



ELIGIBILITY DETERMINATION

TRI-KO, Inc. CDDO

TRI-KO's Community Developmental Disability Organization, referred to as the "CDDO", is the starting place for the residents of Anderson, Linn, & Miami counties who are seeking intellectual or developmental disability (I/DD) supports. The CDDO determines I/DD program eligibility, presents unbiased options counseling, and connects eligible people to affiliated provider agencies.

Application Processing

The eligibility criterion for intellectual and developmental disability programs in Kansas is set by the Developmental Disability Reform Act of 1996.

The CDDO reviews diagnostic information from licensed professionals, who have worked with the applicant, in order to make an eligibility determination.

The applicant is encouraged to provide the CDDO with copies of their diagnostic, medical and psychological records. The CDDO can assist with obtaining records only with the written authorization of the applicant and/or legal guardian.

Required Documentation for Referral

- Completed Intake Application
- Psychological evaluation – including IQ testing
- Medical Records – related to disability
- Copy of State Issued Birth Certificate
- Current Individualized Education Plan
- Copy of Social Security Card
- Copy of Driver's License or I.D. Card (if applicable)
- Copy of Medicaid Card (if you have Medicaid)
- Copy of Adoption Decree (if applicable)
- Copy of Guardianship Decree (if applicable)

Eligibility Decision

The CDDO is generally able to make a decision within 5 business days of receiving all of the necessary *diagnostic* information. Please be aware that additional testing may be needed in order to determine eligibility. We will communicate the determination in writing.

If you are determined *eligible* for I/DD services the CDDO will contact you to schedule a service option meeting. During the meeting, we will talk more about the types of I/DD services and providers available in the area and complete the initial functional assessment.

If you are determined to be *not eligible* for I/DD services, the CDDO will make recommendations about other community resources that may be able to assist you. We will also provide information about your rights and steps to appeal the eligibility decision.

Waiting List

There is a waiting list in Kansas for I/DD service funding. Crisis procedures exist for persons who need immediate funding for I/DD services due to confirmed abuse, or because they are at significant, imminent risk of serious harm to self or others. Special circumstances can be discussed with the CDDO Eligibility Specialist.

Contact Person at the CDDO

Michelle Chester is the CDDO Eligibility Specialist. She can be reached by phone at 913-256-7021 or by email at: michelle_chester@tri-kocddo.com. Michelle can answer questions about eligibility and help with the referral packet.

Please return application and required documents to:

TRI-KO, Inc. CDDO

301 First Street, Box 2

Osawatomie, KS 66064

Call Michelle Chester at: 913-256-7021

Or fax to: (844-272-3771)



INTAKE APPLICATION

1. APPLICANT INFORMATION:

NAME: _____ DOB: _____ SSN: _____
ADDRESS: _____ SEX: M F
CITY/STATE _____ COUNTY _____ ZIP _____
PHONE: _____ E-MAIL: _____

MARITAL STATUS: Single Married Separated Divorced Widowed
ARE YOU CURRENTLY COVERED BY TRICARE ECHO? YES NO (for military and family)
ARE YOU ENROLLED WITH KANCARE? YES NO
IF YES, WHICH MANAGED CARE ORGANIZATION ARE YOU ASSIGNED TO? United Healthcare Sunflower Aetna
MEDICAID ID#: _____
HAVE YOU APPLIED TO A CDDO FOR DEVELOPMENTAL DISABILITY SERVICES IN THE PAST? YES NO
IF "YES", WHEN AND WHERE DID YOU APPLY? _____
WHAT WAS THE OUTCOME OF THIS APPLICATION? _____

2. PERSON ASSISTING WITH REFERRAL (if applicable):

NAME OF CONTACT: _____
CONTACT'S ADDRESS: _____
CONTACT'S PHONE: _____ CONTACT'S E-MAIL: _____
RELATIONSHIP: _____

3. GUARDIANSHIP (if applicable):

NAME OF GUARDIAN: _____
GUARDIAN PHONE: _____ GUARDIAN'S E-MAIL: _____
TYPE OF GUARDIANSHIP:
 NATURAL GUARDIAN (PARENT OF CHILD UNDER 18)
 COURT APPOINTED LEGAL GUARDIAN COUNTY OF GUARDIANSHIP: _____

4. DIAGNOSED DISABILITIES

DISABILITY	DIAGNOSED BY	AGE OF ONSET
Primary:		
Other:		
Other:		
Other:		

5. EDUCATION

NAME OF LAST SCHOOL ATTENDED: _____
CITY/STATE OF SCHOOL: _____
MONTH & YEAR OF GRADUATION _____
HIGHEST GRADE LEVEL ACHIEVED: _____
ATTENDED SPECIAL EDUCATION CLASSES : YES NO



6. CURRENT SERVICE INFORMATION:

IS THE APPLICANT CURRENTLY RECEIVING HCBS FUNDED SERVICES IN KANSAS? [] YES [] NO

IF "YES", WHICH HCBS WAIVER?

