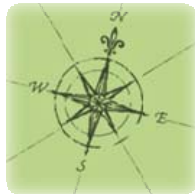


***New Beginnings
Enterprises, Inc .CDDO***

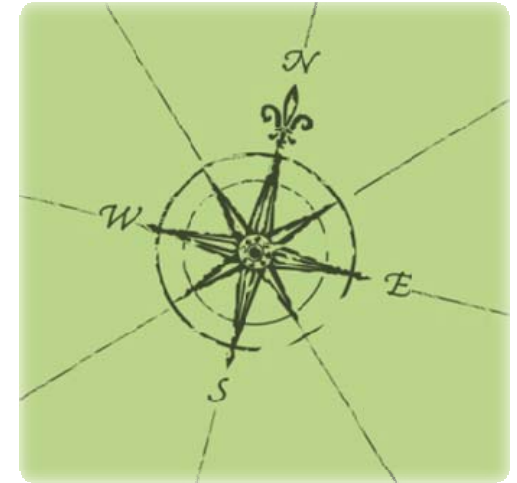
*1001 Wilson
Neodesha, Kansas 66757
620-325-3333 phone
620-325-3899 fax*

***Moline Satellite Office
114 N. Main
Moline, KS 67353
620-647-4059 phone/fax***



New Beginnings Enterprises, Inc.

CDDO Affiliate Handbook



For:
Chautauqua, Elk,
Greenwood, Wilson
Counties

NOTES:

NOTES:

CDDO AFFILIATE HANDBOOK

Revised 7/26/13

NOTES:

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This booklet contains terms that may be helpful in understanding developmental disabilities, services that are offered, and organizations that provide services. Also included are community service providers, dispute resolution, and individual rights and responsibilities.

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DEFINITIONS

Affiliate – A service provider who has entered into an agreement with the CDDO in order that they may provide services within the CDDO's area.

CDDO – The Community Developmental Disability Organization is the starting point or single point of entry at the time of application for services. Each county in Kansas is assigned to a CDDO. CDDO's are contracted with Social and Rehabilitation services.

Day Supports – Regularly occurring activities that provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration and thereby serve as vehicles to maintain or increase adaptive capabilities, independence or integration and participation in the community.

Developmental Disability – (DD) A severe and chronic disability caused by either a mental or physical impairment or a combination of mental and physical impairment that has manifested before the age of 22, and results in significant functional limitations in areas of major life functioning.

Family Subsidy - A program designed to provide cash payment to families with a child who is mentally retarded or otherwise developmentally disabled (MR/DD) and lives at home.

Guardian - A court appointed individual who acts on behalf of a person who is unable to do so themselves, or the parent of a child under 18.

Home Modifications -Services which assess the need for, arrange for and provide modifications or improvements to a participant's living quarters to permit an individual to remain with his/her natural, adoptive or foster family and ensure safety, security and accessibility.

In Home Supports – Support available to individuals who live in the family home. This service provides necessary support for individuals to meet their daily living needs and/or to insure continuation of stay in family homes. (Previously called Supportive Home Care)

MR/DD - Mental Retardation/Developmental Disability.

Medical Alert Rental - A small instrument carried or worn by the recipient that, by the push of a button, automatically dials the telephone of a pre-determined responder who will answer the call for help. It may be rented to provide support to a recipient who has a medical need that could become critical at any time.

APS Contact/ Hotline:

If you suspect that a disabled adult may be in danger of harm from abuse, neglect, exploitation or fiduciary abuse there is something you can do to help. Adult Protective Services works with other community agencies to assist adults at risk who may be unable to protect themselves from harm.

If you know of a situation where you suspect a vulnerable adult is at risk, you can get help for them by calling the Kansas Protection Report Center in-state toll free HOT LINE at: 1-800-922-5330.

Abuse: Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Neglect: Failure or omission by one's self, caretaker or another person to provide goods or services which are reasonable necessary to ensure safety and well being and to avoid physical or mental harm or illness.

Exploitation: Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources.

