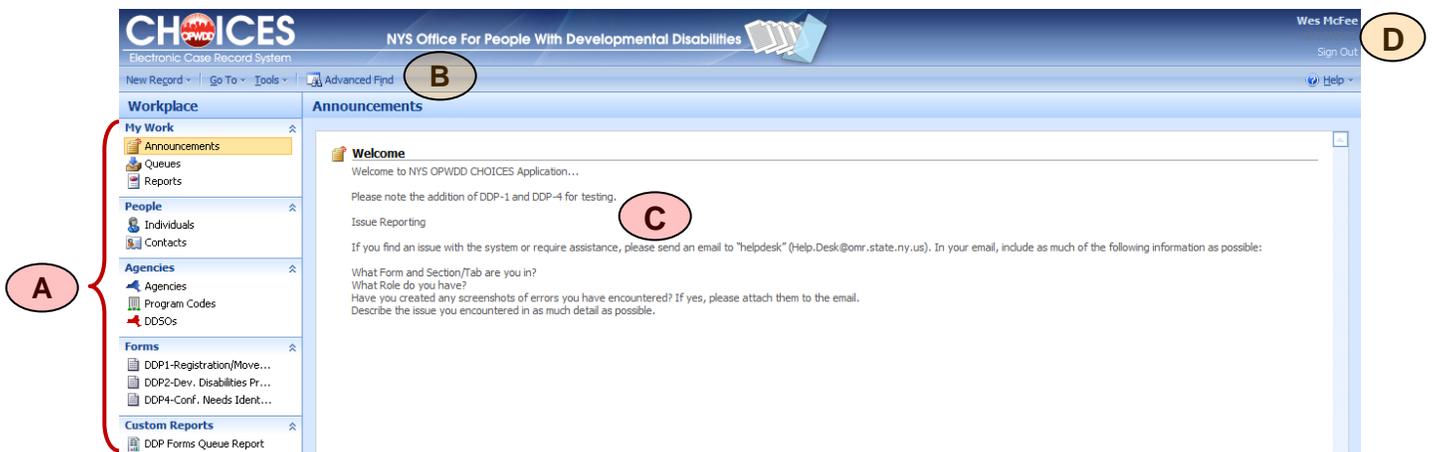


MSC1 – Application for MSC Form

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

NOTE: The purpose of CHOICES is to automate the process of completing and transmitting forms, and to generate reports. CHOICES is *individual-driven*, so it is recommended that an individual is selected first before selecting the necessary form or report to proceed.

The section below shows what an end user will see upon login into CHOICES. Depending on your role in the system, some functions may or may not be available to you.



- A** The **Workplace Menu / navigation column** is used to move around inside the application.
- B** The **toolbar** duplicates all the actions available under the Workplace Menu.
- C** The **content pane** displays whatever folder is highlighted in the Workplace Menu.
- D** Display of the user signed on to the system and the **Sign Out** area.

The first screen displays **Announcements** in the content pane, which explains new features or provides helpful information.

Select an Individual

To begin, find the **People** heading in the navigation column on the left side of the screen. Click on **Individuals** under this column heading.



The **content pane** will now list all active individuals. Type the first few letters of the individual's last name in the search field, and click the search icon () to continue.



Double-click on the individual's name to continue.

The screenshot shows the search results for 'jorg'. The table has columns for Full Name, TABS ID, Date Of Birth, Medicaid Number, Address Line 1, Address Line 2, City, State, and Zip. The search results are as follows:

	Full Name	TABS ID	Date Of Birth	Medicaid Number	Address Line 1	Address Line 2	City	State	Zip
▶	JORG,Leroy B	94186	12/4/1965	8Z94186A	1635 NINTH AV...	1ST FLOOR	WATERVLIET	NEW YORK	12189
▶	JORG,PAUL	214787	12/9/1996	CU14787C	919 NORTH BR...		YONKERS	NEW YORK	10701
▶	JORG,SALMAN F	170089	10/16/1973	CR70089F	260 VICTORY A...		LACKAWANNA	NEW YORK	14218
▶	JORG,TERR W	86169	5/8/1963	BQ86169E	300 BARNES CR...		OWEGO	NEW YORK	13827
▶	JORGE, JORG, TERR W	118400	11/15/1980	AM18400D	429 ALLEN ST A...		JAMESTOWN	NEW YORK	14701
▶	JORGE,KAISHA	326754	7/7/1992	CF26754H	861 4TH AVE		TROY	NEW YORK	12180

