

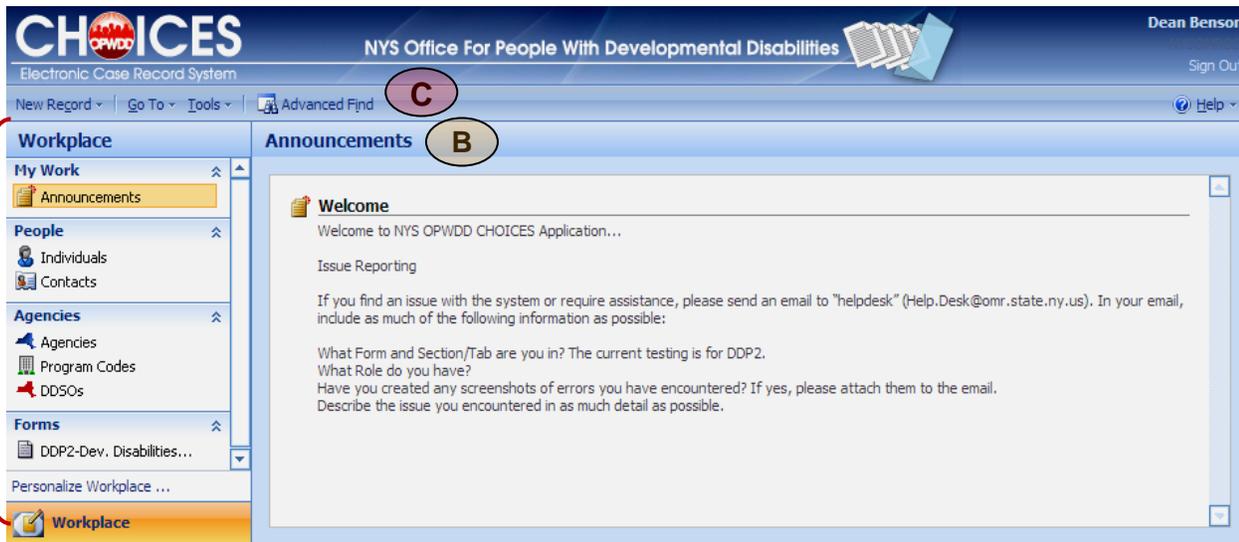
## MSC3 – WITH – Withdrawal from MSC

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).**

- CHOICES has been developed to automate the process of completing and transmitting forms and generating certain reports.
- The workflow is *Individual* driven so it is recommended that work begin on any form by selecting the Individual first and then selecting the necessary form or report to view. (Shown later in document)
- Inside CHOICES there is NO delete function. If a mistake is made on a form before saving or submitting, just close and nothing is saved. But once a form is saved, it cannot be deleted.
- Depending on your role in the system some items may or may not be available to you.

Below is a graphic of the screen an end user will see upon logging into CHOICES.

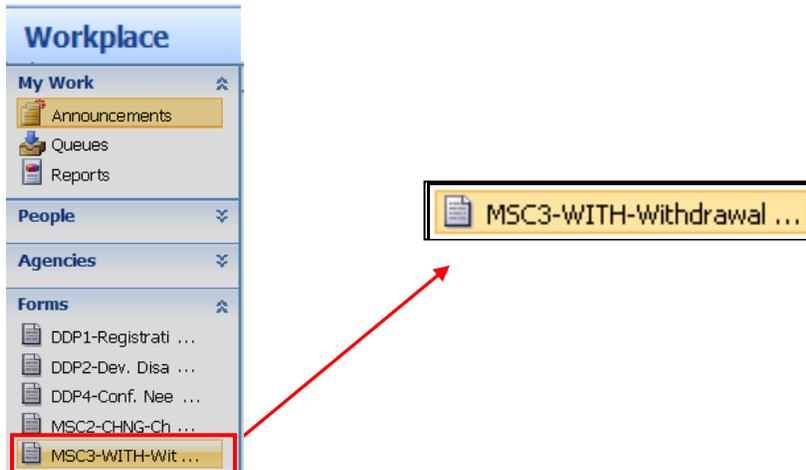
The default upon opening is to “Announcements,” which notes System messages, explains new features or give helpful information.



- A** The Workplace Menu or navigation column is how to move around inside the application.
- B** The content pane displays the folder you have highlighted in the Workplace Menu.
- C** The Toolbar which duplicates all the actions available under the Workplace Menu
- D** Display of the user signed on to the system and the **Sign Out** Area.

## Locations of MSC3 forms

1.) On the left side, under **Workplace**, is the **Forms** section which is the **central** filing location. Click on the MSC3 link to see the full list of MSC3 forms in progress or completed and their current status.



The content pane will display any completed or partially completed and saved MSC3 forms:

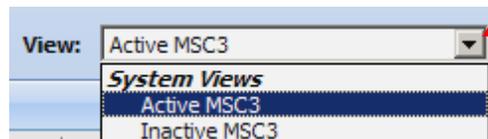
The image shows a screenshot of the content pane titled "MSC3-WITH-Withdrawal From MSC". At the top, there is a search bar and a "View:" dropdown menu set to "Active MSC3". Below the search bar are "New" and "More Actions" buttons. A table displays the following data:

<input type="checkbox"/>	Name	Created On	Form Status
<input type="checkbox"/>	MSC3 for ANNIS,GILA	11/23/2010	Saved
<input type="checkbox"/>	MSC3 for AUS,VEDIN K	11/23/2010	Submitted

The "Form Status" column is highlighted with a red dashed border. A blue circle highlights the "View: Active MSC3" dropdown.

The **View** above is set to **Active MSC3**. You can see the status of each MSC3. A "**Saved**" status means that the MSC3 has been saved but not submitted. A "**Submitted**" status means that the MSC3 has been entered and submitted by the vendor or MSC requesting the withdrawal of a person from MSC; however, the request is pending a decision.

