

Survey, Certification and Credentialing
Commission
612 S. Kansas Ave.
Topeka, KS 66603



Phone: (785) 296-4986
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Timothy Keck, Interim Secretary
Codi Thurness, Commissioner

Sam Brownback, Governor

Notification of License Status for Home and Community Based Services
Sent via E-mail

March 15, 2016
Thomas Marquis
Heartland, Inc dba L'Arche Heartland
8137 Santa Fe Dr.
Overland Park KS 66204

RE: Heartland, Inc. dba L'Arche Heartland (Johnson County, CDDO)

Dear Mr. Thomas Marquis:

Kansas Department for Aging and Disability Services (KDADS) has completed the review for licensure of Intellectual/ Developmental Disability (I/DD) Day and Residential Services. Following this review, KDADS has determined Heartland, Inc. dba L'Arche Heartland has met the licensing requirements effective March 1, 2016 through February 28, 2018. Enclosed with this communication you will find the following:

Certificate of FULL Licensure for Day and Residential Services

The issuance of this license is based on your substantial compliance with the licensing regulations. Please feel free to contact Janelle Lyons at (785) 296-4737 with any licensing questions or concerns you may have.

Sincerely,

A handwritten signature in purple ink that reads "CThurness".

Codi Thurness, Commissioner
Survey Certification and Credentialing Commission
Kansas Department for Aging and Disability Services

Enclosure(s)

cc: Janice Rodriguez, (QMS)
Johnson County, (CDDO)

THE KANSAS DEPARTMENT FOR
AGING AND DISABILITY SERVICES

Certifies that:

HEARTLAND, INC
DBA L'ARCHE HEARTLAND

is awarded a

FULL LICENSE

for

Residential & Day Supports

Meets the standards of the
Kansas Department for Aging and Disability Services
for providing services for persons with developmental disabilities
under the provisions of K.S.A. 75-3307B and regulations
promulgated thereunder for the area and the period of time indicated below.

CDDO AREA:
JOHNSON COUNTY, CDDO



Effective Date: MARCH 1, 2016
Expiration Date: February 28, 2018

Secretary
Kansas Department for
Aging and Disability Services

COMPLIANCE SUMMARY

PROVIDERS OF COMMUNITY SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES DEFINED IN K.A.R. 30-63-10

COMMUNITY SERVICE PROVIDER (Legal Name) Heartland Inc dba L'Arche Heartland	FEDERAL ID NO. 48-1002026
PHYSICAL ADDRESS (Location of Administrative Offices) 8137 Santa Fe Dr, Overland Park, KS 66204	Telephone Number (913) 341-2265
MAILING ADDRESS (Location where mail is received - if different) PO Box 40493, Overland Park, KS 66204	Fax Number (913) 648-4143
E-MAIL ADDRESS (Agency Executive Director) thomas@larcheks.org	Agency Website: www.larcheks.org

I have reviewed the services/supports provided by this community service provider, and based upon K.A.R. 30-63-01 through 30-63-31, I recommend:

- ISSUING A LICENSE WITH NO REQUIREMENTS:** The Community Service Provider is in compliance with all licensing regulations.
- ISSUING A LIMITED LICENSE WITH NO REQUIREMENTS:**
- A LICENSE WITH REQUIREMENTS:** The Community Service Provider assures an acceptable course of action will be implemented to bring services into compliance with all licensing regulations within 14 days. Deadline for compliance is 30 days from date of an accepted plan of correction or by _____
- TEMPORARY LICENSE:** The applicant seeking to become a licensed Community Service Provider is in compliance with regulations in policies and procedures. (6 months)
- NO LICENSE:** The Community Service Provider should not be issued a license based on the deficiencies noted on the attached compliance summary detail.

PLACE A CHECK MARK IN ALL APPROPRIATE BOXES

Full License Residential Services	<input checked="" type="checkbox"/>	Limited CSP Residential Services *	
Full License Day Services	<input checked="" type="checkbox"/>	Limited CSP Day Services *	
Targeted Case Management	<input type="checkbox"/>		

Note * K.A.R. 30-63-20 - A limited license may be granted if it is determined, for good cause, to be in the best interest of the person to be served under said license. The right to obtain a limited scope license is not an entitlement. The services provided under the license may additionally be limited

SIGNATURE: Quality Management Specialist:	DATE: 1/20/16
QMS STAFF CERTIFIES THAT THE AFFILIATING CDDO HAS BEEN CONTACTED REGARDING THIS LICENSING RECOMMENDATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Approved for: <input type="checkbox"/> 1 year or <input checked="" type="checkbox"/> 2 years	
SIGNATURE: COMMUNITY SERVICE PROVIDER:	TITLE: Exec. Dir. DATE: 1/19/2016



LICENSE APPLICATION

COMMUNITY SERVICE PROVIDER (K.A.R. 30-63-10 et.seq)

