NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Medicaid Service Coordination (MSC)

E-VISORY

The MSC E-VISORY is an electronic publication which provides information on policies, guidance, available programs and services and training opportunities related to MSC. In order to receive an email notification when a new MSC E-Visory is posted, or to view past issues visit the following link: MSC E-Visory

ISSUE # 11-16 **September 9, 2016**

Materials for the September 14, 2016 MSC Supervisors Conference

The MSC Supervisors Conference is being held on September 14, 2016 via videoconference and WebEx from 9:30am-12:30pm. The conference agenda is as follows:

- Voter Registration
- MMC, MLTC, FIDA and other MA acronyms
- Conflict Free Case Management (CFCM)
- Residential Request List
- Coordinated Assessment System

NOTE: The materials that will be referenced during this conference are attached to this MSC E-Visory. There will not be any materials distributed on the day of the conference.

Registration can be accessed at:
http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/slms

Existing users can log into SLMS from the page listed above. New users can follow the instructions to become SLMS users and log in. To search this conference simply enter "MSC" into the Find Learning search bar in the Quick Links. Also, to attend via WebEx register with the Class Code training titled WebEx-MSCSup-09142016

Overview of Services for Willowbrook Class Members Training

OPWDD has scheduled a training on Tuesday, November 1 which focuses on the provision of Medicaid Service Coordination/Case Management by Non-Profit Voluntary Providers to Willowbrook Class members. This training will highlight the requirements for the Willowbrook Medicaid Service Coordination/Case Management services and provide information on fees, entitlements, billing, monitoring and oversight. Medicaid Service Coordinators/Case Managers, MSC Supervisors and district Willowbrook Liaisons are encouraged to attend.

Registration for the training is available through SLMS at the following link:
http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/slms

Waiver Amendment 01:

OPWDD has posted a "Question and Answer" document in response to the three Amendment 01 WebEx sessions that were held on August 2, 2016. The document is available on our website at the following link:
http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_waiver_services.

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MSC Supervisors Conference

September 14, 2016

Agenda

- Welcome
- Hot Topics
- Voter Registration
- MA-MMC, MLTC, FIDA, PACE and other
- Conflict Free Case Management
- Priority list and Residential Request List
- Coordinated Assessment System
- Closing

Information

Materials can be found in the evisory

http://www.opwdd.ny.gov/opwdd_services_supports/service_coordination/medicaid_service_coordination/msc_e-visories

Certificates are not provided to those attending by Webex. Use your confirmation email.

HOT TOPICS

Medicaid Recertification

MSCs Responsibilities:

- The service coordinator ensures that all necessary documentation is completed so that a person's enrollment in Medicaid is not unnecessarily interrupted.
- The service coordinator may assist the person to gather and complete the necessary documentation to maintain Medicaid.

5

Medicaid Recertification

- Most renewals are on an annual basis. Individuals should receive a renewal packet by mail prior to their renewal date.
- Paperwork needs to be completed, mailed and received by the due date.
- Late paperwork may result in a loss of Medicaid and prevent the individual from receiving services and of providers (including MSC) being able to be paid.

6

Medicaid Recertification Resources

http://www.opwdd.ny.gov/opwdd_resources/benefits_information/benefit_development_resource_guide

http://www.opwdd.ny.gov/node/1749

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7

8

Important Information Regarding Voter Registration

For the 2016 General Election

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Qualifications to Register to Vote

- be a United States citizen;
- be 18 years old by December 31 of the year in which you file this form (note: you must be 18 years old by the date of the general, primary or other election in which you want to vote);
- live at your present address at least 30 days before an election;
- not be in prison or on parole for a felony conviction and;
- not be adjudged mentally incompetent by a court;
- not claim the right to vote elsewhere.

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Important Dates

Deadline Information

- Oct. 14 Last day to postmark an application or letter of application by mail for an absentee ballot.
- Nov. 7 Last day to apply IN-PERSON for absentee ballot.
- Nov. 7 Last day to postmark ballot. Must be received by the local board of elections no later than Nov. 15th.
- Nov. 8 Last day to deliver ballot IN-PERSON to the local board of elections (by someone other than the voter).

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11

MMC, MLTC, FIDA and Other MA Acronyms

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11

12

Mainstream Medicaid Managed Care (MMC)

- Coordination of provision & quality of care
- Services accessed through participating providers
- Covers inpatient, outpatient, primary care, hospital services, ambulance, doctors, home health care, DMEs, labs, etc.

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13

MMC Exemptions

- Can choose to enroll in MMC
- Exempt individuals include
  - HCBS Waiver/CAH Waiver recipients
  - TBI/NHTD Waiver participants
  - OPWDD eligible

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14

MMC Exclusion

Cannot/excluded from MMC enrollment

- Spenddown (excess income)
- Receiving both Medicaid and Medicare
- Those with Third Party Health Insurance
- Residing in a DC/ICF
- Receiving Hospice Care

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15

Restriction Exception Code 95

- Designates OPWDD Eligibility
- Exempts an individual from mandatory enrollment in MMC
- Excludes an individual from enrollment in MLTC

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16

Managed Long-Term Care (MLTC)

- Medicare AND Medicaid
- Long-term care services
- Chronically ill or disabled
- Stay in own home

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17

MLTC Exclusions

- **OPWDD HCBS Waiver recipients**
- OPWDD eligible
- Traumatic Brain Injury (TBI), Nursing Home Transition & Diversion (NHTD) Waiver enrollees
- Psychiatric, residential care facility or nursing home residents
- Consumer Directed Personal Assistance Program (CDPAP)

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18

MLTC Plan Types

- Programs of All-Inclusive Care for the Elderly (PACE)
- Partial Capitation Managed Long Term Care Plans (MLTC)
- Medicaid Advantage Plus Plans (MAP)
- Fully Integrated Dual Advantage Plan (FIDA)
- Fully Integrated Dual Advantage Plan for individuals with Intellectual and Developmental Disabilities (FIDA-IDD)

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19

FIDA-IDD

- Fully Integrated Dual Advantage Plan for individuals with Intellectual and other Developmental Disabilities
- Partners Health Plan (PHP)
- Maximus/NY Medicaid Choice (NYMC)
- Opt-in, not auto-assigned

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20

FIDA-IDD Eligibility

- Reside in NYC, Long Island, Westchester or Rockland
- Over age 21
- Dual-eligible
- Medicaid through LDSS or D98 NOT HX
- OPWDD AND ICF Level of Care eligible
- Not in nursing home, DC, OMH facility

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21

Applying for MMC & MLTC

MMC & MLTC plans vary county to county

- Enrollment in MMC/MLTC is available at any local Department of Social Services office or or by contacting New York Medicaid Choice

Additional information can be found at

- NY Medicaid Choice (MMC): 800-505-5678
- NY Medicaid Choice (MLTC): 888-401-6582
- NY MC for FIDA-IDD only: 844-343-2433
- health.ny.gov

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22

Questions?

Local Revenue Support Field Offices

https://www.opwdd.ny.gov/sites/default/files/documents/revenue_support_field_offices_2.pdf

Or

search "Revenue Support Field Office" at

www.opwdd.ny.gov

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23

Conflict Free

Home and Community Based Services

Kate Marlay, Deputy Director – Person Centered Supports

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23

24

Today's Topic: Conflict Free Case Management

1. **Framing the Issue**
   - HCBS Final Rule – 42 CFR 441.301
2. **Conflict Free HCBS System**
   - Defining Conflict Free Case Management (CFCM)
   - Characteristics
   - Expectations
   - Standards
   - Intention
3. **OPWDD's Plan to Mitigate Conflicts of Interest**

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25

HCBS Final Rule

- **42 CFR §441.301**
  - Issued - January 2014
  - Effective - March 17, 2014
- **Basic Changes:**
  - Person-Centered Support Planning
  - Conflict Free System in HCBS Programs
  - HCBS Settings Transition Plan
  - Combine HCBS programs, age groups, and disabilities
- **Impacts:**
  - 1915 (c), 1915 (i), 1915 (k)
  - 1115 Demonstration

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26

CMS Regulations 42 CFR §441.301 (c)(1)(vi)

- Providers of HCBS services, or those who have an interest in or are employed by a provider of HCBS for an individual:
  - Must not provide Case Management, or
  - Develop the person-centered service plan
- **Exception:** When the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS services

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27

Standards of a Conflict Free HCBS System

The Rule –

1. Prohibits providers of HCBS and those with an interest in or employed by a provider of HCBS from developing person-centered plans or integrated service plans
   - Individuals or entities responsible for person-centered plan development must be independent of the HCBS provider
2. Requires independent evaluation and assessment
   - Assessment must be performed by individuals, entities or agents that is independent
   - Independent means free from conflict of interest with providers of HCBS, the individual and related parties, and budgetary concerns

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28

Intention of Conflict Free HCBS System

- Foster true person-centered planning
- Remove the potential incentives for over-or- under utilizations of services
- Eliminate problems such as interest in retaining the individual as a client rather than promoting independence
- Eradicate issues that focus convenience of the agent or service provider rather than being person-centered

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OPWDD's Transition Plan to Mitigate Conflicts of Interest

30

Mitigating Conflicts of Interest

- OPWDD is required by CMS to submit a Conflict Free Case Management (CFCM) transition plan to address conflict of interest in its delivery of case management in an amendment to the OPWDD HCBS Waiver

OPWDD intends to meet the following policy objectives:

1) Meet and maintain federal requirements,
2) Minimize service disruption to individuals and families,
3) Support the establishment of a system transitioning to managed care and value based payments, and
4) Maintain individual choice, to the maximum extent possible.