The **Individual Window** opens. From this window, individual information can be viewed, supporting documents can be attached and viewed, contacts can be added, and forms can be viewed or entered. Now that an Individual is selected, continue to the next section to complete an MSC1.

Individual: JORG, TERR W
Information

General Additional Information Notes

Individual Information

Last Name * JORG First Name * TERR
 Middle Initial W Full Name JORG, TERR W
 Date Of Birth * 5/8/1963 Sex Male
 Ethnicity White
 Phone Number 607-687-0919 Cell Phone Number
 Email
 Social Security Number 000-08-6169 Medicaid Number BQ86169E
 Medicare Number 000086169A
 TABS ID 86169

Address Information

C/O Name
 Address Line 1 * 300 BARNES CREEK ROAD Address Line 2
 City * OWEGO State NEW YORK
 Zip 13827 County Of Residence TIOGA

Status: Active

MSC1

From the **Individual Window**, click on **MSC1—APPL—Application for MSC**.

Individual: JORG, TERR W
Information

General Additional Information Notes

Individual Information

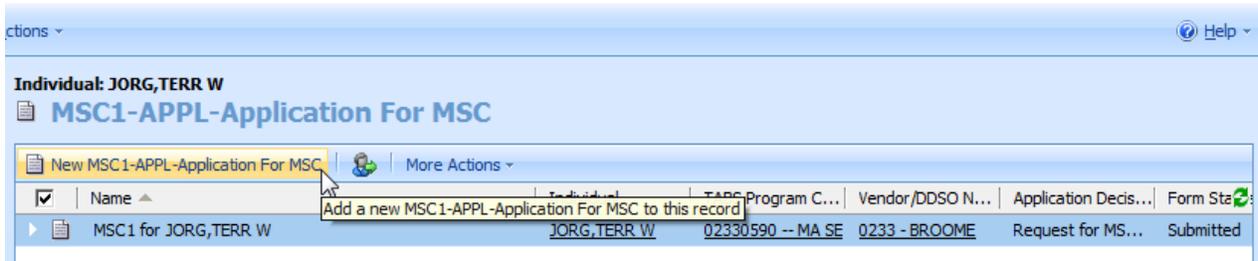
Last Name * JORG First Name * TERR
 Middle Initial W Full Name JORG, TERR W
 Date Of Birth * 5/8/1963 Sex Male
 Ethnicity White
 Phone Number 607-687-0919 Cell Phone Number
 Email
 Social Security Number 000-08-6169 Medicaid Number BQ86169E
 Medicare Number 000086169A
 TABS ID 86169

