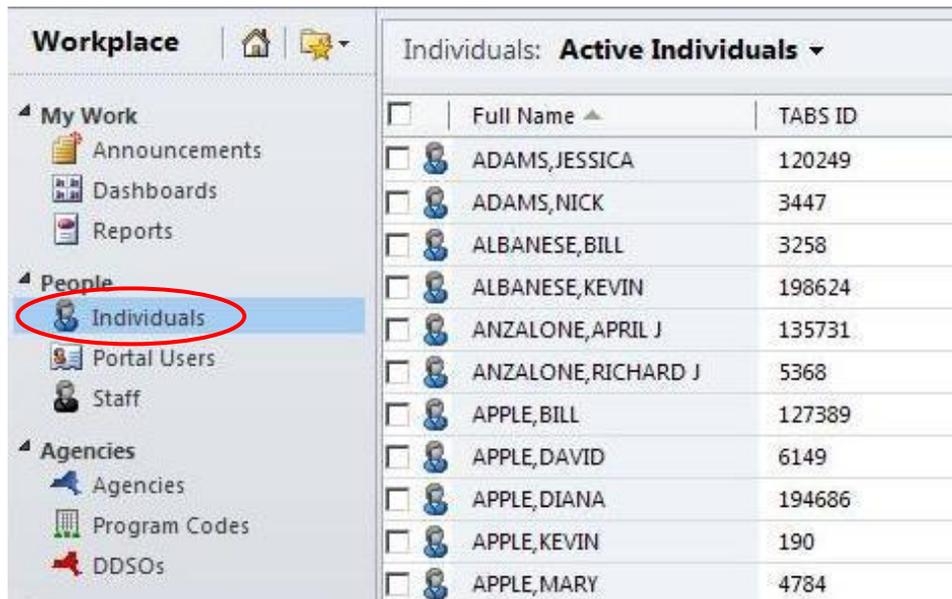


[DDP4 – Conf. Needs Identification](#)

The DDP4 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.

[Create New DDP4 \(Form\)](#)

To create a new DDP4 we will start in the **Workplace** section under **People**, click the **“Individuals”** link:

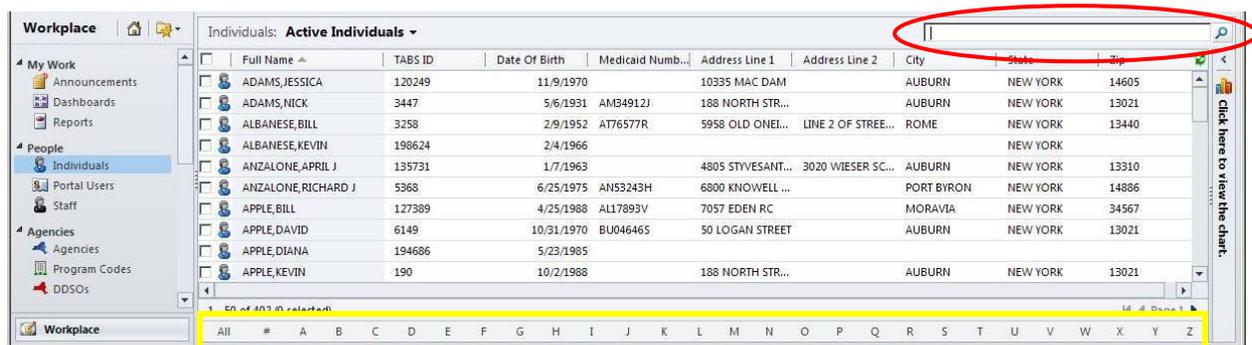


The screenshot shows the Workplace interface. On the left, the 'People' section is expanded, and 'Individuals' is highlighted with a red circle. The main content area shows a list of 'Active Individuals' with the following data:

<input type="checkbox"/>	Full Name ▲	TABS ID
<input type="checkbox"/>	ADAMS, JESSICA	120249
<input type="checkbox"/>	ADAMS, NICK	3447
<input type="checkbox"/>	ALBANESE, BILL	3258
<input type="checkbox"/>	ALBANESE, KEVIN	198624
<input type="checkbox"/>	ANZALONE, APRIL J	135731
<input type="checkbox"/>	ANZALONE, RICHARD J	5368
<input type="checkbox"/>	APPLE, BILL	127389
<input type="checkbox"/>	APPLE, DAVID	6149
<input type="checkbox"/>	APPLE, DIANA	194686
<input type="checkbox"/>	APPLE, KEVIN	190
<input type="checkbox"/>	APPLE, MARY	4784

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

In the Individuals section you can search by name either in the record search field in the upper right portion of the screen, or you can narrow the search down by clicking a letter at the bottom.



