CDDO of SOUTHEAST KANSAS

COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION
POLICES AND PROCEDURES

REGARDING: Targeted Case Management (TCM) for Community Support Waiver (CSW)
REFERENCE: K.A.R. 30-63-32
NEW: October 2026

POLICY

The CDDO will ensure that TCM services are available for each person receiving services on the Community Support Waiver (CSW) in the CDDOs service area of Cherokee, Crawford, Labette and Montgomery Counties. For purposes of this policy and procedure, provider may be an organization providing TCM, an agent/employee of an organization providing TCM, or an individual affiliating with the CDDO as an independent case manager. The TCM provider must have an affiliation with the CDDO to provide TCM services. Providers may elect to assign individual TCMs to provide TCM services to individuals on the CSW rather than assign all TCMs in their agency to provide TCM to individuals on the CSW.

PROCEDURE

The CDDO will assist all persons choosing to receive TCM services while on the CSW in selecting a TCM provider by providing the current listing of providers in the CDDO area. The Choice Form will be completed and available to the selected provider. A person can change TCM agencies at any time and will sign a new choice form annually.

CDDO REQUIREMENTS FOR TCM PROVIDERS

- Provider must be licensed by Kansas Department of Aging and Disability Services (KDADS) to provide TCM services.
- Provider must enter into an affiliation agreement for TCM with the CDDO.
- Provider must comply will all regulations and KDADS policies.
- Provider must complete all state-required training including:
  - Person-Centered Service Planning
  - HCBS Settings Final Rule
  - Restraints and Restrictive Interventions
  - Crisis Prevention (positive behavior supports) and intervention.
- Individual TCM must complete CDDO TCM training.
- Individual TCM are encouraged to participate in the CDDO Affiliate Meetings.
- TCM must comply with requests for a corrective action plan for identified deficiency(ies), or Quality Assurance (QA) reviews by either CDDO or KDADS.

- Per KDADS,
  - TCM must meet with individuals once a month, by phone or virtually and quarterly meet face-to-face.
  - After eligibility is confirmed and annually, TCM will provide participant education including:
    - Information about planning
    - Information about how CSW services might meet a person's specific needs.
    - Help individuals prioritize the CSW services to receive and identify other non-waiver services and supports. If individual needs change and the CSW is no longer a good fit, the TCM will refer the individual to the CDDO and suggest the IDD or other HCBS waiver.

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- TCM must organize Behavior Management Committees for any person who needs one. TCM can establish joint BMC with other agencies.

- TCM must develop the Person-Centered Service Plan (PCSP) and Behavior Support Plan (BSP).
  - Before scheduling this planning meeting, TCM must solicit input from the person about who the person wants to participate in the meeting.
  - MCOS are required to attend the planning meeting, unless otherwise designated by the person.
  - Live telephonic contact with the person or legal guardian.
    - Voicemails left with no response are not considered as "live contact"
    - Attempts to establish in-person contact, conducted at either the person's home or provider service location
    - If the person's preferred method of communication is email, email is an acceptable form of contact.
    - By the third attempt, the TCM must also engage the person's MCO care coordinator or CDDO

- Related Planning Documents; TCM must submit the PCSP with the following items either explicitly detailed in the plan or submitted as an accompanying document to the person's MCO.
  - PCSP Cover Sheet; must include documentation that each planning required document has been submitted. Must also include documentation of the reason that any planning documents are missing and the expected date of submission to the MCO. Submission of the coversheet will serve as a formal authorization request for services by TCM.
  - KDADS approved template: Part of the PCSP must include a backup plan that outlines potential risks and the measures implemented to reduce them. Backup plan must address extraordinary circumstances and consider person's preferences, limitations, circumstances, and informal supports. Must include backup arrangements including specific strategies and contact information. Must include a disaster emergency plan. Finally, the backup plan must include documentation of waiver participant rights and responsibilities.
  - Service budget workbook: The budget workbook must be on the KDADS approved template available on KDADS website. The service budget must include provider agency name, unit rate, units, duration and the total cost for each service for which an authorization is requested.
  - Behavior Support Plan, if applicable: TCM must assist in identifying and documenting any restrictions on the person's lifestyle and related safeguards including the following:
    - Informed consent
    - A specific, individualized need;
    - Documentation of positive interventions, supports, and less restrictive alternatives used prior to restrictions;
    - The reason for the restriction (other than disability);
    - Frequency of use;
    - Frequency of review of the behavior plan and identified reviewers
    - Roles and responsibilities related to data collection;
    - Assurances that the interventions used will cause no harm to person;
    - Additional community and social supports available to the person that may not be furnished directly by the MCO to align the contents of the PCSP with the contents of the BSP to ensure coordination and avoid duplication.

