

STC Intake Process without Medicaid

Please note: The intake process will take differing amounts of time based on individual circumstances.

STEP 1: INITIAL CONTACT W/CARE COORDINATION ORGANIZATION (CCO)

- Admin Assistant connects with referring party and obtains basic information about potential member
 - Sends family introductory packet with releases and information to complete and return



STEP 2: CONVERSATION W/ ASSIGNED STC INTAKE COORDINATOR

- STC Intake Coordinator calls referring party/family:
 - Assess circumstances and where family is in the process of eligibility
- Discuss next steps and answer any questions



STEP 3: OBTAIN SIGNED PACKET (RELEASES) BACK FROM FAMILY



STEP 4: OBTAIN SUPPORTING DOCUMENTS FOR ELIGIBILITY

- STC reaches out to providers to obtain records on behalf of the family (medical records, psychiatric reports, school records, etc.)



STEP 5: SUBMIT FOR OPWDD ELIGIBILITY REVIEW

NOTE: Eligibility department has 30 days from submission to respond

- **DEEMED ELIGIBLE**
 - Level of Care Determination (LCED) is generated by OPWDD and completed by CCO
 - STC Intake Coordinator discusses with family and proceeds to Step 6 on the next page
- **DEEMED INELIGIBLE**
 - STC Intake Coordinator discusses options (including appeal or fair hearing) with family
- **ADDITIONAL DOCUMENTS/NEW ASSESSMENTS REQUESTED:**
 - STC Intake Coordinator discusses next steps and obtaining additional documents/assessment with family. Once obtained these are submitted back to OPWDD for continued eligibility review until 'eligible' or 'ineligible' determination is made

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All steps below occur only for individuals determined OPWDD Eligible

STEP 6: DISCUSSION WITH INTAKE COORDINATOR REGARDING APPROPRIATE AND NEEDED SERVICES

Option 1: Family Support Services (FSS) Only

Option 2: Home and Community Based Waiver (HCBS) and FSS Services

- OPWDD's HCBS Waiver funds services like respite, community habilitation, day habilitation, supported employment (SEMP), and self-directed services (SDS). To receive these services, you will also be required to enroll in the HCBS Waiver.

STEP 7

FSS SERVICES ONLY

HCBS WAIVER SERVICES

APPLY FOR FAMILY SUPPORT SERVICES (FSS), AS APPLICABLE

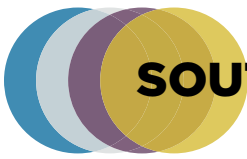
WORK WITH INTAKE COORDINATOR TO COMPLETE ALL REQUIREMENTS TO APPLY FOR HCBS WAIVER SERVICES.

Requirements include:

- Exploration of Family Support Services and natural/community supports to ensure they will not meet the need
- Completion of CAS (over 18) or CANS (17 and under) Assessment
- Development of an in process Life Plan with Intake Coordinator

CCO SUPPORT ENDS

CONTINUE TO NEXT PAGE FOR STEPS 8 - 11



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STEP 8: APPLY FOR HOME & COMMUNITY BASED SERVICES [HCBS] WAIVER ENROLLMENT (AS APPLICABLE)

Note: OPWDD has 30 days from application to make a determination.

- **APPROVED**

- › Continue to Step 9

- **DENIED**

- › Care Manager will explain and explore alternative options including FSS only services or appeal of denial.



STEP 9: APPLY FOR MEDICAID

The Intake Coordinator will work with you to complete the Medicaid application. You will need to provide copies of important documents to support the Medicaid application.



STEP 10: SEND IN MEDICAID APPLICATION

The application will be sent to the Local DSS office and then transferred to Albany to process a “Local County Disability Determination”

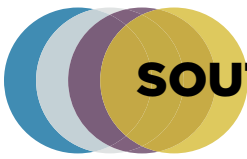


STEP 11: COMPLETE COUNTY DISABILITY DETERMINATION

Department of Health will need to complete a local county disability determination (separate from the OPWDD Eligibility Determination Process). Department of Health will mail you a packet to complete which must be returned to them ASAP once received.



CONTINUE TO NEXT PAGE FOR STEPS 12 - 14



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STEP 12: COMPLETE STC INTAKE ENROLLMENT PACKET

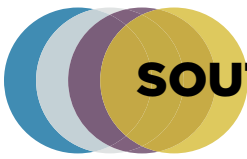
Completion of this packet can be in person or completed via physical mail, however the process is unable to move forward until all documents are completed, signed and received by the CCO



STEP 13: MEDICAID APPROVAL RECEIVED



STEP 14: CCO ENROLLMENT OCCURS FIRST DAY OF FOLLOWING MONTH



Post Enrollment Process

Note: Steps below may occur prior to official enrollment or in another order.

STEP 1: OPTIONAL NEW ENROLLEE ORIENTATION SESSION

All members with an email address on file will be invited to attend a virtual New Enrollee Orientation Session to meet STC Care Manager Supervisors, ask questions, learn more about next steps and connect with members of the Southern Tier Connect Family Advisory Board



STEP 2: CONTACT WITH CARE MANAGER

During the first month of CCO enrollment Care Coordination Manager (CCM) will complete the following with member/family member/advocate:

- Care Manager Checklist
- Developmental Disabilities Profile-2 (DDP2)
- Review CAS/CANS (if applicable) to utilize in Life Plan development



STEP 3: COMPLETE ASSESSMENTS

Care Manager will meet with member/family member/advocate and complete:

- I Am Me (IAM) Assessment
- Health Related Social Needs (HRSN) Assessment



STEP 4: LIFE PLAN MEETING

Within 60 days of enrollment a Life Plan meeting must be held in person with the individual receiving services at a location, time and place that is chosen by the member/family/advocate.

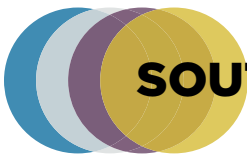


STEP 5: LIFE PLAN FINALIZED

Must be done within 90 days of CCO enrollment/HCBS Waiver enrollment (whichever happens first)



CONTINUE TO NEXT PAGE FOR STEPS 6 - 7



Post Enrollment Process

Note: Steps below may occur prior to official enrollment or in another order.

STEP 6: SEEK SERVICES

The STC Care Manager will work with the member/family member/advocate to complete referrals for service providers so services can begin.



STEP 7: ONGOING SUPPORT

The Care Manager is the main contact for support and questions. The Care Manager will connect with the member/family member/advocate on a regular and ongoing basis to assist the member in accessing needed services, supports, providers, benefits and more.