



# STATE OF KANSAS

Social & Rehabilitation Services

Division of Health Care Policy

Community Supports & Services

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**SMRH / ICF/MR**

**CONSULTATION**

**PROTOCOL**

[Reviewed 7-15-2005]

## **QEC / CDDO - SMRH & ICF CONSULTATION:**

**[This DATA / Info MUST be completed and sent to CSS with each requested consultation]**

**Date of consultation:**

**Name of Person:**

**CDDO requesting consultation:**

**Current services received:**

**Current CSP(s):**

**Stated reason for SMRH or ICF admission:**

**Is there a current PCSP? (Current meaning recent enough to address the current concerns)**

**Does the PCSP address “Preferred Lifestyle”?**

**Does the PCSP address “Barriers” to achieving lifestyle?**

**If no WHY not?**

**Does the request and PCSP identify the “service delivery options” that have been tried in order to continue community services?**

**Does the request and PCSP identify the “environmental issues” that may be contributing to the presenting issues?**

**Has there been previous SMRH and/or ICF services?  
If yes - What?**

**In the CDDOs opinion is the admission to a SMRH / ICF the least restrictive option available?**

**Has the CDDO developed a plan for the persons return to the community?  
If no - Why?**

**Name / Position of CDDO staff requesting the consultation:**

**Was consultation documented with QEC name and date on the SMRH or ICF/MR application?**

**[This summary is replacement for “More Restrictive Setting Protocol”]  
QEC please e-mail to Bev with cc: Frank (adult & child) cc: Pam K (child)**