



Medicaid Service Coordination (MSC)

# E-VISORY



ISSUE # 03-14

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The MSC E-VISORY is an electronic publication which provides information on policies, guidance, available programs and services and training opportunities related to MSC. In order to receive an email notification when a new MSC E-Visory is posted, or to view past issues visit the following link: [MSC E-Visory Mailing List](#).

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## In This Issue:

### **OPWDD Acting Commissioner Kelly Requests Your Opinion on Front Door Operations**

All MSC Supervisors, Service Coordinators, and individuals who have had any interactions with the Front Door are strongly encouraged to take a few minutes and respond to the short survey that has been developed in an effort to evaluate OPWDD's new Front Door approach for individuals seeking services to ensure those services are focused around choice, needs and desires. The deadline to complete this survey has been extended to **Friday, February 14, 2014**. Your feedback on the success and drawbacks experienced with the Front Door are appreciated. This is an anonymous survey and can be accessed via the following link: [www.surveymonkey.com/s/FDGeneralSurvey](http://www.surveymonkey.com/s/FDGeneralSurvey) or if you prefer you may take this survey over the phone by contacting 518-474-8977.

### **New Website Geared at NY Voters with Disabilities**

The Center for Disability Rights (CDR) has announced the launch of a new website for the New York Disability Vote Network (NYDVN), which is a project focused on building, solidifying, and unifying a large disability voting bloc in the state of New York. This will be done through growth and maintenance of a database in which voters with disabilities can receive updates regarding important voting information via email and social media. Voting age individuals with disabilities and other interested parties are encouraged to join the network by filling out an online form that can be found on the NYDVN website. For more information please visit [www.nydvn.org](http://www.nydvn.org) or contact Jessica Thurber, Voter Rights Coordinator at CDR, at [jthurber@cdmns.org](mailto:jthurber@cdmns.org).

### **Useful Information on Travel Training Resources Available in the Five Boroughs**

A free travel training program is available for Access-A-Ride customers who are 18 years and older and interested in learning to travel independently by bus or subway in the five boroughs. Please refer to the attached announcement for further information on this opportunity and how to apply.



## **CHOICES Liaison Contact Information Updated**

The CHOICES Regional Liaison contact listing has recently been updated on the OPWDD website at the following link: <http://www.opwdd.ny.gov/node/4658>. Also, technical assistance questions and issues can be addressed to the OPWDD Help Desk at (518) 381-2100.

## **Frequently Asked Questions Regarding OPWDDs Front Door**

In a continued effort to enhance and refine OPWDDs Front Door process, additional frequently asked questions and answers have been posted to the OPWDD website at the following link:

<http://www.opwdd.ny.gov/welcome-front-door/questions-answers>.

## **SAVE THE DATE: Quality Assurance Including Incident Review Training for MSCs**

On March 20, 2014 from 9:00 am – 1:00 pm the DQI MSC Quality Assurance (QA) training will be available by videoconference at multiple sites throughout the state. The MSC QA training will provide information on the survey process, MSC delivery and documentation, and incident management review and reporting procedures for Title 14, parts 624 and 625. Registration for this training will open soon via [OPWDDs Catalog of Training and Talent Development Programs](#). An E-Visory will be issued once registration is open.

## **Announcement by U.S. Attorney General Eric Holder for Tracking Device Funds**

Last week, U.S. Attorney General Eric Holder stated that grant monies are available to access tracking device technology for children with Autism or other developmental disabilities that are at risk for wandering. Please note that this is not an OPWDD program and many of the details as to how to access this benefit are under development. The article, which can be found at the following link, is offered for your information and for the information of the individuals and families you serve.

<http://www.disabilityscoop.com/2014/02/06/feds-clarify-tracking-devices/19085/>



CP of NYS  
Where Possibilities  
Become Realities

# Cerebral Palsy Associations of New York State and MTA New York City Transit

## ANNOUNCE...

### A **FREE** Travel Training Program for qualified Access-A-Ride Customers

Through personalized one-on-one instruction, trainees will learn to travel independently on one round trip bus or subway route to a destination of their choice in New York City. Travel Training can enable people with disabilities to safely and confidently travel by bus or subway in New York City's five boroughs as well allowing greater flexibility in making and changing travel plans.

