



Sedgwick County
Developmental Disability Organization
Dee E. Nighswonger, LMSW, LCAC – Director

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SEDGWICK COUNTY DEVELOPMENTAL DISABILITY COMMUNITY COUNCIL

Meeting Minutes

Friday, August 18, 2016

11:30 a.m. – 1:00 p.m.

Goodwill Industries, 3351 N. Webb, Wichita, KS

- I. Welcome and Introductions – Jeannette Livingston opened the meeting. Attendees were then asked to introduce themselves. A total of 37 individuals were in attendance.
- II. Review Nominations & Vote for 2018 Community Council Voting Members - Jeannette distributed the ballots and explained the voting process. This year the Community Council bylaws were changed and all the elected members were put up for election, except Matt Cook who hit the term limitation. There are a total of six voting members, five of which are elected. The CDDO representative, Jeannette Livingston currently, is appointed.
- III. KanCare Ombudsmen Volunteer Program - Percy Turner with the local office of the KanCare Ombudsman gave a presentation. The full PowerPoint presentation is attached. KanCare is the program through which the State of Kansas administers its Medicaid program. The Ombudsman's Office was created to educate and assist consumers in KanCare to effectively navigate the system. Local KanCare Ombudsman offices are located in Kansas City and Wichita. If you call the Ombudsman and have a 316 or 620 area code the call will automatically be directed to the Wichita office. Volunteers in the ombudsman office help Medicaid consumers get their questions answered, provide ongoing education, and will review resources with callers. The office can also assist individuals with filling out the Medicaid application. To contact the Ombudsman office you can call 855-643-810 or e-mail KanCare.Ombudsman@ks.gov
- IV. SCDDO Capacity Analysis – Jeannette Livingston provided an overview of the 2016 capacity report for Sedgwick County. A full copy of the report is also attached. The State of Kansas requires all community developmental disability organizations (CDDO's) to report on capacity annually. This last year, our director, Dee Nighswonger led all the CDDO's in a statewide discussion on system capacity and worked to standardize the report. .

The first couple of pages provide a basic overview of the system statistics, which are pretty consistent year to year. There are around 2,500 individuals determined eligible for the IDD system at any given

Sedgwick County...working for you

time. Of those, 889 were waiting for Medicaid Waiver funded services. A little over 1,400 individuals receive Waiver services as of Dec. 31, 2016. Sedgwick County had a total of 49 affiliated providers in 2016. A side note – we now have 50, as we’ve added a new day and residential provider.

The first page also provides a breakout of the number of people assisted by service through state aid funding. While most of the focus in our system is on Waiver funded services, the SCDDO does have a relatively small pot of funds (State Aid) utilized to serve individuals and families whether or not they have access to Waiver funding. These State Aid dollars serve a lot of folks (total of over 4,500 in 2016). Please note that these figures are not necessarily an unduplicated count – someone might have more than one service (such as infant/toddler screening then children’s attendant care). Additionally, not all individuals served through these funds are necessarily eligible for our system – The Arc, in particular, serves many folks through their activities that may or may not have gone through the process to qualify for the IDD system.

The report also provides a summary of the services and number of affiliates providing each service. The figure that stuck out from this data was that Sedgwick County lost 50% of its agency-directed supportive home care providers in 2016. Supportive home care is a service designed to assist an individual with a disability with personal care and activities of daily living – might be more commonly known as in-home support, where a worker comes to the home to assist in care. In 2016 there were four providers of supportive home care but two have since discontinued this service – leaving Sedgwick County with only two providers, one of which only serves children.

The state also sought information on the methods providers use to deliver services such as Day and Residential. Sedgwick County is fortunate to have services provided in a variety of models – there are center-based day programs, day supports that are out in the community, sheltered workshops. Also, residential providers use a variety of service delivery methods – shared living (similar to foster care), group homes, supported living in an individual’s own home or apartment, and children’s residential. One of the clear impactors on system capacity is provider workforce, i.e. finding and keeping qualified direct support staff. In general, direct support workers make from \$8 to \$10 per hour for what can be a very challenging job. Many providers struggle with high turnover – the average was around 40% but there was one agency reporting a 90% turnover rate.

Another factor impacting provider’s abilities to fill positions is the new state background check requirements. Previously providers were able to hire a person contingent on getting the final background check back. These staff might shadow current staff or attend orientation while the background check was processed. This is no longer allowed and it can result in delays in making job offers. Many folks don’t wait around to hear the answer, they accept another job.

Another issue related to capacity is the new federal rules around sheltered workshops. Regulations like the Workforce Innovation and Opportunities Act (WIOA) and HCBS Settings Final Rule have pushed providers in Sedgwick County to discontinue admissions to their sheltered workshop programs. Of the five workshops in Sedgwick County only one is open to general referrals – Goodwill – and they are

being inundated. There is one other open workshop but its admissions are limited to those with visual impairments. What I take from this is that there is still a demand for work activities. Whether or not shelter workshops should stay the same or be Medicaid billable, individuals want the opportunity to work.

So, what is done with all this information? Sedgwick County has developed a community capacity expansion grant program. For 2017 we have used the data to target our funds to assist with workforce issues. The list of recommendations for the grants is on page 8.

Recruit efforts have also been made to bring on additional supportive home care providers but it's a challenge. One complicating factor is that the IDD rate for this service is lower than the rate paid for the same service for other waiver populations (physical disabilities, technology assisted, etc.).

This data is also shared with stakeholders – such as Community Council and the managed care organizations. The SCDDO would love to partner to improve system capacity and this is happening in some areas – such as services for those with co-occurring IDD and mental health diagnoses. Any questions related to service capacity can be directed to Jeannette Livingston at 660-7635.

- V. Agency Updates & Other Business – Anita Raghavan mentioned that the Buddy Walk, the Down Syndrome Society of Wichita's major fundraiser, is October 7th. For more information please go to: <http://www.buddywalkwichita.org/>

VI. Adjourn



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KanCare





- **KanCare Services (before and after 2013)**
- **KanCare Ombudsman Office**
- **KanCare Ombudsman Volunteer Program**
- **KanCare Liaison Training**
- **Resources, Support and Ongoing Education**



- Program through which the State of Kansas administers Medicaid
- Launched in January, 2013
- Delivering whole-person, integrated care to approximately 430,000 people across the state





- All pre-2013 Medicaid services are now provided through the KanCare health plans (Managed Care Organizations).
- Consumers in KanCare receive all the same services provided under the previous Medicaid delivery system.
- In addition, the three MCOs offer new, “Extra” or “Value Added Services.”
- All the services offered through the State’s Home and Community Based Services waivers are also a part of KanCare.

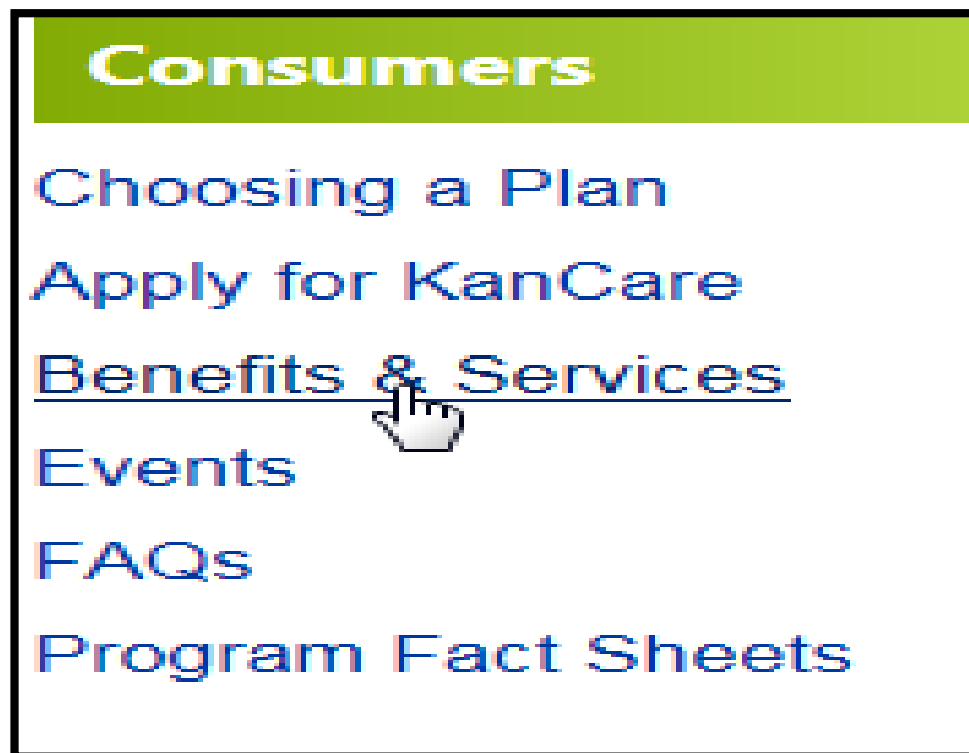


Three KanCare Health Plans

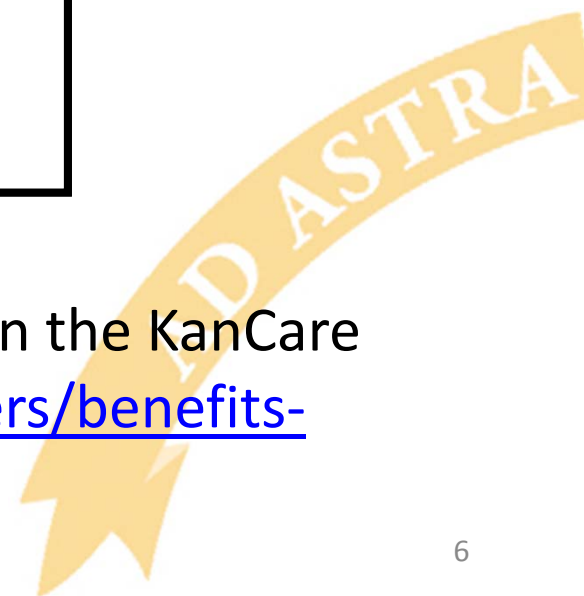


- These MCOs are required to coordinate all of the different types of care a consumer receives.
- When a consumer is choosing the plan that fits them best, they should review the “Value Added Services” or “Extra Services Highlights.”

