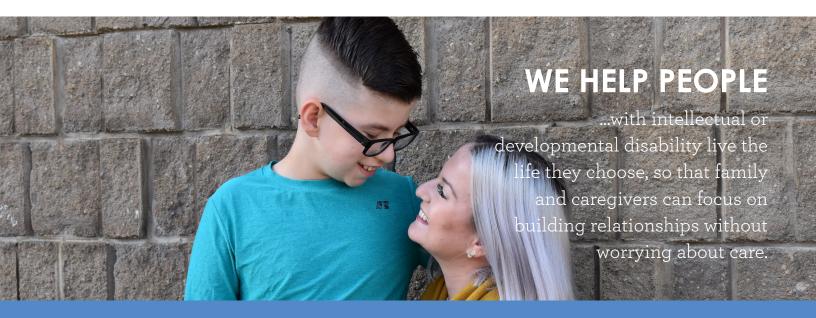


OVERVIEW



OUR SERVICES PROVIDE choice and stability, upholding the core values of Person-Centered Services and Support, Community Inclusion and Participation, Independence and Self Direction.

Through close, personal support, we coordinate:

- Healthcare, personal services, and social supports
- · Disease-related care for chronic conditions
- Access to preventative care enrollment process



ENROLLMENT

Care Connection Specialists are the first point of contact to help people and families navigate the eligibility and enrollment process required by the Office for People with Developmental Disabilities (OPWDD). This intake process connects people to services and supports that offer more independence, choice and community living options. Contact Enrollment at 855-543-3756 (LIFEPLN).



CARE MANAGEMENT

A Care Manager coordinates services across systems and works with members and families to create the Life Plan, a document that guides choices and outcomes for services. The Care Manager connects services from organizations including the Office for People with Developmental Disabilities (OPWDD), the Department of Health and the Office of Mental Health, providing one place for all service needs.



I IFF PI A N

The Life Plan is a document that reflects the life goals and changing needs of a person with developmental or intellectual disability. The Care Manager works with persons and their families to create a Life Plan based on their wants and needs. Each Life Plan centers on coordinating developmental disability related supports and other services, such as medical, dental and mental health. The Life Plan is reviewed routinely and updated as needed.

CARE CONNECTION

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CARE MANAGEMENT

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CARE MANAGER CHOICE

People receiving services from LIFEPlan have the right to choose or change their Care Manager at any time.

LIFE PLAN

The Life Plan is a document that reflects the life goals and changing needs of a person with developmental or intellectual disability. The Care Manager works with persons and their families to create a Life Plan based on their wants and needs. Each Life Plan centers on coordinating developmental disability related supports and other services, such as medical, dental and mental health. The Life Plan is reviewed routinely and updated as needed.

I AM ASSESSMENT

The I AM assessment is a tool used to create the Life Plan. The I Am Assessment is a series of questions and personal preferences that help build a plan based on wants and needs. Questions in the I AM Assessment are not mandatory and do not have to be answered. The I AM Assessment can be completed all at once or over a period of time.

OPWDD

The New York State Office for People with Development Disabilities (OPWDD) is a New York State office that offers an array of services for people who have been diagnosed with a developmental disability and are eligible for services.

OPWDD SERVICES

OPWDD supports and services include but are not limited to employment, community and day habilitation, clinical, residential supports and services, and respite services. For more information on OPWDD services please visit https://opwdd.ny.gov/

PAYMENT

LIFEPlan CCO Care Management services are paid for by Medicaid only. Care Connection Specialists can assist with accessing Medicaid support.

LIFEPlan Member Engagement 10.20

CARE COORDINATION ORGANIZATION

A Care Coordination Organization (CCO) is an organization formed by developmental disability service providers. CCOs are staffed by Care Managers with training and experience in the field of developmental disabilities.

HEALTH HOME CARE MANAGEMENT

CCOs provide Health Home Care Management, coordinating care that combines developmental disability services and supports with health and wellness services to provide more options, greater flexibility and better outcomes.