



Office for People With Developmental Disabilities

Completing DDP Forms User Guide

Completing DDP Forms in CHOICES

(The personal information and accompanying data shown in this guide are fictional and are used for illustrative purposes only.)

The forms covered in this guide are described briefly below.

DDP1

A Registration/Movement Form used, for people already known to TABS, to report general demographic information for that person, and to record when a person leaves the service system. It is also used to track an individual's movements into and out of programs.

For certain FSS programs, the DDP1 may also be used to register a new individual through CHOICES into TABS and into the FSS program. Contact the local DDRO to confirm which programs fit these criteria.

DDP1 Supplement

This form must be completed and attached to the DDP1 when submitting to enroll an individual in a new service or when requesting a change in service amount (units) for an existing service. The DDP1 Supplement must be used for the following service types: Day Habilitation, Community Habilitation, Community Pre-Vocational Services, Free Standing Respite, Hourly Respite, SEMP and Pathways to Employment. When requesting, a change in service amounts, either an Increase or a Decrease, the DDP1 Supplement is the only required form.

DDP2

The Developmental Disabilities Profile is used to provide an accurate and thorough description of the skills and challenges of a person with developmental disabilities that are related to their service needs.

DDP4

This form provides information to the NYS Office for People With Developmental Disabilities (OPWDD) which is used for planning. It helps to identify services needed for persons with developmental disabilities, whether these persons are receiving services from OPWDD or not.

Contents

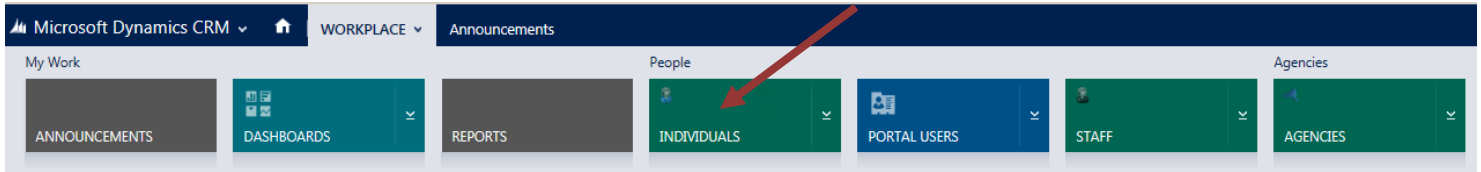
<u>Section</u>	<u>Page Number</u>
A. Important Notes	4
B. Find and Create a New DDP Form	5
C. Find a Program Code within the Form	7
D. Add Notes	9
E. Save A Form	10
F. Print, Copy and Submit DDP Forms	11
G. Access a Submitted or Saved DDP Form	14
H. Moving Through the DDP1	166
I. Moving Through the DDP1 Supplement	21
J. Moving Through the DDP2	22
K. Moving Through the DDP4	24

A. Important Notes


- There is no “Delete” function in CHOICES.
- Be sure any and all Supporting Documents have been uploaded prior to submitting any DDP form.
- From the Individuals screen for an individual you can access the Master Client History by clicking the TABS Inquiries link, select Individual inquiry, then Open PDF. All the DDP2 – ISPM scores appear on this inquiry once the form has been successfully submitted to TABS. For more information on Inquiries check the **CHOICES INQUIRIES** Guidance document.
- Fields that are required to be filled have **Red** asterisks *.

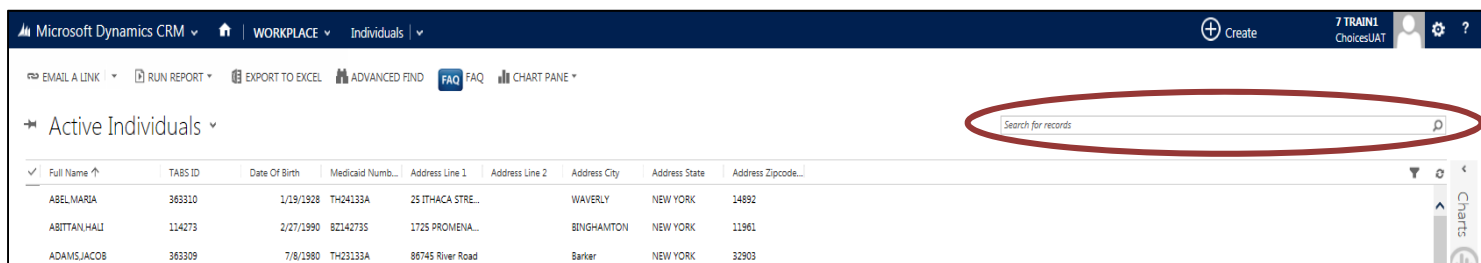
B. Find and Create A New DDP Form

To create any new DDP form, you will need to find the individual for which you want to create the form. To start, you will we will start in the **Workplace** section under **Individuals**, click the **Individuals** tile:



The Individuals section displays everyone that is known to TABS in your Agency.

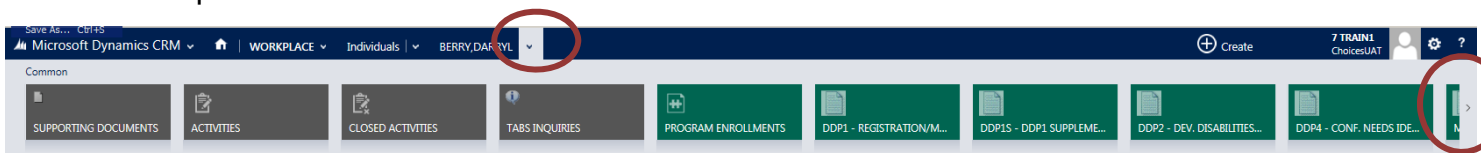
Search for the Individual by typing the last name in the search box and click the Start Search button .



A list matching our search displays. Click on the name to open the individual's record.



The individual's record displays. To start a new DDP form, click on the arrow next to the individual's Name. Then choose the correct DDP form from the options. In some cases, you may need to scroll using the arrow on the right-hand side in the ribbon to see all options.




When you find the DDP form that you need, click on it. You may see a list of DDP forms. To start a new one, click on the + plus sign.


