



Medicaid Service Coordination (MSC)

E-VISORY



ISSUE # 29-14

December 10, 2014

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 Mailing List](#).

In This Issue:

Medicare Part D

As a reminder for those Voluntary Medicaid Service Coordinators who are working with individuals residing in State Operated living arrangements, state staff will handle all Medicare Part D plans for those individuals.

Since Voluntary MSCs may be involved in the selection of the Medicare Part D plans for individuals residing in the community or in Voluntary Agency certified living arrangements the 2015 Medicare Part D transition chart and the Contact List for 2015 Benchmark plans are attached. The transition chart lists the plans that will be available in 2015 as well as the 2014 plans that will no longer be available in 2015. The contact list provides the mailing address and phone numbers for each of the 2015 benchmark plans.

Attention Medicaid Service Coordinators in New York City and Long Island

The New York State Office For People With Developmental Disabilities (OPWDD) has asked the University of New Hampshire's Institute on Disability (IOD) to conduct a survey of how the current service system in New York City and Long Island serves individuals with an Intellectual or Developmental Disability (ID/DD) and a co-occurring mental/behavioral health challenge. This survey is for people who work in any aspect of the mental health or ID/DD field and is designed to look at the services currently available in New York City and Long Island and where they might need to be strengthened or improved. We are hoping to collect as many responses as possible from any staff connected to mental health or ID/DD services in **New York City or Long Island only**, so please take a few minutes to complete this online survey.

If you work in New York City please use the following link:

[New York City Community Support Services Survey](#)

If you work in Long Island please use the following link:

[Long Island Community Services Survey](#)

The goal is to collect approximately 5000 responses from people who work in the mental health or ID/DD field across New York City and Long Island, so please forward this link to as many people within your organization and/or contact list as possible and ask them to complete it and forward it as well. If you have any problems with the link, please feel free to email Ann Klein at ann.klein@unh.edu



Materials for the December 10, 2014 MSC Supervisors Conference

The MSC Supervisors Conference is being held on December 10, 2014 via videoconference and WebEx from 9:30am-12:30pm. The conference agenda is as follows:

- Impact of Culture on Person Centered Planning
- Burial Accounts
- Liability Regulations
- National Core Indicators
- Appropriate Living Arrangements
- NY START

NOTE: The materials that will be referenced during this conference are attached to this listserv message. There will not be any materials distributed on the day of the conference. Also, an evaluation has been attached to the materials; please complete and return as your input and feedback is greatly appreciated.

2015 Medicare Part D Benchmark Prescription Drug Plans – Contact Information

Plan Name	Company Name	ID Number	Address	Members	Non-Members
AARP MedicareRx Saver Plus	UnitedHealthcare	S5921-379	PO Box 29300 Hot Springs, AR 71903	1-888-867-5575 711 (TTY/TDD)	1-888-867-5575 711 (TTY/TDD)
Aetna Medicare Rx Saver	Aetna Medicare	S5810-037	P.O. Box 14088 Lexington, KY 40512	1-877-238-6211 711 (TTY/TDD)	1-855-338-7030 711 (TTY/TDD)
CIGNA HealthSpring Rx Secure	CIGNA Medicare Rx	S5617-013	PO Box 269005 Weston, FL 33326	1-800-222-6700 711 (TTY/TDD)	1-800-735-1459 711 (TTY/TDD)
Express Scripts Medicare – Value	Express Scripts Medicare	S5983-004	PO Box 14570 Lexington, KY 40512	1-800-758-4570 1-800-716-3231 (TTY/TDD)	1-866-477-5704 1-800-716-3231 (TTY/TDD)
Humana Preferred Rx Plan	Humana Insurance Company of New York	S5552-004	500 West Main Street Lexington, KY 40202	1-800-281-6918 711 (TTY/TDD)	1-800-706-0872 711 (TTY/TDD)
Silverscript Choice	Silverscript	S5601-006	P.O. Box 53991 Phoenix, AZ 85072	1-866-235-5660 1-866-236-1069 (TTY/TDD)	1-866-552-6106 1-866-552-6288 (TTY/TDD)
SmartD Rx Saver	SmartD Rx	S0064-003	No address listed – This plan is under a sanction by CMS – Current enrollees may remain in the plan, but it is not open to new members as of 01/29/14.	1-888-989-9905	
WellCare Classic	WellCare	S5967-140	PO Box 31370 Tampa, FL 33631	1-888-550-5252 1-888-816-5252 (TTY/TDD)	1-888-293-5151 1-888-816-5252 (TTY/TDD)