Using the dropdown arrow, highlight **Inactive MSC3** to view any MSC3 that was submitted, approved and successfully entered into TABS, Returned to originator, or Denied.



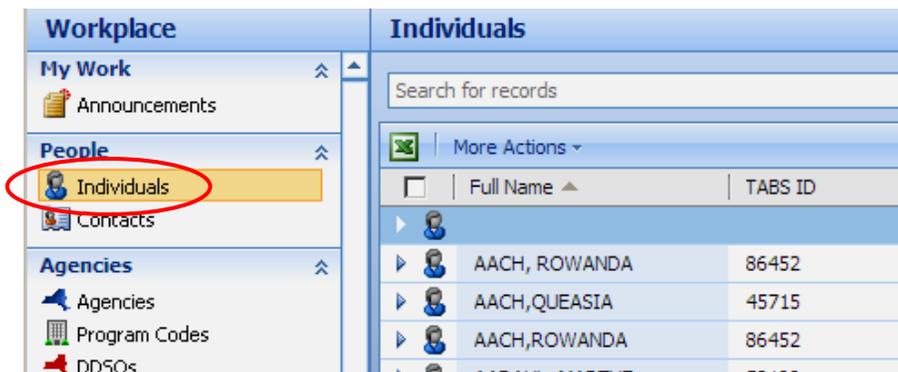
**NOTE:** A form becomes "Inactive" when it is no longer "in progress" due to completion or being returned.

2.) All forms are also filed under the **Individual** for whom they were created.

3.) Any form that requires further processing after being created and submitted will also be copied to the appropriate **Queue** at the DDSO.

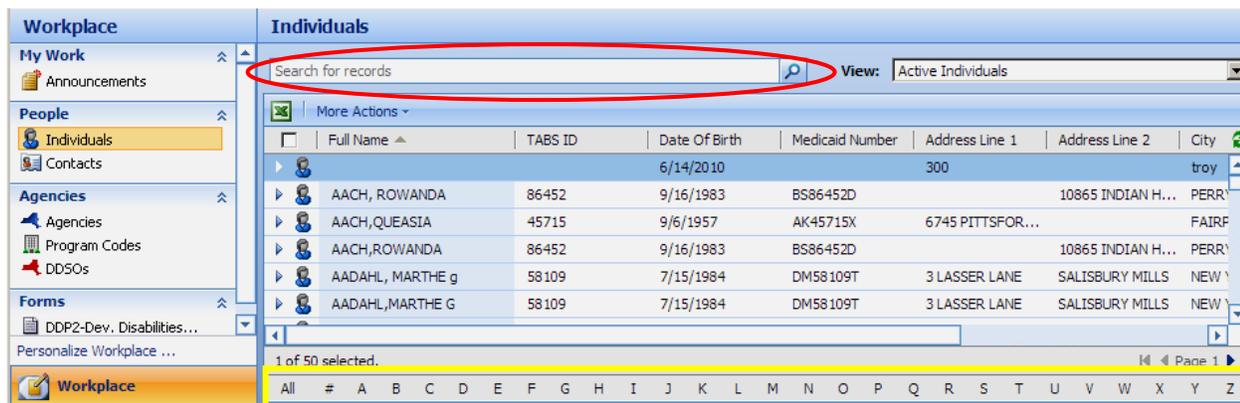
## Create a New MSC3 (Form)

To create a new MSC3 go to **Workplace**, under **People**, click the “**Individuals**” link:



The Individuals section displays everyone that is known to TABS.

In the Individuals section, you can search by last name in either the area where it states **Search for records** or by clicking the first letter of the last name at the bottom of the screen.

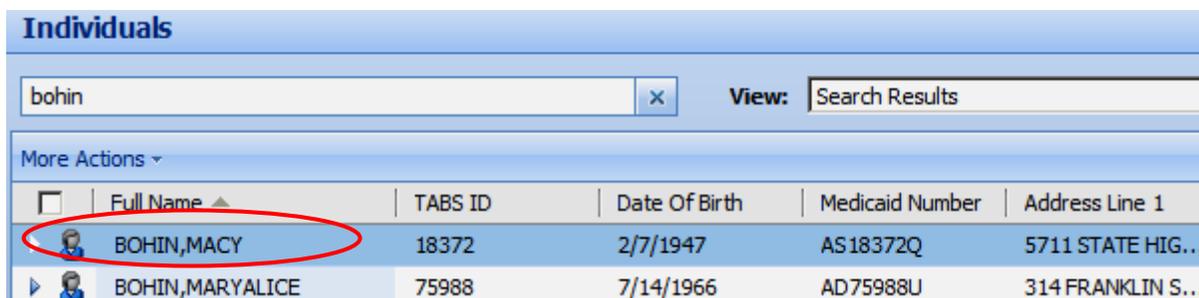


In this example we want to withdraw Macy Bohin from services. So we'll enter in her last name in the Search for records section. Then click the **Start Search** button .

**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.

A list matching our search displays.

To start an MSC3 for Macy Bohin, click in the row to highlight and then double-click.



A screen appears with her information pulled directly from TABS.

Individual: BOHIN, MACY  
**Information**

Details:

- Information
- Activities
- History
- Supporting Documents
- Individual Inquiry
- Contacts
- Program Enrollments
- DDP1 - Registration/...
- DDP2 - Dev. Disabiliti...
- DDP4 - Conf. Needs I...
- MSC1-APPL-Applicati...
- MSC2-CHNG-Change ...
- MSC3-WITH-Withdra...
- MSC4-VER-Withdraw...
- MSC5-SCBA-MSC Bas...

