

Front Door Process

Who goes through the Front Door?

Anyone who does not have OPWDD eligibility

Anyone who has eligibility and has never received waiver services

Anyone who has eligibility and has not received a waiver service in over 1 year

All Department of Ed graduates regardless of their history of receiving waiver services

Front Door Sessions

Eligibility is not a prerequisite to attend a session.

Applicants/families can attend a session in any borough, but they must contact the front door in the borough where they reside.

Every person who must go through the front door must attend a Front Door sessions except:

1. If the applicant is requesting CSS/Self Directed Services, they do not have to attend a Front Door session. However, they must attend a CSS/Self Directed Service session.
2. If the applicant is only requesting family support services, they do not have to attend a session and a DDP2 is not required. However, eligibility must have been determined, and an EAA must be completed
3. Recent graduates with some services in place, who are only seeking SEMP/Pathway. An EAA must be completed and the DDP2 will have to be updated if completed over 2 years ago.

7 Steps of the Front Door process

Step 1 Initial contact

The Front Door must be contacted by the family (unless they attended a front Door session and specifically requested to be contacted). Phone calls are returned within 2 business days. Address and eligibility will be verified, and the need for the front door process will be assessed.

Step 2 Eligibility

Does the person have eligibility and have they consistently received services? If not, eligibility will have to be established. Eligibility may also be reevaluated if the person is requesting a higher level of care.

The following is required:

- a. Psychological with FSIQ and Adaptive Behavior Score with standard scores (that reflects current status)
- b. Psychosocial (can be within 3 years but if not done recently, needs statement that information is current)
- c. Medical (within 12 months and MD must note the DD)

d. Age of onset (if applicant is over the age of 22)

Step 3 Assessment and Review of Service Needs

When the front door has been contacted and it is determined that eligibility has been established and the person meets the criteria for the front door, the Front Door Team Leader will assign it to a Front Door Facilitator. The Front Door Facilitator will contact the family to schedule a time to complete the EAA, and to review the most recent DDP2 (less than 2 years) or complete a new one. The family will be invited to a Front Door Information Session if they have not attended one. If the applicant has an MSC, the MSC will be contacted in an effort to have the MSC participate in the conversation. The conversation will focus on the applicant's needs, household composition and family circumstances which should result in a plan to provide the appropriate services. At the close of the conversation, the MSC is instructed to prepare the waiver packet if waiver services are indicated. The Waiver packet consists of an LOC, Document of Choices, Waiver Application and the PISP. If an LOC has not been requested and waiver services are indicated, the MSC must request an LOC at this time

Step 4 Quality Review and approval of Services

The case is presented to the QRT. Staff take into consideration the household composition and family circumstances, the ISPM score, as well as services currently received, including services received from other systems. The QRT agrees on the type and amount of service needs.

Step 5 Service Development and Waiver Application

The QRT discussion results in a choices generated Front Door PISP. If a PISP is already in place, then it will serve as an addendum. A cover letter and copy of the Front Door PISP is mailed to the family. A cover letter, copy of the Front Door PISP, a blank Request for Service Authorization form, and a list of instructions are e mailed to the MSC. The Service Authorization form is to be completed by the MSC, and signed by the family and MSC. The completed Service Authorization form should reflect the amount of hours that are needed, which should coincide with the EAA discussion/PISP, and the identified provider of service. The MSC will not indicate the provider of service until the provider has verified their ability and commitment to provide the service. .. If the MSC is unable to locate a provider of a proposed service within the 10 days, the MSC will note that a provider has not been identified on the Service Authorization form by checking the box that indicates the same. However, the MSC must continue to look for a provider of the service. The form is to be returned to the Facilitator within 10 business days, accompanied by the wavier application. The preferred method for returning the signed Service Authorization form and Waiver packet in Choices, to be filed under Supporting Documents, titled, Waiver Application. However, **the MSC must notify the Front Door facilitator that it has been uploaded into Choices via email.** If Choices is not an option, then the packet must be mailed to the Front Door Facilitator.

Step 6 Waiver Enrollment and Service Authorization

Upon receipt of the completed Service Authorization form and Waiver packet, the Front Door Facilitator reviews the completed Service Authorization form to ensure that it

coincides with the PISP. If it does not coincide, the FD Facilitator must contact the MSC to discuss the proposed changes. If there is continuity, the Service Authorization letter is generated by the FD Facilitator, which is forwarded to the enrollment unit. The waiver packet is then processed by the enrollment unit, and an NOD is issued. The letter and NOD are sent to the MSC, and family, as well as the providers of the approved services, if known.

Step 7 Enrollment In Service

Identified service providers complete and submit a DDP 1 and DDP1 addendum. The DDP1 addendum identifies the source of funding.

Non Front Door applicants

When a change in existing service is requested

1. Requesting new service(s)
2. Requesting a replacement of an existing service (s)
3. Requesting change in the quantity of existing service (s)
4. Requesting change in the provider of an existing service (s)

The Service Amendment form will be used for the above scenarios. The form must be submitted by the MSC, who has verified the family's request. It will replace the "justification, blurb" etc. that had been used to make the changes in existing services. The completed form is to be e mailed to one of the following DDRO mailboxes

Bernard Fineson

Fin.serviceamendment@opwdd.ny.gov

Brooklyn

Brk.serviceamendment@opwdd.ny.gov

Staten Island

Sid.serviceamendment@opwdd.ny.gov

Metro/Bronx

Bx.serviceamendment@opwdd.ny.gov

Metro/Manhattan

Met.serviceamendment@opwdd.ny.gov

Approvals for the request will be made to the MSC via e mail, and the Service Amendment form will be attached. The provider and enrollment unit will be copied on the e mail.



STEP 1

ACTIVITIES & TARGETED TIMEFRAMES

OPWDD's Front Door: Key Process Steps and Targeted Timeframes

INITIAL CONTACT

- Initial Response
- Information Gathering
- Begin Eligibility Discussion
- Schedule Appointments for Info Session
- Identify if Expedited Approach is Possible
- Refer to Service Coordination Agency if Waiver Services are Sought
- Follow-Up Contacts as Needed

**Targeted Timeframe to
Complete Step 1:
10 business days**

- a. Answer/return initial calls/voicemail left by individual/family member requesting information about services. For individuals and/or families who speak a language other than English or have hearing impairment, follow OPWDD Language Access Policy and Procedures. **Calls should be returned within 2 business days of initial contact.**
- b. Contact the individual/family, and initiate the EAA. **Note:** The EAA should not be initiated until direct contact is made with the individual/family.
- c. Determine if OPWDD eligibility has previously been established. If OPWDD eligibility has not yet been determined, discuss steps necessary to pursue eligibility review and the availability of assistance if required.
- d. Discuss/schedule OPWDD Front Door Information Session or Self-Direction Training if the individual/family/advocate expresses interest in self-directing services. In some circumstances attendance at the Front Door Information Session may not be required (see below), but should always be encouraged. **Note:** Eligibility is not a prerequisite to OPWDD Front Door Information Session attendance.
- e. As part of the information collected during the initial contact with the individual/family, the Front Door intake staff will briefly assess which types of service(s) the individual may be seeking. When it's likely that the individual will be pursuing a HCBS Waiver service, staff will ask the individual if they've enrolled in Medicaid, or have recently applied. When applicable, the individual/family should be provided with information regarding the application process.
<http://www.health.ny.gov/healthcare/medicaid/ldss.htm> Medicaid Helpline (800) 541-2831).

Note Re: Children/Families That Require Parental Deeming: For individuals aged 18 or younger, a Parental Deeming Letter from OPWDD is necessary to apply for Medicaid, so Medicaid application CAN NOT occur until all process steps have been completed, up to and including Waiver Application. There are important notes and modifications in some process steps. *See "The Parental Deeming Process" in Appendix C for details.*

Note Re: Municipalities where the default enrollment in Medicaid is into Managed Care plans: There are timing issues that may affect families' ability to be initially enrolled outside of mandated managed care plans.