12/8/2014

Transition to 2015 Medicare Part D Prescription Drug Plans

For Fully Subsidized Beneficiaries in NYS

2015 Federal Medicare Part D Low-Income Subsidy (LIS) for NYS: \$36.94

Plan Name (and ID Number)	Company Name	\$0 Premium with Full Low- Income Subsidy?	Monthly Drug Premium	+	2015 Benchmark Plan – premium fully covered for individuals with full low-income subsidy
				+	New Benchmark Plan for 2015 – premium fully covered for individuals with full low - income subsidy
				-	<i>Plan no longer available/no longer a benchmark plan</i>
Comments/Action Needed					
+	AARP MedicareRx Saver Plus (S5921-379)	UnitedHealthCare	YES	\$36.00	Remains a benchmark. No action needed except compare medications against 2015 formulary.
+	Aetna Medicare Rx Saver (S5810-037)	Aetna Medicare	YES	\$29.90	+ New Benchmark Plan for 2015 – premium fully covered for individuals with full low - income subsidy
-	Cigna HealthSpring Prescription Drug Plan – Reg 3 (S5932-004)	Cigna-HealthSpring Prescription Drug Plan	YES	\$37.90	- <i>Plan no longer available/no longer a benchmark plan</i>
+	CIGNA–HealthSpring Rx Secure (S5617-013)	CIGNA Medicare Rx	YES	\$35.40	Remains a benchmark. No action needed except compare medications against 2015 formulary. Name changed from CIGNA Medicare Rx Secure
+	Express Scripts Medicare Value (S5983-004)	Express Scripts Medicare	YES	\$36.00	Remains a benchmark. No action needed except compare medications against 2015 formulary.
+	Humana Preferred Rx Plan (S5552-004)	Humana Insurance Company of New York	YES	\$33.50	Remains a benchmark. No action needed except compare medications against 2015 formulary.
+	SilverScript Choice (S5601-006)	Silverscript	YES	\$25.70	Remains a benchmark. No action needed except compare medications against 2015 formulary. Name changed from SilverScript Basic.
+	SmartD Rx Saver (S0064-003)	SmartD Rx	YES	\$34.30	Remains a benchmark. No action needed except compare medications against 2015 formulary. <i>This plan is under a CMS sanction – current enrollees may remain in plan, but no new enrollees are allowed.</i>

Transition to 2015 Medicare Part D Prescription Drug Plans
 For Fully Subsidized Beneficiaries in NYS
2015 Federal Medicare Part D Low-Income Subsidy (LIS) for NYS: \$36.94

Plan Name (and ID Number)	Company Name	\$0 Premium with Full Low- Income Subsidy?	Monthly Drug Premium	+	2015 Benchmark Plan – premium fully covered for individuals with full low-income subsidy
				+	New Benchmark Plan for 2015 – premium fully covered for individuals with full low - income subsidy
				-	Plan no longer available/no longer a benchmark plan
Comments/Action Needed					
+ Wellcare Classic (S5967-140)	Wellcare	YES	\$37.40		Remains a benchmark. No action needed except compare medications against 2015 formulary.

NOTES:

- People enrolled in Medicare and Medicaid are fully subsidized beneficiaries and will pay no monthly premium for basic benchmark plans.
- To use the chart, identify the Part D Plan in which an individual is enrolled and refer to the comments to identify what action might be necessary to ensure the individual's prescription needs are met by a Part D Plan in 2015.
- LIS = Low Income Subsidy
- NYS Regional Benchmark (maximum premium subsidy for LIS beneficiaries) for 2015 is \$36.94
- CMS advises to enroll/change plans by December 7 to be effective for 1/1/15.
- No co-pays for individuals in Long-Term Care Facilities (LTC) like Intermediate Care Facilities (ICF); also effective 1/1/12 for individuals enrolled in the HCBS Waiver.
- Review the Annual Notice of Change (ANOC) (sent out by PDPs to all members by 10/31/14) for formulary changes that may affect an individual and change plans as needed.
- Comprehensive formularies are available on plan websites and www.medicare.gov.
- If an individual residing in an OPWDD residential program remains in a former benchmark plan and there is a premium or partial premium due, the residential provider will be responsible for paying the premium or partial premium.

