STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

MSC5 – MSCA
October 1, 2012

Medicaid Service Coordination Agreement
Statement of Rights and Responsibilities

Name of the Person:

Medicaid Number (CIN#):

The purpose of this document is to outline your rights and responsibilities under the Medicaid Service Coordination (MSC) program and what your service coordinator will do for you. This document must be reviewed with you at the time of enrollment in MSC and signed. It only needs to be signed once but must be reviewed once a year with your service coordinator. This document should be forwarded to the chosen provider whenever you change MSC vendors.

Rights and Responsibilities

Informed Choice

You and your service coordinator will talk about Informed Choice. Your service coordinator will help you make informed choices.

Informed Choice

The service coordinator assists individuals on his/her caseload to understand and make informed choices.

A person has made an informed choice when he or she has made a decision based on a good understanding of the options available and a good understanding of how that choice may affect his or her life.

A person can make an informed choice on his/her own or may ask family members, friends, or others for assistance if the individual needs help making a good decision. Informed choices can be about everyday things, like what to wear, or big life changing things like where to live, what kind of work to do, or who to be friends with. These decisions can also be about what kinds of services or supports someone wants or needs, and where and how to get them.

When making an informed choice a person should understand the possible risks involved and what can be done to reduce the risks. A person should also realize that his/her ability or desire to make choices may change over time, or may be different for different kinds of decisions.

Personal choices should be respected and supported by others involved in the person's life.

Free choice of MSC vendor and service coordinator:

You have the right to make an informed choice about your service coordination vendor and service coordinator.

If you think you can be better served by another service coordination vendor, you can request information from your service coordinator or the OPWDD Regional Office about other service coordination vendors that may be available.

If you think you can be better served by another service coordinator, you can request information from your current service coordinator about other service coordinators within the agency or be referred to the OPWDD Regional Office for information about the availability of other service coordinators.

Free choice of HCB Waiver Service providers:

You have the right to select any available qualified provider for HCB Waiver Services. You may request a change in service providers if you think you can be better served by another available qualified Waiver provider.

Comprehensive Assessment

You and your service coordinator will use a person-centered planning process to identify your personal valued outcomes and necessary supports and services.

Development of a Specific Care Plan and Periodic Review

You and your service coordinator will develop an Individualized Service Plan (ISP) and periodically reassess your ISP to make sure that it is correct and addresses your valued outcomes and supports and services as identified.

The ISP must be reviewed at least semi-annually (twice per year) by the service coordinator with you and others as necessary or as agreed upon. At least once a year, the ISP review must be a face-to-face meeting with the service coordinator and you, your advocate (as appropriate), and all major service providers and others as necessary or agreed upon.

Advocacy, Linkage, Referral and Related Activities

You and your service coordinator will work together along with others to determine the services and natural supports that you need and desire to achieve your valued outcomes.

Your service coordinator will assist you to complete all necessary forms to make referrals to services identified.

You and your service coordinator will develop an Activity Plan if you choose to have an Activity Plan. An Activity Plan describes the short-term service coordination activities that are most important to you. An Activity Plan will help you meet specific valued outcomes as described in your ISP. An Activity Plan lists tasks you would like to complete and the person responsible for completing each task. It is your service coordinator's responsibility to help you get the services you want and need. Your service coordinator will work to get you these services whether or not you choose to have an Activity Plan. **Note: an Activity Plan is required for all Willowbrook Class Members.**

Your service coordinator will complete the MSC withdrawal form with you if you no longer want or need service coordination. If you are enrolled in the HCBS Waiver and choose to discontinue MSC, you will be immediately enrolled in Plan of Care Support Services (PCSS). You can continue to get PCSS from your current service coordinator if feasible.

Your service coordinator will provide you with information about other service coordinators or other service coordination agencies if you would like to make a change. Your service coordinator will refer you to the OPWDD Regional Office if you want to change your service coordination vendor.

You agree to notify the service coordinator of personal changes (such as changes in health, Medicaid status, address, telephone number), program or service changes (such as new service needs or a desire to switch programs or agencies) and when there is an emergency to report.

Monitoring and Follow-Up

- You and your service coordinator will stay in contact to talk about what is happening in your life.
- You and your service coordinator will meet in your home to identify and help with any health and safety problems or concerns.
- Your service coordinator will do his or her best to contact the right people, programs and providers to make sure that your service plan is followed.
- Your service coordinator will talk with you about the supports and services you are getting and make sure the people working with you are helping with what you need and want.
- Your service coordinator will ask if you are happy and satisfied with the supports and services listed in your ISP and with the supports and services you are getting from these providers.
- You and your service coordinator will work together to identify any new needs and make changes to your service plan as necessary.
- Your service coordinator will provide you with a 24-hour emergency telephone number and will inform you and your advocate(s) of any changes to the emergency number. This is a responsibility of your MSC agency.

Signatures - By signing this form you, your family member or advocate (as necessary), service coordinator and service coordination supervisor affirm that MSC rights and responsibilities were discussed, that you made informed choices and that all parties understand and agree to the conditions specified.

Person Receiving MSC _____ **Date** _____

Family Member/Advocate _____ **Date** _____

MSC Vendor _____ **Date** _____

Service Coordinator _____ **Date** _____

Service Coordinator Supervisor _____ **Date** _____

Clear Form

Print Form