Center for Human Services
Service Coordination Handbook
Benton, Clay, Dallas, Hickory, Jackson, Platte, and Polk Counties

Our Vision: Life without limitations
Our Mission: Overcoming barriers to achieve a fulfilled life
Our Slogan: Creating opportunities – Changing lives
WELCOME

SERVICE COORDINATION PROGRAM

For over 60 years, CHS has provided high quality services to individuals with developmental disabilities with service coordination located in the following counties: Benton, Clay, Dallas, Hickory, Jackson, Platte and Polk. Service coordination will assist in coordinating, linking and connecting individuals with resources and services to achieve a life without limitations.

*This manual can be provided in different formats such as; Braille, read aloud, sign language interpretation, non-English interpretation or large font.*

Office hours are 8:00 a.m. – 5:00 p.m., Monday-Friday

- Benton, Dallas, Hickory, and Polk Counties
  - Bolivar Office: 417-777-7315
  - Warsaw Office: 660-428-1143
- KC Metro
  - Clay County- Liberty Office: 816-736-9990
  - Platte County- 816-736-9990
  - Jackson County – Independence Office: 816-225-1063

CONTACTS

EMERGENCY AFTER HOURS

- Benton, Dallas, Hickory, and Polk Counties - 855-777-4530
- Clay, Jackson and Platte Counties - 888-321-6647

SUPERVISOR CONTACT

- Benton, Dallas, Hickory, and Polk Counties
  - 4746 S. 131st Road, Unit C, Bolivar, MO 65613
    - Jamie Hazelrigg, Supervisor - 417-777-7315 ext. 815, jhazelrigg@chs-mo.org
  - KC Metro
    - 920 Kent St. Liberty, MO 64068
      - Tessa Gerhart, Supervisor - 816-736-9990 ext. 647, tgerhart@chs-mo.org
      - Christi Carlson, Supervisor – 816-736-9990 ext. 643, ccarlson@chs-mo.org
      - Jenny Snyder, Supervisor – 816-736-9990 ext. 614, jsnyder@chs-mo.org
    - 19045 E. Valley View Parkway, Suite H, Independence, MO 64055
      - Gregg Aultman, Supervisor – 816-736-9990 ext. 637, gaultman@chs-mo.org
      - Heather Wood, Supervisor – 816-736-9990 ext. 628, hwood@chs-mo.org

DIRECTOR/PROGRAM MANAGER CONTACTS

- Benton, Clay, Dallas, Hickory, and Polk Counties - 1500 Ewing Drive, Sedalia, MO 65301
  - Linda Holland, Director – 660-826-4401 ext. 324, lholland@chs-mo.org
- Clay, Jackson, and Platte Counties - 920 Kent Street, Liberty, MO 64068
  - Anita Hartman, Program Manager – 816-736-9990 ext. 613, ahartman@chs-mo.org
RIGHTS & RESPONSIBILITIES

INDIVIDUAL RIGHTS

People receiving CHS services shall be entitled to the following rights and privileges without limitation:

- Treated with respect and dignity
- Same legal rights and responsibilities as others
- Right to due process when any right limitation is proposed
- Receive services regardless of race, gender, creed, marital status, national origin, disability, or age
- Free from physical, verbal and sexual abuse and neglect
- Receive appropriate and high quality services and supports as determined by your support team
- Receive services and supports in the least restrictive environment
- Access to CHS rules, policies and procedures pertaining to services and supports
- Personal records are confidentially maintained
- Access to your personal records upon written request to your service coordinator.
- Services, supports, and personal records are easily understood and explained
- Being informed of changes to individual rights and receive updated descriptions
- Right to decide the location and who attends your service plan meeting

RESPONSIBILITIES

Because services are being provided to you with public and private funds, you and your family have the following responsibilities:

- Treat staff with respect
- Discuss services clearly and openly with others
- Follow rules that pertain to you
- Take part in your plan and communicate goals
- Work towards personal goals by following individual plan
- Request changes to plan when needed
- Ask only for services you need rather than want
- Understand services may be limited due to available funding
- Maintain your own and others’ confidentiality
- Follow the policies of your chosen provider

INDIVIDUAL AND/OR FAMILY ROLES

- All addendums and/or individual plans must be signed and sent to CHS
- When requesting records, CHS has three business days to respond to your request. If we deny the request, CHS will provide written notice for denial and explain your right to have the denial reviewed. If you want copies of your records, charges may apply. You may choose what portions of your information you want copied.
- Communicate with your service coordinator at least quarterly
- Meet with your service coordinator at least once a year face to face and update individual plan
- Update service coordinator when phone number, address, or needs change
- Natural supports should be explored first before requesting state-funded services
SERVICE COORDINATION