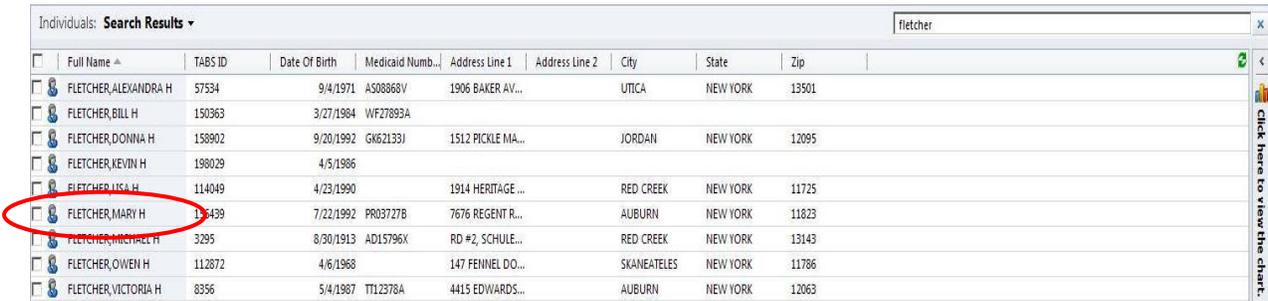
The screenshot shows the Workplace interface with a search bar circled in red in the upper right. The main content area displays a list of individuals with columns for Full Name, TABS ID, Date of Birth, Medicaid Num..., Address Line 1, Address Line 2, City, State, and Zip. At the bottom, a letter navigation bar is highlighted in yellow, showing letters from All to Z.

<input type="checkbox"/>	Full Name ▲	TABS ID	Date Of Birth	Medicaid Num...	Address Line 1	Address Line 2	City	State	Zip
<input type="checkbox"/>	ADAMS, JESSICA	120249	11/9/1970		10335 MAC DAM		AUBURN	NEW YORK	14605
<input type="checkbox"/>	ADAMS, NICK	3447	5/6/1991	AM34912J	188 NORTH STR...		AUBURN	NEW YORK	13021
<input type="checkbox"/>	ALBANESE, BILL	3258	2/9/1952	AT76577R	5958 OLD ONE...	LINE 2 OF STREE...	ROME	NEW YORK	13440
<input type="checkbox"/>	ALBANESE, KEVIN	198624	2/4/1966					NEW YORK	
<input type="checkbox"/>	ANZALONE, APRIL J	135731	1/7/1963		4805 STYVESANT...	3020 WIESER SC...	AUBURN	NEW YORK	13310
<input type="checkbox"/>	ANZALONE, RICHARD J	5368	6/25/1975	AN53243H	6800 KNOWELL ...		PORT BYRON	NEW YORK	14886
<input type="checkbox"/>	APPLE, BILL	127389	4/25/1988	AL17893V	7057 EDEN RC		MORAVIA	NEW YORK	34567
<input type="checkbox"/>	APPLE, DAVID	6149	10/31/1970	BU04646S	50 LOGAN STREET		AUBURN	NEW YORK	13021
<input type="checkbox"/>	APPLE, DIANA	194686	5/23/1985						
<input type="checkbox"/>	APPLE, KEVIN	190	10/2/1988		188 NORTH STR...		AUBURN	NEW YORK	13021

For this example, we'll use Mary Fletcher; type the name 'Fletcher' in the record search field. Then click the **Start Search** button. 

A list matching our search displays.

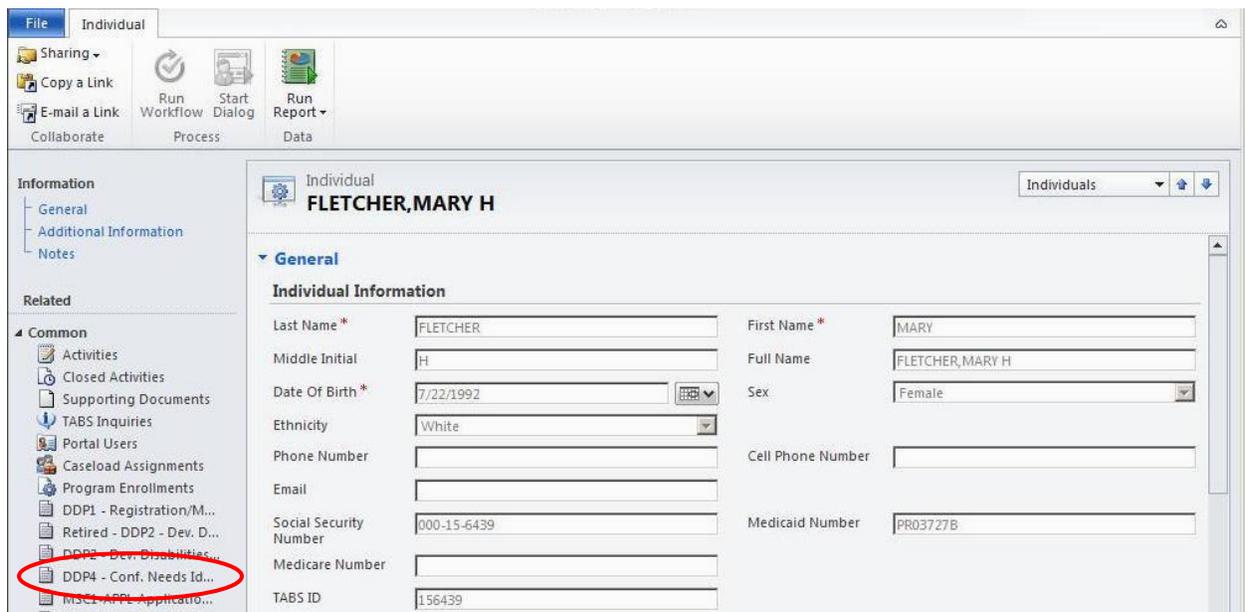
To start a DDP4 for 'Mary Fletcher', click her name to open Mary's record.