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31

Background & Current Status with CMS on Conflict Free Case Management

- OPWDD's service delivery system historically has allowed agencies to provide both case management and direct services
  - Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS)
- 87% of all HCBS providers deliver both HCBS waiver services and case management to at least one person.

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32

OPWDD's Objective for Obtaining Conflict Free Case Management

- An opportunity to evaluate the way the OPWDD system delivers case management now, and to begin implementing the recommendations of the Transformation Panel:
  - to design service coordination in a way that fosters a more robust role for service coordinators and incorporates the expertise of, and relationships of individuals with, Medicaid Service Coordinators
- Supports the development and testing of quality outcomes, enhancement of service delivery for high needs individuals, and refinement of the care management model prior to moving to managed care

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33

Conflict Free Case Management (CFCM)Timeline

- Multi-phased approach spanning over several years
- Allowing OPWDD to transition into a CFCM system that can operate in both the fee-for-service system and in Managed Care

Phase One – 2016:

- Communication with stakeholders on the concept of CFCM - set a foundation for understanding needed changes
- CMS and the State publish a detailed plan for stakeholder input

Phase Two – 2017:

- OPWDD will use a competitive procurement/ bidding process to ensure individuals and families have choice of new conflict free case management organizations

Phase Three – 2017-18:

- The award of contracts will begin during this phase and may be 'rolled out' on a regional basis

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34

OPWDD's Commitment to a New Way of Delivering Case Management & Better Outcomes for Individuals

- Strive to develop a conflict free case management service that is person-centered and person driven
  - The planning process is guided and shaped by the individual and his/her family
  - Case management will be comprehensive and address the individual's 'whole life' including better access to physical and behavioral health services
- Case management relationship will anchor the transition into CFCM and, eventually, managed care and value based payments
- All phases of the CFCM transition plan development will include stakeholder involvement, outreach and planning

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35

Next Steps / Considerations

- **Transition Time Frame**
- **Key Elements of a Federally Compliant System:**
  - **Case Management Entity must provide**
    - Annual Re-Assessment (further discussion needed regarding the need for an independent initial or 'baseline' assessment);
    - Service Plan development; and
    - Service Plan monitoring
  - Referral and related activities to help an individual obtain needed services and supports must exist independently of an agency providing services
  - Recognizes the need for an exceptions process that anticipates the possibility of insufficient access to independent case management services, such as, in the case of:
    - An individual may not have access to a case manager such as in rural or underserved areas,
    - An individual receives services from a specialized provider agency (e.g., Mill Neck)
- **Public Engagement**

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36

Questions/Discussion

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RESIDENTIAL SUPPORT CATEGORIES and RESIDENTIAL REQUEST LIST

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MSCs

- Role of MSCs in regard to changes in the Residential Support Categories
  - (formerly the Certified Residential Opportunities priorities)
- Role of MSCs in Residential Request List activities

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Residential Support Categories Background

- Certified Residential Opportunities Protocol – implemented May 2015 – including priority system
- Transformation Panel Hearings
  - Panel of stakeholders held hearings around the state
  - Make recommendations about services

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Residential Support Recommendations

- Equity of access for both individuals living at home and those living in institutional settings.
- Access to residential services should be based on need, and the prioritization criteria should be reviewed to ensure access for those with more significant needs.

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Residential Support Categories New Criteria

- Based on needs and circumstances of the individual v. “priority levels”
- Responsive to individuals with emergency needs
- Creates equity between individuals in institutional settings and those living in the community/at home
- Considers the current and emerging needs of families and caregivers as important criteria

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New Categories

- Emergency Need
- Substantial Need
- Current Need

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Emergency Need

- Homelessness, threat of homelessness, risk to health and safety, emergencies affecting caregivers
- Individual is ready for discharge from a hospital or psychiatric facility; ready for release from incarceration; in a temporary setting such as a shelter, hotel, or hospital emergency department.

Substantial Need

- Increasing risk of having no permanent place to live
  - includes an individual whose family or other caregivers are becoming increasingly unable to continue to provide care to manage the individual's needs.
- Individual is at increasing risk to their health and safety, or presents an increasing risk to the safety of self or others.
- Transitioning from a residential school or Children's Residential Program (CRP); from a developmental center, or from a skilled nursing facility

Current Need

- Individual has a need for residential placement, has requested and is ready to actively seek a residential opportunity, but the need is not an emergency nor substantial as defined above.

Changes and Reassessments

- Regional Offices are now applying the new categories
- Review of those on the current "CRO" list
- Status of some individuals will change

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Notifications

- MSCs will receive notification about any changes affecting individuals they support
- MSCs will communicate with the individual and family about this change and what this might mean for residential opportunities and timeframes
- Questions – Regional Office staff

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Residential Request List

- Formerly "New York Cares List"
- 2015 survey of those on the RRL
- Transformation Panel Recommendation:
  - "Engage in a yearly outreach to those on the RRL to help better plan services for people now living at home, and ensure we are meeting emergent needs. Ensure that individuals who have been cared for by family members at home receive at least equal priority for more extensive services when they are needed."

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RRL

- The RRL 2015 survey will be repeated in a targeted fashion in late 2016 and future years.
- Focus on those individuals who identified a need for housing in under two years.
- The yearly outreach will provide updated data updates on emerging needs of individuals

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RRL Outreach

- Outreach will involve RO staff and MSCs and providers
- Plan being developed to assess and measure
- Will involve surveying the targeted individuals and families to assess their need – any current supports, update residential need
- Other outreach methods and measures
- Input from MSCs, providers

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RRL and MSCs

- Assistance with current contact information – critical piece, 2015 RRL survey challenged by contact info
- Continue submitting DDP4
- Assistance with implementing survey
  - Electronic design primary
  - Paper option
- Response to individual needs identified

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END

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Coordinated Assessment System (CAS): Update and Role of the MSC

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CAS Implementation

Goals: All people currently served by OPWDD will have a completed CAS. All newly eligible people will have a completed CAS.

- Assessments currently being completed for people living in IRAs, self-directing, and/or who have moved from a residential school or developmental center.
- Initial regional roll-out is being planned for adults newly eligible for OPWDD (first-time)
- Beginning in October increase in assessment to coincide with availability of assessors.

