



LIFEPlan CCO NY
258 Genesee Street, Mezzanine
Utica, NY 13502

1-855-572-2669
lifeplanccony.com

RECEIPT OF ACKNOWLEDGEMENT

Member's Name: _____

TABS ID: _____

I acknowledge receipt of and a copy of the following:

[What to Expect from Your Care Manager](#)

[OPWDD Individual Rights](#)

Person-Centered Planning Process

Person-Centered Planning Information

Objection to Services Notification Process

Incident Reporting Information

[24/7 Customer Service Center](#) OBJ

[Grievance Process](#)

Notice of Privacy Practices

[Member Relations Resources](#) OBJ

Liability Notice

I understand I will be notified of any changes in my service plan. I authorize that a copy of the above notices be provided to my parent(s), advocate, or guardian if any or all of them request one.

Member/Parent/Guardian/Designee: _____ **Date:** _____

(Signature)

Name of Signer: _____ **Date:** _____

(Print Name)

After enrollment in a Care Coordination Organization, expect to hear often from your Care Manager. Your Care Manager will coordinate many different services and communicate with you regularly, ensuring you understand the terms, documents and process so you can make informed choices.

WITHIN 30 DAYS- You will be assigned a “New Enrollment Care Manager” who will

- contact you within 5 business days.
- review the Care Coordination Organization Checklist with you, along with your service needs and Care Management service options.
- schedule and complete an in person face-to-face meeting with you and your family or representative, also known as your Circle of Support.
- begin the person-centered planning process with the initial comprehensive assessment, which will help build your Life Plan.

WITHIN 30 - 60 DAYS- Your New Enrollment Care Manager will

- continue the comprehensive assessment process, if needed, and review of your service needs.
- work with you to schedule and participate in your initial Life Plan meeting.
- discuss and review service needs.
- assist you in applying for the Home and Community Based Services (HCBS) Waiver and/or discuss Family Support Service planning options.
- review and make updates as needed to consents or authorizations needed for service referrals.

WITHIN 60 - 90 DAYS - You will work with your New Enrollment Care Manager to

- approve and sign your Life Plan for finalization.
- finalize and submit all documents required for HCBS Waiver application, approval not guaranteed.
- schedule and complete a transition meeting with your newly identified ongoing Care Manager.

AFTER 90 DAYS - Your Care Manager will

- continue relationship development with ongoing communication including in-person, phone, email, secure texting, and telehealth (if chosen by you).
- continue coordination of service needs including OPWDD services, medical services, behavioral health services, educational services, and community supports and services.

AS YOU BEGIN THIS JOURNEY, REMEMBER THAT YOU ARE NOT ALONE

Your Care Manager and a team of supervisors will support you along the way! Tell your Care Manager the best way to communicate with you. They will need your open and honest input in completing necessary assessments to determine the most appropriate supports and services.

For further information, please contact your Care Manager.

All people with intellectual or developmental disabilities should be aware of their civil rights when receiving OPWDD services. Your Care Manager will supply you with a full list of Rights and Responsibilities.

SAFETY RIGHT

- to live in a safe, clean environment
- to be safe/free from physical and psychological abuse
- to be treated with respect and dignity



FREEDOM RIGHT

- from unnecessary use of restraints - physical or medication
- from discrimination of any kind
- to express cultural and political identity
- to practice my religion of choice



RECEIVE ASSISTANCE RIGHT

- with understanding the services and supports available
- with medical and dental care
- with individually owning clothing, grooming and personal items
- with a balanced and nutritious diet



PARTICIPATION AND ACCESS RIGHT

- in a Life Plan based on my needs, wants and goals
- to engage in meaningful recreational and community activities
- to make my own schedule
- to vote and participate in civic responsibilities
- to CPR and DNR decision making
- to create a health care proxy



CONFIDENTIALITY RIGHT

- of information and access to my own records
- of HIV and other medically related information
- to reasonable degree of privacy within my residence



FINANCES RIGHT

- to understand and receive support with my own finances
- to the use of my personal money and property
- to receive information regarding program supplies and services



COMMUNICATION RIGHT

- to request and receive visits
- to send and receive communications privately and freely
- to express grievances and concerns without fear or issue
- to access translation services or deaf/hard of hearing support



SEXUALITY RIGHT

- to free expression of sexuality while respecting the rights of others
- to free expression of your gender identification
- to consensual sexual activity
- sexuality and family planning information
- the opportunity to carry a pregnancy to term or to secure a safe abortion



OPWDD INDIVIDUAL RIGHTS

No person shall be deprived of any civil or legal right solely because of a diagnosis of developmental disability. All persons shall be given the respect and dignity that is extended to others regardless of race, religion, national origin, creed, age, gender, ethnic background, primary language, sexual orientation, developmental or other disability or health condition, such as HIV infection. In addition, there shall be no discrimination for these or any other reasons.