- f. Clarify the type of services being sought to determine which components of the Front Door Processes must be completed, especially if it appears that the individual will be asking for an HCBS Waiver Service, since that is the signal to RO intake staff to share the brochure/list of service coordination agencies and encourage the family to link up with a Service Coordination vendor who may support and assist them with the balance of the Front Door processes:

Expedited Services - The following services may be expedited:

- **Individuals seeking only Article 16 Clinic Services:** The only Front Door component required for this service is confirmation of OPWDD eligibility, unless Clinic Services are being sought for

STEP 1 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<p>assistance in establishing a diagnosis for eligibility which requires only a presumption of eligibility. <u>An EAA does NOT have to be initiated.</u></p> <ul style="list-style-type: none"> • Individuals seeking "non-waiver" services, i.e., non-waiver FSS and ISS: the only Front Door components required for these services are confirmation of OPWDD eligibility, EAA completion, and submission for service authorization. Attendance at the OPWDD Front Door Information Session is optional and an update / completion of a DDP2 is not required. <ul style="list-style-type: none"> • Complete sections of the EAA related to Key Process Steps 1, 2, and 6. • Refer individuals / families who qualify for FSS to a Service Access Assistance Program if they require help with the OPWDD Eligibility process or provide assistance as necessary • Submit for Service Authorization • Recent graduates or others with some services already who are seeking only SEMP/Pathway [they have MSC, eligibility, a current DDP2 (completed within the past 2 years), and a Waiver NOD]; the only Front Door components required for these services are EAA completion and submission for service authorization. Attendance at the OPWDD Front Door Information Session is optional. If a person is coming from Access-VR and has a current job, they will not be required to attend an information session. <ul style="list-style-type: none"> • Complete sections of the EAA related to Key Process Steps 1, 2, and 6 • Submit for Service Authorization <p>Waiver Services</p> <ul style="list-style-type: none"> • Individuals seeking waiver services (most Front Door components are required for these services); <ul style="list-style-type: none"> • As noted above, be certain to share brochure / list of Service Coordination agencies; advise family to link up with a Service Coordination vendor who may support and assist them with the balance of the Front Door processes, and advise the individual / family to notify intake staff of agency selected. Verify selection with service coordination agency and enter into EAA. Advise service coordinator to submit the service coordination enrollment documents in CHOICES. Note: Enrollment in Service Coordination can occur prior to Assessment, but not prior to OPWDD Eligibility determination and Medicaid being approved. • Some regions have Service Access Assistance Programs. Individuals who require assistance with the OPWDD Eligibility process should be referred to these programs when they exist.
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STEP 1 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<ul style="list-style-type: none"> • Individuals/families interested in self-directing services using self-hired staff and budget authority must attend a Self-Directed Services training session prior to authorization for those services. Self-Direction training can replace the OPWDD Front Door Information Session for these individuals. Otherwise, participation in the OPWDD Front Door Information Session is required for individuals seeking Waiver Services. • If there isn't a DDP2 on file completed within the last 2 years OR if there is a DDP2 that was completed within the past 2 years but it doesn't reflect the individual's current circumstances and needs, consider scheduling a DDP2 Assessment Session to immediately follow confirmation of OPWDD Eligibility. <p>g. Schedule additional contacts (by phone or in person) to complete EAA sections associated with the Intake Process.</p> <p>Targeted Timeframe: Within 10 days of date individual first expressed interest.</p> <p>Note: If individuals or families present with an urgent or immediate need, RO staff can adjust elements of the Front Door Process to expedite access to services.</p>
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STEP 2

ACTIVITIES & TARGETED TIMEFRAMES

<p>OPWDD ELIGIBILITY REVIEW</p> <ul style="list-style-type: none"> • Eligibility review conducted • Additional levels of review as needed • NOD issued to communicate OPWDD eligibility finding <p style="text-align: center;">Targeted Timeframe to Complete Step 2: 22 business days</p> <p style="text-align: center;">Cumulative Running Time: 32 business days</p> <p style="text-align: center;">(Based on 22 business days to Confirm Eligibility)</p>	<ul style="list-style-type: none"> • Assist individual to obtain OPWDD eligibility and/or confirm that OPWDD eligibility has been established before proceeding to the assessment. • DDRO eligibility staff complete Step 1 of the eligibility review process and make a DD eligibility determination. Per policy, Step 1 must occur within 30 calendar days. • Requests for further information, further clinical review and/or Adaptive Behavior Assessment are arranged immediately following Step 1 review if needed. Note: When eligibility cannot be confirmed in Step 1 of the eligibility review process, the individual is referred to Step 2, then Step 3 if applicable (please refer to established OPWDD Eligibility Policy/Procedure and Eligibility Process Map.) The entire DD eligibility process could take up to 90 days to complete. • When an individual has been determined eligible, provide results to individual/family via an Eligibility Notice of Decision (NOD) Letter. For those individuals interested in pursuing HCBS Waiver Services, a copy of the Service Coordination brochure and list of Service Coordination agencies should be provided. The individual/family is encouraged to link up with a service coordinator vendor who may support and assist them with the balance of the Front Door processes. • Assigned RO staff ensures eligibility results are documented in the EAA. Note: If individual is found NOT eligible for OPWDD, the appropriate RO staff sends the individual the Eligibility Notice of Decision then deactivates the individual's EAA record.
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STEP 3

ACTIVITIES & TARGETED TIMEFRAMES

ASSESSMENT AND REVIEW OF SERVICE NEEDS

- Assessment Conversation
- DDP-2
- Service Coordination Agency Selected
- Service Recommendation to Quality Review

Targeted Timeframe to Complete Step 3: 5 business days

Cumulative Running Time: 37 business days

(For HCBS Waiver Services only)

- Confirm that a Service Coordination agency selection has been made and appropriate application materials submitted (i.e. MSC1 and Ongoing and Comprehensive form).
- Complete DDP-2 if one does not exist or if older than two years. Review existing DDP-2 and update if it no longer accurately reflects the individual's circumstances or needs.
- Assessment Conversation: Front Door staff facilitate a focused conversation with individual/family/advocate (by phone or in person) that explores and clarifies the individual's service requests/needs.
 - If individual has secured a Service Coordinator, it's important to invite them to participate in the assessment conversation.
 - Explore interests and service needs of individuals by engaging all parties in a person-centered discussion that will help clarify both the services and the amount of each being requested.
- Forward service recommendations, inclusive of service type and quantity, to Quality Review.
- At the conclusion of the assessment discussion, if it appears that the individual will be pursuing a waiver service, the DDRO staff will advise Service Coordinator to begin preparing waiver application materials.

Targeted Timeframe: within 5 business days of confirmation of OPWDD Eligibility.



STEP 4

ACTIVITIES & TARGETED TIMEFRAMES

<p>QUALITY REVIEW & APPROVAL OF SERVICES</p> <ul style="list-style-type: none"> • Quality Review of Service Category Recommendations <p style="text-align: center;">Targeted Timeframe to Complete Step 4: 7 business days</p> <p style="text-align: center;">Cumulative Running Time: 44 business days (For HCBS Waiver Services)</p>	<ul style="list-style-type: none"> • Through the RO Quality Review process, staff considers the individual/family's service requests and the recommendations provided by DDRO/Front Door staff using the QR Decision Guidelines. Additional justification is requested of the RO Intake staff or the individual's Service Coordinator as necessary. <p style="text-align: center;">Targeted timeframe within 5 business days of assessment</p> <ul style="list-style-type: none"> • QR RO staff forwards the list of QR-Recommended Services and service amounts to RO Director/Designee for approval <p style="text-align: center;">Targeted Timeframe: within 2 business days of the Quality Review</p>
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STEP 5

