



Definition of Developmental Disability

Section 1.03(22) of the New York State Mental Hygiene Law is the legal base for eligibility determination and defines Developmental Disability as:

A disability of a person that:

- (a) (1) Is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment, or autism;
- (2) Is attributable to any other condition of a person found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of mentally retarded persons or requires treatment and services similar to those required by such persons; or
- (3) Is attributable to dyslexia resulting from a disability described in (1) or (2);
- (b) Originates before such person attains age twenty-two;
- (c) Has continued or can be expected to continue indefinitely; and
- (d) Constitutes a substantial handicap to such person's ability to function normally in society.

Medicaid Service Coordination

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“Pathways provides children, adults, and families with specialized programs and services in developmental disabilities, mental health, family support, traumatic brain injury, nursing home alternatives, home care, and child care. We hold ourselves accountable for meeting the expressed needs of those we support and for offering them meaningful opportunities to develop their own capabilities.”



Medicaid Service Coordination

Medicaid Service Coordinators, working under the umbrella of the New York State Office For People With Developmental Disabilities (OPWDD), are professionally trained and experienced individuals.

The role of the Medicaid Service Coordinator (MSC) is to assist children and adults with developmental disabilities in exploring and securing the supports and services they need to be as healthy, safe, and productive as possible. The MSC works in partnership with the person and their family to develop an Individualized Service Plan (ISP). The ISP identifies the individual's strengths and abilities as well as their needs and desires now and in the future.

Additionally, Medicaid Service Coordinators coordinate assessments, make referrals, develop, monitor, and maintain most services/supports as they apply to each person. They act as advocates and “service brokers” for individuals with developmental disabilities by assisting them in exploring and accessing the supports and services that best meet their individualized needs/desires.

Medicaid Service Coordinators are trained to have a clear understanding of the service delivery system including federal, state, waiver, community, and natural supports. They understand the eligibility criteria and application processes necessary to assist with obtaining supports and services.

The Medicaid Service Coordinator:

- Uses a “person-centered approach” that includes the family in the planning process to ensure the needs and desires of the individual are met
- Assists with securing assessments as needed
- Promotes choice
- Provides linkage to providers, medical or otherwise
- Meets you at initial appointments with medical and other service providers
- Assists with obtaining transportation
- Ensures satisfaction with services
- Assists in resolving problems with service providers
- Assists with changing service providers if necessary
- Assists in obtaining and maintaining benefits / entitlements
- Meets with you in your home

Whether the Medicaid Service Coordinator does or does not work for the agency that sponsors the home or day program where your family member participates, ask how the Medicaid Service Coordinator will:

- Gather pertinent information
- Inform you about what is happening at the home/day program
- Be notified of incidents
- Be included in house/day program meetings



Questions to ask a Prospective Medicaid Service Coordinator

- What is your experience in working with people with developmental disabilities?
- What are your qualifications?
- Have you received any professional training in service coordination? If so, please describe.
- What will you do for my family member as his/her service coordinator?
- How can I be certain that the services my family member requires will be provided?
- How much involvement will I have in making decisions that involve my family member?
- How will you communicate with me and how often?
- If I am not my relative's legal guardian, will my opinion count if my family member and I disagree about how a situation should be handled?
- How will you include me in the planning and implementation of his/her service plan?
- Who is your supervisor? What is his/her experience?
- Will you move my family member to another home or day program without my knowledge or consent?
- How familiar are you with community resources? Can you name some local supports you might refer to?
- How often will you visit my relative in his/her home, day program, or worksite?
- How difficult will it be to change a placement (day or residential)?
- I have heard different things about waiver and waiver service; what does it mean to you?
- What is a “person centered” approach?
- What is an individualized service plan (ISP)?