Where to View these “Extra Services”



“Health Plan Highlights for 2017” is available on the KanCare Website: <http://www.kancare.ks.gov/consumers/benefits-services>



Click on which services matter most to you:

Health Plan Highlights for 2017

Look at the highlighted services below to compare additional services each plan offers. All physical, mental, and substance abuse services are the same in each MCO. The table below shows **extra** services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services.

[2017 Extra Services](#)

[2017 Extra Services Spanish](#)

- | | | |
|---|---------------------------------------|----------------------------------|
| + Dental Option | + Kids' Health Options | + Supplemental Vision Options |
| + Healthy Reward Options | + Community Membership Options | + Asthma Care Options |
| + Prenatal / Well-Baby Options | + Incontinence Supplies Options | + Podiatry (Foot Care) Options |
| + Smoking Cessation Options | + Supplemental Transportation Options | + Mental Health Supports Options |
| + Weight Loss Options | + Additional Care Options | + Miscellaneous Options |
| + Health Management / Online Health Options | + Cell Phone Options | |



Health Plan Highlights for 2017

Look at the highlighted services below to compare additional services each plan offers. All physical, mental, and substance abuse services are the same in each MCO. The table below shows **extra** services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services.

[2017 Extra Services](#)

[2017 Extra Services Spanish](#)

+ Dental Option

+ Kids' Health Options

+ Supplemental Vision Options

+ Healthy Reward Options

+ Community Membership Options

+ Asthma Care Options

+ Prenatal / Well-Baby Options

+ Incontinence Supplies Options

- [Podiatry \(Foot Care\) Options](#) 

+ Smoking Cessation Options

+ Supplemental Transportation Options



Members ages 21 and older can get up to two podiatry visits each year.

+ Weight Loss Options

+ Additional Care Options




+ Mental Health Supports Options




+ Health Management / Online Health Options

+ Cell Phone Options

Health Plan Highlights for 2017

Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services.

 <p>Amerigroup RealSolutions in healthcare 1-800-600-4441</p>	 <p>sunflower health plan. 1-877-644-4623</p>	 <p>UnitedHealthcare Community Plan 1-877-542-9238</p>
<p>Preventive dental care for members 21 and older, including:</p> <ul style="list-style-type: none"> Two free cleanings per year Free scaling and polishing procedures <p>Children get dental care as part of their regular Medicaid benefits.</p>	<p>One dental visit for adults 21 and older every six months. Children receive regular benefits on most dental services.</p> <p>We provide practice visits to dentists for members with developmental disabilities and children on the autism waiver to help them become more comfortable with dental preventive care visits.</p>	<p>Any member over age 21 can visit a participating dental provider once a year for a screening and cleaning, which includes scaling and polishing teeth. Dentist will provide one x-ray per year.</p> <p>FE members may be eligible to receive dentures at no cost.</p>
<p>Healthy Rewards allows members to earn \$10, \$15, or \$25 in debit card credits to Walmart, Dollar General and Family Dollar to use for over-the-counter items just for doing things that are good for your health like getting:</p> <ul style="list-style-type: none"> Maternal health checkups Well-child checkups Well-woman exams Flu Shots Diabetes screenings 	<p>Healthy Rewards Program: Members can earn between \$5 - \$50 in healthy rewards or a combination of rewards on a CentAccount card for receiving healthy checkups. These rewards can be used to buy from hundreds of items like groceries, baby formula, and over the counter cough/cold medicine from participating retail stores.</p>	<p>Members can earn rewards through UnitedHealthcare's Community Rewards program, by tracking healthy activities using an online tool or smart phone. Earn points to get merchandise and reward cards.</p>
<p>A free SafeLink® cell phone for members who qualify, with up to 350 free minutes each month plus:</p> <ul style="list-style-type: none"> 200 bonus lifetime minutes Unlimited text messages Free calls to Amerigroup Member Services <p>Coverage may not be available in certain remote service areas.</p>	<p>Free cell phone through our Connections Plus program or through SafeLink®, which provides up to 250 free minutes of service per month. This includes unlimited texting and free calls to and from Sunflower Health Plan. Members will be able to have telephone access to their KanCare providers.</p>	<p>Member Advocates can help members who qualify get free SafeLink® cell phones. Members can get up to 350 free minutes of service a month. Benefit includes:</p> <ul style="list-style-type: none"> Free Smart Phone with unlimited nationwide text messages Unlimited calls to Member Services 500 MB of 3G Data per month Sign-up for Connect4health text messaging program <p>Coverage may not be offered in certain remote service areas.</p>
<p>Taking Care of Baby and Me® program for pregnant women and new moms to support healthy pregnancies and healthy babies. Includes:</p> <ul style="list-style-type: none"> Support, coaching and health resources A self-care book My Advocate™ program – maternal health education by phone, text messages and a smartphone app Information on Text4Baby, CenteringPregnancy groups and more 	<p>Start Smart for Your Baby® - Support, education and gifts for moms, babies, and families. The program includes the services below. There is no cost to member.</p> <ul style="list-style-type: none"> In-home help with healthcare and social service benefits Baby showers for pregnant members. At these events, members are given diapers, the Baby Fuel book and other gifts and health material Birthday programs for children 	<p>Pregnant members will get the "Baby Basics" book.</p> <p>Pregnant members can join Baby Blocks program. Get a \$20 gift card or a cool diaper bag for joining. Earn seven more rewards for staying with the program until your baby is 15 months old.</p> <p>Sponsored community baby shower events for pregnant and new mothers. Moms learn about health and wellness for themselves and their babies.</p> <p>Pregnant members can get OFF brand Bug Spray to help protect against mosquitoes.</p>
<p>Extra respite care for Autism waiver members' and Intellectual or Developmental Disability (IDD) waiver members'. (Respite care lets your caregiver take a break.)</p> <p>Extra personal care services (PCS) for IDD waiver members.</p> <p>50 hours of respite care for Frail Elderly waiver members.</p> <p>*Excludes members living alone or residing in ICF/IDD, assisted living and nursing facilities, group homes, or similar settings.</p>	<p>Choose Health program serves members with chronic health conditions. The program helps members determine how emotions can impact their condition (i.e. stress, poor sleep, and change in appetite). As a part of the program, participants are assigned a Choose Health Coach who works with the entire health care team to ensure members have everything they need to feel their best.</p>	<p>Adult members on the PD, FE and IDD waivers can pick one free item from catalog per year. Items are for home safety or other support. The care coordinator will assist with order.</p> <p>FE members will be mailed a wellness calendar at the beginning of each year to track their doctor appointments, medications timeline, and social events.</p>
<p>Members 18 and older can participate in our holistic stop-smoking program including:</p> <ul style="list-style-type: none"> Support and coaching services Unlimited calls to a health coach for tips and advice 	<p>Members can participate in a smoking cessation program offered through Healthy Solutions for Life. (Nicotine replacement therapy is a regular benefit when prescribed by your doctor.)</p>	<p>Members can download Health4Me app on their smartphone. This app can help members manage their health.</p> <p>Members, or those responsible for members, can access myUHC.com online to help access health history, educate members on working with their doctor, and track doctor visits.</p>

 <p>Amerigroup RealSolutions in healthcare 1-800-600-4441</p>	 <p>sunflower health plan. 1-877-644-4623</p>	 <p>UnitedHealthcare Community Plan 1-877-542-9238</p>
<ul style="list-style-type: none"> Help understanding the nicotine replacement therapy (NRT) products available through KanCare 		
<p>Weight Watchers voucher covering members' initiation fees, plus four weeks of classes.</p>	<p>Weight management program through Healthy Solutions for Life.</p>	<p>Adults can obtain membership in the Weight Watchers program to help them lose weight. The program is good for local meetings and cannot be used for online services.</p>
<p>Members in waiver groups and certain members receiving SSI get \$10 every month (\$120 per year) for extra over-the-counter (OTC) medicines. OTC products ordered on our website are delivered to your home.</p>	<p>The MemberConnections Program has community-based staff to provide in-home member visits to assist with scheduling healthcare appointments and transportation as well as paperwork for benefits and local services.</p>	<p>We offer members who need glasses an enhanced benefit of higher quality lenses beyond what Medicaid covers to help members maintain their vision and improve their self-esteem.</p>
<p>Our Healthy Families program helps families with children ages 7-13 who are overweight or obese (or at risk) live healthier lives. Includes:</p> <ul style="list-style-type: none"> A health coach you can call to get tips and advice Materials to help your family learn about wellness and healthy living Referrals to local nutrition classes for 6-9 weeks (where available) 	<p>MyStrength online program offers eLearning to help members overcome depression and anxiety. This online program includes simple tools, weekly exercises, mood trackers and daily inspirational quotes and videos. The program can be used on its own or with other care.</p>	<p>Youth members up to 18 will have access to great youth programs such as the YMCA, Boys and Girls Clubs, and 4-H and selected Parks and Recreation Departments.</p> <p>Members 20 and under can use KidsHealth. This is an online/mobile site that provides videos and articles on health topics. The site aims to help members manage their health conditions.</p>
<p>Free rides to community health events for Amerigroup members.</p> <p>Free rides for caregivers to members' (Medicaid-covered) appointments – for members in waiver groups and certain members receiving SSI.</p>	<p>Disease management for members with asthma, COPD, diabetes, heart disease or high blood pressure through Healthy Solutions for Life Program. Members can enroll in any of these programs.</p>	<p>Six one-way or three roundtrip rides annually for certain waiver members and some members receiving behavioral health support services, to job interviews, job training and for rides to jobs.</p>
<p>Free yearly membership at a participating Boys & Girls Club, for members ages 5-18.</p>	<p>Community Programs for Children: Free services and events to promote healthy lifestyles for kids, such as membership fees to Boys & Girls Clubs and the Adopt-a-School Program.</p>	<p>Adults on the FE or PD waiver can get access to one activity per member per year with their selected local Parks and Recreation offices.</p>
<p>Pest control services for members in waiver groups and certain members receiving SSI. Up to \$500 for four treatments per calendar year (whichever is met first). Members must own their homes to get these services (excludes members living in ICF/IDD, assisted living and nursing facilities, group homes or similar settings).</p>	<p>A Comprehensive Medication Review with a local pharmacist is available to eligible members. The review includes a 30 minute Face-to-Face consultation with a local pharmacist.</p>	<p>Mental Health First Aid program is an interactive course designed to mimic regular first aid training. It teaches the general public how to identify, understand, and respond to signs of mental health and substance use disorders.</p>
<p>Free air purifier with a permanent filter to help reduce allergens in your home.</p> <p>To get this benefit, members must be diagnosed with allergies and get an order from their doctor.</p>	<p>In-home tele-health available for adults. This service helps members stay at home when they need help to manage their chronic conditions.</p>	<p>Pest Control treatments for HCBS members who own their home. Services must be set up through Care Coordinator.</p>
<p>Eligible members on the Frail & Elderly waiver receive adult incontinence supplies up to \$100 per year.</p>	<p>Up to 18 hours of hospital companionship for persons on the Intellectual/Developmental Disability (IDD) and Frail & Elderly waivers.</p>	<p>PD and FE waiver members can receive up to two boxes of adult briefs to assist with their everyday comfort.</p>
<p>Up to 16 hours of respite care for persons on the IDD waiting list, persons on the Frail & Elderly waiver and children adopted from Foster Care.</p>	<p>Up to 16 hours of respite care for persons on the IDD waiting list, persons on the Frail & Elderly waiver and children adopted from Foster Care.</p>	<p>Respite Care for IDD waiver members receiving supported home care or home based services. Up to 40 hours of respite care.</p>
<p>We provide members on the IDD waiting list with a care attendant for medical appointments if needed.</p>	<p>Members coming out of the hospital for a behavioral health need can join the Peer Coaches Program. This program can link the member to community resources to avoid going back into the hospital.</p>	<p>Families with children age 2 to 8 can participate in the Sesame Street "Food for Thought" program. The program is where families can learn about how to eat healthy on a budget from Sesame Street characters.</p>
<p>Members can receive produce vouchers worth \$10 at special events with participating Farmers Markets.</p>	<p>The child member with Asthma is sent information presented by Sesame Street characters that teaches them how to deal with asthma. Children 1 to 4 will receive the A is for Asthma newsletter.</p>	<p>Members over 21 can get up to two podiatry visits each year.</p>