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Assessors

- OPWDD and New York Medicaid Choice (Maximus) are completing the CAS
  - New York Medicaid Choice (Maximus) is working on behalf of OPWDD and is authorized to complete the CAS
- New York Medicaid Choice (Maximus) is currently working in NYC.
- Beginning in October New York Medicaid Choice (Maximus) will complete assessments throughout NYS
- OPWDD staff will also continue assessment throughout NYS

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CAS Administration: What to Expect

- Contact will be made by assessors to the person or support giver to schedule an in-person interview/observation
  - Contact to MSC/providers to verify legally authorized representative (LAR) status
- In-person interviews will be scheduled at a time and place desired by the person.
- Individuals will participate in the in-person assessment process as fully as desired or possible.
  - Should a person choose not to participate in an interview/observation then the CAS will be completed through records review and interviews with people that know the person well.
- People who are knowledgeable of the person's strengths and needs will be interviewed
  - These interviews may happen either in person or over the phone
- A records review will be completed

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Role of the MSC: CAS Administration

- Timely verification of contact information and LAR status
  - Assessors will work with a MSC's preference of phone or email
- Coordination of key people for the assessment interview
  - Assistance/support for the person in their chosen time/location for the assessment interview
- Provision of requested records for review
  - Assessors document, in the CAS, the provided records that were reviewed

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Role of the MSC: CAS Administration

- When appropriate, such as at the person's request, participate in the assessment interview
  - The MSC typically is not the knowledgeable individual that must be interviewed for the CAS. A knowledgeable individual is someone that:
    - Has known the person for at least 3 months
    - Sees the person at least weekly
    - Has spent time with the person within 3 days of the interview
- The assessor may contact the MSC to verify information and/or request additional records for the purposes of verifying information

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Availability and Distribution of the CAS Summaries

- **Location of the CAS Summaries-** All Summaries and the Summary Guidance Document will be available in **CHOICES** as PDFs within 24 hours of completion of the CAS
  - Summaries are attached to each person's record in the Supporting Documents section
  - Only authorized providers are allowed to see each person's record in CHOICES
  - Unfortunately, the Supporting Documents in CHOICES are not available through the individual/family portal
- **Distribution of the CAS Summaries-** MSCs will distribute the Guidance Document and CAS summaries to the person and/or family.
  - Purpose: To insure discussion and review in order to best support the incorporation of the CAS into the PCP process
  - CAS summaries can be particularly helpful to the MSC working with a new person
- **MSC access to summaries in CHOICES is critical for timely distribution to the person and/or family**

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Use of the CAS Summary in the Planning Process

- **Use of the summaries for the Person Centered Planning discussion**
  - Can assist with initial conversation with someone new to the MSC
  - Insure goals/desire for change identified in the assessment information matches the PCP process
  - Document process in MSC notes
- **Identification of the person's needs**
  - ISP narrative to include summary of assessment information
- **Development of safeguards based on identified safety issues**
  - Safeguards developed and documented in the ISP that are responsive to areas of risk identified in the CAS summaries

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Use of the CAS Summary in the Planning Process (continued)

- **Conduct/refer for additional assessments as needed**
  - Assist person in obtaining additional assessments, as needed, in areas highlighted by the CAS summaries
  - Document identification of additional assessment need in MSC notes
  - Document recommendations in ISP based on review of CAS summary and additional assessment information
- **Determine appropriate services and supports for those needs**
  - Document recommendations in ISP based on review of CAS summary
- **Incorporate the use of the CAS summaries into the agency's overall Person Centered Planning processes**
  - Develop Person Centered Planning training that includes the use of the CAS summaries (e.g. mapping, futures planning)

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Questions About the CAS Summaries

- Questions/comments about a person's summaries can be directed to:
  - Coordinated.assessment@opwdd.ny.gov
- MSCs should document questions/comments in the monthly notes/ISP

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Questions?

For additional questions after the presentation:
Coordinated.assessment@opwdd.ny.gov

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Next MSC Supervisors Conference:

December 7th

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64

Clear Form

New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere.

Send or deliver this form

Fill out the form below and send it to **your county's address** on the back of this form, or take this form to the office of your County Board of Elections.

Mail or deliver this form at least **25 days before the election** you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the **DMV number (driver's license number or non-driver ID number)**, or the **last four digits of your social security number**, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料：若您有興趣索取中文資料表格，請電：1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Please print in blue or black ink.

Qualifications

1 Are you a citizen of the U.S.? ☐ Yes ☐ No

If you answer *No*, you cannot register to vote.

2 Will you be 18 years of age or older on or before election day? ☐ Yes ☐ No

If you answer *No*, you cannot register to vote unless you will be 18 by the end of the year.

For board use only

Your name

3 Last name _____ Suffix _____

First name _____ Middle Initial ____

More information

Items 5, 6 & 7 are optional

4 Birth date __ / __ / ____

5 Sex ☐ M ☐ F

6 Phone ___ – ___ – ____

7 Email _____

The address where you live

8 Address (not P.O. box) _____

Apt. Number _____ Zip code _____

City/Town/Village _____

New York State County Select your New York State County

The address where you receive mail

Skip if same as above

9 Address or P.O. box _____

P.O. Box _____ Zip code _____

City/Town/Village _____

Voting history

10 Have you voted before? ☐ Yes ☐ No

11 What year? ____

Voting information that has changed

Skip if this has not changed or you have not voted before

12 Your name was _____

Your address was _____

Your previous state or New York State County was _____

Identification

You must make 1 selection

For questions, please refer to *Verifying your identity* above.

13

☐ New York State DMV number _____

☐ Last four digits of your Social Security number x x x – x x – ____

☐ I do not have a New York State driver's license or a Social Security number.

Political party

You must make 1 selection

Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

14

I wish to enroll in a political party

- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Green party
- ☐ Working Families party
- ☐ Independence party
- ☐ Women's Equality party
- ☐ Reform party
- ☐ Other _____

I do not wish to enroll in a political party

- ☐ No party

Optional questions

15

☐ I need to apply for an Absentee ballot.

☐ I would like to be an Election Day worker.

16

Affidavit: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Sign _____

Date _____

Rev. 07/2016

Address and stamp this section

Your address

Place First-Class Stamp Here

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

Before mailing, remove tape, fold and seal

Your County Board of Elections address (select from below)

New York City
32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany
32 North Russell Road
Albany, NY 12206
(518) 487-5060

Allegany
6 Schuyler St.
Belmont, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY 13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 100
Little Valley, NY 14755
(716) 938-2400

Cayuga
157 Genesee St.
(Basement)
Auburn, NY 13021
(315) 253-1285

Chautauqua
7 North Erie St.
Mayville, NY 14757
(716) 753-4580

Chemung
378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475

Chenango
5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton
Cnty Government Ctr.
Ste. 104
137 Margaret St.
Plattsburgh, NY 12901
(518) 565-4740

Columbia
401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland
112 River St.
Suite 1
Cortland, NY 13045
(607) 753-5032

Delaware
3 Gallant Ave.
Delhi, NY 13753
(607) 832-5321

Dutchess
47 Cannon St.
Poughkeepsie, NY 12601
(845) 486-2473

Erie
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex
7551 Court St.
PO Box 217
Elizabethtown, NY 12932
(518) 873-3474

Franklin
355 West Main St.
Ste. 161
Malone, NY 12953
(518) 481-1663

Fulton
2714 St. Hwy 29
Ste. 1
Johnstown, NY 12095
(518) 736-5526

Genesee
County Building #1
15 Main St.
Batavia, NY 14020
(585) 344-2550

Greene
411 Main St.
Ste. 437
Catskill, NY 12414
(518) 719-3550

Hamilton
Rte. 8
PO Box 175
Lake Pleasant, NY 12108
(518) 548-4684

Herkimer
109 Mary St.
Ste. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Lewis
7660 N. State St.
Lowville, NY 13367
(315) 376-5329

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Geneseo, NY 14454
(585) 243-7090

Madison
County Office Bldg.
N. Court St.
PO Box 666
Wampsville, NY 13163
(315) 366-2231

Monroe
39 Main St. W.
Rochester, NY 14614
(585) 753-1550

Montgomery
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180

Nassau
240 Old Country Rd.
5th Fl.
Mineola, NY 11501
(516) 571-2411

Niagara
111 Main St.
Ste. 100
Lockport, NY 14094
(716) 438-4040

Oneida
Union Station
321 Main St.
3rd Fl.
Utica, NY 13501
(315) 798-5765

Onondaga
1000 Erie Blvd West
Syracuse, NY 13204
(315) 435-3312

Ontario
74 Ontario St.
Canandaigua, NY 14424
(585) 396-4005

Orange
75 Webster Ave
PO Box 30
Goshen, NY 10924
(845) 360-6500

Orleans
14012 State Rte. 31
Albion, NY 14411
(585) 589-3274

Oswego
185 E. Seneca St.
Box 9
Oswego, NY 13126
(315) 349-8350

Otsego
Ste. 2
140 County Hwy. 33W
Cooperstown, NY 13326
(607) 547-4247

Putnam
25 Old Route 6
Carmel, NY 10512
(845) 808-1300

Rensselaer
Ned Pattison
Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(518) 270-2990