Full Name	TABS ID	Date Of Birth	Medicaid Num...	Address Line 1	Address Line 2	City	State	Zip
FLETCHER,ALEX/ANDRA H	57534	9/4/1971	AS08868V	1906 BAKER AV...		UTICA	NEW YORK	13501
FLETCHER,BILL H	150363	3/27/1984	WF27893A					
FLETCHER,DONNA H	158902	9/20/1992	GK62133J	1512 PICKLE MA...		JORDAN	NEW YORK	12095
FLETCHER,KEVIN H	198029	4/5/1986						
FLETCHER,JOSE H	114049	4/23/1990		1914 HERITAGE ...		RED CREEK	NEW YORK	11725
FLETCHER,MARY H	156439	7/22/1992	PR03727B	7676 REGENT R...		AUBURN	NEW YORK	11823
FLETCHER,MICHEL H	3295	8/30/1913	AD15796X	RD #2, SCHULE...		RED CREEK	NEW YORK	13143
FLETCHER,OWEN H	112872	4/6/1968		147 FEINEL DO...		SKANEATELES	NEW YORK	11786
FLETCHER,VICTORIA H	8336	5/4/1987	TT12378A	4415 EDWARDS...		AUBURN	NEW YORK	12063

Mary's record displays with her information pulled directly from TABS.

To start a new **DDP4**, click the DDP4 link in the left column under **Common**.



Individual: **FLETCHER, MARY H**

General

Individual Information

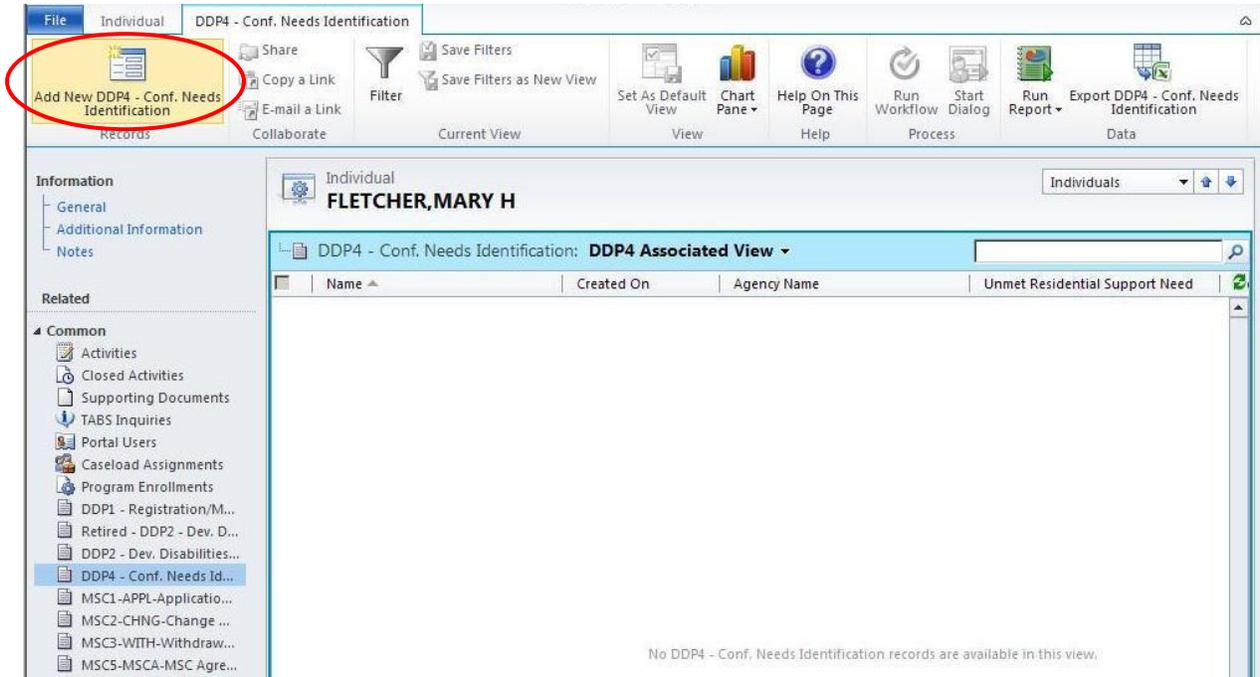
Last Name *	FLETCHER	First Name *	MARY
Middle Initial	H	Full Name	FLETCHER, MARY H
Date Of Birth *	7/22/1992	Sex	Female
Ethnicity	White	Cell Phone Number	
Phone Number		Medicaid Number	PR03727B
Email			
Social Security Number	000-15-6439		
Medicare Number			
TABS ID	156439		