To change plans call 1-866-305-5147

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KanCare Ombudsman Office



- Here to assist in KanCare quality of service.
- Our goal is to educate and assist Kansas Medicaid members in navigating the Medicaid system and to assist in the resolution of issues they may be having with their managed care organizations, providers, state agencies, or the KanCare Clearinghouse.
- This includes Medicaid members with long term care services, such as those in nursing homes and with Home and Community Based Services (HCBS).

KanCare Ombudsman Office



Additional Goals:

- Report KanCare Ombudsman's office data to KS Legislature and CMS
- Making KanCare better for members



How many consumers does the Ombudsman office serve annually?

2014 & 2015:

Over 2,000 contacts per year

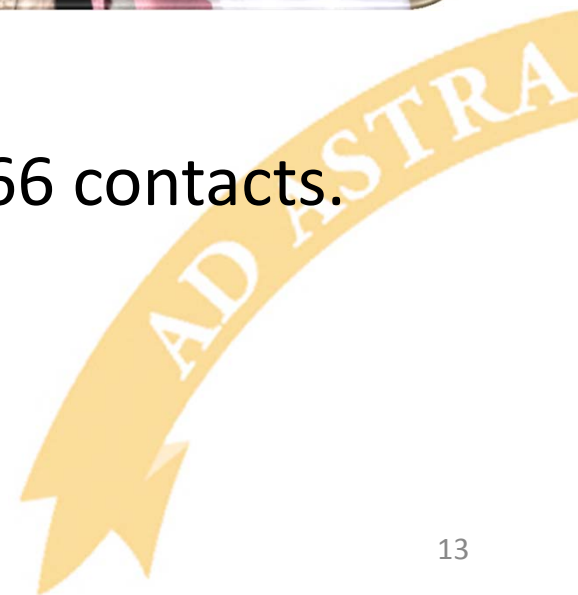


2016:

The Ombudsman's office has served 3166 contacts.

2017:

1751 contacts through July 13, 2017

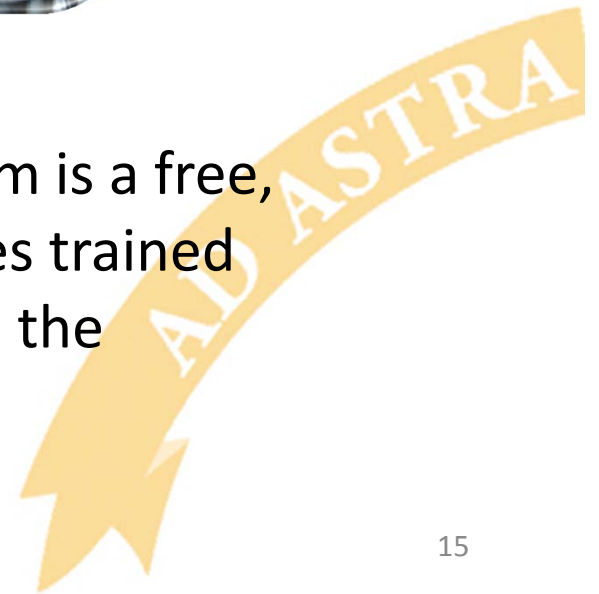




KanCare Ombudsman Volunteer Program



The KanCare Ombudsman Volunteer Program is a free, unbiased, and confidential program that uses trained volunteers to answer questions and assist in the resolution of Medicaid and related issues.



Our Brief History



- First KanCare Volunteer began in Wichita, November 2015
- The program has now grown to 12 active volunteers
- Currently serving and training in two satellite volunteer office locations: **Kansas City Metro and Wichita**

When a Consumer Calls The KanCare Ombudsman for Help

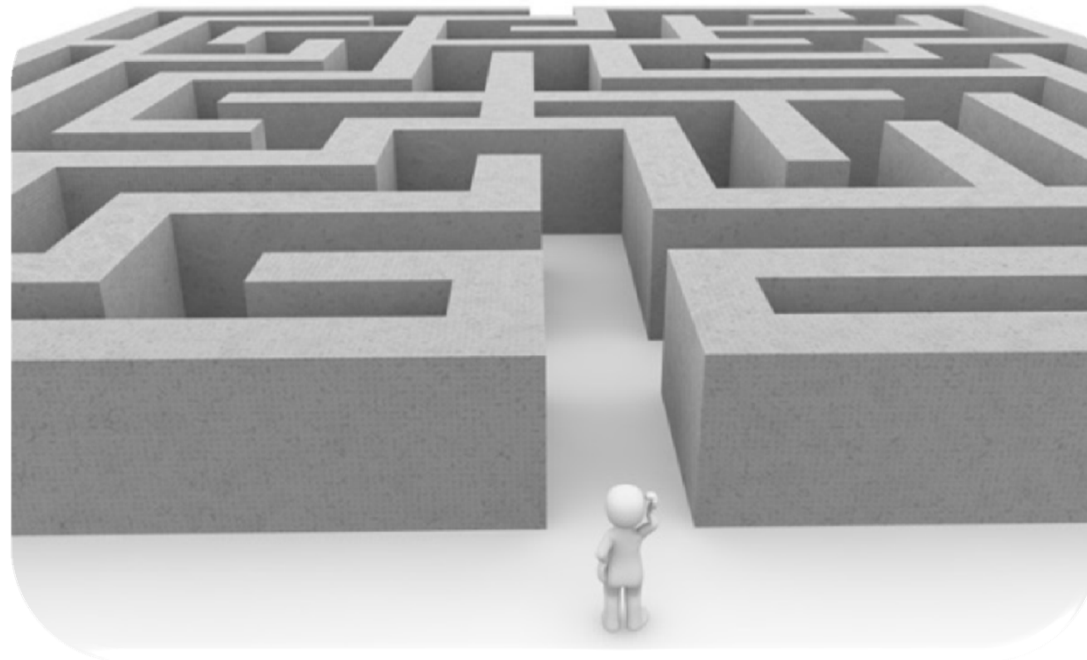
- 785, 816 and 913-area code calls will ring in the Olathe Satellite office first.
- 316 and 620- area code calls will ring in the Wichita Satellite office first.



- If a volunteer is unable to pick up the call, it will automatically roll to the KanCare Ombudsman's main office.

AD ASTRA

KanCare Ombudsman



- The KanCare Ombudsman takes the more complex cases or those that need more attention.



Volunteers must complete:

- Application
- Background check
- Interview

Accepted volunteers complete:

- Minimum of 30 hours training and mentoring
- Ongoing education
- Continued support



Volunteer Training

Volunteers are tested after their initial 30 hours of training for competency on the following subjects:

- Handling of calls and levels of inquiries
- Practice cases and case studies
- Resources for beneficiaries
- Processes –applications, benefits, and claims
- Grievances, appeals and state fair hearings





A Day in the Life of a KanCare Ombudsman Satellite Office Volunteer

- Helping Medicaid Consumers to get their questions answered
- Helping consumers to complete KanCare applications
- Ongoing Education
- Reviewing Resources and Learning more from every experience
- Building Knowledge of Local Community Resources

Application Assistance

- Do you know someone who needs help completing a KanCare application?
 - In-person appointments available in Olathe and Wichita
 - Phone assistance also available at 855-643-8180



Strengthening Services to Kansans



KanCare Ombudsman Liaison Training Program

KanCare Ombudsman Liaisons

- Educate and assist Kansas Medicaid members within their current workplace during their regular hours of operation.



KanCare
Ombudsman

Liaison Training

KanCare Ombudsman Liaison Training is designed to help staff in community organizations throughout Kansas to acquire a better understanding of:

- Basic KanCare Programs including Home and Community Based Services
- How to Assist with Medicaid Applications
- Medicaid Related Resources and Support

Does your organization currently assist Kansas Medicaid consumers?

