

**Shawnee County CDDO
Affiliate Meeting
April 10, 2017**

Present: Tim Gorton, SLI; Jon Gerdel, Life Patterns; Ramona Macek, Easter Seals Capper Foundation; Nancy Rhone, CDDO; Cheryl Davenport, CDDO; Jeremy Chard, CDDO; Robert Smith, CDDO; Paula O'Brian, CDDO; Roberta Lehmann, R.I.C.O. Services; Vince Garcia, R.I.C.O. Services; Coleen Hernandez, CDDO; Merilee Larson, Lifeworx; Olga Hennessey, TARC; Jenell Jones, Pearlie Mae's; Cari Blankingship, TARC; Stephany Semple, TARC; Jess Reling, CDDO; Mary Ann Hughes, Sunflower Supports; Tracey Herman, TARC; Quinta Avance, Avance-d Community Alternatives, Billie Padilla, CDDO

II. Guest Speaker:

- ✓ Jim Johnson, i Care (formerly REACH), an adapted religious service for individuals with disabilities. Monthly services have been scheduled for the second Saturday through August 12 followed by a Social. See attached brochure for more information. If you have any questions call Jim at (785) 969-9934.
- ✓ Janelle (Lyons) Carter, Quality Assurance Program Manager, Larry Castro, QMS, KDADS. The regulation has not changed regarding Informed Consent forms for Psychotropic Medications and Restrictive Interventions. They are being consistently monitored throughout the state. The State will be looking at what the behaviors are and the documentation of the behaviors. They looking at the what the current provider has documented not the longevity of the medication or the restrictive intervention.
- Providers are responsible for creating their own tracking form and maintaining the documentation for individuals in their services taking psychotropic medications or has a restrictive intervention plan. The tracking should state what the medication and/or restrictive intervention is for and track the frequency and severity of each behavior.
 - **Q)** Who is responsible for creating a behavior Support Plan?
A) The Residential provider is responsible but should have input from other team members.
 - **Q)** What if the day services provider does not agree with the medication or restrictive intervention?
A) Provide documentation showing why.
 - **Q)** What if the person is TCM only?
 - **A)** A Behavior Plan can be written but cannot not make the parents comply.
 - **Q)** What if the person is TCM only and lives alone?
 - **A)** Based on regulation it can't be in a behavior plan as there is no one there to monitor the person. It can be added in the PCSP but must have a HRC Review.
 - Informed Consent forms must be signed by the individual/parent or guardian and included in the PCSP. A signed form is needed any time a change is made. The Residential Provider should notify all providers of changes.
 - Article 63 is in the process of being revised.

I. CDDO Updates:

- ✓ Introduction of Jeremy Chard, who will be taking Cheryl's place when she retires this fall. Jeremy started with the CDDO on March 6.
- ✓ The new CDDO assessor starts May 1.
- ✓ BASIS – the assessment needs to be done within 365 days of the previous assessment. Be sure to have all the documentation needed as the timeline will decrease as when to be submitted. It is encouraged to check any scheduled Assessments to make sure they are in compliance.
- ✓ The Assessors are working on finalizing a checklist for documentation needed at the time of the meeting.
 - It was suggested that each provider have a key contact person for the invitations.
 - The Assessors are not responsible for the coordination of the assessments.
- ✓ Cheryl and Jeremy are working on getting notification that a BASIS needs to be scheduled 60 days prior to the date and then 30 days if the if it has not been scheduled.
 - It was asked if the first reminder could be sent out 120 days prior.
 - It is possible to do so if this would help.
- ✓ The weblink for the MFEI training on March 30 forwarded via email 04.10.17
 - <http://crado.ku.edu/>
 - Click on Webinars
 - Click on Archived Webinar and Event Materials
 - Webinar Recording (URL)
 - Webinar Power point (PDF)
- ✓ The assessors will be conducting along with the Assessment the new MFEI tool. Each CDDO was asked to get a sampling of each tier.
- ✓ The Status Action Form has been updated it now looks more like the old BASIS III form.
- ✓ Cheryl and Jeremy will be holding a training on changes on BCI, which include the move to the Cloud, BCI user IDs and passwords, document uploading and duplicates and the implementation of a new Help Desk ticket system.
- ✓ Capacity – The CDDO Capacity group has submitted their findings to the State.
- ✓ TCM Capacity – there are no TCM agencies open for referrals in Shawnee County. Eligibility continues to increase. The CDDO is maintaining a waiting list for individuals wanting TCM. TCM agencies should not keep their own waiting lists.
- ✓ The State has approved a policy on Background Checks.
- ✓ If anyone has someone that could benefit from Bed Bug treatments that does not have HCBS services. Please contact Robert Smith @ rsmith@sncddo.org.

V. Upcoming training opportunities:

- April 20 – 9:30-12 KDADS/CDDO/Stakeholder Meeting – Geers Conference Room
- April 27 – 8:30-12:30 CDDO Quarterly Training - TARC Board Room
- April 27 – 10-12:30 BCI Update Training – TARC Training Room

Next meeting is scheduled June 12, 2017 at 2 pm

March 2017
Shawnee County CDDO Affiliate Report

Individuals receiving service: 1104
853 adults; 251 children

- 281 Receiving in home supports
- 724 Receiving day services
- 499 Receiving residential; 487 adults,
(12 children's residential)
- 1041 Receiving TCM

Determined Eligible: 12

Determined Ineligible: 2

Re-entry: 0

Redetermination: 0

Eligible (re-determined after age 8): 0

Transferred In: 4

Transferred Out: 1

Individuals in Crisis Year to Date: 17
(July 1, 2016 - June 30, 2017)