Rockland
11 New Hempstead Rd.
New City, NY 10956
(845) 638-5172

St. Lawrence
80 State Hwy 310
Canton, NY 13617
(315) 379-2202

Saratoga
50 W. High St.
Ballston Spa, NY 12020
(518) 885-2249

Schenectady
388 Broadway, Ste. E
Schenectady, NY 12305
(518) 377-2469

Schoharie
County Office Bldg.
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY 14891
(607) 535-8195

Seneca
One DiPronio Dr.
Waterloo, NY 13165
(315) 539-1760

Steuben
3 E. Pulteney Sq.
Bath, NY 14810
(607) 664-2260

Suffolk
Yaphank Ave.
PO Box 700
Yaphank, NY 11980
(631) 852-4500

Sullivan
Gov't. Ctr.
100 North St.
PO Box 5012
Monticello, NY 12701
(845) 807-0400

Tioga
1062 State Rte. 38
P.O. Box 306
Owego, NY 13827
(607) 687-8261

Tompkins
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Ulster
284 Wall St.
Kingston, NY 12401
(845) 334-5470

Warren
Cnty. Municipal Ctr.
3rd Floor
Human Serv. Bldg
1340 St. Rte. 9
Lake George, NY 12845
(518) 761-6456

Washington
383 Broadway
Fort Edward, NY 12828
(518) 746-2180

Wayne
7376 State Rte. 31
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester
25 Quarropas St.
White Plains, NY 10601
(914) 995-5700

Wyoming
4 Perry Ave.
Warsaw, NY 14569
(585) 786-8931

Yates
Ste. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life™* Registry online at **www.nyhealth.gov** or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

DONATE LIFE New York State

Last name

First name

Middle Initial | Suffix

Address

Apt. Number | Zip code

City

Birth date M M / D D / Y Y Y Y | Sex ☐ M ☐ F

Eye color | Height Ft. In.

By signing below, you certify that you are:

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign | Date

Borre Forma

Formulario de registro de votantes del estado de Nueva York

Regístrese para votar

Con este formulario, usted se registra para votar en las elecciones del estado de Nueva York. También puede usar este formulario para:

- **cambiar el nombre o el domicilio en su información electoral**
- **afiliarse a un partido político**
- **cambiar su afiliación a un partido político**

Para registrarse, usted debe:

- ser ciudadano de los EE.UU.;
- haber cumplido 18 años antes del final de este año;
- no estar en prisión ni en libertad condicional por haber cometido un crimen;
- no ejercer el derecho a votar en otro lugar.

Envíe o entregue este formulario

Llene el formulario que sigue y envíelo **al domicilio que corresponda a su condado** que figura al dorso de este formulario, o lleve este formulario a la oficina de la Junta Electoral de su condado.

Envíe este formulario por correo o entréguelo como mínimo **25 días antes de la elección** en la que quiera votar. Su condado le notificará que está registrado para votar.

Si tiene alguna pregunta,

llame a la Junta Electoral de su condado que aparece al dorso de este formulario o al 1-800-FOR-VOTE (TDD/TTY Marque 711)

Encuentre las respuestas o las herramientas que necesita en nuestro sitio de internet
www.elections.ny.gov

Verificación de su identidad

Intentaremos verificar su identidad antes del día de las elecciones, mediante el **número del DMV (número de la licencia de conducir o número de identificación de no conductor)**, o mediante los **últimos cuatro dígitos del número de su seguro social**, que usted escribirá más abajo.

Si no tiene número de DMV o de Seguro Social, debe usar una identificación con foto válida, una factura actual de servicios públicos, un estado de cuenta bancario, su cheque de sueldo, un cheque del gobierno o algún otro documento del gobierno que muestre su nombre y domicilio. Puede incluir una copia de estos tipos de identificación con este formulario. Asegúrese de cerrar los lados del formulario con cinta adhesiva.

Si no podemos verificar su identidad antes del día de las elecciones, se le pedirá una identificación cuando vote por primera vez.

If you are interested in obtaining this form in English, call 1-800-367-8683

中文資料：若您有興趣索取中文資料表格，請電：1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

Es delito procurar un registro falso o brindar información falsa a la Junta Electoral.

Escriba con tinta azul o negra, por favor.

¿Califica para votar?

Uso exclusivo de la Junta electoral

1 ¿Es usted ciudadano de los EE.UU.? ☐ Sí ☐ No

Si responde *No*, no puede registrarse para votar.

2 ¿Tendrá usted 18 años o más el día de las elecciones o antes de esa fecha? ☐ Sí ☐ No

Si responde *No*, no puede registrarse para votar a menos que vaya a tener 18 años a fin de año.

Su nombre

3 Apellido _____ Sufijo _____

Nombre _____ Inicial del segundo nombre ☐

Más información

Los ítems 5, 6 y 7 son opcionales

4 Fecha de nacimiento ___ / ___ / _____

5 Sexo ☐ M ☐ F

6 Teléfono ___ – ___ – _____

7 Correo electrónico _____

Domicilio en el que vive

8 Domicilio (que no sea un P.O. Box) _____

Apt. Número _____ Código postal _____

Ciudad/Pueblo/Comunidad _____

Condado del Estado de Nueva York Select your New York State County

Domicilio en que recibe el correo

No lo llene si es igual al anterior

9 Domicilio o P.O. Box _____

P.O. Box _____ Código postal _____

Ciudad/Pueblo/Comunidad _____

Antecedentes electorales

10 ¿Ha votado alguna vez? ☐ Sí ☐ No

11 ¿En qué año? _____

Información sobre la votación que ha cambiado

Ignore si no ha cambiado o si no ha votado con anterioridad

12 Su nombre era _____

Su domicilio era _____

Su estado o condado dentro del Estado de Nueva York anterior era _____

Identificación

Debe seleccionar una casilla

Si tiene preguntas, consulte *Verificación de su identidad* más arriba.

13

☐ Número de DMV del estado de Nueva York Nueva York Nueva York _____

☐ Últimos cuatro dígitos de su número de Seguro Social x x x – x x – _____

☐ No tengo licencia de conducir del estado de Nueva York ni número de Seguro Social.

Partido político

Debe seleccionar 1

La inscripción en un partido político es opcional, pero para votar en la elección primaria de un partido político, el votante debe inscribirse en ese partido político, a menos que las reglas estatales del partido permitan lo contrario.

14

Deseo inscribirme en un partido político

- ☐ Partido Demócrata
- ☐ Partido Republicano
- ☐ Partido Conservador
- ☐ Partido Verde
- ☐ Partido de Familias Trabajadoras
- ☐ Partido de la Independencia
- ☐ Partido de Igualdad de las Mujeres
- ☐ Partido de la Reforma
- ☐ Otro _____

No deseo inscribirme en un partido político

- ☐ Ningún partido

Preguntas opcionales

15

☐ Necesito solicitar una balota de Ausencia

☐ Quisiera trabajar en una mesa electoral.

16

Declaración jurada: Juro o declaro que

- Soy ciudadano de los Estados Unidos.
- Habré residido en el condado, ciudad o comunidad por un mínimo de 30 días antes de las elecciones.
- Reúno todos los requisitos para inscribirme como votante en el estado de Nueva York.
- La firma o marca a continuación es de mi puño y letra.
- La información que he ofrecido es verdadera. Entiendo que de no serlo, se me puede condenar y multar hasta $5,000 y/o encarcelar hasta un máximo de cuatro años.

Firma _____

Fecha _____

Rev. 07/2016

Escriba el domicilio y coloque el timbres de correos en esta sección

Su domicilio

Coloque aquí un sello de correos de primera clase

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

Antes de enviar por correo retire la cinta, doble y selle.