DDP1 Associated View ▾

[+ ADD NEW DDP1 - REGIST...](#)

 CHART PANE ▾

 HELP ON THIS PAGE

 FAQ

 RUN REPORT ▾

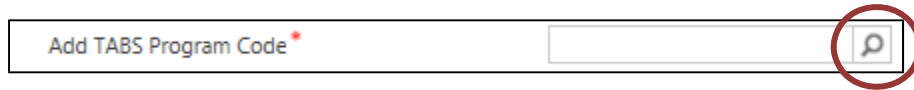
 EXPORT DDP1 - REGISTRA...

✓ Name ↑	Created By	Agency Name	Add TABS Progr...	Remove TABS P...	Approved Effect...	Form Status
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190940 ---...			Submitted
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190901 ---...			Submitted
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190901 ---...		7/27/2011	Approved
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190650 -- R...			Submitted
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190670 -- P...			Submitted
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190940 ---...			Submitted
DDP1 for BERRY,DARRYL	5 TRAIN1	HERITAGE FA...	77190901 ---...			Submitted
DDP1 for BERRY,DARRYL	7 TRAIN1	HERITAGE FA...	77190940 ---...			Submitted

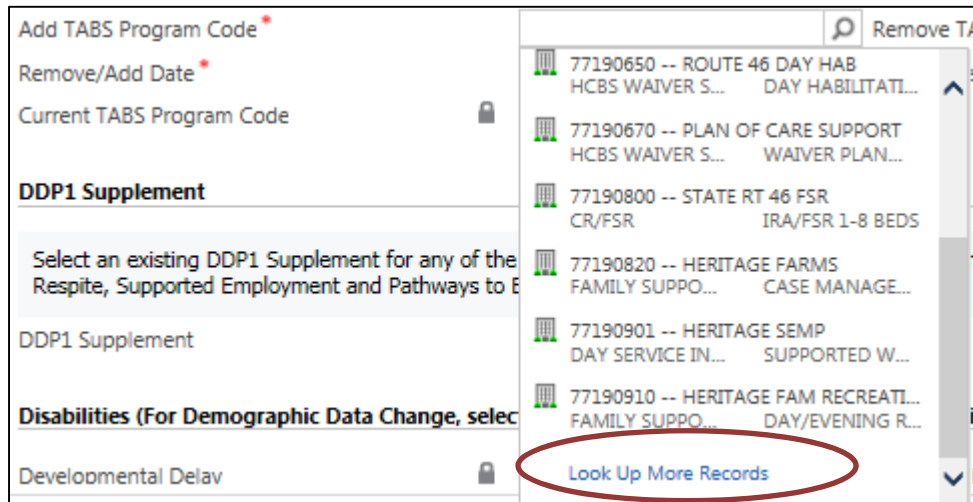
A new DDP form will open for the individual that you selected.

C. Find a Program Code within the Form

In the DDP1, DDP1 Supplement, and the DDP2 forms, you must select a program code. To find a program code within the form. To find a program code click on the search button



This will show a list of program codes, but will not be the entire list for your agency. If the program code is not listed, scroll to the bottom and click on **Look Up More Records**.



The **Look Up Record** box will appear. You can sort by clicking on the *Program Code*, *Program Class*, *Program Type*, *Agency*, or *DDSO*, headings to sort the programs if you cannot find your code. When you find the program code that you are looking for, click on the left-hand side of the *Program Code* column and ✓ check the program that you need. Then click *Add*.

Look Up Record



Enter your search criteria.

Look for

Show Only My Records

Look in

Search

Program Code	Program Class	
09875349 -- IBS TEST PROGRAM	HCBS WAIVER SERVI...	BE
77190820 -- HERITAGE FARMS	FAMILY SUPPORT SE...	CA
77190940 -- AT HOME RES HAB-AM	UNCERTIFIED	CO
77190941 -- HERITAGE FARMS_AHRH_0233	UNCERTIFIED	CO
<input checked="" type="checkbox"/> 77190421 -- BOUCKVILLE DAY HAB	HCBS WAIVER SERVI...	DA
77190650 -- ROUTE 46 DAY HAB	HCBS WAIVER SERVI...	DA
77190913 -- HERITAGE FARM INC_GDH_0261	UNCERTIFIED	DA

1 - 14 of 14 (1 selected)

Page 1

New

Add

Cancel

Remove Value

D. Add Notes

Go to the **Notes** Section of the DDP form at the bottom of the page. The DDP1, DDP1 Supplement, and DDP4 all have a Notes Section.



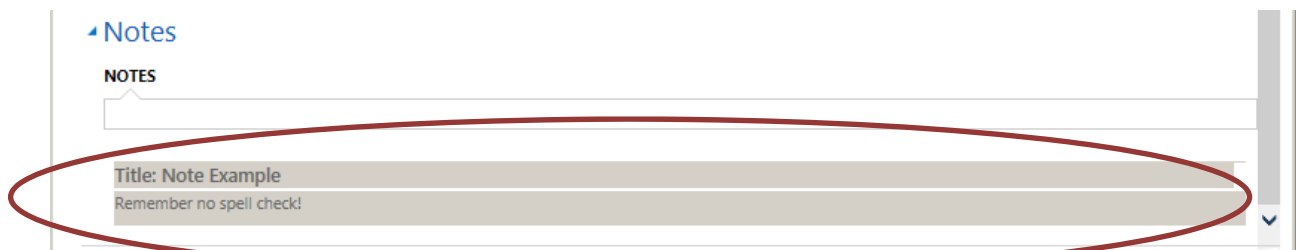
Notes

NOTES

Enter a note

No Notes found.

Click in the space to start a note. The cursor will automatically display within a writing section. Type your message. There is no Spell Check in CHOICES! Even without clicking Save, all messages are automatically saved once the cursor leaves the typing field - it is no longer editable. To add additional information, just click in the notes section again. Your previous note is saved below.



Notes

NOTES

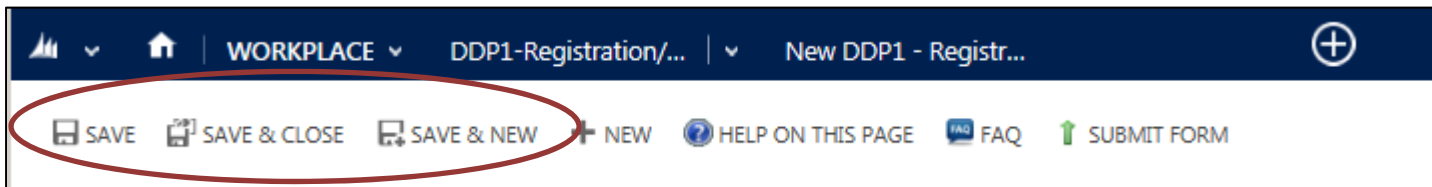
Title: Note Example
Remember no spell check!