Crisis Request Reviewed: 12

Crisis Request Approved: 6

Crisis Request Denied: 1

Crisis Request Pended: 5

Individuals exiting Medicaid Services: 3

Provider Changes

- ◆ **Day:** 15
- ◆ **Residential:** 15
- ◆ **Case Management:** 16
- ◆ **In-Home Support Providers (FMS, SHC):** 3

CDDO (TCM) Representative: 63

Medicaid Eligible: 37

Non-Medicaid Eligible: 26

February 2017
Shawnee County CDDO Affiliate Report

Individuals receiving service: 1103
852 adults; 251 children

- 281 Receiving in home supports
- 722 Receiving day services
- 498 Receiving residential; 486 adults,
(12 children's residential)
- 1037 Receiving TCM

Determined Eligible: 6

Determined Ineligible: 1

Re-entry: 1

Redetermination: 0

Eligible (re-determined after age 8): 0

Transferred In: 2

Transferred Out: 0

Individuals in Crisis Year to Date: 11
(July 1, 2016 - June 30, 2017)

Crisis Request Reviewed: 11

Crisis Request Approved: 2

Crisis Request Denied: 2

Crisis Request Pended: 7

Individuals exiting Medicaid Services: 3

Provider Changes

- ◆ **Day:** 5
- ◆ **Residential:** 3
- ◆ **Case Management:** 12
- ◆ **In-Home Support Providers (FMS, SHC):** 4

CDDO (TCM) Representative: 66

Medicaid Eligible: 37

Non-Medicaid Eligible: 29

History

In the early 1970's, a program similar to iCare, which was known as REACH (Religious Education and Activities for the Community Handicapped) was started at Most Pure Heart of Mary Church in Topeka. REACH provided religious education and a meaningful Mass experience for the physically and mentally disabled. Within the first few years of REACH, chapters were established in Johnson, Wyandotte, Leavenworth, and Douglas Counties in the Archdiocese of Kansas City in Kansas. By 1990, REACH was operating across the United States in 47 dioceses, 154 cities, and 30 states while also extending into several foreign countries.

In spite of the success, it became difficult to sustain the REACH program through the 1990's. As a result, the REACH program ended in the Archdiocese in 2000. Since then, a generation of children and adults with developmental disabilities have not experienced the joy of an adapted liturgy like a REACH Mass. The iCare program of northeast Kansas was started in Overland Park, KS with their first adapted Mass in September of 2016. Now the iCare Program is coming to Topeka and will start with a monthly Mass for children and adults with developmental disabilities and their families. The adapted Mass will feature developmentally appropriate music and liturgy that were hallmarks of the REACH Masses of the 1970's and 80's.

While many parishes have made an effort to mainstream and include the disabled in parish life, it doesn't always best meet the needs of the participant with special needs. There are many within the larger community that can benefit from the iCare Mass and program.

Future Plans

In the future, we hope to increase the number of Masses to twice per month and alternate weekends with the Overland Park iCare program. In addition, we plan to offer religious education classes, which will also include preparation for the Sacraments. We are currently working with the Overland Park iCare program and the Office of Special Needs Ministry at the Archdiocese to develop those curricula.



Topeka, Kansas Chapter

iCare is coming to Topeka !!!

Most Pure Heart of Mary Church

3601 SW 17th Street

Mass begins at 6:00 PM

Followed by a Social

April 8

May 13

June 10

July 8

August 12

All Are Welcome

What is an iCare Mass?

The iCare Mass will use an adapted liturgy format with accommodations to enable full participation of people with developmental disabilities who may not get the full benefit from a regular parish Mass. Accommodations will include:

- simplified language for readings, prayers, and homilies
- simplified explanations of parts of the liturgy
- music selections with simplified and repetitive verses
- openness, flexibility, and acceptance of participants
- a more intimate and interactive worshipping community where it is easier for people to develop relationships of understanding and acceptance

How are participants involved in an iCare Mass?

The iCare Mass will maximize opportunities for participants to contribute and participate more fully in the Eucharist through their active involvement in these areas:

- hospitality or greeter
- being an altar server
- active participation in music
- the entrance procession
- being a lector
- setting the Jesus table (altar)
- the offertory procession
- helping with the collection
- full participation in the prayers of the faithful

We must recognize and appreciate the contribution persons with disabilities can make to the Church's spiritual life, and encourage them to do the Lord's work in the world according to their God-given talents and capacity. Welcome and Justice for Persons with Disabilities
A Framework of Access and Inclusion - U.S. Bishops



How can you be involved?

iCare Participants

If you know anyone who may benefit from the iCare program as a participant, no matter their limitation or disability, please contact us. We strongly encourage you to register online using the website listed below.

iCare Volunteers

We need a lot of help to make this work. The success of iCare will largely depend on the good will and dedication of volunteers. With Pope Francis' Declaration of the Jubilee Year of Mercy, please heed his call for service to those in need by volunteering with iCare.

Volunteers are needed in these areas:

- hospitality or greeter
- Mass companion
- activity companion
- VIRTUS trained attendant
- liturgy assistant
- musician
- social coordinator
- community outreach
- nursing/medical support
- religious education teacher



We need you! To volunteer, please contact us or register online.

Contact Us

For more information or to register online as a participant or volunteer you can:

- Go to our website . . . www.icarenek.org
- Contact us by email . . . icaretopeka@gmail.com
- Contact us by phone . . . 785-271-5379
- Check us out on Facebook . . . [iCare of Northeast Kansas](https://www.facebook.com/iCareofNortheastKansas)