpose
  - c. Site(s)
  - d. Service(s) to be provided
2. Target area
3. Management
4. Future plan
5. Financial plan
  - a. Working capital

More assistance may be obtained by contacting:

Wichita State University  
Kansas Small Business Development Center  
Metropolitan Complex  
1845 Fairmount, Campus Box 148  
Wichita, KS 67260-0148  
316-978-3193  
316-978-3647 FAX  
[ksbdc@wichita.edu](mailto:ksbdc@wichita.edu)  
[www.wichita.edu/ksbdc](http://www.wichita.edu/ksbdc)

NCK SBDC  
(Kansas Small Business Development Center)  
606 Washington St., Suite C  
Concordia, KS 66901  
[ksbdc@ncksbdc.com](mailto:ksbdc@ncksbdc.com)  
[www.ncksbdc.com](http://www.ncksbdc.com)

Upon completion of your business plan, if you have not already met with DPOK, Inc., you may be asked to do so. At a minimum, you must contact the DPOK, Inc. to request the Affiliation Agreement MR/DD Services document.

Proceed to Step 3.

### Step 3 – Affiliation Requirements

If you have any questions regarding the requirements outlined below, please contact Lorraine Harris, CDDO Director at (785)823-3173 ext. 6 or [lharris@dpok.com](mailto:lharris@dpok.com). The following information must be supplied to the CDDO:

#### Licensed Affiliate Requirements

1. Cover Letter
2. Copy of the applicable SRS or KDHE License (children's' residential)
3. Certificate of Corporation with the Secretary of State
4. Federal Tax ID number verification
5. Business Plan
6. Three (3) Reference letters from individuals with knowledge of the developmental disability system describing owner/operator's experience and abilities.
7. Demonstrate progress toward and a willingness to complete a curriculum of studies designated by the commission to gain expertise in supporting individuals with developmental disabilities
8. Completed and signed Affiliation Agreement - MR/DD Services.
9. Certificate of Insurance(s) to include: Automobile Liability, Commercial General Liability (DPOK, Inc. is to be named as the additional insured on the insurance policy), and Workers Compensation and Employers Liability
10. Provider Information form (including e-mail and Privacy Officer)
11. Required Background Checks Policy also includes copies of the completed background checks of owner/operator(s).

### Targeted Case Management (TCM) Affiliate Requirements

1. Cover Letter
2. Certificate of Corporation with the Secretary of State
3. Federal Tax ID number verification
4. Copy of the applicable SRS License
5. Business Plan
6. Three (3) Reference letters that describes owner/operator's experience and abilities. You will also need to include copies of the completed background checks of owner/operator(s).
7. Completed Affiliation Agreement MR/DD Services including provider signature(s)
8. Certificate of Insurance(s) to include: Automobile Liability, Commercial General Liability (DPOK, Inc. is to be named as the additional insured on the insurance policy), Workers Compensation and Employers Liability, and Professional liability – Targeted Case Management licensed affiliate.
9. Provider Information form (including e-mail and Privacy Officer)
10. Required Background Checks Policy
11. Back up coverage plan for 24 hour availability

### Non-licensed Affiliate Requirements

1. Cover Letter
2. Certificate of Corporation with the Secretary of State or KDHE verification of Home Health Agency or Center for Independent Living (CIL) designation
3. Federal Tax ID number verification
4. Business Plan
5. Three (3) Reference letters that describes owner/operator's experience and abilities. You will also need to include copies of the completed background checks of owner/operator(s).
6. Completed Affiliation Agreement MR/DD Services including provider signature(s)
7. Certificate of Insurance(s) to include: Automobile Liability, Commercial General Liability (DPOK, Inc. is to be named as the additional insured on the insurance policy), and Workers Compensation and Employers Liability
8. Provider Information form (including e-mail and Privacy Officer)
9. Tax Responsibility Acknowledgment form
10. Payroll Agent Employee and Employer Packet *(must identify at a minimum how background checks will be completed, ANE reporting, grievance process, job descriptions, documentation sheets, implementation and adherence to KAR 30-63-10 associated with self-directed services, and training program/documentation.)*