*Information compiled from various sources without warranty or representation as to the accuracy or completeness of information.
 See <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/> for 2015 Landscape of Plans.*



Andrew M. Cuomo, Governor Kerry A. Delaney, Acting Commissioner

NYS Office For People With Developmental Disabilities

Putting People First

MSC Supervisors Conference

December 10, 2014



NYS Office For People With Developmental Disabilities

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Agenda

- Medicaid Service Coordination Hot Topics
- Impact of Culture on Person Centered Planning
- Burial Accounts
- Liability Regulations
- National Core Indicators
- Appropriate Living Arrangements
- NY START



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Welcome & Hot Topics

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The Impact of Culture on Person-Centered Planning

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What is Culture?

The shared beliefs, values, traditions, history, folklore, or a common heritage based on:

Race	Disability status
Ethnicity	Where you live
National Origin	Education and literacy level
Sexual Orientation	Parenting status
Gender	Employment
Spirituality/religion	Communication style
Age	Community connections
Social Class	Family involvement

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We All Have Culture!

- Culture is **learned**, not inherited;
- Culture forms in us through our **observation and interaction with others**: family, school, media, professional networks;
- The influence of culture on our behavior is often **unconscious**.
- Culture **shapes** our perceptions, attributes, judgments, and ideas of self and others.

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What does Culture influence?

- Perceptions of disability;
- A person's impression of WHAT is helpful;
- A person's impression of WHO is helpful; and,
- MUCH MORE!

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Culture Influences Identity

- The way in which people see and identify themselves.
- It is important to recognize that a person's cultural identity is fluid and ever-changing.
- An individual's cultural identity can be multi-faceted.

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Cultural Bias

- Ignoring the differences between cultures and imposing your understanding of a person, situation, etc. based on your cultural experiences.
- It includes **stereotyping** and not considering a person's cultural identity.

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Acknowledge Culture as a Part of Person Centered Planning

Failure to do so compromises the person-centered process; to be **culturally appropriate**, person-centered plans should respond to the unique needs of each person, and to his or her family receiving supports and services.

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Cultural Competence

The ability to interact with people of different cultures and socio-economic backgrounds. **Four components:**

1. The need to be aware of your own cultural worldview;
2. To have an open attitude towards cultural differences;
3. The desire to gain knowledge of different practices and worldviews; and,
4. Working to develop skills that result in the ability to understand and communicate effectively with people across cultures.

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Cultural Assessment

- How would you describe yourself?
- Tell me about your family.
- What language do you speak at home, at work, with friends?
- Is spirituality or religion important to you?
- Who or where do you go for comfort?
- What do you believe about disability?
- Do you believe services from the government/voluntary agencies are helpful?

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Cultural Assessment

- Preferred language, both written and oral;
- Any hearing impairment;
- Health literacy level;
- Use of Plain Language (ease of understanding for effective communication).
- http://www.opwdd.ny.gov/resources/cultural_competence/cultural-and-linguistic-competence

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For You to Consider

- How to be a *facilitator/coordinator* and not a *manager*;
- Training for how to work with specific demographics;
- **One size *does not* and *should not* fit all!**

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For Additional Information:

http://www.opwdd.ny.gov/resources/cultural_competence/home

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Thank you!

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Questions

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Burial Accounts

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Money for Burial

- Irrevocable Burial Trusts (IBT)
- Life Insurance Policy – Face Value \$1500 or less minus value of non-burial space items in IBT
- Burial Funds - \$1500 minus value of Life Insurance and value of non-burial space items in IBT

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Irrevocable Burial Trusts

- Also called Preneed Funeral Agreements
- Effective January 1, 2011, pre-need funeral agreements established with assets of an A/R or legally responsible relative for the funeral and/or burial expenses of a family member must also be irrevocable and are subject to the Supplemental Security Income Medicaid rules.
- Medicaid as the Remainderman

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Money for Burial

- Burial Space Items
- Certain burial space items purchased and paid for in full prior to entering into an irrevocable pre-need funeral agreement may remain outside the agreement, such as a cemetery plot, urn, vault, mausoleum, crypt, or headstone.