General | Additional Information | Notes

**Individual Information**

Last Name *	BOHIN	First Name *	MACY
Middle Initial		Full Name	BOHIN,MACY
Date Of Birth *	2/7/1947	Sex	Female
Ethnicity	White	Cell Phone Number	
Phone Number	607-847-8198	Medicaid Number	AS18372Q
Email			
Social Security Number	000-01-8372		
Medicare Number	000018372C1		
TABS ID	18372		

**Address Information**

**NOTE:** Before you begin certain forms, you may need to review the Contacts to ensure a family member or advocate you want to sign this form electronically is listed.

On the left side of the screen under **Details**, click the **Contacts** link to open:

Individual: BOHIN, MACY  
**Information**

Details:

- Information
- Activities
- History
- Supporting Documents
- Contacts
- Program Enrollments
- DDP1 - Registration/...
- DDP2 - Dev. Disabiliti...
- DDP4 - Conf. Needs I...
- MSC1-APPL-Applicati...
- MSC2-CHNG-Change ...
- MSC3-WITH-Withdra...
- MSC4-VER-Withdraw...
- MSC5-SCBA-MSC Bas...

General | Additional Information | Notes

**Individual Information**

Last Name *	BOHIN	First Name *	MACY
Middle Initial		Full Name	BOHIN,MACY
Date Of Birth *	2/7/1947	Sex	Female
Ethnicity	White		

Following are the contacts listed for Macy. If the contact needed is not listed, click the “Add Existing Contact” button to open a list and make selection.

Individual: BOHIN, MACY  
**Contacts**

Details:

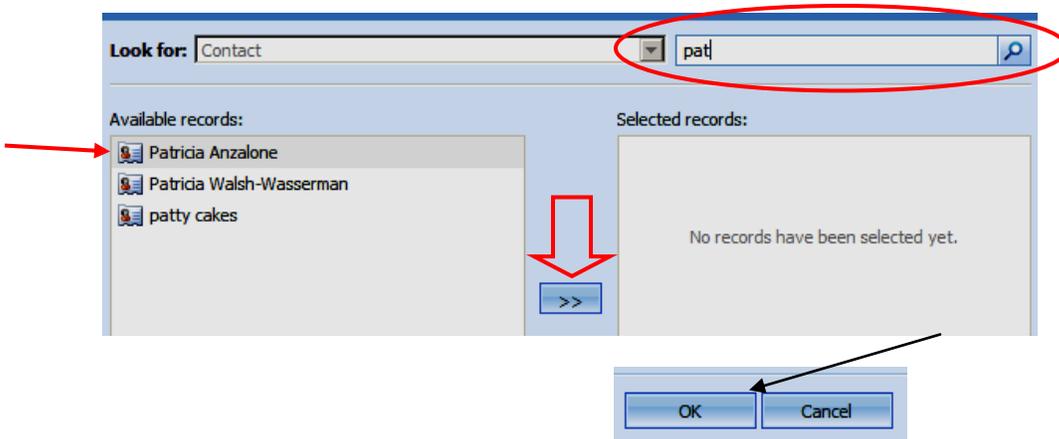
- Information
- Activities
- History
- Supporting Documents
- Individual Inquiry
- Contacts

Add Existing Contact | More Actions

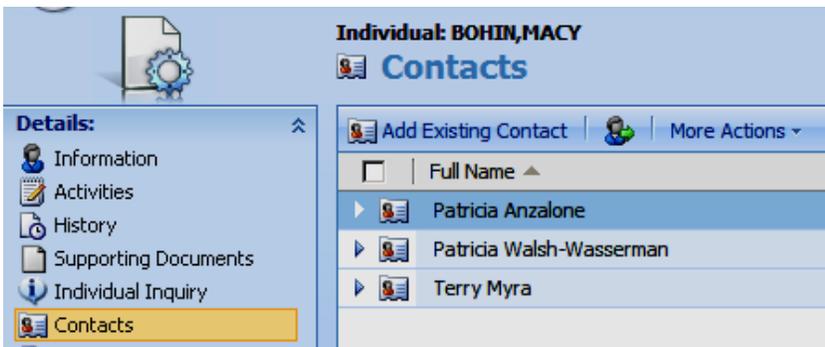
- Full Name
- Patricia Walsh-Wasserman
- Terry Myra

A Look Up screen displays:

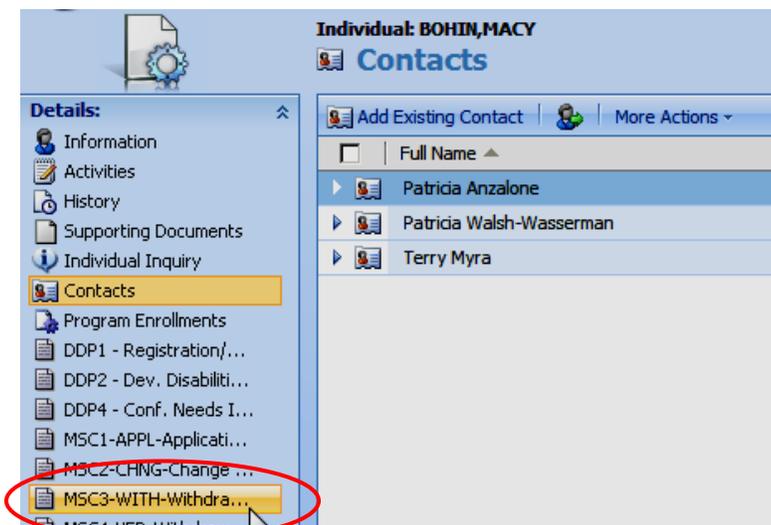
1. Type the first name of the contact and click the Find icon to search the list available
2. Highlight the contact
3. Click the forward double arrows to move the name to the “Selected records” box
4. At the bottom of screen, click the “OK”



The Look up screen closes and your selection is now under Macy’s contacts.