Fiduciary Abuse: Occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.

INDIVIDUAL RIGHTS AND RESPONSIBILITIES

(K.A.R 30-63-22)

- 1) A provider shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany these rights.
- 2) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall include the following:
 - a) Being free from physical or psychological abuse or neglect, and from financial exploitation;
 - b) Having control over the person's own financial resources;
 - c) Being able to receive, purchase, have, and use the person's personal property;
 - d) Actively and meaningfully making decisions affecting the person's life;
 - e) Having privacy;
 - f) Being able to associate and communicate publicly or privately with any person or group of people of the person's choice;
 - g) Being able to practice the religion or faith of the person's choice;
 - h) Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician's orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person;
 - i) Not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person's family, and then only for the purposes of the upkeep of the person's own living space and of common living areas and grounds that the person shares with others;
 - j) Being treated with dignity and respect;
 - k) Receiving due process; and
 - l) Having access to the person's own records, including information about how the person's funding is accessed and utilized, and what services were billed for on the person's behalf.

A provider shall train each agent regarding these rights. In addition, a provider shall offer training at least annually regarding these rights and effective ways to exercise them to each person served, to the guardian if one has been appointed, and to the person's parent and other individuals from each person's support network.

This regulation shall take effect on and after October 1, 1998

Mental Retardation / Intellectual Disability - (MR/ID) a substantial limitation in present functioning that is manifested from birth to 18 years and is characterized by significantly sub-average intellect.

Personal Assistant Services (PAS) - Services for individuals who choose to receive necessary one-to-one services in their home and community that would otherwise be required by a licensed service provider (Day, Residential or In Home Supports).

Positive Behavior Supports - A comprehensive set of strategies meant to redesign environments in such a way that problem behaviors are prevented or inconsequential, and to teach students new skills, making problem behaviors unnecessary.

Residential (Child Service) -A service provided to mentally retarded or developmentally disabled children ages 15 to 21, to avoid placement in institutional or other congregate residential settings when they cannot, for whatever reason, remain with their natural families. Providers are licensed child placing agencies which recruit and train care givers and license and monitor the caregivers' homes as foster homes.

Residential (Adult Service) -Services provided in the individual's residential setting (outside the individual's family home) providing assistance, acquisition, retention and/or improvement in skills related to activities of daily living, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.

Specialized Medical Equipment – Modifications necessary for promoting the health, well being and independence of the recipient.

Supported Employment - Competitive work in an integrated setting with on-going support services. Individuals are compensated in accordance with the Fair Labor Standards Act.

Targeted Case Manager - An advocate/ally for persons with MR/DD. They facilitate access to both paid and natural supports to increase independence and integration into the community on behalf of the person receiving service.

Vehicle Modifications - Lifts installed in vans to allow recipients who use wheelchairs to be safely transported and to promote community integration, may be purchased from, and installed by, durable medical equipment suppliers.

Wellness Monitoring- A process whereby a registered nurse evaluates the level of wellness of a recipient to determine if the recipient is properly using medical health services as recommended by a physician.

COMMUNITY SERVICE PROVIDERS

Ability Systems, Inc.

PO Box 212

Neodesha, KS 66757

- Day Supports-CQ County only
- Residential Supports-CQ County only

Contact Angi Ivy (620) 920-0281

Another Day, Inc.

11802 W. 77th

Lenexa, KS 66214

- Personal Assistant Services (PAS)
- Respite
- Sleep Cycle Support

Contact Lorraine Dold (913) 599-2221

Toll Free – 1-866-599-2221

BCMS LLC

590 Oxen Rd SE

Leroy, KS 66857

- Targeted Case Management

Contact: Conni Bemis 620-364-8714

Connections Res-Care, KS

1772 A E 24000 Road

PO Box 766

Parsons, KS 67357

- Case Management
- Personal Assistant Services (PAS)

Contact Jan Jacquinot (620) 421-2454

Helpers, Inc.