Call (785) 296-2081

Email: Lisa.Churchill@ks.gov

<http://www.kancare.ks.gov/kancare-ombudsman-office/liason-training>



Current Liaison Training

Class Descriptions

Basic KanCare Programs & HCBS Programs Overview

1. *General Medicaid Questions*
2. *Basic KanCare Programs Overview (including HCBS Waiver Programs)*
3. *Medicaid Related Resources and Support*

How to Assist with Medicaid Applications

1. *Answers to the Most Frequently Asked Questions Regarding the KanCare Application Process*
2. *A Guide to Completing a KanCare Application*

Liaison Training



- If you have staff who may be interested in KanCare Ombudsman Liaison Training, please share the flyer with them and have them register at: <http://www.kancare.ks.gov/kancare-ombudsman-office/liaison-training>

Where can I go to learn more?



- Ongoing Education
- Medicaid Related Resources
- Ongoing Support

Ongoing Education

1. Bi-Weekly Education Calls

2. Ongoing Education on Medicaid related topics



Sign Up for Bi-Weekly Education Calls

You are invited to join in on the KanCare Ombudsman’s “Bi-Weekly Education Call” series.

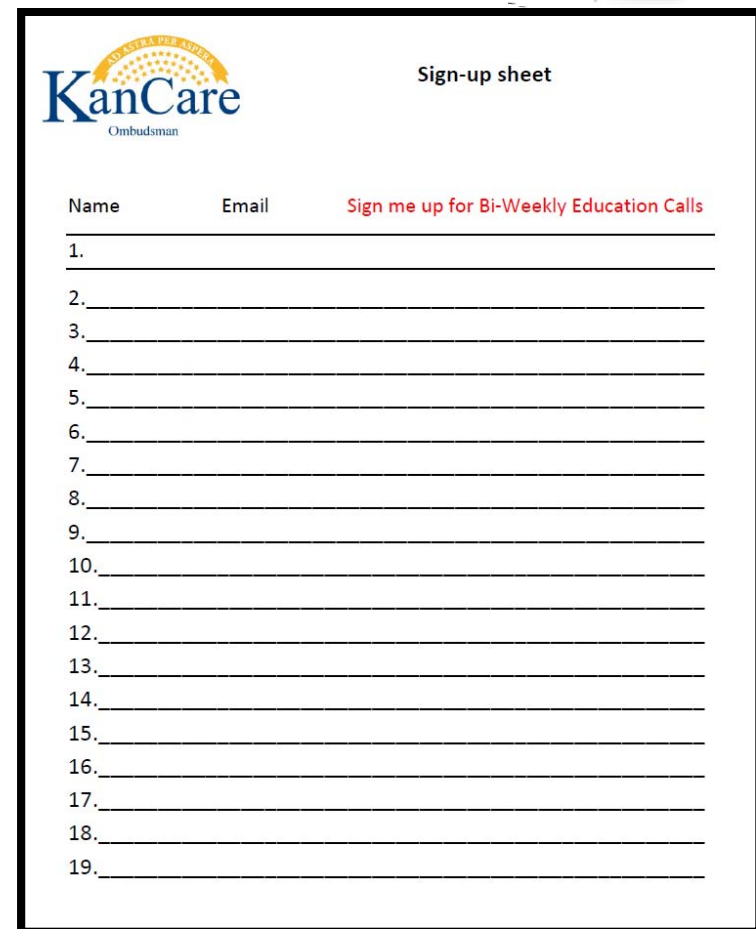
What is it?

This educational series provides volunteers and community based organizations an opportunity for deeper understanding of KanCare related topics, current issues and resource updates.

When is it?

10:15 a.m., every other Tuesday.

09/11/2017



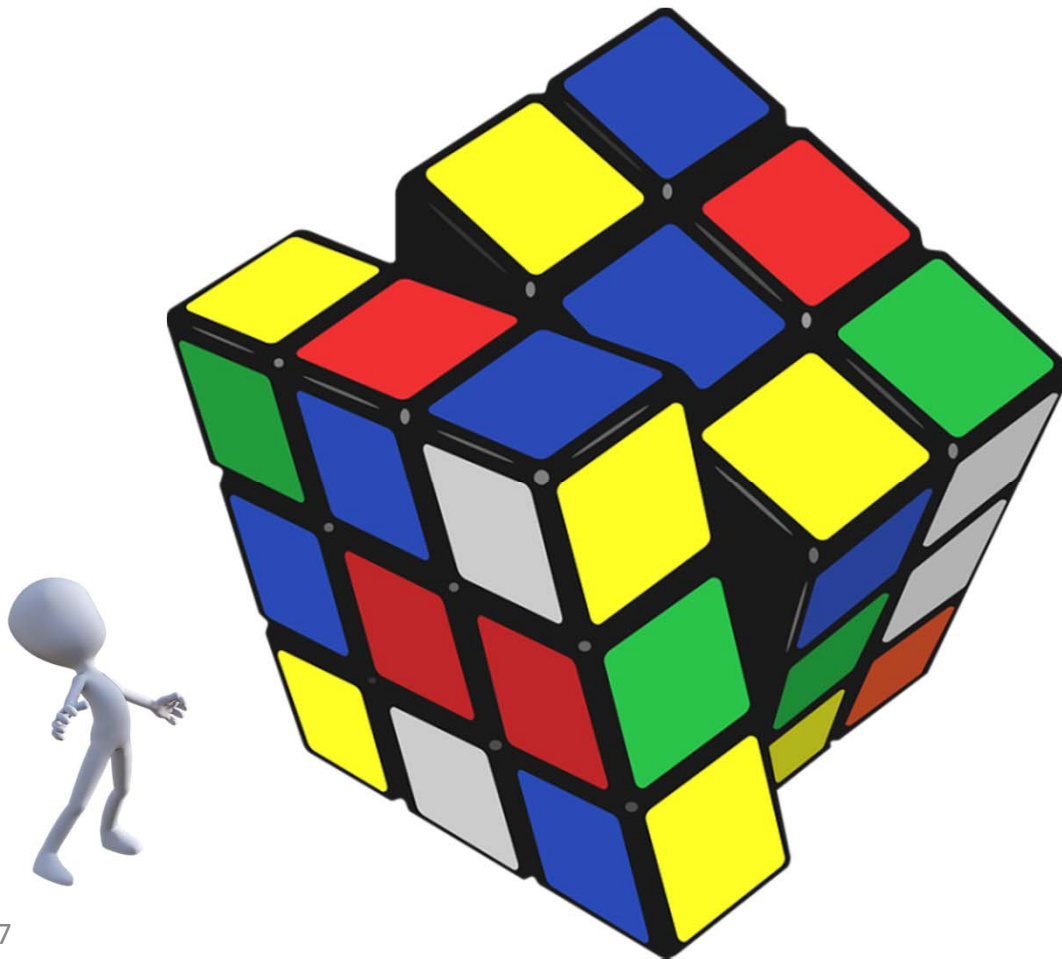
KanCare
Ombudsman

Sign-up sheet

Name	Email	Sign me up for Bi-Weekly Education Calls
1.		
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Ongoing Education

Medicaid Related Topics



09/11/2017

Ongoing Education

- See the Ongoing Education modules on the Ombudsman section of the KanCare Website
- **Go to:** <http://www.kancare.ks.gov/kancare-ombudsman-office/volunteer-program>

Ongoing Education

Ongoing education is available through bi-weekly educational conference call training. The resulting documents are posted on the Ombudsman website for volunteers and liaisons to review as needed.

1. HCBS Waiver Programs Overview
2. What is FE Waiver
3. What is TBI Waiver
4. What is PD Waiver
5. What is TA Waiver
6. What is SED Waiver
7. What is IDD Waiver
8. What is AU Waiver
9. What is PACE Program
10. What is MediKan
11. What is SSI vs SSDI
12. Application Assistance Folder

Medicaid Related Resources

- See the Ombudsman's resource page on the KanCare website
- **Go to:** <http://www.kancare.ks.gov/kancare-ombudsman-office/resources>



Medicaid Related Resources

The screenshot shows the KanCare website header with the logo and navigation menu. Below the navigation menu is a breadcrumb trail: Home / Ombudsman / Resources. The main heading is "Resource Information". A green bar highlights the "KanCare Resources" section, which contains a list of 10 resources. Below the list is a table with columns for File, Type, Size, Uploaded on, and Download. The table lists four PDF documents related to application assistance. A second green bar highlights the "Frequently Asked Questions" section, which contains a single PDF document. A date stamp "09/11/2017" is visible in the bottom left corner of the screenshot.