Domicilio de su Junta Electoral (elija entre los que siguen)

New York City
32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany
32 North Russell Road
Albany, NY 12206
(518) 487-5060

Allegany
6 Schuyler St.
Belmont, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY 13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 100
Little Valley, NY 14755
(716) 938-2400

Cayuga
157 Genesee St.
(Basement)
Auburn, NY 13021
(315) 253-1285

Chautauqua
7 North Erie St.
Mayville, NY 14757
(716) 753-4580

Chemung
378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475

Chenango
5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton
Cnty Government Ctr.
Ste. 104
137 Margaret St.
Plattsburgh, NY 12901
(518) 565-4740

Columbia
401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland
112 River St.
Suite 1
Cortland, NY 13045
(607) 753-5032

Delaware
3 Gallant Ave.
Delhi, NY 13753
(607) 832-5321

Dutchess
47 Cannon St.
Poughkeepsie, NY 12601
(845) 486-2473

Erie
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex
7551 Court St.
PO Box 217
Elizabethtown, NY 12932
(518) 873-3474

Franklin
355 West Main St.
Ste. 161
Malone, NY 12953
(518) 481-1663

Fulton
2714 St. Hwy 29
Ste. 1
Johnstown, NY 12095
(518) 736-5526

Genesee
County Building #1
15 Main St.
Batavia, NY 14020
(585) 344-2550

Greene
411 Main St.
Ste. 437
Catskill, NY 12414
(518) 719-3550

Hamilton
Rte. 8
PO Box 175
Lake Pleasant, NY 12108
(518) 548-4684

Herkimer
109 Mary St.
Ste. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Lewis
7660 N. State St.
Lowville, NY 13367
(315) 376-5329

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Geneseo, NY 14454
(585) 243-7090

Madison
County Office Bldg.
N. Court St.
PO Box 666
Wampsville, NY 13163
(315) 366-2231

Monroe
39 Main St. W.
Rochester, NY 14614
(585) 753-1550

Montgomery
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180

Nassau
240 Old Country Rd.
5th Fl.
Mineola, NY 11501
(516) 571-2411

Niagara
111 Main St.
Ste. 100
Lockport, NY 14094
(716) 438-4040

Oneida
Union Station
321 Main St.
3rd Fl.
Utica, NY 13501
(315) 798-5765

Onondaga
1000 Erie Blvd West
Syracuse, NY 13204
(315) 435-3312

Ontario
74 Ontario St.
Canandaigua, NY 14424
(585) 396-4005

Orange
75 Webster Ave
PO Box 30
Goshen, NY 10924
(845) 360-6500

Orleans
14012 State Rte. 31
Albion, NY 14411
(585) 589-3274

Oswego
185 E. Seneca St.
Box 9
Oswego, NY 13126
(315) 349-8350

Otsego
Ste. 2
140 County Hwy. 33W
Cooperstown, NY 13326
(607) 547-4247

Putnam
25 Old Route 6
Carmel, NY 10512
(845) 808-1300

Rensselaer
Ned Pattison
Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(518) 270-2990

Rockland
11 New Hempstead Rd.
New City, NY 10956
(845) 638-5172

St. Lawrence
80 State Hwy 310
Canton, NY 13617
(315) 379-2202

Saratoga
50 W. High St.
Ballston Spa, NY 12020
(518) 885-2249

Schenectady
388 Broadway, Ste. E
Schenectady, NY 12305
(518) 377-2469

Schoharie
County Office Bldg.
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY 14891
(607) 535-8195

Seneca
One DiPronio Dr.
Waterloo, NY 13165
(315) 539-1760

Steuben
3 E. Pulteney Sq.
Bath, NY 14810
(607) 664-2260

Suffolk
Yaphank Ave.
PO Box 700
Yaphank, NY 11980
(631) 852-4500

Sullivan
Gov't. Ctr.
100 North St.
PO Box 5012
Monticello, NY 12701
(845) 807-0400

Tioga
1062 State Rte. 38
P.O. Box 306
Owego, NY 13827
(607) 687-8261

Tompkins
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Ulster
284 Wall St.
Kingston, NY 12401
(845) 334-5470

Warren
Cnty. Municipal Ctr.
3rd Floor
Human Serv. Bldg
1340 St. Rte. 9
Lake George, NY 12845
(518) 761-6456

Washington
383 Broadway
Fort Edward, NY 12828
(518) 746-2180

Wayne
7376 State Rte. 31
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester
25 Quarropas St.
White Plains, NY 10601
(914) 995-5700

Wyoming
4 Perry Ave.
Warsaw, NY 14569
(585) 786-8931

Yates
Ste. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

(Opcional) Regístrese para donar órganos y tejidos

Si quiere donar órganos y tejidos, puede inscribirse en el Registro *Donate Life™* del Departamento de Salud (DOH) del estado de Nueva York. Regístrese en Internet en **www.nyhealth.gov** o indique su nombre y domicilio a continuación.

Recibirá una carta de confirmación del DOH que también le ofrecerá la posibilidad de limitar su donación.

DONATE LIFE New York State

Apellido

Nombre

Inicial del segundo nombre

Sufijo

Domicilio

Apt. Número

Código postal

Ciudad

Fecha de nacimiento M M / D D / A A A A

Sexo ☐ M ☐ F

Color de ojos

Estatura Pies Pulg.

Mediante su firma a continuación, usted certifica que:

- tiene 18 años o más;
- presta su consentimiento para donar todos sus órganos y tejidos para trasplantes, investigación o ambos;
- autoriza a la Junta Electoral a entregar su nombre e información identificatoria al DOH para inscribirse en el Registro;
- y autoriza al DOH a permitir el acceso a esta información a las organizaciones de obtención de órganos reguladas por el gobierno federal, a los bancos de tejidos y ojos con licencia del estado de Nueva York y a los hospitales en caso de que usted fallezca.

Firma

Fecha

New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

This application must either be personally delivered to your county board of elections not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day. The ballot itself must either be personally delivered to the board of elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

BOARD USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

☐ *voted in office*

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

- ☐ absence from county or New York City on election day
- ☐ temporary illness or physical disability
- ☐ permanent illness or physical disability
- ☐ duties related to primary care of one or more individuals who are ill or physically disabled
- ☐ patient or inmate in a Veterans' Administration Hospital
- ☐ detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

2. absentee ballot(s) requested for the following election(s) :

☐ Primary Election only ☐ General Election only ☐ Special Election only

☐ Any election held between these dates: absence begins: _____/_____/_____ absence ends: _____/_____/_____

3.

last name or surname	first name	middle initial	suffix

4.

date of birth	county where you live	phone number (optional)
_____/_____/_____		

5.

address where you live (residence) street	apt	city	state	zip code
			NY	

6. Delivery of Primary Election Ballot (check one) ☐ Deliver to me in person at the board of elections

☐ I authorize (give name):_____ to pick up my ballot at the board of elections.

☐ Mail ballot to me at: (mailing address)

_____

street no. street name apt. city state zip code

7. Delivery of General (or Special) Election Ballot (check one) ☐ Deliver to me in person at the board of elections

☐ I authorize (give name):_____ to pick up my ballot at the board of elections.

☐ Mail ballot to me at: (mailing address)

_____

street no. street name apt. city state zip code

Applicant Must Sign Below

8. I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: X_____ **Date** ____/____/____

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ___/___/___ Name of Voter:_____ Mark:_____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

_____ _____

(address of witness to mark) (signature of witness to mark)

Instructions:

Who may apply for an absentee ballot?
Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:
If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special provisions if you apply using the Federal Postcard Application. For more information about military/overseas voting, contact your local board of elections or refer to the Military and Federal Voting sections at: http://www.elections.ny.gov/VotingMilitaryFed.html

Where and when to return your application:
Applications must be mailed seven days before the election, or hand-delivered to your county board of elections by the day before the election. If the address of your county board of elections is not provided on this form, contact information for your local election office can be found on the New York State Board of Elections' website, under "County Boards of Election" directory" at: http://www.elections.ny.gov/CountyBoards.html

Options available to you if you have an illness or disability:
If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:
Your absentee ballot materials will be sent to you at least 32 days before federal, state, county, city or town elections in which you are eligible to vote. If you applied after this date, your ballot will be sent immediately after your completed and signed application is received and processed by your local board of elections. If you provide dates in section 2, identifying the time frame within which you will be absent from your county or from the City of New York, you will be sent a ballot for any primary, general, special election or presidential primary election which might occur during the time frame you have specified. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 6 and/or section 7, as appropriate. Contact your local county board of elections if you have not received your ballot.

Solicitud de balota para voto en ausencia del estado de Nueva York

USO EXCLUSIVO DE LA JUNTA ELECTORAL:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

☐ *voted in office*

Escriba en letras de imprenta legibles. Consulte las instrucciones detalladas.

Esta solicitud debe ser entregada personalmente a la junta electoral de su condado a más tardar el día anterior a las elecciones, o enviada por correo mediante un servicio postal gubernamental como máximo 7 días antes de las elecciones. La balota en sí misma debe ser entregada personalmente a la junta electoral como máximo al cierre de la votación el día de las elecciones, o enviada por correo mediante un servicio postal gubernamental como máximo el día anterior a las elecciones, y recibida como máximo 7 días después de las elecciones.

