



FAQ's for Individuals and Family Members New to Services

What is Health Home Care Management?

Health Home Care Management is a way to coordinate care that combines developmental disability services and supports with health and wellness services, to provide more options, greater flexibility and better outcomes.

Health Home Care Management is provided by Care Coordination Organizations (CCOs).

What is a CCO?

CCOs are organizations formed by developmental disability service providers. These organizations are staffed by Care Managers with training and experience in the field of developmental disabilities.

What is a Care Manager?

A Care Manager is a person who works with you to create your Life Plan. Your Care Manager helps coordinate services across systems, including the Office for People With Developmental Disabilities (OPWDD), the Department of Health and the Office of Mental Health, providing you one place to plan all your service needs.

What is a Life Plan?

The Life Plan reflects your life goals and changing needs. Your Care Manager will work with you to create a plan based on your wants and needs. Your Life Plan will include coordination of your developmental disability related supports and your other services, like medical, dental and mental health. It is reviewed routinely and updated as needed.

Am I required to participate in Health Home Care Management?

If you do not want to receive the more comprehensive care management that will be provided with Health Home Care Management, you can consider the option of Basic Home and Community Based Services (HCBS) Plan Support. Basic HCBS Plan Support will also be provided by the CCO, but it is a very minimal coordination option, and will not include coordination of health care or mental health services. With Basic HCBS Plan Support, your contact with the person coordinating your services will be limited.

Will I be able to choose my own services and providers?

Yes, you will choose your services and providers. Within the CCO, a team of professionals, including your Care Manager, will work together with you to coordinate your developmental disability and/or long-term care services, as well as other types of services, based on your wants and needs. You will be able to choose a CCO provider in your region and your service providers.

How do I enroll with a CCO to receive Care Management?

Your OPWDD Front Door contact will provide you with information about CCOs available in your area. The CCO you choose will assist you with enrollment. You will also need to choose between Health Home Care Management and Basic HCBS Plan Support.

Who will have access to my plan and how will my personal information be protected?

CCOs are required to have an electronic health record system that links the service providers involved in your care and allows your health information and Life Plan to be accessible to you and your care team. All CCOs must follow strict security protocols to protect your Personal Health Information.

Can I change my mind once I choose a CCO?

If you are not happy with the Care Management being provided by the CCO you choose, you can choose another Care Manager in that CCO and/or change the level of service you receive. You may also choose a different CCO within your region.

What will happen if the CCO decides to change my services or give me fewer services?

The CCO does not authorize services and therefore will not be able to take away or lessen your services, including self-directed services. You, in partnership with your care team, will identify the supports and services you receive based on your wants and needs. OPWDD Regional Offices will continue to authorize supports and services.

Is Health Home Care Management a form of Managed Care?

No, Health Home Care Management should not be confused with Managed Care. Managed Care will take several years to develop in the OPWDD system and will be offered at a future date.

Health Home Care Management vs. Basic HCBS Plan Support	Health Home Care Management	Basic HCBS Plan Support
Develops Care Plan and Reviews Bi-Annually	■	■
Monitors Health and Safety	■	■
Coordinates Access to Behavioral Health Services	■	
Coordinates Access to Medical and Dental Services	■	
Identifies Community-Based Resources	■	
Uses Technology to Link Your Services	■	
Connects Your Care Providers	■	
Takes Burden of Navigating Systems From Families and Individuals	■	
Anticipates Future Needs	■	



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