ACTIVITIES & TARGETED TIMEFRAMES

<p>SERVICE DEVELOPMENT and WAIVER APPLICATION</p> <ul style="list-style-type: none"> • PISP Cover Letter Sent • FD PISP Generated • Request for Service Authorization Submitted • Waiver Application and LCED Submitted <p style="text-align: center;">Targeted Timeframe to Complete Step 5: 14 business days</p> <p style="text-align: center;">Cumulative Running Time: 58 business days (For HCBS Waiver Services only)</p>	<p><u>Cover Letter and Front Door Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum Generated</u></p> <ul style="list-style-type: none"> • Services supported by the QR process and approved by the RO Director/Designee, along with the amount of each service that is considered approvable, are recorded in the EAA Tracking System. A Cover Letter and the EAA-generated Front Door PISP/Proposed Changes for Inclusion in the ISP Addendum is sent to the individual/family with a copy to the Service Coordinator. The Service Coordinator is also provided with a set of instructions and a blank Request for Service Authorization Form. <p style="text-align: center;">Targeted Timeframe: within 2 business days of the Director/Designee's approval</p> <p><u>Waiver Application, Service Development, and the Request for Service Authorization(s) (RSA) Form:</u></p> <ul style="list-style-type: none"> • <u>Service Coordinator Reviews PISP/Proposed Changes for Inclusion in the ISP Addendum</u> with the individual/family to confirm that the services listed on the Front Door PISP/Proposed ISP Addendum are consistent with what the individual wishes to pursue. At this time, the individual/family may affirm that all the services contained in the PISP/Proposed Addendum are desired or may choose to select only some of them. The service coordinator then works to secure commitments from provider organizations to deliver the desired services. • After obtaining a commitment(s) from a provider(s), the SC completes the Request for Service Authorization Form and works with the individual/family to finalize the Waiver Application, including the LCED. • The Request for Service Authorization Form lists those services the individual wishes to pursue and includes the service amount/quantity. It also includes information about what agencies were identified to provide the affirmed services.
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STEP 5 Continued

ACTIVITIES & TARGETED TIMEFRAMES

	<ul style="list-style-type: none"> • If the individual decides not to pursue all of the services originally identified in the PISP, these services will be included in the "Declined Services" section of the Request for Service Authorization Form. • The Service Coordinator submits the Waiver Application with LCED and completed Request for Service Authorization (RSA) Form together as a packet to the DDRO Waiver Coordinator. <p><u>Note Re: Children/Families That Require Parental Deeming:</u> It is important that the Service Coordinator clearly identify waiver applicants who do NOT have Medicaid and for whom the Parental Deeming Process will be required.</p> <p>Targeted Timeframe: within 10 days of the Front Door PISP/Proposed Changes for Inclusion in the ISP Addendum being sent.</p> <p>Note: Until the full ISP has been completed, Service Coordinators should continue to seek providers for the services listed on the Authorization Request without a provider identified.</p>
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STEP 6

ACTIVITIES & TARGETED TIMEFRAMES

<p>WAIVER ENROLLMENT AND SERVICE AUTHORIZATION</p> <ul style="list-style-type: none"> • Waiver NOD • RO Review <p>Targeted Timeframe to Complete Step 6: 7 business days</p> <p>Cumulative Running Time: 65 business days</p>	<p><u>For HCBS Waiver Services</u></p> <ul style="list-style-type: none"> • DDRO staff process Waiver Application Packet, ensuring that all components – inclusive of the LCED- are complete and accurate, and conduct a final quality check of the Request for Service Authorization Form to ensure that the services listed align with the Front Door PISP/Proposed Changes for Inclusion in the ISP Addendum. • The EAA is authorized by the DDRO Director/Designee including all of the services requested on the approved Request for Service Authorization Form. Note: Prior to sending the EAA form for Director/Designee approval, any services declined on the Request for Service Authorization Form will be identified in the EAA as not authorized with reason code "individual chose a different service to meet need." • Once the Request for Service Authorization has been approved through this final Quality Review check and it's determined that the HCBS Waiver application meets all of the requirements; • <u>For Individuals Over 18 Who Have Already Enrolled in Medicaid:</u> A Waiver Notice of Decision (NOD) is generated along with the Service Authorization Letter which lists each of approved services including the amounts/quantity authorized and the provider agencies when known. If a provider has not yet been identified by the SC, this will be noted. Both letters will be sent to the individual/family with a copy to the Service Coordinator. A copy of the Service Authorization letter should also be sent to identified providers.
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STEP 6 Continued**ACTIVITIES & TARGETED TIMEFRAMES**

- **For Children/Families That Require Parental Deeming:**
The DDRO Waiver Coordinator will advise the OPWDD Revenue Support Field Office to generate a "Parental Deeming Letter" that will be forwarded to the Service Coordination Agency selected by the individual in order for the agency to assist the individual to apply for Medicaid at the local DSS office.

Once Medicaid has been approved by the local DSS and the DDRO is notified, a **Waiver Notice of Decision (NOD)** is generated along with the **Service Authorization Letter** which lists each of approved services including the amounts/quantity authorized and any provider agencies that may be identified.

- The Service Coordinator is then responsible to follow up with identified provider agencies to ensure that enrollment occurs for all authorized services.

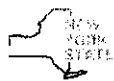
Note: when authorizing MSC:

- A Service Authorization Letter is NOT required
- RO staff should follow established Service Coordination approval protocol.
- Once the MSC1 application and Ongoing and Comprehensive Assessment have been reviewed and approved, the MSC Notice of Decision should be issued.
- Although a Service Authorization Letter is not required for approval of MSC, RO staff should identify Service Coordination in the list of services in the EAA to be authorized by the Director/Designee.

For Non-Waiver Services

- As part of the Service Authorization Process, a review occurs to ensure that requested services match individual's interests and needs.
- Service Authorization Letter is issued to individual/family with copies to RO Staff designated as responsible to oversee specific program services.

Targeted Timeframe: within 7 business days from receipt of the Waiver Packet and Request for Service Authorization