Specific rights of the individuals we serve include, but are not limited to:

- The right to a safe and sanitary environment
- The right to freedom from physical and psychological abuse
- The right to freedom from corporal punishment
- The right to freedom from unnecessary use of mechanical restraining devices
- The right to freedom from unnecessary or excessive medications
- The right to protection from commercial or other exploitation
- The right to confidentiality regarding all information contained in the individual's record and access to such information, subject to the provisions of Article 33 of the Mental Hygiene Law and the commissioner's regulations
- The right to a written individualized plan of services (Life Plan) that maximizes the person's abilities, fosters meaningful social relationships, and enables independence to the greatest degree possible
- The right to participate in the development and modification of an individualized plan of service, including the right to object to any provisions within an individualized plan of service, and the opportunity to appeal any decision with which the individual disagrees
- The right to engage in all meaningful, productive, and appropriate activities consistent with the person's needs, interests, and capabilities
- The right of access to meaningful recreation and community programs and the right to participate in such activities
- The right to receive assistance and guidance from staff, with full respect for the individual's dignity and personal integrity
- The right to appropriate medical and dental care and the right, either personally or through parents, guardians, or correspondents to participate in the choice of physician and dentist, or to obtain a second opinion
- The right to participate in the religion of his or her choice, through the means of his or her choice, including the right not to participate
- The right to vote and the right to participate in activities that the individual deems his or her civic responsibility
- The right to respect his or her cultural identity

-
- The right to be informed regularly of his or her financial status and to be aided in the use of his or her resources, as appropriate
 - The right to the use of his or her personal money and property
 - The right to individually owned clothing which fits properly, is maintained properly, and is appropriate for age, season and activity, and the right to be involved in the selection
 - The right to a balanced and nutritious diet
 - The right to adequate, individually owned grooming and personal hygiene supplies
 - The right to a reasonable degree of privacy within the individual's residence and a reasonable amount of safe, individual, storage space for clothing and other personal belongings
 - The right to request an alternative residential setting, either a new residence or a change in roommate, and to be involved in decisions regarding such changes
 - The right to receive visits by families, friends, and guardians and to make such visits, such right includes the right of privacy during these visits
 - The right to receive and send communications privately and freely
 - The right to the receipt of information on or prior to admission, regarding the supplies and services that the facility will provide for or for which additional charges may be made
 - The right to access clinically sound instructions on the topic of sexuality and family planning services
 - The right of freedom to express sexuality provided such expressions do not infringe on the rights of others
 - The right of facilities to reasonably limit the expression of sexuality, including time and location, in accordance with a plan for effective facility management
 - The right to carry a pregnancy to term or secure an abortion, as recommended through a medical professional
 - The right of individuals, their parents, or guardians, to express grievances, concerns, and suggestions without fear of reprisal
 - The right to confidentiality regarding HIV-related information in accordance with article 27-F of Public Health Law, 10 NYCRR Part 63
 - The right to freedom from discrimination regarding HIV status
 - The right to make an informed decision regarding CPR and "Do Not Resuscitate" orders
 - The right to create a healthcare proxy
 - The right of non-English speaking persons to receive effective communication in accordance with Title VI of the Civil Rights Act of 1964
 - The right of persons who are deaf or hard-of-hearing to receive effective communication in accordance with the Americans with Disabilities Act of 1990

The above rights may not be arbitrarily denied. Any limitations to the above rights must be on an individual basis, for a specific period for clinical purposes only. The right of the individual, their parents, or guardians to be informed of the individual's rights under law and regulations, and the guarantee that such rights will not be abridged.

A statement of the rights included in this section and any others established by facility policy shall be maintained in each person's individual program plan and transmitted to each person's parent and/or correspondent.

THE RIGHT TO A PERSON-CENTERED PLANNING PROCESS

1. You have a right to participate in a person-centered planning process

Person-centered planning is a process that can help you to learn more about what personal goals are important to you. This includes information about how and where you want to live and how you want to participate in your community. Person-centered planning also helps you and others determine what supports and services are needed to help you move toward your goals. This information will help you work with your Care Manager and others to develop an individualized plan of services (Life Plan) that is specific to your needs and goals.

This means that:

- The person-centered planning process is all about you.
- You are in charge of the planning process.
- You choose who works with you to develop your person-centered Life Plan and you can choose who you want to assist you in making decisions.
- You will be supported to make informed choices about what supports and services you want and need. This support may come from family, friends, staff, or someone who has legal decision-making authority in your life.

If you have someone with legal decision-making authority, they may choose to be a part of the process and make decisions on your behalf. It also means that the person-centered planning process takes place at times and places that are convenient for you. Information will be shared with you in a way that you can understand it.

For example, people speak to you, or materials are provided to you in the same language that you speak or using other ways of communication that work for you. If there is conflict or disagreement when you are planning your services and supports, there are ways to resolve them, and you will be told about them.

2. You have a right to a person-centered plan of services

Usually this will be your individualized plan of services (Life Plan) and it will include:

- Your goals and desired outcomes
- Your strengths and preferences
- Your needs based on an assessment
- The services and supports you need and who you have chosen to provide them
- The services that you choose to self-direct
- Where you live and that you chose to live there or that you choose to move
- The things that might cause a risk of harm to you and what will be done to make the risk smaller, including having a plan about what to do if something goes wrong
- The name of the person or agency you have chosen to watch over your plan to make sure that everything in the plan happens as it should.

Your person-centered plan/Life Plan must be clear to you and your Circle of Support. It must be written so that you understand it. You must sign your person-centered plan/Life Plan to show that you agree with what it says. The person or agency you have chosen to watch over your plan to make sure that everything in the plan happens will also sign the plan. You will get a copy of the plan. You will review the plan with your Care Manager at least twice a year when something changes or when you want to change something.