Address Information

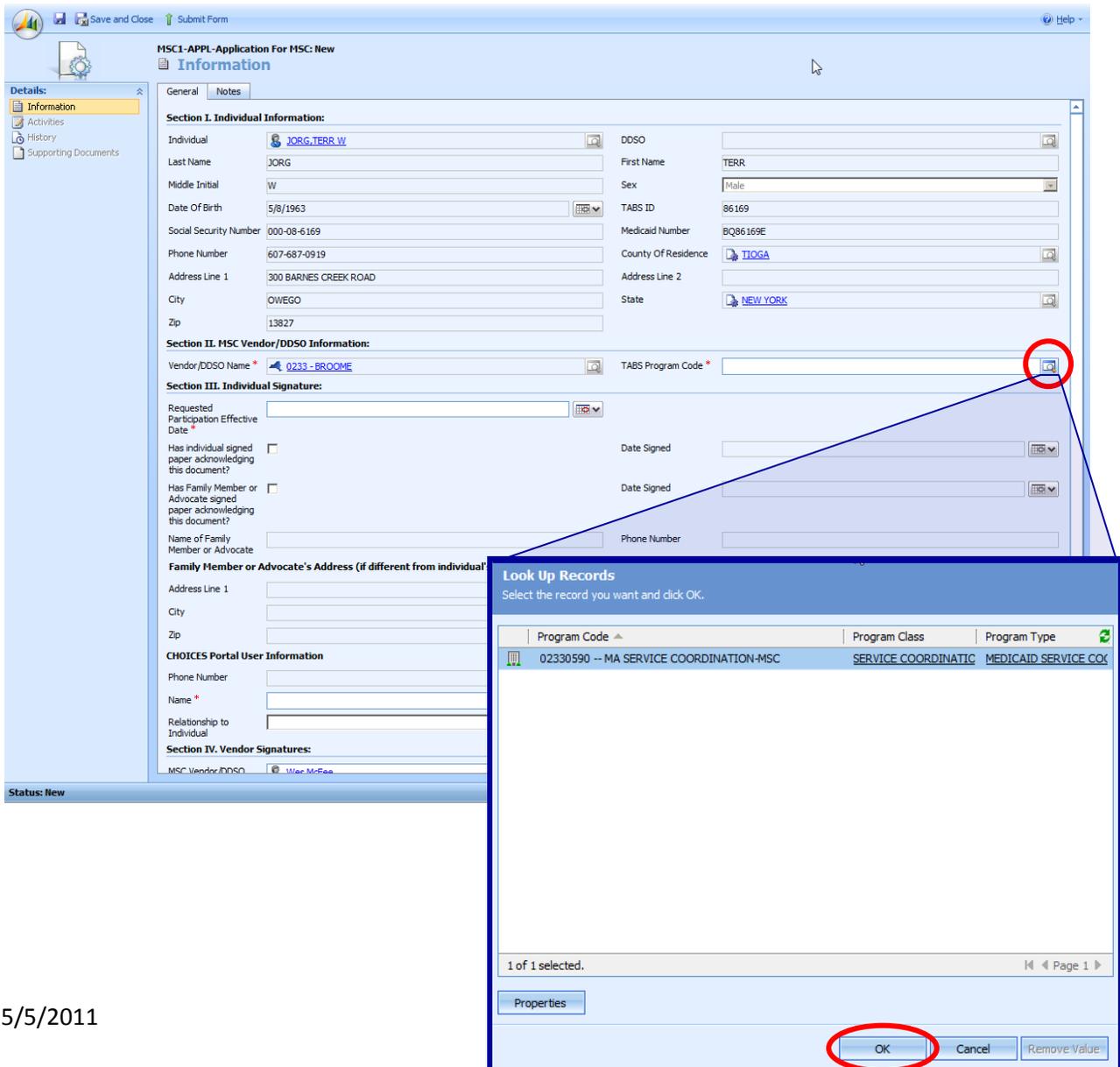
C/O Name
 Address Line 1 * 300 BARNES CREEK ROAD Address Line 2
 City * OWEGO State NEW YORK
 Zip 13827 County Of Residence TIOGA

Status: Active

MSC1 Forms will list for this individual. To view an existing MSC1, double-click on a specific form from the list. To begin a new MSC1, click on **New MSC1—APPL—Application For MSC** as shown below:



A new MSC1 opens. Required fields are marked with a red asterisk (*). The first required field is **TABS Program Code**. Click on the **Lookup** button at the far right of the TABS Program Code field. There should be only MSC Program listed in the **Look Up Records** window that appears. Click **OK** to proceed.



Next, in Section III, click the calendar icon at the far right of the **Required Participation Effective Date** field. A small calendar box will appear beneath the calendar icon. Click on the appropriate date to continue. Today's date will always appear within an orange frame in the calendar box, and will also be displayed below the calendar.

