

[MSC – Medicaid Service Coordination:](#)

MSC is provided by qualified service coordinators and uses a person-centered planning process in developing, implementing, and maintaining an Individualized Service Plan

[MSC1 – APPL – Application for MSC Form](#)

[MSC2 – CHNG – Consumer Request for Change](#)

[MSC3 – WITH – Withdrawal from MSC](#)

[MSC5 – MSCA – MSC Agreement](#)

[MSC10B – MSC – Service Coordination Monthly Notes](#)

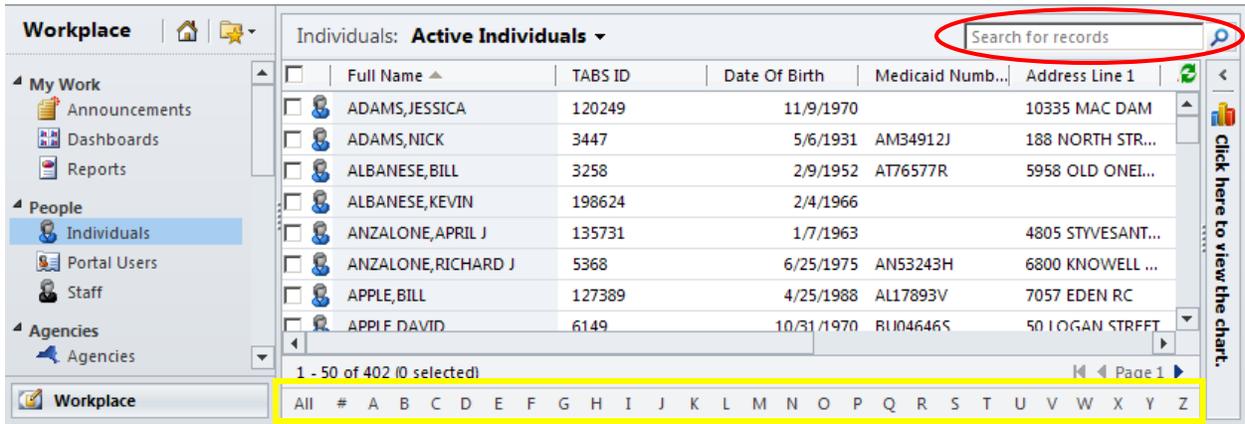
Create a MSC form for an Individual already known to your Agency:

To begin searching for individuals, start in the **People** heading in the **Workplace** navigation column on the left side of the screen. Click on the **Individuals** link under this column heading, which will display everyone known to TABS.



The **Content Pane** will now list all active individuals.

Type the individual's last name in the **Search for records** field, and click the search icon  to continue. You can also narrow the search down in the Content Pane by clicking a letter at the bottom.



TIP: If you are unsure of how to spell the last name do not guess, you will not get a good result. Use the first letter of the last name at the bottom of the screen or only spell what you know is correct.

We'll work with the record of Mary K. Babbitt for all the MSC forms in this documentation.

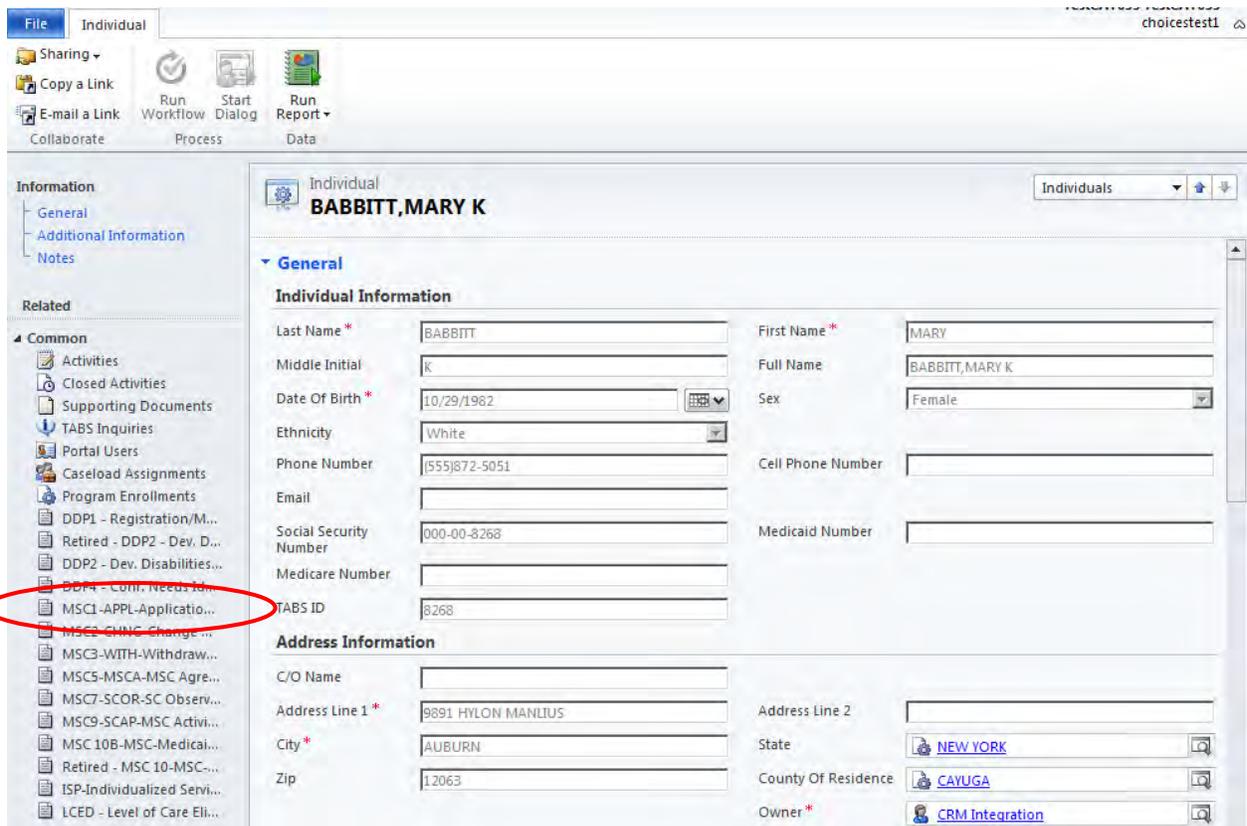


Click on Mary's name to continue.

Individuals: Search Results										babbitt
<input type="checkbox"/>	Full Name	TABS ID	Date Of Birth	Medicaid Numb...	Address Line 1	Address Line 2	City	State	Zip	
<input type="checkbox"/>	BABBITT,CARL K	7159	3/30/1958	BT37274F	57 FRANKLIN ST...		AUBURN	NEW YORK	13021	
<input type="checkbox"/>	BABBITT,DAVID K	8579	3/29/1942							
<input type="checkbox"/>	BABBITT,DONNA K	190691	5/6/1993							
<input checked="" type="checkbox"/>	BABBITT,MARY K	8268	10/29/1982		9891 HYLON MA...		AUBURN	NEW YORK	12063	

The **Individual's record** opens. From this window, graphic below, the individual's information can be viewed, including supporting documents, contacts can be added, and forms can be viewed or completed. As in the graphic, Mary K. Babbitt's record, displays all sections available to you. From here we can create MSC forms.

NOTE: If the Individual is already being served by your agency, can you use the Individual's record, to create any of the MSC forms. Otherwise, you will be using the **Forms** sections and doing an **Individual Lookup**.



[Create a New MSC1 – Application for MSC Form](#)

The **Application for MSC Form (MSC1)** may be used to apply for an individual's participation in Medicaid Service Coordination in CHOICES.

From the **Individual's** record, click on the **MSC1-APPL-Application for MSC** link as shown in the previous graphic.

A list of MSC1 forms will display for this individual. To view an existing MSC1, click on a specific form from the list, such as if you began an MSC1, saved it and is now ready to complete it.

To begin a **new** MSC1, click on, **Add New MSC1-APPL-Application For MSC** as shown below.



The new MSC1 opens, required fields are marked with a red asterisk.

Section I, is already completed with information from TABS.

In **Section II, MSC Vendor/DDSO Information:**

the first required field is **TABS Program Code**.

Click on the **Search** icon at the right of the TABS Program Code field. Only MSC Program Codes will be listed in the Look Up Record window.

Select the appropriate MSC code and then click **OK**.

The screenshot shows a web-based form titled "MSC1-APPL-Application For MSC". The form is divided into three sections:

- Section I. Individual Information:** Fields include Individual (BABBITT.MARY K), Last Name (BABBITT), Middle Initial (K), Date Of Birth (10/29/1982), Social Security Number (000-00-8268), Phone Number (555)872-5051, Address Line 1 (9891 HYLON MANLIUS), City (AUBURN), Zip (12063), DDSO, First Name (MARY), Sex (Female), TABS ID (8268), Medicaid Number, County Of Residence (CAYUGA), Address Line 2, State (NEW YORK).
- Section II. MSC Vendor/DDSO Information:** Fields include Vendor/DDSO Name (CAYUGA CO. NYSARC, INC.) and TABS Program Code* (highlighted with a red circle and a magnifying glass icon).
- Section III. Individual Signature:** Fields include Requested Participation Effective Date*.

The magnified view shows the "Look Up Record" dialog box. It contains the following information:

- Look for:** Program Code
- View:** MSC Program Codes in the agency
- Search:** Search for records
- Table:**

TABS Program Code	Program Name	Program Class	Program T
60680045	CAYUGA CO NYSARC MSC...	SERVICE COORDINATION	MEDICAID SER...

At the bottom of the dialog box, the "OK" button is circled in red.

Section III. Individual Signature:

Requested Participation Effective Date field is required.

Click the calendar icon at the right of the blank field. A small calendar box will appear, click on the appropriate date to continue.

Also, you can just type in the box, the appropriate date.

The screenshot shows a Microsoft Dynamics CRM form titled "MSC1-APPL-Application For MSC: New". The form is displayed in a browser window with the title "OPWDD - CHOICES". The form is divided into several sections:

- Section III. Individual Signature:**
 - Requested Participation Effective Date: A date field with a calendar icon (circled in red) and a calendar pop-up showing the date 9/11/2012 selected. The current date is 9/11/2012.
 - Has Individual signed paper acknowledging this document?:
 - Has Family Member or Advocate signed paper acknowledging this document?:
 - Name of Family Member or Advocate:
 - Phone Number:
- Family Member or Advocate's Address (if different from individual's):**
 - Address Line 1:
 - Address Line 2:
 - City:
 - State:
 - Zip:
- CHOICES Portal User Information:**
 - Phone Number:
 - Name:
 - Relationship to Individual:
 - Electronic Signature:
 - Send Form to CHOICES Portal: No Yes
- Section IV. Vendor Signatures:**
 - MSC Vendor/DDS Contact:
 - MSC Vendor/ DDSO Contact's Electronic Signature:
- Section V. Processing (To Be Completed By DDSO):**
 - Date Application Received:
 - Application Decision:
 - Reason For Denial:
 - Approved TABS:
 - Transaction Date:

The status of the application is "Active".

Immediately below the, Requested Participation Effective Date, are the sections related to signing the MSC1 by either the *Individual* or *Family Member or Advocate* via *paper*.

The *default in CHOICES* for all forms requiring signatures. is the **CHOICES Portal User** Option. Under the Portal User Information is a red asterisk, *until or if you click* into the box for either option of signing via *paper*.

If the Individual or Family member or Advocate is signing a paper copy of the completed MSC1, then click in the appropriate box.

NOTE: the default option of Portal User will become grayed out at this time.

Once either of these boxes are checked, other required fields will become available. Complete all required information as appropriate.

CHOICES Portal User Information

By default, the system chooses the CHOICES Portal, the electronic option, as the method for the signature. This is an electronic gateway to CHOICES for the individual, family and advocates. But the person must be added as a contact for the Individual prior to completing any forms. (See "Creating a Portal User", Step by Step)

The first required field is the **Name** field. Select the name by clicking the **Search** icon. A list of contacts associated with this Individual will display.

Click on the name of the person who is being designated to sign the form. The lookup record will close and the contact name appears in the **Name** box.

Look Up Record
 Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK.

Look for: Portal User Show Only My Records

View: Users Associated with Individual

Search:

	Full Name	Parent Customer	Address 1: City	Address 1: Phone
<input checked="" type="checkbox"/>	Pat Walsh			
<input type="checkbox"/>	PortaWest3			

Next, complete the **Relationship to Individual** field.

Send Form to CHOICES Portal field needs to be changed to Yes.

CHOICES Portal User Information

Phone Number: 555-555-5555

Name: Pat Walsh

Relationship to Individual: Family Member or Advocate

Send Form to CHOICES Portal: No Yes

The portal user listed will receive an email stating the form(s) requires their attention and to please enter through the Portal. The email will contain only a TABS ID as the identifier.

Scroll down the MSC1 to view the other fields. No other fields are available for the submitter to complete. The MSC1 is ready to be saved and have the necessary supporting documents uploaded.

CHOICES Portal User Information

Phone Number: 555-555-5555

Name: Pat Walsh

Relationship to Individual: Family Member or Advocate

Send Form to CHOICES Portal: No Yes

Section IV. Vendor Signatures:

MSC Vendor/DDS Contact: TestCAY033 TestCAY033

MSC Vendor/ DDSO Contact's Electronic Signature:

Section V. Processing (To Be Completed By DDSO):

Date Application Received:

Application Decision:

Reason For Denial:

Approved TABS Program Code: 60680045

Transaction Date:

DDSO MSC Administrator:

DDSO MSC Administrator's Electronic Signature:

Data Entry Person: TestCAY033 TestCAY033

Date: 9/11/2012

[Notes](#)

The Portal Option is Used for Signature:

If **Yes** is selected in the **Send Form to CHOICES Portal** field, then the form must be saved in order to send an auto generated email from CHOICES to the selected Portal user informing them they need to sign the form.

Click **Save**:



NOTE:

At this point, action must be taken by the **Portal User** before this form can be submitted. Once the Portal User signs and then saves the form within the Portal, an email will be generated to the user who completed and sent the form to the Portal. By receiving that email, the user will be reminded to return to CHOICES and now submit the MSC form.

Once the MSC1 form is signed and submitted, the appropriate DDRO staff member will process the form.