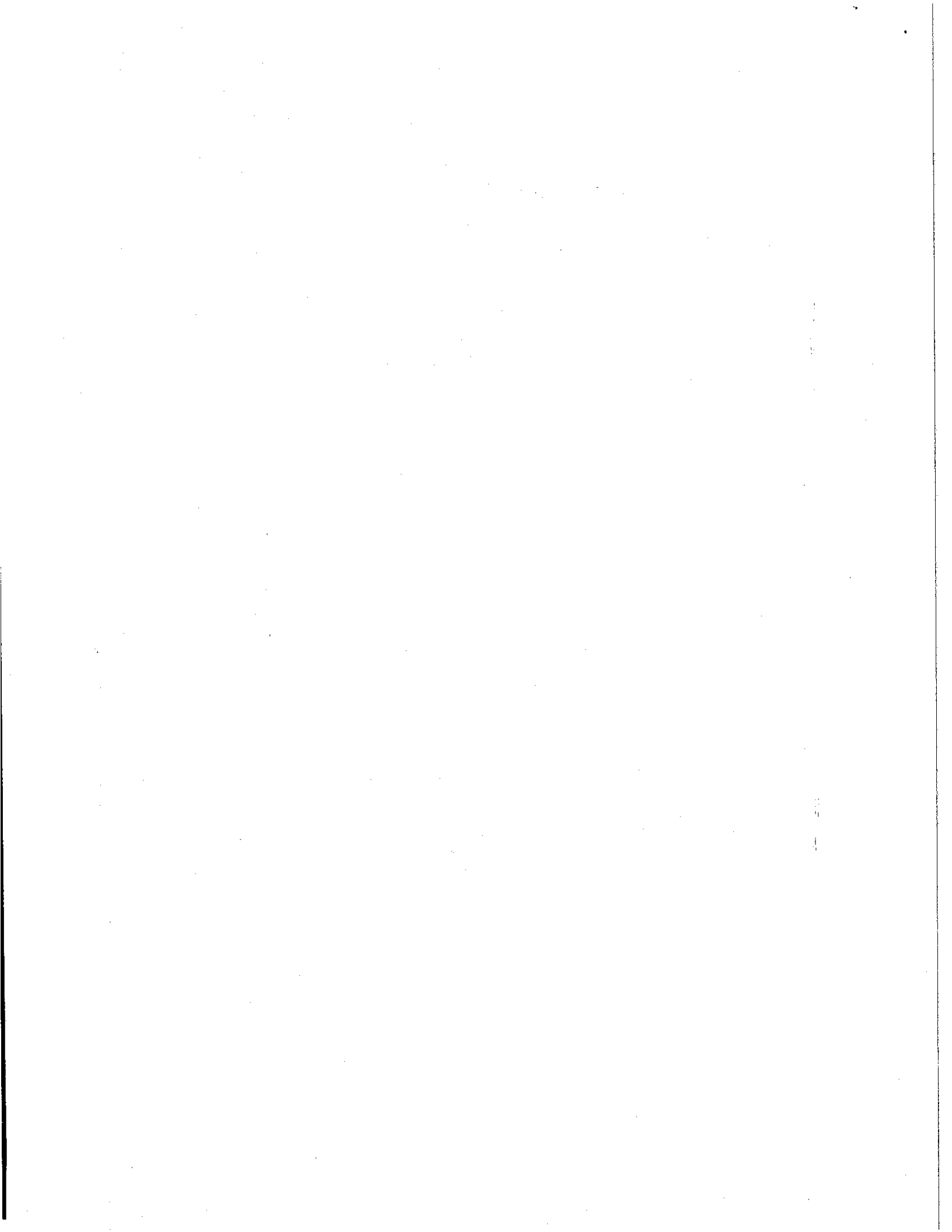


STEP 7

ACTIVITIES & TARGETED TIMEFRAMES

<p>ENROLLMENT IN SERVICES</p> <p>Targeted Timeframe to Complete Step 7: 10 business days</p> <p>CUMULATIVE TOTAL: 75 DAYS to SERVICE ENROLLMENT</p>	<ul style="list-style-type: none"> For each service authorized, the Service Coordinator ensures that all provider agencies submit DDP1s for processing/ authorization by DDRO staff. The DDP1 will include enrollment information including service amounts and whether existing resources are adequate to fund the service or whether new funding is required. (DDP1 and DDP1 Supplement until revised DDP1 is available) Targeted Time Frame: Encouraged to submit within 5 days of service authorization If new funding is necessary, RO staff add the service to the Development Plan. Targeted Time Frame: within 5 days of receiving DDP1 <p><u>Note:</u> Agencies may not bill for services without an approved DDP1. Once added to the Development Plan, OR if resources already exist within the agency, RO staff process the DDP1 in CHOICES.</p> <p>ENROLLMENT and SERVICES BEGIN/ISP Developed</p> <ul style="list-style-type: none"> The service coordinator works with the individual/ family to develop and implement the full ISP within 60 days of receiving MSC or HCBS Waiver Enrollment, whichever comes first. The ISP does not need to be submitted to the Regional Office. When submitting a Request for Service Amendment, the service coordinator will be required to assemble the individual's support team (which may include family members, advocate, etc.) to discuss and recommend any new service requests which must be incorporated into the ISP upon approval by the RO.
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Targeted Time Frames: The targeted timeframes identified in this document are goals established by OPWDD, taking into account federal and state requirements and recognizing that there are numerous factors which can influence an individual's progress through the Front Door. Some of these factors are outside of the control of OPWDD, including the time it may take a particular individual to obtain information necessary for OPWDD and/or Medicaid eligibility, or any work during the Front Door process that must be managed by the staff of entities external to OPWDD. The stated timeframes are dependent on adequate staffing at the Front Door/OPWDD regional offices.



Date:

DDRO Address

, NY

To: individual, family or advocate
address

**Re: Front Door Preliminary Individualized Service Plan/Proposed Changes for Inclusion in the
ISP Addendum for <enter individual's name and DOB here>**

Dear individual self or family member;

Thank you for taking the time to speak with a member of the OPWDD Regional Office's Front Door Team to discuss individual's needs, interests, and the services that may support your / his/her personal goals. Enclosed is a copy of the Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum developed as a result of that conversation. It identifies the services and amounts of each service that can be approved by the Front Door Team once the necessary documents are received from the Service Coordinator.

Your Service Coordinator will be in contact with you to discuss this plan and will work with you to identify the agency you would prefer to have provide each of the services you select. The Service Coordinator will then contact the agency to determine whether that agency is able to do so, and complete a Service Authorization Request Form that indicates the specific services you select, the agency that has agreed to provide each service, and the amount of service to be provided. The Service Coordinator will also complete an HCBS Waiver Application to enable you to receive waiver services. The Service Coordinator is expected to submit the packet to the DDRO Front Door Team within 10 days for prompt review and service approval.

Once HCBS Waiver Eligibility is verified and the requested services authorized, you and your Service Coordinator will receive a HCBS Waiver Notice of Decision (NOD) and a Service Authorization Letter that will include instructions regarding the final steps that will need to take place prior to your service beginning. If you determine that changes to the enclosed service plan are needed, your Service Coordinator will work with you to include them in your full Individualized Service Plan which your Service Coordinator will complete within 60 days of you being enrolled in Service Coordination or the HCBS Waiver, whichever comes first.

In the event that you have not yet selected a Service Coordinator, please contact your Front Door team member named below to get information about selecting a Service Coordination Provider. If you should have any questions or need additional information, please don't hesitate to contact your Service Coordinator, or me, at the number below.

Sincerely,

service authorization staff name, title
phone number

CC: agency MSC supervisor's name

Provider Agency(s) completes and submits the required enrollment form(s) to the DDRO FSS Coordinator for processing and approval, enrollment will occur and you may begin receiving the service(s).

Individualized Support Services (ISS)

Additional Steps Before You Can Start: With the assistance of your Service Coordinator or ISS Program Coordinator, the provider you select will complete and submit the required service enrollment materials to the DDRO Front Door Team. Once the necessary documentation has been processed, enrollment will occur and you may begin receiving the service.

CARE AT HOME WAIVER

Additional Steps Before You Can Start: Please work with your Care at Home (CAH) Coordinator/Case Manager who will help assess your needs and determine whether the criteria for the CAH Waiver is met. Once it's determined that you meet the criteria, your CAH Coordinator/Case Manager will review your needs and identify the services for which you qualify, and provide you with additional details.

Other: Specify:

If the Service Coordinator has difficulty finding a provider agency and/or there are other factors that impact you starting services with a provider agency in a timely fashion, please consult with your Service Coordinator or DDRO who will work with our office to address this issue.

Sincerely,

<enter Front Door staff contact name here>, <enter Front Door staff contact title here>
<enter Front Door staff contact phone number with area code here>

CC: <enter SC supervisor name here, when applicable>
<enter OPWDD fiscal staff name here, when applicable>
<enter DDRO Waiver Coordinator name here, when applicable>
<enter FSS/ISS Coordinator name here (when authorizing FSS/ISS)>
<enter Self-Direction Liaison name here (when authorizing Self-Directed Services)>
<enter DDRO Employment Coordinator name here (when authorizing Pathway/SEMP/Community Pre-Voc)>
<enter Provider Agency name here for all known providers>

Front Door PISP

Next Steps for Service Coordinators

As the Service Coordinator, you're an important partner in the Front Door process. The following describes next steps for you, the individual, and the Front Door Team.

1. Please review the attached Front Door PISP with the individual/family to verify that the services accurately reflect the individual's current interests and needs. If the services are not accurate, contact the Front Door team to review and modify the plan. Once the plan accurately reflects the individual's interests and needs, identify Service Providers, complete the Service Authorization Request Form, and finalize the HCBS Waiver application (including the LCED).
2. Submit the entire packet within 10 business days to the Front Door contact person identified in the attached letter, using the method required by your DDRO.
3. After HCBS Waiver eligibility is verified, a Notice of Decision (NOD) and Service Authorization Letter identifying the services that are authorized will be sent to the individual/family and Service Coordination agency.
4. The Service Authorization Letter will contain additional instructions directing you to facilitate the service enrollment process.
5. Within 60 days of MSC or Waiver Enrollment (whichever comes first), please work with the individual to develop the full Individualized Service Plan.