AD ASTRA PER ASPERA
KanCare
 Medicaid for Kansas

homepagebanner

HOME ABOUT KANCARE CONSUMERS PROVIDERS OMBUDSMAN POLICIES AND REPORTS CONTACT US

Home / Ombudsman / Resources

Resource Information

KanCare Resources

1. [Who Should I Call](#): Three-page information sheet with important KanCare and related agency contact numbers.
2. [KDHE Facts Sheets](#)
3. [Assistance for Those Without Insurance or High Spend Down](#): Medical, Prescription, Vision and Dental – Clinics in Kansas that take low income patients based on eligibility and a sliding scale. It also includes pharmacy assistance.
4. [KanCare Grievance Appeals and State Fair Hearing Process](#)
5. [Medicaid Grievance and Medicaid Hearings](#)
6. [KCDC Services Maps \(2016\)](#)
7. [Children and Families Applications \(scroll to bottom of web page\)](#)
8. [Elderly and Disabled Applications \(scroll to bottom of web page\)](#)
9. [Medicare Savings Program Application \(scroll to bottom of web page\)](#)
10. [Application Assistance Folder: see 3 documents in table below](#)

File	Type	Size	Uploaded on	Download
Application Assistance Folder	PDF	2.18 MB	13 Apr, 2017	Download
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09/11/2017

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**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION
SYSTEM CAPACITY REPORT FOR CY 2016**

I. Service Area:

The Sedgwick County Developmental Disability Organization (SCDDO) serves one county, Sedgwick County; which is the second most populous county in Kansas with a population of 511,995. Population estimates of the prevalence of intellectual and/or developmental disabilities (IDD) range from 1 to 3% worldwide; however, rates vary significantly based on affluence of the country (Maulik, PK, Mascarenhas, MN, Mathers, CD, Dua, T, and Saxena, S. “Prevalence of Intellectual Disability: A Meta-Analysis of Population-Based Studies.” *Research in Developmental Disabilities*, volume 32, issue 2, March-April 2011, pages 419-436). Using national incident rates in the United States (1.6%), it can be estimated that approximately 8,000 individuals in Sedgwick County have an IDD (The Arc, “Introduction to Intellectual Disabilities”). Not everyone that has an IDD is necessarily enrolled or eligible for services through the formal IDD system. Specifically, in 2016, the SCDDO service system included:

- a. 2,592 individuals determined eligible as of 12/31/2016
- b. 889 individuals eligible for Home & Community Based Services (HCBS) & on the State waiting list as of 12/31/2016
- c. 10 Tier 0 individuals age 5 and over needing services as of 12/31/2016
- d. 87 individuals IDD eligible under the age of 5 needing services as of 12/31/2016
- e. 1,407 individuals currently receiving HCBS services as of 12/31/2016
- f. 49 affiliate providers as of 12/31/2016

In addition to the formal supports and services available through the HCBS IDD Waiver Program, SCDDO utilizes all of its state aid funding for services to individuals and families. In 2016 state aid funded:

STATE AID FUNDED SERVICE	# SERVED
Adult Attendant Care	3
Adult Attendant Care - Group	1,638
Children's Attendant Care	14
Children's Attendant Care - Group	298
Consumer Emergent Needs - Unpredictable consumer specified needs that are not addressed in other service definitions.	11
Day Supports	20
Family/Individual Subsidy - Payments to defray the cost of an individual's needs.	27
Flex Services - costs for services that are not paid by other sources.	18
Infant/Toddler Subsidy - Subsidy paid to defray costs related to infant/toddler screenings and/or early intervention services.	2,492
Residential Services	16
Targeted Case Management	2

SCDDO also allocated up to \$250,000 for a community capacity development grant program in 2016. Based on the prior year’s capacity data, this program supported the expansion of day supports for individuals who are medically fragile or aging. Specifically, two grants were awarded:

- Catholic Charities grant- \$55,658.25 which expanded day services by 20
- Cerebral Palsy Research Foundation grant- \$131,323 which expanded day services by 20 and provided a tornado shelter for the program through a partnership with FEMA

II. Business Environment:

Sedgwick County enjoys a relatively low unemployment rate, 4.10 for April 2017 according to YCharts.com. Census data indicates manufacturing followed by wholesale/retail sales are the major employers for the area. The low employment rate coupled with a relatively high median gross rent cost (\$731) almost certainly contributes to the difficulty providers experience hiring and maintaining direct support workers.

III. Key Indicators:

Access to Service:

Service	# Affiliated	#Not Accepting Referrals	# Quit	# New	# Affiliation Declined	# Revoked/Not Renewed
Assistive Services	3	0	0	0	0	0
Day Supports	21	1	0	0	0	0
Enhanced Care Services (AD)	3	1	0	0	0	0
Enhanced Care Services (SD)	8	0	1	0	0	0
Financial Mgmt Services	8	0	1	2*	0	0
Medical Alert Rental	2	0	0	0	0	0
Overnight Respite (AD)	5	1	0	0	0	0
Overnight Respite (SD)	8	0	1	0	0	0
Personal Care Services	8	0	1	2	0	0
Residential Supports	22	1	0	0	0	0
Specialized Medical (AD)	7	0	0	0	0	0
Specialized Medical (SD)	2	0	1	0	0	0
Supported Employment	5	0	1	0	0	0
Supportive home Care	4	0	2	0	0	0
Targeted Case Management	11	1	0	0	0	0
Wellness Monitoring	8	0	0	0	0	0

(AD) = Agency Directed
(SD) = Self Directed

*error found in online survey – 2 is correct number of new FMS providers in 2016.

Generally, all affiliated providers (other than those with a limited license) are contractually required to accept referrals for individuals with funding. During calendar year 2016, one large provider had a hold placed on their referrals due to quality of care concerns; this one provider accounts for the number not accepting referrals for day, residential and targeted case management services. Additionally, Sedgwick County has two specialized providers that account for the number not accepting referrals for agency-directed overnight respite and enhanced care services. One agency is the sole provider of enhanced care in a specialized apartment complex and serves only one individual. Another agency is affiliated to provide agency-directed overnight respite to participants of their overnight program; they do not provide this service to the general population.

Three agencies discontinued providing a total of seven different services in 2016. The state did not renew the financial management services (FMS) contract for one provider and that accounts for all of the discontinued self-directed services (enhanced care, financial management services, overnight respite, personal care services and specialized medical). One agency discontinued supported employment and supportive home care services. During the year another agency quit providing supportive home care, as well; leaving two providers of this service, only one of which serves adults.

Two new agencies affiliated for FMS and self-directed personal care services in 2016. No affiliations were declined, revoked or not renewed.

Complex Needs:

Below are the data illustrating the number of individuals with complex needs in the Sedgwick County system. The data for persons served should not be considered unduplicated, as individuals can have both interfering behaviors and high medical needs. The requests for admission to intermediate care facilities were about average for the year.

Sedgwick County Complex Needs - 2016

	#
Persons Served with Interfering Behaviors	1,119
Persons Served with High Medical Needs	1,153
Persons Waiting with Interfering Behaviors or High Medical Needs	748
Requests for Admission to ICF	3

CSP Service Specific Information:

Day Supports: Half of the respondents (18) indicated they provide day supports. Day supports often include a day activity center (13 or 72%), as well as activities in the broader community (9 or 50%). See chart below for full breakout. There are five agencies offering sheltered workshops. It is unclear how to interpret the data on the percentage of clients by type of day service since it totals to over 180%, other than agencies clearly offer a choice of programming options and generally serve more in day activity center than the other two options.

Day Supports in Sedgwick County

Type of Programming	#
Day activity center	13
Day supports provided in the broader community (e.g. supported employment, job coaching)	9
Sheltered workshop	5
Total	27

*18 respondents

Of the nine agencies indicating they provide day supports in the broader community, seven (78%) indicated they would consider expanding the model. Two indicated they would not expand. One agency mentioned the lack of sufficient resources, limited physical space, new federal rules (Workforce Innovation and Opportunity Act) and lack of affordable transportation as barriers to expansion. The other respondent is a limited licensed provider.

Interestingly, four agencies indicated they do not currently provide day supports in the broader community but are interested in developing the model for the future.

Residential Supports: Half (18) of the respondents indicated they provide residential supports. The chart below summarizes the model of residential supports these agencies provide.

Residential Supports in Sedgwick County

Residential Model	#
Shared living	1
Group home	10
Supported living	12
Children's residential	1
Total	24

*18 respondents

One agency exclusively provides shared living, while the others offer more than one type of residential service. Supported living was provided by the most number of respondents (12 or 67%) but group homes appeared to account for a higher percentage of person served (79.1%) within agencies' residential programs.

Expansion of shared living was of interest to the shared living provider and five agencies not currently providing this residential service model. Twelve agencies indicated they would not consider providing shared living.

Of those providing supported living, half (6) indicated plans to expand this model of service. Those without plans to expand supported living noted the following reasons for not expanding:

- Low reimbursement rates make it difficult to afford top level of care
- Business model
- Only expand to meet contractual requirements, new state directives about billable activity have made this more difficult to provide with the level of quality we strive for
- Not our organization's mission
- State funding does not make this model sustainable
- Limited license

One agency that does not currently provide supported living services indicated they would be receptive to developing the service in the future.

Supported Employment: Interestingly, six agencies indicated they provide supported employment services. There are only four agencies currently affiliated for this service (five were affiliated for this during 2016). Of the six responding, five indicated they would expand supported employment. The one indicating no plans to expand supported employment cited the lack of jobs to meet the "inconsistencies" among consumers.

Of the 30 agencies not currently providing supported employment, two indicated a plan to develop the service in the future.

Provider Workforce:

Agencies were asked to report their starting hourly wage for direct support professionals. It should be noted that depending on the service being provided, a direct support worker could be a nurse, certified nurse aid (CNA) or an individual with a high-school diploma. Answers ranged from \$0 to \$17.00 per hour. Respondents were forced to enter a number, so agencies that do not employ direct support workers (i.e. medical alert providers or FMS agencies), clearly chose to enter a 0. The lowest dollar value was \$8.00 per hour. The figures on the higher end (\$12 to \$17 per hour) probably reflect higher credentialed staff (nurses or CNA's). The overall average hourly wage was \$9.38. The majority of responses (22) were in the \$8 to \$10 per hour range.

Agencies listed a variety of sources for recruiting direct support professionals. The full list is available in Appendix A. Common recruitment sources included:

- Career Builder
- Social media
- Craigslist
- Online/community job postings
- Indeed
- Job fairs
- Word of mouth
- Newspaper
- Schools

Over a third of agencies reported an annual turnover rate of 50% or higher (14 or 39% of respondents). Turnover ranged from 0% to 90%. The average turnover rate was 38%.

Agencies reported having between 0 and 939 full time equivalent (FTE) direct support professionals. Presumably, the respondents indicating they have no direct support FTEs are FMS or medical alert agencies. The average number of FTE's was 61. Over half (58%) of respondents indicated the number of direct support professionals employed decreased or stayed the same since 2014.

IV. CDDO Analysis of Local Data:

Response Rate & Demographics: The response rate was relatively good, 36 out of 49 agencies (73%). Sedgwick County is fortunate to have a diverse IDD waiver service provider network but with this diversity comes some challenges. The network includes several home health agencies, a nursing home company, a couple of child placing agencies and one pharmacy all of which serve very few on the IDD waiver; most of these agencies' business is with other waiver populations such as technology assisted or frail elderly. Several Sedgwick County FMS agencies did not respond; FMS agencies were vocal in their belief that the survey did not fit their business model, as they are not the employer of record. Interestingly, all but one of the Sedgwick County limited licensed providers replied. When asked why they did not respond, several agencies indicated the survey didn't seem to apply to them or they just ran out of time. A couple of agencies suggested customizing the survey by provider type to get a better response rate.