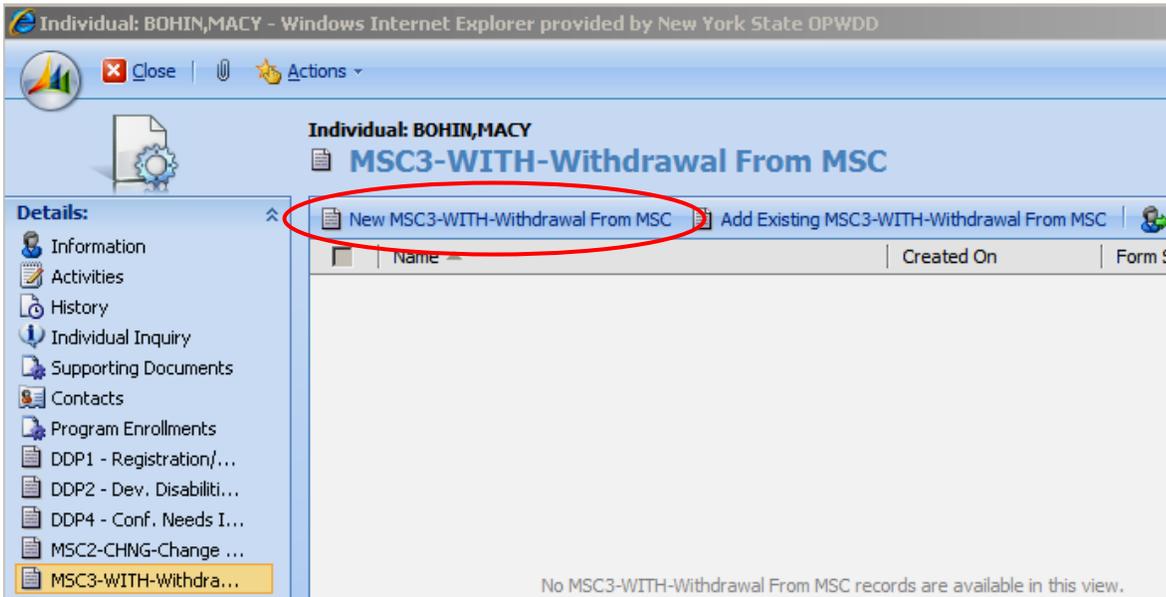


**To continue with the MSC3:** in the Details column click the **MSC3-WITH-Withdrw** link



The MSC3 screen for Macy Bohin opens.

Currently, there are no MSC3s for Macy Bohin. To start a new MSC3 click the **New MSC3-WITH – Withdrawal From MSC** link.



This will open a new MSC3 form with Macy's personal profile already filled in.

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

General		Notes	
Last Name	BOHIN	First Name	MACY
Middle Initial		TABS ID	18372
Social Security Number	000-01-8372	Medicaid Number	AS18372Q
Date Of Birth	2/7/1947	Phone Number	607-847-8198
Address Line 1	5711 STATE HIGHWAY 8	Address Line 2	
City	NEW BERLIN	State	NEW YORK
Zip	13411		
<b>Section II : Current MSC Vendor/DDSO Information</b>			
Vendor/DDSO *	0233 - BROOME	TABS Program Code *	02330590 -- MA
<b>Section III : Individual is Being Withdrawn from MSC Due to Loss of Eligibility</b>			
Reason For Withdrawal *		Date of Death	
Specify Other Reason		Requested Withdrawal Effective Date	

## Completing the MSC3

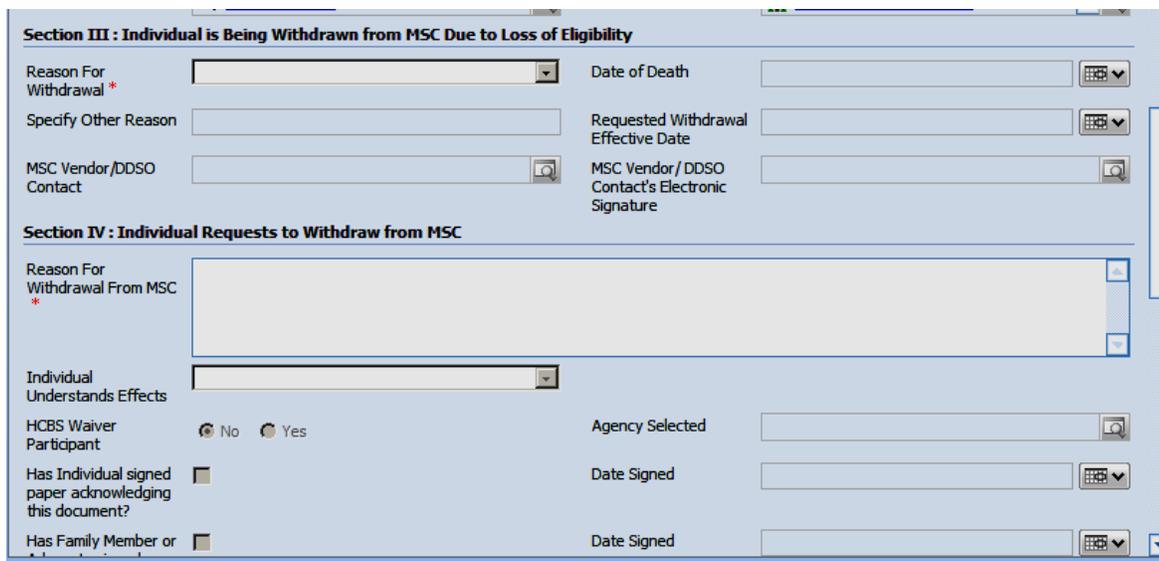
Fill in all **required** (\*) fields and any other information known. (**Required** is noted by asterisk.)

There is a **“Find” icon**  with each field in which you will need to make a selection.