E. Save A Form

Under the Workplace ribbon, are form actions. On this line, you will find the **Save**, **Save & Close**, and **Save & New** buttons. To save a form, click on one of these buttons.

Save & Close: Saves and closes the form.

Save & New: Saves the current DDP4 and opens a new DDP4.



To save a form, all required fields must be completed. All saved forms are still fully editable. You can return to the form and even change a required field.

F. Print, Copy and Submit DDP Forms

Once the DDP form is saved additional buttons are available:

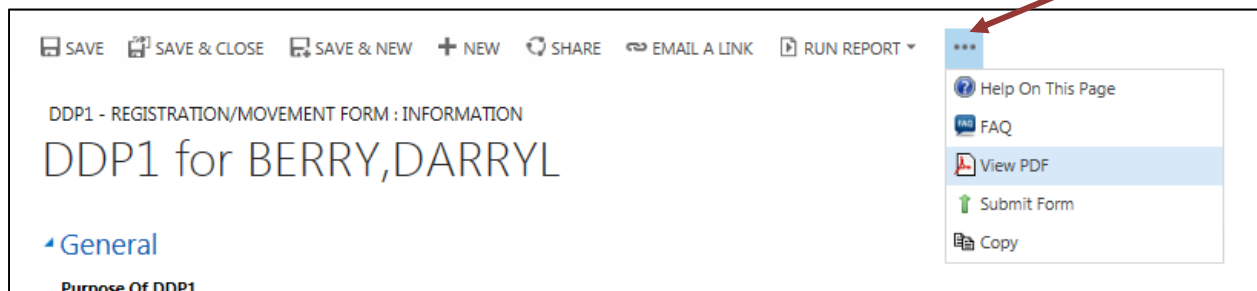
View PDF will display a PDF version of the form at the time of last “Save.” Thus, if you changed information and wish to view the latest information, click “Save” before you view the PDF.

Copy will copy the form and create a new form based on one that has been saved.

NOTE: It *will not* copy any supporting documents forward to the copy. And because a new DDP form was created by copying another form, the new DDP form must be *saved* before “**Submit**” will be available.

Submit Form will submit the form to the DDSO for review and approval or denial.

To access these buttons click on the three dots.



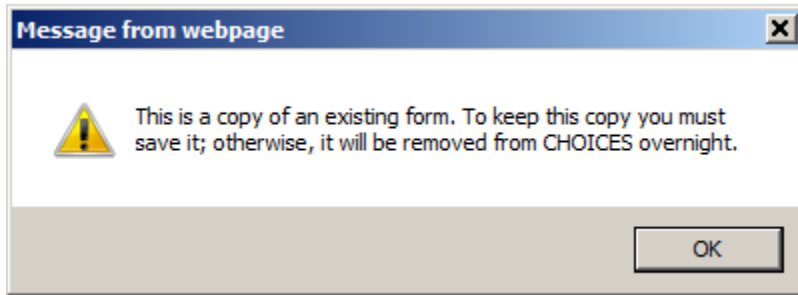
Click **View PDF** to open a pdf version of the DDP Form.

The screenshot shows the "DEVELOPMENTAL DISABILITIES PROFILE" form (DDP-2 (07/10)) from the NYS Office For People With Developmental Disabilities. The form is titled "Putting People First". It is divided into three main sections: A. IDENTIFICATION, B. DISABILITY DESCRIPTION (cont.), and C. MEDICAL. Section A includes questions about date completed, TABS I.D., agency name, agency code, individual's name, birthdate, sex, and place of residence. Section B includes questions about intellectual functioning and psychiatric diagnosis. Section C includes questions about various medical conditions. The form is displayed in a Windows Internet Explorer browser window.

A. IDENTIFICATION	B. DISABILITY DESCRIPTION (cont.)																					
1. Date Completed : 08/15/2012 2. TABS I.D. : 989458 3. Agency/Program Name : SYRACUSE DEVELOPMENTAL CENTER (DC) 4. Agency/Program Code : 02240333 5. Print the individual's last name, first name, and middle initial : Adams Lurch R 6. Birthdate : 06/16/1965 7. Sex : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 8. Indicate individual's place of residence : <input type="checkbox"/> Living independently <input type="checkbox"/> Living with relatives <input type="checkbox"/> OPWDD Certified Residence <input type="checkbox"/> Health Facility (SNF, HRF, NH) <input type="checkbox"/> Other (specify) 9. Mark the day programs in which individual is now enrolled for a minimum of one-half day : <input checked="" type="checkbox"/> None <input type="checkbox"/> OPWDD Cert./Funded Program <input type="checkbox"/> School <input type="checkbox"/> Competitive Employment <input type="checkbox"/> Other (specify)	12. From the most recent assessment available, indicate individual's level of intellectual functioning : <input type="checkbox"/> Normal or above <input checked="" type="checkbox"/> Mild retardation <input type="checkbox"/> Moderate retardation <input type="checkbox"/> Severe retardation <input type="checkbox"/> Profound retardation <input type="checkbox"/> Not determined at this time 13. Does individual have a psychiatric diagnosis (e.g., psychosis, personality disorder, neurosis)? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
10. Mark all the developmental disabilities that apply : <input type="checkbox"/> No developmental disability	C. MEDICAL 14. Indicate YES or NO for each of the following medical conditions : <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Respiratory (e.g., asthma, emphysema, cystic fibrosis).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Cardiovascular (e.g., heart disease, high blood pressure).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Genito-Urinary (e.g., kidney problems).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Neoplastic Disease (e.g., cancer, tumors).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. Neurological Diseases (e.g., MS, Organic Brain Syndrome, ALS, Huntington's Disease).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> 15. a. Does individual have a history of seizures? <input type="checkbox"/> Yes (Answer Questions 15b and 15c) <input type="checkbox"/> No (Skip to Question 16c)		Yes	No	a. Respiratory (e.g., asthma, emphysema, cystic fibrosis).....	<input type="checkbox"/>	<input type="checkbox"/>	b. Cardiovascular (e.g., heart disease, high blood pressure).....	<input type="checkbox"/>	<input type="checkbox"/>	c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties).....	<input type="checkbox"/>	<input type="checkbox"/>	d. Genito-Urinary (e.g., kidney problems).....	<input type="checkbox"/>	<input type="checkbox"/>	e. Neoplastic Disease (e.g., cancer, tumors).....	<input type="checkbox"/>	<input type="checkbox"/>	f. Neurological Diseases (e.g., MS, Organic Brain Syndrome, ALS, Huntington's Disease).....	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																				
a. Respiratory (e.g., asthma, emphysema, cystic fibrosis).....	<input type="checkbox"/>	<input type="checkbox"/>																				
b. Cardiovascular (e.g., heart disease, high blood pressure).....	<input type="checkbox"/>	<input type="checkbox"/>																				
c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties).....	<input type="checkbox"/>	<input type="checkbox"/>																				
d. Genito-Urinary (e.g., kidney problems).....	<input type="checkbox"/>	<input type="checkbox"/>																				
e. Neoplastic Disease (e.g., cancer, tumors).....	<input type="checkbox"/>	<input type="checkbox"/>																				
f. Neurological Diseases (e.g., MS, Organic Brain Syndrome, ALS, Huntington's Disease).....	<input type="checkbox"/>	<input type="checkbox"/>																				