3. You have a right to object to your plan of services

If you are 18 years old or older, you may object to your plan of services, including your person-centered services plan/Life Plan. In addition, the following people may object on your behalf:

- Someone you choose
- Your legal guardian
- Someone you have given a power-of- attorney to make decisions for you
- The Consumer Advisory Board if they represent you

If you can make your own decisions and you do not have a legal guardian, you may refuse to let someone else object on your behalf. If you are under 18 years old, your parent(s) may also object to any plan of services for you. If you don't agree with them, you may choose someone to represent you, including legal counsel, to help you resolve the objection.

You must tell your Care Manager or your service provider that you object to something about the plan. Providers must have policies and procedures to resolve your objection and must tell you what they are, so you can follow those policies and procedures. If you are unable to resolve your objection with the provider, you can request a hearing with the Office for Persons with Developmental Disabilities (OPWDD).

PERSON CENTERED PLANNING INFORMATION FOR INDIVIDUALS AND FAMILIES

How to Request an Additional Person-Centered Services Plan Review Meeting

Additional reviews of the person-centered service plan may take place at any time at the person's request. If you wish to schedule an additional person-centered service plan meeting, contact your Care Manager or your Care Manager's supervisor. The Care Manager will schedule a meeting at a mutually convenient time as soon as possible.

Conflict of Interest and Conflict Resolution in the Person-Centered Planning Process

If there is a conflict of interest between the preference/best interest of the person and the preference/best interest of a member(s) of the Circle of Support, the member(s) of the Circle of Support will be asked to excuse themselves from that part of the person-centered planning process that presents the conflict. For example, a member of the Circle of Support is the Community Habilitation Coordinator (CHC) for your provider agency, and if you have a conflict with the Community Habilitation Coordinator, the CHC will be asked to excuse themselves from the meeting.

If a conflict arises between the person and a member(s) of their Circle of Support during the person-centered planning process, a Care Manager, or a Care Manager Supervisor will meet individually with opposing parties to:

- Identify common ground
- Identify choices and options
- Facilitate compromise

If there is no ability to reach agreement, LIFEPlan will defer to and support the choice of the person unless there is imminent danger to the person's health and safety.

Objecting to the Person-Centered Services Plan

If a person wishes to object to their person-centered services plan, the person must follow the steps outlined in "The Right to Object to Services: Notification and Process" section of this document.

THE RIGHT TO OBJECT TO SERVICES: NOTIFICATION AND PROCESS

An individual or his/her parent(s), guardian(s), Circle of Support designee, or advocate may object to and appeal any plan of services, proposed changes to that plan, other care or treatment, plans for placement, discharge and/or proposed reduction, suspension or discontinuation of Care Management. An adult person receiving services may refuse the initiation of an objection or subsequent appeal on his or her behalf. An individual and/or his/her parent, guardian, Circle of Support designee, may select a representative to help and/or representation, including legal counsel.

To object to and/or appeal any plan of services, proposed changes to that plan, other care or treatment, plans for placement, discharge and/or proposed reduction, suspension or discontinuation of Care Management, the individual receiving services from LIFEPlan, his/her parent(s), guardian(s), Circle of Support designee or advocate must follow the processes below.

Informal Objection/Resolution Process

Contact the applicable LIFEPlan supervisors listed below to arrange a meeting to discuss the situation and attempt to resolve the matter. In addition to the service directors/supervisors, the discussion should include the LIFEPlan Executive Director or his/her designee, the individual, Care Manager, parent, guardian, Circle of Support designee and/or advocate.

Written confirmation of resolution or the inability to reach a resolution shall be sent to the objecting party by the Executive Director or his/her designee. If the parties are unable to resolve the matter this communication shall be sent to the objecting party by certified mail, return receipt requested, or such other means so that the time of receipt of the information can be documented. A copy of this written communication shall be included in the individual's record. If the involved parties are unable to reach a resolution, the objecting party may follow the steps below to initiate a formal objection.

LIFEPlan CCO

258 Genesee Street, Mezzanine, Utica, NY 13502
Customer Service Center: 855-572-2669
Member Relations: 855-423-1369
Compliance Hotline: 1-800-251-4528

Formal Objection/Appeal Process

The objecting party may submit a formal written objection requesting a hearing to the DDRO Region Director. Within five days (see section 633.99 of this part) of receipt of a formal written objection, a hearing shall be scheduled, to take place before a hearing officer appointed by the DDRO Region Director, with no less than a 10-day notice to the involved parties. A written decision by the hearing officer shall be sent to the involved parties within 14 days of that hearing.

If any party to the proceeding is not satisfied with the decision, it may be appealed within 10 days to the commissioner, who will issue a final written decision to all parties within 14 days of receipt of the appeal. The commissioner may, at his or her discretion, send the matter back to the hearing officer for further review.

During the period that an objection is undergoing administrative review:

- A person shall participate in programming mutually agreeable to the objecting party, the agency, the person, and if applicable, his or her parent, guardian, or advocate.
- Every feasible effort shall be made to maintain the person in at least his or her current level of programming.
- To protect a person's health, safety, or welfare or the health, safety, or welfare of others, nothing herein shall preclude a change in programming for, or the relocation or discharge of a person. However, while an objection to placement or discharge is undergoing administrative review, relocation or discharge shall only take place with the commissioner's approval.