Upon the form being processed at the DDRO, an email is automatically sent to the submitter of the form notifying them of the decision.

If the form has a **Returned** status follow the instructions on the Notes tab of the returned form as to what needs to be done to correct the submission.

See **Returned Forms**, Step by Step guide, if you need assistance in locating any returned forms in CHOICES.

Create an MSC form for an Individual NOT known to your Agency via an Individual Lookup:

If the Individual is being referred to your agency by the DDSO or another Agency, get the TABS ID so you can do the proper Lookup of the Individual. See the Step by Step guide on **Individual Lookup** for full details.

Briefly: At the MSC1 (or MSC2, depending on your need) **Forms** section, click on **New Record**

OPWDD - CHOICES

DDP1 - Registration/Movement Form

File Share View Charts

New Copy a Link E-mail a Link Run Workflow Start Dialog Run Report Filter Export to Excel Advanced Find Help On This Page

Records Collaborate Process Data Help

Workplace DDP1 - Registration/Movement Form: Active DDP1

Name	Created By	Agency Name	Add TABS Progr...	Remove TABS Pr...	Approved Effec...	Form Status	Purpose
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Saved	Remove
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Submitted	Died
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Submitted	Died
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Saved	Died
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS	BILLS DELETION TE	FSS- IN-HOME RE:		Submitted	Transfer With
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS	BILLS DELETION TE	FSS- IN-HOME RE:		Saved	Transfer With
DDP1 for ADAMS, JESSICA	TestCAY033 TestCA	CAYUGA CO. NYS	02610909 -- BILL'S			Saved	Add
DDP1 for ADAMS, JESSICA	testCAY020 TestCA	CAYUGA CO. NYS	BILLS DELETION TE			Submitted	Add
DDP1 for ADAMS, JESSICA	TestCAY020 TestCA	CAYUGA CO. NYS	BILLS DELETION TE			Saved	Add
DDP1 for ADAMS, JESSICA	TestCAY020 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Saved	Moved out of
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS	BILLS DELETION TE			Submitted	Add
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS	BILLS DELETION TE			Submitted	Add
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Saved	Moved out of
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:		Submitted	Remove
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS		FSS- IN-HOME RE:	6/21/2012	Submitted	Died
DDP1 for ADAMS, JESSICA	testCAY006 TestCA	CAYUGA CO. NYS	CAYUGA ARC SUPI			Saved	Add

The Lookup box displays, put in the correct **TABS ID**, (or last name and Social Security Number) and click "**Lookup**" button

Lookup by TABS ID

TABS ID

Lookup by other criteria

Last Name First Name

Social Security Number Medicaid CIN

County Sex

Date Of Birth

Lookup New Individual

The Individual's information displays, click on the actual TABS # to pull the information through to the new form. Complete form as being instructions in this guide.

Information

DDP1 - Registration/Movement Form

New

DDP1 - Registrati...

General

Related

Common

Activities

Closed Activities

Supporting Documents

Processes

Workflows

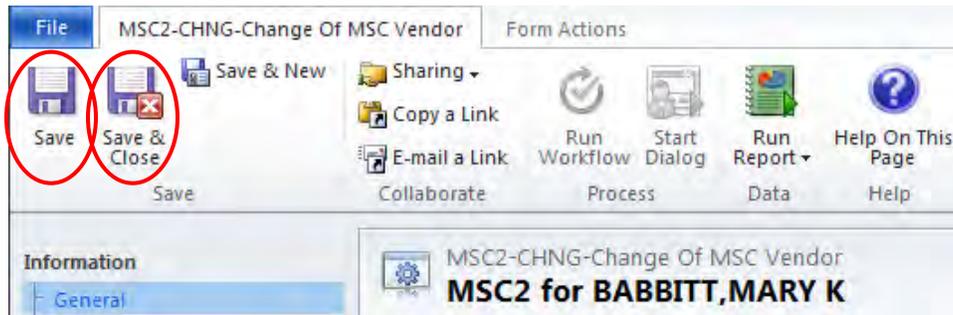
TABS ID	Name	Sex	Date of Birth	Social Security Number	Medicaid CIN
201405	NAFZIGER, JORDYN	F	07/11/1982	XXX-XX-0294	DT91865Z

Back New Individual

Save, Save and Close, the MSC Form:

Once any MSC form is completed and all *required fields have been entered*, the form can either be **Saved**, **Saved and Closed**, or **Submitted**.

In the top left-hand corner of the MSC screen in the “**MSC**” tab (corresponding to the type of MSC form), you will find a **Save** and a **Save and Close** button. In this example, we see an MSC2 form.



Saves the MSC form, and it remains open for you to continue work if necessary.

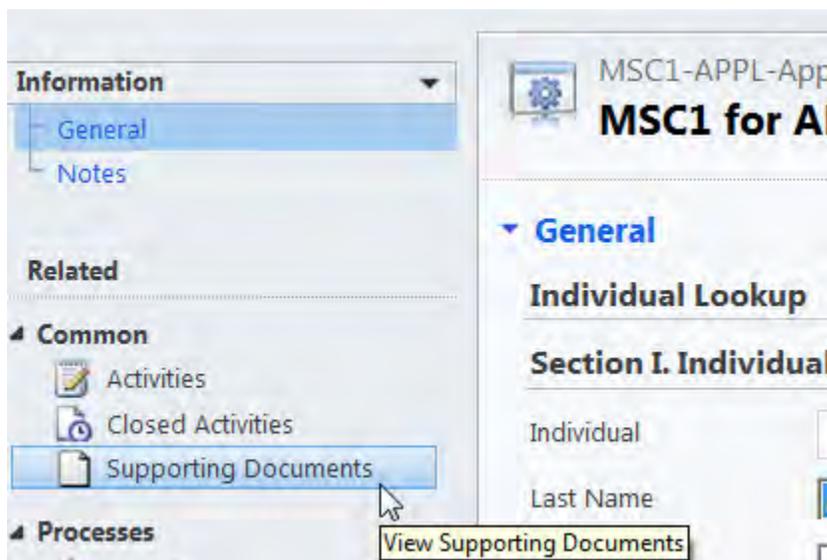


Saves the MSC form, and closes the form, giving it a Saved status.

Upload Supporting Documents:

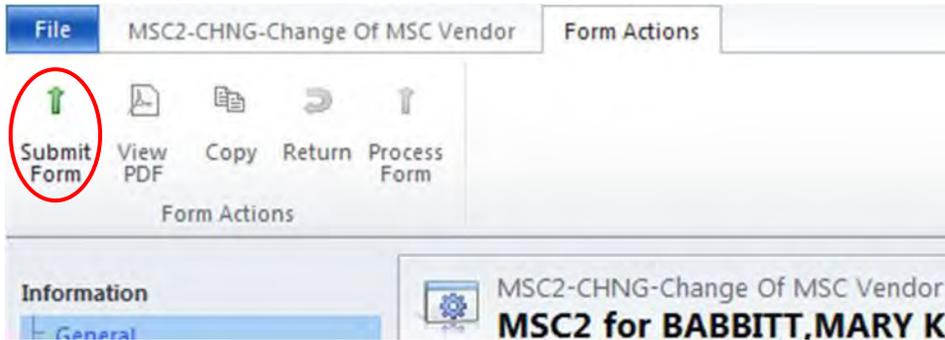
Once the form has been Saved, the **Supporting Documents** link will be activated.

Click on the link to move to the Supporting Documents section of the MSC1 to upload all necessary documents required by the DDRO to process your request.



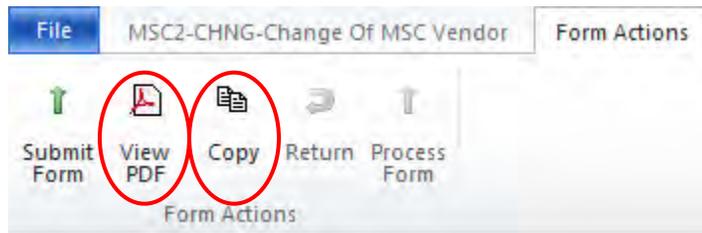
View, Print, Copy, and Submit the MSC Form:

In the “**Form Actions**” tab you will find a **Submit** button.

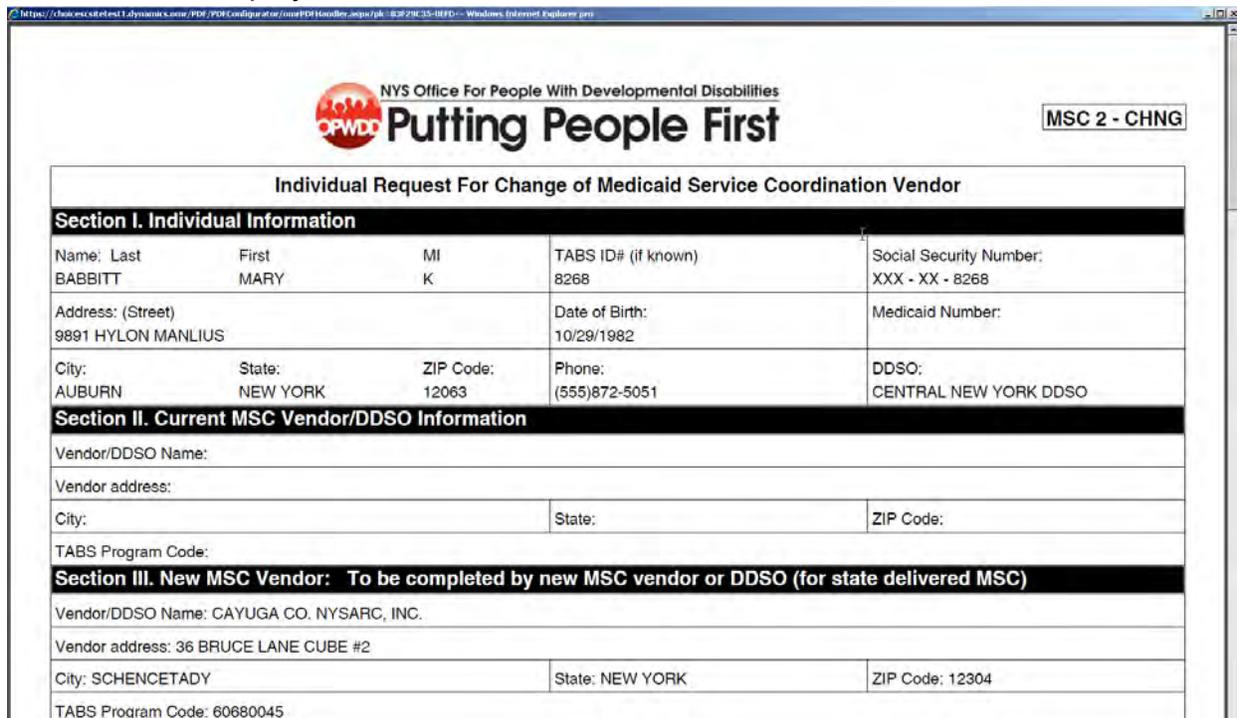


Submits the MSC form to be processed, giving it a Submitted status.

Once the MSC form is **Saved**, two more buttons will be enabled in the “**Form Actions**” tab.



To **view and/or print the PDF** file, click the **View PDF** button and a PDF version of the MSC form will display.



NYS Office For People With Developmental Disabilities
Putting People First MSC 2 - CHNG

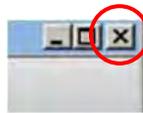
Individual Request For Change of Medicaid Service Coordination Vendor

Section I. Individual Information				
Name: Last	First	MI	TABS ID# (if known)	Social Security Number:
BABBITT	MARY	K	8268	XXX - XX - 8268
Address: (Street)			Date of Birth:	Medicaid Number:
9891 HYLON MANLIUS			10/29/1982	
City:	State:	ZIP Code:	Phone:	DDSO:
AUBURN	NEW YORK	12063	(555)872-5051	CENTRAL NEW YORK DDSO
Section II. Current MSC Vendor/DDSO Information				
Vendor/DDSO Name:				
Vendor address:				
City:			State:	ZIP Code:
TABS Program Code:				
Section III. New MSC Vendor: To be completed by new MSC vendor or DDSO (for state delivered MSC)				
Vendor/DDSO Name: CAYUGA CO. NYSARC, INC.				
Vendor address: 36 BRUCE LANE CUBE #2				
City: SCHENCETADY			State: NEW YORK	ZIP Code: 12304
TABS Program Code: 60680045				

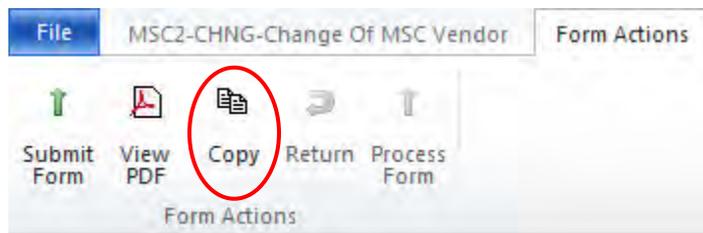
Depending on the version of Adobe Acrobat on your PC, you can print the MSC form using the PDF toolbar either at the top or the bottom of the PDF screen.



To close the PDF, click the „X“ in the top right-hand corner of the screen.

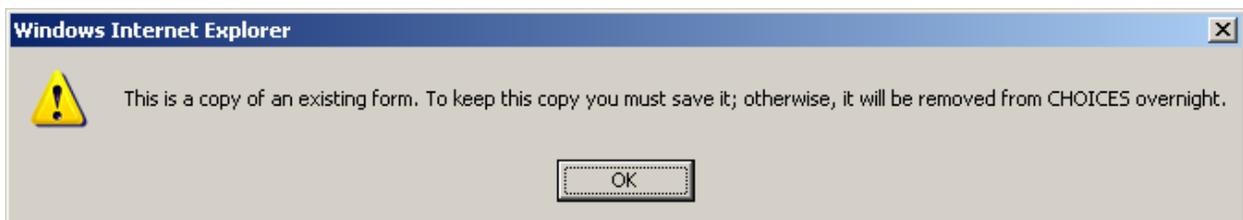


Copy the MSC form, click the **Copy** button in the “Form Actions” tab.