You can now print the DDP Form. Click the **X** in the top right-hand corner to close the PDF.

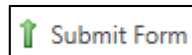
To copy a form, click on **Copy**. The following message will appear (this may take a moment):





Click "OK." The form is now copied. To view a copied form, return the individual's list of DDP1s. The status of the form will be "Copied." You may need to hit the refresh button to see the copied form. Click on the DDP form that you copied to go into it.

✓ Name	Created By	Agency Name	Add TABS Progr...	Remove TABS P...	Approved Effect...	Form Status	Status	Purpose	Created On ↓	🔍	🔄
DDP1 for ADAMS,JACOB	6 TRAIN1	HERITAGE FA...	77190420 --...			Copied	Active	Add	3/28/2018 10:43 AM		
DDP1 for ADAMS,JACOB	6 TRAIN1	HERITAGE FA...				Copied	Active	Demographic...	3/28/2018 10:42 AM		
DDP1 for ADAMS,JACOB	6 TRAIN1	HERITAGE FA...		77190912 --...		Submitted	Active	Remove	3/27/2018 4:44 PM		
DDP1 for ADAMS,JACOB	6 TRAIN1	HERITAGE FA...		77190901 --...		Saved	Active	Moved out of...	3/27/2018 4:23 PM		
DDP1 for ADAMS,JACOB	6 TRAIN1	HERITAGE FA...	77190650 -- R...			Submitted	Active	Add	3/27/2018 4:14 PM		

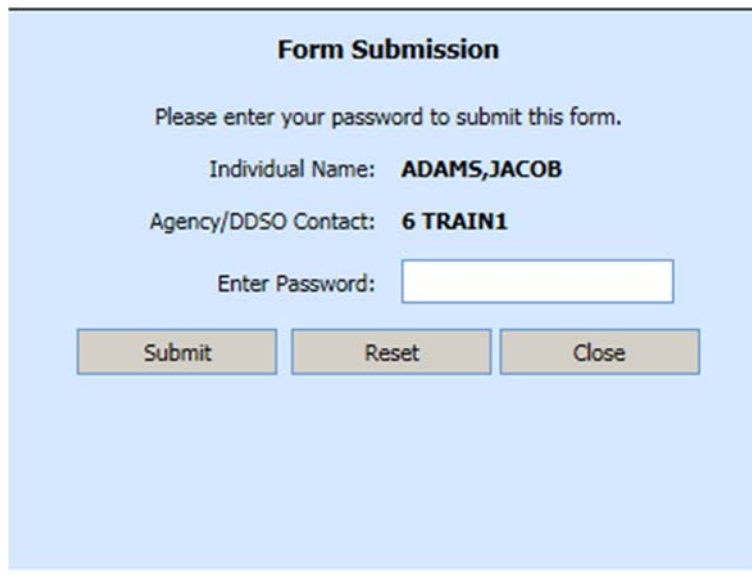
When the Form is ready for submission, click **Submit Form**



Note that submission of a form will be by the person logged in. The Submission Information section is automatically populated with the name and phone number of the user signed into CHOICES. Date Completed is also automatically populated, but can be edited.

Submission Information			
Agency/DDSO Contact	 6 TRAIN1	Phone Number	 555-555-5555
		Date Completed	3/27/2018

An electronic submission box will display: Enter your password and click **Submit**. To go back without submitting click **Close**.



The image shows a light blue dialog box titled "Form Submission". Inside the box, the text reads "Please enter your password to submit this form." Below this, the "Individual Name" is listed as "ADAMS, JACOB" and the "Agency/DDS Contact" is "6 TRAIN1". There is a text input field labeled "Enter Password:" which is currently empty. At the bottom of the dialog box, there are three buttons: "Submit", "Reset", and "Close".

If you are missing any required fields you will receive an error message.

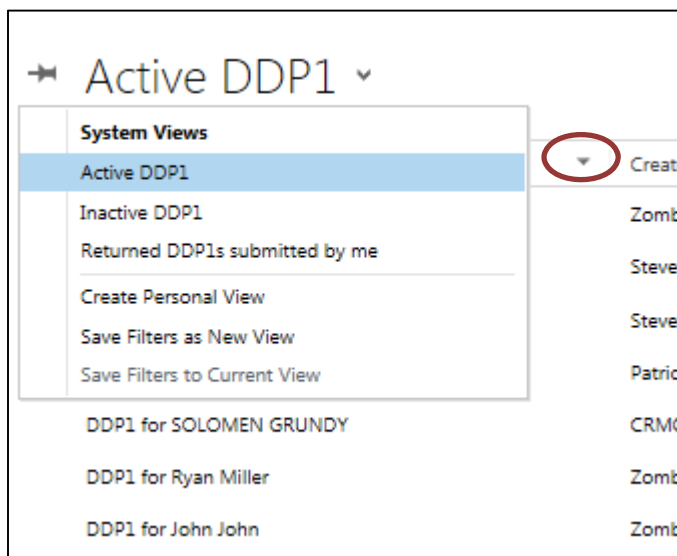
If you do not receive any error messages, the form is now signed and submitted. A copy is filed on the Individual's record and the form has also been submitted to the DDSO for processing. You are returned to the main screen and you can view the DDP Form in the list under **Inactive**.