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Money for Burials

Burial space items include, but are not limited to: conventional grave sites, crypts, vaults, mausoleums, caskets, urns, or other repositories customarily and traditionally used for the remains of deceased persons. Opening and closing the grave, perpetual care of the gravesite, headstones, and headstone engravings are also considered burial space items.

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Money for Burials

Non-Burial Space Items

- flowers
- luncheon
- limousines

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Money For Burials

- If no money has been set aside for an individual's funeral
- Residents of State Operated Living Arrangements
- Other OPWDD Individuals

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OPWDD's Liability for Services Regulations 14 NYCRR 635-12

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Definitions



- **“Preexisting”** – services an individual was receiving on a regular basis from the same provider at the time the regulations were implemented for that service
- **“Other than preexisting”** – services that commence on or after the date the regulations were implemented for that service
- **“Full Medicaid coverage”** – the type of coverage that will pay for the services someone is receiving or wants to receive

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635-12 Liability for Services

Original Regulation – effective 2/15/2009

- Day Habilitation
- ICF Residential Services
- Residential Habilitation (IRAs, CRs, FC)

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635-12 Liability for Services

Amended Regulation – effective 3/15/2010

- MSC
- Day Treatment
- At-Home Residential Habilitation (Community Habilitation)
- Prevocational Services
- Supported Employment Services
- Respite
- Blended and Comprehensive Services (OPTS)

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Individuals' Responsibilities

- Individuals who want specified OPWDD Medicaid service(s) must file and be approved for "Full Medicaid Coverage" or else pay for their services
- Individuals who want OPWDD HCBS Waiver service(s) must take all necessary steps to enroll in the HCBS Waiver

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Limited Exception

- Individuals receiving only SEMP or only Respite services
- If not funded by Medicaid/HCBS Waiver on or after 3/15/2010
- Not required to enroll in Medicaid and HCBS Waiver
- Can drop other services to qualify
- Limited exception NOT available for:
 - Individuals receiving any other covered service
 - Services funded by Medicaid (Medicaid and HCBS Waiver enrolled) at any time on or after 3/15/2010

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Limited Exception

- Service providers must issue a specific Liability Notice to the individual/liable party
- Individual must notify the SEMP/Respite provider if applying for any other covered services
- Providers of other covered services must ask an individual if he or she is receiving SEMP or Respite services and notify the SEMP/Respite service provider that individual is applying for other services

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Service Provider Responsibilities

Issue Liability Notice(s)

- Relevant notices must be issued prior to service delivery
- Liability notices must be issued to everyone receiving or applying for any covered service(s), regardless of their Medicaid/HCBS Waiver status
- If the provider does not provide any covered services, no liability notices are required

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Liability Notices

- Use the instructions
 - They tell the provider
 - Which notice to use
 - How to fill out the notices
 - Who gets the notices
 - When to give the notices
- Do not alter notices
- Copies may be requested by OPWDD



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Who Gets Liability Notices?

- See instructions
- Could be more than one person
 - the person receiving or requesting services
 - anyone accompanying the person
 - parent(s)
 - legal guardian
 - Trustee
 - representative payee or other payee for benefits
 - person holding money or assets for the person
 - conservator or committee
 - spouse



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Service Provider Responsibilities

Ensure Medicaid/Waiver enrollment

- Local Revenue Support Field Offices (RSFOs) can verify Medicaid enrollment and type of coverage, review a Medicaid denial notice and advise if an appeal is warranted
- Service provider must be given any Medicaid denial notice within 5 days of receipt. RSFO can advise if an appeal is warranted
- Contact DDRO to verify HCBS Waiver status
- Apply for Medicaid and/or HCBS Waiver if necessary

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Service Provider Responsibilities