Common

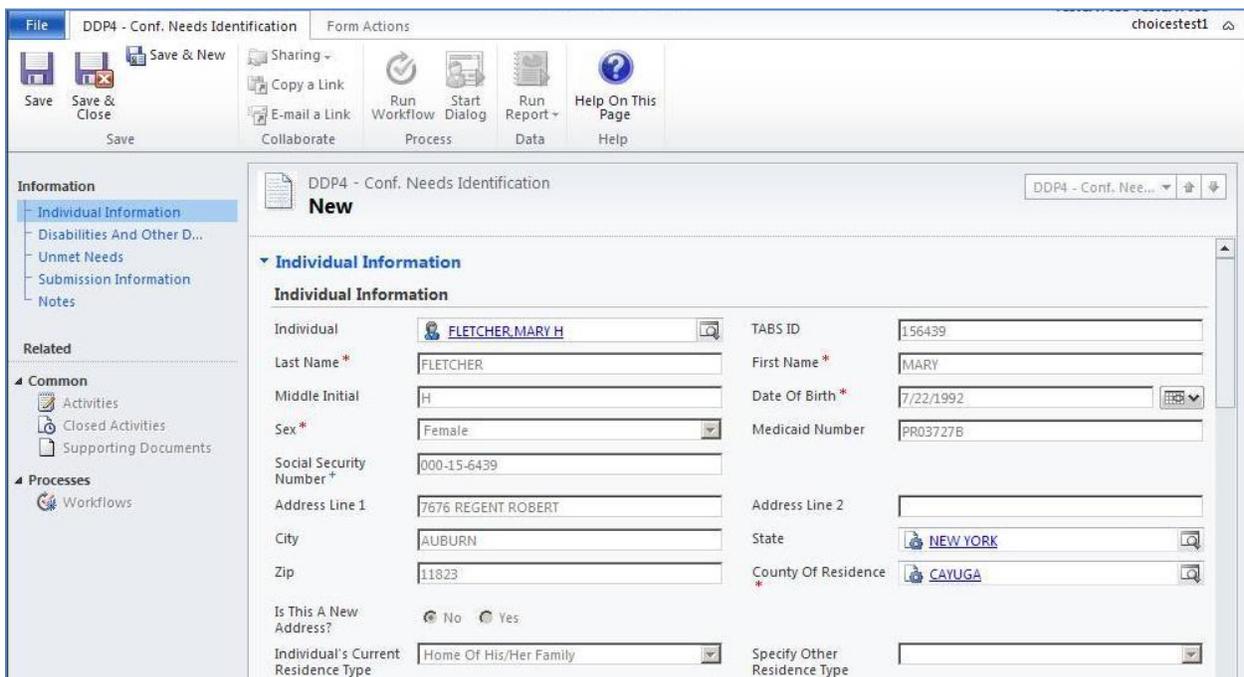
- Activities
- Closed Activities
- Supporting Documents
- TABS Inquiries
- Portal Users
- Caseload Assignments
- Program Enrollments
- DDP1 - Registration/M...
- Retired - DDP2 - Dev. D...
- DDP3 - Dev. Disabilities...
- DDP4 - Conf. Needs Id...**
- MSCL APPL Application...

The DDP4 section for Mary Fletcher displays.

Currently, there are no DDP4s for Mary Fletcher. To start a new DDP4 click the **Add New DDP4 – Conf. Needs Identification** link in the upper left portion on the ribbon.



This will open a new DDP4 for Mary Fletcher.