- [] INTELLECTUAL/DEVELOPMENTAL DISABILITY (I/DD) [] PHYSICAL DISABILITY (PD) [] AUTISM WAIVER [] FRAIL ELDERLY (FE)
[] SEVERELY EMOTIONALLY DISTURBED (SED) [] TRAUMATIC BRAIN INJURY (TBI) [] TECHNOLOGY ASSISTED (TA)

6. PREVIOUS PLACEMENT: Has the applicant resided in any of the following?

HAS APPLICANT BEEN PLACED IN STATE INTELLECTUAL DISABILITY HOSPITAL (Parsons, KNI, Winfield) : [] YES [] NO

STATE MENTAL HEALTH HOSPITAL (Topeka, Larned, Osawatomie) : [] YES [] NO

PRIVATE ICF/DD: [] YES [] NO If yes, where? _____

7. CURRENT LIVING ARRANGEMENT: Check the one that best describes your current living arrangement:

- [] FAMILY HOME/PARENT(S) [] SPOUSE/PARTNER [] EXTENDED FAMILY (grandparents, sibling, etc.)
[] FOSTER HOME [] LIVING ALONE [] NURSING HOME
[] INTERMEDIATE CARE FACILITY (ICF) [] STATE INSTITUTION [] OTHER: _____

8. CURRENT DAYTIME ACTIVITY: Check the one that best describes your current daytime routine:

- [] SCHOOL/EDUCATIONAL SETTING [] COMPETITIVE EMPLOYMENT [] OCCUPATIONAL TRAINING
[] VOLUNTEER WORK [] DAY PROGRAM [] NONE

10. STATEWIDE WAITING LIST FOR HOME COMMUNITY BASED SERVICES (HCBS) FUNDING

New persons determined eligible for HCBS are placed on the statewide waiting list for HCBS service funding after the initial functional assessment is completed by the CDDO. While waiting for funding, applicants should contact the CDDO if their needs or timeline for services changes.

The Kansas Department of Aging and Disability Services (KDADS) allocates new HCBS funding, when available, based on the order in which persons were placed on the list. KDADS may allow priority funding for eligible individuals at imminent risk to health, safety and welfare who need immediate services to continue living safely in the community. Special circumstances, which may warrant priority access to funding, should be discussed with the CDDO representative.

11. MARKETING LIST - check one

[] YES please share my name and address with any affiliated service providers who request a marketing list for individuals on the statewide waiting list for HCBS I/DD Waiver funding.

[] NO although I am on the waiting list, I would not like my contact information to be shared with affiliated service providers for the purpose of marketing.

12. SIGNATURES

[] YES I have been provided with a copy of TRI-KO, CDDO's Privacy Practices

I acknowledge that this application does not guarantee eligibility for services, nor does it guarantee funding for services if I am determined eligible. I agree that the information contained in this application is correct to the best of my knowledge.

Legal Representative Signature Date

Applicant Signature Date

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION



Name: _____
Medicaid Number: _____
Address: _____

Date of Birth: _____
Phone Number: _____
City/State, Zip Code: _____

I hereby authorize TRI-KO, CDDO [301 First Street; Osawatomie, KS 66064] to obtain information from, disclose information to, and exchange my individually identifiable health information -as described below- in written, electronic or verbal form. I understand that signing this form voluntary.

Persons/Organization(s) PROVIDING the Information

Check All That Apply

- Community Mental Health Center: _____
- School: _____
- Community Developmental Disability Organization: _____
- Managed Care Organization: _____
- Medical Care Provider: _____
- State Agency or Contracted Entity (ADRC, ICF): _____
- Other: _____

Description of Information to be used or disclosed:

- | | |
|---|--|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> History & Physical Examination |
| <input type="checkbox"/> School Testing & Evaluation, IEP | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Vocational Evaluation | <input type="checkbox"/> Speech Evaluation |
| <input type="checkbox"/> Individual Counseling Notes | <input type="checkbox"/> Medical Records as permitted by law |
| <input type="checkbox"/> Diagnostic Testing Reports | <input type="checkbox"/> Current Funding and Service Information |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other (specify) _____ |

Purpose of Disclosure

- Assist in disability determination process
- Continuity of care
- Communication
- Referral to another agency
- Other specific reason(s): _____

I understand that the information used or disclosed may be subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations. I understand that I may revoke this authorization by notifying TRI-KO, CDDO in writing of my desire to revoke it. I understand revoking this authorization will not have any effect on actions taken by TRI-KO, CDDO in reliance on this authorization. I understand I may refuse to sign this authorization and my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.

This authorization will expire **one year from date of signature** or on the occurrence of the following: _____

Printed Name of Applicant or Legal Representative

Signature of Applicant or Legal Representative

Date