

How to Affiliate

All providers of I/DD services in the counties served by New Beginnings Enterprises, Inc. CDDO must first affiliate with NBE before they may start to provide those services.

We recommend that you first contact the local Quality Assurance representative for SRS (Liz Allen, 620-331-0351, ext. 246 or email her at Liz.Allen@kdads.ks.gov) and apply for any licenses that are required. After you have applied for a license, KDADS will direct you to the CDDO to discuss affiliation.

We will require that a business plan be developed for your business. We will also require proof of insurance, operating policies to fulfill regulatory requirements, and proof of the necessary licenses before the affiliation agreement can be completed. All requirements for affiliation are outlined in NBE CDDO Policy 101.0 and on form CDDO 011. The policy and corresponding form are available on the CDDO website at www.nbecddo.org or by contacting the CDDO.

We will be pleased to visit with any prospective service provider and to assist you in any way we can.

For more information or to discuss affiliation with New Beginnings please contact Angela Allen, CDDO Director at 620-647-4059.

REQUIRED DOCUMENTATION FOR AFFILIATES OF NEW BEGINNINGS ENTERPRISES, INC. CDDO

Any community service provider (CSP) that wishes to affiliate with New Beginnings Enterprises, Inc. must request such affiliation in writing to the Executive Director. The CDDO Director will determine with the CSP the specific services to be provided through affiliation with New Beginnings Enterprises, Inc., and develop with the CSP an appropriate affiliation agreement. The CSP must furnish to New Beginnings Enterprises, Inc. the required documentation for affiliation as follows:

- Certificate of Corporation with the Secretary of SRS (If applicable)
- Copy of applicable SRS HCP /CSS license or KDHE license
- Business Plan
- Three letters of reference (Written within the last 12 months)
- Certificate of Insurance to include: Comprehensive general liability (\$1,000,000 minimum or \$300,000 for limited License), Automobile Liability (\$500,000 minimum) and Workers Compensation Insurance (\$500,000 minimum) when required. The CDDO is to be named as the additional insured on the insurance policy.
- ANE Policy (K.A.R. 30-63-28)
- Continuity of Service Provision Policy (Emergency service plan)
- Organizational Chart
- Direct Care Training Policy (K.A.R. 30-63-26)
- Grievance Policy
- Individual Rights and Responsibilities policy (K.A.R. 30-63-22)
- Medication Policy (K.A.R. 30-63-23)
- Records Maintenance Policy (K.A.R. 30 -63-29)
- Required Background checks – Adult Protective Services, Child Protective Services, Kansas Department of Health and Department, Kansas Bureau of Investigation

Additional Targeted Case management (TCM) Requirements

- Registration with HCP / CSS (language being proposed to eliminate the registration process – however the TCM will be responsible for completing the online training and printing their certificates)
- TCM job description(s)
- Organizational chart
- Case management training requirements and professional growth and development expectations / strategy

Non Licensed Affiliate Requirements

- Certificate of Corporation with the Secretary of SRS (If applicable)
- Business Plan
- Three letters of reference (Written within the last 12 months)
- Certificate of Insurance to include: Comprehensive general liability (\$1,000,000 minimum), and Workers Compensation Insurance (\$500,000 minimum) when required –Agency only. The CDDO is to be named as the additional insured on the insurance policy.
- ANE Policy (K.A.R. 30-63-28)
- Continuity of Service Provision Policy (Emergency service plan)
- Grievance Policy
- Implementation and Adherence policy (K.A.R. 30-63-10 Licensed Required Exceptions)
- Documentation sheets along with example forms of how documentation for services will be maintained.

Upon receipt by New Beginnings Enterprises of required documentation and properly completed and signed affiliation agreement, the affiliate may commence providing services as specified within the agreement.

**NEW BEGINNINGS ENTERPRISES, INC. CDDO
VERIFICATION OF QUALIFICATIONS FOR
CASE MANAGERS/SERVICE COORDINATORS**

Name of Case Manager: _____ Date of Hire: _____

Name of Supervisor: _____

Title of Supervisor: _____

Please attach a written narrative and/or copies of degrees, certificates of completion for training or other supporting documents which provide the following information.

_____ 1) Verification that the case manager/service coordinator has six months experience in the field of developmental disabilities.

_____ 2) Verification that the case manager/service coordinator has a bachelor's degree, or additional experience in the field which may be substituted for a degree at the rate of six months of experience for each semester.

_____ 3) A position description, or a listing of the job duties and responsibilities.

_____ 4) A position description, or a listing of the job duties and responsibilities, of his/her supervisor.

_____ 5) Verification of Targeted Case Management Certification.

Name of Case Management Service Provider: _____

Name of Title of Provider Representative: _____

Signature of Provider Representative: _____

Date: _____

FOR CDDO USE ONLY:

Reviewed by: _____

Date: _____