



Same MSC and Residential Habilitation Provider Request Form

The following form is to be used only for those individuals 1) who have been identified as lacking capacity to make decisions on his/her own behalf; (2) who do not have an advocate or actively involved family member¹ to make decisions on his/her behalf; and 3) for whom the residential provider is proposed also to be the MSC vendor.

Decision Making

To be completed by the ICF Treatment Team

The criteria below is to assess whether an individual lacks someone to support them in decision making and/or someone who can make decisions on his/her behalf. All criteria from at least one of the sets below must be checked before completing the MSC Review form below.

SET 1: If no one is listed in the individual's records as an advocate or actively involved family member for the individual, use the following criteria:

The individual receiving services has been identified as unable to make decisions on his/her own behalf.

Within the last 12 months, there is no evidence of an advocate or actively involved family member doing any of the following:

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1. Visiting the individual;
 2. Coming to the residence, participating in meetings or reviews, or attending activities in which the individual might participate; or
 3. Attempting to communicate (letters, phone calls, emails, etc.).

Set 2: If someone is identified as being a representative for the individual, use the following criteria:

The individual receiving services has been identified as unable to make decisions on his/her own behalf.

Within the last 12 months, there is no evidence of an advocate or actively involved family member doing any of the following:

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1. Visiting the individual;
 2. Coming to the residence, participating in meetings or reviews, or attending any activities in which the person might participate; or
 3. Attempting to communicate (letters, phone calls, emails, etc.).

¹ "Advocate" is defined in 14 NYCRR 635-99.1(c) and "actively involved" and "family member" are defined respectively in 14 NYCRR 633-99(ax) and (bf).



The agency/provider has made a minimum of 3 attempts to contact an advocate or actively involved family member within the last year.

- 1. These attempts are documented and at least one is a certified letter, a copy of which is also sent via regular first class mail.
- 2. These attempts have not been responded to and/or the family member or person has clearly communicated s/he is not interested in involvement or decision-making on the individual's behalf.
- 3. At least one of the written communications notified the person that a failure to respond will be taken to be an indication that he/she no longer wishes to support the individual in choosing an MSC.



MSC Review

Please complete the following information include as much detail as possible as this will be used to make the final decision regarding selection of the residential habilitation service provider as the individual's MSC. Complete all sections that pertain to this individual.

Describe the MSC program's specialty in meeting this person's needs (check all that apply)

- Special training to MSCs on this individual's particular needs
- Specific staff that work in the MSC program that assist with planning for this individual's particular needs
- Other

Explain all items check:

- Yes Is the specialty described above available through other waiver services at your agency?
- No If yes, explain why the individual cannot access it through those services?

Describe the service coordinator's skills in working with this person's particular needs (check all that apply)

- Educational background
- Special Training
- Experience/successful history working with people with similar needs

Explain all items check



- Yes Is there a lack of available MSC providers in the area to serve as the person's MSC?
- No If yes, identify which other MSC vendors were contacted:

- Yes Is a change in the identified service coordinator, who has a history of working with the individual, potentially harmful to the individual's ability to successfully live in the IRA?
- No If yes, describe the team's recent efforts that were unsuccessful in having the individual switch Active Treatment Coordinators or similar case manager:

- Yes Is the identified service coordinator, the individual's former treatment coordinator?
- No If yes, what knowledge of community resources does he/she have?:

To be completed by the DDRO Deputy Director

- Supported - MSC Decision may move forward
- Not Supported - Change MSC Vendor Selection

Signature: _____

Date: _____

Name & title: _____