1. De buena fe solicito una balota para votar en ausencia debido a (marque un motivo):

- ☐ ausencia del condado o de la ciudad de Nueva York el día de las elecciones
- ☐ enfermedad o discapacidad física transitorias
- ☐ enfermedad o discapacidad física permanentes
- ☐ deberes relacionados con la atención primaria de una o más personas enfermas o físicamente discapacitadas
- ☐ paciente o interno de un hospital de la administración de veteranos
- ☐ detención en la cárcel/prisión, en espera de un juicio, en espera de una medida del gran jurado, o en prisión por un delito que no fue un delito mayor

2. se solicita una balota para voto en ausencia para las siguientes elecciones:

☐ Únicamente para las elecciones primarias ☐ Únicamente para las elecciones generales ☐ Únicamente para las elecciones especiales

☐ Cualquier elección que se lleve a cabo entre estas fechas: la ausencia comienza el ___/___/____ y finaliza el: ___/___/___

3.

apellido	nombre	inicial del segundo nombre	sufijo

4.

fecha de nacimiento	condado en el que vive	teléfono (optativo)
_____/_____/_____		

5.

domicilio en el que vive (residencia) calle	apt	ciudad	estado	código postal
			NY	

6. Entrega de la balota para las Elecciones primarias (marque el que corresponda) ☐ Entréguemela en persona en la junta electoral

☐ Autorizo a (dé el nombre): _____ para recoger mi balota en la junta electoral.

☐ Envíeme la balota por correo a: (domicilio postal)

_____

número de calle nombre de la calle apt. ciudad estado código postal

7. Entrega de la balota para las Elecciones generales (o especiales) (marque el que corresponda ☐ Entréguemela en persona en la junta electoral

☐ Autorizo a (dé el nombre): _____ para recoger mi balota en la junta electoral.

☐ Envíeme la balota por correo a: (domicilio postal)

_____

número de calle nombre de la calle apt. ciudad estado código postal

El Solicitante debe firmar a continuación

8. Certifico que soy votante calificado y registrado (y, para las elecciones primarias, afiliado), y que la información de esta solicitud es verdadera y correcta, y que esta solicitud se aceptará para todos los fines como equivalente a una declaración jurada y, que si contiene alguna declaración falsa, me someterá a las mismas sanciones que si hubiera sido prestada bajo juramento.

Firme aquí: X_____ Fecha ____/____/____

Si el solicitante no puede firmar debido a enfermedad, discapacidad física o imposibilidad de leer, debe otorgarse la siguiente declaración: Mediante mi marca, debidamente certificada a continuación, certifico que no puedo firmar mi solicitud de balota para voto en ausencia sin asistencia porque no puedo escribir a causa de mi enfermedad o discapacidad física, o porque no sé leer. He hecho esta marca como sustituto de mi firma, o me han asistido para hacerla. (No se permiten poderes o sellos con el nombre preimpreso. Consulte las instrucciones detalladas).

Fecha ___/___/___ Nombre del votante:_____ Marca :_____

Yo, el que suscribe, por la presente certifico que el votante antes nombrado estampó su marca en esta solicitud en mi presencia y que es de mi conocimiento que es la persona que estampó su marca en la solicitud, y comprendo que esta declaración será aceptada para todos los fines como equivalente a una declaración jurada y que, si contiene alguna declaración falsa, me someterá a las mismas sanciones que si hubiera sido otorgada bajo juramento.

_____ _____

(firma de la persona que da fe de la marca)

_____

(domicilio de la persona que da fe de la marca)

Instrucciones:

¿Quién puede solicitar una balota de voto en ausencia?
Cada persona puede pedirla para sí mismo. Es delito hacer declaraciones falsas en las solicitudes de balota para voto en ausencia, intentar emitir un voto ilegal o ayudar a otras personas a emitir votos ilegales.

Información para los votantes de las Fuerzas Armadas o que están en el exterior:
Si usted solicita una balota para voto en ausencia porque usted o sus familiares pertenecen a las Fuerzas Armadas, o porque actualmente reside en el exterior, no use esta solicitud. Usted tiene derecho a condiciones especiales si la solicita mediante la Solicitud postal federal. Para obtener más información sobre cómo votar si está en las Fuerzas Armadas o en el exterior, comuníquese con la junta electoral de su localidad o consulte las secciones sobre Voto en las Fuerzas Armadas o en el exterior, en: http://www.elections.ny.gov/Voting.html

Dónde y cuándo enviar su solicitud:
Las solicitudes deben ser enviadas por correo siete días antes de las elecciones, o entregadas por mano en la junta electoral de su condado el día anterior a las elecciones. Si el domicilio de la junta electoral de su condado no aparece en este formulario, puede encontrar la información de contacto de su oficina electoral local en el sitio web de la Junta electoral del estado de Nueva York, bajo "Guía de juntas electorales de los condados" (County Boards of Election directory) en http://www.elections.ny.gov/CountyBoards.html

Opciones a su disposición si está enfermo o discapacitado:
Si usted marca la casilla para indicar que su enfermedad o discapacidad es permanente, en cuanto se haya aprobado su solicitud, recibirá automáticamente una balota para cada elección en la que esté facultado para votar, sin necesidad de volver a completar la solicitud. Usted puede firmar la solicitud de balota para voto en ausencia por sí mismo, o puede hacer su marca y hacer que la certifiquen en los espacios provistos al pie de la solicitud. Tenga en cuenta que no se permite el uso de poderes o de sellos con el nombre preimpreso con fines electorales.

Cuándo se enviará su balota:
Le enviaremos su balota para voto en ausencia como mínimo 32 días antes de las elecciones federales, estatales, del condado, municipales o del pueblo en las que usted pueda participar. Si presentó su solicitud después de ese período, se le enviará la balota inmediatamente después de que la junta electoral de su localidad reciba su solicitud completa y firmada, y la procese. Si usted proporcionó fechas en la sección 2 para identificar el plazo durante el cual estará ausente del condado o de la ciudad de Nueva York, se le enviará una balota para las elecciones primarias, generales, especiales, o primarias para presidente que se desarrollen durante el plazo que usted haya indicado. Si lo prefiere, puede nombrar a alguien para que retire su balota en su nombre, completando la información solicitada en la sección 6 y/o en la sección 7, según corresponda. Comuníquese con la junta electoral de su localidad si no recibió su balota.

New York State Managed Care Plan Types

	Plans Serving Medicaid ONLY Individuals			Plans Serving Medicaid/Medicare (Dual) Eligible Individuals					
	Mainstream Managed Care	**HARP[1]**	**HIV SNP[1]**	**Medicaid Advantage Plus[2]**	**PACE[2]**	**FIDA[2]**	**FIDA-IDD**	**Medicaid Advantage**	**Partial MLTC**
Mandatory/ Voluntary	Mandatory (but with exceptions)	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary (passive enrollment)	Voluntary	Voluntary	Mandatory
Eligibility			HIV+ or in NYC Homeless Shelter System (plan to determe eligibility)		eligible for Medicare and/or MA or private pay				
Age	Any age if not otherwise excluded from enrollment	21 years and older	Any age if not otherwise excluded from enrollment	18 years or older	55 years+	21 years or older	21 years or older	18 years or older	21 years or older eligible for Medicare and Medicaid[5]
Require LTSS for 120 days	No	No	No	Yes	Yes	Yes	No	No	Yes
NH or ICF level of care	No	No	No	Yes	Yes	Yes	Yes	No	Yes[5]
Coverage Area(s)	Statewide	Statewide	NYC	NYC, 4 Capital Region Counties, Long Island, Westchester	6 Western NY Counties, NYC, Albany, Schenectady, LI and Westchester	NYC, LI & Westchester	NYC, LI, Rockland & Westchester	NYC, LI, and various upstate counties	Statewide
Benefits[3]	Comprehensive Medicaid benefits	Comprehensive Medicaid benefits plus Behavioral Health Home and Community Based Services if eligible	Comprehensive Medicaid benefits and enhanced HIV services, Behavioral Health Home and Community Based Services if eligible	Comprehensive Medical, Long Term Supports & Services, inc. personal care	Comprehensive Health and Long Term Supports & Services, inc. personal care	Comprehensive Medical, Long Term Supports & Services and certain Behavioral Health Services, personal care	Comprehensive Medical, Long Term Supports & Services, OPWDD services & certain Behavioral Health Services	Co-payment and Co-insurance and Medicaid wrap for non-Medicare covered services. Acute inpatient and outpatient services, primary care and pharmacy covered by companion Medicare Advantage plan	Medicaid Long Term Supports & Services, inc. personal care; ancillary services such as Dental, Audiology, Optometry.