If you have any questions or need additional information, please don't hesitate to contact the Front Door staff contact in the attached letter.

**Front Door
 Preliminary Individualized Service Plan (PISP)/
 Proposed Changes for Inclusion in the ISP Addendum ***

This Front Door Preliminary Individualized Service Plan (FD PISP) has been developed using information obtained through completion of the initial steps in the Front Door (FD) process. As a part of this process, a conversation occurred between the individual/family, Service Coordinator (when available), and Developmental Disabilities Regional Office (DDRO) Front Door staff which included a discussion about the individual's assessed needs as well as their personal goals. The "Services" section at the end lists the HCBS Waiver services identified in this conversation which the participants agreed would address the needs of the individual/family and promote the personal goals identified. The amount of each service considered approvable is also noted.

* In instances where the individual already has an Individualized Service Plan (ISP) in place, the Service Coordinator is expected to integrate the service(s) identified below into an ISP Addendum.

PISP Date: 10/24/2014

Individual's Information

Name	<u>TEST, JANE Q</u>	Street Address	<u>30 Oak Street</u>
TABS ID Number	<u>201178</u>		<u>Hamilton, NY, 13365</u>
Date of Birth	<u>06/22/1977</u>	County	<u>HAMILTON</u>
Sex	<u>Female</u>	Individual's Phone Number	
Primary Language (if not English)		Current Residence Type	
Medicaid Number	<u>LL55364W</u>	Living Arrangement	
Social Security Number	<u>XXX - XX - 6123</u>	Marital Status	
Is Willowbrook?	<u>No</u>	Individual's E-mail	
Date of Registration	<u>01/15/2009</u>	DDSO	<u>CENTRAL NEW YORK DDSO</u>
Primary Contact			
Name	<u>John Test</u>	Relationship to Individual	<u>Child</u>
Phone Number	<u>555-666-4444</u>	E-mail Address	<u>jt@notareal.email.com</u>
Alternate Contact			
Name		Relationship to Individual	
Phone Number		E-mail Address	

Individual's Initial Needs and Interests

Are you interested in self-directing some or all of your services?	<u>Yes: Employer Authority</u>
Is the individual currently attending school?	<u>Yes</u>
Is the individual a day student or a residential student?	<u>Day</u>
What is the name of the school?	<u>Fake School Name</u>
Is the student expected to exit school or graduate in the next 3 years?	<u>Yes</u>
On what date is the student expected to complete his/her schooling?	<u>12/20/2014</u>
What credential is the student expected to have when he/she exits school?	<u>Local Diploma</u>
Upon exit from school will the student be applying for ACCES-VR Services?	<u>Undecided/I need more info. about ACCES-VR Services</u>
What are you currently doing with your day?	<u>Attending school, Staying at home</u>

Description of need

		Is this need immediate?
Where do you want to live?	<u>With Friends or Roomate(s). In a residence with some supports</u>	<u>Yes</u>
What do you want to do with your day?	<u>Engage in paid employment, Volunteer</u>	<u>Yes</u>
Do you need relief from caregiving (for parents/caregivers)?		
Do you need help with skills to live as independently as possible in your home?	<u>Yes</u>	<u>No</u>
Do you need assistance with rent to live in a home of your choice (housing subsidy)?	<u>Yes</u>	<u>No</u>
Do you need an environmental modification to your home?		
Do you need adaptive technology to increase communication or independence?		
What else would help you?		

Initial Participant Contact

Initial Need Identified by Individual/Family/Designee Employment Referred to other entity? DOL
 Date Participated in ICS Info. Session 09/01/2014

Eligibility Determination

Is the individual eligible for OPWDD services? Eligibility Date
 Is the individual enrolled in Medicaid? Medicaid Coverage Code
 Is the Individual Enrolled in HCBS Waiver? HCBS Waiver enrollment date
 Is the Individual eligible for Money Follows the Person participation? HCBS Waiver termination date

Assessment Information

Has the assessment process been completed? In Progress Date assessment completed
 DDP Adaptive DDP Behavior DDP Health ISPM Score

Natural and Community Supports Currently in Place

Lives with family, and will continue to live with family?
 Lives with family, and has other family in area? Yes
 Does not live with family, but has family in area?
 Belongs to community organizations?
 Connected to a house of worship?
 Other(Specify)

Non-OPWDD Supports and Services Currently in Place

Is the individual currently receiving Non-OPWDD services? Yes

Type of Service	Specify Other	Is the Individual currently receiving this service?	Does the Individual want to add, change or remove this service?	If change, how?	Specify other change
Educational Services (school)		Yes			

OPWDD Supports and Services Currently in Place

Is the individual currently receiving any OPWDD services? Yes Has the individual ever received any OPWDD services? Yes

Category of Service	Type of Service	Specify	Is the Individual currently receiving this service?	Does the Individual want to add, change or remove this service?	If change, how?	Specify other change
Coordination and Brokerage	Medicaid Service Coordination (MSC)		Yes			

Services

This section should be used by the Service Coordinator in the person centered planning process and will serve as a resource for the completion of the HCBS Waiver application and Service Authorization Request Form. Service amounts below are based on the average range of approvable units/hours/days and were a part of the assessment conversation between the individual/family, Front Door DDRO staff, and the Service Coordinator (when available).

Service(s)	Service Amounts: Up to Units/Hours/Days (when applicable) or N/A
Supported Employment (SEMP) - Self-Hire, Individual employer of record (as of 10/1/14)	
IRA/CR (Supportive) Residential Habilitation - more than 4	

FRONT DOOR SERVICE AUTHORIZATION REQUEST FORM

Form to be completed by the Service Coordinator (see attached instructions)

INDIVIDUAL'S INFORMATION

Individual's Name:	TABS #:
Date of Birth:	

REQUESTED SERVICES

(Please identify those services listed in the Services section in the Front Door Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum that the individual/family wishes to pursue)

Service Type	Number of Units or N/A (when applicable)	Agency / Provider (please include provider name/contact info)	Service Provider Not Yet Identified (please check)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

DECLINED SERVICES

(Please identify those services listed in the Services section in the Front Door Preliminary Individualized Service Plan (PISP)/Proposed Changes for Inclusion in the ISP Addendum that the individual/family DOES NOT wish to pursue at this time)

Service Type

Signature Section

Service Coordinator (SC) Name:	Agency Name:
Phone Number:	SC Email:
Service Coordinator Signature	Date:
Individual/Family/Representative Signature	Date:
SC Supervisor Name:	SC Supervisor Email:
Phone Number:	
Service Coordinator Supervisor Signature	Date:

For Internal/Regional Office Use Only

- Approved
- Follow-up with SC agency required

Name of DDRO staff reviewing: _____

Date: _____

Form Revised 11/5/2014

APPLICATION FOR PARTICIPATION IN THE
OPWDD HOME AND COMMUNITY BASED SERVICES WAIVER

Name of Applicant: _____

Current Address: _____

Social Security #: _____

Date of Birth: _____

Medicaid #: _____

County: _____

Check here if not currently enrolled in Medicaid.

I am requesting participation in the Home and Community Based Services Waiver administered by the New York State Office for People With Developmental Disabilities. I understand that approval will be based on my choice of Home and Community based services in preference to care in an Intermediate Care Facility and on evidence of:

- developmental disability;
- eligibility for admission to an Intermediate Care Facility;
- eligibility for Medicaid enrollment;
- availability of appropriate community based services; and
- appropriate living arrangement

Date of stated intent to apply for HCBS waiver services: _____

Applicant Signature:

Applicant Name (Print):

Assisted by (Signature):

Assisted by (Print):

Address:

Telephone Number:

Date:

DOCUMENTATION OF CHOICES

A) *SELECTION OF HCBS WAIVER:*

I _____ (applicant), have been informed that I am eligible for care provided through either an Intermediate Care Facility (ICF), or Home and Community Based Services (HCBS). My choice is indicated below.