15540 Pflumm Road

Olathe, KS 66062

- Personal Assistant Services (PAS)
- Respite
- Sleep Cycle Support
- Specialized Medical Care

Contact Stacy Jones (913) 322-7212

The Farm

PO Box 2224

Emporia, KS 66801

- Out of home foster placement for children

Contact Deb Chenoweth (785) 271-6657

Dispute policy continued

The New Beginnings Enterprises, Inc. Community Developmental Disability Organization in conjunction with the Council of Community Members has developed a dispute resolution process and resource for *parties and entities within New Beginnings Enterprises, Inc. CDDO area (CDDO Resolution Policy 112.0).

This process pertains to the following:

- 1) Parties are defined as:
 - a. The person served
 - b. The person's legal guardian
 - c. Or other individuals from the person's support network
- 2) And entities:
 - a. The CDDO;
 - b. An affiliated community service provider; or
 - c. Any component of the community services system

These procedures shall provide a means for resolving disputes that may arise between any of the following:

- 1) The CDDO and any affiliated community service provider;
- 2) The CDDO and any entity that wishes to become an affiliated provider;
- 3) The CDDO and any other component of the community services provider;
- 4) Any affiliated community service system; or
- 5) Any affiliated provider and any other component of the community service system.

DISPUTE RESOLUTION FOR INDIVIDUALS **ACCEPTING SERVICES**

(K.A.R. 30-64-32)

Your service provider wants you to be happy with the help you are receiving. If you are unhappy with the way you are being treated, we want you to know what to do.

If you are unhappy, you need to :

- Tell your service provider, staff or case manager why you are unhappy. They have ways to help you make the changes you would like called policies. Policies are directions that may help you get your services in the way you want to receive them.
- After 30 days, if you are still unhappy, ask your case manager to talk to the CDDO about the problem and help you fill out a paper called a dispute resolution form. That form will be sent to the Council of Community Members to explain why you are unhappy.
- The Council of Community members can help you decide what to do and can help you follow the CDDO policy until all resources have been used.
- If the problem you have is with your case manager, you can contact the CDDO for help.

No one will treat you differently because you were unhappy.

The complete CDDO Dispute Resolution Policy (112.0) and dispute forms are available upon request.

Life Patterns, Inc.

3625 SW 29th Street, Ste 202
Topeka, KS 66614

- Respite - Overnight
- Sleep Cycle Support
- Personal Assistant Services (PAS)
- Specialized Medical Care

Contact Doug Gerdel (785) 273-3816

New Beginnings Enterprises, Inc.

PO Box 344, 1001 Wilson
Neodesha, KS 66757

- Case Management
- Payee Services
- Day Supports
- Residential Supports-EK, GW, WL Counties only

Contact Joe O'Rourke (620) 325-3333

Payroll Plus of Kansas

P.O. Box 418 101 Mexitili
Montezuma, KS 67867

- Personal Assistant Services (PAS)
- Respite
- Sleep Cycle Support

Contact Terry Koehn (888)527-2658

RCIL (Resource Center for Independent Living)

PO Box 257
Osage City, KS 66523

- Respite (Self Directed)
- Sleep Cycle Support
- Personal Assistant Services (PAS)

Contact Deone Wilson (785) 528-3105

SEKRS (Southeast Kansas Respite Service)

2601 Gabriel
Parsons, KS 67357

- Respite
- Supportive Home Care
- Payee Services

Contact Diane Salyers (620) 421-6550

SKIL (Southeast Kansas Independent Living)

1801 Main Street
Parsons, KS 67357

- Case Management
- Sleep Cycle Support
- Personal Assistant Services (PAS)

Contact Shari Coatney (800) 688-5616

Taylor Drug

201 S. Summit
Arkansas City, KS 67005

- Durable Medical Equipment

Contact Fred Taylor (800) 567-3733

These and additional services available under the MR/DD waiver are referred to in the handbook distributed by the State of Kansas Department of Social And Rehabilitation Services Mental Health and Developmental Disabilities titled “Developmental Disabilities handbook, Services for Persons with Mental Retardation or Otherwise Developmentally Disabled MR-DD”, dated December 2010.

