



Center for Human Services

Service Coordination Handbook

Revised 12-19-19

Audrain, Benton, Callaway, Clay, Dallas, Hickory,
Jackson, Platte, and Polk Counties

Our Vision: Life without limitations
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: Audrain, Benton, Callaway, Clay, Dallas, Hickory, Jackson 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
 - Audrain and Callaway Counties:
 - Fulton Office: 573-590-8654
 - Polk County – Bolivar Office: 417-777-7315
 - Benton, Dallas, Hickory - Warsaw Office: 660-428-1143
 - KC Metro:
 - Clay County - Liberty: 816-736-9990
 - Jackson County - Independence: 816-255-1036
 - Platte County – Kansas City: 816-255-1036

CONTACTS

EMERGENCY AFTER HOURS

- ✚ Audrain, Benton, Callaway, Dallas, Hickory, and Polk Counties - **855-777-4530**
- ✚ KC Metro - **888-321-6647**

SUPERVISOR CONTACT

- ✚ Audrain and Callaway Counties
 - 911 Business 54 South, Fulton, MO 65251
 - Cynthia Smith, Supervisor – 573-590-8564 ext. 452, cdsmith@chs-mo.org
- ✚ Benton, Dallas, Hickory, and Polk Counties
 - 4746 S. 131st Road, Unit C, Bolivar, MO 65613
 - Michelle Anderson, Supervisor - 417-777-7315 ext. 815, manderson@chs-mo.org
- ✚ KC Metro
 - 920 Kent Street, Liberty, MO 64068 (Clay County)
 - Gregg Aultman, Supervisor - 816-736-9990 ext. 637, gaultman@chs-mo.org
 - Christi Carlson, Supervisor – 816-736-9990 ext. 643, ccarlson@chs-mo.org
 - Tessa Gerhart, Supervisor – 816-736-9990 ext. 647, tgerhart@chs-mo.org
 - Jenny Snyder, Supervisor – 816-736-9990 ext. 614, jsnyder@chs-mo.org

- 10100 North Ambassador Drive, Suite 200, Kansas City, MO 64153 (Jackson County)
 - Amy Kariotis, Supervisor – 816-255-1036 ext. 645, akariotis@chs-mo.org
- 10100 North Ambassador Drive, Suite 200, Kansas City, MO 64153 (Platte County)
 - Heather Wood, Supervisor – 816-255-1036 ext. 628, hwood@chs-mo.org

DIRECTOR/PROGRAM MANAGER CONTACTS

- ✚ Director of Service Coordination
 - 1500 Ewing Drive, Sedalia, MO 65301
 - Linda Holland, 660-826-4401 ext. 324, lholland@chs-mo.org
- ✚ Audrain, Benton, Callaway, Dallas, Hickory, and Polk Counties
 - 911 Business 54 South, Fulton, MO 65251
 - Erica Evans, Program Manager – 573-590-8654 ext. 451, eevans@chs-mo.org
- ✚ KC Metro (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 toward 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 i.e. self-help support services, advocacy support services and/or legal entities for appropriate representation
- ✚ 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

ISP MONITORING AND REVIEW

- ✚ Maintain a minimum of quarterly contact with the individual and/or family
- ✚ Review monthly summaries from service providers, when applicable
- ✚ Perform monitoring and review of the individual service plan based on the six Life Domains of the Missouri Quality Outcomes
 - Daily Life & Employment; Community Living; Social & Spirituality; Health Living; Safety & Security; and Citizenship & Advocacy
 - Findings from these monitoring and reviews are available to the individual and/or family upon request.

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 five (5) working 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) working 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 X=Included	Comprehensive Waiver	Community Support Waiver	MOCDD (Sarah Lopez) Waiver (18 years & under)	Partnership for Hope Waiver
Career Planning	X	X		X
Community Specialist*	X	X	X	X
Community Transition	X			
Counseling	X	X		
Crisis Intervention	X	X	X	
Environmental Accessibility	X	X	X	X
Group Home	X			
Host Home (Shared Living)	X			
Independent Living Skills	X	X	X	X
Individualized Supported Living	X			
Job Development	X	X		X
Occupational Therapy	X	X		X
Person-Centered Strategies	X	X		X
Personal Assistance*	X	X	X	X
Physical Therapy	X	X		X
Pre-Vocational Services	X	X		X
Professional Assess/Monitor	X	X	X	X
Respite Care-In Home	X	X	X	
Respite Care-Out of Home	X	X	X	
Support Broker	X	X	X	X
Supported Employment	X	X	X	X
Temporary Residential				X
Transportation	X	X	X	X

*Allows self-directed options

SERVICE COORDINATION HANDBOOK

SIGNATURE PAGE

NAME: _____ ISP IMPLEMENTATION DATE: _____

This manual can be provided in different formats such as; Braille, read aloud, sign language interpretation, non-English interpretation or large font upon request. Staff will read through and explain the handbook when the individual requires additional assistance due to being unable to read or understand the written descriptions. Any assistance required outside of the staff will be directed to using alternative formats to best suit the individual needs.

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: _____

Center for Human Services

Service Coordination Department - Satisfaction Survey

You may also complete the survey online at: https://www.surveymonkey.com/r/CHS_Satisfaction_Survey

Individual Served:	Date:
Respondent Name:	Relationship to Individual Served (check one below): <input type="checkbox"/> Consumer <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Service Coordinator Name:	

For each question, please circle your satisfaction on a scale of 1 to 3; 1 being the lowest and 3 being the highest.

1. Are you treated with courtesy and respect by our Service Coordination staff? Comments:



1	2	3
Unsatisfied	Neutral	Satisfied

2. Is the Service Coordination staff quick to respond to your needs? Comments:



1	2	3
Unsatisfied	Neutral	Satisfied

3. Are you satisfied with services in the Service Coordination Department? Comments:



1	2	3
Satisfied	Neutral	Satisfied

4. Would you recommend our Service Coordination Department to others? Comments:



1	2	3
Satisfied	Neutral	Satisfied

DEPARTMENT USE ONLY: Interviewer: _____ Date: _____ Director Review: _____ Date: _____ <input type="checkbox"/> Survey completed by phone <input type="checkbox"/> Survey completed by email <input type="checkbox"/> Survey completed in person <input type="checkbox"/> Survey mailed <input type="checkbox"/> Declined survey	ACTION TAKEN: <div style="height: 100px;"></div>
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