- **Billing the individual**
 - All individuals are liable for the full cost of their services unless Medicaid is paying for their services
 - The provider must bill the individual and/or liable party for the full cost of the services if the individual does not Medicaid/HCBS Waiver enrollment to pay for the services they are receiving or requesting.
 - Bills must be issued monthly, no later than 30 days beyond the last day of the month of service
 - Provider has to issue *viable* bills (expecting payment)
 - Provider has to actively pursue collection of unpaid amounts from the individual/liable party
 - Providers receiving State funding for an individual's *preexisting* services will continue to be paid by OPWDD, subject to fund availability, if the service provider complies with all regulatory requirements

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Resources

OPWDD website:
www.opwdd.ny.gov/opwdd_resources/benefits_information

Revenue Support Field Offices
www.opwdd.ny.gov/opwdd_resources/benefits_information/revenue_support_field_offices

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National Core Indicators

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NCI Survey Overview

- Annual survey administered by OPWDD to approximately 600 individuals.
 - 2015 Data collection period: January-June
- The survey provides feedback on critical system-wide performance indicators, including individual satisfaction with services and supports.
- More information on NCI available:
 - <http://www.nationalcoreindicators.org/>

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NCI Survey Role of Medicaid Service Coordinators

MSCs play a critical role in supporting the NCI Project
MSC Responsibilities include:

- Notifying individuals that they have been selected to complete the survey
- Gather Background & Pre-survey information and return to NCI Regional Coordinator
- Communicate with NCI Regional Coordinators and provide support needed to arrange interview to conduct survey

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NCI Training for MSCs

- OPWDD is offering MSCs a WebEx training on The NCI Survey.
- The training will provide MSCs with a detailed understanding of the NCI Project , and will provide MSCs the opportunity to hear from The NCI Project Leads, as well as NCI Regional Coordinators.
- Those who attend this training in full can receive professional development credit.

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NCI Training for MSCs

When: Wednesday, January 7, 2015 from 10:00am-12:00pm

Agenda:

- Background & overview of the National Core Indicators (NCI) project
- Review of NCI survey protocols
- NCI survey results: What we've learned from the data
- The future of NCI in New York State
- Role of Medicaid service coordinators' in supporting the NCI project

Registration:
<https://meetny.webex.com/meetny/onstage/g.php?d=641379012&t=a>

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Please contact us with any questions related to the NCI Survey

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Appropriate Living Arrangements

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OPWDD HCBS Waiver Unit

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What is the Waiver

- The Home and Community Based Services (HCBS) Waiver is OPWDD's agreement with the federal government which provides federal funding for certain services.
- This agreement is basically a contract with the federal government, and as such, has specific requirements which must be met in order to be in compliance.

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Requirements for Waiver Eligibility

The person must:

- Have a diagnosis of developmental disability;
- Be eligible for ICF/MR level of care;
- Be enrolled as a Medicaid recipient or be eligible for enrollment;
- Exercise freedom of choice between receipt of waiver services or placement in an ICF/DD; and
- Reside in an appropriate living arrangement.

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What are Appropriate Living Arrangements?

- A person's own home or that of relatives
- A supervised or supportive Community Residence
- A supervised or supportive Individualized Residential Alternative
- A certified family care home

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What Is Not an Allowable Living Arrangement?

- An ICF/DD. If the person has resided in an ICF/DD, s/he must be fully discharged from that setting prior to receipt of HCBS waiver services. This includes Residential School placements and Developmental Centers.
- A Shelter
- A setting certified by another state agency besides OPWDD.

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What Is Not an Allowable Living Arrangement?

What is a setting certified by another state agency besides OPWDD?

- Adult Residences / Assisted Living (certified by DOH)
- Enriched Housing
- Specialty Hospital
- Skilled Nursing Facility
- Foster Care Homes (adult and children)

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Who Determines Appropriate Living Arrangement

- As the MSC has the most direct contact with the individual, it is expected that the MSC determines if a residential setting is appropriate.
- Many issues seem to arise not when a person first applies for waiver services, but instead, if they move after a few years.

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Who Determines Appropriate Living Arrangement

- The MSC should be aware of the type of living arrangement, either through observation during a home visit, or by asking questions.
- Frequently, the MSC will help a person to obtain a residence, and in those instances, the MSC will know if the person is moving into a certified location.

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What to Do if a Problem is Detected

- If you suspect that a residence may be certified by another agency, contact the residential provider.
- If the residence is clearly operated by an agency, contact the manager of the residence (direct care staff may not be able to help you) and ask them the classification of the residence.
- Search the appropriate website (e.g., DOH or OMH) to determine the specifications of the classification.