It is required that all persons receiving community services, and their families/guardians, be provided information on an annual basis about services and service providers in the CDDO area.

You can change providers at any time by contacting the New Beginnings Enterprises, Inc. CDDO Director at (620) 325-3333.

standards and requires us to provide this summary of our privacy policies once a year. We are required to abide by the terms of this notice. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain, including PHI that was created or received prior to the date of such change. We will redistribute a new Notice of Privacy Practices whenever we make a material change in our privacy practices described in our notice. You may have additional rights under other applicable laws.

Questions and Complaints: For additional information or if you have any questions regarding our privacy policy, please contact us at New Beginnings, PO Box 344, Neodesha, Kansas 66757 or call us at 620-328-3333.

If you are concerned that your privacy rights have been violated, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the HIPAA Compliance Coordinator at the above address or by phone. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. Send your complaint to Medical Privacy, Complaint Division, Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or contact the Voice Hotline Number at (800) 368-1019; or send the information to their internet address www.hhs.gov/ocr.

We will not take retaliatory action against you if you file a complaint about our privacy practices to us or with the Office for Civil Rights or any other governmental agency.

HOW WE PROTECT YOUR PRIVACY

PRIVACY NOTICE TO OUR CONSUMERS AND GUARDIANS Effective April 1, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AND/OR YOUR WARD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**THIS NOTICE IS FOR YOUR INFORMATION.
NO RESPONSE IS REQUIRED.**

New Beginnings believes in protecting the confidentiality and security of information we collect about you. This notice describes our privacy policy and describes how we may use and disclose health information about you. It also describes your rights, and certain obligations we have, regarding your Protected Health Information ("PHI").

Why and How we Collect PHI: We collect information in the normal case of business as we provide care for individual physical and/or health conditions, including case management services, behavior management plans, specialized care referrals, and Medicaid/HCBS eligibility. We get most of the information directly from your health care provider and entities you access in relation to medical/psychological services. If we need to verify information, or need additional information, we may need to obtain that information from third parties whom you authorize to provide us with information.

How we Protect PHI: We treat information in a confidential manner and our employees are required to protect the confidentiality of such information. Employees may access information only when there is an appropriate reason to do so, such as to administer services. We also maintain physical and procedural safeguards to protect information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies relating to confidentiality and privacy of non-public information about you. With respect to situations in which disclosure is not required or permitted by law, we will not disclose non-public personal health information about you unless an authorization is obtained from you or, when applicable, your guardian.

Use and Disclosures for Developmental Disability Treatment: We use and disclose information in a number of different ways in connection with your developmental disability services, including disclosure of such information to determine BASIS as well as our annual System Analysis.

form provided by New Beginnings. If you notify us that your information is incomplete or inaccurate, we will correct our records. If we do not agree, you may submit a short statement of dispute, which we will include in any further disclosure of your PHI or, alternately, you may request that we provide your request for amendment and the denial of such request with any future disclosures of the PHI at issue. We have the right to prepare a rebuttal to any statement of dispute submitted by you.

Accounting for Certain Disclosures:

You have the right to request us to provide you with an accounting of times when we have disclosed your PHI. An accounting of disclosures will not include those that were made:

- For Care and Treatment
- To you or to your guardian
- Incidentally to a permitted use or disclosure
- Pursuant to an authorization received from you or your guardian
- For persons involved in your care
- For National Security purposes
- To correction or law enforcement personnel
- Before April 14, 2003

The accounting will include disclosures made within the last six years, unless you request a shorter time period or if less than six years have passed since April 14, 2003. Your request for an accounting of disclosures must be made in writing on the form provided by New Beginnings and must provide us with the specific information we need to fulfill your request. We will respond to your request within 60 days. If you request this accounting more than once in a 12-month period, we may charge you with a reasonable fee.

To obtain forms necessary to exercise your rights, contact the HIPAA Compliance Coordinator at New Beginnings, 620-325-3333. All completed request forms should be sent to ATTN: HIPAA Compliance Coordinator, New Beginnings Enterprises, PO Box 344, Neodesha, KS 66757.