**NOTE:** **Section III** and **Section IV** are the two options available for the withdrawal of an individual from MSC.

**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.

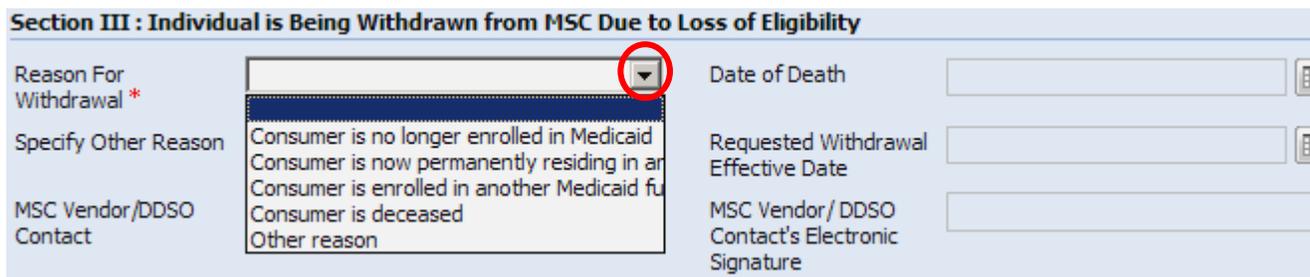


The screenshot displays the 'Section III : Individual is Being Withdrawn from MSC Due to Loss of Eligibility' and 'Section IV : Individual Requests to Withdraw from MSC' forms. Section III includes fields for 'Reason For Withdrawal \*', 'Specify Other Reason', 'Date of Death', 'Requested Withdrawal Effective Date', 'MSC Vendor/DDS Contact', and 'MSC Vendor/DDS Contact's Electronic Signature'. Section IV includes a large text area for 'Reason For Withdrawal From MSC \*', 'Individual Understands Effects', 'HCBS Waiver Participant' (with No/Yes radio buttons), 'Agency Selected', 'Has Individual signed paper acknowledging this document?', and 'Has Family Member or'.

## 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.



This close-up shows the 'Reason For Withdrawal \*' dropdown menu open. The dropdown arrow is circled in red. The menu lists five options: 'Consumer is no longer enrolled in Medicaid', 'Consumer is now permanently residing in another state', 'Consumer is enrolled in another Medicaid full benefit plan', 'Consumer is deceased', and 'Other reason'.

In this example, **Consumer is no longer enrolled in Medicaid** is the reason for withdrawal.

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

In the 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 in.

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

Reason For Withdrawal \* **Consumer is no longer enrolled in Medic** Date of Death

Specify Other Reason  Requested Withdrawal Effective Date \*

MSC Vendor/DDSO Contact \* **Anthony Kesseling** MSC Vendor/ DDSO Contact's Electronic Signature

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

Reason For Withdrawal \* **Consumer is no longer enrolled in Medic** Date of Death

Specify Other Reason  Requested Withdrawal Effective Date \* **11/24/2010**

MSC Vendor/DDSO Contact \* **Anthony Kesseling** 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. (Continue to the bottom of Page 11 for instructions.)

**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, just begin typing.

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.

**MSC3-WITH-Withdrawal From MSC: MSC3 for BOHIN,MACY**

**Information**

General Notes

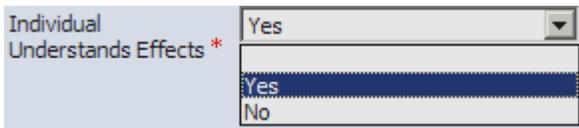
**Section IV : Individual Requests to Withdraw from MSC**

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

Individual Understands Effects \*

HCBS Waiver  Agency Selected

The second required field is **Individual Understands Effects**. This field requires either a 'Yes' or 'No' response.



A screenshot of a dropdown menu for the field 'Individual Understands Effects \*'. The menu is open, showing 'Yes' selected and 'No' as an option below it.

**Obtaining a signature**, from either the Individual, family or advocate, either on paper or electronically is the next required field(s).

By default, the system chooses the CHOICES Portal, the **electronic option**, as the method for the signature and therefore becomes the next required field.

The Portal is an electronic gateway to CHOICES for the individual, family and advocates. They will receive an email stating a form(s) requires their attention and please enter through the Portal. The email will contain only a TABS ID as the identifier.

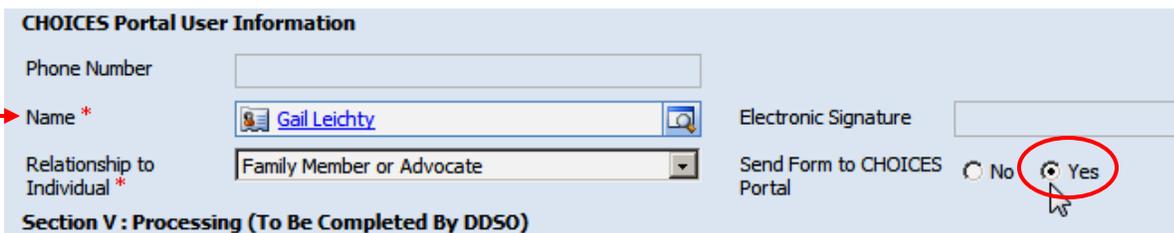


A screenshot of the 'CHOICES Portal User Information' section of a form. A red arrow points to the 'Name \*' field, which is circled in red. Other fields include 'Phone Number', 'Relationship to Individual', 'Agency Selected', 'Date Signed', 'Phone Number', and 'Electronic Signature'. The 'Send Form to CHOICES Portal' section has radio buttons for 'No' and 'Yes', with 'Yes' selected.

So the next required field is the **Name** field. Select the name by clicking the Find icon. This is the list of contacts associated with this Individual. If a person is not listed, you must add them to the contact list for this Individual. See page 4 for those instructions.