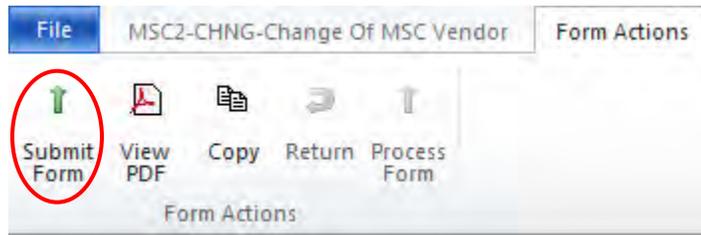


NOTE: The **Copy** button is used to create a new form based on one that has been saved so that you can edit necessary information without redoing the whole form.

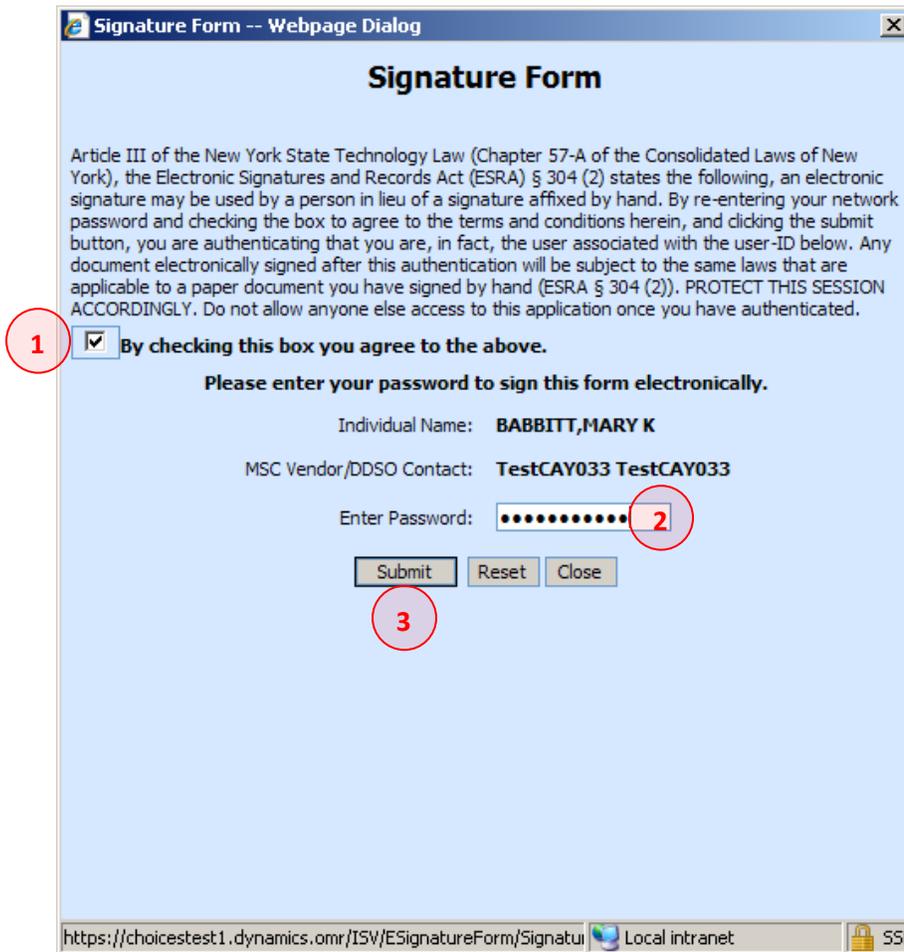
A message is displayed reminding you to edit the form and be sure to “Save” it.



Submit the MSC form, click on the Form Actions tab, then click the **Submit Form** button.



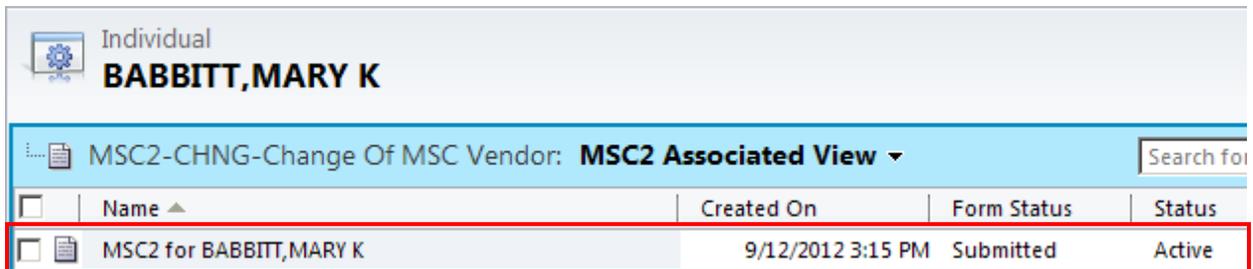
A **Signature Form** pop-up box will appear. The three steps illustrated below must be followed to submit the completed MSC form that has been signed in CHOICES Portal. First, click in the white check box to agree to the Electronic Signatures and Records Act (ESRA) statement. Second, for the Enter Password field, enter the same password used to sign-in to CHOICES. The third and final step is to click the **Submit** button.



NOTE: Whenever you submit or process MSC forms that require a signature, you will automatically have this electronic signature box display. By clicking in the box before the statement and then putting in your password, you are attesting to signing the form.

TIP: If you are missing any required fields, you will receive an error message.

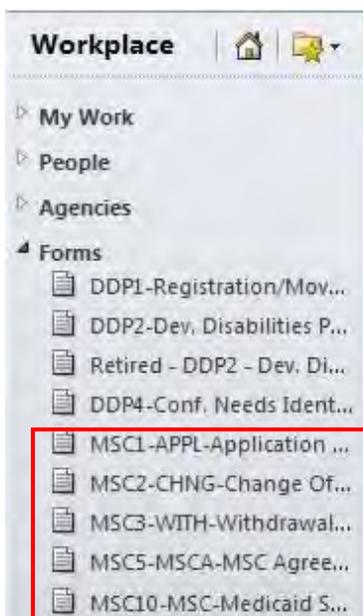
The MSC form is now signed, and its Form Status in the MSC content pane is “**Submitted**” in the **Active** View. In this example, we see a submitted MSC2 form.



Individual BABBITT, MARY K				
MSC2-CHNG-Change Of MSC Vendor: MSC2 Associated View ▾				Search for
<input type="checkbox"/>	Name ▲	Created On	Form Status	Status
<input type="checkbox"/>	MSC2 for BABBITT, MARY K	9/12/2012 3:15 PM	Submitted	Active

Location of MSC forms:

On the left side of the screen under **Workplace** navigation column is the **Forms** heading, which is the central filing location. Click on the link for the appropriate MSC form type to see the full list of forms in progress or completed for that particular category of MSC, as well as their current status by your agency or DDRO.



Status of MSC forms:

When you click on one of these links for a particular MSC form, the content pane will default to the **Active MSC** list first.

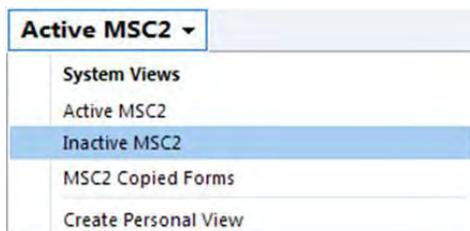
MSC2-CHNG-Change Of MSC Vendor: Active MSC2 ▾					
Name ▲	TABS ID	New Vendor/DDSO	Created On	Form Status	
MSC2 for ADAMS,ALEXANDRA J	37531	SYRACUSE DEVELOPMENTAL	10/28/2010 6:54 PM	Submitted	
MSC2 for ANZALONE,ALEXIS J	197957	SYRACUSE DEVELOPMENTAL	7/26/2012 3:15 PM	Saved	
MSC2 for BARMASH,GUY	53	SYRACUSE DEVELOPMENTAL	10/26/2010 6:15 PM	Submitted	
MSC2 for BIRMINGHAM,MICHAEL	198276	SYRACUSE DEVELOPMENTAL	11/4/2010 10:19 AM	Submitted	
MSC2 for CARLSON,FRANK	140183	SYRACUSE DEVELOPMENTAL	7/20/2012 11:39 AM	Submitted	
MSC2 for DALE,BERLIN	201031	SYRACUSE DEVELOPMENTAL	12/15/2010 3:16 PM	Submitted	
MSC2 for DEENA,SUDHA	201039	SYRACUSE DEVELOPMENTAL	12/14/2010 2:35 PM	Submitted	
MSC2 for JEFFERSON,STEVE	198681	SYRACUSE DEVELOPMENTAL	10/6/2010 10:13 AM	Saved	
MSC2 for LIGHTFOOT,SKY	201346	SYRACUSE DEVELOPMENTAL	7/25/2012 2:09 PM	Saved	
MSC2 for MALL,REG P.	200700	SYRACUSE DEVELOPMENTAL	7/16/2012 1:03 PM	Saved	
MSC2 for MORAN,GRETCHEN	92652	SYRACUSE DEVELOPMENTAL	11/4/2010 8:06 AM	Submitted	
MSC2 for PASSER,ROGER	4959	SYRACUSE DEVELOPMENTAL	11/8/2010 2:02 PM	Submitted	
MSC2 for RAMIREZ,GORAN	199751	SYRACUSE DEVELOPMENTAL	11/17/2010 10:21 AM	Submitted	
MSC2 for SUDHAKAR,DEENA	201064	SYRACUSE DEVELOPMENTAL	12/23/2010 4:47 PM	Submitted	
MSC2 for SUNSET,MINA Z	201349	SYRACUSE DEVELOPMENTAL	7/26/2012 8:53 AM	Saved	

In the **Active** view, the different status of each MSC is displayed:

“**Saved**” means that the MSC form has been saved but not submitted.

“**Submitted**” means that the MSC form has been completed and submitted by the user to the DDRO for processing. .

To change the **View** from **Active MSC** to **Inactive MSC2**, click the dropdown arrow and then click on the Inactive MSC selection.



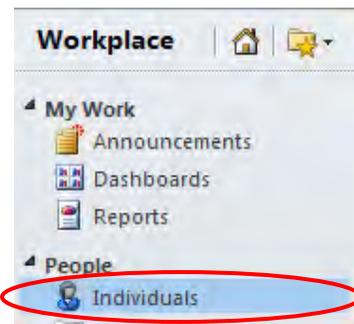
NOTE: A form becomes “Inactive” when it is no longer “in progress” due to completion or being returned.

[MSC2 – CHNG – Consumer Request for Change](#)

The **Change Form (MSC2)** is to be used by an Individual to request a change from one MSC vendor to another MSC vendor. The entry of this form in CHOICES is initially started by the new MSC vendor. This process requires input from the new MSC vendor and the DDSO MSC Coordinator.

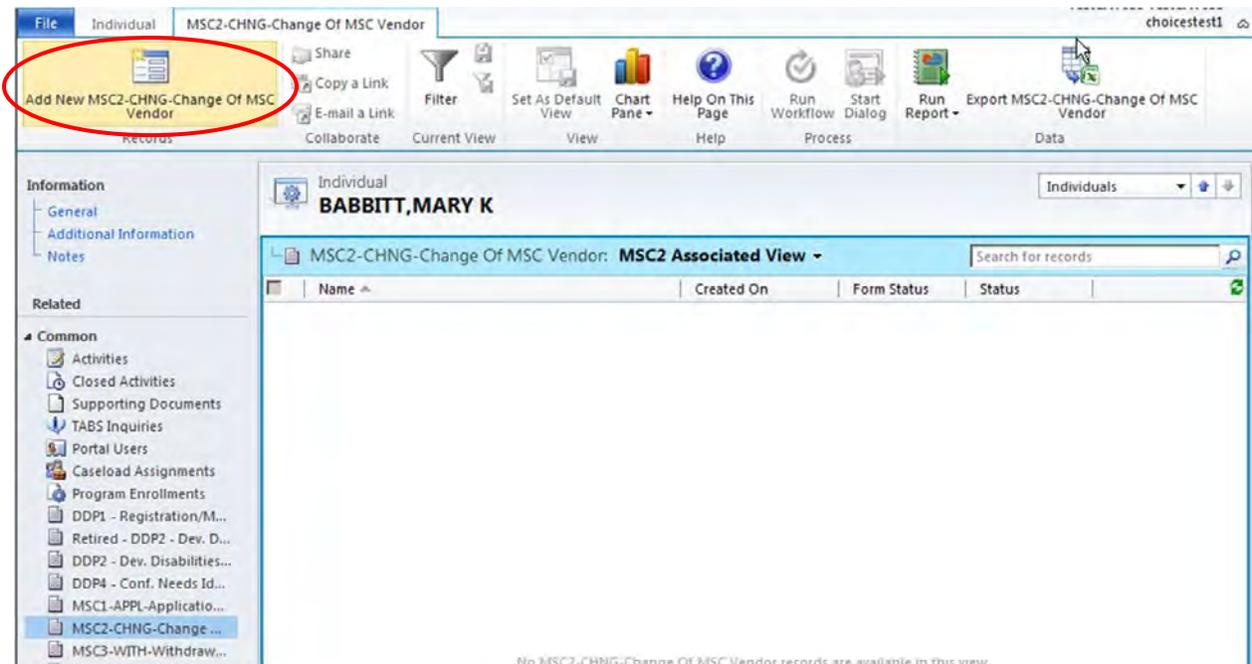
Create a MSC form for an Individual already known to your Agency:

In the **People** heading, under **Workplace** in the navigation column on the left side of the screen, click **Individuals** to display everyone known to your agency.



Create a New MSC2 Form:

From the **Individual's** record, click on the **MSC2-CHNG-Change Of MSC Vendor** link. A list of MSC2 forms will display for this individual. To view an existing MSC2, click on a specific form from the list. In this example, there are no MSC2 forms yet for Mary. To begin a new MSC2, click the **Add New MSC2-CHNG-Change Of MSC Vendor** button in the upper left portion of the screen once at the MSC2 section of the Individual's record.



This will open a new MSC2 for Mary Babbitt.