Reduction, Suspension, or Discontinuance of Care Manager Services

The objecting party may submit a written objection to the DDRO Region Director requesting administrative review of the reduction, suspension, or discontinuance of services, within 14 days after the receipt of the notice from the agency of the agency's intention to reduce, suspend or discontinue services. The agency shall not reduce, suspend, or discontinue the Care Management service(s) at issue during such a 14-day period, unless otherwise agreed to by the parties.

Upon receipt of a written objection requesting an administrative review, the DDRO Region Director or his/her designee shall contact the objecting party and the agency providing the service(s) to mediate resolution of the objection. If there is no resolution within 14 days of receipt of the objection, a hearing shall be scheduled, with no less than a 10-day notice to the parties involved.

The hearing shall be conducted by a hearing officer appointed by the DDRO Region Director. The objecting party and the agency may mutually agree to extend the time periods noted in this clause.

The hearing officer shall issue a written decision to the objecting party and the agency within 14 days after the conclusion of the hearing. Either party may appeal the decision to the commissioner and submit a written reply to the decision within 14 days of its receipt. The commissioner will issue a final written decision to all parties within 14 days of the last date to appeal. The commissioner may, in his/her discretion, send the matter back to the hearing officer for further review.

While an objection is undergoing administrative review (including an expedited review), the agency shall not reduce, suspend, or discontinue Care Management service(s) at issue, unless otherwise agreed to by both parties.

Expedited Requests

Notwithstanding the provisions previously stated, when an agency proposes to reduce, suspend, or discontinue the provision of Care Management service(s) to prevent immediate risk to the health or safety of the person or others, the agency shall make reasonable efforts to alleviate the health and safety risks at issue. The agency or the objecting party may request an expedited hearing by making a written request to the commissioner. An agency shall also immediately notify the person, parent, guardian, correspondent, and advocate, as applicable, of such request.

If the commissioner determines that an expedited hearing is warranted, the DDRO Region Director will schedule a hearing within seven days of the commissioner's determination. The hearing will be held before a hearing officer appointed by the DDRO Region Director. Absent good cause, the parties involved in the objection will receive at least a three-days' notice of the hearing.

The hearing officer's recommendation shall be sent to the parties and sent to the commissioner within five days of the conclusion of the hearing. The hearing officer shall advise the parties of their opportunity to send a written reply to the recommendation directly to the commissioner. The commissioner will issue a final written decision as soon as practicable thereafter.

No person or objecting party or a representative of either shall be denied the opportunity to participate in any hearings pursuant to this section. The person or objecting party or a representative may offer information and ask relevant questions of any parties participating in any such hearing.

During the period that the objection is undergoing administrative review, there shall be no communication between either the agency or the objecting party and either the hearing officer or the commissioner, concerning the objection, except on notice and opportunity for all involved parties to participate.



LIFEPlan CCO NY
258 Genesee Street, Mezzanine
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lifeplancony.com

The commissioner's decision is the final administrative remedy available and may be appealed in accordance with the provisions of Article 78 of the Civil Practice Law and Rules.

Treatment may be given, other than treatment for which informed consent is required by applicable regulation, to a person, despite objection, in a situation where the treatment is deemed necessary to avoid serious harm to life or limb of that person or others, at the discretion of the chief executive officer and in accordance with agency/facility or the sponsoring agency policies/procedures.



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DDSO Directors

Capital/Taconic: Joan Volpe 914-332-8945
CNY/Broome/Sunmount: Vincent Schmidt 866-946-9733

Commissioner of OPWDD

44 Holland Avenue, Albany, NY 12229
866-946-9733; 866-933-4889
Commissioners.Correspondence.Unit@opwdd.ny.gov

Commissioner, New York State Department of Health

Corning Tower Empire State Plaza, Albany, NY 12239
518-474-2011

New York State Justice Center for the Protection of People with Special Needs

161 Delaware Avenue, Delmar, NY 12054
518-549-0200

Mental Hygiene Legal Service

Central New York , 224 Harrison Street, Suite 502
Syracuse, NY 13202
315-473-9495

Mohawk Valley

State Office Building 207 Genesee Street, 16th Floor, Utica, NY 13501
315-266-4670

Lower Hudson Valley

140 Old Orangeburg Road, Second Orangeburg, NY 10962
845-476-3681

Capital

Third Judicial Department 40 Steuben Street, Suite 501, Albany, NY 12207
518-474-4453

Americans with Disabilities Act (ADA)

In addition to the rights above, you may have additional rights under the ADA. For additional information about these rights, please visit www.ada.gov or call the United States Department of Justice – Civil Rights Division at 800-514-0301 (voice) or 800-514-0383 (TTY).