Moving through the DDP4

There are different links under the “Information” section in the left margin of the DDP4 screen; clicking each link will bring you to a different section within the DDP4.

NOTE: 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 move from **Individual Information** to **Unmet Needs** section, click the **Unmet Needs** link.

The screenshot shows the top navigation bar with 'File', 'DDP4 - Conf. Needs Identification', and 'Form Actions'. The 'Form Actions' bar includes icons for Save, Save & Close, Sharing, Copy a Link, E-mail a Link, Run Workflow, Start Dialog, Run Report, and Help On This Page. The left sidebar has an 'Information' section with links for Individual Information, Disabilities And Other D..., Unmet Needs (circled in red), Submission Information, and Notes. Below this is a 'Related' section with 'Common' (Activities, Closed Activities, Supporting Documents) and 'Processes' (Workflows). The main content area shows the 'Individual Information' section with fields for Individual (FLETCHER, MARY H), Last Name (FLETCHER), Middle Initial (H), Sex (Female), Social Security Number (000-15-6439), Address Line 1 (7676 REGENT ROBERT), City (AUBURN), and Zip (11823).

Or you can use the scroll bar on the right side to move down the form.

This screenshot shows the same form as the previous one, but with a scroll bar on the right side. The 'Individual Information' section is expanded to show additional fields: Individual (FLETCHER, MARY H), Last Name (FLETCHER), Middle Initial (H), Sex (Female), Social Security Number (000-15-6439), Address Line 1 (7676 REGENT ROBERT), City (AUBURN), Zip (11823), TABS ID (156439), First Name (MARY), Date of Birth (7/22/1992), Medicaid Number (PR03727B), Address Line 2, State (NEW YORK), and County of Residence (CAYUGA). A red dashed line and a mouse cursor are visible on the right side of the scroll bar.

Completing the DDP4

Complete all **required** (*) fields and any other information known. (**Required** is noted by a red asterisk)

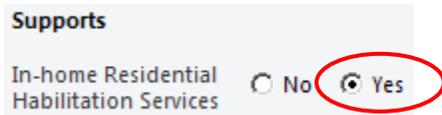
Throughout the DDP4 there are different fields, radio buttons and dropdown lists that may need to be completed.

To enter information into a field such as, Age of Primary Care Giver, simply type the information into the field.



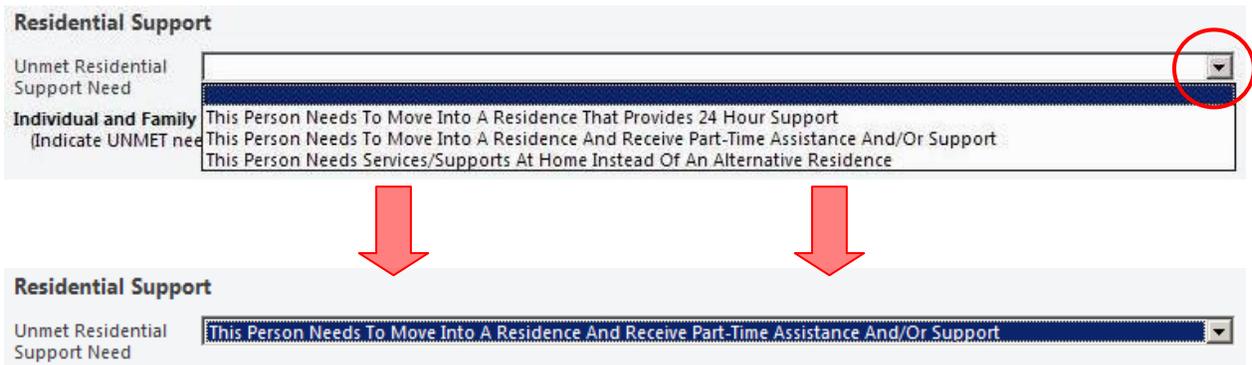
Age Of Primary Care Giver (Years)

To fill in a radio button selection simply click inside the circle of 'Yes' or 'No'.



Supports
In-home Residential Habilitation Services No Yes

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.