Trainees will master the following skills:

- Traveling safely at all times
- Planning a trip (use of schedules, signs, telephone, information services and landmarks)
- Remembering and following directions
- Requesting information/help from appropriate sources
- Identifying the correct stop at desired destination
- Coping with service disruptions, delays and emergencies
- Correctly using mobility aids (such as wheelchairs and scooters) on accessible mass transportation

Travel training is funded by MTA New York City Transit and provided by Cerebral Palsy Associations of New York State at no cost to trainees. Access-A-Ride customers 18 years and older may apply.

To apply or for more information  
Call 212-947-5770 ext. 627 or  
Email [traveltraining@cpofnys.org](mailto:traveltraining@cpofnys.org)



# CP of NYS/MTA Travel Training Program

## INITIAL INTAKE

Please forward to:  
Pier Fetz  
Fax: 212-279-8981  
or Email this to  
P Fetz-Scimeca@cpofnys.org

### Identifying Information:

Name: \_\_\_\_\_  
Last First

Access-A-Ride ID #
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Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # City State Zip

Access-A-Ride Eligibility Status: \_\_\_\_\_

Current Living Situation:  Lives Alone  Lives in Certified Residence  Lives with others (Family/Friends)

Language Spoken:  English  Other: \_\_\_\_\_

Communication Abilities: \_\_\_\_\_

Date of Referral: \_\_\_/\_\_\_/\_\_\_ Referral #: \_\_\_\_\_ Person Making Referral:  Individual  Other

If other: \_\_\_\_\_  
Name Title Agency Phone E-Mail

Referral Source: (How did you hear about program?): \_\_\_\_\_

### Primary Contact:

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_ Legal Guardian:  Yes  No

Is the individual affiliated with a Program/Service that can provide information regarding individual's travel skills?

Yes  No If yes:

Name/Title: \_\_\_\_\_ Program/Service: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

**Disability (check all that apply):**

- Physical    Cognitive/Intellectual    Visual    Hearing    TBI    Emotional    Neurological  
 Other Medical Condition (specify): \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

Is disability permanent:  Yes    No

If no explain: \_\_\_\_\_

**Mobility Status:**    Ambulatory    Non-Ambulatory    Ambulates with Assistance: \_\_\_\_\_

**Assistive Devices:**

- Manual Wheelchair    Motorized Wheelchair    Motorized Scooter  
 Walker    Cane    Crutches    Other (specify): \_\_\_\_\_

Can individual use assistive devices proficiently?  Yes    No

If no, explain: \_\_\_\_\_

**Previous Travel Training Experience/History:**

- No Previous Training    Previous Training with NYC Transit seeking re-training  
 Informal Training from family: \_\_\_\_\_  
 Previous Agency/School Sponsored Training: \_\_\_\_\_

**Destination/Route Individual Requests to be Trained On:**

Has the individual asked to learn a specific route?  Yes    No

If yes:

Name of destination (include address/cross street): \_\_\_\_\_

Origin Address and Cross Street \_\_\_\_\_

**Frequency of Anticipated Travel to Requested Destination:**

- at least once per week    at least once every two weeks    at least once per month  
 less than once per month (specify): \_\_\_\_\_

**Post –Training Travel to Destination is Anticipated to Continue For:**

- less than six months    six to twelve months    more than twelve months  
 undetermined

Name: \_\_\_\_\_

Is individual able to travel on bus/subway alone (without PCA or support staff)?

Yes     No     Sometimes (specify): \_\_\_\_\_

Does the individual anticipate changing his residence within next year?  Yes  No

If yes, explain: \_\_\_\_\_

**(Note: the section below is to be completed by CP Associations of NY State)**

**Individual Referred for Screening/Pre-Test?:**

Yes     No     Pending

If No or Pending Specify Reason: \_\_\_\_\_

\_\_\_\_\_

**Note:**

Information for intake obtained from:

Individual     Other (specify): \_\_\_\_\_

**Initial Intake Completed by:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_