

APPLICATION FOR AFFILIATION

All applicable sections of this application must be completed, unless an exception is granted in writing by the CDDO of Southeast Kansas. The completed application must be submitted to:

CDDO of Southeast Kansas
P.O. Box 187
Columbus, KS 66725

Business name of applicant:	
Business address of applicant:	
Federal Identification Number (FID) or Social Security Number, whichever number that will be used to file claims	

Type of organization: Individual Corporation Partnership LLC

Contact Person: (Name & Title)	
Telephone Number:	
Email Address:	
FAX Number:	

Services to be Provided

Service descriptions may be found in the KMAP Provider Manuals or on our website: www.cddosek.org

Licensed Services:

- Residential Supports
- Day Supports
- Targeted Case Management

Non-Licensed Services:

- Supported Employment
- Supportive Home Care
- Overnight Respite
- Sleep cycle Support

Specialized Medical Care

Assistive Services

Financial Management Services (FMS) for Self-Directed Services

Personal Assistant Services (PAS) (check which of the following service *models* you will provide under PAS:

In-Home Supports

Residential Supports Model

Day Supports Model

Sleep Cycle Support

Overnight Respite

Specialized Medical Care

Where do you plan to provide services? (County, type of setting, etc)

Cherokee County

Crawford County

Labette County

Montgomery County

Type of setting: (Describe) _____

Do you want to set a capacity (maximum) for number of persons to be served for any services?

No

Yes: (list Service/Capacity) _____

Individual, New Organization and Existing Organization

1. Have you, or any owners/key persons, ever been convicted of a crime/felony, except for minor traffic violations?

No

Yes: If yes, describe in detail on a separate sheet of paper and include it with this application.

2. Have you or any owners, key persons, ever been reported to the Kansas Department of Children and Family Services (DCF) for abuse, neglect, or exploitation (ANE)?

No

Yes: If yes, was the event confirmed?

No

Yes: Please describe in detail on a separate sheet of paper and include it with this application.

3. You, and other key persons, will be subject to the following background checks: (If application is to affiliate for licensed services, Kansas Department of Aging and Disability Services (KDADS) will require these background checks as part of the licensing process. If application is to affiliate for non-licensed services, CDDO may require copies of current (**not older than 90 days**) required background checks results).

- Kansas Department of Children and Family Services Child Central Registry
 - Kansas Department of Children and Family Services Adult ANE Central Registry(ies)-Adult Protective Services
 - Criminal Background Checks (KBI check required)
 - Kansas Department of Health and Environment (KDHE) Registry
4. As an affiliate, you may be required to develop certain written service policies and procedures. These policies and procedures must be approved by the area licensing staff and the CDDO before affiliation can be completed. KDADS license will be considered evidence of KDADS approved policies and procedures.
 5. You may be required to submit a business plan to the CDDO. There is no predetermined format for this plan and the CDDO will advise on what information will be required. This requirement may be waived for existing organizations or if completed as part of KDADS licensure.

Existing Business/Provider Organization

1. You must provide a copy of Letter/Certificate of Good Standing from the Kansas Secretary of State’s office.
2. If affiliated with another CDDO or CDDOs, you must provide a confirmation letter of affiliation from that CDDO(s). Email confirmation of affiliation will be accepted.

Additional Notes

As an Affiliate, you will be required to provide evidence of applicable insurance coverage. You will be required to provide evidence of general liability, and professional liability if applicable, coverage in the amount required in the Affiliation Agreement (currently One Million Dollars-\$1,000,000.00), with the CDDO named as an additional/other insured. As an Affiliate, you will be subject to various regulations, policies/procedures, the Affiliation Agreement and other governing authority.

- The CDDO **does not refer** persons to providers. The CDDO does not allow an affiliate to actively recruit persons being served by other service providers.
- Under the community based service system, a provider must provide services and then bill and receive payment for the services. You must be financially prepared for this billing/payment system.
- As a provider of Home Community Based Services (HCBS), you must be an enrolled provider with the State fiscal agent (currently HP Enterprise Services). This provider enrollment must be complete and the CDDO must be notified of your Medicaid provider number(s) before the CDDO will offer your organization as a provider choice.
- If applicable, you must provide a copy of your license(s) for services as part of the affiliation process.
- Additional information may be necessary in order to complete the affiliation process.

Any questions concerning affiliation should be addressed to:

Cliff Sperry, Vice President for Administration and CDDO Operations
CDDO of Southeast Kansas
P.O. Box 187
Columbus, KS 66725
Phone 620-429-8985, Extension 113
Email: cliff.sperry@cddosek.org

By signing this application, I acknowledge that I have read and understand all information presented on this application, that I will provide all required information/documentation, and that all information provided is true and correct to the best of my knowledge.

_____ Date: _____
(Signature of Applicant)

(Printed name & Title of Applicant)