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What to Do if a Problem is Detected

- Contact the DDRO.
- DDRO staff can work with you to determine next steps to resolve the issue.

Note: Services cannot be discontinued until the issue is resolved.

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NY START

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Systemic, Therapeutic Assessment, Resources & Treatment

Community-based crisis response & prevention

- For people with Intellectual/Developmental Disabilities who experience crisis due to mental health or complex behavioral issues
- To enable individuals to remain in their home in the community

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NY START Model

Services are most effective when everyone involved in person's care and treatment actively participate in planning and services

- Systemic approach
- Driven by individual's need
- Clinically-based supports in conjunction with all other services
- Cross-systems communication & collaboration
- Resource Center availability

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NY START Structure

Clinical Team

- Director
- Clinical Director
- Medical Director
- Therapeutic Resource Center Director
- Team Leaders/START Coordinators

Therapeutic Resource Center

- Director/Asst. Director/Nurse
- Direct Support (at Center and In-home support)

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Therapeutic Resource Center

Therapeutic Resource Center Elements:

- Trained staff
- Symptom/behavior monitoring
- Structured day activities
- Collaboration with individual's support team
- Family support/education

Emergency Respite (up to 30 days)

- 2 beds
- Behavior Stabilization
- Hospital Diversion

Planned Respite for families (up to 72 hours)

- 2 beds
- Targeting individuals who are not able to utilize traditional respite due to behavioral challenges

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Who can Receive Services?

Anyone with an Intellectual or Developmental Disability who is age 6 or above who has co-occurring Mental Health/Challenging Behavioral needs

- Includes people living with family, living in the community, or living in Community Residences, whether operated by private agencies or by OPWDD

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Does OPWDD Eligibility Status Matter?

- In a crisis situation, if the referring party genuinely believes that the individual has an Intellectual or Developmental Disability, we will provide a crisis response
- However, to access NY START services beyond the crisis (such as receiving ongoing NY START services, in-home therapeutic respite, or services through the Therapeutic Resource Center), OPWDD eligibility must be established

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Services Offered

Now:

- **Cross-systems Crisis Prevention and Intervention Planning**
- **Systemic and Clinical Consultation**
- **Training/Clinical Education Teams**
- **Outreach and follow up**

Coming Soon (within 3 months):

- **Mobile Crisis Response**
- **Expanded Hours**
- **Comprehensive Service Evaluations**

Under Development (within 6 months):

- **Therapeutic In-home Supports**
- **Therapeutic Resource Center**

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Who Should be Referred?

- Individuals who have complex mental health needs that have required crisis intervention
- Individuals who are at risk of losing their work or home due to challenging behavior or unmet mental health needs
- Individuals who have a history of psychiatric hospitalizations or history of multiple community placements due to challenging behavior

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Key Principles Summary

- NY START is not a separate system, but focuses on establishing integrated service linkages
- NY START does not replace current First Responder services, but serves as a secondary clinically-based support for individual, First Responders and other providers
- NY START emphasizes crisis prevention through knowing high-risk individuals, involvement in developing crisis plans, providing training and technical assistance, and accessing services appropriate for the individual's needs

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Individual Outcomes

- Maintain stable community residence
- Access and engage resources
- Decrease behavioral challenges
- Decrease mental health symptoms
- Decrease state facility and hospital utilization
- Increase community involvement

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Community Outcomes

- Increase crisis expertise in community
- Implement and maintain community collaboratives
- Utilization of community resources
- Decrease state facility, emergency room, and hospital utilization
- Increase capacity of community system to more effectively meet the needs of individuals with I/DD

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 **Putting People First**

How do I make a referral?

Call !!

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Putting People First

Region 1 (Western Finger Lakes)



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Region 1 Office Locations

Western and Eastern Offices have been established.