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

**Send Form to CHOICES Portal** needs to be changed to yes; **click the circle by the "Yes"**.



A screenshot of the 'CHOICES Portal User Information' section of a form. A red arrow points to the 'Name \*' field, which is populated with 'Gail Leichty'. The 'Relationship to Individual \*' field is set to 'Family Member or Advocate'. The 'Send Form to CHOICES Portal' section has radio buttons for 'No' and 'Yes', with 'Yes' selected and circled in red.

The form cannot be submitted until the electronic signature is obtained. So you need to activate the Portal option you selected.

To activate the Portal option, you must "Save" the form. At the time the form saves, the system automatically generates the email to the person you selected.

Note how the Portal section is now grayed out.

Send Form to CHOICES Portal  No  Yes

After allowing for an appropriate amount of time for the advocate to review and sign the form, you can check in either the master list of MSC3 forms on the main screen or the Individual's section, as shown below, to see if the electronic signature is present. Be sure to choose your form checking date!

The screenshot shows the 'Individual: BOHIN, MACY' section of the CHOICES Portal. The 'Send Form to CHOICES Portal' section is grayed out. A table lists several MSC3 forms for BOHIN, MACY. A red arrow points to the entry dated 12/15/2010 with a 'Saved' status.

Name	Created On	Form Status	Status
MSC3 for BOHIN,MACY	11/24/2010	Saved	Active
MSC3 for BOHIN,MACY	11/26/2010	Returned	Inactive
MSC3 for BOHIN,MACY	11/26/2010	Returned	Inactive
MSC3 for BOHIN,MACY	11/29/2010	Returned	Inactive
MSC3 for BOHIN,MACY	12/15/2010	Saved	Active
MSC3 for BOHIN,MACY	12/16/2010	Saved	Active

**NOTE:** If you are uncertain, as to how you are going to obtain a signature, leave the default, complete the **Name** field in the **CHOICES Portal** section, leave the **“NO”** selection on “Send Form to CHOICES PORTAL” and **Save** the form. Upon returning to the form just change to either of the acknowledging signature boxes and the Portal selection will de-select.

To use the **paper option**, for the acknowledging signature, click inside the box next to the Individual or Family Member and automatically the Portal section will no longer be required.

The screenshot shows the 'Has Individual signed paper acknowledging this document?' checkbox selected. The 'Date Signed' field is required, indicated by a red asterisk. The 'Name' field in the 'CHOICES Portal User Information' section is highlighted with a red arrow.

Once the box for either “Individual” or “Family Member or Advocate” has been checked, other fields will become available and **required**.

For “Individual” a red asterisk displayed next to the “Date Signed” box, therefore it is **required**.

**OR**, if “Family Member or Advocate” box is checked: Three additional fields become available and **required**. Fill in the all the required information and you are ready to move on to the next section.

Has Family Member or Advocate signed paper acknowledging this document?

Name of Family Member or Advocate  Phone Number

**CHOICES Portal User Information**

Phone Number

Name  Electronic Signature

*Note: A red dashed arrow points from the checked checkbox to the Date Signed field.*

If you choose, all parties can sign; check both **acknowledging** boxes and all additional required fields become available for completion.

Has Individual signed paper acknowledging this document?  Date Signed \* 11/29/2010

Has Family Member or Advocate signed paper acknowledging this document?  Date Signed \* 11/29/2010

Name of Family Member or Advocate James Bohin Phone Number \* 678 456 6723

Choose “Save” or “Submit Form”

**NOTE:** Once the MSC3 form has been Submitted, with Section IV completed, you cannot Process this MSC3 until an MSC4 has been completed. If you try to Approve the MSC3 prior to the MSC4, you will receive the following popup message:

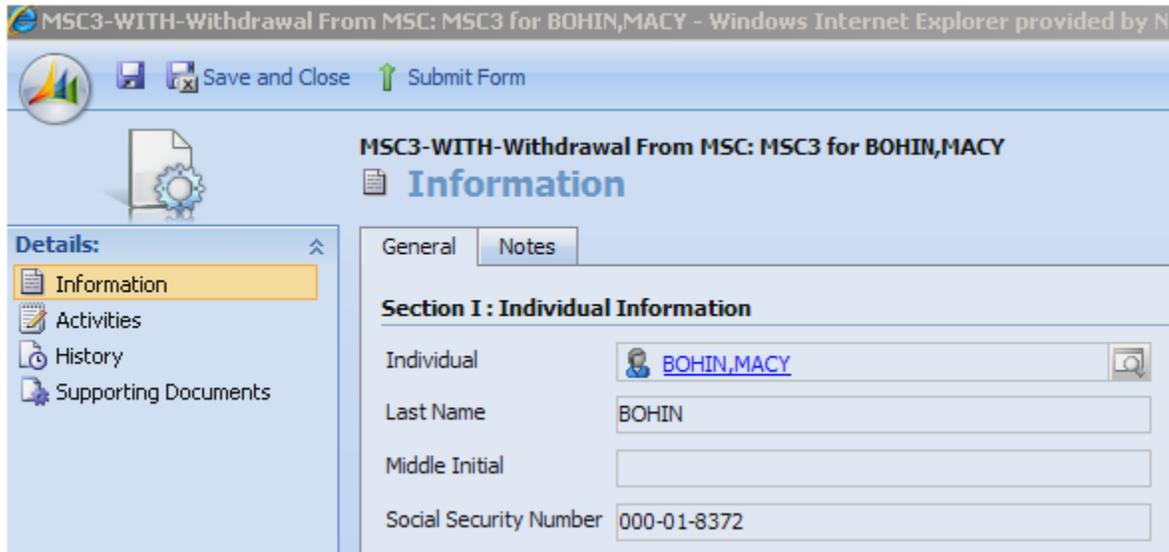


**The DDSO Application Processor will complete the MSC4 and then process the MSC3.**

## Saving, Printing and Submitting the MSC3

Once the form is completed and all required fields have been entered, the MSC3 form can either be **Saved** or **Submitted**.

