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## ENROLLMENT PROCESS CHECKLIST FOR PROSPECTIVE MEMBERS

There are many steps to completing your enrollment with Care Design NY. Use this checklist to help you keep track of where you are in the enrollment process. Every person comes to Care Design at different stages in their lives, and varying degrees of understanding the OPWDD delivery system. Therefore, your Enrollment Specialist will guide you and let you know when you complete each step in the process below.

### TRACKING YOUR STEPS TO ENROLLMENT

- 1. CONSENTS (REQUIRED)**  
The purpose of consents is to confirm you want our service and to give us permission to share information.
- 2. FRONT DOOR INFORMATION SESSION**  
An OPWDD Front Door Session is **mandatory** for all people applying for OPWDD Services.
- 3. REQUIRED DOCUMENTATION**  
Documentation is very important to the enrollment process. The more documentation we receive, the better equipped the Enrollment Specialist (ES) will be to proceed with the process.
- 4. OPWDD APPLICATION & DOCUMENTS**  
Psychological Eval – Good for 3 years. Psychosocial Eval – Good for 1 year. Annual Medical – Good for 1 year.
- 5. OPWDD ELIGIBILITY/APPLICATION**  
The Enrollment Specialist (ES) sends documents to OPWDD. OPWDD makes the determination in 30 – 90 days. OPWDD may request for more documents; this does extend the timeframe to determine eligibility. ES will notify you of next steps in either situation.
- 6. LEVEL OF CARE DETERMINATION (LCED)**  
After OPWDD eligibility approval, the next step in the process is LCED – this is required for CCO enrollment, Waiver Services and Medicaid Waiver, if applicable.
- 7. OPWDD FACILITATOR IS ASSIGNED TO START THE WAIVER PROCESS**  
This process is for people in need of Waiver Enrollment. A phone assessment is scheduled by a Front Door Facilitator. Waiver service(s) are identified, and ES is notified.
- 8. WAIVER APPLICATION PROCESS**  
ES has the person/family sign waiver service application and sends it to OPWDD Front Door for review. Waiver Application is approved. Medicaid process can begin.
- 9. MEDICAID APPLICATION PROCESS**  
If you do not have Medicaid coverage your ES will refer you to one of our Benefit Eligibility Coordinators to assist with the process. Medicaid makes determination approximately 30-90 days after application is sent to DSS.
- 10. ENROLLMENT IS PROCESSED**  
Enrollment Specialist (ES) is informed that Medicaid is approved. ES completes one final review of consents and ensures that all requirements for enrollment have been met. ES will process enrollment for care management services. All enrollment members are approved for the 1<sup>st</sup> of the following month.