STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

MSC4 - VER

MSC – Individual Withdrawal Verification Form

Section I. Individual Information

Name: Last	First	MI

This form is to be used by the DDSO to verify that all individuals requesting to be withdrawn from MSC:

* Made this decision on their own without any pressure from another person or an MSC vendor;
* Understand what it means to be no longer receiving MSC;
* Are not interested in pursuing other vendor/provider options;
* Understand that if they are in the HCBS Waiver, they will be receiving Plan of Care Support Services (PCSS) in order to keep their ISP and level of care current;
* Understand that they can re-enroll in MSC if needed in the future, by contacting their PCSS staff person (HCBS Waiver participants only) or the DDSO MSC Coordinator (non-HCBS Waiver participants) .

Section II. Individual Requests to Withdraw from MSC

An individual's request to withdraw from MSC can only be approved by the DDSO if the DDSO answers Yes or N.A. to **all** of the following questions. The DDSO will obtain this information by talking with the Individual, Individual's family or advocate, and by reviewing the Individual's ISP and Service Coordination Agreement.

☐ Yes ☐ No — Does the individual truly want to withdraw from MSC, (i.e., has not made this request merely because of dissatisfaction with his/her current MSC Service Coordinator or vendor)?

☐ Yes ☐ No — Has the individual, individual's family or advocate freely and voluntarily chosen to withdraw from MSC, and has not been unduly influenced by another person or MSC vendor?

☐ Yes ☐ No ☐ NA — For an Individual participating in the HCBS Waiver, has the individual requesting to withdraw from MSC identified an agency responsible for the provision of PCSS?

☐ Yes ☐ No — Has the Individual, Individual's family or advocate been fully informed about his/her right to be re-enrolled in MSC at any time if the need exists?

☐ Yes ☐ No ☐ NA — For an Individual participating in the HCBS Waiver, has the Individual, Individual's family or advocate been informed to contact his or her PCSS staff person if he/she wishes to re-enroll in MSC?

☐ Yes ☐ No ☐ NA — **For an Individual not participating in the HCBS Waiver** , has the Individual, Individual's family or advocate been informed they should contact the DDSO's MSC Coordinator if he/she wishes to re-enroll in MSC?

☐ Yes ☐ No — After speaking with the Individual, Individual's family or advocate, and after reviewing the Individual's ISP (especially the safeguard section) and Service Coordination Agreement, has the DDSO determined the Individual's health and safety needs are reasonably addressed, and the Individual can manage his/her current living arrangement and daily activities without a Medicaid Service Coordinator?

Request for Withdrawal is ☐ Approved ☐ Denied*

*** Note** : An Individual's request for withdrawal from MSC can be denied by the DDSO if there are health and safety concerns on the part of the DDSO. If the Individual's request is denied, the DDSO must: (a) specify the basis for their denial on the back of this form; (b) provide the individual with a written explanation for the denial; and (c) inform the Individual of his or her right to file a 633.12 appeal.

Effective Date of Withdrawal: (The last day of the month in which withdrawal has been approved)

DDSO Staff Signature:	Date:

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Specify basis for DDSO denial:

Clear Form

Print Form