INFORMATION ABOUT INCIDENTS, INCIDENT REPORTING AND LIFEPLAN AND OPWDD POLICIES

LIFEPlan is committed to ensuring the health and safety of our Members. One way we do this is through reporting and monitoring any instances of potential abuse or neglect of Members. The first step in preventing abuse and neglect is to ensure that our Members, families and representatives understand what abuse and neglect are, according to the Office for People with Developmental Disabilities (OPWDD). We also want to ensure that Members understand how LIFEPlan responds to all reports of an incident. Below, we have provided you with information from the OPWDD brochure "Learning about Incidents." You can find the brochure electronically on our website. Additionally, we make available the LIFEPlan policies on incident management, how to request incident records from LIFEPlan and the OPWDD regulations which cover incident management, on our website. All of that can be found at <https://lifeplanccony.com/contact/quality-compliance/>. If you are interested in receiving a paper copy of any of those documents, please let your Care Manager know and they will be happy to provide that to you.

OPWDD's mission is to help people with developmental disabilities live richer lives. OPWDD, in coordination with the Justice Center for the Protection of People with Special Needs, has established requirements and oversight procedures to protect people receiving services from harm.

To support this mission, OPWDD, and its provider agencies adhere to Title 14 of New York Codes, Rules and Regulations Part 624 (14 NYCRR Part 624), a regulation designed to protect people receiving OPWDD services. This regulation identifies steps to be taken when a person receiving services experiences an incident, as described in this information.

Types of Incidents

This regulation requires all providers of services to do the following:

- Ensure that staff report untoward events, called "reportable incidents" and "notable occurrences" that affect the well-being of people receiving services.
- Provide immediate care and protect the health, safety, and dignity of people with developmental disabilities involved in, or affected by, an incident.
- Investigate why incidents, including abuse and injuries, happen and take steps to prevent similar incidents from happening again.
- Establish an Incident Review Committee to review specific incidents and examine trends and develop procedures and provide staff training and oversight, as needed, to prevent similar incidents in the future.

This information provides an overview of OPWDD's expectations regarding incidents and explains the roles of qualified persons and other involved parties in advocating on behalf of the people we serve. Please refer to Part 624 and Part 625 of the Handbook at <https://lifeplancony.com/wp-content/uploads/2021/08/final-part-624-hanbook-updated-9-2019.pdf>.

How Do Agencies Handle Incidents?

Incidents must be reported, investigated, recorded, reviewed by an Incident Review Committee, and acted upon to safeguard the well-being of people receiving services. Every provider must have a process for reporting the following incidents to OPWDD:

- Reportable incidents of abuse and neglect
- Reportable significant incidents
- Serious notable occurrences

Providers must also have systems to manage minor notable occurrences and other potentially harmful situations that do not rise to the level of a reportable incident or notable occurrence. In addition, some incidents must be reported to the New York State Justice Center for the Protection of People with Special Needs (Justice Center).

The Justice Center was created for the protection of people receiving services from facilities and programs that are certified or run by some State agencies, including OPWDD. Reportable incidents in programs and services certified or run by OPWDD are reported to the Justice Center and OPWDD.

Reportable incidents of abuse and neglect include:

- Physical
- Sexual abuse
- Psychological abuse
- Neglect
- Other prohibited conduct such as deliberate inappropriate use of restraint

Reportable significant incidents include:

- Medication errors that result in adverse effects
- Use of seclusion and other mistreatment
- Some missing person and choking events
- Serious notable occurrences that include injuries resulting in hospitalization or theft or financial exploitation (involving funds above \$100 and benefit, debit, or credit cards)
- Deaths of people receiving services

Minor notable occurrences include:

- Injuries that require treatment beyond first aid
- Theft and financial exploitation (involving \$15 to \$100)

See 14 NYCRR Part 624 for a full list of types of incidents and their definitions.

Who Can Receive Notice and Ask for Incident Information?

Jonathan's Law requires that qualified persons are to be notified of certain events involving those receiving services. Part 624, which includes Jonathan's Law notifications, requires that qualified persons are notified of all incidents. Qualified persons include those receiving services, their legal guardian, or an involved parent, spouse, or adult child with authority to provide consent for care and treatment. Part 624 also requires that a person who does not meet the definition of a qualified person but who serves as an advocate for someone receiving services is to be notified of incidents.

Qualified persons, advocates, and correspondents may request incident information. There are additional OPWDD directives on notifications involving Willowbrook class members.

When sharing the OPWDD 147, OPWDD 148 and other records and documents pertaining to allegations of abuse, providers are required by law to "redact" or edit to delete the names and identifying information regarding other individuals receiving services and employees.

How is an Investigation Conducted?

Every reportable incident must be thoroughly investigated. The investigator will gather information from various sources and prepare a report that includes a summary of evidence, conclusions, and recommendations. In the case of a report of abuse or neglect, the report will also include a finding of "substantiated" or "unsubstantiated."

The investigative report is submitted to the agency's Incident Review Committee. The committee is required to review and monitor investigatory procedures (except when the case is investigated by the Justice Center or the Central Office of OPWDD) and may in some cases recommend further investigation.

How and When is This Information Available?

Qualified persons, advocates, and correspondents will receive telephone notice as soon as reasonably possible following a report of an incident. They will also be provided with an offer to meet with the director of the agency (or his or her designee) to discuss the incident. Qualified persons and advocates who receive notice of an incident will automatically receive a report on actions taken (OPWDD Form 148) within 10 days of completion of the report.

Qualified persons and advocates who receive notice of an incident may submit a written request for a copy of the incident report and should receive a redacted copy of the requested report within 10 days after the request is made.

