

# Children's System of Care Road Map

## Who Can Coordinate Care?

Any youth (age 0 – 20) and family has access to care coordination resource who can help you get a team together to identify the resources to support children/youth/families.

Any referral source can reach out to Local Children's Single Point of Access (C-SPOA)  
(Schools, Hospitals, Families, Pediatricians, Therapists, etc.)

Youth and family connect to Local Children's Single Point of Access (C-SPOA).



Family/Youth Peer support will assist the youth/family throughout this process.



C-SPOA will make service referrals to all appropriate community, residential, and/or other resources.

If the youth has significant needs, C-SPOA will assist in identifying a care management resource and waiver services.

The youth has 2 chronic conditions ([https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/foia/hhsc\\_elig\\_appr\\_prior\\_fcor\\_s.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/foia/hhsc_elig_appr_prior_fcor_s.pdf)), a Serious Emotional Disturbance (SED) determination, Complex Trauma Exposure and/or HIV/AIDS.

If youth could qualify for either, C-SPOA can assist in choosing one or both paths.

The youth has a developmental disability (e.g. intellectual disability, autism, cerebral palsy, etc.).



For youth with Medicaid

Youth assigned a Health Home Care Manager (HHCM) through Health Homes Serving Children (HHSC)

For youth without Medicaid

Non-Medicaid (Non-MA) Care Management will support the youth and family  
C-SPOA will help assess if youth meets criteria for Medicaid due to their needs (C-YES referral)

For youth who have OPWDD eligibility

Youth/Family served through a Care Coordination Organization (CCO)

For youth without OPWDD eligibility

OPWDD Regional Office Front Door will assess if youth meets criteria for OPWDD eligibility

The C-SPOA or Care Manager (Non-MA CM, HHCM, or CCO) will help coordinate next steps.



**Family Engagement**

Meet with the youth/family  
Obtain all required consents  
Gather all evaluations/assessments completed for the youth



**Coordinate Care**

Youth/family and service providers (including MCO CM if enrolled) meet to assess strengths/needs and formulate a crisis /safety plan if needed  
Determine needed services i.e. Prevention Services, Children and Family Treatment Support Services (CFTSS), Clinic, Residential Services, Home and Community Based Services (HCBS) Waiver services.  
Determine additional assessments and/or evaluations needed (i.e. OPWDD Front door application, Individualized Education Program (IEP), Substance Use Disorder (SUD) assessment, pediatric developmental evaluation)  
Make appropriate referrals and provide youth/family support

# Childrens Services In The Year 2000

**Jianjun Gao**



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