

# Fact Sheets for Caregivers of Individuals with Special Health Care Needs

- Financial Aid
- Home- and Community-based Waivers in NYS
- Supports for Independent and Family Living
- What is Medicaid?
- How to Choose the Right Physician
- Section 504
- About Parent to Parent of New York State
- Parent to Parent Contact Information

*Compiled by the Parent to Parent of NYS  
Family to Family Health Care Information and Education Center  
& Family Voices Affiliated Organization*

FAMILY VOICES<sup>®</sup>  
Of New York State

A publication of



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OF NYS



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## **Introduction: Fact Sheets for Caregivers of Individuals with Special Health Care Needs**

**PLEASE NOTE: The terminology and delivery of services in NYS is changing rapidly. We are attempting to provide current and accurate information and recognize this as a challenge in today's environment.**

The Fact Sheets included in this booklet were compiled by Parent to Parent of NY State to assist people in locating information necessary for navigating health care service systems. The following pages, as well as other Fact Sheets and Tip Sheets, may be downloaded at no cost at the following web page:

<http://parenttoparentnys.org/education/library-detail/C134/>

### **Family-to-Family Health Information Centers (F2F HICs):**

Family-to-Family Health Information Centers (F2F HICs) are nonprofit organizations that help families of children and youth with special health care needs (CYSHCN) and the professionals who serve them. Because the health care needs of CYSHCN are chronic and complex, parents and caregivers are often challenged with finding the resources to provide and finance health care for their children. F2F HICs are in a unique position to help families because they are typically staffed/run by parents of CYSHCN themselves, and as parents, they have traveled through the maze of services and programs designed to help CYSHCN. Staff members at F2F HICs understand the issues that families face, provide advice, offer a multitude of resources and tap into a network of other families and professionals for support and information.

### **How do F2F HICs help?**

The Health Resources and Services Administration's (HRSA) Maternal Child Health Bureau (MCHB) provides the primary funding support for F2F HICs, as authorized by the Family Opportunity Act (FOA), legislation signed into law in 2006 (as a part of the Deficit Reduction Act). Through this contract, HRSA's MCHB currently supports F2F HICs.

### **Do you have a child with special health care needs? Would you like to speak to staff at New York's Family to Family Health Information Center?**

Contact the Schenectady office at 800-305-8817 or 518-381-4350 or Staten Island office at 800-866-1068 or 718-494-3462.

### **Do you have a practical tip that you would like to share with other families? Join the Medically Fragile Families Network E-mail List.**

The purpose of the group is to disseminate and share information regarding children who have complex medical needs. For more information, visit:

<http://parenttoparentnys.org/index.php/site/form-email-list-mffn>

### **Sign up to receive the monthly Links Digest, a compilation of website links to assist families in their ongoing research,**

Current and previous editions are available at:

<http://parenttoparentnys.org/healthcare/health-care-resources/C160/>



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## FINANCIAL AID

Resource Directory for Children and Young Adults with Special Health Care Needs:  
<http://www.health.ny.gov/publications/0548/>.

### Care At Home Waivers

#### *Care at Home (CAH I/II) Program for Physically Disabled Children*

Phone: (518) 486-6562

Website: [http://www.health.ny.gov/publications/0548/care\\_at\\_home\\_physically\\_disabled.htm](http://www.health.ny.gov/publications/0548/care_at_home_physically_disabled.htm)

**Program Goal:** To enable physically disabled children to remain in the home setting.

**Eligibility:** Must be under 18 years of age; require the level of care provided by a skilled nursing facility or hospital; must be able to be cared for at home safely; child is Medicaid eligible based on his/her parent's income and, if applicable, resources -OR- child is ineligible for Medicaid due to the parents' excess income and/or resources, but the child is Medicaid eligible when parents' income and/or resources are not counted. In Addition: In order to be eligible for CAH, the child must not be married.

#### Care at Home Medicaid Waiver for Developmentally Disabled Children (OPWDD, formerly OMRDD) [OMRDD Care at Home III, IV & VI]

Phone: (518) 473-6256

Website: [http://www.health.ny.gov/publications/0548/care\\_at\\_home\\_dev\\_disabled.htm](http://www.health.ny.gov/publications/0548/care_at_home_dev_disabled.htm)

**Program Goal:** To provide medical assistance to families with children living at home who have severe disabilities or medical conditions.

**Eligibility:** Must be under 18 years of age; have a developmental disability; demonstrate complex health care needs; be eligible for the level of care provided by an intermediate care facility (ICF/DD, i.e. a certified nursing home); does not require a hospital inpatient stay; must not be eligible for Medicaid when parents' income/resources are counted; and, must be eligible for Medicaid when parents' income and resources are not counted.

### Child Health Plus

Phone: (800) 698-4543

Website: [http://www.health.ny.gov/publications/0548/child\\_health\\_plus.htm](http://www.health.ny.gov/publications/0548/child_health_plus.htm)

**Program Goal:** To provide comprehensive health care services to uninsured children not eligible for Medicaid.

**Eligibility:** Children, under age 19, who are New York State residents; must not be eligible for Medicaid; must have little or no health insurance; public employees who have access to family coverage through a state health benefits plan are not eligible. The following documents are required to enroll: proof of age; NYS residency; household income. In some cases, proof of immigration status is required.

## **Family Support Services**

Phone: (518) 473-7038

Website: [http://www.health.ny.gov/publications/0548/family\\_support\\_services.htm](http://www.health.ny.gov/publications/0548/family_support_services.htm)

**Program Goal:** To help families care for their loved one with a developmental disability at home for as long as desired.

**Eligibility:** Families caring at home for family members with developmental disabilities.

## **Medicaid**

Phone: (800) 522-5006

Website: <http://www.health.ny.gov/publications/0548/medicaid.htm>

**Program Goal:** To increase access to health care coverage for low income individuals, families and children.

**Eligibility:** Medicaid is a program for low-income persons whose income and/or resources are below certain levels. Eligible populations include children, pregnant women, single individuals, families and individuals certified blind or certified disabled. In addition, persons with medical bills may be eligible for Medicaid even if their income and resources are above the allowable Medicaid income levels. Medicaid income and resource levels generally change on January 1 of each year. Children and families may be eligible for Child Health Plus or Family Health Plus if they are not eligible for Medicaid.

## **Children And Youth With Special Health Care Needs (CYSHCN)**

Phone: Contact your local Dept. of Health and ask for the Children with Special Health Care Needs Program Coordinator.

Website: [http://www.health.ny.gov/community/special\\_needs/](http://www.health.ny.gov/community/special_needs/)

The Children with Special Health Care Needs Program seeks to improve the system of care for children with special health care needs from birth to 21 years of age and their families. The Program helps to shape public policy so families can get the best health care for their children. Children served by the CSHCN Program have an illness or condition for which they need extra health care and support services. These children might have a serious or long-lasting:

- Physical condition,
- Intellectual or developmental disability, and/or
- Behavioral or emotional condition.

A few examples of such conditions include cerebral palsy or muscular dystrophy, asthma, sickle cell anemia, diabetes, heart conditions, depression, conduct disorder, and attention deficit hyperactivity disorder.

New York State also supports programs in most counties in the state that help families of CSHCN by giving them information on health insurance and connecting them with health care providers. These programs will also work with families to help them meet the medical and non-medical needs of their children.

### **Community Resources:**

- Family Support: [http://www.health.ny.gov/community/special\\_needs/services/family\\_support.htm](http://www.health.ny.gov/community/special_needs/services/family_support.htm)

- Mental Health: [http://www.health.ny.gov/community/special\\_needs/services/mental\\_health.htm](http://www.health.ny.gov/community/special_needs/services/mental_health.htm)
- Developmental Disability: [http://www.health.ny.gov/community/special\\_needs/services/developmental\\_disabilities.htm](http://www.health.ny.gov/community/special_needs/services/developmental_disabilities.htm)
- Transition from Adolescence to Independence: [http://www.health.ny.gov/community/special\\_needs/services/transition.htm](http://www.health.ny.gov/community/special_needs/services/transition.htm)

### **Children With Special Health Care Needs Program (CHSCN) Including Physically Handicapped Children's Program (Phcp)**

Website: [http://www.health.ny.gov/publications/0548/children\\_special\\_health\\_care\\_needs\\_including\\_phys\\_handi\\_children.htm](http://www.health.ny.gov/publications/0548/children_special_health_care_needs_including_phys_handi_children.htm)

**Program Goal:** To improve the system of care for children with special health care needs (CHSCN) and their families.

CHSCN are children birth to 21 years of age who have or are suspected of having a serious or chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Any child with a special health care need residing in a county that has a CHSCN Program is eligible for information and referral services.

