

## HELP FOR FAMILIES

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

Support and services, include but are not limited to employment, community and day habilitation, clinical, residential supports and services and respite services. **For more information visit [OPWDD.ny.gov](http://OPWDD.ny.gov)**

## WHAT IS LIFEPLAN CCO?

LIFEPlan CCO NY is one of the service agencies providing care through the Office for People with Development Disabilities (OPWDD). A Care Coordination Organization (CCO) specializes in Health Home services for people with Individual Developmental Disabilities (I/DD).

The Health Home model combines disability services with health and wellness services. LIFEPlan provides Care Management to coordinate these services. LIFEPlan empowers people with intellectual and developmental disabilities and their families to live happy, healthy and meaningful lives by upholding our core values of Leading Change, Choice, Excellence in All We Do, Embracing Differences, and Respect.

## WE ARE READY TO HELP

LIFEPlan CCO NY offers families assistance with obtaining these services through our Care Connection Specialists. There are three steps involved to get started.



- ☐ **STEP 1:** Determine eligibility
- ☐ **STEP 2:** Apply for Medicaid
- ☐ **STEP 3:** Enroll in LIFEPlan CCO

### 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.

# STEP 1:

## Determine Eligibility

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### CONNECT WITH A CARE CONNECTION SPECIALIST

Care Connection Specialists help navigate eligibility, intake and enrollment, connecting people to services in the Care Coordination Organization Network, including Health Home Care Management. Please call **(855) 543-3756** to set up an appointment to get started.

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### ATTEND A FRONT DOOR INFORMATION SESSION

An OPWDD Front Door session provides information about OPWDD's mission and purpose, outlines the eligibility process for OPWDD supports and services, the types of supports and services available, and where to get assistance. The Front Door session must be attended prior to enrollment. **Visit OPWDD website for more information.**

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### WHAT ARE THE CRITERIA FOR OPWDD ELIGIBILITY?

The person must have a qualifying diagnosis defined by the Mental Hygiene Law, section 1.03(22): onset of the condition has to have been present prior to the age of 22; the condition is likely to continue indefinitely; and substantial adaptive deficits must be attributed to the identified qualifying diagnosis. Those diagnoses include intellectual disability (known as "mental retardation" in Mental Hygiene Law), autism, cerebral palsy, epilepsy, familial dysautonomia, prader willi syndrome, and neurological impairment (injury, malformation, or disease involving the central nervous system). **Visit OPWDD Eligibility for more information on eligibility.**

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### WHAT DOCUMENTS ARE NEEDED FOR OPWDD ELIGIBILITY? (VARY BY PERSON)

- ☐ All available psychological evaluation reports which include an assessment of intellectual functioning. Intelligence quotient (IQ) scores should be included.
  - ☐ Assessment of adaptive functioning (i.e. Vineland Adaptive Behavior Scale, Adaptive Behavior Assessment System (ABAS).
  - ☐ Relevant medical reports (e.g. MRI results, CT Scan results, neuropsychological reports).
  - ☐ Psychiatric reports.
  - ☐ Psycho-Social reports and/or social history.
  - ☐ Educational records including IEP or Annual 504 Accommodations Plans.
  - ☐ Any other documentation which verifies age of onset of significant functional limitation prior to age of 22.
  - ☐ A physical within the last 12 months.
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### HOW LONG DOES IT TAKE TO ESTABLISH OPWDD ELIGIBILITY?

The eligibility process depends on the county you live in and your personal circumstances. We suggest preparing for several months from start to finish.

## STEP 2:

# Medicaid Approval

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### HOW ARE SERVICES PAID?

For enrollment into the CCO/Health Home, the person applying for services must have Medicaid approval. The Care Connection Specialist can assist with Medicaid applications.

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### HOW LONG DOES IT TAKE TO ESTABLISH MEDICAID?

Medicaid approval can take a minimum of 3 months.

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### ARE OTHER INSURANCES ACCEPTED AND/OR NEEDED?

To receive Care Management services through LIFEPlan, the only insurance accepted is Medicaid. Care Connection Specialists will assist with the Medicaid process, as needed.

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## STEP 3:

# Enroll in LIFEPlan CCO

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### TO RECEIVE OPWDD SERVICES YOU MUST BE ENROLLED IN A CCO

For OPWDD Medicaid funded services the person must be enrolled with a Care Coordination Organization (CCO).

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### WHEN DOES ENROLLMENT INTO THE CCO TAKE PLACE?

Enrollment into the CCO is effective the first of the following month after OPWDD Eligibility has been established and Medicaid is active.

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### WHAT IS FAMILY SUPPORT SERVICES?

Family Support Services funds services through not-for-profit agencies and regional Developmental Disabilities Services Offices (DDSO), such as respite, recreation, counseling, family reimbursement, transportation and more.

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### WHAT IS THE HCBS WAIVER?

A Home and Community Based Services (HCBS) Waiver provides opportunities for Medicaid beneficiaries to receive services in their own home or community. For HCBS Waiver services, the person needs to be OPWDD eligible, have Medicaid, and be enrolled in the HCBS Waiver. The Care Manager can assist with Waiver enrollment.

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### WHAT IS THE LEVEL OF CARE ELIGIBILITY DETERMINATION (LCED)?

Level of Care Eligibility Determination is an initial determination that an individual with I/DD meets the criteria for provided care.

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## **WHEN CAN I BEGIN RECEIVING SERVICES?**

Care Management Services begins once OPWDD Eligibility is established and Medicaid is active, Care Management services will begin the first of the following month.

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## **WHAT IS THE ROLE OF A CARE MANAGER?**

The Care Manager assists the member and family to explore various services that would benefit them and link them to requested supports and services.

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## **CAN I CHOOSE MY CARE MANAGER?**

LIFEPlan members have the right to choose or change their Care Manager at any time.

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## **CONTACT LIFEPLAN ENROLLMENT TO GET STARTED**

**CARECONNECTION@LIFEPLANCCONY.COM | 855.543.3756**