1 – HARP & HIV SNP are Medicaid-only alternative plan options for individuals, if qualifing, who otherwise are mandatorily enrolled into the Mainstream Managed Care program.

2 – An individual, to receive LTSS, is mandated to enroll in a Managed Long Term Care Plan. Dual Individuals enrolled in a partial cap are passively enrolled into the FIDA.

3 – "Comprehensive" refers to a medical benefit package that includes acute inpatient and outpatient services, preventativeand primary care, pharmacy, LTSS and care management.

4 - All enrollees may receive Health Home services if eligible, regardless of plan enrollment, with exception of PACE.

5 - MLTC mandatory population is 21 yr Dual Eligibles. Voluntary population 18 -20. Duals or 18 and older must also meet NH level of care.

44 Holland Avenue
Albany, NY 12229-0001

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CAS: Coordinated Assessment System

It's all about you

(518) 473-5436 | www.opwdd.ny.gov

You Are at the Center of the New Coordinated Assessment System

What is the Coordinated Assessment System (CAS)?

The CAS tool is a conversation that gathers information about your strengths, needs, and interests. The CAS is designed to ensure that your voice is heard and that you are at the center of the planning process. The CAS will help your Medicaid Service Coordinator (MSC) or care planner to create a plan that is right for you.

How Does the CAS Work?

During the conversation, an assessor will talk to you about all aspects of your life: your interests, your living skills, your health and existing support systems. It starts with you, but also includes a conversation with someone that knows you well such as a person in your circle of support, family members, friends and/or the people who already provide you supports. Finally, the assessor will look at your records to make sure that he/she has included everything needed to complete the CAS. Once the CAS is done, the information will be available to your MSC or care planner. This person will share the information with you so that you can begin, or continue, your person-centered planning process.

How will the CAS help me get the right services?

The information you share will help your MSC or care planner develop a person-centered plan that will guide service providers to deliver supports tailored to you. It's important that you, your family, friends and support staff describe what you want and need so that OPWDD can provide quality supports and services for you and your family.

If I am already receiving services, do I need to have an assessment?

Yes, everyone receiving services from OPWDD will eventually take part in the CAS assessment process. The information from the CAS will be used in the person-centered planning process and will help to ensure that your services match your needs and interests.

How do I get started?

You will receive a letter to let you know that you will be contacted by an assessor to complete the CAS. An assessor will then call you to schedule the assessment. The assessor will ask your MSC or care planner to make sure that anyone else that you may want at the assessment, like family members, supports or friends, are included. If you are new and do not have an MSC or care planner, the assessor will work with you, your family, supports or friends to make sure all the right people are at the interview.

How can I be sure that the CAS will work for me?

The CAS uses measures that have been tested and validated for accuracy.

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ANDREW M. CUOMO
Governor

KERRY A. DELANEY
Acting Commissioner

The Role of the MSC in the Coordinated Assessment System (CAS) Process

The MSC will play a vital role in the assessment process by assisting the assessor with confirming/obtaining contact information, scheduling/coordination, providing documentation for review, and distribution of the final summaries. The MSC's quick response to an assessor's request is important because the CAS assessment is a **time sensitive process**.

To assist the MSC in understanding his/her role, the MSC will be provided the following documents: CAS Brochure, Documentation Review List, and The Coordinated Assessment System (CAS): Summary Guidance Document for the Person/Family and Provider Conversation.

Initial MSC Contact

The CAS assessor will contact the MSC to verify/obtain the following information:

- Person's contact information
- Identification of knowledgeable individual(s)
- Identification of Legal Guardian and/or actively involved family member/key staff
- Communication/language access needs

MSC's Role in the Assessment Process

The assessor will contact the person and schedule an interview.

- The assessor will communicate to the MSC the date and time of the interview.
  - If the person experiences a change in his/her life that requires the assessment to be rescheduled (i.e., hospitalization, unexpected emergency/crisis, etc.), please contact the assessor as soon as possible.
- The assessor will inform the MSC if the person has identified an individual that he/she would like to have present at the interview for support.
  - The MSC will be asked to inform the individual identified for support, the location and time of interview.
  - If the MSC is aware of other key individuals in the person's life that he/she would want to have at the assessment interview, the MSC will be asked to inform the individual(s) of the location and time of the interview.
- The assessor will need to review certain documents in order to complete the assessment (refer to the Documentation Review List for needed documents).
  - The MSC will ensure that all obtainable and requested documentation be available for assessor to review on the assessment date. MSCs do not need to make copies as assessors will review at the location.

CAS Summaries

The CAS Summaries and Summary Guidance Document will be available 24 hours after the CAS is finalized (Note: Finalization of the CAS could take up to three days from assessment reference (interview) date).

- The CAS Summaries and Guidance document can be found in the "Supporting Documents" section of the person's file in CHOICES.
  - The MSC is responsible for distributing the summaries to the person and family within a month from availability. The MSC should also utilize the Summary Guidance Document to facilitate discussion with the person and family while allowing better understanding of the CAS Summaries.
  - The MSC should ensure that any new information found in the CAS Summaries is addressed and document this in the monthly note and/or the ISP.

Questions and/or concerns regarding CAS Summaries should be emailed to: coordinated.assessment@opwdd.ny.gov

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Documentation Review for the Coordinated Assessment System (CAS)

Please provide access to the following documents for the assessor to review. It is not necessary to make additional copies, only accessibility. If for any reason documents are not available, please notify the assessor prior to the assessment interview date.

List of documents for CAS review:

- ☐ Annual Physical Exam, including recent medical appointment consultations/notes
- ☐ Current medications – Medication Administration Record (MAR) or medication list
- ☐ Most recent Psychological Evaluation (IQ testing)
- ☐ Current Individualized Service Plan (ISP) with attachments, including Individual Plan of Protective Oversight and Habilitation Plans
- ☐ Current Comprehensive Functional Assessment for individuals residing in an Intermediate Care Facility (ICF) setting
- ☐ Current Individualized Education Program (IEP), if the person is attending school
- ☐ Current Behavior Support Plan/Guidelines, if applicable
- ☐ Most recent clinical evaluations (e.g. Speech, Physical Therapy, Occupation Therapy, Psychiatry)
- ☐ Risk assessment, if applicable
- ☐ Most recent Psychosocial Evaluation, if available

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The Coordinated Assessment System (CAS)

Summary Guidance Document for the Person/Family and Provider Conversation

The Coordinated Assessment System, or CAS, is OPWDD's new assessment tool. The CAS will assess a person's strengths, interests, and needs. The results of the CAS are several summaries that will be available for the Medicaid Service Coordinator (MSC) or care planner to share with the person and/or family, and are to be used for the person-centered planning process. This guidance document was developed to help with the understanding of the CAS summaries. Please have available copies of the CAS summaries as you read this guidance document.

The Summary Guidance Document for the Person/Family and Provider Conversation contains information and explanations of the following:

I. **The CAS Assessment Process**
II. **The CAS Summaries**
   a. **Personal Summary**
   b. **Comments Summary**
   c. **Medications Report**
   d. **Supplements**

I. The CAS Assessment Process

The CAS is a person-centered assessment. The CAS begins with the assessor scheduling an interview or observation of the person. The interview or observation is scheduled at a time, date, and location that is most convenient for the person. The assessor is trained to respect the person's time, interests and to ensure that the assessment process does not interfere with the person's life. If the person is unable to schedule the interview/observation, the assessor will coordinate the interview/observation with the person's supports.

The assessment interview/observation is designed to include the person at any level that he/she wants to participate. Some people may prefer to have an observation or may not be able to participate in an interview. The assessor has experience working with people with intellectual and/or developmental disabilities and is able to gather the needed information either by observing the person or through an interview.

If the person is interested and able to be interviewed, the assessor will complete the interview through a guided conversation. The interview is designed to help the person feel comfortable and to be flexible enough to meet the person's needs and ways of communicating. Information about the person is collected directly from the person

first. This allows the person to choose what he/she would like to share and allows the person to focus on what he/she feels is important.

Several questions in the CAS can only be answered by the person if he/she is able (Text Box A). If the person is unable to communicate, through any form of communication, or chooses not to answer these questions in the CAS, the answer that will be recorded will be "could not or would not respond."