**Eligibility:** Children served by the CHSCN Program have an illness or condition for which they need extra health care and support services. These children might have a serious or long-lasting physical condition, intellectual or developmental disability, and/or behavioral or emotional condition. A few examples of such conditions include cerebral palsy or muscular dystrophy, asthma, sickle cell anemia, diabetes, heart conditions, depression, conduct disorder, and attention deficit hyperactivity disorder.

New York State also supports programs in most counties in the state that help families of CHSCN by giving them information on health insurance and connecting them with health care providers. These programs will also work with families to help them meet the medical and non-medical needs of their children.

### **Supplemental Security Income (SSI)**

Phone: 1-800-772-1213 (TTY 1-800-325-0778), or visit [www.ssa.gov](http://www.ssa.gov).

Website: [http://www.health.ny.gov/publications/0548/supplemental\\_security\\_income.htm](http://www.health.ny.gov/publications/0548/supplemental_security_income.htm)

**Program Goal:** To assist low-income children who are disabled or blind.

**Eligibility:** Children under the age of 18 (or individuals, age 18-22, who regularly attend school, college or training that is designed to prepare them for paying jobs) who meet the federal medical and financial criteria. In NY State, all SSI recipients are eligible to receive Medicaid. The Supplemental Security Income (SSI) Program is administered by the federal Social Security Administration (SSA). A child under 18 may be found disabled if he or she has a physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to last for a continuous period of at least 12 months or can be expected to result in death. Individuals, 18-22 years old, are evaluated as adults, i.e., whether

they have a physical or mental impairment(s) or combinations of impairments which prevent them from working for at least 12 months or are likely to result in death.

The Social Security Administration considers parental income and resources in determining financial eligibility for individuals under age 18, who live at home. Some types of income and resources are not applied.

### **Early Intervention Program**

Website: [http://www.health.ny.gov/publications/0548/early\\_intervention\\_program.htm](http://www.health.ny.gov/publications/0548/early_intervention_program.htm)

**Program Goal:** To enhance the development of infants and toddlers with disabilities and developmental delays, and to assist families in meeting their children's special needs.

**Eligibility:** Children under 3 years of age who live in New York State and have a confirmed disability or established developmental delay. A confirmed disability means that the child has been diagnosed with a physical or mental condition (such as Down syndrome, autism, cerebral palsy, vision or hearing impairment) that has a high chance of resulting in a delay. "Developmental delay" means that the child is behind in at least one area of development including physical, cognitive, communication, social-emotional, and adaptive development. A child can be referred to the Early Intervention Program by various health professionals or by a child's parents. All children referred with a suspected disability are entitled to receive a multidisciplinary evaluation to determine their eligibility for early intervention services. Children with a diagnosed condition will still need an evaluation to help plan early intervention services.

### **Genetic Services Program**

Website: [http://www.health.ny.gov/publications/0548/genetic\\_services\\_program.htm](http://www.health.ny.gov/publications/0548/genetic_services_program.htm)

**Program Goal:** To ensure that individuals with genetic disorders, whether affected, at-risk for transmitting, or simply concerned, have access to comprehensive genetics services which include diagnostic, counseling and preventive services.

**Eligibility:** Any person living in New York State.

**Description:** New York State provides grant awards to genetic centers in all areas of the state. Funded centers provide a full range of genetic services. These services include diagnosis, laboratory testing, and genetic counseling and referral to specialty treatment centers as needed by the patient and family for many types of conditions, such as breast cancer, cystic fibrosis and sickle cell disease. Health insurance is billed if the patient has it, but all services are available whether or not the patient is able to pay for them.

**For More Information:** Call the New York State Department of Health's Genetic Service Program at (518) 474-7148 for information on the genetic center(s) nearest to you. Information is also available at: [www.wadsworth.org/newborn](http://www.wadsworth.org/newborn).

## HOME- AND COMMUNITY-BASED WAIVERS IN NYS

- HCBS Waivers provide services and supports to children and adults with long-term needs to enable them to remain at home and in the community.
- Waiver services are for people who, without these services, require the level of care provided in a long-term care facility.
- Waiver services allow Medicaid to pay for some services not provided through "regular" Medicaid, such as case management, respite and home adaptations.
- Under the HCBS Waivers, parental income and assets are not considered when determining the child's eligibility for Medicaid. Only the child's income and assets are counted; parental income is waived.
- Although the Medicaid applies to the child, it can be used to defray the costs of caring for a child at home.
- Generally, waiver funding is 50% federal dollars and 50% state. In some cases partial funding is by counties.

**NYS has several types of waivers that serve children with long-term care needs:**

### ✓ **Care At Home Waiver For Children With Developmental Disabilities**

NYS Office for People With Developmental Disabilities (OPWDD, formerly OMRDD):

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/supports\\_for\\_independent\\_and\\_family\\_living/Care\\_at\\_Home](http://www.opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/Care_at_Home)

**Program Goal:** To provide medical assistance to families with children living at home who have severe disabilities or medical conditions.

**Eligibility:** A child must: be under 18 years of age; have a developmental disability; demonstrate complex health care needs; be eligible for the level of care provided by an intermediate care facility; not require a hospital inpatient stay; not be eligible for Medicaid when parents' income/resources are counted; and, must be eligible for Medicaid when parents' income and resources are not counted.

**Contact** a Care at Home Waiver Coordinator at your local Developmental Disabilities Regional Office

[http://www.opwdd.ny.gov/opwdd\\_contacts/ddro](http://www.opwdd.ny.gov/opwdd_contacts/ddro)

### ✓ **Care At Home Programs For Children With Physical Disabilities**

NYS Department of Health (DOH)

**Program Goal:** To assist families in caring for their physically disabled children in the home setting.

**Eligibility:** A child must: be under 18 years of age; be physically disabled according to standards in the Social Security Act; not require a hospital inpatient stay; be able to be cared for at home safely, and at no greater cost than in the appropriate facility; not be eligible for Medicaid when parents' income/resources are counted; and, be eligible for Medicaid when parents' income and resources are not counted.

**Contact** a Care at Home Coordinator at your local County Department of Social Services.

<http://ocfs.ny.gov/main/localdss.asp>

✓ **Home- And Community-Based Services (HCBS) Waiver For Persons, Including Children, With Mental Retardation (Intellectual Disabilities) And/Or Developmental Disabilities**

NYS Office for People With Developmental Disabilities (OPWDD, formerly OMRDD)

**Program Goal:** To enable persons with developmental disabilities to obtain the supports and services needed to obtain his or her goals in life. A person's independence and inclusion in the community are the primary concern in designing this package of supports and services.

**Eligibility:** A person must: have a documented developmental disability; have needs comparable to a person residing in an intermediate care facility; be enrolled in Medicaid\*; and, live in either a Family Care home, their own home, an Individual Residential Alternative, or a Community Residence.

\*Children under the age of 18 may not have Medicaid upon application for enrollment in the waiver.

**Contact** the local Developmental Disabilities Regional Office (DDRO) for guidance on how to apply.

Website: [http://www.opwdd.ny.gov/opwdd\\_contacts/ddro](http://www.opwdd.ny.gov/opwdd_contacts/ddro)

✓ **Home-And Community-Based Services (HCBS) Waiver For Children And Adolescents With Serious Emotional Disturbances**

**Program Goal:** To provide services and support for children and adolescents with serious emotional disturbances and their families to enable them to remain at home and in the community.

**Eligibility:** A child must: be between 5 and 17 years of age (enrolled prior to 18<sup>th</sup> birthday); have serious emotional disturbances; demonstrate complex health and mental health needs; require or be at imminent risk of needing psychiatric inpatient care; have service and support needs that cannot be met by one agency/system; have a consistent and viable living arrangement with family that is able and willing to participate in the waiver; and, be eligible for Medicaid.