The screenshot shows a web-based form titled "MSC2-CHNG-Change Of MSC Vendor" with a "New" status. The form is organized into three main sections:

- Section I. Individual Information:** Fields include Individual (BABBITT.MARY K), Last Name (BABBITT), Middle Initial (K), Social Security Number (000-00-8268), Date Of Birth (10/29/1982), Address Line 1 (9891 HYLON MANLIUS), City (AUBURN), Zip (12063), DDSO, First Name (MARY), TABS ID (8268), Medicaid Number, Phone Number ((555)872-5051), Address Line 2, and State (NEW YORK).
- Section II. Current MSC Vendor/DDSO Information:** Fields include Current Vendor/DDSO and Current TABS Program Code.
- Section III. New MSC Vendor:** Fields include New Vendor/DDSO (CAYUGA CO. NYSARC, INC.), New TABS Program Code, and Requested Effective Date Of Change (10/1/2012).

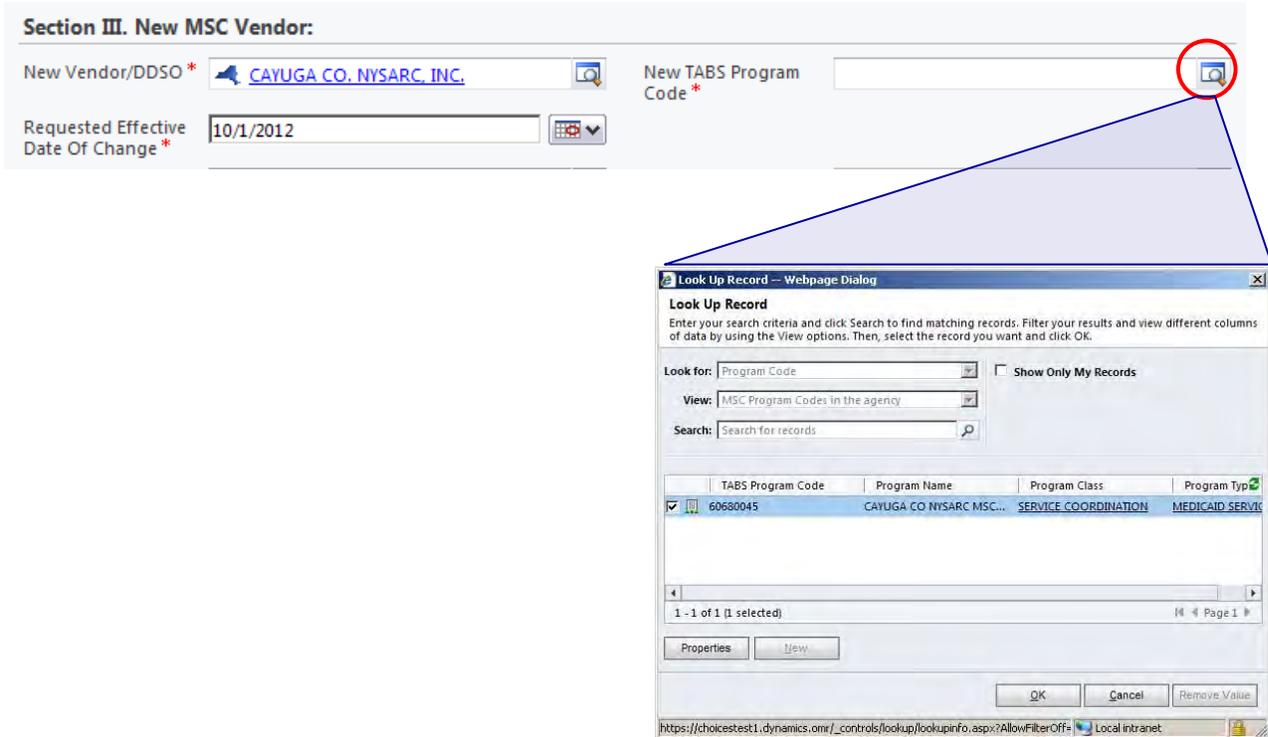
Completing the MSC2:

Beginning with Section III, if the individual chooses to receive state delivered MSC, either the new MSC Vendor or the DDSO completes this section.

Complete all **required** fields and any other information known. (**Required** is noted by a red asterisk)

There is a **“Search”** icon  with each required field that you may want assistance in selecting a choice.

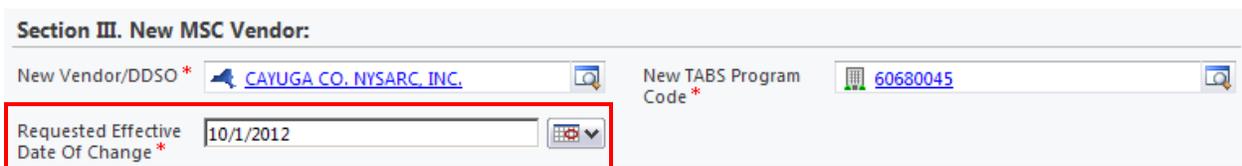
The first required field is **“New TABS Program Code”** in which the individual will be enrolled. Choose the appropriate TABS Program Code by clicking on the **Search** icon. A window will pop up with eligible programs that can be selected.



In this example there is only one program, click **OK** to select the highlighted program. The program selected will be brought into the **New TABS Program Code** field.



Note: The **Requested Effective Date Of Change** is defaulted by the system to the first day of the month following the month in which a requested change is being made. In this case the entry that is being made for this individual on 09/12/2012; therefore the system defaults to 10/01/2012.



Next in Section III, we'll indicate with check boxes whether or not an Individual or Family Member signed a paper acknowledging this document. The first checkbox asks: **Has Individual signed paper acknowledging this document?**

Has Individual signed paper acknowledging this document?	<input checked="" type="checkbox"/>	----->	Date Signed *	<input type="text"/>	
--	-------------------------------------	--------	---------------	----------------------	--

If you check this box, another required field displays: **Date Signed**.

The second checkbox asks: **Has Family Member or Advocate signed paper acknowledging this document?**

Has Family Member or Advocate signed paper acknowledging this document?	<input checked="" type="checkbox"/>	----->	Date Signed *	<input type="text"/>	
Name of Family Member or Advocate *	<input type="text"/>	----->	Phone Number *	<input type="text"/>	

If you check this box, numerous required fields display: **Date Signed**, **Name of Family Member or Advocate**, and **Phone Number**. All fields must be entered.

Below is an example of both checkboxes being checked.

Has Individual signed paper acknowledging this document?	<input checked="" type="checkbox"/>	Date Signed *	<input type="text" value="9/12/2012"/>	
Has Family Member or Advocate signed paper acknowledging this document?	<input checked="" type="checkbox"/>	Date Signed *	<input type="text" value="9/12/2012"/>	
Name of Family Member or Advocate *	<input type="text" value="Thomas Babbitt"/>	Phone Number *	<input type="text" value="518-555-1234"/>	

Once all required fields are completed, you may **Save** the MSC2. After clicking **Save**, the MSC2 form may now be **Viewed** and/or **Printed** in PDF format.

Be sure to **upload all Supporting Documents** necessary for the DDSO to process the form.

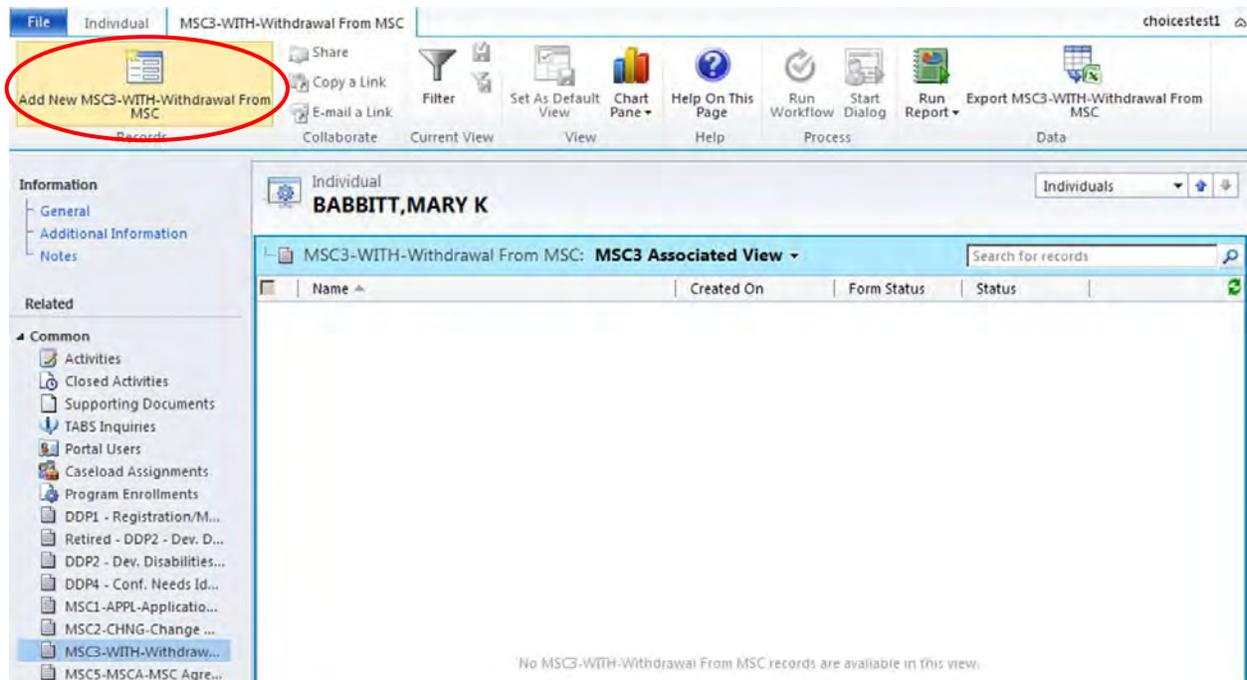
Please refer to the instructions starting on **page 10** of this documentation with regard to [Save, Save and Close, View, Print, Copy, and Submit](#).

[MSC3 – WITH – Withdrawal from MSC](#)

The *Withdrawal from Medical Service Coordination (MSC3)* is to be used to withdraw an individual from MSC. This form may be initiated by the vendor or the DDSO due to loss of eligibility (Section 3 of form) OR by the individual because they no longer require service coordinator or moved to another district (Section 4 of form).

Create a New MSC3 Form:

From the **Individual's** record, click on the **MSC3-WITH-Withdrawal from MSC** link. A list of MSC3 forms will display for this individual. To view an existing MSC3, click on a specific form from the list. In this example, there are no MSC3 forms yet for Mary. To begin a new MSC3, click the **Add New MSC3-WITH-Withdrawal from MSC** button in the upper left portion of the screen.



This will open a new MSC3 form with Mary's personal profile already completed from TABS.

Confirm that that you have selected the correct individual, and that all fields in **Section I** and **Section II** are populated with the correct data.

The screenshot shows a web-based form for withdrawing an individual from MSC. The form is titled 'MSC3-WITH-Withdrawal From MSC' and is in a 'New' state. The 'General' section is expanded, showing two main parts: 'Section I: Individual Information' and 'Section II: Current MSC Vendor/DDSO Information'. Section I contains fields for personal details like name, SSN, birth date, and address, as well as DDSO and contact information. Section II contains fields for the vendor and program code. The form includes a search icon for each required field.

Completing the MSC3:

Complete all **required** fields and any other information known. (**Required** is noted by a red asterisk)

There is a “**Search**” icon  with each required field that you may want assistance in selecting a choice.

NOTE: **Section III** and **Section IV** are the two options available for the withdrawal of an individual from MSC. Complete only one of these sections, depending on which is relevant.

Section III is to be used when an individual is withdrawn due to **loss of Eligibility**.

Section IV is to be used when the **Individual requests to be withdrawn** from MSC. If Section IV is completed, then an MSC4 (Verification) will need to be completed prior to processing the MSC3. The MSC4 can only be completed by the DDSO.

Section III : Individual is Being Withdrawn from MSC Due to Loss of Eligibility

Reason For Withdrawal* Date of Death

Specify Other Reason Requested Withdrawal Effective Date

MSC Vendor/DDSO Contact MSC Vendor/ DDSO Contact's Electronic Signature

Section IV : Individual Requests to Withdraw from MSC

Reason For Withdrawal From MSC*

Individual Understands Effects

HCBS Waiver Participant No Yes Agency Selected

Has Individual signed paper acknowledging this document? Date Signed

Has Family Member or Advocate signed paper acknowledging this document? Date Signed

Name of Family Member or Advocate Phone Number

CHOICES Portal User Information

Phone Number

Name Electronic Signature

Relationship to Individual Send Form to CHOICES Portal No Yes

Completing Section III - An individual being withdrawn due to loss of Eligibility

The first required field is the **Reason For Withdrawal** for this individual. Click the dropdown arrow and select a choice from the list by clicking on the item. In this example, **Individual is no longer enrolled in Medicaid** is the reason for withdrawal.

Section III : Individual is Being Withdrawn from MSC Due to Loss of Eligibility

Reason For Withdrawal* Date of Death

Specify Other Reason Requested Withdrawal Effective Date

MSC Vendor/DDSO Contact MSC Vendor/ DDSO Contact's Electronic Signature

Individual is no longer enrolled in Medicaid
 Individual is now permanently residing in an IC
 Individual is enrolled in another Medicaid fund
 Individual is deceased
 Individual does not meet the need for ongoing
 Other reason

After selecting a specific reason for withdrawal, other required field(s) related to that specific choice will become available for completion.

In this example, two other required fields now become available:

1. **Requested Withdrawal Effective Date**

2. **MSC Vendor/DDSO Contact.** Usually, the MSC Vendor/DDSO Contact is automatically filled in with the person signed into the application.

Section III : Individual is Being Withdrawn from MSC Due to Loss of Eligibility

Reason For Withdrawal * Individual is no longer enrolled in Medicaid Date of Death

Specify Other Reason

MSC Vendor/DDSO Contact * TestCAY033 TestCAY033 Requested Withdrawal Effective Date * 9/14/2012

MSC Vendor/ DDSO Contact's Electronic Signature

Once all required fields are filled in for Section III, you can either **Save**, **Save and Close** or **Submit** this form.

Completing Section IV - Individual Requesting to be Withdrawn From MSC

The first required field in Section IV is **Reason For Withdrawal From MSC** for this individual. This is a free text field, so you're able to type whatever reason is relevant.

NOTE: If you have text from another document for this field, you can copy & paste here. Be sure the copied text is relevant and accurate.

