CDDO OF SEK
Community Developmental Disability Organization of Southeast Kansas
Serving The Counties of:
Cherokee, Crawford, Labette & Montgomery

APPLICATION FOR CSW 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
PO Box 187
Columbus, KS 66725

Business name of applicant:

Business address of applicant:

Contact Person (Name & Title):

Phone Number:

Email address:

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

Type of organization: Choose one

Services to be Provided (Check all that apply)
Service descriptions may be found in the KMAP Provider Manuals or on our website: www.cddosek.org

- ☐ Assistive Technology
- ☐ Behavior Therapy
- ☐ Benefits Planning
- ☐ Career Exploration and Planning
- ☐ Family/Caregiver Support and Training
- ☐ Home and Environmental Modification
- ☐ Home Telehealth
- ☐ Individual Directed Goods and Services
- ☐ Individual Employment Support
- ☐ Life Skills
- ☐ Medication Reminders
- ☐ Non-Medical Transportation
- ☐ Occupational Therapy
- ☐ Personal Care
- ☐ Personal Emergency Response Systems
- ☐ Physical Therapy
- ☐ Remote Support
- ☐ Respite
- ☐ Specialized Medical Equipment and Supplies
- ☐ Speech and Language Therapy
- ☐ Targeted Case Management
- ☐ Vehicle Modification Services

Counties you plan to provide services in: (Check all that apply) ☐ Cherokee ☐ Crawford ☐ Labette ☐ Montgomery

Do you wish to set a capacity for the number of individuals to be served for any services: If yes, please indicate which services.

◯ No ◯ Yes

All Providers, answer questions 1, 2 and initial the additional statements.

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 page and include it with this application.
2. Have your or any owners/key persons, ever been reported to the Kansas Department of Children & Family Services (DCF) for abuse. neglect, or exploitation (ANE)?
   - ◯ No
   - ◯ Yes If yes, describe in detail on a separate page and include it with this application.

☐ 3. You, and other employees will be subject to all background checks required by KDADS initially and every two years thereafter.

☐ 4. As an affiliate, you will be required to develop certain written policies which must be approved by KDADS licensing personnel during the licensing process. Your KDADS license will be considered evidence of KDADS approved policies.

☐ 5. You will also be required to develop a business plan to KDADS during the licensing process.

☐ 6. 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, covered in the amount required in the Affiliation Agreement (currently One Million Dollars, $1,000,000), with the CDDO of SEK names as an additional/other insured.

☐ 7. You are not allowed to actively recruit persons being served by other service providers. This is strictly prohibited. The CDDO will offer your organization as an option to persons who are found initially eligible for services and annually thereafter if a person is funded for services.

☐ 8. 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.

☐ 9. As a provider of Home & Community Based Services (HCBS), you must be enrolled with contracted Managed Care Organizations (MCOs) prior to providing and billing for services.

☐ 10. You must submit your organizational chart. (TCM services should be independent from direct service provision and its supervision.)

☐ 11. Additional information may be necessary to complete the affiliation process.

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 CDDO's, you must provide a confirmation letter of affiliation from that CDDO(s). Email confirmation of affiliation will be accepted.

Any questions concerning affiliation should be addressed to:

CDDO Director
CDDO of Southeast Kansas
PO Box 187
Columbus, KS 66725

info@cddosek.org

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

Signature of Applicant _____ Date _____

Printed name & Title of Applicant _____