**Both offices may be reached by calling:
1-844-56(START)**

<ul style="list-style-type: none"> ▪ Eastern Office 5297 Parkside Drive, Suite 304 Canandaigua, NY 14424 	<ul style="list-style-type: none"> ▪ Western Office 300 Langner Road, Suite 150 West Seneca, NY 14224
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Program Contact Information

- Gary McIntee
NYSTART Western Finger Lakes
Region Program Director
mcinteegl@wflstart.org

- Candice Baugh, M.A., LMHC
NYSTART Western Finger Lakes
Region Clinical Director
baughcc@wflstart.org

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NY Region 3

3 Geographic Areas consisting of 18 Counties:

Hudson Valley: Orange, Rockland, Sullivan, Westchester

Taconic: Columbia, Dutchess, Greene, Ulster, Putnam

Capital District: Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington



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How to Make a Referral

Call 844-START-80 (844-782-7880)

- **Press 1** for Hudson Valley
- **Press 2** for Taconic
- **Press 3** for Capital District

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 NYS Office For People With Developmental Disabilities

Additional Contact Information

Director, NY START, Region 3:

- Paul A. H. Partridge, Ph.D.
518-388-0434
paul.partridge@opwdd.ny.gov

Clinical Director, NY START, Region 3:

- Amy Cohen Anneling, Ph.D.
518-402-2054
amy.c.anneling@opwdd.ny.gov

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Additional Resources

OPWDD NY START Webpage:

- <http://www.opwdd.ny.gov/ny-start/home>

Center for START Services Webpage:

- www.centerforstartservices.com

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Who can make a referral?

Anyone who can provide information about the individual

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Call Us

Our staff will guide you through the referral process.

Have basic information available.

The intake process will seek detailed information about the individual over the following days.

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Eligibility

Is the individual six years or older?

Is there a firm belief that the individual has a developmental disability?

Is there consent to release needed background information?

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Reason for referral

What is the reason why this referral is being made.

Anyone can call to gain information about our process before making a referral.

We will provide guidance and links to services regardless of the nature of the referral.

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What happens next?

If a crisis exists we will assist in resolution and connections with needed services.

If not yet certified for OPWDD services we can assist with the “front door” process.

If eligible for OPWDD services we will continue to provide support and linkage services as we complete a thorough historical review.

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Intake Process

A detailed look at information about the individual from birth to present.

The identification of needed services/resources.

The development of a cross systems team.

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What happens next

With the assistance of all identified providers a Cross Systems Intervention and Prevention Plan is developed

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What approaches do we use in resolving issues

We encourage the team to rethink issues affecting the individual and look at all related factors.

We believe in a positive psychology approach that fosters relationships and interactions.

We help develop a comprehensive understanding of the individual.

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How long are we involved?

We are intensely involved at the beginning and remain involved until we see the treatment plan resolving the main issues affecting the individual. We then continue to monitor and help support the team.

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Where is the MSC in this process?

They continue to be in a lead role as START assists them in linking needed services and formulating a cross systems team approach for the individual.

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Questions

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2015 MSC Supervisors Conference Schedule

March 11, 2015
June 10, 2015
September 9, 2015
December 9, 2015

Registration is not yet open. A MSC E-Visory will be issued once registration is open. To join the MSC E-Visory please access the following link:
http://www.opwdd.ny.gov/opwdd_services_supports/service_coordination/m edicaid_service_coordination/msc_e-visories

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Thank You,

An evaluation form has been included in your conference materials. Your feedback is greatly appreciated. Please complete and return your evaluation to:

Angie.x.Francis@opwdd.ny.gov

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**Evaluation Form Findings
December 10, 2014 MSC Supervisors Conference**

Please check a rating for each statement:

I attended the webinar _____ I attended the video conference _____

- 1. The session materials helped me to understand the subject matter.**
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 2. The session content increased my understanding of the subject matter.**
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 3. The subject matter will be useful to me in my job.**
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 4. The presenter was knowledgeable about the subject matter.**
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 5. The presentation style contributed positively to the program.**
Strongly Agree Agree Neutral Disagree Strongly Disagree
- 6. The length of the session was appropriate.**
Strongly Agree Agree Neutral Disagree Strongly Disagree

What were the positive points of this presentation?

What improvements could be made to this presentation?

Recommendations for future topics:

Name (optional) _____
Title _____
Location _____

Thank you for your feedback!

Please return this evaluation to Angie Francis via email by **10/19/14** to: angie.x.francis@opwdd.ny.gov