Office of Mental Health website:

[http://www.omh.ny.gov/omhweb/childservice/community\\_support.html](http://www.omh.ny.gov/omhweb/childservice/community_support.html)

Hcbx

✓ **Home- And Community-Based Services Waiver For Individuals With Traumatic Brain Injury Waiver (HCBS/TBI)**

**Program Goal:** To provide supports and services to assist an individual with a traumatic brain injury (TBI) to live as independently as possible in the community of their choice.

**Eligibility:** A person must: be diagnosed with TBI, or a related condition; be eligible for nursing facility level of care; and, be enrolled in Medicaid and between 18 and 64 years of age.

**Contact** the NYS Department of Health HCBS/TBI at 518-474-6580 to find the Regional Resource Development Center nearest you.

[http://www.health.state.ny.us/publications/0548/hcbs\\_traumatic\\_brain\\_injury.htm](http://www.health.state.ny.us/publications/0548/hcbs_traumatic_brain_injury.htm)

✓ **Home- And Community-Based Services (HCBS) Waiver For Bridges To Health Waivers (B2H)**

**Program Goal:** To improve the health and well-being of children and to avoid, delay or prevent medical institutional care and to provide enhanced services to children with disabilities in foster care or community services supervision. Services are provided to child, family and caregivers.

B2H consists of three Waivers - B2H for Children with Serious Emotional Disturbances (SED); B2H for children with Developmental Disabilities (B2H DD); and, B2H for Medically Fragile (B2H MedF).

**Eligibility:** A child must: be in the custody of the Commissioner of the Local Department of Social Services (LDSS)/Administration for Children's Services (ACS) or Office of Children and Family Services (OCFS); be Medicaid eligible; and, have a qualifying diagnosis and be able to benefit from the services. There are a limited number of "opportunities" available under these three waivers. Bridges to Health Medicaid Waiver Consultation Line: 1-888-250-1832.

**Contact** your local Department of Social Services (LDSS). Visit [www.ocfs.state.ny.us/main/localdss.asp](http://www.ocfs.state.ny.us/main/localdss.asp) for local contact information.

For NYC, contact NYC Children's Services (ACS) at 212-676-0406.

B2H Health Care Integration Agencies: <http://www.ocfs.state.ny.us/main/b2h/>

### ✓ **Nursing Home Transition And Diversion Medicaid Waiver Program**

**Program Goal:** The Nursing Home Transition and Diversion (NHTD) Medicaid Waiver is a Home- and Community-based Services (HCBS) program administered by the New York State Department of Health (DOH) through contractual agreements with Regional Resource Development Centers (RRDC) and Quality Management Specialists (QMS). The NHTD waiver uses Medicaid funding to provide supports and services to assist individuals with disabilities and seniors toward successful inclusion in the community. Waiver participants may come from a nursing facility or other institution (transition), or choose to participate in the waiver to prevent institutionalization (diversion). Waiver services are provided based on the participant's unique strengths, needs, choices and goals. The individual is the primary decision maker and works in cooperation with providers to develop a service plan.

**Eligibility:** An individual applying to participate in the waiver must meet all of the following criteria in order to be approved for the NHTD waiver:

1. Be a recipient of Medicaid coverage that supports community-based long-term care services, in receipt of Medicaid Waiver Services.
2. Be between ages 18 and 64 with a physical disability, or age 65 and older upon application to the waiver. If under age 65, the physical disability will be documented.
3. Be assessed to need a nursing home level of care.
4. Sign the Freedom of Choice form.
5. Be able to identify the actual location and living arrangements in which the waiver participant will be living when participating in the waiver.
6. Complete and submit an Application Packet which includes the Initial Service Plan.
7. Have a completed Plan for Protective Oversight (PPO).
8. Be able to live in the community where health and welfare can be maintained as determined by the RRDS.

[http://www.nyhealth.gov/facilities/long\\_term\\_care/](http://www.nyhealth.gov/facilities/long_term_care/)

[http://www.health.ny.gov/facilities/long\\_term\\_care/waiver/nhtd\\_manual/](http://www.health.ny.gov/facilities/long_term_care/waiver/nhtd_manual/)

<http://www.opwdd.ny.gov/node/995>

## **SUPPORTS FOR INDEPENDENT AND FAMILY LIVING**

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/supports\\_for\\_independent\\_and\\_family\\_living](http://www.opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living)

Supports for Independent and Family Living include a wide array of services that allow an individual to remain in his or her own home, apartment or family care home. Whether the individual and/or family's need is respite services, which provide relief for the caregiver, or assistive technology services, which can, for example, provide environmental modifications to the home to incorporate a wheelchair (such as wider doors, ramps or roll-in showers), or provide communication aids (such as speech amplifiers, guide dogs and adaptive computer hardware/software), the goal of these supports and services is to help people with developmental disabilities lead richer lives that include meaningful relationships, good health, personal growth and productivity, and homes in their communities.

### **Article 16 Clinics**

Article 16 Clinics are OPWDD-certified treatment facilities that provide clinical services to individuals with developmental disabilities as well as to those caregivers and other support staff whose participation in the service is deemed necessary to maintain the effectiveness of the treatment, enable the individual to remain in his/her current residential setting and enhance the individual's quality of life. Services, provided at a main clinic or satellite site by appropriately licensed/certified practitioners, may include the following:

- rehabilitation/habilitation services (e.g., physical therapy, occupational therapy, psychology, speech and language pathology, social work);
- medical/dental services; and
- health care services (e.g., nursing, dietetics and nutrition, audiology, podiatry).

The Guide to Eligibility Assessment Resources in New York State (<http://www.opwdd.ny.gov/node/1024>) may be helpful in finding resources in your area.

To be eligible for Article 16 Clinic services, the individual must be enrolled in Medicaid. For additional information regarding this process, please contact the Eligibility Coordinator at the Developmental Disability Regional Office (DDRO) representing the county in which the individual/family lives.

### **Assistive Technology**

Assistive Technology is a category of services that encompasses both environmental modifications (E-Mods) and adaptive devices. Environmental modifications are physical modifications to the home that can increase or maintain the individual's ability to remain in his/her home. Like E-mods, adaptive devices (aids, controls, appliances and/or supplies) can increase or maintain the individual's ability to remain in the home, but can also assist with the individual's interaction in the community.

Environmental modifications include, but are not limited to, ramps, lifts for porch, stairs and/or bathrooms, hand rails, and bathroom/kitchen modifications such as roll-in showers, shatter-proof bathroom/shower doors, and work surface and cabinet/shelving adaptations. In addition to these physical types of modifications to the home, E-Mods can include modifications that address the individual's sensory deficits, such as Braille identifications systems and strobe light smoke detectors and alarm devices, and

modifications that promote a safer environment for individuals with challenging behaviors, including window protection, reinforcement of walls, open-door signal devices and durable wall finishes.

Adaptive devices include communication aids, such as Personal Emergency Response Systems (PERS), speech amplifiers and motion-activated devices, and adaptive aids and devices, including feeding, dining and meal preparation aids/devices/appliances, motorized wheelchairs, guide dogs and computer hardware/software that can improve communication and/or adaptive skills.

To be eligible for Assistive Technology services through OPWDD, the individual must be enrolled in the Home and Community-Based Services Waiver. For further information on enrollment, please contact the Eligibility Coordinator at the Development Disabilities Regional Office (DDRO) representing the county in which the individual/family lives.

For individuals and families not seeking to enroll in the HCBS Waiver, the Commission on Quality of Care and Advocacy for Persons with Disabilities administers the TRAIID (Technology Related Assistance for Individuals with Disabilities) Program, which coordinates statewide activities to increase access to and acquisition of assistive technology in the four domain areas of education, employment, community living and information technology/telecommunications. For additional information regarding the TRAIID Program, please follow this link: <http://cqc.ny.gov/advocacy/assistive-technology>.

## **Care at Home**

OPWDD currently operates three Care at Home (CAH) Medicaid Home and Community Based Waivers. The OPWDD CAH waivers (III, IV and VI) provide services to children with severe developmental disabilities and complex medical conditions living at home with their families.

The Care At Home Waiver program allows Medicaid to pay for some services not provided through "regular" Medicaid, such as case management, respite, home adaptations and vehicle modification. These services can make home care an option for children and their families. Although this Medicaid funding applies only to the child, it can be used to help cover the costs of caring for the child at home.