MSC1-APPL-Application For MSC: New
Information

General Notes

Section I. Individual Information:

Individual: [JORG,TERR W](#) DDSO: [BROOME DDSO](#)

Last Name: JORG First Name: TERR

Middle Initial: W Sex: Male

Date Of Birth: 5/8/1963 TABS ID: 86169

Social Security Number: 000-08-6169 Medicaid Number: BQ86169E

Phone Number: 607-687-0919 County Of Residence: [TIOGA](#)

Address Line 1: 300 BARNES CREEK ROAD Address Line 2:

City: OWEGO State: [NEW YORK](#)

Zip: 13827

Section II. MSC Vendor/DDS Information:

Vendor/DDS Name: [0233 - BROOME](#) TABS Program Code: [02330590 -- MA SERVICE COORDINATION+MSC](#)

Section III. Individual Signature:

Requested Participation Effective Date:  Select Date

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:

< Dec 2010 >

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Today: 12/17/2010

Immediately below the **Requested Participation Effective Date** field are two checkboxes. If either one of these boxes are checked, another required date field will become available to the right of the boxes. Click on either box as appropriate.

Section III. Individual Signature:

Requested Participation Effective Date * 

Has individual signed paper acknowledging this document?

Has Family Member or Advocate signed paper acknowledging this document?

Name of Family Member or Advocate

Family Member or Advocate's Address (if different from individual's)