- Day Services
- Residential

- New Application Renewal Application Supplement to Application

(1) I/DD Service Provider (Licensee)				(3) Federal ID Number/EIN	
Hearland Inc. dba L'Arche Heartland				48-1002026	
(2) Agency Mailing Address			(4) Requested Effective Start Date		
P.O. box 40493 Overland Park KS 66204			3-1-2016		
(5) Director/Administrator (CDDO) Name				(6) Director/Administrator (CDDO) primary service area	
Thomas Marquis (913) 341-2265				Johnson	
(7) Email Address				(8) Licensee Administrator (CDDO) email service area	
Thomas@larcheks.org (913) 648-4143				N/A	
(11) Board Chair Name		(12) Board Chair Address		(13) Board Chair Phone Number	
Brian Dillbeck		P.O. box 40493 OP, KS. 66204		(913) 940-7962 (913) 648-4143	
(15) Locations					
Physical Address				Phone Number	Capacity to Serve
8137 Santa Fe Drive, Overland Park, KS. 66204				(913) 742-8527	Day- 10
Physical Address				Phone Number	Capacity to Serve
8029 Overland Park Drive, Overland Park, KS. 66204				(913) 381-0607	Day- 24
Physical Address				Phone Number	Capacity to Serve
See second page for residential locations				() - -	17 residents total
CERTIFICATIONS					
<ol style="list-style-type: none"> I agree to abide by all laws, KMAP provider requirements, regulations, training materials, policies and procedures governing the provision of community services for people with developmental disabilities including the HCBS I/DD Waiver. I agree to fully cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area community services are provided. I understand that after notice and an opportunity to correct the deficiencies, the license status can be negatively affected, up to and including revocation of the license. I certify that the licensee has and will maintain all licenses, certificates, and inspections of all local, county, state, and federal authorities, and that all wage and hour protections are in place under the FLSA. [e.g. Minimum wage payments, withholding taxes, occupational and health safety, zoning, fire safety inspections]. I certify that services provided under this license will only be provided by employees of the licensee and that no person will be served in a location without such location having first been inspected and approved by local, county, state, and federal authorities, including KDADS. I certify that the information provided above is true, full, and complete to the best of my knowledge, information, and belief. I further certify that I will supplement this application to KDADS within seven days if any of the information changes, including but not limited to the addition of a location(s). 					
AUTHORIZATION					
AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A COMMUNITY SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE, WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.					
Signature		Title		Date	
		Executive Director		1/20/2016	

Send Applications to: KDADS Community Services and Programs
 ATTN: Quality Assurance/Licensing
 503 S. Kansas Ave Topeka
 Topeka, Kansas 66603

Website: www.kdads.ks.gov
 Phone: 785-296-4740
 Fax: 785-296-0256
 Email: HCBS-KS@kdads.ks.gov

Internal Use Only

QA Recommended <input type="checkbox"/>	<input checked="" type="checkbox"/>
Library Used <input type="checkbox"/>	<input type="checkbox"/>

Heartland Inc dba L'Arche Heartland

Locations where services will be provided continued:

<u>Physical Address</u>	<u>Phone</u>	<u>Capacity to Serve</u>
9187 W 85th St, Overland Park KS 66212	913-642-6070	Res - 2
9185 W 85th St, Overland Park KS 66212	913-499-0702	Res - 2
10503 W 88th Ter, Overland Park KS 66214	913-322-1773	Res - 3
8206 W 88th St, Overland Park KS 66212	913-742-8549	Res - 3
9254 Hemlock, Overland Park KS 66212	913-956-2038	Res - 3
8317 W 97th Ter, Overland Park KS 66212	913-322-3803	Res - 4



LICENSE APPLICATION

COMMUNITY SERVICE PROVIDER (K.A.R. 30-63-10 et seq)

Day Services
 Residential

New Application Renewal Application Supplement to Application

Heartland Inc dba L'Arche Heartland		48-1002026	
PO Box 40493	Overland Park KS 66204	3-1-2016	
Thomas Marquis	(913) 241-2265	Johnson	
thomas@larche.ks.org	(913) 648-4143	N/A	
Brian Dillbeck	POB 40493 OP, KS, 66204	(913) 940-7962	(913) 648-4143
Physical Address			
8137 Santa Fe Drive, OP, KS 66204		(913) 742-8527	Day - 10
Physical Address			
8029 Overland Park Drive, OP, KS 66204		(913) 381-0607	Day - 24
Physical Address			
See second page for residential locations		() - ()	(Res - 17 total)

CERTIFICATIONS

- I agree to abide by all laws, KMAP provider requirements, regulations, training materials, policies and procedures governing the provision of community services for people with developmental disabilities including the HCBS I/DD Waiver.
- I agree to fully cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area community services are provided.
- I understand that after notice and an opportunity to correct the deficiencies, the license status can be negatively affected, up to and including revocation of the license.
- I certify that the licensee has and will maintain all licenses, certificates, and inspections of all local, county, state, and federal authorities, and that all wage and hour protections are in place under the FLSA. [e.g. Minimum wage payments, withholding taxes, occupational and health safety, zoning, fire safety inspections].
- I certify that services provided under this license will only be provided by employees of the licensee and that no person will be served in a location without such location having first been inspected and approved by local, county, state, and federal authorities, including KDADS.
- I certify that the information provided above is true, full, and complete to the best of my knowledge, information, and belief. I further certify that I will supplement this application to KDADS within seven days if any of the information changes, including but not limited to the addition of a location(s).

AUTHORIZATION

AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A COMMUNITY SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE, WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.

Signature		Title	Executive Director	Date	12/30/2015
-----------	--	-------	--------------------	------	------------

Send Applications to: KDADS Community Services and Programs
 ATTN: Quality Assurance/Licensing
 503 S. Kansas Ave Topeka
 Topeka, Kansas 66603

Website: www.kdads.ks.gov
 Phone: 785-296-4876
 Fax: 785-296-0256
 Email: HCBS-KS@kdads.ks.gov

Internal Use Only