### **Who is eligible for CAH III, IV or VI?**

To be eligible, a child must meet all of the following requirements:

- Be under 18 years of age
- Have a developmental disability as defined by New York State's Mental Hygiene Law
- Demonstrate complex health care needs that are expected to continue for at least 12 months
- Be eligible for the level of care provided by an intermediate care facility (ICF) for persons with developmental disabilities
- Not be in a hospital, skilled nursing facility, ICF/DD facility or other institution
- Have an assessment indicating that the child is able to be cared for at home if the proper services are provided
- Be ineligible for Medicaid because of parental income and resources
- Be able to be cared for at less cost in the family home than in an ICF facility

### **What Services are available to a CAH child?**

- The CAH waivers provide coverage for all routine State Plan Medicaid services including Nursing.
- Case Management Services are provided to assist and enable the child and family to access the full range of available services and resources.
- Respite Services are available to provide the family time to meet its other obligations as well as attend to the needs of other children living in the family.
- Assistive Technologies/Home Adaptations are available to help a child live safely at home with independence and dignity.

For more information on CAH, contact: Lynda Baum-Jakubiak, Statewide CAH Coordinator (518) 474-6471 or a Local Regional Office CAH Coordinator.

## **Consolidated Supports and Services (CSS)**

Consolidated Supports and Services (CSS) is an OPWDD Home and Community Based Services waiver self-directed service option that empowers people with disabilities and their families to design and manage services based on their individual needs and goals. CSS supports the essence of community inclusion, and because the CSS Plan is individually created by the participant and those the participant chooses to help, each CSS plan is as unique as the participant who designed it. With assistance from a financial management services agency (FMS), CSS participants control their own individualized, portable CSS budgets, and may choose to hire and manage their own staff supports. CSS Plans and Budgets allow participants to access the supports needed to:

- live at home or in a home of their own,
- pursue interesting and meaningful employment, volunteer, or other community activities,
- engage in satisfying, productive relationships with family, friends, and community members, and
- maintain a healthy lifestyle.

For more information about CSS, please contact the CSS Liaison at your DDRO (see list below), the OPWDD CSS Program at (518) 473-6393 or the NYS Self Advocacy Association at (518) 382-1454.

## **Day Services**

A range of day programs are available to individuals with developmental disabilities. Each is focused on giving participants the personal, social and vocational supports needed to live in their community. Programming varies depending upon each individual's needs and interests.

### **Community Habilitation**

Hourly Community Habilitation services are habilitation services that are provided to individuals who do not reside in a residence which is certified or operated by OPWDD. Community Habilitation services can be delivered at any non-certified location, including the individual's home. Supports include adaptive skill development, assistance with activities of daily living (hands-on), community inclusion and relationship building, training and support for independence in travel, transportation, adult educational supports, development of social skills, leisure skills, self-advocacy and informed choice skills, and appropriate behavior development to help the individual access their community.

Community Habilitation Phase II services are similar in scope and intent to Hourly Community Habilitation services, but are for those individuals living in OPWDD-certified supervised Individualized Residential Alternative (IRA) or supervised Community Residence (CR) settings. The flexibility of CH Phase II allows individuals to have greater choice and flexibility in how they spend their day and where they receive their habilitation supports. In order to be eligible, the individual must be HCBS waiver-enrolled and must receive residential and day services from the same provider (this program is not designed to be compatible with Supported Employment, Pre-vocational Services, Consolidated Supports and Services, blended services, or any comprehensive services).

### **Day Habilitation Services**

Day Habilitation services are habilitation services that may be provided to an individual regardless of his or her living environment, and regularly take place in a non-residential setting, separate from the individual's private residence or other home. As with Community Habilitation services, Day Habilitation services can assist individuals to acquire, retain or improve their self-help, socialization and adaptive skills, including

communication, travel and other areas in adult education. Activities and environments are designed to foster the development of skills and appropriate behavior, greater independence, community inclusion, relationship building, self-advocacy and informed choice. Additionally, individuals accessing day habilitation often contribute to their communities through volunteer work.

### **Prevocational Services**

Prevocational services address the individual's vocational interests. They assist individuals who are interested in joining "the world of work" but whose skills are such that they may not expect to obtain competitive employment within the next year. The individual may or may not perform work for which he or she is paid while receiving prevocational services. Prevocational services include support and training related to the ability to obtain and retain employment, excluding training on job tasks per se. Please also see Employment Opportunities and Supports

For more information on day services, please contact the Eligibility Coordinator of the Developmental Disabilities Regional Office (DDRO) representing the county in which the individual/family lives.

### **Family Support Services**

Family Support Services Coordinators are available at each of OPWDD's Developmental Disabilities Regional Offices (DDROs) to help families access Family Support Services. Each DDRO also has a Family Support Services Advisory Council to represent the interests of family members and people with developmental disabilities. The councils work in partnership with the DDROs to make decisions supporting families and loved ones.

Family Support Services can help in times of crisis when a family member or loved one becomes ill, or when things get difficult at home for other reasons. With assistance and support, families can often work these situations out and stay together. Find out more information about these services and supports by calling the Family Support Services Coordinator at the DDRO representing the county in which the individual/family lives.

DDROs continually work with local community agencies to ensure that other family support services for people with developmental disabilities and their loved ones are available when and where they are needed.

These family support services may include:

- information and referral
- family and individual counseling
- family-member training
- recreation
- camps (Adult Overnight Summer Camp Information )
- after-school programs
- transportation
- sibling services
- support groups
- service coordination

DDROs can also arrange for specialized equipment and home modifications. For information about these types of FSS supports and services, please contact the Family Support Services Coordinators Listing of the Developmental Disabilities Regional Office (DDRO) representing the county in which the individual/family lives.

### **Individual Supports and Services**

Historically, Individual Supports and Services (ISS) assist adults with developmental disabilities who wish to live independently by providing funds to pay for housing costs, and on a limited basis, for such things as food, transportation and clothing. In late 2010, ISS was restructured, and is now a housing subsidy calculated based on an individual's income and Housing and Community Renewal (HCR) payment standards. In 2011, OPWDD began redesigning and expanding individualized services (CSS, ISS and Portal) to include more opportunities for individuals to be able to self-direct and individualize their services. Design workgroups are actively exploring existing practices and promising new practices that can be integrated into the new system. This project hopes to model and build on current programs, including Consolidated Supports and Services (CSS), where it has been shown that individual satisfaction with services is as much as 100%.

## **Intensive Behavioral (IB) Services**

Intensive Behavioral (IB) Services are short-term (6 month) services that focus on developing effective behavior management strategies for individuals whose challenging behavioral issues put the individual at risk of placement in a more restrictive residential setting. While not a crisis intervention program, this program does teach the individual, families and other caregivers how to respond to and deal with those challenging behaviors that might otherwise result in admission to a hospital or psychiatric center.

To be eligible for IB Services, the individual must live in his/her own residence or a Family Care home and must be enrolled in the Home and Community Based Services Waiver. If you are interested in learning more about IB Services, please contact the Eligibility Coordinator or the Intensive Behavioral Services Liaison at your local Developmental Disabilities Regional Office (DDRO) representing the county in which the individual/family lives.

IB Services Documentation

IBS Appendix B (Service Documentation) - Describes the billing requirements for IB Services and is a part of an agency's contract.

IB Services Qualitative Materials

IBS Appendix F (Qualitative Guidance on IB Services) - Describes best practices for IB Services Interventions and elements that need to be included in the FBA and BMP. This appendix is a part of an agency's contract to deliver IB Services.

Other Materials

IB Services Individual Authorization Application - Describes the billing requirements for IB Services and is a part of an agency's contract.

IB Services Verification Form - This form is submitted by IB Services agencies when the Functional Behavioral Assessment and Behavior Management Plan have been completed for an individual, so that they can be reimbursed for the product fee.

IB Services Verification Form Instructions - IB Services Verification Form Instructions

## **Respite Services**

Respite services provide temporary relief from the demands of care giving, which helps reduce overall family stress. This often enables families to better meet the needs of their loved one with a developmental disability. Respite can be provided in the home or out of the home, during the day, evenings or overnight. Respite is an "indirect" service that provides relief to individuals who are responsible for the primary care and support of an individual with a developmental disability. When a family member, Family Care provider, or live-in/house-parent staff person has to deal with such things as illness, emergency, and care giver or staff vacation, respite services can ensure that their loved one's needs are met. For more information on

Respite Services, please contact an Eligibility Coordinator of the Developmental Disabilities Regional Office (DDRO) representing the county in which the individual/family lives.