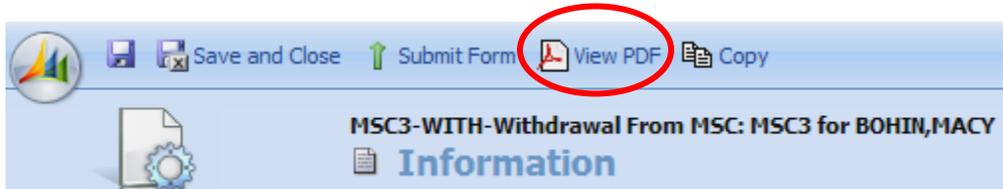
In the top left-hand corner of the screen you will find a **Save**, **Save and Close** and **Submit** button.



-  Saves the MSC3 – Gives it a Saved status and remains open for you to work on.
-  Save and Close Saves the MSC3 and closes the form - Gives it a Saved status.
-  Submit Form Submits the MSC3 to be processed - Gives this form a Submitted status.

Once the MSC3 is saved, two more buttons appear:

1. **View PDF**: click on “View PDF” to open and review the form



This is the PDF view which may take a minute or two to open.

NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES			MSC3 – WITH (3/00)	
<b>Section I. Individual Information:</b>				
Name: Last BOHIN	First MACY	MI	TABS ID#: (if known) 18372	Social Security Number: X X X - X X - 8 3 7 2
Address: Street 5711 STATE HIGHWAY 8		Date of Birth: 0 2 / 0 7 / 1 9 4 7 MM / DD / YYYY		Medicaid Number: A S 1 8 3 7 2 Q
City NEW BERLIN	State NY	Zip 13411	Phone Number: (607 ) 847-8198	DDSO: BROOME DDSO
<b>Section II. Current MSC Vendor/DDSO Information:</b>				
Vendor/DDSO Name: 0233 - BROOME		Vendor Address: Street 249 GLENWOOD ROAD		
TABS Program Code: 0 2 3 3 0 5 9 0		City BINGHAMTON	State NEW YORK	Zip 13905
<b>Section III. Individual is Being Withdrawn from MSC Due to Loss of Eligibility</b>				
Reason for Withdrawal (check one from list below):				
<input checked="" type="checkbox"/> Individual is no longer enrolled in Medicaid; <input type="checkbox"/> Individual is now <i>permanently</i> residing in an ICF/MR or ICF/DD, or another Medicaid facility that provides service coordination (Nursing Facility, Psychiatric Hospital, Specialty Hospital, Developmental Center); <input type="checkbox"/> Individual is enrolled in another Medicaid funded service coordination program (e.g., Care-at-Home, Office of Mental Health); <input type="checkbox"/> Individual is deceased (date of death ____ / ____ / ____); <input type="checkbox"/> Other reason (specify): _____				
Effective Date of Withdrawal (Must be the date on which individual became ineligible): 1 1 / 2 4 / 2 0 1 0 MM / DD / YYYY				
Signature:				Date: ____ / ____ / ____ MM / DD / YYYY



If necessary, you can **Print** the MSC3 using the PDF toolbar at the top of the page.

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

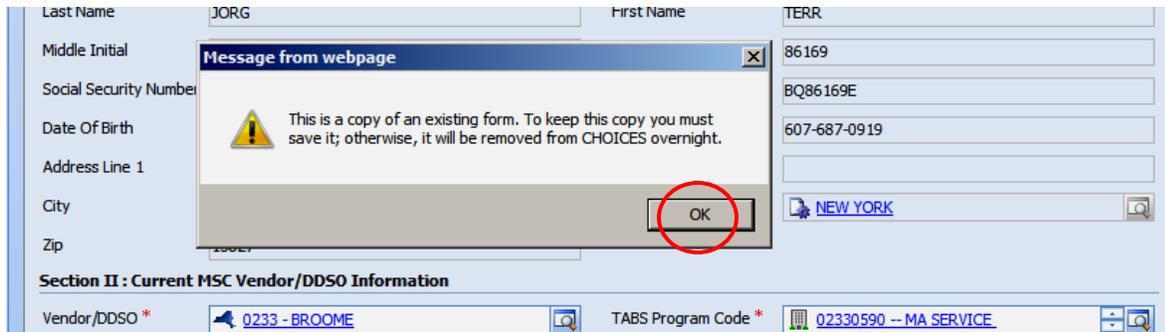


## 2. Copy:

Click copy to create a new form without having to re do the constant information such as the Individual section, Current Vendor, etc



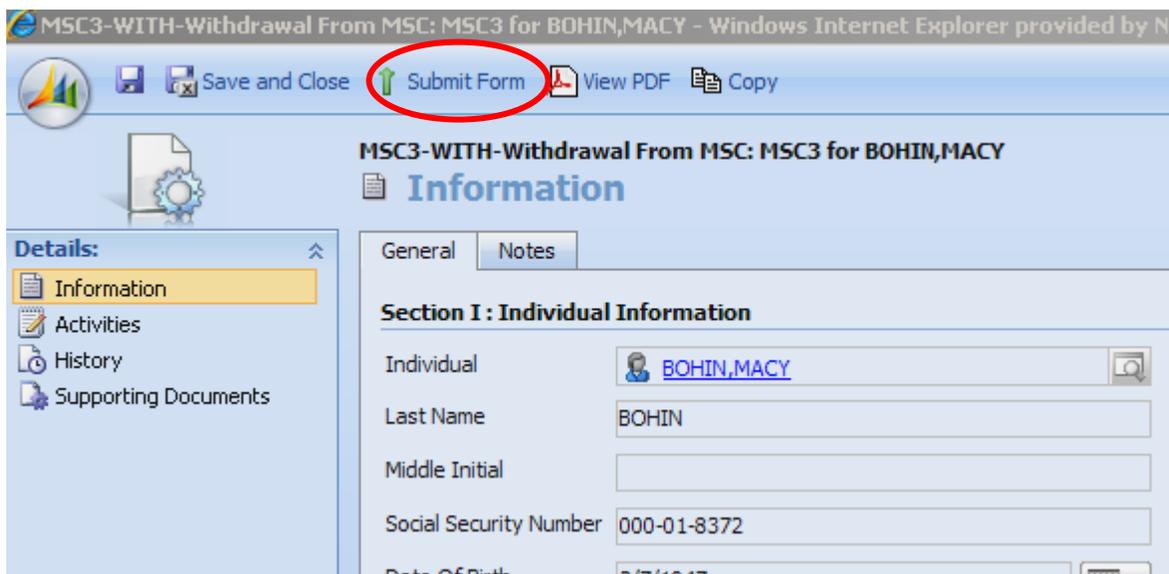
Following is a message which displays once **Copy** has been clicked.