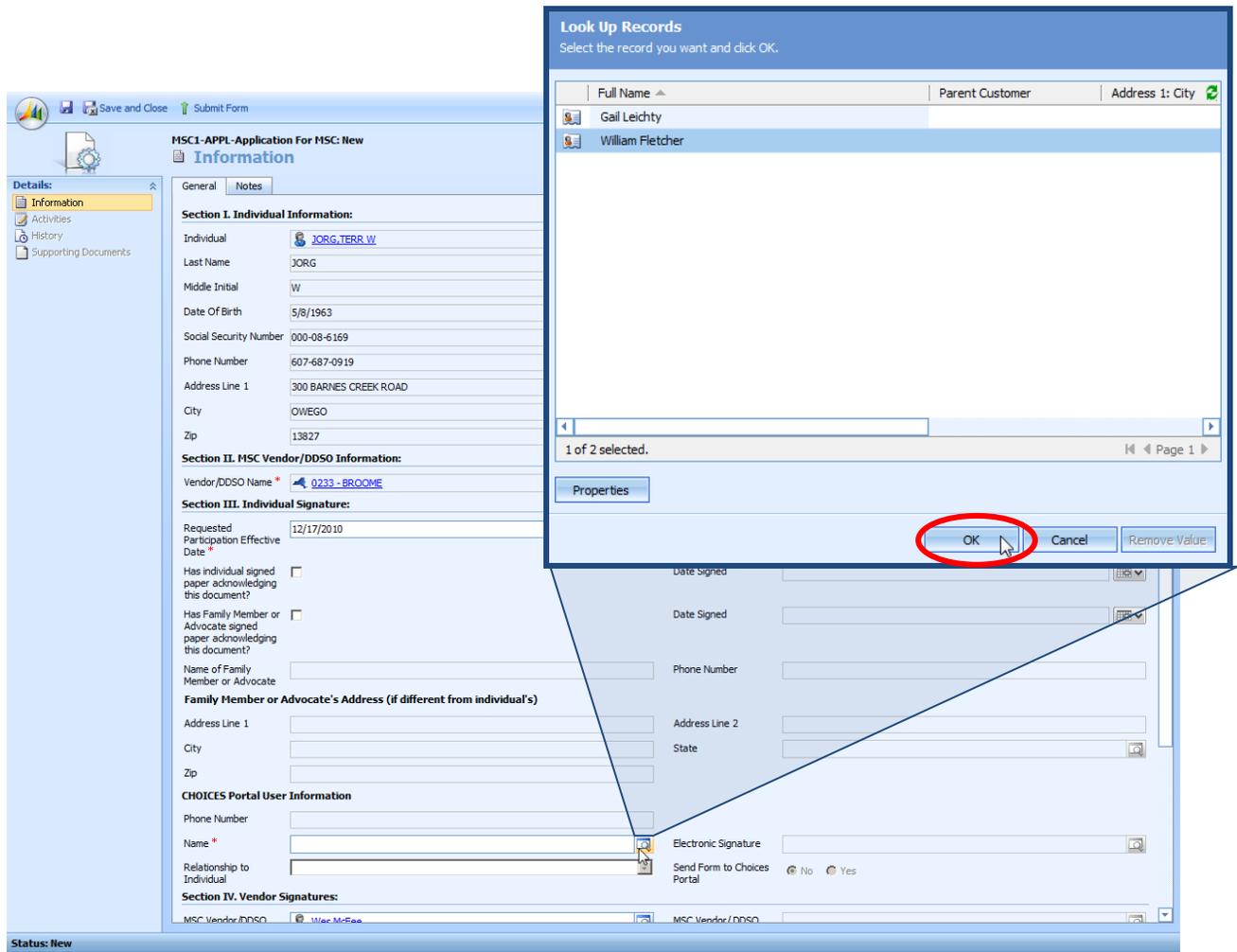
Address Line 1

City

Zip

NOTE: Unavailable fields will become available, or available fields will become unavailable, depending on whether one or both of the checkboxes shown above are checked. The documentation below describes the process assuming that both boxes remain **unchecked**.

If both checkboxes shown above are not checked, then **Name** is the next required field. Click on the **Lookup** button at the far right of the name field. Click on one of the names available (if more than one name is available) and click **OK**.



The **Relationship to Individual** field now becomes a required field. Select one of the two relationship options from the drop-down box. Then, select whether to send the MSC1 form to CHOICES Portal.

CHOICES Portal User Information

Phone Number: 221381-2174

Name *: William Fletcher

Relationship to Individual *: Family Member or Advocate

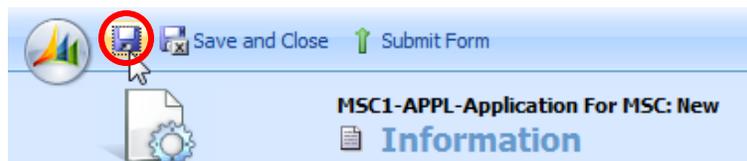
Electronic Signature: [Empty field]

Send Form to Choices Portal: No Yes

Using the scroll bar at the right side of the screen to bring other fields into view. Since no other fields are designated with an asterisk as a required field, this MSC1 document is ready to be saved.



The **toolbar** is located at the very top of the **Individual Window**. If **Yes** is selected in the **Send Form to CHOICES Portal** field, the form must be saved before it can be submitted. Click **Save**, as shown below, to send the form directly to **CHOICES Portal**.



NOTE: At this point, action must be taken within **CHOICES Portal** before this form can be submitted. The CHOICES Portal is an internet application that allows individuals, family members and advocates to view and sign certain documents in CHOICES. A separate document regarding the CHOICES Portal exists on the OPWDD Internet. To access this document, click on the “Computer Support” link, then click on “IMS Implementation Unit”, and then click on the link for “CHOICES”.

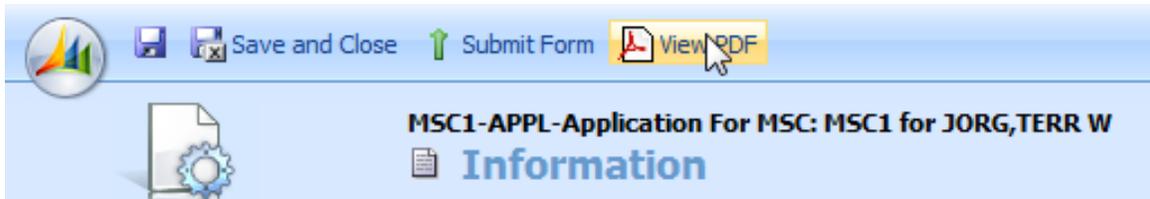
After clicking **Save**, the MSC1 may now, for the first time, be printed or viewed in PDF format. The PDF format of an MSC1 does not become available until the form has been successfully saved, and remains available through every step of the submission process beyond this point. To view or print the PDF, click on **MSC1—APPL—Application for MSC** from the **Individual Window**. Then click on a specific MSC1 from the list.