The second required field is **Individual Understands Effects**, and it only becomes required once a reason is entered into the Reason For Withdrawal From MSC field. It requires either a „Yes“ or „No“ response.

Individual Understands Effects *

Yes

Yes

No

NOTE: Although it is not a required field in Section IV, if you check “Yes” for the HCBS Waiver Participant field, the Agency Selected field will become required because you need to indicate which agency will still be providing PCSS for the individual.

Section IV : Individual Requests to Withdraw from MSC

Reason For Withdrawal From MSC *
 Individual indicates that they will no longer need MSC.

Individual Understands Effects *
 Yes

HCBS Waiver Participant
 No Yes -----> Agency Selected *

Once all required fields are completed, you may **Save** the MSC3. After clicking **Save**, the MSC3 form may now be **Viewed** and/or **Printed** in PDF format.

Be sure to **upload all Supporting Documents** necessary for the DDSO to process the form.

Please refer to the instructions starting on **page 10** of this documentation with regard to [Save, Save and Close, View, Print, Copy, and Submit](#).

NOTE: Once the MSC3 form has been Submitted, with Section IV completed, the DDSO Application Processor will need to complete an MSC4, Verification of Withdrawal, before processing the MSC3.

[MSC5 – MSCA – MSC Agreement](#)

Effective October 1, 2010, the *MSC Agreement* is to be signed only once in a lifetime by an individual or a family. Previously, the form had to be signed annually. If there is a change in vendor, it is not necessary to do a new MSC5 form. However, if a vendor opts to do a new MSC5 form, it is fine to do so.

This form can only be completed by a Service Coordinator (MSC Coordinator) and a Service Coordinator Supervisor (MSC Supervisor).

Under **People**, in the **Workplace** column, go to the list of **Individuals** and find the Individual you need to complete a form.

Create a New MSC5 Form:

From the **Individual's** record, click on the **MSC5-MSCA-MSC Agreement** link. A list of MSC5 forms will display for this individual. To view an existing MSC5, click on a specific form from the list. In this example, there are no MSC5 forms yet for Mary. To begin a new MSC5, click the **Add New MSC5-MSCA-MSC Agreement** button in the upper left portion of the screen.

The screenshot displays a software interface for managing individual records. The top navigation bar includes 'File', 'Individual', and 'MSC5-MSCA-MSC Agreement'. The 'Add New MSC5-MSCA-MSC Agreement' button is highlighted with a red circle. The main content area shows the record for 'Individual BABBITT, MARY K' with a table titled 'MSC5-MSCA-MSC Agreement: MSC5 Associated View'. The table has columns for Name, Created On, Form Status, and Status, but it is currently empty. A message at the bottom of the table states: 'No MSC5-MSCA-MSC Agreement records are available in this view.'

Completing the Form:

Upon opening, the information in the **General** link is displayed. There are no fields to be completed in this section.

The screenshot shows the top portion of a web application window. The title bar reads "MSC5-MSCA-MSA Agreement" and "Form Actions". The "File" menu is open, showing options like "Save", "Save & Close", "Save & New", "Sharing", "Copy a Link", "E-mail a Link", "Run Workflow", "Start Dialog", "Run Report", and "Help On This Page". The left sidebar has a tree view with "Information" expanded to "General". The main content area is titled "MSC5-MSCA-MSA Agreement New" and contains the "General" section. Under "Individual Information:", there are input fields for "Individual*" (containing "BABBITT, MARY K"), "TABs ID" (containing "8268"), and "Medicaid Number" (containing "AB76543A"). Below these fields is a paragraph of text explaining the purpose of the document and a note about signing requirements.

Click the link for Rights and Responsibilities, and review your rights and responsibilities (scroll down to view all the information).

This screenshot shows the same web application window, but the "Rights and Responsibilities" section is selected in the left sidebar. The main content area displays the "Rights and Responsibilities" section, which includes a heading "Informed Choice" followed by several paragraphs of text explaining the concept of informed choice and the right to make a free choice of MSC vendor and service coordinator. The text is scrollable, and the user has scrolled down to view more information.

Click the link for Signatures, and fill in all required fields and any other information known. (**Required** is noted by asterisk)

Signatures

By signing this form you, your family member or advocate (as necessary), service coordinator and service coordination supervisor affirm that MSC rights and responsibilities were discussed, that you made informed choices and that all parties understand and agree to the conditions specified.

Agency/DDSO

MSC Vendor / DDSO *

Service Coordinator * Service Coordinator's Electronic Signature

Service Coordinator Supervisor * Supervisor's Electronic Signature

Individual/Family Member

Has Individual signed paper acknowledging this document? * Date Signed

Has Family Member or advocate signed paper acknowledging this document? * Date Signed

Name of Family Member or Advocate

CHOICES Portal User Information

Name CHOICES Portal User Electronic Signature

Relationship To Individual Specify Other Relationship

Send Form to Choices Portal No Yes Does CHOICES Portal User choose not to sign? No Yes

Agency/DDSO section:

The **MSC Vendor / DDSO** field and **Service Coordinator** field are filled in with their defaults.

Service Coordinator Supervisor field needs to be completed.

Signatures

By signing this form you, your family member or advocate (as necessary), service coordinator and service coordination supervisor affirm that MSC rights and responsibilities were discussed, that you made informed choices and that all parties understand and agree to the conditions specified.

Agency/DDSO

MSC Vendor / DDSO *

Service Coordinator * Service Coordinator's Electronic Signature

Service Coordinator Supervisor * Supervisor's Electronic Signature

To select a Service Coordinator Supervisor, click the **Search** icon. A list of names displays. Or you may type the last name in the Search for records field and click the Search icon.

Look Up Record

Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK.

Look for:

View: Filter by related Agency

Search: 

	Full Name ▲	Agency	Business Unit	
<input type="checkbox"/>	 TestCAY001 TestCAY001	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NY	▲
<input type="checkbox"/>	 TestCAY002 TestCAY002	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NY	
<input type="checkbox"/>	 TestCAY003 TestCAY003	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NY	
<input type="checkbox"/>	 TestCAY004 TestCAY004	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NY	
<input type="checkbox"/>	 TestCAY005 TestCAY005	CAYUGA CO. NYSA	60680 -- CAYUGA CO. NY	▼

Click on the name of the individual's Service Coordinator Supervisor, and the selected person is populated in the field.

 TestCAY033 TestCAY033 CAYUGA CO. NYSA 60680 -- CAYUGA CO. NY

Individual / Family Member Section:

Complete the following required fields by clicking the down arrow for the appropriate selection:

“Has Individual signed paper acknowledging this document?”

“Has Family Member or advocate signed paper acknowledging this document?”

Individual/Family Member

Has Individual signed paper acknowledging this document? * Date Signed 

Has Family Member or advocate signed paper acknowledging this document? * Date Signed 

Name of Family Member or Advocate

If “Yes” is selected, then the “**Date Signed**” becomes a required field.

If “*No-unable/unwilling to sign*” is selected, then the Date Signed field is not required.

Individual/Family Member

Has Individual signed paper acknowledging this document? * Date Signed *

Has Family Member or advocate signed paper acknowledging this document? * Date Signed

Name of Family Member or Advocate

CHOICES Portal User Information Section

Although these are not required fields (no red asterisk), you may fill out desired fields.

CHOICES Portal User Information

Name CHOICES Portal User Electronic Signature

Relationship To Individual Specify Other Relationship

Send Form to Choices Portal No Yes Does CHOICES Portal User choose not to sign? No Yes

Once all required fields are completed, you may **Save** the MSC5. After clicking **Save**, the MSC5 form may now be **Viewed** and/or **Printed** in PDF format.

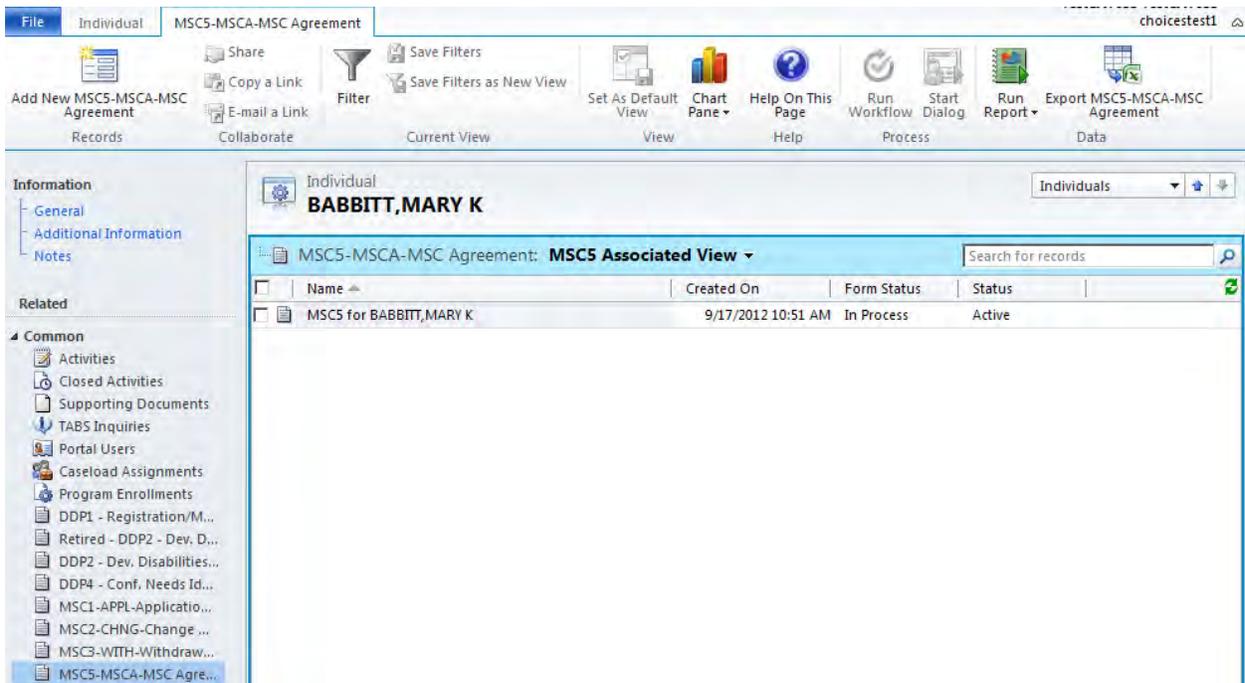
You may also **Submit** the form.

Please refer to the instructions starting on **page 10** of this documentation with regard to [**Save, Save and Close, View, Print, Copy, and Submit.**](#)

NOTE: The MSC5 can only be submitted by an MSC Coordinator.
And the MSC5 must be processed by a Service Coordinator Supervisor.

How the Service coordinator Supervisor is to Process the MSC5:

From the main screen, under **Active**, are the forms the MSC Supervisor needs to open to sign and process.



MSC Supervisors can click on the name for any individual in the list that they are responsible to process.

Once the form is opened, the **MSC Supervisor's name** will default into the signature field and if they are satisfied with the form they can process it to completion.

Click the **"Process Form"** button.



Once the form is **processed**, it will come off the **Active** list, and will be available for view under the **Inactive**.

Workplace | Home | Help

MSC5-MSCA-MSC Agreement: **Inactive MSC5** ▼

<input type="checkbox"/>	Name ▲	TABS ID	Created On	Form Status
<input type="checkbox"/>	MSC5 for BABBITT,MARY K	8268	9/17/2012 10:51 AM	Completed
<input type="checkbox"/>	MSC5 for CAREY,KRYSTAL	200770	8/20/2012 3:07 PM	Completed
<input type="checkbox"/>	MSC5 for CAREY,KRYSTAL	200770	9/4/2012 1:11 PM	Completed
<input type="checkbox"/>	MSC5 for KESSELING,DIANA	149229	7/31/2012 3:04 PM	Completed

My Work

- Announcements
- Dashboards
- Reports

People

- Individuals
- Portal Users
- Staff

Agencies

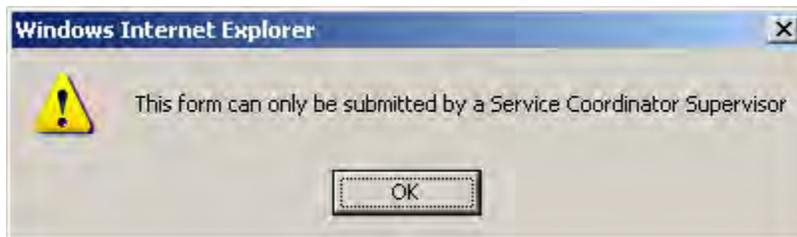
- Agencies
- Program Codes
- DDSOs

Forms

- DDP1-Registration/Mov...
- DDP2-Dev. Disabilities P...
- Retired - DDP2 - Dev. Di...
- DDP4-Conf. Needs Ident...
- MSC1-APPL-Application ...
- MSC2-CHNG-Change Of...
- MSC3-WITH-Withdrawal...
- MSC5-MSCA-MSC Agree...

Error Messages

If any person other than an MSC Supervisor tries to Process the form, the following message is received.



The wording notes “submitted” but it is at the point of processing by a Service Coordinator Supervisor.

[MSC10B – Service Coordination Notes](#)

The **MSC10B** is a **monthly summary of activities**. The Service Coordinator may indicate within the form if an ISP Review, Service Coordination Agreement Review or Level of Care Eligibility Determination (LCED) was completed.

In a particular month the Service Coordinator may document multiple activities such as a face to face contact with the individual; an entry under Referral / Linkage; and an entry within the Monthly Summary.

This form can only be completed by a Service Coordinator (MSC Coordinator) and a Service Coordinator Supervisor (MSC Supervisor).

NOTE: The **MSC10** form is no longer an electronic option in **CHOICES**, but is still available as a paper option.

NOTE: There is NO Copy function available on the MSC10B form.

Create a New MSC10B Form:

From the **Individual's Record**, click on the **MSC10B-MSC-Medicaid Service Coordination Notes** link. A list of MSC10B forms will display for this individual. To view an existing MSC10B, click on a specific form from the list. In this example, there are no MSC5 forms yet for Mary. To begin a new MSC10B, click the **Add New MSC10B-MSC-Medicaid Service Coordination Notes** button in the upper left portion of the screen.