The makeup of respondents is similar to the network with regard to services, although, respondents are slightly more likely to be nonprofit organizations than the system as a whole. For-profit organizations make up 70% of providers in Sedgwick County, but they comprised only 64% of respondents.

Access to Service: Generally, Sedgwick County is fortunate to have a number of agencies that provide services to individuals with IDD; however, network adequacy doesn't necessarily equal service capacity. Network adequacy is necessary but not sufficient to guarantee system capacity. Put another way, just because Sedgwick County has at least two agencies providing any given service doesn't mean there are not capacity issues within the system. It is certainly clear from the data that refusing to affiliate, revoking or not renewing affiliations is not an issue in Sedgwick County.

One of the services with the most pressing capacity concern is supportive home care (aka agency-directed personal care services). Sedgwick County lost 50% of its affiliated providers of supportive home care in 2016. Two providers discontinued supportive home care in 2016. When asked why, one agency indicated they lost money on every single person receiving this service and they could no longer afford to provide it. The other agency discontinuing supportive home care indicated they could not find sufficient staff to maintain the program. Of the two remaining supportive home care providers, one serves only children and youth.

All but three of the agencies providing day supports in Sedgwick County responded to the survey, so the data could be considered representative of the services provided. I have some concern about the definition of day supports provided in the broader community. It's not clear to me whether the

survey only wanted to know about supported employment or job coaching under this category or not. Nearly all day support programs involve activities in the community, outside any activity center. I'm not sure how much of the day programming in the broader community is just supported employment and/or job coaching.

The one day program type that clearly has a capacity issue is the shelter workshop model. With the implementation of the Workforce Innovation and Opportunity Act (WIOA) in July 2016, most sheltered workshops immediately stopped new admissions. Two sheltered workshop programs altered their model to pay at least minimum wage. Increasing pay to minimum wage resulted in less capacity at one sheltered workshop but they already served a very specialized population (vision impaired). The only sheltered workshop still admitting persons initiated a hold on new referrals in the spring of 2017 due to the increased demand for this model of day programming.

Sedgwick County is fortunate to have a variety of residential options for persons served. However, the majority of individuals receiving residential services live in a group home. At any given time, there are open group home beds within the system. Year to date, Sedgwick County averaged 68 open group home beds per month. The constraining factor on residential services is not necessarily the availability but with obtaining appropriate staffing. In 2016 a Sedgwick County provider built a new group home but wasn't able to open it for months because of difficulty in hiring staff.

Supported employment is unlike other HCBS services as billing is limited by participation requirements with Vocational Rehabilitation. While Sedgwick County has several agencies affiliated to provide supported employment (5 in 2016), most serve very few. The 2015 capacity report showed only two agencies provided supported employment to more than one person.

Complex Needs: Without a benchmark for comparison it is difficult to interpret the complex needs data. Providers frequently report anecdotally that the population they serve has changed and is more complex and challenging to support. Additionally, it has been my experience that community institutions, such as courts, hospitals and managed care organizations, sometimes have unreasonable expectations for services providers. Providers often have to reiterate that group homes are not correctional or rehabilitation facilities.

A new city ordinance has caused concern for agencies dealing with behaviors requiring law enforcement engagement. In response to excessive calls for police service from certain apartment complexes and hotels/motels, the City of Wichita passed an ordinance that allows for fines (to cover actual cost of the police response) against property owners or individuals designated as chronic nuisances. Since passage of this ordinance, providers have reported 911 and/or police officers have been more reluctant to respond to some calls. Occasionally responding officers have scolded providers for calling police repeatedly. As of yet, no IDD provider or person served have received notice they have been deemed a "chronic nuisance" and subject to a fine; however, some mental health clients have received letters warning them that they will be fined if they call 911 again "unnecessarily." It should be noted that overwhelming, the IDD system has a positive relationship with the law enforcement community. SCDDO staff are an active part of Community Intervention Team (CIT) training but the new ordinance and some interactions are cause for concern.

Repeated law enforcement calls are commonly associated with situations where behaviors have escalated to the point that state level resources, such as the Parson Outreach Team, are required.

State level resources are critical to local providers' ability to meet the complex needs of some of the individuals they serve. Parsons Outreach Team consultations are extremely helpful; however there is at least a six to eight week wait. Recently, it took several months to access medication wash services at Parsons for one individual with very complex needs and aggressive behaviors. While all parties (targeted case manager, family, provider, managed care organization, SCDDO) worked desperately to get this individual access to the service he needed, police were called numerous times. The individual was also taken to the emergency room and accessed the Community Crisis Center many, many times. This case is typical in regard to the challenge of timely access to needed state level resources to effectively address complex needs.

Provider Workforce: Workforce is definitely a factor directly affecting agencies ability to expand service capacity timely to meet individuals' needs. The survey data indisputably show agencies providing HCBS experience very high turnover rates. Turnover is a fact of life but with turnover rates as high as 90%, it would be impossible for this not to affect services. The concern was so compelling locally that earlier this year the SCDDO facilitated a workgroup with local affiliates on the issue.

Another factor impacting provider workforce, but not mentioned in the survey, is the new background check process. New state guidelines do not allow agencies to offer employment contingent on return of all the background checks. Previously, providers could quickly get background check data from the Kansas Bureau of Investigations, Dept. of Motor Vehicles and Adult Protective Service; then, they would have the individual start training or shadowing while they wait on the Child Protective Service (CPS) check to come in. The CPS check can take several weeks and potential employees don't always wait around. Between the high turnover and delays in their ability to fill positions, agencies are definitely challenged to maintain quality services.

V. Local Action Plan:

As mentioned above, the issue of workforce capacity was a pressing issue in Sedgwick County and a workgroup was convened. Recommendations from this workgroup are listed below:

- 1) Utilize technology to extend workforce.
- 2) Conduct a study utilizing tools such as the Birkman or Profile XT to develop a profile of successful direct support staff (DSP) to inform recruitment and selection strategies.
- 3) Pilot a research-based screening tool or instrument to assist with better selection of prospective employees and share results with all affiliated providers.
- 4) Develop new recruitment projects to identify potential workforce such as, exposing youth in school to DSP opportunities through internships or volunteerism, target more "mature" employees through unique/targeted recruitment efforts. Might include a media campaign.
- 5) Update "a day in the life of a DSP" video for use by all providers.
- 6) Pilot an employee engagement project designed to create "embeddedness," evaluate results and share lessons learned.
- 7) Provide supervisor training and peer coaching intended to establish goals through use in peer coaching circles.

SCDDO staff are in the process of analyzing and prioritizing the workforce workgroup recommendations for implementation. Some items may be initiated quickly without much financial resources, while others will take time and money to complete.

The community capacity development grant program was approved through calendar year 2017 and SCDDO staff requested an extension to continue investment in local system capacity. Currently, the Behavioral Health Advisory Workgroup continues their efforts to assist agencies and families to address complex needs of individuals with co-occurring behavioral health and IDD. Early in 2017, a trainer from NADD (formerly the National Association for the Dually Diagnosed) was brought in to train local clinicians on how to effectively work with individuals with dual diagnoses. Those attending the training had to agree to train others on the concepts. SCDDO has initiated a contract with Wichita State University to develop a learning community for these NADD trainers, to assist in ensuring support in the community for effective treatment for individuals with co-occurring diagnoses.

SCDDO is also in the process of developing a trauma-informed system of care (TISC). This involves incorporating the guiding principles into SCDDO's culture, practices, policies and system. TISC guiding principles are: Safety, Trustworthiness & Transparency, Peer Support, Collaboration & Mutuality, Empowerment and Culture/Historical & Gender Issues. Our efforts include better identifying and addressing trauma in individuals with IDD. A recent study found 80% of the IDD eligible population served by the SCDDO had experienced trauma. Additionally, of those identified with trauma, they had experienced an average of three instances of trauma. So, clearly effectively dealing with trauma for the population we serve is critical but TISC also benefits the organization. Organization benefits include becoming more proactive and less reactive, lower employee turnover, more comfortable/less stressed staff, being mission centered, increased sense of teamwork and mutual support and a more engaged affiliate network.

The limited number of supportive home care (aka agency-directed personal care services) providers is concerning but efforts to recruit new providers have been unsuccessful. Recruitment efforts for new supportive home care providers will continue.

VI. Recommendations for Further Consideration for Statewide IDD System Capacity:

There are two big systems issues directly impacting system capacity: federal rules and the new background check requirements. The federal requirements under WIOA and the HCBS Settings Final Rule are both impacting sheltered workshop programs but there continues to be demand for this model among persons served. As Vocational Rehabilitation begins executing their responsibilities under WIOA, potentially sheltered workshop programs may begin allowing new admissions but it's unclear since the Settings Final Rule limits Medicaid billing for this programming significantly. The state has indicated they will host a learning collaborative around sheltered workshops to assist providers plan for compliance. It is recommended that this process begin as soon as possible to provide some clarity on the issue. Furthermore, if sheltered workshops are no longer an option or are very limited, the state should consider how individuals seeking employment can be better supported to accomplish integrated, community employment.

Without the option to offer conditional terms of employment, providers are really struggling. Workforce is already an immense challenge and the delay caused by the CPS background check makes a bad situation worse. As I've been conducting agency tours this year, every single provider has brought up the issue of background checks and the lack of a conditional term of employment option. Providers agree with not allowing employees hired contingent on complete background clearance from providing direct services alone, but really need the option to begin training while the CPS check is working its way through the process. The state could either examine the CPS background check process to determine if it can be done more timely or work with the Centers for Medicare and Medicaid to reinstitute conditional terms of employment for HCBS providers. The importance of this one item to providers cannot be overstated.

Finally, I wanted to reflect on the capacity assessment process. The collaborative process the CDDO's went through to arrive at the key indicators for capacity resulted in a good product. The process with Wichita State University sending out the survey link to CDDO's, providing status updates and using the Qualtrix survey system was excellent. Agencies that filled out the survey indicated the survey format was user-friendly.