The screenshot displays the CHOICES Portal interface for an individual named JORG, TERR W. The main window title is "MSC1-APPL-Application For MSC". On the left, a "Details" sidebar lists various options, with "MSC1-APPL-Applicati..." selected. The main area shows a table with two rows of application data. A tooltip is visible over the first row.

Name	Individual	TABS Program C...	Vendor/DDSO N...	Application Decis...	Form Sta
MSC1 for JORG, TERR W	JORG, TERR W	02330590 -- MA SE	0233 - BROOME		Saved
MSC1 for JORG, TERR W	JORG, TERR W	02330590 -- MA SE	0233 - BROOME	Request for MS...	Submitted

At the bottom of the window, the status is "Active" and the page indicator shows "1 of 2 selected." and "Page 1".

The selected MSC1 opens. Click on the **View PDF** button in the toolbar.



A PDF of the MSC1 opens in a new window. This document may be viewed or printed. To print, click the **Print** button as shown below, and follow the directions based on your printer to continue. When finished with this PDF, click the "X" button in the top right corner to close the PDF window.

NEW YORK STATE
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

MSC1 – APPL
(3/00)

INDIVIDUAL APPLICATION FOR PARTICIPATION IN MEDICAID SERVICE COORDINATION

Section I. Individual Information:					
Name: <i>Last</i> JORG		Name: <i>First</i> TERR		Name: <i>MI</i> W	
Address: <i>Street</i> 300 BARNES CREEK ROAD			Date of Birth: 0 5 / 0 8 / 1 9 6 3 <small>MM DD YYYY</small>		Social Security Number: X X X - X X - 5 1 5 9
City OWEGO		State NY		Zip 13827	
Phone Number: (607) 687-0919			Medicaid Number: B Q B 6 1 5 9 E		
DDSO: BROOME DDSO					
Section II. MSC Vendor/DDSO Information:					
Vendor/DDSO Name: 0233 - BROOME			Vendor Address: <i>Street</i> 249 GLENWOOD ROAD		
TABS Program Code: 0 2 3 3 0 5 9 0			City BINGHAMTON		State NEW YORK
Zip 13905					
Section III. Individual Signature					
I am requesting participation in MSC effective <u>1</u> / <u>2</u> / <u>1</u> / <u>7</u> / <u>2</u> / <u>0</u> / <u>1</u> / <u>0</u> . <small>MM DD YYYY</small>					
I have chosen the MSC vendor/DDSO identified above to provide the MSC services I want and need.					
Individual's Signature:			Phone Number: (607) 687-0919		Date: ____ / ____ / ____ <small>MM DD YYYY</small>
Family Member or Advocate's Signature (if appropriate):			Phone Number: ()		Date: ____ / ____ / ____ <small>MM DD YYYY</small>
Family Member or Advocate's Address (if different from individuals): City State Zip					
Section IV. Vendor Signatures					

MSC1 Submission

Having been completed in CHOICES, and signed in CHOICES Portal by the individual or advocate, the MSC1 may now be approved.

Start with the **Individual Window** in CHOICES, click on on **MSC1—APPL—Application for MSC**, and then click the specific MSC1 from the list. At this point, this specific form should be listed as **Saved** in the **Form Status** column.

The screenshot displays the CHOICES portal interface for an individual named JORG, TERR W. The main window title is "MSC1-APPL-Application For MSC". A sidebar on the left lists various navigation options, with "MSC1-APPL-Applicati..." highlighted. The main content area shows a table with the following data:

Name	Individual	TABS Program C...	Vendor/DDSO N...	Application Decis...	Form Sta
MSC1 for JORG, TERR W	JORG, TERR W	02330590 -- MA SE	0233 - BROOME		Saved
MSC1 for JORG, TERR W	JORG, TERR W	02330590 -- MA SE	0233 - BROOME	Request for MS...	Submitted

The status bar at the bottom indicates "1 of 2 selected." and "Page 1".