The screenshot displays the CHOICES software interface. The top ribbon contains several tabs: 'File', 'Individual', and 'MSC 10B-MSC-Medicaid Service Coordination Notes'. The 'Individual' tab is active, showing the name 'BABBITT, MARY K'. The 'MSC 10B-MSC-Medicaid Service Coordination Notes' tab is also active, showing a search bar and a table with columns 'Name' and 'Created On'. The 'Add New MSC10B-MSC-Medicaid Service Coordination Notes' button is circled in red. The left sidebar shows a navigation menu with 'Information' and 'Related' sections. The 'Related' section is expanded to show a list of common activities, including 'Activities', 'Closed Activities', 'Supporting Documents', 'TABS Inquiries', 'Portal Users', 'Caseload Assignments', 'Program Enrollments', 'DDP1 - Registration/M...', 'Retired - DDP2 - Dev. D...', 'DDP2 - Dev. Disabilities...', 'DDP4 - Conf. Needs Id...', 'MSC1-APPL-Applicatio...', 'MSC2-CHNG-Change ...', 'MSC3-WITH-Withdraw...', 'MSC5-MSCA-MSC Agre...', 'MSC7-SCOR-SC Observ...', 'MSC9-SCAP-MSC Activi...', and 'MSC 10B-MSC-Medical...'. The main content area displays a message: 'No MSC10B-MSC-Medicaid Service Coordination Notes records are available in this view.'

Completing the Form:

Upon opening, information under the **General** header is displayed.

The screenshot shows a web browser window with the title 'MSC10B-MSC-Medicaid Service Coordination Notes'. The browser's address bar shows 'choicestest1'. The page has a navigation menu on the left with 'Information' and 'General' selected. The main content area is titled 'New' and contains the following sections:

- General**
 - Individual Lookup**
 - Individual:
 - Agency*:
 - Show form in CHOICES Portal?: No Yes
 - ISP Review**
 - Was an ISP Review conducted this month?
 - Date of ISP Review:
 - Was the Individual Present at Review?
 - Service Coordination Agreement (SCA) Review**
 - Was the SCA reviewed this month?
 - Date of SCA Review:
 - ICF/MR Level of Care Eligibility Determination (LCED)**
 - Was the LCED completed this month?
 - Date LCED Completed:
 - Monthly Summary**

Include the person's satisfaction with services along with any follow-up actions, any significant changes in the person's life, and any concerns regarding health and safety.

The **General** header has an Individual Lookup Section with the Individual's name, an ISP Review, a Service Coordination Agreement (SCA) Review, and an ICF/MR Level Care Eligibility Determination (LCED), a Monthly Summary, and a Service Coordinator Information section.

The Service Coordinator can fill out these sections in any order.

Individual Lookup:

- **Month of Service/Year of Service** means the month and year that services were rendered to the individual.

The close-up shows the 'Individual Lookup' section with the following data:

- Individual:
- Agency*:
- Month of Service*:
- Year of Service*:
- Show form in CHOICES Portal?: No Yes

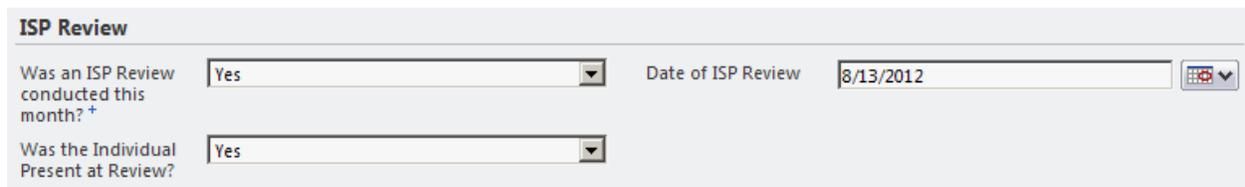
ISP Review Section:

By completing the “Month of Service” and “Year of Service” drop down boxes, the system searches to find if an ISP already exists in the system for the selected month and year. If an ISP exists in the system for the selected month and year, the system will default to that date of the last ISP Review and populate the field “Date of ISP Review” in ISP Review Section. The system will also set “Was ISP Review conducted this month?” to Yes and the system will check for a “Face-to-Face” value and if Yes, default as Yes for “Was individual present at ISP Review?”

If there was no ISP Review in CHOICES for the individual, the system enables “Was an ISP Review conducted this month?” Selecting “Yes” for this field enables the “Date of ISP Review” field as well as the “Was the Individual Present at Review?” field.

The Service Coordinator can save the form at this point without providing a date since it is a recommended field, not a required one.

NOTE: If a date is entered in “Date of ISP Review” field, the month must match the month in the Month of Service field, and the year must match the year in the Year of Service field.



The screenshot shows a form titled "ISP Review". It contains two dropdown menus. The first dropdown is labeled "Was an ISP Review conducted this month?" and has "Yes" selected. The second dropdown is labeled "Was the Individual Present at Review?" and also has "Yes" selected. To the right of the first dropdown is a text field labeled "Date of ISP Review" containing the date "8/13/2012". There is a small calendar icon to the right of the date field.

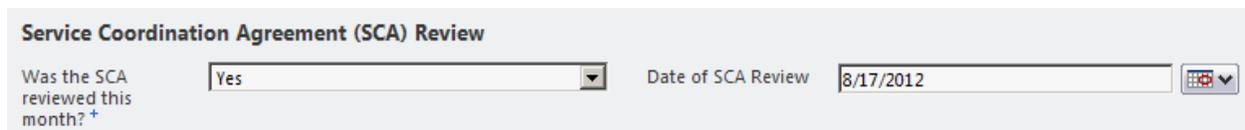
Service Coordination Agreement (SCA) Review (This section is optional):

By completing the “Month of Service” and “Year of Service” drop down boxes, this enables, “Was the SCA reviewed this month” field.

Multiple Service Coordinators can complete this section. For instance, one Service Coordinator can select “Yes” for SCA Review and this enables the “Date of SCA Review.”

“Date of SCA Review” must be the same as the month and year of service selected in the MSC 10B General header.

The Service Coordinator can save the form at this point without providing a date since it is a recommended field, not a required one.



The screenshot shows a form titled "Service Coordination Agreement (SCA) Review". It contains two dropdown menus. The first dropdown is labeled "Was the SCA reviewed this month?" and has "Yes" selected. The second dropdown is labeled "Date of SCA Review" and contains the date "8/17/2012". There is a small calendar icon to the right of the date field.

ICF/MR Level of Care Eligibility Determination (LCED) (This section is optional):

By completing the Month of Service and Year of Service drop down boxes, the “Was LCED completed this month” field is enabled.

Selecting “Yes” for this field enables “Date of LCED Completed.”

“Date of LCED Review” must be the same as the month and year of service selected in the MSC 10B General header.

The LCED section has been completed, signed and locked.

The screenshot shows a form section titled "ICF/MR Level of Care Eligibility Determination (LCED)". It contains two fields: "Was the LCED completed this month?" with a dropdown menu set to "Yes", and "Date LCED Completed" with a date field set to "8/20/2012".

Supporting Documents

In the left column under, **Common**, is the link for the **Supporting Documents** section of the MSC10b.

The screenshot shows the MSC10B form interface. The left navigation pane has a "Common" section with several links. The "Supporting Documents" link is highlighted with a red arrow. The main content area shows the "ISP Review" section with fields for "Was an ISP Review conducted this month?" (set to "Yes") and "Date of ISP Review" (set to "8/13/2012").

There are two views within this screen:

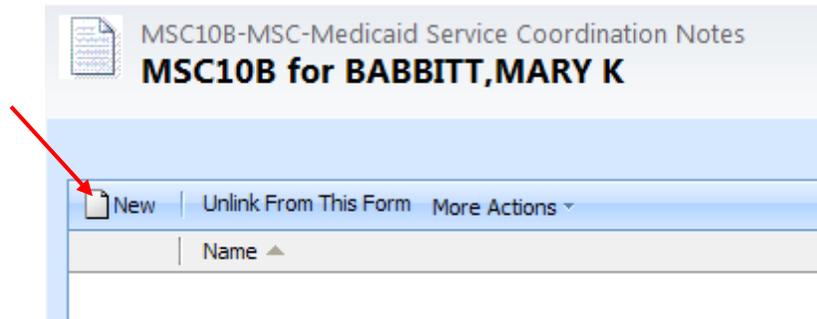
The screenshot shows the MSC10B form interface. The left navigation pane has a "Common" section with several links. The "Supporting Documents" link is highlighted. The main content area shows the "Supporting Documents" section. A dropdown menu is open, showing two options: "Supporting Documents For This Form" (selected) and "Supporting Documents For This Individual".

1. Support Documents For This Form, which is the default; or
2. Supporting Documents For This Individual.

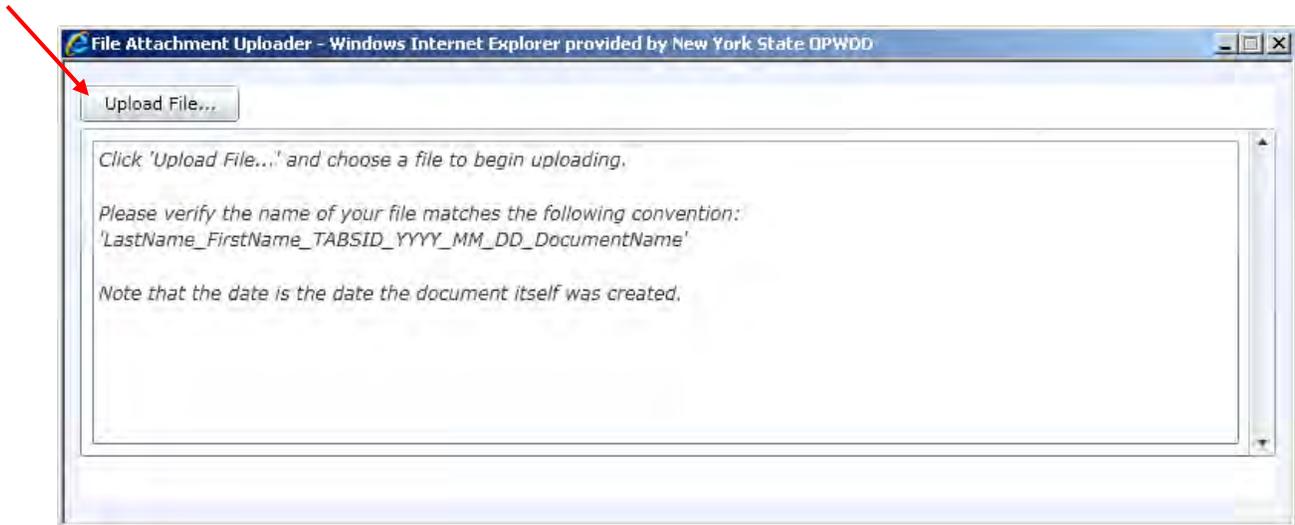
Supporting documents uploaded through the MSC10B can be viewed in both views. Supporting documentation that is uploaded to the Individual's record will not appear in the MSC10B view entitled Supporting Document For This Form. That is why you can change the view to see and link another document to your ISp tah has been uploaded by another CHOICES user, such as the Residential Coordinator or a Nurse.

(For more information on Supporting Documents please check the Step by Step material on the CHOICES training page.)

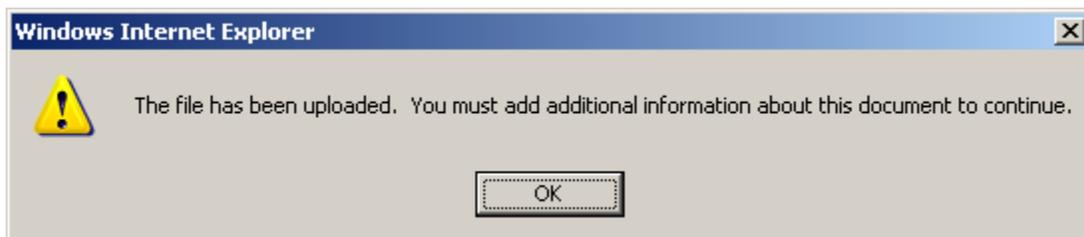
Click the "New" button to upload a file.

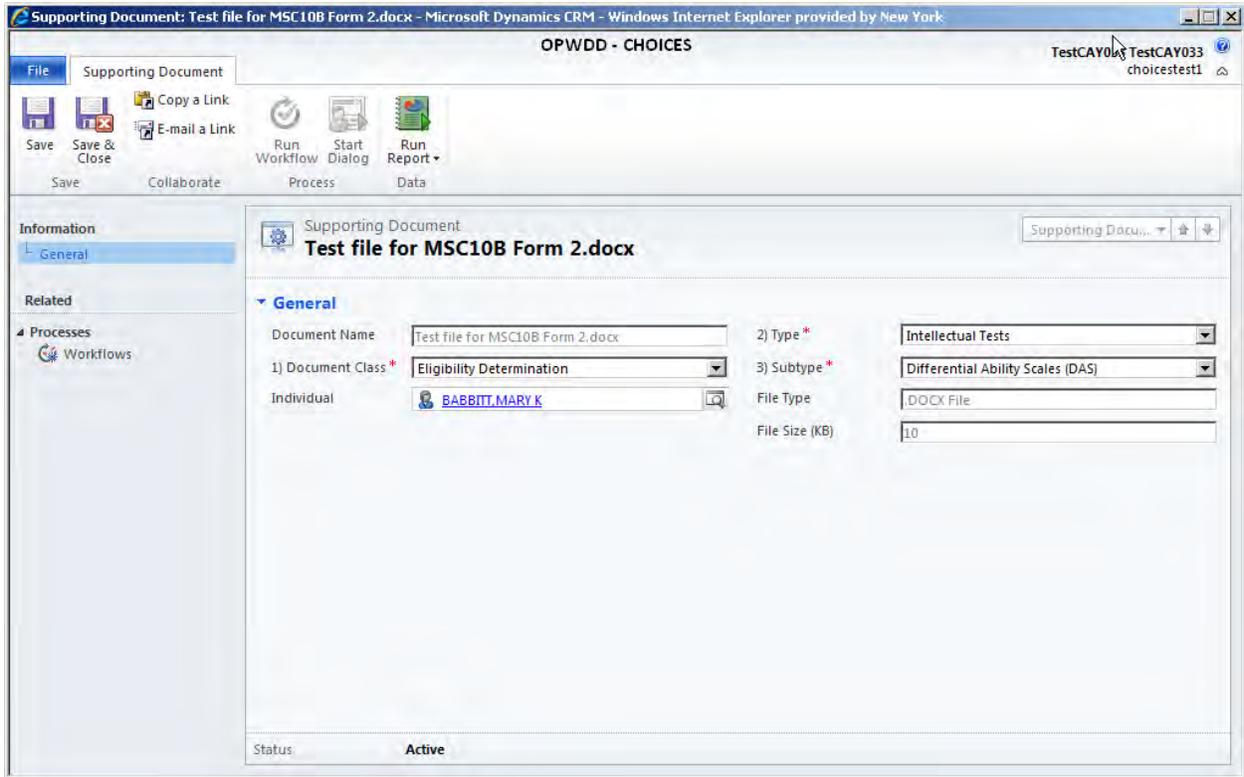


Click on the "Upload File" button to browse to the specific file you want to upload. Check with your DDSO if you're not sure what supporting documents are required.