## WHAT IS MEDICAID?

Medicaid is a program for New Yorkers who can't afford to pay for medical care.

### How do I know if I qualify for Medicaid?

You may be covered by Medicaid if:

- You have high medical bills.
- You receive Supplemental Security Income (SSI).
- You meet certain financial requirements.

For more details, use the ACCESS NY Public Health Insurance Eligibility Screening Tool (<https://apps.health.ny.gov/doh2/applinks/accessny/eligibility/gettingstarted.jsp>) to see which public health insurance programs you and your family may be eligible for.

### How do I apply for Medicaid?

- You can request an application for Medicaid by phone, by mail or in person through your local department of social services (LDSS) or by contacting a Facilitated Enroller (FE).
- Applications and assistance in filling them out can also be obtained by calling New York Health Options at 855-693-6765.
- In New York City, applications can be obtained by contacting the Human Resources Administration (HRA) at (718) 557-1399. Residents of New York City can mail applications to the Human Resources Administration at: Initial Eligibility Unit, HRA/Medical Assistance Program, PO Box 2798, New York, NY 10117-2273.
- Pregnant women and children can apply at many clinics and hospitals. Contact your local department of social services to find out where you can apply.
- If you are in a facility operated by the New York State Office of Mental Health, contact the Patient Resource Office.
- If you are in a facility certified by the New York State Office for People With Developmental Disabilities, contact the Revenue Support Office.
- You no longer need to have a personal interview to be eligible for Medicaid. If you need help with understanding and filling out your application, you can call or visit your local department of social services or a facilitated enroller. You can also call New York Health Options at (855)693-6765.

### What do I need to apply for Medicaid?

- If you are a U.S. citizen (born in the U.S. or one of its territories) and provide a valid Social Security Number (SSN), a match with Social Security Administration (SSA) will verify your

SSN, date of birth/age and U.S citizenship. If SSA verifies this information, no further proof is needed. The SSA match cannot verify birth information for a naturalized citizen. You will need proof of naturalization (e.g., Naturalization Certificate (N-550 or N-570) or a U.S. passport).

- Proof of age (if not verified by SSA), like a birth certificate
- Proof of citizenship or immigration status\*
- Four weeks of recent paycheck stubs (if you are working)
- Proof of your income from sources like Social Security, Supplemental Security Income (SSI), Veteran's Benefits (VA), retirement, Unemployment Insurance Benefits (UIB), Child Support payments
- If you or anyone who lives with you is 65 years old or older, certified blind or disabled, you need to provide information on bank accounts, insurance policies and other resources.
- Proof of where you live, like a rent receipt, landlord statement, mortgage statement, or envelope from mail you received recently
- Insurance benefit card or the policy (if you have any other health insurance)
- Medicare Benefit Card (the red, white and blue card)

\*NOTE: Medicaid coverage is available, regardless of alien status, if you are pregnant or require treatment for an emergency medical condition. A doctor must certify that you are pregnant or had an emergency, and you must meet all other Medicaid eligibility requirements.

If I think I am eligible for Medicaid, should I cancel any other health insurance I might already have?

No. If you currently pay for health insurance or Medicare coverage or have the option of getting that coverage, but cannot afford the payment, Medicaid can pay the premiums under certain circumstances.

Even if you are not eligible for Medicaid benefits, the premiums can still be paid, in some instances, if you lose your job or have your work hours reduced. If you need help with a COBRA premium, you must apply quickly, to determine if Medicaid can help pay the premium.

You may be eligible for the Medicare Savings Program. This program pays your Medicare premiums and deductibles.

If you have Acquired Immune Deficiency Syndrome (AIDS), Medicaid may be able to help pay your health insurance premiums.

How do I know if my income and resources qualify me for Medicaid?

The chart below shows how much income you can receive in a month and the amount of resources (if applicable) you can retain and still qualify for Medicaid. The income and resource (if applicable) levels depend on the number of your family members who live with you.

2013 Income & Resource Levels*					
Number of People	Medicaid Standard for Singles People, Couples without Children & Low Income Families		Net Income for Families; and Individuals who are Blind, Disabled or Age 65+		Resource Level (Individuals who are Blind, Disabled or Age 65+ ONLY)
	Annual	Monthly	Annual	Monthly	

2013 Income & Resource Levels *					
Number of People	Medicaid Standard for Singles People, Couples without Children & Low Income Families		Net Income for Families; and Individuals who are Blind, Disabled or Age 65+		Resource Level (Individuals who are Blind, Disabled or Age 65+ ONLY)
	Annual	Monthly	Annual	Monthly	
1	\$8,994	\$750	\$9,600	\$800	\$14,400
2	\$11,228	\$936	\$14,100	\$1,175	\$21,150
3	\$13,360	\$1,114	\$16,215	\$1,352	\$24,323
4	\$15,512	\$1,293	\$18,330	\$1,528	\$27,495
5	\$17,737	\$1,479	\$20,445	\$1,704	\$30,668
6	\$19,364	\$1,614	\$22,560	\$1,880	\$33,840
7	\$21,078	\$1,757	\$24,675	\$2,057	\$37,013
8	\$23,278	\$1,940	\$26,790	\$2,233	\$40,185
9	\$24,538	\$2,045	\$28,905	\$2,409	\$43,358
10	\$25,800	\$2,150	\$31,020	\$2,585	\$46,530
For each additional person, add:	\$1,262	\$106	\$2,115	\$177	\$3,173

\*Effective January 1, 2013

For more details, use the ACCESS NY Public Health Insurance Eligibility Screening Tool to see which public health insurance programs you and your family may be eligible for.

Income and Resource Levels are subject to yearly adjustments.

You may also own a home, a car, and personal property and still be eligible. The income and resources (if applicable) of legally responsible relatives in the household will also be counted.

**Can I be eligible for Medicaid even if I make more money than the chart shows?**

Yes, some people can. Pregnant women, children, disabled persons, and others may be eligible for Medicaid if their income is above these levels and they have medical bills. Ask your Medicaid worker if you fit into one of these groups.

Visit [http://www.health.ny.gov/health\\_care/medicaid/excess\\_income.htm](http://www.health.ny.gov/health_care/medicaid/excess_income.htm) for more information on the Medicaid Excess Income program. If an adult has too much income and/or resources and is not eligible for Medicaid, that person may be eligible for Family Health Plus or Family Planning Benefit Program.

**Expanded Income levels for Children and Pregnant Women**

Infants to age one and pregnant women - 200% of the federal poverty level.

Children age 1 through 18 years - 133% of the federal poverty level.

Monthly Income Effective January 1, 2013*		
Number in Family	133% FPL**	200% FPL**
1	\$1,274	\$1,915
2	\$1,720	\$2,585
3	\$2,165	\$3,255

### Monthly Income Effective January 1, 2013\*

Number in Family	133% FPL**	200% FPL**
4	\$2,611	\$3,925
5	\$3,056	\$4,595
6	\$3,502	\$5,265
7	\$3,947	\$5,935
8	\$4,393	\$6,605
For each additional person, add:	+\$446	+\$670

\* Income Levels are subject to yearly adjustments.

\*\* FPL = Federal Poverty Level

If a child has too much income and is not eligible for Medicaid, the child may be eligible for Child Health Plus. You also can use the ACCESS NY Public Health Insurance Eligibility Screening Tool to see which public health insurance programs you and your family may be eligible for.

#### How long does it take to get Medicaid?

Generally, local districts must determine if you are eligible and send a letter notifying you if your application has been accepted or denied within 45 days of the date of your application. If you are pregnant or applying on behalf of children, the local district has 30 days from the date of your application to determine if you are eligible for Medicaid. If you are applying and have a disability which must be evaluated, it can take up to 90 days to determine if you are eligible.

#### What are my rights?

The Medicaid application, Access NY Health Care, tells you what your rights are when you apply for Medicaid. See the pages titled "Terms, Rights and Responsibilities." People who receive Medicaid have privacy rights. Medicaid keeps your health information private and shares it only when we need to. If you are not satisfied with a decision made by the local social services district, you may request a conference with the agency. You may also appeal to the New York State Office of Temporary and Disability Assistance and request a Fair Hearing.