Text Box A

Items that require information provided only/directly from the person

- Individual's expressed goals
- Person prefers change
- Self-reported health
- Physical function improvement potential
- Self-reported mood
- Finds meaning in day to day life
- Reports having a confidant

After the person has finished the interview/observation, the assessor will interview others that know the person well. These people are referred to as a "knowledgeable individual(s)" and include people that have known the person for at least 3 months, see the person at least weekly and have spent time with the person within the 3 days before the assessment interview/observation. The knowledgeable individual(s) interview is used by the assessor to gather additional information and to clarify information that was shared by the person or observed by the assessor. In some instances, the knowledgeable individual is a family member and in others, it is not. Actively involved family members and/or advocates, regardless of whether they are knowledgeable individuals, as defined above for the CAS, are also included in this interview process. Some questions in the CAS require answers from the knowledgeable individual and family/advocate (Text Box B). These questions must have responses and may not be left blank or unanswered. If information is unavailable, the assessor has been trained to answer these questions stating that the information was unavailable at the time of the assessment.

Text Box B

Items that require information provided only/directly from the knowledgeable individual and family/advocate

- Parent/Guardian/Advocate's expressed goals
- Care professional believes person is capable of improved performance in physical function

Next, the assessor will review available records to help with the answering of any outstanding questions. It also provides an opportunity for the assessor to verify information, as needed, from the interview/observation with the person and the people that know the person well. After the records review, the assessor may ask some final questions of the person and/or knowledgeable individual(s).

Once the assessor has answered all the questions on the CAS, he/she will write the following information into the CAS (Text Box C):

Text Box C

Information assessor will complete after answering all questions on the CAS

- Dates and names of people who were mailed the CAS assessment notification letter
- Names of all the people that were interviewed and their relationship to the person
- Dates interviews were completed
- Names of the records that were reviewed

This information becomes part of the CAS and can be found in the Comments Summary.

II. The CAS Assessment Summaries

Once the assessor finishes the CAS, several summaries will be available to the MSC or care planner to share with the person and/or family. These summaries are the: Personal Summary, Comments Summary and Medication Report. If additional information was gathered on a CAS supplement, then these completed supplements will also be included. The available supplement summaries, if completed for a person, are the Mental Health Supplement, Medical Supplement, Forensic Supplement and Substance Use Supplement. These summaries provide a comprehensive snapshot of a person and his/her strengths, interests and needs. The CAS summaries are designed to support the conversation between the person, the family and the MSC/care planner in order to develop a person-centered care plan including outcomes and safeguards.

MSCs and care planners will have access to CAS summaries through an OPWDD system called CHOICES. MSCs/care planners are responsible for distribution of the summaries to the person and actively involved family (as needed).

Below is an explanation of each CAS summary and what is included.

a. Personal Summary

The CAS Personal Summary includes the key information about a person's social involvement, activities of daily living, mental and physical health as well as a report of current services. Each Personal Summary is unique to the person being assessed and includes the person's life experiences and goals and then moves into areas of need.

The Personal Summary has six sections:

Section 1: Identifying information:
This section provides information about the person's current living arrangement, identifies decision makers and the nature of the person's developmental disability.

Section 2: Goals/Strengths/Social and Community Involvement:
This section provides information about the person's expressed goals and the parent/guardian/advocate's expressed goals. It also identifies the person's characteristics, strengths, abilities, preferences and areas of the person's life that he/she would like to change.

For example, the assessor will ask the person about areas in his or her life that he/she may want to change. One area an assessor may ask about is the person's employment and if there is any desire to change. If the person wants a different job, the question on the Personal Summary under "Person Prefers Change- Paid Employment" will say "Yes". If during the interview the person shares what type of change in job or employment, then the assessor will add this information. For example, during the interview the person says she would like a change in her job because she would like to work outdoors. The assessor will write "person stated she prefers to work outdoors" in the box following the question "Person Prefers Change -Paid employment", and this will be included in the Personal Summary.

Note: The questions "Individual's Expressed Goals", "Person Prefers Change", "Finds Meaning in Day to Day life" and "Reports Having a Confidant" are self-reported items and the response(s) listed are based only on what the person is able or willing to share (See Textbox A).

Section 3: ADL's/IADL's/Status of Paid/Unpaid supports (non-medical):
This section provides information about the person's current supports, skills and abilities, and his/her ability to complete everyday activities. It identifies any significant life events that may currently be affecting the person's overall well-being or impacting his/her daily life. This section also includes information about support provided to the person by someone who is unpaid such as the person's parent/family member/key support.

Focus of supports and/or services includes both supports/services received in the last 30 days or scheduled to occur within the next 30 days.

Instrumental Activities of Daily Living (IADL's) assesses areas of ability most commonly associated with independent living and that measure by both the person's actual performance on these tasks and his/her capacity to complete a task. These questions look at a very specific timeframe. This timeframe is the last 3 days before the assessment interview. For example, the assessor may observe the person's ability to prepare a meal, or portions of a meal. The assessor will also ask the knowledgeable individual(s) if the person prepared a meal in the past 3 days and if so, how much support was needed.

Activities of Daily Living (ADL's) documents the person's abilities in self-care activities, such as personal hygiene and eating, over the 3 day timeframe before the assessment interview date.

Information about the role and status of the parent/family member/key unpaid support is also available in this section. For instance, the assessor will ask about what types of unpaid support have been provided to the person in the last 3 days by the parent/family member/key unpaid support.

Section 4: Cognition/ Communication/ Sensory:
This section provides information about the person's cognitive function and ability for daily decision-making, following instructions, organizing daily self-care activities, adapting to changes in routine or environment, and in making safe, independent decisions in the community. The section also assesses issues that may be currently impacting the person's abilities in these areas. For example, during the interview a parent reports that in the evening, the person appears to have difficulty communicating and that he isn't able to finish a thought or doesn't make sense when telling a story. The assessor will ask if this is different from the person's usual functioning or

way of acting, or if this observation is consistent with the person's usual functioning. This detail will be included in this section of the Personal Summary.

Additionally, this section records how the person communicates (i.e., verbally or nonverbally), and the status of his/her vision and hearing (including the use of any adaptive devices such as eyeglasses or adaptive hearing devices).

Section 5: Physical and Mental Health:
This section provides information about the person's perception and/or support person's observation of physical health, substance use, mood and behavior, contact with medical service providers in the last 30 days, and hospital stays in the last 90 days. Instability or acute episodes of recurring medical conditions will trigger the assessor to complete the Medical Management Supplement. Mental health diagnoses, or indicators of acute change in mental status, possible depression, anxiety or psychosis will trigger the Mental Health Supplement. Police intervention or violent acts with purposeful or malicious intent will trigger the Forensic Supplement. Certain alcohol use in a 14 day period, as well as if the person's social environment facilitates the use of drugs or alcohol, will trigger the Substance Use Supplement.

Preventative health services provided within the last year or two, as well as disease diagnoses, are documented in this section of the Personal Summary.

Note: The questions "Self-Reported Health", "Physical Function Improvement Potential", and "Self-Reported Mood" are self-reported and the response(s) listed are based only on what the person is able/willing to share (See Text Box A).

b. Comments Summary

The CAS Comments Summary documents the assessment administration requirements such as dates and names of people who were mailed the CAS assessment notification letter, names of people interviewed and their relationship to the person, dates of the interviews, and names and dates of the documents reviewed (see Text Box C).

The assessor will also document any important information provided during the assessment process that was not included in other areas of the CAS or CAS Supplements.

c. Medications Report

The CAS Medication report includes medications the person has taken over the 3 day timeframe before the assessment interview. All available information is recorded including the source of the information (i.e., person, pill container, record etc.).

d. Supplements

Depending on the person, the assessor may complete additional Supplements to gather more information. These supplements are:

- Mental Heath
- Medical Management
- Substance Use
- Forensics

Each of these CAS Supplements may identify priority areas of need in the person's life such as physical (medical), mental health, forensic or substance use.

Note: Not everyone will have a completed CAS Supplement. These Supplements are completed only if during the assessment interview there is an indication that the assessor needs to gather more information about the person in any one, or more, of these areas.

Thank you for your participation in the Coordinated Assessment System (CAS). Should you have any questions about the assessment process and/or the CAS summaries please contact:

coordinated.assessment@opwdd.ny.gov