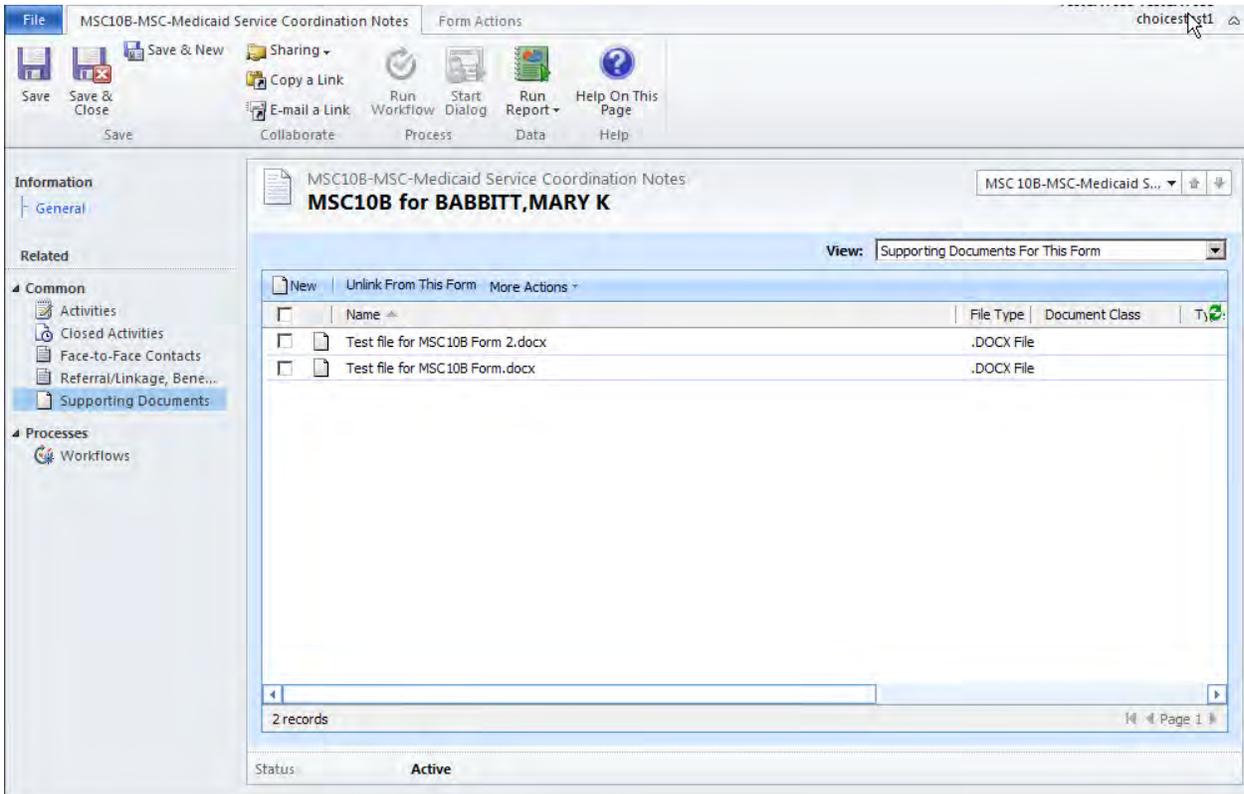


After the file is uploaded, the Service Coordinator will be prompted to input additional information about the file attachment such as Document Class, Type, and Sub type.



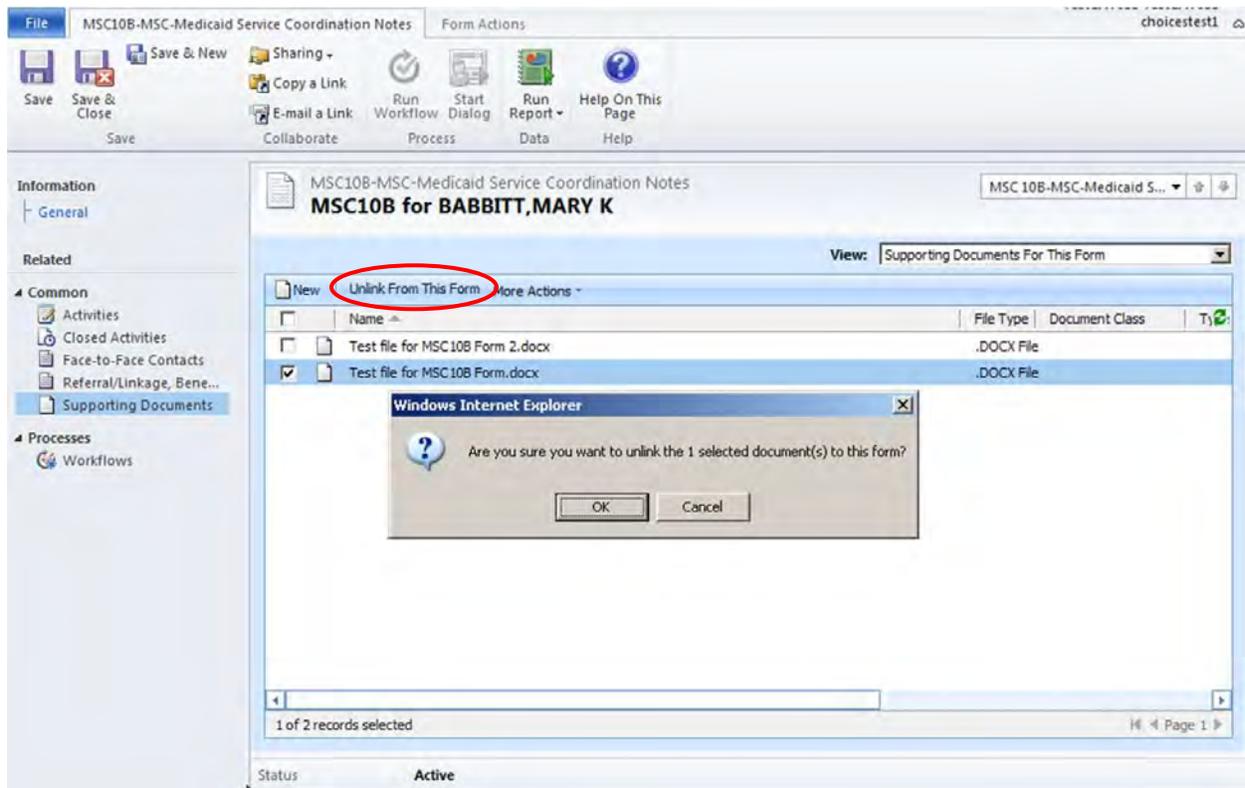


The Service Coordinator clicks **Save and Close** on the classification screen. The MSC10B Supporting Document Section displays with the upload document.



The Service Coordinator can remove documents from the form, by selecting the appropriate file and then click, “Unlink From This Form.”

NOTE: You are not deleting the document only removing it from the form. All forms that have been uploaded to a file are permanently attached to the **Individual**’s Supporting Document section.



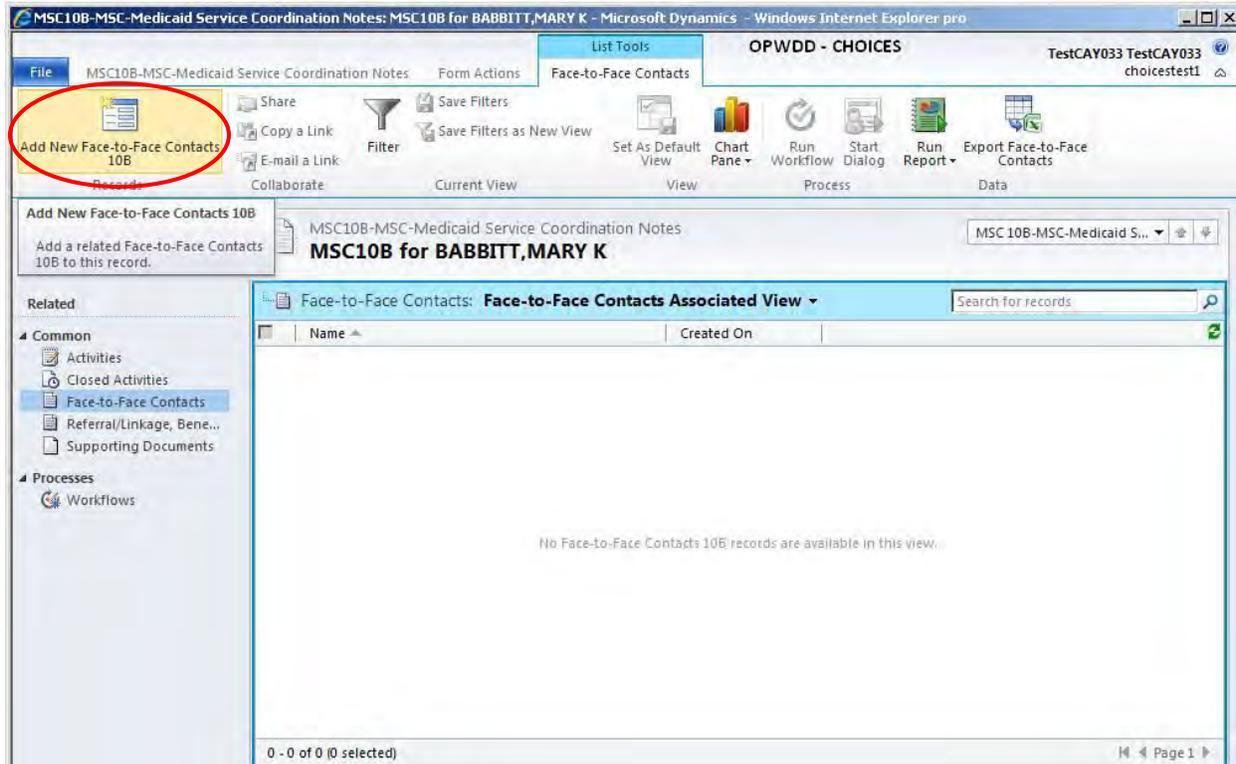
The Service Coordinator can edit the classification information of the attachment by selecting the appropriate file and then highlighting, “More Actions” and Click, “Edit Supporting Documents.” Any of the 3 required fields can be edited or all 3.



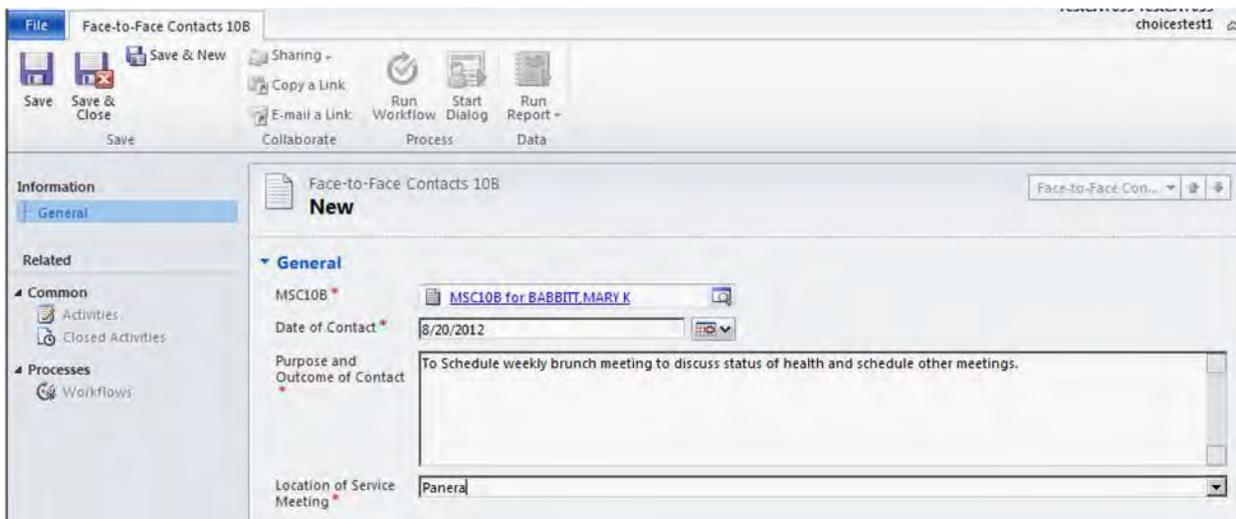
Face-to-Face Contacts

In the navigation column, under **Common**, is the link for Face-to-Face Contacts. Click the link to move to that section of the MSC10b.

In this example, there are no Face-to-Face Contacts for Mary Babbitt.



Click the “Add New Face-to-Face Contacts 10B” button to enter a Face to Face contact. All fields for the new contact are required and must be completed.