#### How do I request a Fair Hearing?

You can ask for a fair hearing by: 1) Telephone: You may call the state wide toll free number: 800-342-3334; OR 2) Fax Number: (518) 473-6735; OR 3) On-Line: Complete and send the online request form at: <http://otda.ny.gov/programs/applications/>; OR 4) Write: to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. In New York City you can also: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at: 14 Boerum Place, 1st Floor, Brooklyn, or 111 Livingston Street, 4th Floor, Brooklyn, NY 11201.

#### Will there be a lien (legal claim) placed on my estate (my assets) when I die?

If you receive medical services paid for by Medicaid on or after your 55th birthday, or when permanently residing in a medical institution, Medicaid may recover the amount of the cost of these services from the assets in your estate upon your death.

#### What health services are covered by Medicaid?

In general, the following services are paid for by Medicaid, but some may not be covered for you because of your age, financial circumstances, family situation, transfer of resource requirements, or living arrangements. Some services have small co-payments. These services may be provided using your Medicaid card or through your managed care plan if you are enrolled in managed care. You will not have

a co-pay if you are in a managed care plan, except for pharmacy services, where a small co-pay will be applied.

- smoking cessation agents
- treatment and preventive health and dental care (doctors and dentists)
- hospital inpatient and outpatient services
- laboratory and X-ray services
- care in a nursing home
- care through home health agencies and personal care
- treatment in psychiatric hospitals (for persons under 21 or those 65 and older), mental health facilities, and facilities for the mentally retarded or the developmentally disabled
- family planning services
- early periodic screening, diagnosis and treatment for children under 21 years of age under the Child/Teen Health Program
- medicine, supplies, medical equipment and appliances (wheelchairs, etc.)
- clinic services
- transportation to medical appointments, including public transportation and car mileage
- emergency ambulance transportation to a hospital
- prenatal care
- some insurance and Medicare premiums
- other health services

If you are eligible for Medicaid, you will receive a Benefit Identification Card which must be used when you need medical services. There may be limitations on certain services.

For you to use your Benefit Identification Card for certain medical supplies, equipment or services (e.g., wheelchair, orthopedic shoes, transportation), you or the person or facility that will provide the service must receive approval before the service can be provided (prior approval).

### Will I have to pay co-payments?

The following services are subject to a co-payment:

- Clinic Visits (Hospital-Based and Free Standing Article 28 Health Department-certified facilities) - \$3.00;
- Laboratory Tests performed by an independent clinical laboratory or any hospital-based/free standing clinic laboratory - \$0.50 per procedure;
- Medical Supplies including syringes, bandages, gloves, sterile irrigation solutions, incontinence pads, ostomy bags, heating pads, hearing aid batteries, nutritional supplements, etc. - \$1.00 per claim;
- Inpatient Hospital Stays (involving at least one overnight stay; is due upon discharge) - \$25.00;
- Emergency Room - for non-urgent or non-emergency services - \$3.00 per visit;
- Pharmacy Prescription Drugs - \$3.00 Brand Name, \$1.00 Generic;
- Non-Prescription (over the counter) Drugs - \$0.50.

There is no co-payment on private practicing physician services (including laboratory and/or x-ray services, home health services, personal care services or long term home health care services).

Co-pay Maximum: You are responsible to pay a maximum of up to \$200 in a co-pay year. Your year begins on April 1st and ends March 31st each year. If you reach your maximum of \$200, a letter will be sent to you exempting you from paying Medicaid co-payments until April 1st.

Co-pay Exemptions: The following are exempt from all Medicaid co-payments:

- Children under 21.
- Pregnant women. (Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends.)
- Family planning (birth control) services -This includes family planning drugs or supplies like birth control pills and condoms.
- Residents of an Adult Care Facility licensed by the New York State Department of Health.
- Residents of a Nursing Home.
- Residents of an Office of Mental Health (OMH) or Office for People with Developmental Disabilities (OPWDD) certified Community Residence.
- Enrollees in a Comprehensive Medical Case Management (CMCM) or Services Coordination Program.
- Enrollees in the Home and Community Based Services (HCBS) or Traumatic Brain Injury (TBI) waiver programs.
- Psychotropic and Tuberculosis drugs.

You cannot be denied care or services because of your inability to pay a co-payment. A provider has the right to ask you for the co-payment at each visit and bill you for any unpaid co-payments.

#### What is a Medicaid managed care program?

Enrollment in a Medicaid managed care program through a Health Maintenance Organization (HMO), clinic, hospital or physician group is available at any local department of social services. You may be required to join a managed care plan. When you join a managed care program, you will choose a personal doctor who will be responsible for making sure all your health care needs are met. The doctor will send you to someone else if you need more help than the doctor can provide.

#### What does managed care cover?

Managed care covers most of the benefits recipients will use, including all preventive and primary care, inpatient care, and eye care. People in managed care plans use their Medicaid benefit card to get those services that the plan does not cover.

#### Do I have to join a managed care plan?

In many counties you can join a plan if there is one available and you want to. However, there are some counties where families will have to join a plan. In these counties there are some individuals who don't have to join. Please check with your local social services department to see if you have to join a plan.

#### **Of special interest to persons with disabilities:**

If you think you are disabled, and if you meet the criteria for disability included in the Social Security Act, you may be eligible for Medicaid.

If you believe you are disabled, you should furnish the local department of social services with medical evidence about your impairment(s).

It may be necessary for you to have further examinations and/or tests for the disability to be determined.

The cost of such examinations, consultations, and tests requested by the disability review team, if not otherwise covered, will be paid by the local social services agency.

NOTE: Persons who are denied for reasons of failure to meet the disability criteria are entitled to appeal the disability decision that led to the denial of their application. See the section of this page

entitled ""What are my rights?". Any person dissatisfied with the Fair Hearing decision of the New York State Office of Temporary and Disability Assistance may also appeal to the court system.

**Reference:** NYS Department of Health: [www.health.state.ny.us](http://www.health.state.ny.us)

**How do I report Medicaid fraud?** You can report Medicaid fraud by calling the Fraud Hotline 1-877-873-7283, or file a complaint online at

[http://www.omig.ny.gov/data/content/view/50/224/index.php?option=com\\_content&view=article&id=650](http://www.omig.ny.gov/data/content/view/50/224/index.php?option=com_content&view=article&id=650).

If you send an e-mail to [Medicaid@health.state.ny.us](mailto:Medicaid@health.state.ny.us), please include your phone number so we can respond to you as quickly as possible.

## **HOW TO CHOOSE THE RIGHT PHYSICIAN – HOW TO TELL US IF YOU DON'T**

### **✓ Choosing the Right Doctor**

Choosing the right doctor is a very important decision. Yet, many people take more time to compare the quality and price of their next car than they do to select a physician.

Today, many people have primary care physicians who serve most of their needs and can refer them to specialists when necessary. Primary care physicians generally include internists, family practitioners, pediatricians and, in some instances, obstetricians and gynecologists.

How do you select a primary care physician, and how do you know if the specialists he or she suggests are the right doctors for you? Here are some things to consider when selecting a physician:

- Ask friends and relatives for recommendations. If you are moving and changing physicians, ask your current physician if he or she can refer you to someone in your new community.
- Check with area hospitals. Many of them offer referral services.
- Check with your county medical society. They will give you the names of several physicians.
- Ask your insurance company, health maintenance organization or managed care plan if they have a panel of physicians from which you should select.
- Contact your regional Parent to Parent office to network with parents in the area to which you are moving. They can be a good resource to learn about new doctors.

Once you have the names of several physicians, you can do some additional checking to help you make a final decision.

- Set up a time to interview potential physicians. Most offices will set aside 15 minutes for a physician interview. One question might be to ask how many people with disabilities the practice serves. Also, ask what their policy is to accommodate people with disabilities, i.e. reduced wait times, quiet waiting areas.
- Review your health insurance plan to determine if a physician is part of your and/or your child's health insurance network or if the plan will cover "out of network" physician referrals.

**Is the physician licensed?** To find out if the physician is currently licensed and registered in New York State, contact the State Education Department, Division of Professional Licensing Services, Cultural Education Center, Albany NY 12230. Phone: 518-474-3817 and ask for public information. Web site: [www.op.nysed.gov](http://www.op.nysed.gov). The State Education Department can also tell you where a physician attended medical school.