G. Access a Submitted or Saved DDP Form

To view forms that you have submitted click on the arrow next to *Workplace* and scroll until you see the DDP Form list that you want. Click on the DDP Form.

The content pane will display any saved or submitted DDP forms that have not yet been processed, i.e. Active DDP forms will show.


If the view is changed to **Inactive** using the dropdown arrow, you will be able to view any DDP4 that was submitted and processed into TABS. You can also select other views and create custom views.



You may have to refresh  the list to see the latest DDP Form that you have completed.

A screenshot of a table listing DDP forms. The table has columns: Name, Created By, Agency Name, Add TABS Progr..., Remove TABS Pr..., Approved Effect..., Form Status, Purpose, and Created On. The table contains three rows of data. A red circle highlights a refresh icon (a circular arrow) in the top right corner of the table area.

Name	Created By	Agency Name	Add TABS Progr...	Remove TABS Pr...	Approved Effect...	Form Status	Purpose	Created On
DDP1 for AACH.QUEASIA	Train123 Train123	0233 - BROOME	02330263 -- MA...		6/1/2015	Submitted	Add	5/15/2015 8:43 AM
DDP1 for AACH.QUEASIA	CRMQA hossan...	0233 - BROOME		02330171 -- CE...	7/2/2016	Submitted	Moved out of St...	3/23/2016 10:04 AM
DDP1 for AACH.QUEASIA	6 Train1	0233 - BROOME		02330110 -- CH...	5/1/2014	Submitted	Moved out of St...	5/1/2014 3:44 PM

Each form, no matter the **Form Status**, is listed in the form's section for the **System View** selected. Each column, in the section, has a heading button which will allow you to sort by clicking on that button. You can also filter by clicking on the funnel  next to the Refresh button. This will put down arrows next to each heading and allow you to choose the criteria.

A screenshot of a table listing DDP forms. The table has columns: Name, Created By, Agency Na..., Add TABS P..., Remove TA..., Approved E..., Form Status, Purpose, and Created On. The table contains two rows of data. A red circle highlights the 'Form Status' column header, which has a small downward arrow next to it. The 'Created On' column header also has a small downward arrow.

Name	Created By	Agency Na...	Add TABS P...	Remove TA...	Approved E...	Form Status	Purpose	Created On
DDP1 for DOT MITCH	Zombie 29	0261 - CENTRAL...	02610020 -- JOB...		5/3/2010	Submitted	Add	4/26/2010 5:21 PM
DDP1 for BLOSSOM PERRY-SMITH	Steven Perry	0261 - CENTRAL...	02610020 -- JOB...		4/27/2010	Submitted	Add	4/27/2010 8:42 AM

At the Individual's record, you can also view all forms pertaining to that Individual. Choose the individual, click on the down arrow next to the individual's name to reveal the ribbon and then scroll to the DDP Forms that you wish to view.

INDIVIDUAL : INFORMATION
AACH,ROWANDA

DDP1s - DDP1 Supplement Assoc...

+ ADD NEW DDP1S - DDP1... | CHART PANE | HELP ON THIS PAGE | FAQ | RUN REPORT | EXPORT DDP1S - DDP1 S...

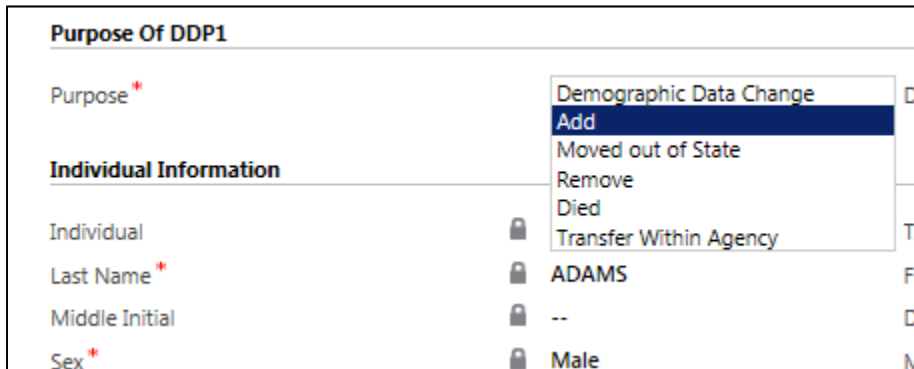
Name	Created By	Agency	TABS Program...	Purpose	Status Reason	Date Processed...	Created On
DDP1 Supplement for AACH,RO...	Train109 Trai...	0233 - BROO...	02330101 --...	Requesting a...	Processed	10/18/2016	10/18/2016 12:14...
DDP1 Supplement for AACH,RO...	Train123 Trai...	0233 - BROO...	02330202 -- T...	Requesting e...	Submitted		4/27/2015 11:33 AM

H. Moving through the DDP1

Click the *Add New DDP1 – Registration/Movement Form*, button

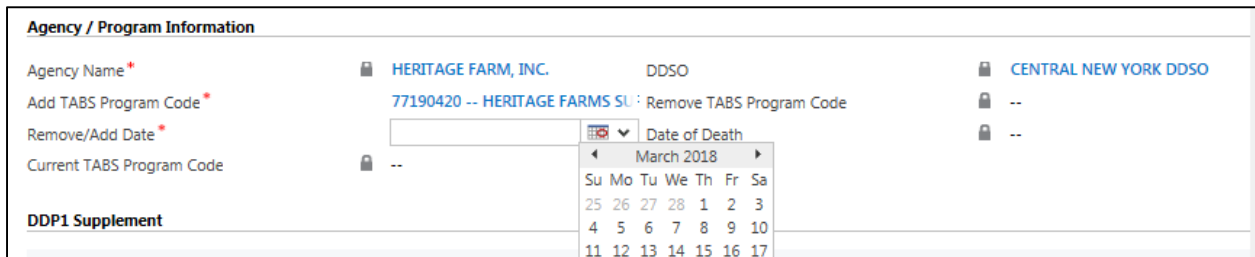


A new DDP1 displays and the, *Purpose*, of the form defaults to “Add.” When the new DDP1 opens, change the Purpose to whatever you need: click on the down arrow to open the drop-down menu, point the cursor to highlight and then click to select. Each selection will have its own required fields, marked with a red asterisk *.