Further Information: We are required by laws to maintain the privacy of your information and to provide you with notice of our legal duties and privacy practices with respect to your information. In addition to any other privacy notice we may provide, a recently enacted federal law establishes new privacy

The following are a few examples of the types of uses and disclosures of your information that we are permitted to make without your authorization.

Treatment: We may disclose your information to health care providers who request it in connection with your treatment. For example, we may provide information to a health care provider during a physical exam or in the event of an emergency whereby you are unconscious.

Payment: We may use and disclose your information to administer your health benefits. This may involve the determination of eligibility, claims payment; utilization review; coordination of care; medical benefits; and responding to complaints, appeals, and external review requests.

Service Provider Operations: We may use and disclose your information to support other service provider requirements, including quality assurance assessments, BASIS assessments; System Analysis; and other general administration activities.

Other Permitted or Required Uses and Disclosures of PHI: We may use or disclose your PHI in the following additional situations without your authorization:

Others Involved in Your Healthcare: New Beginnings has policies and procedures that provide for release of information about your care to certain relatives, close friends, or other designees who are relevant to your care as identified in your Person- Centered Support Plan.

Required by Law: We may use or disclose your PHI to the extent we are required to do so by federal, state, or local law enforcement.

Public Health Activities: We are permitted to disclose PHI about you to a public health authority for the purpose of preventing or controlling disease, injury, or disability. In addition, we may disclose your PHI to a public health authority or other appropriate government authority authorized to receive reports of child abuse or neglect.

Abuse or Neglect: We are required to make disclosures to government authorities concerning abuse, neglect, or exploitation.

Developmental Disability Oversight Activities: We may make PHI disclosures about you to Social and Rehabilitative Services for oversight activities authorized under the law, including audits; civil. Administrative or criminal investigations; inspections; and licensure or disciplinary actions.

Judicial Proceedings: In connection with law- suits or other legal proceedings, we may disclose PHI about you in response to an order of a court, or in response to a subpoena, discovery request, or other lawful proceeding.

Coroners and Funeral Directors: In certain circumstance we are permitted to disclose your PHI to coroners, medical examiners, or funeral directors.

Fundraising: We may disclose limited PHI about you to service-specific related foundations of the purpose of raising funds for the benefit of New Beginnings services.

Threat to Health or Safety: We may use or disclose PHI about you if we, in good faith, believe we use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety of others. Any disclosure, however, would only be made to someone reasonably able to help prevent or lessen the threat.

Correctional Institutions: We are permitted to disclose PHI about you to a correctional institution or a law enforcement official if you are in their custody provided that the disclosure is necessary for certain purposes, including the provision of your healthcare and the safety and health of others.

Workman's Compensation: We are permitted to use or disclose PHI about you as authorized by laws relating to workman's compensation or other similar programs.

Authorized Use and Disclosure of PHI: Any other use or disclosure that is not otherwise permitted or required by law will be made only with your written authorization. You may revoke this authorization, at any time, in writing.

Consumer Rights with Respect to PHI:

Right to Request Restrictions: You have the right to request us to place restrictions on the way we use and disclose your PHI for care, services, and treatment. You must make your request for restrictions in writing of the form provided by New Beginnings. However, we are not required to agree to these restrictions. If we do agree to a requested restriction, we may not use or disclose your PHI in violation of that restriction, unless it is needed in an emergency.

Access to PHI: You have the right to look at or receive a copy of your PHI contained in the designated record setting. This setting is located at the New Beginnings Office in Neodesha, Kansas. You must make your request in writing on the form provided by New Beginnings and provide us with the specific information we need to fulfill your request.

Your information will be made available for your review at our offices during normal hours of operation, Monday – Friday, 8 a.m. – 5 p.m., excluding holidays.

Amendment of PHI: You have the right to request us to amend any PHI about you that is contained in the “designated record setting” and which is incomplete or inaccurate. You must make your request for amendment in writing on the