STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

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:
Address: (Street)	Date of Birth:	Medicaid Number:
City: State: ZIP Code:	Phone:	DDSO: Bernard Fineson

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:		
Vendor address:		
City:	State:	Zip Code:
TABS Program Code:		
Requested Effective Date of Change: (Must be the first day of a month following the month in which the request is made.)		
MSC Vendor or DDSO Staff Person:	Phone:	Date:
Individual's Signature		Date
Family Member or Advocate's Signature (if appropriate):	Phone:	Date

Section IV. To be completed by the DDSO MSC Coordinator

Change of MSC Vendor Approved?

☐ Yes ☐ No Effective Date:

TABS Program Code for New MSC Vendor:

Program Code:

Signature of DDSO MSC Coordinator	Date:
Data Entry Person's Initials:	Date:

Clear Form Print Form

STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

MSC 2 -CHNG

Instructions for Completion of the
Individual Request for Change of Medicaid Service Coordination Vendor (MSC2 - CHNG)

Please clearly print (or type) all information

All request to change MSC vendors must be referred to the DDSO MSC Coordinator. The DDSO will work with the individual to complete Sections I and II of this form. The DDSO will also provide the individual with information about MSC vendors in the district. Section III is completed by the new MSC vendor or the DDSO, if the Individual chooses to receive state delivered MSC.

Section I *Individual Information* : This section is completed by the DDSO and the Individual when the Individual indicates his or her desire to change MSC vendors.

Section II *MSC Vendor/DDSO Information* : This section identifies the current MSC vendor/DDSO. This section is completed by the DDSO responsible for processing the Individual's request to change MSC vendors.

Section III *New MSC Vendor:* This section is completed by the Individual's new MSC vendor/DDSO. The effective date must be the first day of a month following the month in which the requested change is being made. Both the staff person completing Section III and the Individual sign and date the form. If the Individual is unable to sign and date the form, the Individual's family member or advocate can sign and date it.

Section IV The DDSO's MSC Coordinator reviews the form for completeness and verifies an available opportunity with the new vendor. If approved, the MSC Coordinator signs and dates the form and forwards it to the DDSO data entry person.

Data entry person initials and dates the form after completing the data entry.
The form is then returned to the DDSO's MSC coordinator.