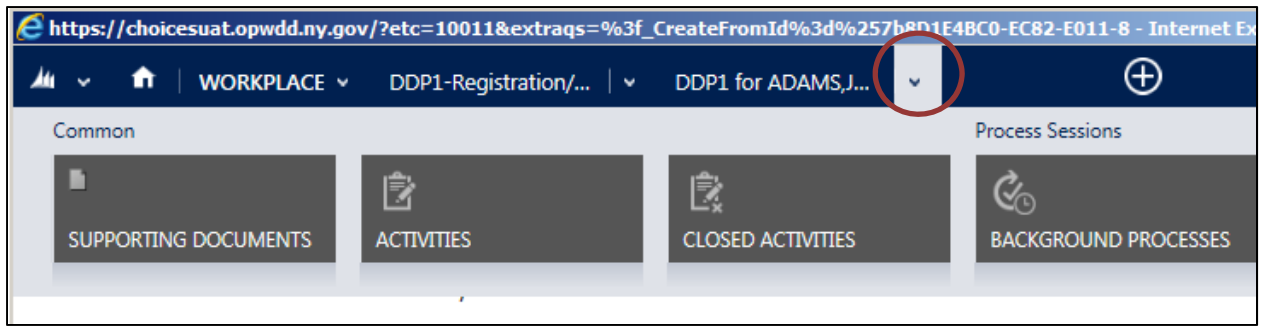
For an Add, scroll down the form to the **Agency / Program Information Section** and complete the 2 required fields: *Add TABS Program Code* and *Remove/Add Date*.

For a Remove, the 2 required fields are: *Remove TABS Program Code* and *Remove/Add Date*.



The DDP1 for an Add to Program is completed, but any supporting documents still need to be uploaded to this form.

Click the **Save** button to activate the Supporting Documents section of the DDP1. (See the Supporting Documents Reference Guide for full instructions on uploading.) Click on the arrow next to the individual’s Name and select Supporting Documents. Note that DDSOs will return any form that does not have the supporting documents uploaded directly to the form.



Depending on the service a DDP1 Supplement will also need to be linked. Go to the **DDP1 Supplement** Section. Click on the box, any related DDP1s will appear. Choose the appropriate DDP1 Supplement. You can also search by clicking on **Look Up More Records**.

DDP1 Supplement	
Select an existing DDP1 Supplement for any of the following service types: Day Habilitation, Community Habilitation, Community Pre-Voc, Free Standing Respite, Hourly Respite, Supported Employment and Pathways to Employment.	
DDP1 Supplement	
Disabilities (For Demographic Data Change, select)	<div style="border: 1px solid #ccc; padding: 5px;"> DDP1 Supplement for ADAMS,JACOB 6 TRAIN1 </div>
Developmental Delay	Look Up More Records
Status: Active	

When the *Demographic Change Purpose* is selected certain fields in the *Individual Information*, *Disabilities*, *Primary Disability*, *Preferred Spoken Languages*, *Preferred Nonverbal Languages*, and the *Preferred Understood Languages* Sections can be updated. Clicking on the “yes” or “no” in the *Disabilities* Section will change the field.

To update the other sections, check or uncheck the box.

Disabilities (For Demographic Data Change, select as many as applicable except for Primary Disability)			
Developmental Delay	No	Intellectual Disability	Yes
Autism Spectrum Disorder	Yes	Cerebral Palsy	Yes
Epilepsy/Seizure Disorder	Yes	Learning Disability	Yes
Other Neurological Impairment	No	Psychiatric Disability	No
Chronic Physical/Medical Condition	Yes	Sensory Impairment	No
Undetermined	No	Traumatic Brain Injury (TBI)	No
Prader-Willi Syndrome (PWS)	Yes	Fetal Alcohol Syndrome	No
Narcolepsy	No	Neurofibromatosis	No
Spina Bifida	No	Tourette Syndrome	No
Toxic Substance Exposure	No	Child Under 5 Unable To Diagnose	No
Other	No	Other (Specify)	--

Primary Disability			
Primary Developmental Disability	Cerebral Palsy	Other (Specify)	--

Preferred Spoken Languages			
English	<input type="checkbox"/> Spanish	<input checked="" type="checkbox"/> None	
Other	<input checked="" type="checkbox"/> Specify Other *	--	

Preferred Nonverbal Languages			
Sign	<input type="checkbox"/> None	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/> Other Symbolic	<input type="checkbox"/>	

Preferred Understood Languages			
English	<input checked="" type="checkbox"/> Spanish	<input type="checkbox"/> None	
Other	<input type="checkbox"/> Specify Other	--	

For a Demographic Change, please select which DDSO to send the information. Even if one automatically fills in, you can click on the *Find* icon to do a Look up of all the DDSOs your agency serves.

Agency / Program Information			
Agency Name *	<input type="checkbox"/> HERITAGE FARM, INC.	DDSO *	<input type="text" value="CENTRAL NEW YORK DDSO"/>
Add TABS Program Code	<input type="checkbox"/> --	Remove TABS Program Code	<input type="checkbox"/> CENTRAL NEW YORK DDSO 0261
Remove/Add Date	<input type="checkbox"/> --	Date of Death	<input type="checkbox"/> --
Paste [redacted] Active			Look Up More Records

With all Demographic changes, use the **Notes** section of the DDP1 to state what it is you are changing. The DDP1 will not have any fields marked as different or changed, so the DDSO will not know what specifically you are changing. Please see **Add Notes** on how to enter notes.