### Limited Licensed Affiliate Requirements

1. Items # 1 – 10 under Licensed Affiliate Requirements apply
2. Tax Responsibility Acknowledgment form
3. Must have an identified pre-existing relationship with at least one of the individual(s) to be served
4. Demonstrate a willingness to complete a curriculum of studies designated by the commission to gain expertise in supporting individuals with developmental disabilities
5. For good cause that benefits the person receiving services or requesting to receive services, may waive one or more requirements of the licensing regulations. This waiver or substitution must not jeopardize the health, safety or welfare of the person(s) receiving services, and as determined by CSS must demonstrate the achievement of positive outcomes. A written statement from the Guardian (if applicable) supporting the request and identifying why limited licensure is in the best interest of the person. If the individual does not have a guardian, a written statement from the individual as to why the request for limited licensure is in the best interest of the person. Copy of the individual's person-centered support plan attached to written statement.

**Proceed to Step 4.**

### **Step 4 – Affiliation Review**

Please mail all completed requirements outlined in Step 3 to:

*Disability Planning Organization of Kansas, Inc.*  
Attn: Lorraine Harris, CDDO Director  
PO Box 1067  
Salina, KS 67402-1067

DPOK, Inc. will provide you with a duly signed copy of the Affiliation Agreement MR/DD Services upon satisfactory review of all completed requirements in Step 3.

**Proceed to Step 5.**



## Step 5 – Medicaid Provider Enrollment

In order to bill and receive Medicaid funding you must become an enrolled Medicaid provider. A prospective provider must do the following in order to apply to Kansas Medical Assistance Programs (KMAP):

- Contact EDS Provider Enrollment at (785) 274-5914 to request an HCBS Application or obtain it online at [www.kmap-state-ks.us](http://www.kmap-state-ks.us).  
Electronic Data Systems (EDS) Provider Enrollment  
PO Box 3571  
Topeka, Kansas 66601

Make sure you are affiliated with DPOK, Inc. **PRIOR** to sending in the application. The application will be placed in rejected status if you are not affiliated with DPOK, Inc.

Refer to the KMAP website address to download manuals and other publications.

[www.kmap-state-ks.us](http://www.kmap-state-ks.us)

Once you have received your Medicaid Provider and NPI number, please forward this information to Lorraine Harris, CDDO Director for DPOK, Inc.

## Resources

### Background Checks

- MVR (Motor Vehicle Report) – The Vehicle Record Consent form may be obtained from:  
Docking State Office Building – Division of Vehicles  
915 Harrison Street  
Topeka, Kansas 66612  
(785) 296-3601
- **MANDATORY** – Adult Protective Services Registry – Call (785) 368-8105 to ask for a copy of their form to fill out.  
Adult Abuse Registry  
Docking State Office Building – Room 551 West  
915 Harrison Street  
Topeka, Kansas 66612  
There is no fee for this check.

- **MANDATORY** – Child Protective Services Registry – The current release of information form can be found on SRS Children and Family Services website at [www.srskansas.org/CFS/](http://www.srskansas.org/CFS/) Select Program Information, next select Child Abuse and Neglect Central Registry, then select Registry Release form OR Call (785) 296-6783 to request a Child Abuse and Neglect Central Registry Information packet.

Child Abuse and Neglect Central Registry  
 PO Box 2637  
 Topeka, Kansas 66601  
 (785) 296-6783  
 The fee for this check is \$10.00 per individual.