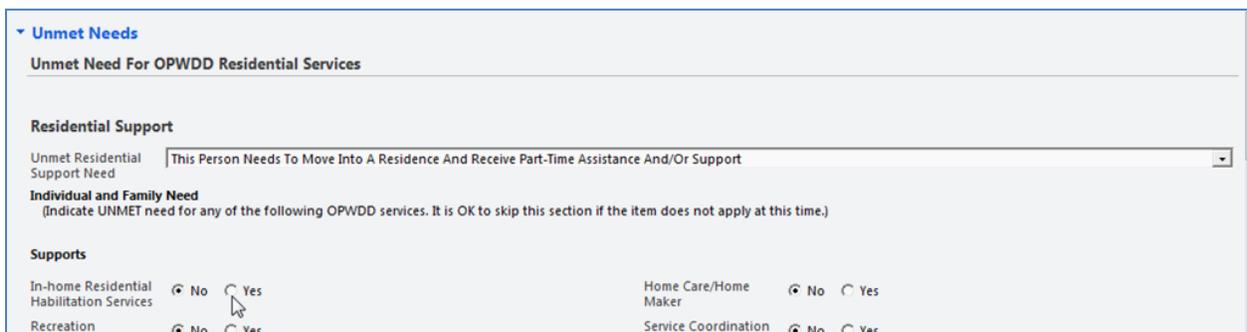
Residential Support
Unmet Residential Support Need

Individual and Family
(Indicate UNMET need for any of the following OPWDD services. It is OK to skip this section if the item does not apply at this time.)

- This Person Needs To Move Into A Residence That Provides 24 Hour Support
- This Person Needs To Move Into A Residence And Receive Part-Time Assistance And/Or Support
- This Person Needs Services/Supports At Home Instead Of An Alternative Residence

Residential Support
Unmet Residential Support Need

NOTE: All unmet needs can be filed on one DDP4 form per agency.



Unmet Needs

Unmet Need For OPWDD Residential Services

Residential Support
Unmet Residential Support Need

Individual and Family Need
(Indicate UNMET need for any of the following OPWDD services. It is OK to skip this section if the item does not apply at this time.)

Supports

In-home Residential Habilitation Services	<input checked="" type="radio"/> No <input type="radio"/> Yes	Home Care/Home Maker	<input checked="" type="radio"/> No <input type="radio"/> Yes
Recreation	<input checked="" type="radio"/> No <input type="radio"/> Yes	Service Coordination	<input checked="" type="radio"/> No <input type="radio"/> Yes

Submission Information

Submission Information

Agency Reporting Need

Agency Name *	<input type="text" value="CAYUGA CO. NYSARC, INC."/>	DDSO *	<input type="text"/>
Agency/DDS Contact *	<input type="text" value="TestCAV034 TestCAV034"/>	TABS Program Code *	<input type="text"/>
Agency / DDSO Contact's Electronic Signature	<input type="text"/>	Phone Number	<input type="text" value="555-555-5555"/>
Date Completed *	<input type="text" value="9/14/2012"/>		

Information Provided By

<input type="checkbox"/> Check if individual or family member signed paper acknowledging this document	Date Signed	<input type="text"/>	
Phone Number	<input type="text"/>	Name of Individual or Family Member	<input type="text"/>
Individual or Family Member *	<input type="text"/>	Individual or Family Member's Electronic Signature	<input type="text"/>
Relationship To Individual	<input type="text"/>	Specify Other	<input type="text"/>
Send Form to Choices Portal?	<input checked="" type="radio"/> No <input type="radio"/> Yes	Does Individual or Family Member choose not to sign?	<input checked="" type="radio"/> No <input type="radio"/> Yes

Agency Reporting Need, automatically populates according to the user completing the form.

Select which, **DDSO***, this requests 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.

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

- 1) The *default option* is the **Portal User**. If the individual has a Portal User listed on their record within CHOICES, you can use the Look Up at the end of **Individual or Family Member** field to select the Portal User.
- 2) **Individual or Family Member signed a paper acknowledging this document**, check the box and additional required fields display. See *Page 8*.
- 3) **Does Individual or Family Member choose not to sign**. (If this option is used, please call DDSO contact prior to submission)

1) **Portal User** Option:

Choose the appropriate **Individual or Family Member** by clicking on the **Find** icon. 

NOTE: This person must be added as a Portal User prior to completing the form. (See *Step By Step, Creating a Portal User for more information*)

Click the **Find** icon

The screenshot shows a form titled "Information Provided By" with several input fields and checkboxes. A red circle highlights a magnifying glass icon (the Find icon) located next to the "Individual or Family Member*" field. Other fields include "Date Signed", "Phone Number", "Name of Individual or Family Member", "Individual or Family Member's Electronic Signature", "Relationship To Individual", "Specify Other", "Send Form to Choices Portal?", and "Does Individual or Family Member choose not to sign?".

A lookup window displays with a list of Portal User assigned to the Individual, which you can select to sign the form electronically.

Example of clicking the Find icon and getting a pop up displaying options:

This screenshot shows the "Information Provided By" form from the previous image, with a red circle around the Find icon. A "Look Up Record" dialog box is open over the form. The dialog box has a title bar "Look Up Record -- Webpage Dialog" and contains the following elements:

- Instructions: "Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK."
- Search criteria: "Look for:" dropdown set to "Portal User", "Show Only My Records" checkbox (unchecked), "View:" dropdown set to "Contacts Lookup View", and "Filter by related" checkbox (checked).
- Table with columns: "Full Name", "Parent Customer", and "Address 1: City". A single record is listed: "Pat Walsh".
- Navigation: "1 - 1 of 1 (1 selected)", "Page 1".
- Buttons: "Properties", "New", "OK", "Cancel", "Remove Value".