Qualified persons (called "eligible requestors" in Part 624) may also request additional information on reportable incidents, such as investigative reports. These reports, which must be redacted, are provided to requestors within 21 days after the closure of an incident or within 21 days following the request if an investigation is already completed. Written requests for records or documents from that investigation should be directed to the agency that reported the incident.

Requests may be made for information on incidents that occurred in the past. Part 624 includes requirements regarding time frames applicable to these requests. By law, all requested records and documents pertaining to incidents must be redacted (edited) so names and identifying information about people involved in incidents are not available to those who request incident information.

Who Can an Advocate (including a "Qualified Person" or Correspondent) Speak to for Follow-Up?

An advocate should feel free to ask questions when they receive notice of an incident and may ask to speak with a supervisor for more information. The advocate may also accept the offer to meet with the agency director or designee. If not satisfied, the advocate may direct questions or concerns to the director of the agency or other high-level administrators. For reports of abuse or neglect in a certified program, the Mental Hygiene Legal Services (MHLS) may also be a resource.

The OPWDD Incident Management Unit may help resolve outstanding issues. There is an administrative appeal process for advocates who have been denied incident records requested from an agency providing services.

Contact the OPWDD Incident Records Appeals Officer, 44 Holland Avenue, Albany, NY 12229 for more information.

If you are a member of the public who wants to report abuse of an individual who receives services in the OPWDD system, there are several ways to do so:

- If you are aware of the name of the agency providing services to the individual, you may contact the provider agency directly to report abuse.
- If information on the service provider of an individual is unknown, you may report abuse to OPWDD.
- You can access contact information for your local Incident Compliance Officer on OPWDD's website on the Incident Management Unit webpage. The Incident Management Unit also has an off-hours contact number at 1-888-479-6763.
- The New York State Justice Center for the Protection of People with Special Needs operates a 24-hour hotline for the reporting of abuse, neglect and significant incidents for facilities and programs certified or operated by OPWDD at 1-855-373-2122.

How to Advocate and Protect Individuals from Harm

The qualified person or advocate and service provider should work together to ensure that the person is well served and safe. The partnership can begin at a team meeting, where the person's individualized plan for services and supports is reviewed. At that time, the team, including the qualified person or advocate, can discuss safeguards or interventions that may be required. Such safeguards often need to be individualized and specific to the person. Particularly when unexplained injuries recur, the qualified person or advocate might ask what steps are being taken to protect the person from being exposed to the same or similar circumstances. While it is not always possible to anticipate the steps required, as they may be specific to the incident, some possible areas for discussion include:

- Changes in the person's behavior or demeanor
- The rhythm of the person's day and week
- Use of, possible need for, or change in adaptive equipment
- Any physical care, health or hygiene problems needing attention
- Exploration of interventions or supports that may be helpful or needed
- Evaluation including health or clinical assessment
- Level of supervision
- Staff training and re-training efforts
- Conditions in the living or service environment

Team meetings provide an invaluable forum for the qualified person or advocate and other Members to advocate for protection from injuries, especially those that are unexplained and recurrent.

For clarification on the information presented here, please contact PWDD's Standing Committee on Incident Review at opwdd.scir@opwdd.ny.gov.



WE'RE HERE TO HELP

The Customer Service Center provides direct, live access via phone and email. Staff can help resolve concerns, answer questions, and provide information. They can connect you to the best person for follow-up.

CONNECT WITH LIVE SUPPORT WHEN YOU NEED IT

Contact the Customer Service Center **24 hours a day, 7 days a week.**

Call 1-855-572-2669

Email questions@lifeplanccony.com

ONLINE CONTACT FORM

You can also use the online contact form to reach out. Just provide your name, email, region, and a brief description of your inquiry.

**Scan the QR code or visit,
lifeplanccony.com/contact**



SCAN HERE

At LIFEPlan, we want to make sure you receive the best Care Management services possible, and that includes addressing any concerns or grievances you may have. Here's how you can let us know if something isn't right:

SHARE YOUR CONCERNS

If you have any issues or worries, start by talking to your Care Manager. They are here to help! If your issue is not resolved, you can follow the process below.



If you need help finding contact information for any of the above, call the Customer Service Center at 1-833-692-2269.

If at any time you don't feel comfortable sharing your concerns with Care Management, you can contact Member Relations by emailing memberrelations@lifeplanccony.com or call 855-423-1369.

TAKE FURTHER ACTION

If a grievance is filed, our Member Relations team will work on a plan with you and the Care Management team to fix the problem.

Remember, we're here to listen and help you, so don't hesitate to reach out if you need support!

NOTICE OF PRIVACY PRACTICES FOR LIFEPLAN CCO NY

Uses and Disclosures of Health Information

By law, LIFEPLAN CCO NY (LIFEPlan) is required to:

- Maintain the privacy and security of your Protected Health Information (PHI) including Medicaid confidential data
- Provide you with notice of our legal duties and privacy practices with respect to PHI
- Notify you following a breach of your PHI
- Follow the terms of the notice that is currently in effect

With your consent, we may use and disclose your Protected Health Information for the purposes of treatment, payment and health care operations as described below.