**How can I learn about my physician's education?**

The New York Patient Health Information and Quality Improvement Act of 2000 made it possible for all citizens of New York to get information about physicians (doctors) through the State Physician Profile website [www.nydoctorprofile.com](http://www.nydoctorprofile.com)

Certain information is required to be available on all physicians. Such information includes:

- Information about the doctor's medical education
- Information about translation services at the doctor's office
- Information about legal actions taken against the doctor

To see all the information that is available for each doctor, search on any doctor's name.

### Optional Information

Doctors can also give extra information (optional information) about their practices. Each doctor is invited to add:

- The practice name, address and phone number of all offices
- The names of other doctors in a practice group
- A list of the articles or research papers the doctor has published
- A list of professional and community service activities or awards
- A list of the health plans the doctor works with
- A personal statement about any information in the doctor's profile

Is the physician board certified? Many doctors become board certified in a specialty. This means that they complete specialty training and pass formal examinations. While no guarantee of excellence, board certification is one way the average consumer can be certain of a physician's training. Many primary care physicians also are board-certified in specialty areas. To find out if your physician is board-certified, access the American Board of Medical Specialties web site at [www.abms.org](http://www.abms.org) or call 1-866-275-2267 Patients who would like to check the certification status of a DO can visit the American Osteopathic Association (AOA) Web site at [www.osteopathic.org](http://www.osteopathic.org) or call the Member Service Center at 1-800-621-1773, option 1 on the menu.

### How does the office operate?

Check a physician's office hours and locations, payment requirements, emergency and after-hours coverage, and the availability of telephone consultations and house calls. Find out at what hospitals the physician has admitting privileges.

### What about the physician's malpractice record?

Information on a physician's malpractice record can be obtained by checking the State Physician Profile website [www.nydoctorprofile.com](http://www.nydoctorprofile.com) or checking with the County Clerk's office.

### Has the physician been disciplined?

To learn if a physician has been disciplined, call OPMC at 1- 800- 663- 6114, or access the medical conduct Web site at [www.nyhealth.gov/professionals/doctors/conduct/](http://www.nyhealth.gov/professionals/doctors/conduct/). Select "Search for a Disciplined Physician" on the left side of the page for information about disciplinary actions imposed on an individual physician. Effective November 3, 2008, both the charges filed against a physician and the Board's Determination and Order regarding all charges will be made public. Pending or dismissed complaints are not public information.

## ✓ Reporting a Problem with Your Physician

The vast majority of New York's licensed physicians, physician assistants and specialists assistants\* are dedicated, caring and capable professionals working to protect and improve the health of their patients. [\* Throughout this discussion, the term "physician" includes physician assistant, specialist assistant and unlicensed resident physician.]

The Office of Professional Medical Conduct (OPMC) and the Board for Professional Medical Conduct (the board) are responsible for investigating and adjudicating complaints against physicians, physician assistants, and specialist assistants. Each year OPMC investigates thousands of complaints received from the public and from health care professionals and institutions. Each year, the board disciplines hundreds of physicians.

If you believe your physician, physician assistant, or specialist assistant has acted improperly, you **MUST** file a written report. You may send a letter or complete a complaint form. Your complaint should include the full name and address of the licensee, when the problems occurred and all other relevant information. To protect your confidentiality, OPMC does not accept complaints either by facsimile (fax) or electronic mail. Please send complaints to:

*New York State Department of Health  
Office of Professional Medical Conduct  
433 River Street, Suite 1000  
Troy, New York 12180- 2299*

If you want a complaint form, or have questions, call OPMC's toll- free number, 1- 800- 663- 6114. Your complaint will be kept confidential. Complaints against other professionals, such as dentists, nurses, chiropractors, podiatrists, optometrists and psychologists, are the responsibility of the State Education Department and should be sent to:

*Office of Professional Discipline  
NYS Education Department  
475 Park Ave. South, 2nd Floor  
New York, NY 10016-6901*

## ✓ **What to Report**

If you feel that your doctor has practiced negligently or incompetently, or has engaged in illegal or unethical practices, he/she may have committed professional misconduct, and should be reported.

Physicians may be charged with misconduct for:

- Being impaired by alcohol, drugs, physical or mental disability.
- Abandoning or neglecting a patient in need of immediate care.
- Promoting the sale of services, goods, appliances, or drugs in a manner that exploits the patient.
- Refusing to provide medical care due to race, creed, color, or national origin.
- Guaranteeing a cure.
- Performing professional services not authorized by the patient.
- Willfully harassing, abusing or intimidating a patient.
- Ordering excessive tests or treatments.
- Failing to make patient records and X rays available to the patient or another physician on request.
- Permitting unlicensed persons to perform activities which require a license.
- Practicing the profession with a suspended or inactive license.

- Revealing personally identifiable facts, data or information without consent of the patient, except as authorized or required by law.

For a complete list of the definitions of misconduct see [Education Law Section 6530 and 6531](#).

To access the above-referenced sections of Education Law:

- Visit the NYS Senate Web site at <http://public.leginfo.state.ny.us/menuf.cgi>
- Select the link for "Laws of New York."
- Select law EDN Education
- Scroll to **Article 131-A Definitions of Professional Misconduct Applicable to Physicians, Physician's Assistants and Specialist's Assistants**

### ✓ What NOT to Report

Complaints regarding fees are not generally under the jurisdiction of the board unless they represent fraud. For example, it would be considered fraud if the physician charged for tests or services that were not provided. You may feel a physician charged too much for the services you received, but that does not form the basis of a misconduct action.

Complaints about a physician's **communication skills, attitude, or "bedside manner"** are also not generally under the jurisdiction of the board. Nor does the board have any authority over such **office practice** issues as long waiting times or rude staff. While the board does not condone rude or uncaring behavior, such actions do not, by themselves, constitute misconduct.

### ✓ How the Process Works

- Written complaints are reviewed by OPMC investigative and medical staff.
- Complaints that raise possible misconduct issues are assigned to investigators. OPMC medical coordinators provide clinical guidance. Typically, complainants, doctors, and others involved are interviewed. Interviews may be conducted over the telephone or may be in person. Complainants' identities are kept confidential, although a physician may deduce the source of a complaint from the available information.
- If appropriate, complaints that raise issues outside OPMC's jurisdiction are referred to the appropriate agency. Complainants are notified of that action by letter. If a physician was contacted, he or she is also notified by letter.
- If an investigation uncovers sufficient evidence to suggest misconduct, the case is presented to an investigation committee consisting of two physicians and one lay person drawn from the board. The committee can recommend to the Director any of the following: a hearing, additional investigation, a dismissal of the matter, or non-disciplinary warnings or consultations.
- If the investigation committee determines that the physician poses an imminent danger to the public health, it may recommend to the state health commissioner that the physician's license be summarily suspended.
- If the investigation committee finds evidence suggesting misconduct or if the commissioner orders a summary suspension, charges are filed against the physician and a hearing is scheduled.
- If sufficient evidence suggesting misconduct is not found, the investigation is terminated and the case is closed. A record of the investigation remains in OPMC files for possible future reference. Complainants and physicians are notified by letter.

- Cases ordered to hearing go before another committee of the board- also consisting of two physicians and a lay member- which hears and reviews evidence from both sides. The physician and the state are usually represented by counsel who introduce evidence and call and question witnesses. Typically, the physician testifies at the hearing as well. An adverse inference may be drawn against a physician who does not testify. The committee rules on the case and determines if a penalty is warranted.
- The hearing committee decision may be appealed by either side to an Administrative Review Board composed of three physician and two lay members of the board.

### ✓ **Penalties**

The board has the authority to take actions against a physician's license. A physician's license can be revoked or suspended. The board can also limit a physician's license; issue a censure and reprimand; order education or retraining; levy a fine; or require community service.

### ✓ **Some Things You Should Know**

- Effective November 3, 2008, both the charges filed against a physician and the Board's Determination and Order regarding all charges will be made public. Pursuant to state law, information on previously closed complaints, dismissed actions and on-going investigations is not available to the public. Investigative files are confidential and are not disclosed to complainants or physicians.
- Because medical conduct investigations are complex, it often takes months to resolve complaints; issues that go to hearing typically take longer.
- The board cannot direct a physician to reimburse a patient, change a diagnosis or alter an opinion.
- Action taken by the board is an administrative procedure and is different from a malpractice action. Malpractice cases are heard in civil court and seek financial awards for patients or families who claim wrong-doing by a physician. The board does not initiate malpractice actions.

