Get to Know Us

PERSON CENTERED SERVICES

Our Mission

To connect people to the care, support and opportunities that maximize their quality of life.

Who are we?

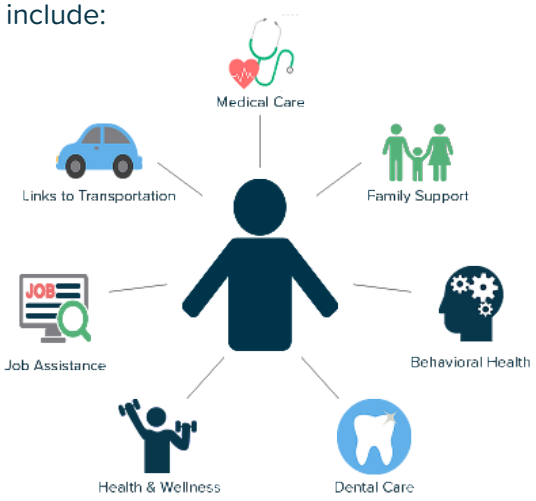
Person Centered Services is a Care Coordination Organization for people with intellectual and developmental disabilities. Our job is to help individuals and families navigate a very complex system of services and supports. We do this through a holistic, customized Life Plan that promotes informed choices and independent decision-making.

What does Care Coordination offer?

At the heart of Care Coordination is linking and referrals. Person Centered Services' Care Coordinators work continuously with individuals, families, community providers and organizations to make sure the dots are connected between all aspects of a person's care.

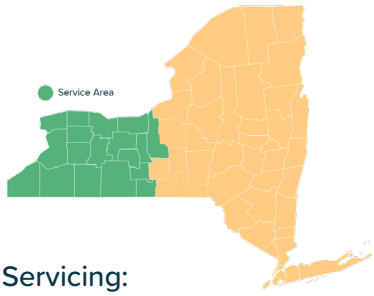
Just a few of a Care Coordinator's duties include:

- Monitoring circumstances and services during life transitions
- Coordinating access to medical, dental, and behavioral health services
- Monitoring safety and residential needs
- Referring to community and social support services
- Creating a holistic Life Plan and adapting the plan as new goals and needs arise



Service Area

Our service area includes an 18-county region in the western part of New York State.



Servicing:

Allegany	Niagara
Cattaraugus	Ontario
Cayuga	Orleans
Chautauqua	Schuyler
Chemung	Seneca
Erie	Steuben
Genesee	Wayne
Livingston	Wyoming
Monroe	Yates

Who is eligible for Person Centered Services' Care Coordination?

Individuals with intellectual and developmental disabilities may be eligible for supports and services from New York State's Office for People With Developmental Disabilities, and therefore eligible for Care Coordination. If eligibility is not yet granted, our Intake Specialists can help with the eligibility process. Care Coordinators support individuals with a qualifying condition.

Examples of qualifying conditions include:

- Intellectual Disability
- Cerebral Palsy
- Epilepsy
- Neurological Impairment
- Autism
- Familial Dysautonomia
- Prader-Willi Syndrome

Terms to Know

Care Coordination Organization (CCO): An organization formed by existing providers of developmental disability services that is staffed by care coordinators.

Care Coordinator: A person who works with you to coordinate services and resources across systems and provide you one place to plan all of your services.

Department of Health (DOH): A government agency that provides leadership and direction for health providers to prevent disease, promote health and protect the public from health problems and hazards.

IAM Assessment (It's All About Me Assessment): The preliminary assessment conducted by the care coordinator to identify person-centered goals and valued outcomes, which drive services.

Life Plan: A holistic plan tailored to your unique goals and needs, including disability-related supports and other services like medical, dental and behavioral health, that's routinely reviewed and updated based on your changing needs. Personal outcome measures (POMS) are used to ensure that supports and services are truly person-centered.

MediSked: An electronic health record platform used by CCO's to manage an individual's life plan, goals and services all in one place.

The Office for People with Developmental Disabilities (OPWDD): Responsible for coordinating services for people with intellectual and developmental disabilities in New York State.

Staff Action Plan: Describes in detail what habilitation staff will do to help the individual reach their goals/valued outcomes through the habilitation provider assigned goal(s) identified in their Life Plan.

How To Get Started

The first step is either calling our Intake Department at (855) 208-3533 (Toll Free), or if you have received documents from Person Centered Services, complete them and mail them in using the stamped self-addressed envelope.

The Intake Process

Step 1

Person/Guardian/Support Professional contacts our Intake Department at (855) 208-3533. If you already have documents, go to Step 4.

Step 2

An Intake Specialist conducts an initial on-phone screening with questions about disability, demographics, non-income Medicaid status (based on disability), OPWDD status and service history.

Step 3

A packet that includes privacy notices and authorizations is mailed to you along with a paid-postage return envelope.

Step 4

Within a week of return, the packet is screened for accuracy and a person is matched with an Intake Specialist.

Step 5

An Intake Specialist helps gather all documentation and assists in obtaining Medicaid and/or OPWDD eligibility if necessary.

Step 6

The individual is matched with a Care Coordinator.

Contact Us

Intake

Phone: (855) 208-3533 Toll Free
Email : intake@personcenteredservices.com

General Inquiries/Customer Service

Phone: (888) 977-7030 Toll Free
Website: personcenteredservices.com

Corporate Office

Phone: (716) 324-5100
Address: 560 Delaware Ave., Buffalo, NY 14202

Social Media

Person Centered Services

@PrsnCenteredSvc

@PersonCenteredServices

Person Centered Services
Care Coordination Organization