- **MANDATORY** – Kansas Department of Health and Environment (KDHE) Health Occupations – go to [www.kdhe.state.ks.us/hoc](http://www.kdhe.state.ks.us/hoc) and next click on the list of individuals with findings of ANE and then click to continue. Print a copy of the page that your last name falls under.
- **MANDATORY** – Kansas Bureau of Investigation (KBI) – Records checks may be obtained from the Internet web site [www.accesskansas.org/kbi/criminalhistory/](http://www.accesskansas.org/kbi/criminalhistory/) the fee is \$17.50 for each name searched. This service supports payment by credit card or bills used accounts. You may search the Central Repository database and obtain records at that site. You can also obtain full information on record services and download forms for those services. OR, you may mail a letter requesting the record check and explaining purpose of the request. Include all names by which you have been known, your date of birth, race, sex, and social security number. Include a check made payable to KBI Record Check Fee Fund for payment.

Kansas Bureau of Investigation  
 Attn: Criminal History Records Section  
 1620 Tyler  
 Topeka, Kansas 66612  
 (785) 296-8200

The fee for this check is \$20.00. Third and subsequent names associated with the same person are billed at \$20.00 per search.

### Other

- I-9 form will need to be completed. You can download the form at [www.libmemphis.edu/govpubs/forms](http://www.libmemphis.edu/govpubs/forms) Click on Citizenship and Immigration Services. Then click on I-9 form to download.
- College of Direct Supports - <http://info.collegeofdirectsupport.com/>  
 Kathy Olson, Associate Professor  
 Tel: 620-421-6550  
 E-mail: [kolson@ku.edu](mailto:kolson@ku.edu)

## Sources of Funding

Funds for Community Service programs come from two primary sources:

1. State General Funds, and
2. Medicaid Funds.

## Reimbursement from Funding Sources

**HCBS MR/DD Waiver** – The provider bills services provided directly to the Medicaid fiscal intermediary (EDS) within 60 days of the date the service(s) is provided to receive reimbursement, which is based on the Plan of Care (POC) that is in force at the time of the billing. Billings can be for any amount less than the Plan of Care for a service but never for more than the Plan of Care allows. All disagreements on the Medicaid reimbursement from the fiscal agent, EDS, must be directly dealt with between the provider and EDS. DPOK, Inc. is not responsible for any suspended, rejected, or unpaid claims. No provider will be reimbursed at a higher rate than that which Social Rehabilitation Services/Disability and Behavioral Health Services/Community Supports and Services (SRS/DBHS/CSS) allows.

**State General Funds** – The state allocates these funds to DPOK, Inc. on an annual basis. Direct Financial Support may be paid to the families who qualify to receive this funding source. State General funded day and residential support services are paid to the provider for individuals with DD who qualify to receive this funding source. DPOK, Inc. distributes payments once funding is received from SRS/DBHS/CSS. Should there be a dispute on any billing, it will need to be resolved between DPOK, Inc. and the provider. No one will be reimbursed for a higher rate than stated in the SRS/CDDO contract in force at the time of the billing.

## HCBS MR/DD Service Rates

Rates are established annually and are subject to change per SRS mandate. You may request a copy of the current HCBS MR/DD Medicaid Waiver rates from SRS/DBHS/CSS or your local CDDO. State General Fund rates are available from your CDDO as local management policies may apply.

## Alphabet Soup

BASIS – Basic Assessment and Services Information System

CDDO – Community Developmental Disability Organization

CSP – Community Service Provider

DD – Developmental Disability

DDP – Developmental Disability Profile or BASIS Assessment section

ELP – Essential Lifestyle Plan

HCBS – Home and Community Based Services

DBHS/CSS – Disability and Behavioral Health Services/Community Supports & Services, a division of SRS

IEP – Individual Education Plan

KAR – Kansas Administrative Regulation

KLOII – Kansas Lifestyle Outcome (version II)

MH – Mental Health

MR – Mental Retardation

PCSP – Person Centered Support Plan

PI – Performance Improvement

POC – Plan of Care

QA – Quality Assurance

QE – Quality Enhancement

TCM – Targeted Case Management

*A special thanks to Shawnee County CDDO/TARC,  
2701 SW Randolph,  
Topeka, Kansas 66611 for much of the information provided.*