Complete the copy with the information that needed to be changed or corrected and then “Save” or “Submit” the MSC#3.

### **Submitting the MSC3 Form**

When the MSC3 is ready for submission, click the “**Submit Form**” button.



**TIP:** If you are missing any required fields, an error message will display informing you what to do.

Finally an electronic signature box will display: (this process is the same for all forms)

Please read the informational paragraph then click the box noting – “By checking this box...”

Then enter your password and click Submit:

**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.

By checking this box you agree to the above.

Please enter your password to sign this form electronically.

Individual Name: **BOHIN,MACY**

MSC Vendor/DDSO Contact: **Anthony Kesseling**

Enter Password: [.....]

Submit Reset Close

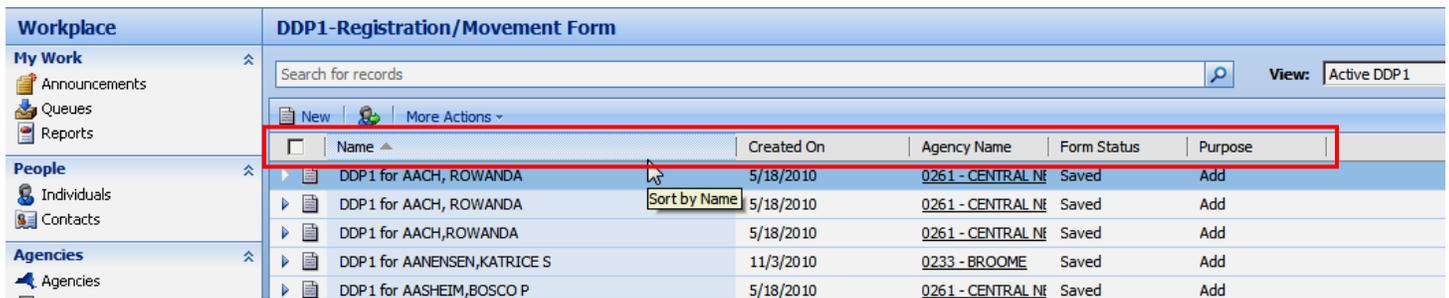
**NOTE:** Whenever you submit or process forms that require a signature you will automatically have this electronic signature box display. By clicking in the box before the statement and then putting in your password, you are attesting to signing the form.

The form is now signed and submitted.

Returning to the main screen, you can view the MSC3 in the list under **Active MSC3** or once this MSC3 is approved (Processed), it will come off of this list, and will be available for view under the **Inactive MSC3** view selection.

Name	Created On	Form Status
MSC3 for ANNIS,GILA	11/23/2010	Saved
MSC3 for BOHIN,MACY	11/24/2010	Saved
MSC3 for BOHIN,MACY	12/15/2010	Saved
MSC3 for CUPETZ,MERLYN	12/1/2010	Saved
MSC3 for CUPETZ,MERLYN	12/1/2010	Submitted
MSC3 for CUPETZ,MERLYN	12/1/2010	Submitted
MSC3 for DYCKES,CALVERT	12/1/2010	Submitted
MSC3 for ISAKOV,JENASEE	11/30/2010	Submitted
MSC3 for JARAND,CALEM X	11/29/2010	Submitted
MSC3 for JORG,TERR W	12/1/2010	Saved
MSC3 for JUDA,SAYVON	12/1/2010	Submitted
MSC3 for JUDA,SAYVON	12/1/2010	Submitted
MSC3 for LAMOUR,BASIL	11/29/2010	Submitted

## Sort the Information in any List



The screenshot shows a software interface with a sidebar on the left and a main content area. The sidebar has sections for 'Workplace', 'My Work', 'People', and 'Agencies'. The main content area is titled 'DDP1-Registration/Movement Form' and contains a search bar, a 'View: Active DDP1' dropdown, and a table of records. A red box highlights the table's header row, which includes columns for 'Name', 'Created On', 'Agency Name', 'Form Status', and 'Purpose'. A tooltip 'Sort by Name' is displayed over the 'Name' column header.

<input type="checkbox"/>	Name ▲	Created On	Agency Name	Form Status	Purpose
▶	DDP1 for AACH, ROWANDA	5/18/2010	0261 - CENTRAL NE	Saved	Add
▶	DDP1 for AACH, ROWANDA	5/18/2010	0261 - CENTRAL NE	Saved	Add
▶	DDP1 for AACH, ROWANDA	5/18/2010	0261 - CENTRAL NE	Saved	Add
▶	DDP1 for AANENSEN, KATRICE S	11/3/2010	0233 - BROOME	Saved	Add
▶	DDP1 for AASHEIM, BOSCO P	5/18/2010	0261 - CENTRAL NE	Saved	Add

Each list can be sorted by any column.

To see the list alphabetically arranged click on the “Name” button.

To sort the list according to the date forms were completed or created, click on the “Created On”.