Some areas to consider changing for next year include customizing the survey by provider type. FMS agencies are very particular about not being the employer, did not see how the survey fit their model and the data provided from these agencies was not particularly productive. It would also be nice to be able to sort data by provider type, so you could see which service had the highest turnover or lowest starting pay rate. Customizing the survey might also have improved the starting pay rate information, as some direct support professionals are nurses and the starting pay and recruitment efforts are considerably different than non-clinical support staff.

For future surveys it will be important to provide more time for responses. A couple of agencies indicated staff were sick or out on vacation during the two week response period. Allowing for at least three to four weeks for responses would be ideal.

Overall the process was helpful and productive. It will be interesting to see how the SCDDO compares to state level data. I am hopeful this capacity report will further enhance discussions with managed care companies as we work collaboratively to ensure service capacity for individuals with IDD in Sedgwick County.

APPENDIX A – RAW CAPACITY SURVEY DATA

SEDGWICK CO CDDO- CSP RESPONSES

Please indicate the name of your organization.

Text Entry
Kansas Elks Training Center for the Handicapped, Inc.
Catholic Charities Adult Day Services
IN SYNC HOME HEALTH
Maxim Healthcare Services Inc.
Starkey, Inc.
TRUST HomeCare, LLC
Another Day, Inc.
ResCare
Jubilee Designs
The Arc of Sedgwick County
Helpers, Inc.
INDEPENDENT LIVING RESOURCE CENTER, INC
People First Employment and Residential Services Inc
Dream Catchers Case Management INC.
Accessible Home Health Inc
Individual Advocacy
Sullivan Gang Care Center
Cerebral Palsy Research Foundation
New Hope Services
Heart of Care Agency, LLC
Goodwill Industries of Kansas, Inc.
Payroll Plus of Kansas, Inc.
Life Works
Paradigm Services Inc
Apple Services LLC
The Rudy Ranch House
Community Living Opportunities
HEARTS OF LOVE LLC
Home Technology Solutions, Inc.
Arrowhead West, Inc.
Love Comfort and Care
Life Patterns
Thrive Skilled Pediatric Care
The Looking Glass Day Services
Rainbows United
Envision Inc.

Which classification best describes your agency?

Note: Please make sure that you have answered this question accurately; once you move forward, you will not be able to return to this page again.

Answer	Response
For-Profit	23
Not-For-Profit	13
Total	36

TYPES OF SERVICES PROVIDED IN THIS CDDO AREA

Does your agency provide **Day Supports** to **Sedgwick County Developmental Disability Organization**?

Note: Please make sure that you have answered this question accurately; once you move forward, you will not be able to return to this page again.

Answer	Response
Yes	18
No	18
Total	36

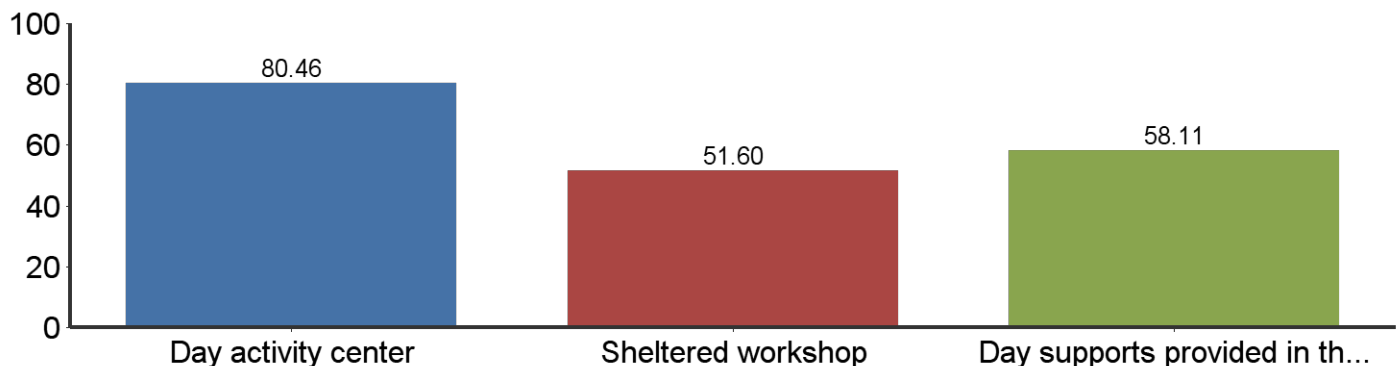
TYPES OF DAY SUPPORTS PROVIDED IN THIS CDDO AREA

Please identify the type(s) of **day supports** that your agency provides to **Sedgwick County Community Developmental Disability Organization**.
Check all that apply.

Answer	Response
Day activity center	13
Day supports provided in the broader community (e.g. supported employment, job coaching)	9
Sheltered workshop	5
Total	27

What percentage of your clients receive the following type(s) of **day supports** at **Sedgwick County Community Developmental Disability Organization**:

To select your percentage, click on the slide bar and drag slider until the correct number is displayed to the right of the slider. Please answer the following questions based on figures from **January 1, 2016 to December 31, 2016**.



You indicated that your agency **DOES** provide **day supports in the community** to **Sedgwick County Community Developmental Disability Organization**.

Does your agency have plans to expand this model?

Answer	Response
Yes	7
No	2
Total	9

Please describe the barriers that influenced your agency's decision **NOT** to expand this model.

Text Entry
We will expand to meet contractual requirements only. The lack of sufficient resources that would allow us to hire employees and appropriately meet the needs of individuals we serve is a primary barrier. Additional concerns related to limited physical space, new federal requirements (WIOA), and access to affordable transportation.
Limit License has no barriers not to expand just feel comfort here

You indicated that your agency **DOES NOT** provide **day supports in the community** to **Sedgwick County Community Developmental Disability Organization**.

Does your agency have plans to develop this model in the future?

Answer	Response
Yes	4
No	5
Total	9

Does your agency provide Residential Supports to Sedgwick County Community Developmental Disability Organization?

Note: Please make sure that you have answered this question accurately; once you move forward, you will not be able to return to this page again.

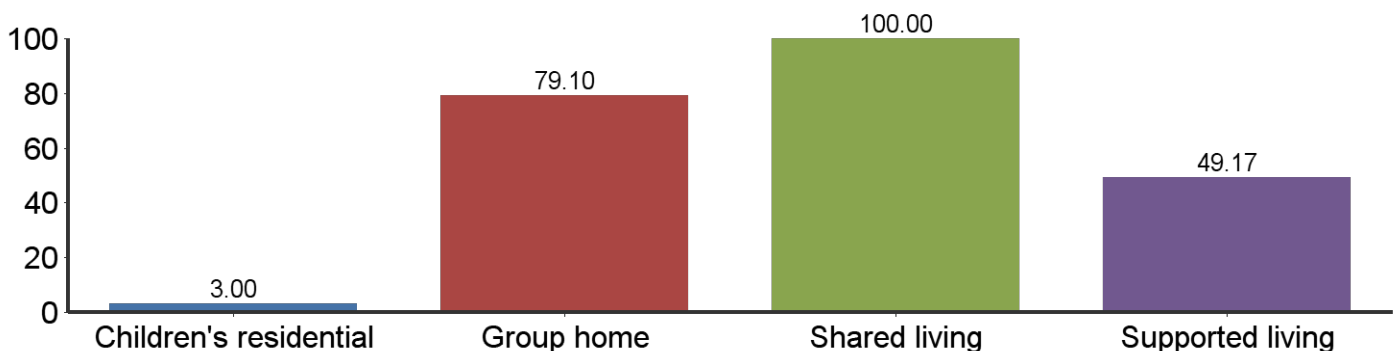
Answer	Response
Yes	18
No	18
Total	36

Please identify the type(s) of residential supports your agency provides to Sedgwick County Community Developmental Disability Organization. Check all that apply. (Scroll over terms for definitions)

Answer	Response
Shared living	1
Group home	10
Supported living	12
Children's residential	1
Total	24

What percentage of your clients receive the following types of residential supports at Sedgwick County Community Developmental Disability Organization:

To select your percentage, click on the slide bar and drag slider until the correct number is displayed to the right of the slider.



You indicated that your agency **DOES** provide **shared living services** to **Sedgwick County Community Developmental Disability Organization**.

Would your agency expand this service if there were state approval to use this model?

Answer	Response
Yes	1
No	0
Total	1

Please describe the barriers that influenced your agency's decision **NOT** to expand this model.

Text Entry

You indicated that your agency **DOES NOT** provide **shared living services** to **Sedgwick County Community Developmental Disability Organization**.

Would your agency develop this model if there was state approval to do so?

Answer	Response
Yes	5
No	12
Total	17

You indicated that your agency **DOES** provide **supported living services** to **Sedgwick County Community Developmental Disability Organization**.

Does your agency have plans to expand this model?

Answer	Response
Yes	6
No	6
Total	12

Please describe the barriers that influenced your agency's decision **NOT** to expand this model.

Text Entry
LOW REIMBURSEMENT RATES THAT MAKE IT DIFFICULT TO AFFORD TOP LEVEL CARE TO THE PATIENTS
business model
We would expand the service as needed to meet contractual requirements, however the new directives from the state about when we can and cannot bill for services have made this a more difficult service to provide with the level of quality we strive for.
Not our organization's primary mission.
State funding does not make this model sustainable.
I am a limited license provider and can only serve 2 individuals. I currently serve 2 individuals, so I cannot expand my program.

You indicated that your agency **DOES NOT** provide **supported living services** to **Sedgwick County Community Developmental Disability Organization**.

Does your agency have plans to develop this service in the future?

Answer	Response
Yes	1
No	5
Total	6

Does your agency provide **supported employment** services to **Sedgwick County Community Developmental Disability Organizations**?

Note: Please make sure that you have answered this question accurately; once you move forward, you will not be able to return to this page again.

Answer	Response
Yes	6
No	30
Total	36

You indicated that your agency **DOES** provide **supported employment** services to **Sedgwick County Community Developmental Disability Organization**.