- Treatment - We can use and share your information with other professionals who are treating you. Example: Your Care Manager may speak to a nurse about your medications.
- Payment - We can use and share your health information to bill for services and receive payment. Example: We may include your health information when we bill Medicaid for our services.
- Health Care Operations - We may use and disclose your information to others for our business operations. Example: We may use your health information to improve the quality of our services.

LIFEPlan may also use and disclose your Protected Health Information for other specific purposes that are required or permitted by law. These include for the purposes of:

- Promoting public health and safety (e.g., preventing disease, adverse reactions to medications, reporting suspected abuse)
- Complying with the law (e.g., if state or federal law requires it)
- Assisting coroners, medical examiners, funeral directors, organ procurement agencies (e.g., assisting in autopsies or organ donations)
- Complying with government requests (e.g., for workers compensation claims, law enforcement purposes, health oversight agencies)

Authorization

We may use and disclose your Protected Health Information for purposes other than as described in this notice or required by law only with your written authorization. You may revoke your authorization to use or disclose Protected Health Information in writing at any time.

Rights

You have certain rights concerning the use and disclosure of your Protected Health Information. The law describes them in more detail, but generally they are:

- The right to request restrictions on certain uses and disclosures of your Protected Health Information (although we do not have to agree with them)
- The right to request confidential communications (such as designating a certain telephone number or email address) if your request is reasonable
- The right to inspect or obtain an electronic or paper copy of your Protected Health Information (we may charge a reasonable, cost-based fee)
- The right to amend your Protected Health Information under limited circumstances specified by law
- The right to receive an accounting of disclosures of Protected Health Information for six years prior to the date you ask for all disclosures except those made for purposes of treatment, payment, or health care operations
- The right to receive a paper copy of this notice at any time

If you have designated someone as your health care proxy or if someone is your legal guardian or surrogate, that person can exercise your rights and make choices about your health information, if the person has the required authority.

Complaints

You may complain if you feel we have violated your rights by contacting us using the contact information listed in this notice. You may also file a complaint with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Amendments

We reserve the right to amend this notice and to make the new notice provisions effective for all your Protected Health Information maintained by us.

Contact Information

For more information about Provider's privacy practices, please contact Glenda Criss, Privacy Officer at 315-737-6113 or glenda.criss@lifeplancony.com.

NEW TO CARE MANAGEMENT?

The Member Relations Team can help!

We understand that the journey to find services can be overwhelming. It may be difficult to know where to begin. The Member Relations Team can help you in addition to the help you receive from your Care Manager.

The Member Relations team is available to connect you to resources, supports, education, and advocacy to enrich and improve your life.

GET STARTED

NEW MEMBER ORIENTATION

Learn basic information about Care Management and get answers to your questions.

NEW MEMBER ENEWS

This email newsletter breaks down information with helpful resources that explain the Care Management process and other aspects of receiving OPWDD and various other community-based services.

EVENTS

MEMBER AND FAMILY FORUMS

Forums are held monthly on topics of interest for Members, families, and others in the intellectual and developmental disability community.

LIAISON DROP-IN SESSIONS

Connect with Member Relations Liaisons, parents or caregivers of Members who understand your journey and can share in your experience.

**Visit online today! Scan the QR code or visit,
lifeplanccony.com/new-to-care-management**



SCAN HERE



LIFEPlan CCO NY
258 Genesee Street, Mezzanine
Utica, NY 13502

1-855-572-2669
lifeplanccony.com

Date: _____

LIFEPlan Member Name: _____

Date of Birth: _____

To LIFEPlan CCO NY Members and Families,

Enclosed you will find a "Liability Notice for Persons Applying for Services." As an organization providing services under the New York State Office for People with Developmental Disabilities (OPWDD) umbrella, we are required to distribute the attached notice.

THIS IS NOT A BILL.

The notice informs you of New York State's regulations requiring individuals who receive services from LIFEPlan CCO NY and other similar organizations of their responsibility to maintain their Medicaid eligibility and status.

This notice indicates that you are applying for or have been receiving services on a regular basis from LIFEPlan CCO NY. The regulations referred to in this notice were enacted on March 15, 2010 and state that as of June 15, 2010 anyone receiving services who does not have and maintain the proper Medicaid coverage will be required to self-pay for their services. The rate for the service(s) you receive is included on the notice.

In order to ensure continuation of your services, it is essential that you maintain your Medicaid coverage at all times and inform your Care Manager of any change in your Medicaid status. Please respond to all requests for information received from Medicaid in a timely manner. If you have any questions concerning correspondence received from Medicaid, contact your Care Manager.

If you have any further questions or are in need of assistance, please contact your Care Manager, or the LIFEPlan CCO NY office at 855-572-2669.

Sincerely,

A handwritten signature in black ink, appearing to read "Dean Johnston", is written over a light gray rectangular background.

Dean Johnston
Chief Administrative Officer



LIFEPlan CCO NY
258 Genesee Street, Mezzanine
Utica, NY 13502

1-855-572-2669
lifeplanccony.com

LIABILITY NOTICE FOR INDIVIDUALS APPLYING FOR CARE MANAGEMENT SERVICES

Services Requested for: _____ **Date:** _____

You have received this notice because one of the following statements is true: (1) you are the above- named individual and are requesting services for yourself, (2) you are responsible for paying for the services for the individual named above, or (3) you are responsible for managing the above-named individual's finances.