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- TCM shall submit a preliminary BSP to the MCO concurrent with the initial submission of the PCSP. Upon approval of the BSP by the behavior management committee, the TCM shall submit the finalized BSP and updated PCSP to MCO within five business days.

- Provider Choice Form: TCM must submit to MCO, along with the PCSP, a Provider Choice Form that the CDDO sends to TCM
- Physical Referrals/Doctor's Order, if applicable: TCM must submit any physician referrals or other related documentation for services that require medical documentation.
- Once the PCSP is approved by the MCO, the TCM must supply impacted parties with the completed plan, BSP (if applicable), and physical referrals/doctor's orders (if applicable).

- Service Authorization: MCO must either make an authorization determination or request an extension within 7 days. MCOs may request an extension for up to an additional 14 days and must communicate this to TCM. A plan will be considered final when MCOs have signed and communicated acceptance to TCM. A plan may be final even if a particular service within the plan is denied.

- Providing a finalized PCSP: Once the PCSP is approved by the MCO, the TCM must supply impacted parties which includes the person, guardian, all service providers associated with the person, with the completed PCSP, BSP (if applicable), and physical referrals/doctor's orders within established timeframe of the PCSP meeting.

- Plan Revisions and Amendments: TCMs must ensure that PCSPs are developed, reviewed, and revised as appropriate. At minimum, plans must be developed or updated:
  - When a change in particular needs occur;
  - At least every 365 days;
  - At the request of the person.

- PCSP revision (non-material change) the following are required:
  - TCM must make changes in alignment with the person's direction.
  - TCM must inform impacted parties of the changes.
  - TCM must submit the revised PCSP with updated signatures, along with all required documentation.
  - When PCSP is submitted, the MCO must make any necessary administrative updates to ensure all related records, systems, and documentation align with revised plan.

- PCSP Amendment the following are required:
  - TCM must make changes in alignment with the person's direction and in coordination with impacted parties. TCM must maintain documentation that planning processes align with KDADS CSW PCSP policies and related federal standards.
  - TCM must inform impacted parties of the changes.
  - TCM must submit the revised PCSP with updated signatures, along with all required documentation.
  - This submission must include an updated budget template.
  - When PCSP is submitted, the MCO must make any necessary administrative updates to ensure all related records, systems, and documentation align with revised plan.
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- Completion of PCPS revision and amendments shall not impact the Annual Plan Year and shall be reflected in a revised Plan Effective Date in the PCSP.

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- Quality Assurance and Documentation:
  - TCMs must ensure that PCSPs are signed by the person, providers, the TCM, MCO Care Coordinator, and any other participants present during the planning meeting.
  - TCMs must maintain legible, complete documentation of at minimum:
    - The planning meeting,
    - Monthly monitoring activities, and
    - Any instances of substantial changes in level of need.

The CDDO or KDADS may require written evidence of the qualifications, position description/duties, or other relevant information for any person providing TCM services.

The CDDO may refuse to enter or continue an affiliation agreement with any service provider that:

- Refuses to accept a reimbursement rate for services provided which is at least equal to that established by the Kansas Department of Aging and Disability Services (KDADS), or by the applicable Managed Care Organization(s), (MCOs).
- Has established a pattern of failing or refusing to abide by the CDDO service area policies and procedures, or provisions of the Affiliation Agreement.
- Is known to have violated a standard of care or standard of conduct.
- The CDDO has demonstrated to the satisfaction of the Secretary of KDADS that such affiliation would seriously jeopardize the CDDOs ability to fulfill its responsibilities under the DD Reform Rules and Regulations, or pursuant to its contract with KDADS.

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