A red arrow points from the Find icon in the form to the "Pat Walsh" record in the dialog box.

Select the user from the list and then click the **OK** button.

The Portal User's name appears in the **Individual or Family Member** field, along with the **Phone Number** and **Name of Individual or Family Member**.

A screenshot of a web form. The 'Phone Number' field contains '555-555-5555'. The 'Individual or Family Member' field contains 'Pat Walsh' with a green profile icon. The 'Name of Individual or Family Member' field contains 'Pat Walsh'. The 'Relationship To Individual' field is a dropdown menu. Below it are radio buttons for 'Send Form to Choices Portal?' with 'No' selected. To the right, there are fields for 'Individual or Family Member's Electronic Signature' and 'Specify Other', and another set of radio buttons for 'Does Individual or Family Member choose not to sign?' with 'No' selected.

The **Relationship to Individual** becomes a required field. Make the appropriate selection.

Select the relationship to the individual by clicking the dropdown arrow for that field and selecting a choice from the list.

A close-up of the 'Relationship To Individual' dropdown menu. The dropdown arrow is circled in red. The list of options includes: Child, C.A.B. - Consumer Advisory Board, Friend, Parent, Relative (highlighted in blue), Sibling, Spouse, Self, and Other.

The **Send Form to CHOICES Portal?** field also becomes active. Select "Yes" or the Portal User will not receive a copy to electronically sign.

A close-up of the 'Send Form to Choices Portal?' field. The radio button for 'Yes' is selected, while 'No' is unselected.

A DDP4 with the Portal option selected can only be saved and not submitted at this time. 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 Agency/DDSO 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 Agency/DDSO user.

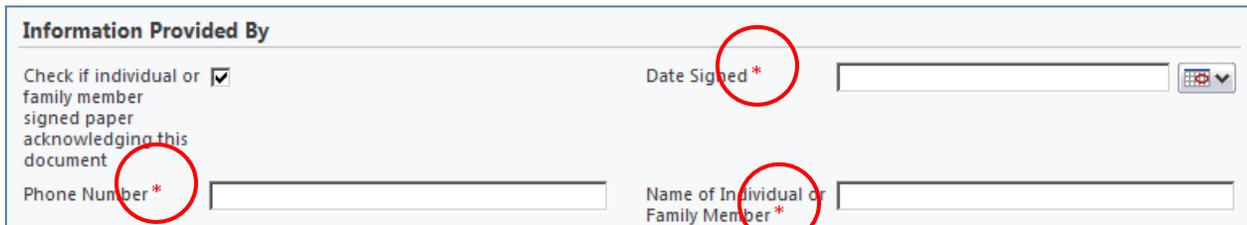
2) Individual or Family Member signed a paper copy of the DDP4:

To indicate that the Individual or Family Member signed a paper copy of the DDP4, click the check box for that selection.



The screenshot shows a form titled "Information Provided By". It contains four fields: a checkbox for "Check if individual or family member signed paper acknowledging this document" (which is checked and circled in red), a "Date Signed" field with a calendar icon, a "Phone Number" field, and a "Name of Individual or Family Member" field. The "Date Signed" and "Name of Individual or Family Member" fields are currently empty.

Once this option is selected, the **Phone Number**, **Date Signed** and **Name of Individual or Family Member** become required fields that you must complete.

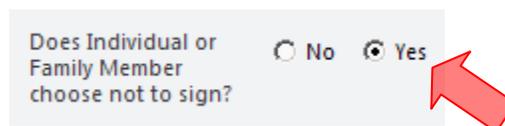


The screenshot shows the same "Information Provided By" form. The checkbox is checked. The "Date Signed" field, "Phone Number" field, and "Name of Individual or Family Member" field now have asterisks next to their labels, indicating they are required. These asterisks are circled in red. The "Date Signed" and "Name of Individual or Family Member" fields are empty.