ROLE

- Advocating for the individual receiving services and their families
- Connecting individuals and families with community resources
- Complete the annual individual service plan which is a living document that can be changed at anytime
- Assist in scheduling the annual meeting
- Document the meeting minutes
- Develop long-term and short-term goals and writing the associated outcomes
- Maintain quarterly phone contact with the individual and/or family
- Review monthly summaries from service providers
- Complete monthly/quarterly service monitoring of authorized services
- Complete quarterly reviews for Department of Mental Health (DMH) funded services

BILLING

- When your service coordinator completes various tasks on your behalf such as making phone calls, writing letters, completing the annual service plan and quarterly reviews, the service coordinator bills MO HealthNet
- You will receive a quarterly MO HealthNet printout. This document will show all charges billed and the time your service coordinator dedicated in helping you

CONFLICT OF INTEREST

- Staff must request permission from the program director to enter into a business arrangement with an individual or their family
- Business arrangements could include loans, borrowing money, co-signing for credit, purchasing contracts or holding money or property that belongs to you unless legally authorized by a court

QUALIFICATIONS

- The service coordination program follows standards set forth by State and Federal funding regarding staff qualifications
- All service coordinators have a Bachelor’s degree with a minimum of one year field experience
RESOLUTION STRATEGIES

HOW TO REQUEST A DIFFERENT SERVICE COORDINATOR

In the beginning, we will assign a service coordinator we think you will like. Most of the time this works well. However, if you would like to request a different service coordinator, please contact the supervisor of service coordination services in your area. The contact information for the supervisors can be found on the first page of this manual.

VOICING PROBLEMS AND/OR COMPLAINTS

First, contact your current service coordinator to discuss the problem or issue. If the problem is unable to be resolved with your service coordinator’s assistance, then you will contact the supervisor of the service coordinator in your area. The supervisor’s contact information can be found on the first page of this manual. You may request a meeting with a supervisor where the complaint will be discussed. You will then receive a written decision from the supervisor within ten (10) days. If the problem persists, you may appeal the decision in writing to the program manager. The program manager will issue a written decision within five (5) days, after consultation with both parties. This process will be reviewed by the Program Director, Linda Holland, and the Executive Director, Ann Graff, if you feel your concerns are not being met. At your request, complaints will remain anonymous.

ABUSE AND NEGLECT COMPLAINTS

CHS shall report abuse and neglect as mandated by law. If you have a complaint of abuse, neglect, misuse of funds or violation, or limitation of rights, you or an authorized individual may contact one of the following entities:
- Service Coordinator
- Supervisor
- Program Director of Service Coordination (Linda Holland)
- Regional Office for your area
- Department of Mental Health’s consumer rights monitor (Constituent Services) at 800-364-9687 or TTY 573-526-1201 for assistance.

WAIVERED SERVICES

COST OF SERVICES

Individuals who have been determined eligible and referred by the Regional Offices, under the direction of the Department of Mental Health, Division of DD, are required to complete the Standard Means Test Financial Questionnaire (completed during the intake process). The Standard Means Test determines if an individual or financially responsible party has the ability to pay the full or partial cost of services provided by or purchased by the Department of Mental Health. This includes service coordination or other direct support services such as personal assistance, day services, transportation, etc. Along with completing this test, you will need to provide a copy of the individual’s or parents’ income tax return for anyone who does not receive Medicaid benefits.
## DMH Medicaid Waivers

### Division of DD Waiver Services

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<thead>
<tr>
<th>Service</th>
<th>Comprehensive Waiver</th>
<th>Community Support Waiver</th>
<th>MOCDD (Sarah Lopez) Waiver (18 years &amp; under)</th>
<th>Partnership for Hope Waiver</th>
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<td>Career Planning</td>
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<td>Community Specialist*</td>
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<td>Community Transition</td>
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<td>Counseling</td>
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<td>Crisis Intervention</td>
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<td>Environmental Accessibility</td>
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<td>Group Home</td>
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<td>Host Home (Shared Living)</td>
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<td>Independent Living Skills</td>
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<td>Individualized Supported Living</td>
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<td>Job Development</td>
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<td>Occupational Therapy</td>
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<td>Person-Centered Strategies</td>
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<td>Personal Assistance*</td>
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<td>Physical Therapy</td>
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<td>Pre-Vocational Services</td>
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<td>Professional Assess/Monitor</td>
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<td>Respite Care-In Home*</td>
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<td>Respite Care-Out of Home</td>
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<td>Transportation</td>
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*Allows self-directed options
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I have received a copy of the Service Coordination Handbook. Staff has explained the following to me:

- Explanation of the Service Coordination Program and roles
- Individual Rights
- Service Coordinator, supervisor and emergency contact information
- The agreement of Rights and Responsibilities.
- Grievance procedures for the following: abuse, neglect, violation, or limitation of rights and misuse of funds.

SIGNATURE: __________________________________________________ DATE: ______________

PARENT/GUARDIAN (if needed): _________________________________ DATE: ______________

SERVICE COORDINATOR: _________________________________ DATE: ______________