Does your agency have plans to expand this model?

Answer	Response
Yes	5
No	1
Total	6

Please describe the barriers that influenced your agency's decision **NOT** to expand this model.

Text Entry

obtaining jobs to meet the inconsistencies among consumers

You indicated that your agency **DOES NOT** provide **supported employment** services to **Sedgwick County Community Developmental Disability Organization**.

Does your agency have plans to develop this service in the future?

Answer	Response
Yes	2
No	28
Total	30

CAPACITY MEASURE: PROVIDER WORKFORCE

Please indicate what the starting wages (i.e. customarily hourly rate of pay) are for newly hired **direct support professionals (DSPs)** with less than six months of experience at your organization.

A DSP is a person who assists an individual with disabilities to lead a fulfilling life in the community through a diverse range of services, including but not limited to helping individuals get ready in the morning, take medication, go to, find or participate in work, participate in social activities and often offer transportation to access these services.

Text Entry
9.50
10.00
\$16-\$18
17.00
\$9.25
9
9.35
\$8.10
\$13.00
8.50
9.45
9.40
\$9.00/hr
0.00
0
0
\$11.50
9.80
9.00
\$9-\$10/hr
11.00
0
12.00
11
\$9.00 hr
10.00
9.50
\$8.00
Avg. \$17.
10.00
9.00hr.
9.5
16.50
9.50
8.00
\$10.24

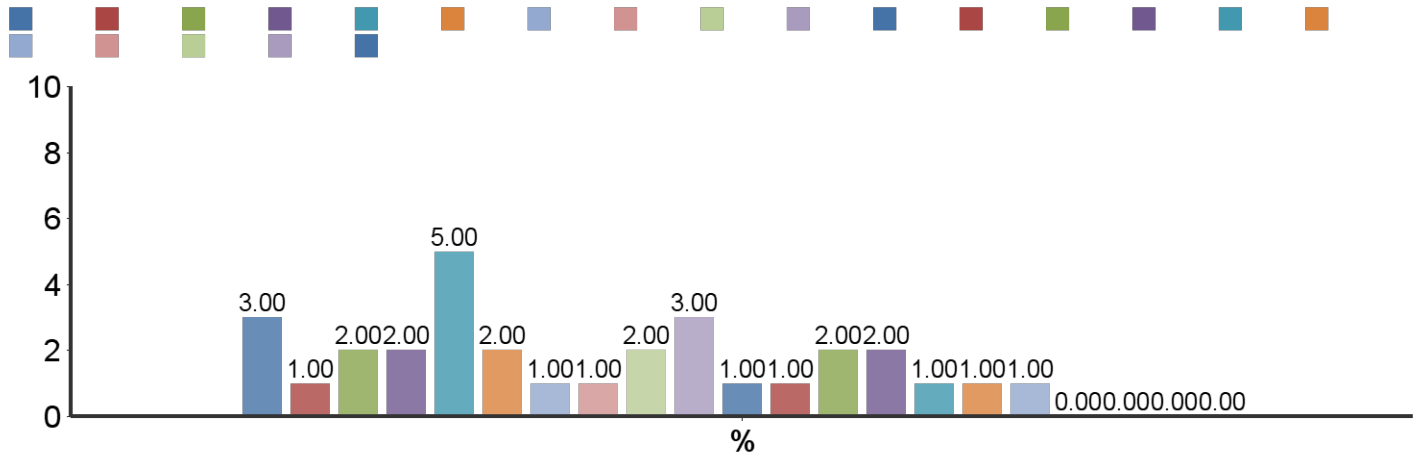
Please report the method(s) your organization commonly uses for recruiting direct support professionals (DSPs)?

Text Entry
Online and community job postings/ referrals from other staff/job fairs
employment signs in front of building, Monster.com, Indeed, Catholic Charities websites, employment boards, craigslist
NEWSPAPER ADS, REFERRALS BY OTHER EMPLOYEES OR FAMILY MEMBERS OF CLIENTS, ONLINE RESUMES AND ONLINE HELP WANTED ADS
JOB boards- Indeed career builder zip recruiter Nursing schools Referrals
Indeed, employee referral, word of mouth, job fairs, The Workforce Center, community job boards, student recruiting (high schools, colleges, tech schools, etc.)
newspaper, online, word of mouth
Self-Directing Consumers/Employers are responsible for recruiting their own DSPs (DSWs)
Indeed.com, Job Fairs, Flyers
I have only recruited people I know and have worked with in some capacity. This is due to the fact that I have a small agency and have to know the work skills and ethics of the people I am hiring, due to the venerability of the individuals I serve.
We do not recruit as we are not the employer. We provide I&A services to assist the consumers in hiring their own DSWs. We also reach out to colleges and schools and direct our clients to their students.
REGISTRY LIST OF INDIVIDUALS WHO HAVE ASKED TO PROVIDE HCBS SERVICES, WE ARE A FMS PROVIDER
Word of mouth.
We only provide targeted case management services.
Do not hire DSP's only Nurses for the Specialized Medical Care program
We do not hire DSP's
Personal and professional contacts
Career Builder, Social Media, Word of Mouth
Career Builders and Indeed
Classified ads, Career Builder, and referrals
On-line, website
The answer we gave is 0 because the DSPs are not our workers. The workers are the employees of the Self Directing Employer. We assist with recruitment by providing tools to the Self-Directing participant, as well as any request for referral we receive in our office.
Word of mouth and Indeed.com
Indeed and referral incentives
Word of mouth, Facebook, job search sites.
Word of Mouth
Craigslist, job fairs, indeed.
RECRUITING WEBSITES
Our Organization, Home Technology Solutions, Inc. is a 501 C 3 Nonprofit organization providing personal emergency response services and monitored medication dispensers. We do NOT provide direct support to clients, rather, based on a plan of care, we will install equipment in the homes.
On-line advertising including social media. Employee referral bonus. Job fairs, signage in from of office buildings that we are hiring, agency newsletters. Limited newspaper "want ads" and radio advertising.
usually word of mouth or know of someone who need employment .Senior Service
In our world of Self-Direction it is up to the family or individual self directing the services to choose what they want to pay their worker(s).
Job Fairs, Career boards
Families of consumers make refer potential staff, internal referrals from staff/DSP and we often recruit/hire Para educators from local Special Ed schools.
Social media Ads with local colleges Indeed Career Builder
INDEED, Company website, Job Fairs, word of mouth,

Please provide the average turnover percentage for direct support staff (including I/DD Waiver and Case Management Services).

In order to calculate, take the total number of terminated employees (including no longer employed during the 12-month period) and divide by the average number Direct Support Professionals (DSPs) employed during the 12-month period; then multiply by 100 (e.g. $9 \div 12 = 0.75 \times 100 = 75\%$).

To select your percentage, click on the slide bar and drag the slider until the correct number is displayed to the right of the slider.



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How to Interpret: Turnover % -- Number of CSP Responses

0% -- IIII

5% -- I

10% --III

15% -- I

20% -- II

25% --II

30% -- IIIII

35% -- II

40% -- I

45% -- I

50% --II

55% -- III

60% -- I

65% -- I

70% -- II

75% -- II

80% -- I

85% -- I

90% --I

95% --

100% --

No. of CSP Responses: 36

Average Turnover Rate for CSPs Associated with your CDDO: 38.33%

Please provide the average monthly number of open direct support positions at your agency.

In order to calculate, take the total number of vacant FTEs during the year and divide by 12 (e.g. $30 \div 12 = 2.5$).

Text Entry

58
4
3
2
64
8
0
120
0
2
0
0
0
0
0
0
0
0
0
.08
3
.25
0
0
1
4
1
0
9.94
2
0
18
1.5
70
0
0.00
20
1.6

What are the most common reasons associated with your vacancies?

Answer	Response
Voluntary termination/resignation	22
Involuntary termination/resignation	10
Recruiting	5
Lack of qualified applicants	14
Other (please list all reasons here)	13
Total	64

Other (please list all reasons here)

We don't tend to have open positions. When we have people leave, we are able to fill their positions, typically before they are gone.

Again entered 0 because not "Our Vacancies" but those of our clients (Unknown vacancies). But most common reason: Recruiting.

potential employees do not pass background check

Had 1 person voluntary leave because her husband went on dialysis and she wanted to be at home with him.

Inclined to believe those marked Yes (above)

both of my hired employees continue to work at my agency. One has worked since 2009 the other was hired in 2014

I have only let one employee go due to inappropriate care of client.

Again- we have no vacancies but over the course of a given month, we can have 40-80 clients looking for workers.

Low unemployment rates, competition with other similar organizations for employees, new hires that decide this is not the field for them.

Low Wages

Not enough pay. Some leave before they start as the background check process is taking so long.

no DSW

The last DSP that resigned from our agency did so as a result of a death of a consumer at our agency. The DSP responded to the consumer in distress and the loss was very traumatic for all but especially this DSP. They were unable to return to work. We lost another PT, summer DSP to suicide. Aside from this the same DSP's have been employed with us anywhere from 3-8 years. We are so fortunate.

On average, how long does it take to fill a direct support position (i.e. number of days) at your agency, from the time the position is posted to the time it is filled?

Text Entry

270

dont track

2 MONTHS

20

182.5

14

21

20

NA

10

30

NA

2 weeks

30

0

40

20

3 weeks

30

15 days

5

0

0

30

15

30

9

2 WEEKS

2 mos.

30

14

120

30-60

14 days

14

60-90

Please provide the number of full time equivalencies (FTEs) direct support professionals (DSPs) for your organization as of December 31, 2016.

Text Entry
160.5
14
4
5
254
50
939
92
1
0
0
NA
5
6
0
6
2
6
28
10
20
0
13
68
4
0
201
16
4
140
0
5
70
6
3
8

Have you experienced an increase or decrease in provider workforce capacity between January 1, 2014 and December 31, 2016 at your organization?

In order to calculate, count the number of employed DSPs on January 1, 2014 and count the number of employed DSPs on December 31, 2016.

Answer	Response
Increase	15
Decrease	10
Stayed exactly the same	11
Total	36