End to End Access to DD Service Process

Last Updated: 12/31/13

Member goes to CDDO for assessment, services or annual redetermination transfer from TA, Autism or TBI or Qualifying Exception

- CDDO sends member an NOA with appeals rights
  - Y: HCBS-IDD Eligible?
    - Y: Medicaid eligible?
      - Y: Annual Assessment
        - CDDO adds TCM choice to BASIS/KAMIS
        - HCBS-IDD Program position available?
          - Y: Member is added to the waiting list. MCO provides telephonic care coordination, Member may receive targeted case management
          - N: Transfers from TA, Autism, or TBI or Qualifying Exception have no waiting list
          - N: MCO Creates authorizations & sends member an NOA with appeals rights
        - Y: MCO & TCM ensure services are provided according to ISP
          - Y: Member agrees with ISP?
          - N: Member Appeals (See MCO Grievance process or State Fair Hearing workflow)
          - N: Reduction/Denial recommended?
            - Y: Final ISP goes to member, TCM, Service Provider (CSPs) & CDDO (QA & Choice Purposes)
            - N: ISP with reductions goes to member, TCM, Service Provider (CSPs) & CDDO (QA & Choice Purposes)
            - Y: MCO submits recommendation to State for review
              - N: State Approved reduction?
                - Y: MCO, TCM and Member meet to review assessment, support plans, and collaborate with chosen providers as needed.
                  - MCO shares draft ISP with Member and TCM
                  - TCM completes PCSP and assessment and/or BSP, as needed
                - N: MCO completes Needs assessment
                  - TCM/MCO coordinate assessments per member needs and share documentation

Existing Member states his/her needs have changed or she/he is requesting additional services

- TCM completes PCSP and assessment and/or BSP, as needed
  - MCO, TCM and Member meet to review assessment, support plans, and collaborate with chosen providers as needed.
    - MCO shares draft ISP with Member and TCM
  - TCM/MCO coordinate assessments per member needs and share documentation
    - CDDO conducts BASIS (enters in KAMIS) offers member choice, options counseling
      - HCBS-IDD Eligible? (see Access Workflows)
        - Y: Medicaid eligible?
          - Y: Initial Assessment
            - MCO choice, CDDO adds TCM choice to BASIS/KAMIS
          - N: Member Appeals (See MCO Grievance process or State Fair Hearing workflow)
        - Y: Annual Assessment
          - CDDO adds TCM Change to KAMIS (chg effective 1st of next month)
        - N: Reduction/Denial recommended?
          - Y: Final ISP goes to member, TCM, Service Provider (CSPs) & CDDO (QA & Choice Purposes)
          - N: ISP with reductions goes to member, TCM, Service Provider (CSPs) & CDDO (QA & Choice Purposes)
          - Y: MCO submits recommendation to State for review
            - N: State Approved reduction?
              - Y: MCO, TCM and Member meet to review assessment, support plans, and collaborate with chosen providers as needed.
                - MCO shares draft ISP with Member and TCM
                - TCM completes PCSP and assessment and/or BSP, as needed
              - N: MCO completes Needs assessment
                - TCM/MCO coordinate assessments per member needs and share documentation

KEY
BSP = Behavioral Support Plan (created by TCM)
CDDO = Community Developmental Disability Organization
ISP = Integrated Service Plan (created by MCO)
KAMIS = Kansas Assessment & Management Info System
MCO = Managed Care Organization
Member = Member/Guardian
NOA = Notice of Action
PCSP = Person Centered Support Plan (created by TCM)
TCM = Targeted Case Manager