The MSC1 will open in a new window. Scroll to the bottom of the page to view all fields.

MSC1-APPL-Application For MSC: MSC1 for JORG,TERR W
Information

Details: Information, Activities, History, Supporting Documents

General Notes

Section I. Individual Information:

Individual	JORG,TERR W	DDSO	BROOME DDSO
Last Name	JORG	First Name	TERR
Middle Initial	W	Sex	Male
Date Of Birth	5/8/1963	TABS ID	86 169
Social Security Number	000-08-6169	Medicaid Number	BQ86169E
Phone Number	607-687-0919	County Of Residence	TIOGA
Address Line 1	300 BARNES CREEK ROAD	Address Line 2	
City	OWEGO	State	NEW YORK
Zip	13827		

Section II. MSC Vendor/DDSO Information:

Vendor/DDSO Name *	0233 - BROOME	TABS Program Code *	02330590 -- MA SERVICE
--------------------	---------------	---------------------	------------------------

Section III. Individual Signature:

Requested Participation Effective Date *	12/17/2010		
Has individual signed	<input type="checkbox"/>	Date Signed	

Status: Active



MSC1-APPL-Application For MSC: MSC1 for JORG,TERR W
Information

Details: Information, Activities, History, Supporting Documents

General Notes

Zip

CHOICES Portal User Information

Phone Number	221381-2174	Electronic Signature	William Fletcher on 12/23/2010
Name *	William Fletcher	Send Form to Choices Portal	<input type="radio"/> No <input checked="" type="radio"/> Yes
Relationship to Individual *	Family Member or Advocate		

Section IV. Vendor Signatures:

MSC Vendor/DDSO Contact *	Wes McFee	MSC Vendor/DDSO Contact's Electronic Signature	
---------------------------	-----------	--	--

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

Date Application Received		Application Decision	
Reason For Denial		Transaction Date	
Approved TABS Program Code	02330590 -- MA SERVICE	DDSO MSC Administrator's Electronic Signature	
DDSO MSC Administrator		Date	12/17/2010
Data Entry Person	Wes McFee		

Status: Active

In the toolbar at the top of the screen, click **Submit Form**.

MSC1-APPL-Application For MSC: MSC1 for JORG,TERR W

Information

Details:

- Information
- Activities
- History
- Supporting Documents

General Notes

Zip

CHOICES Portal User Information

Phone Number 221381-2174

Name * William Fletcher

Relationship to Individual * Family Member or Advocate

Electronic Signature William Fletcher on 12/23/2010

Send Form to Choices Portal No Yes

Section IV. Vendor Signatures:

MSC Vendor/DDS Contact * Wes McFee

MSC Vendor/DDS Contact's Electronic Signature

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

Date Application Received

Reason For Denial

Approved TABS Program Code 02330590 -- MA SERVICE

DDSO MSC Administrator

Data Entry Person Wes McFee

Application Decision

Transaction Date

DDSO MSC Administrator's Electronic Signature

Date 12/17/2010

Status: Active

A **Signature Form** will appear. The three steps illustrated below must be followed to submit the completed MSC1 that has been signed in CHOICES Portal. First, click in the white box to agree to the Electronic Signatures and Records Act (ESRA) statement. A check mark will appear in the box. Second, for the Enter Password field, enter the same password used to sign-in to CHOICES. The third and final step is to click Submit.

Signature Form -- Webpage Dialog

Signature Form

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By re-entering your network password and checking the box to agree to the terms and conditions herein, and clicking the submit button, you are authenticating that you are, in fact, the user associated with the user-ID below. Any document electronically signed after this authentication will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

1 **By checking this box you agree to the above.**

Please enter your password to sign this form electronically.

Individual Name: **JORG,TERR W**

MSC Vendor/DDSO Contact: **Wes McFee**

Enter Password: **2**

3

https://nysomrdd.choices- Trusted sites | Protected Mode: Off

Congratulations! The MSC1 form is now submitted. After the appropriate DDSO staff member approves and processes this form (as shown in the **Queues** documentation), the MSC1 will be completed in its entirety.