



CCO and Provider Partnership Meeting Minutes April 2026

Mission Statement: Connect people to the care, support, and opportunities that maximize their quality of life.

Vision: A community where all people lead fulfilling lives.

Core Values: People, Integrity, and Trust

Partnership Purpose: A group of Provider and CCO professionals that work together to improve processes and deliver high quality services for individuals and families with I/DD.

CCO Liaison:

I. Updates & Reminders

- Housing Subsidy Changes & the role of the Care Coordinator
 - OPWDD will continue sending required housing subsidy letters, including final approvals, recertifications and amendments
 - OPWDD is phasing out the additional follow-up e-mails that previously clarified the members tenant portion
 - Care Coordinators will work with members to ensure they understand their full financial responsibility, but provider support is appreciated throughout the process
- Life Plan Process and monthly discussions
- Protected Health Information (PHI) in e-mail subject lines & meeting invitations
 - Please refrain from using PHI in the subject line of e-mails and invitations to Care Coordinators
 - a. Name, tabs ID, etc.
- Follow up from February meeting
 - Contacts & circle of support discussions
- Documents needed from Self-Direction providers
 - We are required to maintain copies of budgets and broker agreements as they are updated
 - Please ensure these are provided to Care Coordination when there are changes made, either via the SPOC or the Portal

II. Home Enabling Supports (HES)

- New Waiver Service Option
 - We are aware of the HES waiver services and are working with CORE and OPWDD to get updated information to Care Coordination and options added to our system to include the service
 - Currently, we are still awaiting further clarification on next steps as we work the vendor in our region that is authorized for HES supports

- Please allow for Care Coordinators to lead this conversation during meetings

III. Information from QA

- Internal 150 FAQ
 - Question: After immediate safeguarding, what should I do when another organization reports an incident to me?
 - Answer: When you are made aware of another organization incident, it is important you confirm the incident was reported appropriately
 - a. We have seen in the past other agencies have reported “incidents” to Perosn Centered Services but the “incident” was not reported correctly to OPWDD and/or the Justice Center (JC)
 - b. Care Coordinators must confirm at least one of the following:
 1. JC confirmation number OR
 2. Confirmation that the incident was reported to OPWDD (E.G. “150” “147”) and/or the JC OR
 3. OPWDD specific incident category as defined below:

For incidents where other organization and/or team members are alleged subject (referred to as “147s” as a part of the Part 624 regulations):

<p>REPORTABLE INCIDENT – Abuse/Neglect</p> <p>1 <input type="checkbox"/> Physical abuse</p> <p>2 <input type="checkbox"/> Sexual abuse</p> <p>3 <input type="checkbox"/> Psychological abuse</p> <p>4 <input type="checkbox"/> Deliberate inappropriate use of restraints</p> <p>5 <input type="checkbox"/> Use of aversive conditioning</p> <p>6 <input type="checkbox"/> Obstruction of reports of reportable incidents</p> <p>7 <input type="checkbox"/> Unlawful use or administration of a controlled substance</p> <p>8 <input type="checkbox"/> Neglect</p>	<p>NOTABLE OCCURRENCES</p> <p>Serious Notable Occurrences</p> <p>1 <input type="checkbox"/> Death</p> <p>2 <input type="checkbox"/> Sensitive Situation</p> <p>Minor Notable Occurrences</p> <p>1 <input type="checkbox"/> Injury</p> <p>2 <input type="checkbox"/> Theft/Financial Exploitation</p>
<p>REPORTABLE INCIDENT - Significant Incidents</p> <p>1 <input type="checkbox"/> Conduct between individuals receiving services</p> <p>2 <input type="checkbox"/> Seclusion</p> <p>3 <input type="checkbox"/> Unauthorized use of time out</p> <p>4 <input type="checkbox"/> Medication error with adverse effect</p> <p>5 <input type="checkbox"/> Inappropriate use of restraints</p> <p>6 <input type="checkbox"/> Mistreatment</p> <p>7 <input type="checkbox"/> Missing Person</p>	<p>8 <input type="checkbox"/> Choking, with known risk</p> <p>9 <input type="checkbox"/> Self-abusive behavior with injury</p> <p>10 <input type="checkbox"/> Choking with no known risk</p> <p>11 <input type="checkbox"/> Unauthorized Absence</p> <p>12 <input type="checkbox"/> Injury, with hospital admission</p> <p>13 <input type="checkbox"/> Theft/Financial Exploitation</p> <p>14 <input type="checkbox"/> Other significant incident</p>

