STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

MSC3 -WITH

Individual Withdrawal From Medicaid Service Coordination

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. Individual is Being Withdrawn from MSC Due to Loss of Eligibility

Reason for Withdrawal (check one from list below):

- ☐ Individual is no longer enrolled in Medicaid;
- ☐ Individual is now permanently residing in an ICR/MR or ICF/DD, or another Medicaid facility that provides service coordination (Nursing Facility, Psychiatric Hospital, Specialty Hospital, Developmental Center):
- ☐ Individual is enrolled in another Medicaid funded service coordination program (e.g., *Care-at-Home, Office of Mental Health*);
- ☐ Individual is deceased (date of death):
- ☐ Individual does not meet the need for ongoing and comprehensive service coordination.
- ☐ Other reason (specify):

Effective Date of Withdrawal (Must be the date on which individual became ineligible):

Vendor Signature	Phone:	Date:

Section IV. Individual Requests to Withdraw from MSC

Reason why the individual wishes to be withdrawn from MSC:

Individual's signature verifies that he/she agrees to the following:

* I understand that by signing this form I will no longer receive Medicaid Service Coordination.
* It is my decision to withdraw, and no person or agency has talked me into withdrawing against my wishes.
* I have been informed that I can re-enroll in MSC if I require this service in the future.
* (For HCBS Waiver Participants only) – I select the following agency to be responsible for keeping my ISP and level of care up to date (Plan of Care Support Services):
* The DDSO has provided other MSC vendor options, but I am not interested in continuing the service.

Signature	Date
Family Member or Advocate's Signature (if appropriate):	Date

Section V. To be completed by the DDSO

Check all appropriate boxes

Process remove from Program:

☐ Individual has withdrawn from MSC due to no longer meeting eligibility criteria; effective date

- ☐ Loss of Medicaid
- ☐ Duplicate Service coordination
- ☐ Ineligible living arrangement
- ☐ Death

Process add to Program:

☐ Add Individual to Plan of Care Support Services: TABS Program Code: Effective date:

DDSO Coordinator	Date:
Data Entry Person's Initials:	Date:

Clear Form

Print Form

Revised 4/27/2011

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Instructions for Completion of the Individual Withdrawal from Medicaid Service Coordination (MSC3 - WITH)

Please clearly print (or type) all information

Section I *Individual Information*: This section should be completed by the MSC vendor.

Section II *Current MSC Vendor/DDSO Information* : This section should be completed the Individual's current MSC vendor/DDSO.

Section III *Individual is being Withdrawn from MSC Due to Loss of Eligibility:* The Individual's current MSC vendor checks the reason why the Individual is no longer eligible to receive MSC and is being withdrawn from the program. Indicate the effective date of withdrawal.

Note: The effective date must be the day on which the Individual lost his or her MSC eligibility.

The MSC vendor/DDSO staff person signs and dates this section.
The MSC vendor/DDSO staff person sends the completed form to the DDSO's MSC Coordinator.

Section IV *Individual Requests to Withdraw from MSC*: The Individual's MSC vendor/DDSO indicates the reason the Individual wishes to withdraw from MSC.

The Individual's MSC vendor/DDSO makes sure the Individual, Individual's family, or advocate understands what it means to withdraw from MSC and understands who to contact if they want to re-enroll in MSC.

If the Individual is participating in the HSBS Waiver, the Individual, the Individual's family or advocate identifies an agency that will be responsible for keeping the person's ISP and Level of Care up to date (Plan of Care Support Services.)

The Individual signs and dates the form. If the Individual is unable to sign and date the form, the Individual's family or advocate can sign and date the form for him or her.

The Individual's MSC vendor/DDSO sends the completed form, along with a copy of the Individual's most current ISP and Service Coordination Agreement, to the DDSO's MSC Coordinator.

Section V *To be completed by the DDSO*:
Individual has withdrawn from MSC due to no longer meeting eligibility criteria : The DDSO reviews the information in Sections I, II, and III for accuracy. If these sections are complete, checks this box, checks the reason for the loss of eligibility, and identifies the effective date of withdrawal (Must be the date on which eligibility was no longer met). The DDSO staff signs and dates the form and forwards the form to the data entry person.

Individual Voluntarily Withdraws from MSC: The DDSO reviews the information in Sections I, II and IV for accuracy. This includes the identification of a Plan of Care support Services agency for individuals who are participating in the HCBS Waiver. If the information in these sections is complete, the DDSO completes an MSC4-Withdrawal Verification Form. If the individual's request to withdraw from MSC is approved on the MSC4, the DDSO checks the voluntary withdrawal approval box on the MSC3, and inserts the effective date of withdrawal. The MSC3 is forwarded to data entry. **For individuals voluntarily requesting to withdraw from MSC, the MSC3 form should not be sent to data entry until the MSC Verification (MSC4-VER) form has been completed by the DDSO.**

Add Individual to Plan of Care Support Services: If the Individual voluntarily withdraws from MSC and is participating in the HCBS Waiver, the individual must be enrolled in Plan of Care Support Services. The MSC Coordinator reviews and dates the form, checks this box, indicates the PCSS TABS Program Code and effective date of entry into Plan of Care Support Services, and sends the form to data entry person for an *add to program* transaction in TABS.

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