_____ I have chosen HCBS _____ I have not chosen HCBS

B) *SELECTION OF SERVICE COORDINATOR:*

Service coordinator* selected:

Name: _____

Provider Agency: _____

Address: _____

Phone: _____

*An approved service coordinator is one who meets Service Coordinator qualifications.

C) *ASSURANCE OF INFORMED CHOICE:*

_____ (Service Coordinator), has informed me of all the available options** with regard to service provider(s), including service coordination services.

** Applicant has the right to exercise changes in choice at any time.

D) *SIGNATURES:*

(Applicant Signature/Date)

(Service Coordinator Signature/Date)

(Advocate Signature/Date)

(OPWDD Representative Signature/Date)



STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

HCBS Form 02.02.97 (5/2010, 4/2011)
Form URAC-2 (4-86)

ICF/MR-LEVEL OF CARE ELIGIBILITY DETERMINATION (LCED) FORM
Please refer to the accompanying instructions for information on completing this form.

Name of Individual			
Address			
Responsible Medicaid District		D.C. #	State: 620 / 621
New York City		Medicaid No (CIN)	620/621
Pre-enrollment Evaluations: Physical		Social	Psychological
10.10.13		3.26.13	2.6.13
This information must be kept confidential by recipient ELIGIBILITY DETERMINATION CRITERIA			
1. DIAGNOSIS: Mental Retardation <input checked="" type="checkbox"/> Autism <input checked="" type="checkbox"/> Intellectual Disability <input type="checkbox"/> Investment <input type="checkbox"/> Generalized Anxiety Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
2. BEHAVIORAL PROBLEMS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
A. Daily <input type="checkbox"/> B. Weekly <input type="checkbox"/> C. Monthly <input type="checkbox"/> D. Occurred in past 12 months <input type="checkbox"/>			
3. HEALTH CARE NEED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
A. Individual has a medical condition which requires daily individualized attention from health care staff			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
B. Individual displays self-injurious behavior which necessitates monitoring and treatment			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
C. Individual has deficits in self-care skills			
1. Extremely limited self-help skills, requires total assistance with self-care tasks			
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. Demonstrates some self-help skills, but requires assistance and training in performing self-care tasks			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. ADAPTIVE BEHAVIOR DEFICIT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
A. COMMUNICATION: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
1. Individual has extremely limited expressive or receptive language skills			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. Individual has some expressive or receptive language but requires assistance to communicate needs			
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
B. LEARNING: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
1. I.Q. score cannot be determined using standardized test measures (certified unstable)			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. I.Q. score of less than 50			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. Over 21 years of age, person's reading and computation skills are at first grade level or below			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. I.Q. score of 50 - 89			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. Over 21 years of age, person's reading and computational skills are at third grade level or below			
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
C. MOBILITY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
1. Individual is non-ambulatory and totally dependent on staff for moving from one place to another			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. Individual has some mobility skills but needs staff assistance and training to increase his/her capacity for moving about			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
D. CAPACITY FOR INDEPENDENT LIVING: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
1. Individual is completely dependent on others for all household activities			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. Individual needs assistance or training to perform tasks to be a contributing member of household			
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
E. SELF-DIRECTION: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
1. Individual exhibits frequent (i.e., weekly) challenging behaviors requiring individualized programming			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. Individual is completely dependent on others for management of his/her personal affairs within the general community			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. Individual exhibits episodic (i.e., monthly) challenging behaviors requiring individualized programming			
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. Individual needs assistance or training for management of his/her personal affairs within the general community			
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

See next page for required signatures.

Date: <enter today's date here>

<enter DDRO/District name here>

<enter DDRO address here>

<enter city here>, NY <enter zipcode here>

<enter individual's Name, family member, or primary contact name here>

<enter individual's Name, family member, or primary contact address here>

<enter city here>,<enter state here> <enter zipcode here>

Re: **Service Authorization Letter** for <enter individual's Name, DOB: X/X/XX here>

Dear <enter individual's Name, family member, or primary contact name here>

This letter is to inform you that the Front Door Team has reviewed your request for services and we are pleased to inform you that the service(s) checked below have been authorized. Please carefully review the items checked below as there are additional actions that must take place before you/your family member can begin the service(s) for which you were authorized.

Please note that if you and your Service Coordinator (SC) determine that you need more of a particular service or different services, they will work with you to include any changes in your full Individualized Service Plan (ISP) which will be approved through a separate service authorization request process.

HCBS Waiver Services (The Notice of Decision is attached verifying your enrollment in the HCBS Waiver. It's important you're aware that, for HCBS Waiver enrollment to continue, you must be enrolled in and receiving a Waiver service)

Authorized Service	Hours/Units or N/A	Provider (identified by individual/family)
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	
	Up to <input type="checkbox"/> N/A	

Additional Steps Before You Can Start: Your SC will follow up with the provider agency(s) you selected to assist with identifying a start date and ensure that the agency submits the required enrollment form(s) to the Developmental Disabilities Regional Office (DDRO) Front Door Team. Once the necessary enrollment materials have been processed, enrollment will occur and you may begin to receive the service(s).

Please note, receiving the HCBS Waiver requires continuous Medicaid and Home and Community-Based Waiver enrollment. Your Service Coordinator will work with you to ensure that your enrollment is maintained.

Family Support Services (FSS)

Authorized Service	Provider (identified by individual/family)

Additional Steps Before You Can Start: If a Family Support Services provider has not yet been identified, please work with your Family Support Services Coordinator who will provide you with a list of FSS providers in your area. Once the Provider Agency(s) completes and submits the required enrollment form(s) to the DDRO FSS Coordinator for processing and approval, enrollment will occur and you may begin receiving the service(s).

Individualized Support Services (ISS)

Additional Steps Before You Can Start: With the assistance of your Service Coordinator or ISS Program Coordinator, the provider you select will complete and submit the required service enrollment materials to the DDRO Front Door Team. Once the necessary documentation has been processed, enrollment will occur and you may begin receiving the service.

CARE AT HOME WAIVER

Additional Steps Before You Can Start: Please work with your Care at Home (CAH) Coordinator/Case Manager who will help assess your needs and determine whether the criteria for the CAH Waiver is met. Once it's determined that you meet the criteria, your CAH Coordinator/Case Manager will review your needs and identify the services for which you qualify, and provide you with additional details.

Other: Specify:

If the Service Coordinator has difficulty finding a provider agency and/or there other are factors that impact you starting services with a provider agency in a timely fashion, please consult with your Service Coordinator or DDRO Front Door Team who will work with our office to address this issue.

Sincerely,

<enter Front Door staff contact name here>, <enter Front Door staff contact title here>
<enter Front Door staff contact phone number with area code here>

CC: <enter SC supervisor name here, when applicable>
<enter OPWDD fiscal staff name here, when applicable>
<enter DDRO Waiver Coordinator name here, when applicable>
<enter FSS/ISS Coordinator name here (when authorizing FSS/ISS)>
<enter Self-Direction Liaison name here (when authorizing Self-Directed Services)>
<enter DDRO Employment Coordinator name here (when authorizing Pathway/SEMP/Community Pre-Voc)>
<enter Provider Agency name here for all known providers>

OPWDD REGIONAL OFFICE REQUEST FOR SERVICE AMENDMENT

To be submitted by the Service Coordinator (SC) for those individuals not required to go through the Front Door. Please refer to last page of this document for information about those services that *do not* require submission of this form.

This form was designed to be completed electronically. To request a digital copy, please contact your DDRO

➤ Reason for Submitting this Form: Requesting New Service Requesting an Increase in Service Amount Change in Provider

I. APPLICANT INFORMATION

NAME:	DOB:	TABS ID#:
ADDRESS:	COUNTY:	MEDICAID #:
CURRENT LIVING SITUATION:		
CONTACT PERSON:	RELATIONSHIP:	
ADDRESS: <i>(if different than applicant)</i>	TELEPHONE #:	

II.

NAME OF SERVICE COORDINATOR COMPLETING FORM:	DATE:
EMAIL ADDRESS:	TELEPHONE:
AGENCY:	ADDRESS:
BROKER NAME : <i>(if applicable)</i>	EMAIL:

III.