For incidents where organization and/or team member are **not** alleged subject (referred to as 150's as part of the Part 625 regulations):

14. PRELIMINARY CLASSIFICATION (X ONE)

- 1 Active Neglect
- 2 Death
- 3 Emotional Abuse
- 4 Financial Exploitation
- 5 Passive Neglect
- 6 Physical Abuse
- 7 Self Neglect
- 8 Sexual Abuse
- 9 Other

- Question: What if the organization declines to provide the information detailed above?
- Answer: Contact the other organization (typically the QA department) to discuss the concern and determine if the other organization will be reporting the situation to OPWDD and/or the JC and if so, what incident category will the organization be reporting the concern as. Document all information in person served record. To determine who to contact at other organization if QA information is not known, we recommend contacting customer service of the organization and requesting to speak with the department to discuss possible concern (likely the QA department).
- If the JC number cannot be provided, if the Care Coordinator receives confirmation of 1 of the 3 options, that satisfies our reporting requirement
- Regulation:
 - Summarization of 624.6(h)
 - a. Member's Care Coordinator must be notified within 24 hours of the initial incident report and must include description of immediate protection in place
- Where we run into barriers is the use of the word "incident" with no other identifiers that would indicate what type of incident was filed, or what, if any, protections were put into place
- The identification number and/or category allows for us to better close the loop on our end and ensure all applicable information has been gathered
- Next steps:
 - Ashley Backlund, Director of Compliance and Incidents will be joining our May Provider Partnership meeting to further discuss and

answer any questions that have been asked during today's discussion

- Our QA team is open to all conversations around this process and how we can collaborate further
- Our request:
 - a. When staff are contacting Care Coordinators to report an incident, please ensure they are equipped with one of the three options to give the Care Coordinator, so that there is no additional back and forth
- **Note: On-Call does not need to be used for these notifications unless it is a true emergency. A message can be left with the Care Coordinator via voicemail or e-mail within 24 hours of the incident and the Care Coordinator will follow up.**

IV. Quarterly Care Manager Conference Recap

- Quarter 1 QCM was held on March 4th, 2026 via SLMS
- Reminder that these are open to anyone with an SLMS account
- Regulation and Guidance update
 - Gender specific staff assignments ADM
 - a. Recognizes that service should be delivered in a way that honors the dignity of people where intimate care is being provided
 - b. During the Life Planning process, gender specific staff assignments preferences based on the person's request or clinical documentation should be identified and documented in the Life Plan
 - Medicaid Eligibility and Client Management (MECM): New System at Medicaid
 - a. Modernization of the Medicaid system should make it easier to recertify Medicaid; this is up and running already and working with ePACES

Operations Updates

- Reminder that the Single Point of Contact (SPOC) is used for Life Plans that are **finalized – if the plan has not been finalized, contact should be with Care Coordinator**
 - If you are in the Portal, you can check who the current Care Coordinator is and if the plan has been finalized; if the plan is not visible in the Portal, it has not been finalized
 - If you are not in the Portal and the plan is past the 45 days, connect with the Care Coordinator first before connecting with the SPOC – escalate to Supervisor as needed
- Clarification on documentation upload timeframe