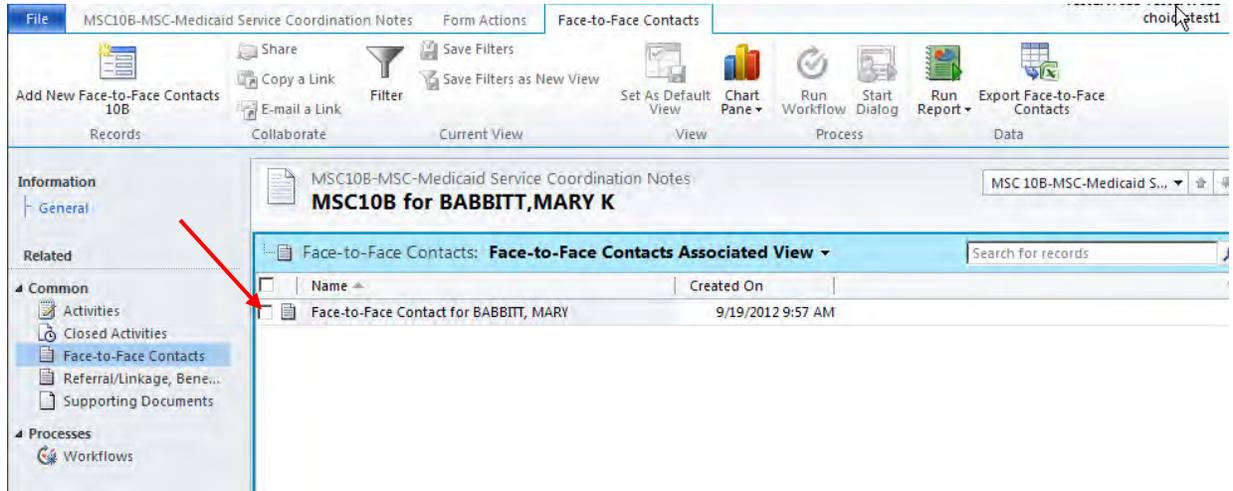


“Location of Service Meeting” field is a dropdown list. Select “Other” if your location is not available for a text box to enter your location.

Click **Save and Close**

NOTE: The month and year in the “Date of Contact” field must match the month and year in the MSC 10B General heading.

The new Face-to-Face contact now appears in the list.

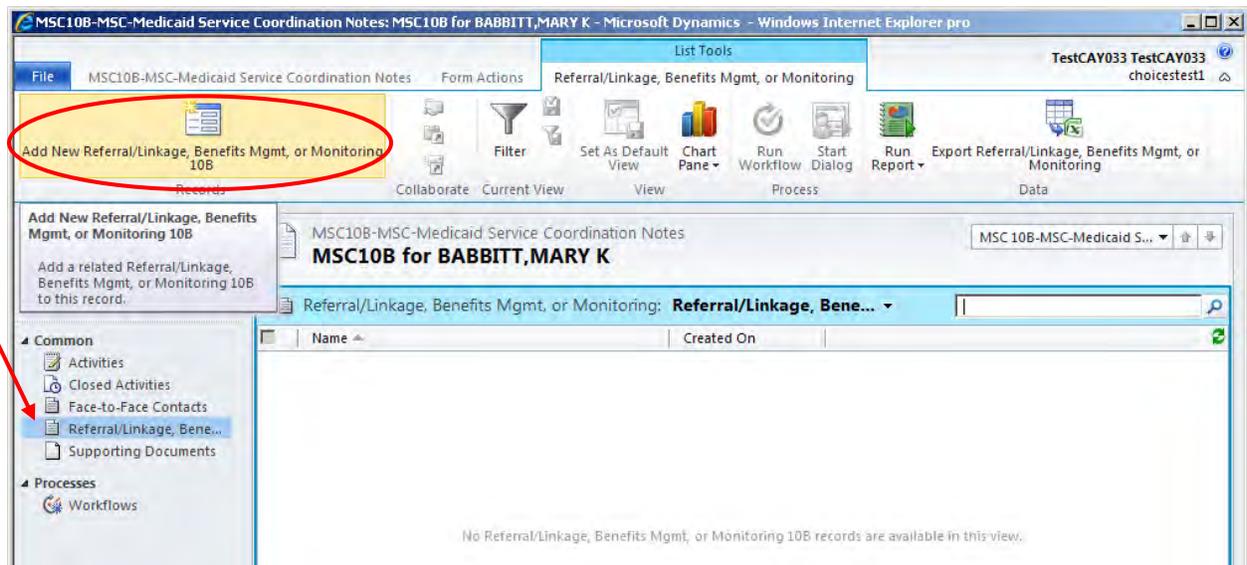


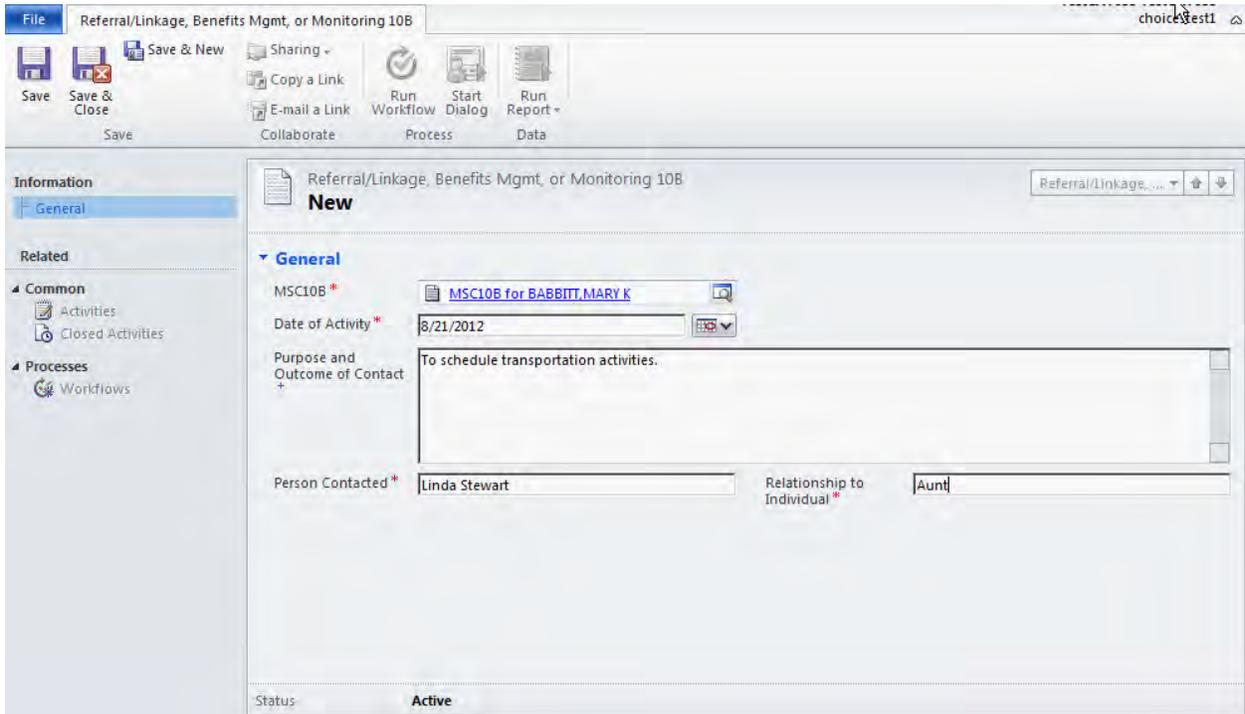
A Service Coordinator can modify and save a Face-to-Face contact which was created by another Service Coordinator.

Referral/Linkage, Benefits Management, or Monitoring:

In the navigation column, under **Common**, is the link for Referral/Linkage, Benefits Management, or Monitoring section. Click the link to move to that section of the form.

Click “Add New Referral/Linkage, Benefits Management, or Monitoring 10B” to display the Referral/Linkage screen.

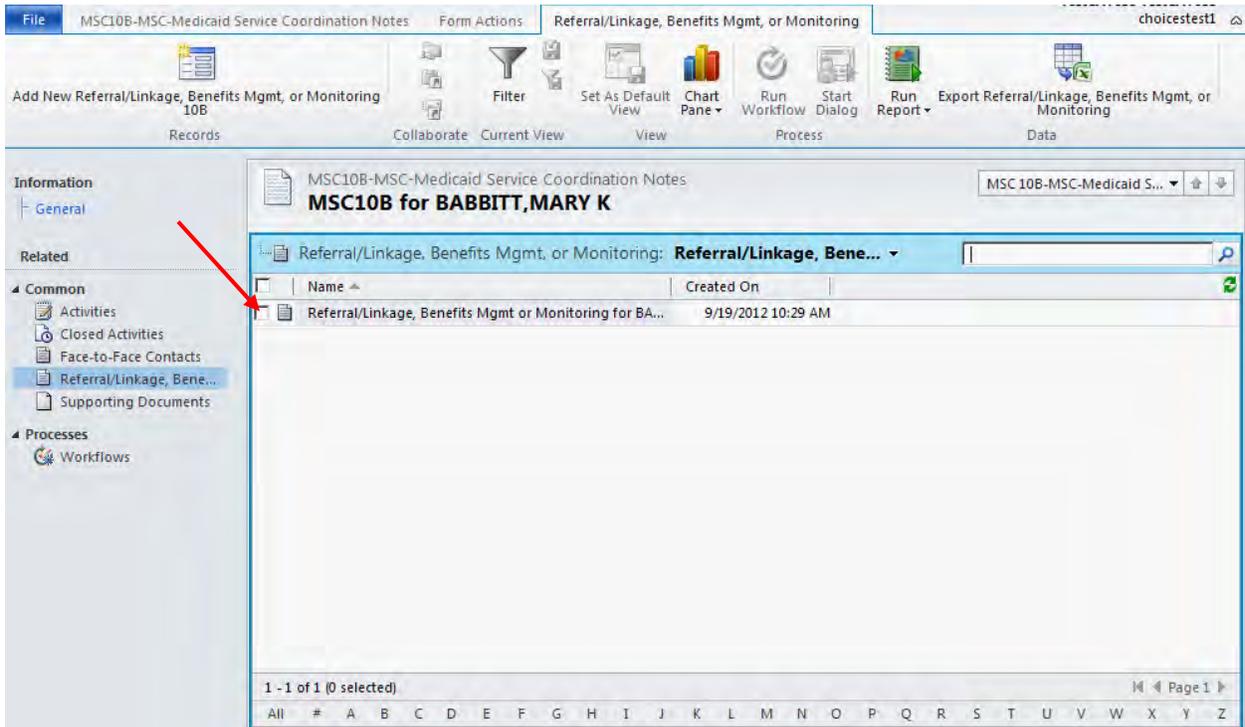




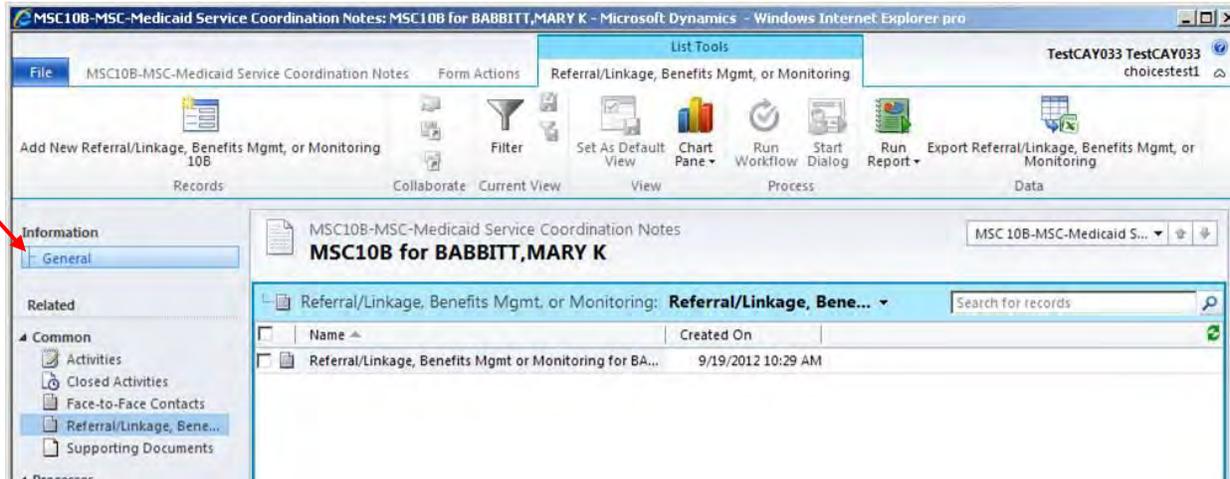
Enter all required fields, then click **Save and Close**.

NOTE: The month and year in the “Date of Activity” field must match the month and year in the MSC 10B General heading.

The new Referral/Linkage item now appears in the list.



Click the **General** link to return to the main MSC10B screen.



Once all required fields are completed, you may **Save**, **Save and Close**, or whatever function is necessary depending on the business process at your Agency/DDSO.

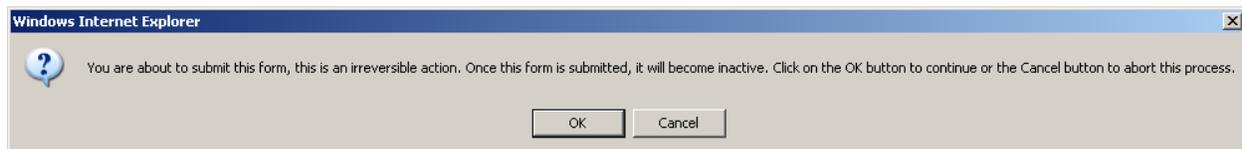
Such as, if the Notes are to be reviewed by a Supervisor, you may just Save and Close and inform your Supervisor they are completed by NOT yet signed. Therefore, they can be edited.

But please be sure to, **Submit**, the Notes by the 15th of the following month, of the date of the Notes, to stay compliant.

Please refer to the instructions starting on **page 10** of this documentation with regard to **Save, Save and Close, View, Print, and Submit**.

NOTE: There is **NO** Copy function available on the MSC10B form.

When you click the “**Submit Form**” button in the MSC10B, a pop-up message will display, reminding you that this submission is an irreversible action. Click “OK” to submit the MSC10B form.



The MSC10B form closes and becomes “Completed”.

NOTE: Any Service Coordinator/Supervisor can modify and save a Monthly Note which was created by another Coordinator. The new Coordinator will have to choose their name as the contact completing the form before they will be allowed to even Save the form.

This is allowed so if a Coordinator is unable to complete a Note, someone at the agency can do so.