Once all Sections are completed Submit the form as described earlier: **Print, Copy and Submit DDP Forms**

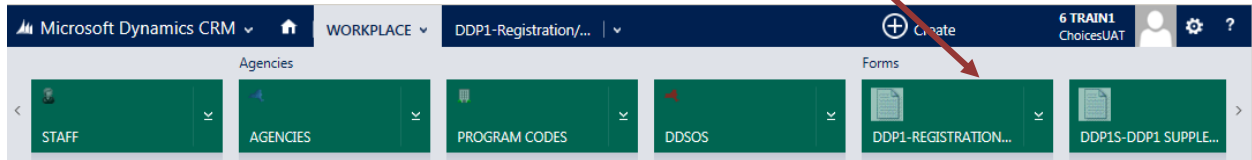
ADD AN INDIVIDUAL, NOT KNOWN TO TABS, TO A PROGRAM:

The **Add** process, shown below, registers a new individual and adds him/her to a program. This process should only be used for FSS programs clearly denoted as not

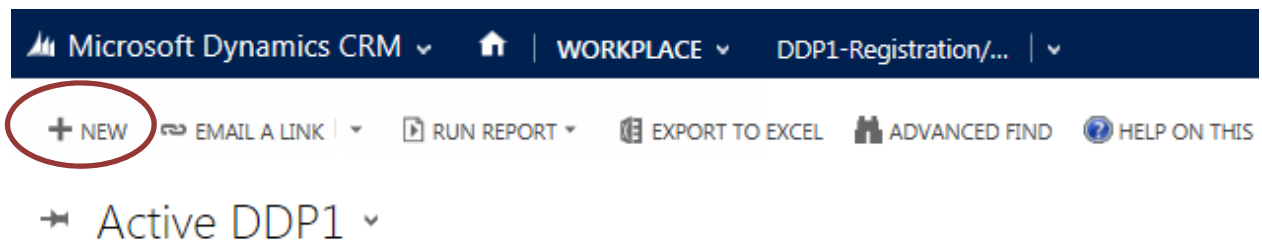
needing eligibility prior to the Add. Please confirm with your Regional Office before enrolling someone who is not known to TABS.

This process allows for enrollment of an individual who is not registered in TABS. It does not replace any eligibility processes or Front Door steps. This process should not be used unless directed by the Regional Office.

Go to Work place and scroll until you find the DDP1 form. Click on **DDP1-REGISTRATION...**



Then Click on **New** in the upper left-hand corner.



The following **Lookup** screen will appear. You must have all of the correct identifying information for an individual: spelling of name, Social Security number and Medicaid number. (See the Individual Lookup Reference Guide for additional instructions)

Type in the Individual's name and at least one of the identifying numbers, either the Social Security or Medicaid number.

Then click **Lookup**.

General

A screenshot of the 'Lookup by TABS ID' screen. The screen has a light blue background. At the top, there is a section titled 'Lookup by TABS ID' with a text input field for 'TABS ID'. Below this is a section titled 'Lookup by other criteria' with several input fields: 'Last Name', 'Social Security Number', 'County' (a dropdown menu), 'Date Of Birth', 'First Name', 'Medicaid CTN', and 'Sex' (a dropdown menu). At the bottom right of the form, there are two buttons: 'Lookup' and 'New Individual'.

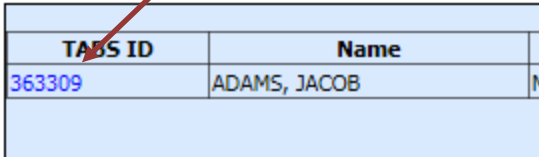
If the Individual, is truly unknown, no results will be returned. When this happens, click on the **New Individual** button in the lower right.

A new DDP1 will display with the name and number you input to the Lookup box.

Complete the DDP1 for the new Individual.

If you get a return of information showing the Individual's name, then the Individual is known to TABS, but not your agency. From the information displayed, click on the TABS ID Number. Notice the number is **blue**, it is a hyperlink.

◀ General



TABS ID	Name
363309	ADAMS, JACOB

The DDP1 will open with the Individual's information populated. Complete the DDP1 for the program you are adding the Individual to.

If the Individual is not yet being served by your agency, the Individual's record will not be available to the agency until, the Add to Program has been approved. But this form will be on the list of Active DDP1s for your agency.

I. Moving through the DDP1 Supplement

Once you have created a new DDP1 Supplement for the individual, the DDP1 Supplement will display with the Individual's demographic information.

The first field to complete will be *Purpose*. Select one of the following:

- Requesting a new service
- Requesting an Increase to an Existing Service
- Requesting a Decrease to an Existing Service

Purpose of DDP Supplement	
Purpose*	<input type="text" value="Requesting enrollment in a New Service"/> <input type="text" value="Requesting an Increase in Service Amount for an existing service"/> <input type="text" value="Requesting a Decrease in Service Amount for an existing service"/>
Individual Information	
Individual	

Fill in all the required fields. For the *Total Annual Units being Requested* field, the annual total units must be entered no matter when during the year the request is being made. The online form, Help, has a unit's conversion chart.

Agency/Program Information			
Agency*	<input type="text" value="HERITAGE FARM, INC."/>	DDSO*	<input type="text" value="CENTRAL NEW YORK DDSO"/>
Service Type*	<input type="text" value="Free Standing Respite"/>	TABS Program Code*	<input type="text" value="77190800 -- STATE RT 46 FSR"/>
Projected Start Date*	<input type="text" value="--"/>	Total of Annual Units being Requested*	<input type="text" value=""/>
Are new units required?*	<input type="text" value="No"/>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">You must provide a value for Total of Annual Units being Requested.</div>	
<small>NOTE: Requests for new funding are subject to review by the regional office</small>			

When Requesting a New Service, the form must be saved, then closed. The DDP1 Supplement must be completed prior to completing the DDP1. The DDP1 Supplement will need to be linked (attached) to the DDP1.

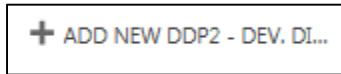
Once the Supplement has been saved, open and complete the DDP1. The Supplement field will be blank until the user clicks on the Lookup icon to select the correct saved Supplement to link to the DDP1. Once the Supplement is displayed on the DDP1, submit as usual.

When Requesting an Increase (or Decrease) to an Existing Service, the DDP1 Supplement is the only form needed and must be submitted to the DDRO for processing. The *Projected Start Date* field can be a future date but cannot be beyond 30 days from the current date. The DDP1 Supplement will need to be submitted for requests to an increase or decrease. CHOICES will send an auto-generated email once the DDP1 Supplement has been processed by the DDRO.

The individual's record will show the current form status for either Purpose.

J. Moving through the DDP2

Click the *Add New DDP2 – Developmental Disabilities Profile*, button.