DEVELOPMENTAL DISABILITY/DIAGNOSES: _____
 Describe Ambulation Status: _____

IV.

ISPM Overall Score: _____ Date of DDP2: _____
 Domain Scores: Health _____ Behavioral _____ Adaptive _____

V.

CURRENT SERVICES: List all supports currently received through both OPWDD and generic service providers. Include agency and frequency/amount of service.

Service Type	Frequency/Amount of Service (Units/Year)	Agency Name/OPWDD

Does individual attend a school program? Yes No Specify: _____
 Projected age out or graduation date: _____

VI.

SERVICES REQUESTED: (Check all that apply)

A. COMMUNITY HABILITATION: Self-Hire (PRA and FI required) Agency Supported Self-Directed Direct Provider-Purchased

➤ Requested # units* annually: _____ Agency Name: _____
 (*1 unit = 15 minutes. Example: 6 hours/week = 1248 units/year)

Agency Contact Person: _____ Email Address: _____ Phone Number: _____

- Proposed start date: _____
- Justification for service/goals: _____
- If agency directed, reason individual or family cannot self-direct: _____
- Is the individual 12 years of age or younger? Yes No If yes, explain individual's need for habilitation: _____
- Has new provider agency agreed to provide the service on the requested start date? Yes No

B. COMMUNITY PRE-VOCATIONAL:

- Requested # units* annually: _____ Provider Agency Name: _____
 (*1 unit = minimum of 4 hours or more per day / ½ unit = minimum of 2 hours or more per day. E.g. 5 units per week = up to 215 annually)
- Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Pre-Vocational Setting(s): _____
- Proposed start date: _____
- Justification for service/goals: _____
- Has new provider agency agreed to provide the service on the requested start date? Yes No

C. COMMUNITY TRANSITION SERVICES (Fiscal Intermediary required, 1 time expenditure, up to \$3000 – please submit required documentation)

D. DAY HABILITATION:

- Day Habilitation Without Walls Site-Based Supplemental Group Day Habilitation
- Confirm that a conversation has occurred with individual/family which explores less restrictive, more integrated day options have been discussed, reviewed, and considered.
- Requested # units* annually: _____ Provider Agency Name: _____
 (*1 unit = minimum of 4 hours or more per day / ½ unit = minimum of 2 hours or more per day. E.g. 5 units per week = up to 215 annually)
- Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Proposed start date: _____
- Justification for service/goals: _____
- Has new provider agency agreed to provide the service on the requested start date? Yes No

E. FAMILY EDUCATION TRAINING (FET):

- Proposed start date: _____
- Justification for service/goals: _____

F. INTENSIVE BEHAVIORAL (IB) SERVICES (along with this form, submit the application):

Note: The DDRO will verify that the DDP2 has been completed within the past 6 months and update as necessary. The DDRO will also complete a Child, Adolescent, and Adults Needs and Strengths Developmental Disabilities Tool (CAANS-DD) to determine the service needs of the individual.

G. PATHWAY TO EMPLOYMENT:

- Provider Agency Name: _____ Agency Contact Person: _____
- Contact Phone Number: _____ Email Address: _____
- Proposed start date: _____
- Has the individual been in Pathway to Employment previously? Yes No
- Has new provider agency agreed to provide the service on the requested start date? Yes No

H. SERVICE COORDINATION:

- PLAN OF CARE SUPPORT SERVICES (PCSS) (transferring from MSC to PCSS)
- MEDICAID SERVICE COORDINATION (MSC) (transferring from PCSS to MSC)
- Provider Agency Name: _____ Agency Contact Person: _____
- Contact Phone Number: _____ Email Address: _____

I. SELF-DIRECTED BUDGET AUTHORITY (Budget must be developed, falls within PRA): *check all that apply*

Note: The Service Amendment Process must be followed when individuals (self-directing their services) have identified a changed need level and request a new DDP2 assessment to change their PRA, and/or request to add a new service within their self-directed plan. This includes adding a different type of a particular service to the Budget (e.g. an individual has agency-purchased community habilitation and wants to add agency-supported [employer authority] community habilitation). All participants and/or their family interested in self-direction are expected to attend a required two-hour self-direction orientation. Please contact the self-direction liaison at the regional office for orientation session dates/times.

- Fiscal Intermediary (FI)
 - FI Provider Agency Name: _____
- Individual-Directed Goods and Services (FI required)
 - Justification for service/goals: _____
 - Proposed start date: _____

Live in Caregiver (FI required)

- Justification for service/goals: _____
- Proposed start date: _____

Brokerage (FI Required):

- Justification for service/goals: _____
- Proposed start date: _____
- Has a broker agreed to provide the service on the requested start date? Yes No

J. SUPPORTED EMPLOYMENT (HCBS Waiver SEMP): Self-Hired Staff (PRA and FI required) Agency Supported Self-Directed Direct Provider Purchased

Has the individual participated in ACCES-VR funded Supported Employment services? Yes No

IF YES (check which applies):

- Individual is participating in ACCES-VR Intensive Services. Projected date of transition from ACCES-VR: _____
- Is individual currently employed? Yes No
Projected SEMP services enrollment date: _____

IF No (check which applies):

- The individual has completed Pathway to Employment services, was denied from ACCES-VR, and the Pathway Discovery report recommends OPWDD SEMP. Projected SEMP services enrollment date: _____

Has the individual participated or anticipates participating in the Employment Training Program (ETP)? Yes No

IF YES (check which applies):

- The individual has completed the ETP application and is approved to start ETP.
Projected SEMP services enrollment date: _____
- The individual has successfully completed ETP and is transitioning to SEMP services.
Projected SEMP services enrollment date: _____

Identified SEMP provider for above services: _____

K. WAIVER RESPITE:

HOURLY RESPITE: Self-Hired Staff (PRA and FI required) Agency Supported Self-Directed Direct Provider Purchased

- Requested # units* annually: _____ Agency Name: _____
(*1 unit = 15 minutes. Example: 6 hours/week = 1248 units/year)
- Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Proposed start date: _____
- Justification for service/goals: _____

FREE STANDING RESPITE Site Name: _____

- Requested # units* annually: _____ Agency Name: _____
(*1 unit = 15 minutes. Example: 6 hours/week = 1248 units/year)
- Agency Contact Person: _____ Email Address: _____ Phone Number: _____
- Proposed start date: _____

Signature Section

Service Coordinator Signature	Date:
Service Coordinator Supervisor Signature	Date:

TO BE COMPLETED BY DDRO

Requests must be emailed via SECURE mail to:

Requests must be submitted via CHOICES followed by a notification to the DDRO

INDIVIDUALS REQUESTING A SERVICE AMENDMENT:

→ SERVICES FOR WHICH COMPLETING A REQUEST FOR SERVICE AMENDMENT FORM IS NOT REQUIRED ←

Please see instructions below regarding gaining access to these services

SERVICE TYPE	INSTRUCTIONS
CERTIFIED RESIDENTIAL SERVICES	Follow Vacancy Management Protocol, contact your Regional Office for assistance.
ENVIRONMENTAL MODIFICATIONS (EMODS) AND/OR ADAPTIVE TECHNOLOGY	Follow the established application process, submitting all required application materials to the DDRO.
EXISTING SELF-DIRECTED PLAN: REQUEST FOR A CHANGE TO AN EXISTING SERVICE WITHIN PRA	The Service Amendment process is not required for those making a change to an existing service that is in their Self-Direction Budget and within their PRA. For example, increasing wages for self-hired staff within the individual's PRA or making cost neutral changes to categories within the Individual Directed Goods and Services (IDGS).
FAMILY SUPPORT SERVICES (FSS)/NON-WAIVER SERVICES	Respite Reimbursement, Family Reimbursement, Recreation, Service Access Assistance, Educational Advocacy. Individual/family works directly with provider agency and FSS liaison at the DDRO to apply for available services. When Service Coordinator is in place, the SC will help to facilitate this process between the provider agency and the FSS liaison.
HOME OF YOUR OWN (HOYO)	For more information, contact DDRO
INDIVIDUAL SUPPORTS AND SERVICES (ISS)	Please contact ISS providers directly. If unable to locate an ISS provider agency with available funding, please contact your DDRO ISS liaison for assistance.
NON-WAIVER SEMP	Non-waiver SEMP is part of an approved contract. Providers must send requests for exception directly to the DDRO.

