



ACA/NY
ADVANCE CARE ALLIANCE

CARE COORDINATION

FREQUENTLY ASKED QUESTIONS

FOR MORE INFO ON ALL TOPICS,
VISIT WWW.OPWDD.NY.GOV

WHAT IS ACA/NY?

ACA/NY is a Care Coordination Organization (CCO) that serves as a Health Home for people with I/DD. The Health Home model combines developmental disability services and supports with health and wellness services, focusing more on outcomes and creating positive impact. ACA/NY is dedicated to supporting people with I/DD and their families to live happy, healthy and meaningful lives.

WHAT IS THE ROLE OF CARE CONNECTION?

Care Connection Specialists help people and families take the right steps to become eligible, and to enroll in the CCO network of services, including Health Home Care Management.

WHAT IS THE ROLE OF A CARE MANAGER?

The Care Manager assists families and people to understand and navigate how to benefit from and link to I/DD supports and services.

WHAT IS OPWDD?

The New York State Office for People With Developmental Disabilities (OPWDD) offers an array of services for people who have been diagnosed with a developmental disability and are eligible for services.

WHAT TYPES OF SERVICES CAN I RECEIVE FROM OPWDD?

OPWDD services include but are not limited to employment, community and day habilitation, clinical, residential, and respite services.

WHAT ARE THE CRITERIA FOR OPWDD ELIGIBILITY?

The person must have a qualifying diagnosis defined as - Onset of the condition present prior to age 22; condition is likely to continue indefinitely; substantial adaptive deficits must be attributable to the identified qualifying diagnosis. The diagnosis must include one of the following: intellectual disability, autism, cerebral palsy, epilepsy, familial dysautonomia, and/or neurological impairment (injury, malformation, or disease involving the Central Nervous System).

WHAT DOCUMENTS ARE NEEDED FOR OPWDD ELIGIBILITY?

All available psychological evaluation reports; assessment of adaptive functioning; relevant medical reports; psychiatric reports; psycho-social reports and/or social history; educational records including IEP or Annual 504 Accommodations Plans; other documentation which verifies age of onset of significant functional limitation prior to age of 22, a physical within the last 12 months. For more information refer to the Required Document Checklist [here](#).

HOW LONG DOES IT TAKE TO ESTABLISH OPWDD ELIGIBILITY?

The eligibility process can take anywhere from 2-6 months.

WHAT IS THE “FRONT DOOR” INFORMATION SESSION?

Front Door sessions provide an understanding of the OPWDD mission and purpose prior to enrollment, explains the process of becoming eligible for OPWDD services and supports, outlines the types of services available, and describes where to get assistance.

WHEN DOES ENROLLMENT INTO THE CCO TAKE PLACE?

CCO enrollments are effective the first of the following month after OPWDD Eligibility is established and Medicaid is active.

HOW ARE SERVICES PAID FOR?

OPWDD, including Care Coordination services are funded by Medicaid. Care Connection Specialists can assist with the Medicaid application.

HOW LONG DOES IT TAKE TO ESTABLISH MEDICAID?

Medicaid approval can take a minimum of 3 months.

DO I NEED SUPPLEMENTAL SECURITY INCOME (SSI)?

SSI is not required for OPWDD eligibility or for LIFEPlan CCO/HH enrollment.

ARE OTHER INSURANCES ACCEPTED AND/OR NEEDED?

Medicaid is the only insurance required or accepted for OPWDD or Care Management Services

WHEN CAN I BEGIN RECEIVING SERVICES?

Care Management Services: Once OPWDD Eligibility is established and Medicaid is active, Care Management services will begin the first of the following month.

Family Support Services: Family Support Services begin once OPWDD eligibility has been established.

HCBS Waiver Services: Once OPWDD Eligibility is established, Medicaid is active, and the person enrolls for the HCBS Waiver, services can begin.

DO I EVER NEED TO REAPPLY FOR SERVICES?

OPWDD Eligibility Services Provisional Eligibility is granted to a person under the age of 8. If the person still meets criteria after the age of 8, then permanent eligibility is established. If Care Management services are terminated, the person must re-enroll in the CCO/Health Home in order to begin receiving Care Management services again.

CAN I CHOOSE MY CARE MANAGER?

ACA/NY Members have the right to choose or change your care manager at any time.