- If you are uploading to the Portal, there is no time delay post-Life Plan meeting to upload
 - If you are not uploading to the portal, we are still requiring the time delay post-Life Plan meeting to send documents to the SPOC
 - This is to be mindful of the inflow of documents and e-mails to the SPOC e-mail inbox
- Distribution of Life Plan from Single Point of Contact can take up to 7 business days
- If Portal access is available, best practice is to gather Life Plan from Portal
- Addendum requests for Portal users
 - If you are signing in the Portal are required an addendum, connect with the Life Plan SPOC to request the addendum
- If you receive a Life Plan for a service that you are no longer providing, let the SPOC know and they will connect with the CC to remove the service in section 4
 - Please also confirm that the DDP1 was completed to remove the services in CHOICES, as we are now pulling authorizations from DDP1 dates
- If you receive an e-mail from the SPOC team with the Life Plan, attachment B, and request for supporting documents –
 - If you have already signed in the Portal and uploaded your documents, there is no need to respond to the SPOC
 - If you have already signed in the Portal but have not uploaded your documents, respond with documents
 - If you are not signing in the Portal or uploading documents, respond with attachment B and supporting documents

V. Provider Portal

- Secondary Signer Pilot
 - We are beginning the process of the pilot for our secondary signer model; we will provide updates on the pilot as it progresses
 - Article 16 clinics
 - a. We are in the process of integrating Article 16 clinics into the Portal
 - b. These will be all administrative accounts
 - c. If your agency has not already received an e-mail regarding the clinics, you can connect with Provider Relations for next steps
- New Process for Requesting Changes
 - Microsoft Form sent from Portal Account: [Person Centered Services Provider Portal Access Request](#)
- Section 5 visibility changes
 - Sections that have been previously left blank will now indicate portal users

- Selecting the contact will expand on the information available for that contact
- Portal Flow
 - Portal Account
 - a. If you have an account and are having any issues such as:
 1. Unable to sign a Life Plan
 2. Unable to view a member and or/a member is on your account that should not be
 3. Unable to access your account
 4. Unable to upload a document and/or a document has been uploaded incorrectly
 - Life Plan SPOC
 - a. Requesting an addendum
 - b. A Life Plan is finalized and you are waiting on distribution
 - c. Sending Life Plan supporting documents
 - Care Coordinator
 - a. Portal User – If the plan is not visible in the Portal and is either approaching or past the 45th day to get an update on the status
 - b. Non-Portal User – If the plan is approaching or past the 45th day and you have not yet received the finalized copy from our SPOC
 - Provider Relations
 - a. You are unaware of who your portal liaison is
 - b. You are looking to attend a portal walkthrough training
 - c. You are not in the portal, and are looking for Care Coordinator contact information
 - d. Looking to escalate a situation

VI. Agency Openings

- Content analytics from our agency openings page housed internally have been trending positively since the beginning of this process
- If you have openings you'd like to share with Care Coordination, send to Provider Relations before the last day of the month to be included in the following month

VII. Agency/Provider Relations 1:1 Meetings

- Provider relations and/or local directors are available to meet 1:1 with agencies per request
- Focus on agency specific concerns, process improvements between agencies and person Centered Services
- Smaller group to openly discuss concerns / positive feedback /etc., that may not be appropriate for larger meetings

East / Southern Tier: Katelyn Luke-Moore

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Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

West / Southern Tier: Maria Kirkpatrick

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Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

VIII. Additional Information and Resources

- Service Announcement Reminder: [Service Announcements - Person Centered Services](#)
 - If you have any upcoming events you would like Care Coordination to be aware of, please complete the service announcement form
 - If you have an additional attachment, e-mail Provider Relations: providerrelations@personcenteredservices.com

IX. Community Resource Tool: [Community Resource Tool - Person Centered Services](#) has transitioned to the Disability Services NY: [Services for Intellectual and Developmental Disabilities in NY State | Disability Services NY Directory](#)

- A tool that assists in your search for day programming, employment support, or other resources for people with intellectual and developmental disabilities
- You can find opportunities in your region by using the **DSNY**
- If you have any questions, concerns or notice that something does not look right for you, please contact us at providerrelations@perssoncenteredservices.com