**INDIVIDUALS WHO SHOULD ACCESS SERVICES THROUGH THE FRONT DOOR PROCESS
(AND SHOULD NOT USE THE SERVICE AMENDMENT PROCESS OR THIS FORM)**

Front Door Processes apply to people in the following categories:

- OPWDD eligibility has not been established
- An eligible person not receiving Service Coordination (SC) or Plan of Care Support Services (PCSS) and is now requesting SC or PCSS
- An eligible person receiving Service Coordination or Plan of Care Support Services (PCSS) but not receiving other services and is now requesting a service
- An eligible person not receiving any HCBS Waiver services and is now requesting HCBS services
- Individuals who have had a break in waiver services for 1 year or more
- Young adults transitioning from public or residential schools either into the OPWDD system for the first time or requesting a new HCBS waiver service as a result of transition
- Individuals transitioning into the community from Developmental Centers (DCs) or other specialized settings

Dear Voluntary Provider:

On 12/15/14, a memo from Abiba Kindo was sent explaining the new process by which agencies via the MSC can request additional services or change their service plan.

In new NYC, the Request for Service Amendment form should be sent to the following mailboxes:

Bernard Fineson
fin.serviceamendment@opwdd.ny.gov
Brooklyn.....
brk.serviceamendment@opwdd.ny.gov
Staten Island
sid.serviceamendment@opwdd.ny.gov
Metro Bronx
bx.serviceamendment@opwdd.ny.gov
Metro Manhattan
met.serviceamendment@opwdd.ny.gov

Forms will be retrieved daily from these mailboxes.

Kindly share this additional information with your MSCs.

Thank you!

<https://pod51045.outlook.com/owa/>

12/26/2014

Service Amendment Scenarios

Process for Individuals Not Going Through the Iron Pipeline

All Scenarios: MSC should explore the ability of the chosen Provider to obtain services by accessing unused provider-held resources, or Portability. Requests for a change in service using Personal Reinvestment to fund the new service may also be an option. Should the attempt to use these avenues be unsuccessful, a request for approval to use new funding to pay for the service will be considered.

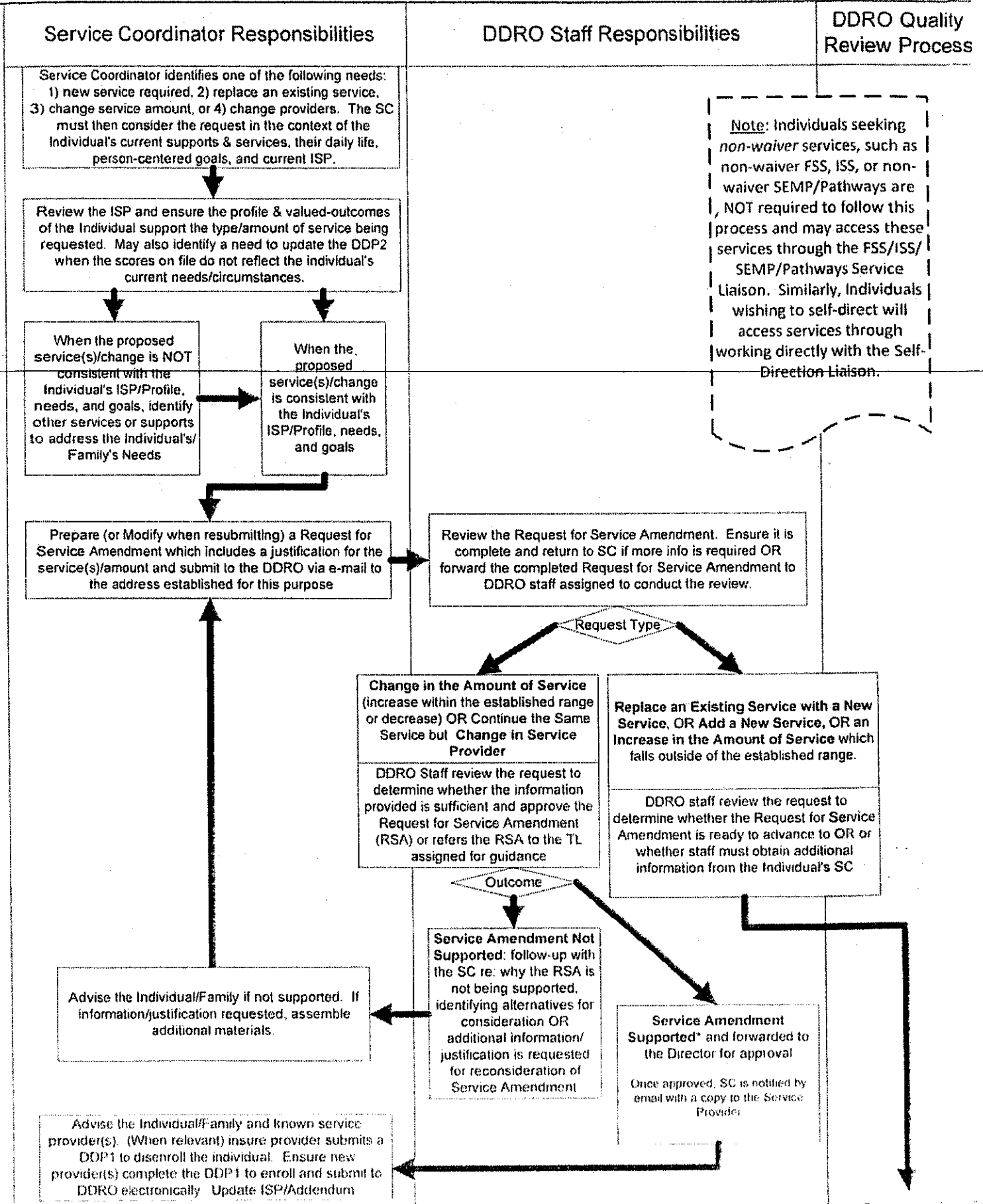
Note On Eligibility: All individuals seeking HCBS Waiver enrollment must have formal OPWDD Eligibility. "System generated eligibility" does not qualify as formal eligibility and is NOT acceptable for Waiver enrollment.

SCENARIO	DIRECTION
➤ Currently receiving a Family Support Service and wants additional non-waiver Family Support Services. Has no MSC and does not seek MSC.	Family can pursue service through Family Support Agencies.
➤ Currently enrolled in HCBS Waiver and wants additional Waiver service.	Advise MSC to work with chosen agencies to explore availability of Waiver Services through accessing unused resources/units, portability, or reinvestment. If the MSC does not locate a provider with unused resources, MSC should contact the RO Program staff to explore new funding and process Request for Service Amendment form per instructions.
➤ Currently receiving services and wants ISS	Advise MSC to process Request for Service Amendment form per instructions.
➤ Inter-District Transfers: MSC	Sending District closes out in TABS; MSC Enrollment processed in "New District." (No interruption in MSC Enrollment.)
HCBS	Sending District closes out in TABS. HCBS Enrollment in New District by submission of HCBS Application or copy of existing application by MSC. Regional Office reviews service request.
➤ Currently in Crisis and urgently needs a new service or more service than presently receiving.	Advise MSC to contact the RO Crisis Mitigation staff for assistance in accessing vital services as expeditiously as possible.

Note: Any persons seeking certified residential placement must follow Vacancy Management Protocols.

Service Amendment – Process Map

(For Individuals Not Required to Go Through the Front Door)



Service Amendment - Process Map (Page 2)

(For Individuals Not Required to Go Through the Front Door)