### **How to Reach Us**

*New York State Department of Health  
Office of Professional Medical Conduct  
Riverview Center  
150 Broadway, Suite 355  
Albany, New York 12204-2719*

Phone: 1-800-663-6114 (complaints/ inquiries); 1-518-402-0836 (main number)

Website address: [www.nyhealth.gov/professionals/doctors/conduct/](http://www.nyhealth.gov/professionals/doctors/conduct/)

E-mail address: [opmc@health.state.ny.us](mailto:opmc@health.state.ny.us)

### **For complaints and information about other professionals:**

*Office of Professional Discipline  
NYS Education Department*

475 Park Ave. South, 2nd Floor  
New York, NY 10016-6901  
Phone: 800-442-8106  
Website address: [www.op.nysed.gov/opd.htm](http://www.op.nysed.gov/opd.htm)

### **For license information:**

**By email:** op4info@mail.nysed.gov  
**Call:** (518) 474-3817 (TDD/TTY: 518-473-1426)  
**Fax:** (518) 474-1449 or  
Contact the specific State board for the profession.

## SECTION 504 FACT SHEET

**Section 504 is Civil Rights legislation which prohibits discrimination against people with disabilities. Children who qualify under this law receive services and/or accommodations in the public school system without being classified under IDEA/IDEIA and their school district's Committee on Special Education.**

### **Basic Requirements**

**Every public school system must:**

- Provide a "free appropriate public education" to each qualified person in the district's jurisdiction, regardless of the nature or severity of the person's disability and in the most integrated setting;
- Ensure that the concept of least restrictive environment, which means "handicapped persons must be educated with persons who are not handicapped to the maximum extent appropriate", is followed;
- Operate its programs or activities in a way that "when viewed in its entirety, it is readily accessible to handicapped persons." This is called "program accessibility", since each unique program must be accessible. This means that every building or facility does not have to be accessible, as long as the program as a whole is accessible.

### **Who Is Eligible?**

Students whose illness, or physical or mental disability, substantially limits one or more life activities, such as caring for oneself, seeing, breathing, learning and walking, are protected under Section 504.

Examples of students who are eligible include children with asthma, diabetes, allergies, cerebral palsy, cancer, HIV-related illness, epilepsy, dyslexia, dysgraphia, spina bifida, ADD/ADHD and other chronic health conditions.

### **What Services Are Available?**

Required services may include but are not limited to administration of medication, intermittent catheterization, provision of services in an accessible location, testing of blood levels, use of equipment such as tape recorders or calculators, note taking, adjusting class schedule, following a behavior management plan, testing modification and providing extended time on all tests.

### **Steps To Accessing Section 504 Accommodations:**

After the child has been tested, a request for services and all relevant documents may be submitted to the principal.

Within 30 school days of receipt of all required written information, the principal or the chancellor's designee (NYC) shall:

- inform the parent in writing whether or not the student is eligible for Section 504 services
- if services are approved, prepare a written plan;
- if services are denied, notify the parents in writing about the appeal process

### **In The Case Of An Unfavorable Decision**

Within 10 days of receiving an unfavorable decision, a parent can request a Section 504 hearing. Section 504 hearings follow the same procedures used in IDEA/IDEIA Impartial Hearings except that the parent has the burden of proving that the NYS Department of Education erred in its decision. A parent may request an impartial hearing even if the parent requested an initial conciliation and did not get a favorable decision.

# About Parent to Parent of New York State

## Parent to Parent of New York State Mission:

Parent to Parent of New York State builds a supportive network of families to reduce isolation and empower those who care for people with developmental disabilities or special healthcare needs to navigate and influence service systems and make informed decisions.

## How to Contact Parent to Parent of NYS:

Parent to Parent of NYS is a statewide not-for-profit organization with a mission to support and connect families of individuals with special needs. We are a point of contact for many parents who are "getting started" on their journey of parenting a child with developmental disabilities.

Offices located throughout NYS are staffed by regional coordinators who themselves are parents or close relatives of individuals with special needs. A website is maintained to provide information and events listings: [www.ptopnys.org](http://www.ptopnys.org)

See the following page for contact information for our statewide offices.

## About Support Parents and the Parent Matching Program:

A network of Support Parents is the backbone of the *Parent Matching Program*. The program, created and maintained by Parent to Parent regional coordinators, is a model program used across the country to put parents in touch on a one-to-one basis with other parents who have a child with a chronic illness or disability. "Support Parents" are parents of individuals with special needs who have made the offer to speak with "new" parents and share their experiences. Support Parents are the key to this program. The organization recognizes the need for emotional support as well as the importance of parents knowing they are not alone.

When parents agree to be Support Parents, they are provided a skills-building training that includes an overview of how the program works and an understanding of the emotions and life-altering changes a parent or caregiver may experience, as well as listening skills. New parents are welcome to join the Support Parent network and to share their experience.

In addition to the Parent Matching program, the organization fields telephone calls from parents of children with special needs who are looking for resources, services and information. Callers include parents looking for information about medical services and therapies and those looking for information about a specific illness or disability. There are often questions about special education. All programs are based on the philosophy of parents helping each other, drawing on a network of parents helping parents. Coordinators are there to assist caregivers and parents but draw on other parents to help. There is no charge for services.

The Family to Family Health Information Center (F2F HIC) assists families with access to health care, health care recordkeeping and transition from pediatric to adult health care. Information about this program can be viewed at the website.

## **Parent to Parent of NYS Contact Information:**

### **1. WESTERN AND FINGER LAKES**

**WESTERN NY** – Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans & Wyoming  
1200 East & West Road, Building 16, Room 1-173, West Seneca, NY 14224  
1-800-305-8813 / 716-517-3448 / Fax: 716-517-2385

**FINGER LAKES** – Livingston, Monroe, Ontario, Yates & Wayne  
c/o FL DDRO Office, 2165 Brighton-Henrietta Townline Road, Room #124  
Rochester, NY 14623 Mail at: **300 Hylan Drive, PMB 153, Rochester, NY 14623**  
585-424-7211 (fax is same as phone)

**SOUTHERN TIER** – Chemung, Schuyler, Steuben & Seneca  
PO Box 205, 210-12th St. #210, Watkins Glen, NY 14891  
1-800-971-1588 / 607-535-2802 (fax is same as phone)

### **2. CENTRAL**

**NORTH COUNTRY** – Clinton, Essex, Franklin, Hamilton, Jefferson & St. Lawrence  
PO Box 1296, Tupper Lake, NY 12986  
1-866-727-6970 / 518-359-3006 / Fax: 518-359-2151

**SOUTH CENTRAL NY** – Broome, Chenango, Delaware, Otsego, Tioga, & Tompkins  
213 Tracy Creek Road, Vestal, NY 13850  
607-786-9060, x 787 / Fax: 607-786-6483 (include a fax cover sheet)

**NORTH CENTRAL NY** – Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga & Oswego  
Exceptional Family Resources, 1820 Lemoyne Ave., Syracuse, NY 13208  
1-800-305-8815 / 315-478-1462, x 322 / Fax 315-478-1467 (include a fax cover sheet)

### **3. CAPITAL AND HUDSON**

**CAPITAL & TACONIC** – Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren & Washington  
500 Balltown Road, Schenectady, NY 12304  
1-800-305-8817 / 518-381-4350 / Fax: 518-393-9607

**HUDSON VALLEY** – Orange, Rockland, Sullivan & Westchester  
WIHD / Cedarwood Hall, Valhalla, NY 10595  
1-800-305-8816 / 914-493-2635 / Fax: 914-493-8118 (include a fax cover sheet)

### **4. NEW YORK CITY**

**METRO NEW YORK** – Manhattan, Queens, Kings & Bronx  
75 Morton Street, New York, NY 10014  
1-800-405-8818 / 212-741-5545 / Fax: 212-229-3146

**STATEN ISLAND** – Richmond  
c/o IBR, 1050 Forest Hill Road, #108, Staten Island, NY 10314  
1-800-866-1068 / 718-494-3462 / Fax: 718-494-0319

**5. LONG ISLAND** – Nassau & Suffolk  
415-A Oser Avenue, Hauppauge, NY 11788  
1-800-559-1729 / 631-434-6196 / Fax: 631-434-6151

<p><b><u>BUSINESS OFFICE</u></b> PO Box 1296 Tupper Lake, NY 12986 518-359-3006 Fax: 518-359-2151</p>
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