You have requested Health Home Care Management services which are overseen by the New York State Office for People With Developmental Disabilities (OPWDD). The services requested will be provided by LIFEPlan CCO NY (LPNY) which is a Care Coordination Organization.

Any individual receiving these services from LPNY must either pay for the services or have Medicaid coverage that will pay for the services. The last page of this notice is a list of LPNY fees. Medicaid or the responsible party will only be billed for one fee every month for the service level for which you are approved by OPWDD.

Providing Information

Before services begin, we must determine who is responsible for paying for the cost of the services. This could be Medicaid or another payor, such as the individual or the individual's legal guardian. You are required to provide us with the information we need to make this determination. We must make this determination even if you offer to pay for the services. If Medicaid is not responsible for the cost of the services, we will determine if another payor is responsible for the cost of services and whether that other payor can afford the payment.

If the individual already has Medicaid coverage, you must provide us with proof of coverage including the individual's Medicaid Client Identification Number. The individual must maintain Medicaid coverage in the future. If the individual loses coverage, you must inform us.

If the individual does not already have Medicaid coverage:

You must pay for the services if no other payor exists. If you are responsible for the individual's money, you are only required to use the individual's money to pay for the services.

OR

You must apply for Medicaid if no other payor can pay for the services. When applying for Medicaid, you must take all legal steps to qualify for and maintain Medicaid coverage. We can assist with the Medicaid application process or apply on your behalf with the information you provide to us.

While services are ongoing, you must inform us of the following:

- That you have received any notice from the Medicaid district regarding the loss of the individual's Medicaid coverage. You must inform LPNY of this notice within five days from the date it was received.
- That changes have occurred in the individual's Medicaid coverage.
- That changes have occurred that may affect the individual's Medicaid coverage including but not limited to changes in income, savings, or other resources, living situation, or immigration status.
- That you can no longer afford to pay for the cost of services, you believe you are no longer responsible for the cost of services, or you believe another payor is responsible for the cost of services.

We must protect the confidentiality of your information. LPNY will provide access to your information only to those who require it to perform their job. This includes New York State employees and employees of other agencies as necessary to apply for benefits such as Medicaid, Supplemental Security Income, Medicare, Social Security and Supplemental Nutrition Assistance Program (SNAP) benefits.

If the individual is requesting Home and Community Based Services (HCBS) Waiver services, you must take the necessary steps to enroll the individual in the HCBS Waiver. Services that are not HCBS Waiver services are ICF/IID, day treatment and/or care management. Medicaid will not pay for HCBS Waiver services if the individual is not enrolled in the HCBS Waiver.

The full list of fees for the requested services appears on the last page of this notice. Only one of those fees will apply to your monthly service. If we reduce the fee, you will be required to pay the reduced fee. If we reduce the fee and we later determine that you can pay the full fee, you will be required to pay the full fee. We will provide you with 30 days' written notice if the fee reduction changes. You will still be liable to pay for your services even if the following circumstances occur you have failed to pay for services that you are liable for and the State has paid for those services, the law requires us to provide services notwithstanding your non-payment, or legal proceedings to stop services are pending. You will still be liable for fees and we will still bill you for services rendered under these circumstances.

We will send you bills if you are paying for the services. LPNY will send you a monthly bill by the 30th of the month following service. For example, we will send you a bill for April services by May 30th. If you do not pay the bills, we will try to collect payment from you. We cannot interfere with services or harass or threaten you or anyone else about your bills. If you still do not pay the bills, and OPWDD agrees, we must assign our claim for payment to New York State.



LIFEPlan CCO NY
258 Genesee Street, Mezzanine
Utica, NY 13502

1-855-572-2669
lifeplancony.com

We can deny or discontinue services. LPNY can deny your request for services if all the following are true: Medicaid will not pay for the services, and we do not have reasonable assurances that another payor will pay for the services. If we begin services, in some cases, we can discontinue those services if the payor has stopped paying for the services. If we discontinue services for non-payment, we are required to follow the normal rules for discontinuing services. LPNY cannot deny or discontinue services if the law forbids it.

The Limited Exception

If the individual receives respite services only OR the individual received supported employment services only prior to July 1, 2015 and continues to receive supported employment services only, the individual may be eligible for a limited exception to payment liability. This means that the individual could continue to receive respite services or supported employment (but not both) without being billed for the service and without applying for Medicaid and the HCBS Waiver.



Monthly Service Fees

Service Description	Upstate Monthly Rate	Downstate Monthly Rate
OPWDD Care Coord ORG/Tier 1 Monthly	\$278.86	\$296.76
OPWDD Care Coord ORG/Tier 2 Monthly	\$340.95	\$363.05
OPWDD Care Coord ORG/Tier 3 Monthly	\$412.50	\$439.86
OPWDD Care Coord ORG/Tier 4 Monthly	\$527.21	\$561.94
OPWDD Care Coord ORG/Basic Plan Support	\$260.19	\$260.19
OPWDD Care Coord ORG/First Month Transition	\$836.59	\$890.26
OPWDD Care Coord ORG/Basic Transition	\$780.55	\$780.55

*Rates as of August 1, 2024