Fill in all required fields, as noted by a red asterisk *, and any other information known.

Choose the appropriate TABS Program Code as described earlier: **Find a Program Code within the Form.**

Throughout the DDP2 there are dropdown lists that should be filled out if you have the information. To enter information into a field with a dropdown list click the dropdown arrow and select a choice from the list by clicking on that item.

Mark The Day Programs In Which Individual Is Now Enrolled For A Minimum Of One-half Day			
None	No	Competitive Employment	--
OPWDD Cert./Funded Program	Yes	Other	--
School	No	Specify Other	🔒 --

In the DDP2, some selections that you make are dependent on other selections made in the DDP2. In other words, some sections will become available depending on the choice made. For example, if you select “no” in the *History of Seizures* field, the next set of questions will remain locked, but if you select “yes” in this field the questions will be unlocked and must be answered.

Seizures			
History Of Seizures	No		
Which Types Of Seizures Has Individual Experienced In The Last 12 Months? (Select all that apply)			
No Seizures This Year	<input type="checkbox"/>	Generalized - Tonic-Clonic (Grand Mal)	🔒 --
Simple Partial	🔒 --	Generalized - Absence (Petit Mal)	🔒 --
Complex Partial (Loss Of Awareness)	🔒 --	Had Some Type Of Seizure - Not Sure Of Type	🔒 --
In The Past Year, How Frequently Has Individual Experienced Seizures That Involve Loss Of Awareness And/Or Loss Of Consciousness?			
Frequency Of Seizure With Loss Of Awareness	🔒 --		

Seizures			
History Of Seizures	Yes		
Which Types Of Seizures Has Individual Experienced In The Last 12 Months? (Select all that apply)			
No Seizures This Year *	<input type="checkbox"/>	Generalized - Tonic-Clonic (Grand Mal) *	--
Simple Partial *	--	Generalized - Absence (Petit Mal) *	--
Complex Partial (Loss Of Awareness) *	--	Had Some Type Of Seizure - Not Sure Of Type *	--
In The Past Year, How Frequently Has Individual Experienced Seizures That Involve Loss Of Awareness And/Or Loss Of Consciousness?			
Frequency Of Seizure With Loss Of Awareness *	--		

When finished completing the DDP2, submit the form: **Print, Copy and Submit DDP Forms.**

K. Moving through the DDP4

Click the *Add New DDP4 – Confidential Needs Identification*, button.



Not all sections are available to be completed. Disabilities and Other Demographic is grayed out, since the purpose of this form is NOT to modify that information. (Use a DDP1 if necessary to modify those items)

To complete the DDP4, Scroll to the **Unmet Needs** Section and select the type of support that is needed. For example, click in the box for *Unmet Residential Support Need* and select the type of residential support that the individual needs that is not being met.

Then choose “yes” or “no” for the services needed. Clicking in a field will automatically change the answer. You cannot tab through the field. You must click on each field if you want to change the default answer of “no.”

Supports			
In-home Residential Habilitation Services	No	Home Care/Home Maker	Yes
Recreation	Yes	Service Coordination	No
Transportation	Yes	Behavior Management	Yes
Parent Training	Yes	Advocacy	No
Sexuality Counseling	No	Future Planning (e.g., Guardianship, Trusts)	No
Substance Abuse Services	No	Rent Subsidy	No

Once the **Unmet Needs Section** is complete, scroll to the **Submission Information** Section.

The **Agency Reporting Need** subsection will automatically populate according to the user completing the form. Select which **DDSO*** this request needs to be submitted to for processing (Only DDSOs your agency works with will be displayed in the **Look Up record**).

If you choose to include a *TABS Program Code* you can, but it is NOT a required field.

Submission Information

Agency Reporting Need

Agency Name*	HERITAGE FARM, INC.	DDSO*	BROOME DDSO
Agency/DDSO Contact*	5 TRAIN1	TABS Program Code ⁺	--
Agency / DDSO Contact's Electronic Signature	--	Phone Number	518-555-5555
Date Completed*	6/13/2012		

The next subsection, **Information Provided By**, gives three options for signing the new DDP4.

- 1) **Individual or Family Member signed a paper acknowledging this document**, check the box and additional required fields display, *Date Signed*, *Phone Number*, *Name of Individual or Family Member*, *Relationship To Individual*.

If the Individual or Family Member signs a paper copy of the completed DDP4, you must scan and upload the paper copy to the DDP4 to be submitted as a Supporting Document (See *Supporting Documents* on how to Upload).

- 2) **Does Individual or Family Member choose not to sign?** If the individual or family member is signing the form, the answer should remain "No." If no one chooses to sign the form, then "yes" should be chosen and you should call the Regional Office contact prior to submission.

Information Provided By

Check if individual or family member signed paper acknowledging this document

Date Signed*
3/30/2018

Phone Number*
555-555-5550

Name of Individual or Family Member*
A B Carter

Individual or Family Member (if signing through CHOICES Portal)
--

Individual or Family Member's Electronic Signature
--

Relationship To Individual*
Friend
Parent
Relative
Sibling
Spouse
Self

Specify Other

Does Individual or Family Member choose not to sign?
No

- 3) The final option is the **Portal User**. If the individual has a Portal User listed on their record within CHOICES, use the Look Up at the end of *Individual or Family Member* field to select the Portal User. Then the *Send Form to CHOICES Portal?* Field becomes available, select "yes" to send the form to the portal to be signed electronically by the individual or selected family member.

Information Provided By

Check if individual or family member signed paper acknowledging this document

Phone Number

555-555-5643

Individual or Family Member (if signing through CHOICES Portal) *

Jason Smith

Relationship To Individual *

--

Send Form to Choices Portal?

Yes

Date Signed

Name of Individual or Family Member

Jason Smith

Individual or Family Member's Electronic Signature

Specify Other

Does Individual or Family Member choose not to sign?

No

A DDP4 with the Portal option selected can only be saved and not submitted. By saving the form, CHOICES sends an auto generated email to the Portal User informing them a form needs to be signed, go to the Portal and sign the form.

Once the form is signed electronically, the user who created the form will receive an email notifying them that the DDP4 for TABS ID XXX, has been signed. The DDP4 can now be submitted by the user.

The form can now be signed and submitted as described earlier: **Print, Copy and Submit DDP Forms.**