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)

3) Individual or Family Member chose not to sign (not recommended, contact DDSO):

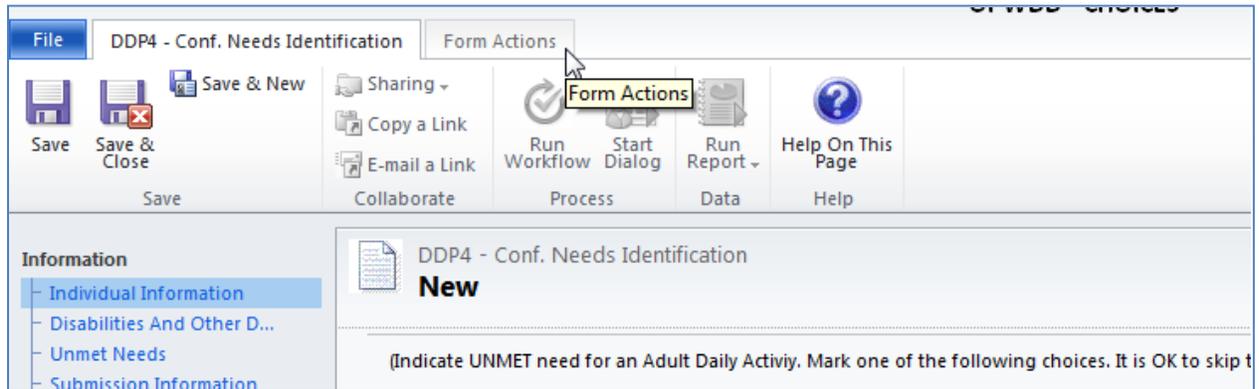
To indicate that the Family Member or Individual chose not to sign, you would simply click the **Yes** radio button.



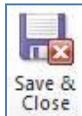
The screenshot shows a close-up of a question: "Does Individual or Family Member choose not to sign?". There are two radio buttons: "No" and "Yes". The "Yes" radio button is selected and circled in red. A red arrow points to the "Yes" radio button.

Saving, Printing and Submitting the DDP4

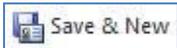
On the ribbon, in the upper left-hand corner of the form, you will find a **Save**, **Save and Close** and **Save & New** button.



Saves the current DDP4 and keeps it open.

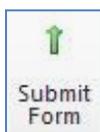
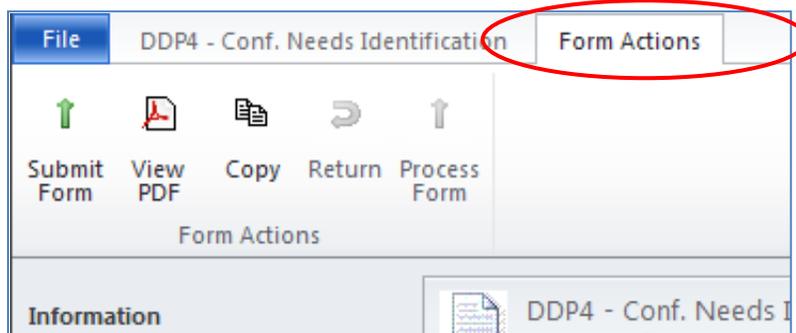


Saves the current DDP4 and closes it. You can return at a later time to complete or modify.



Saves the current DDP4 and opens a new DDP4.

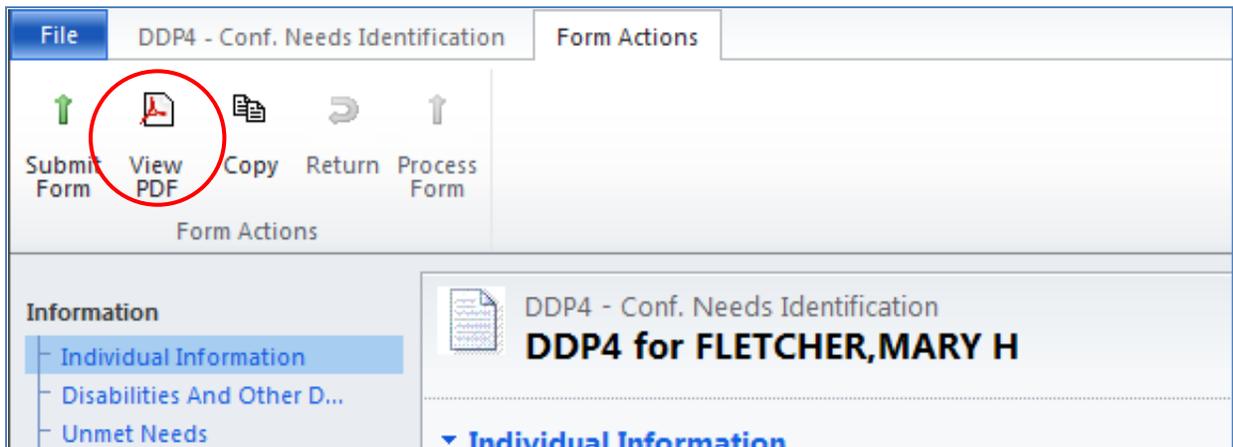
In the next tab “**Form Actions**” you will find the **Submit** button.



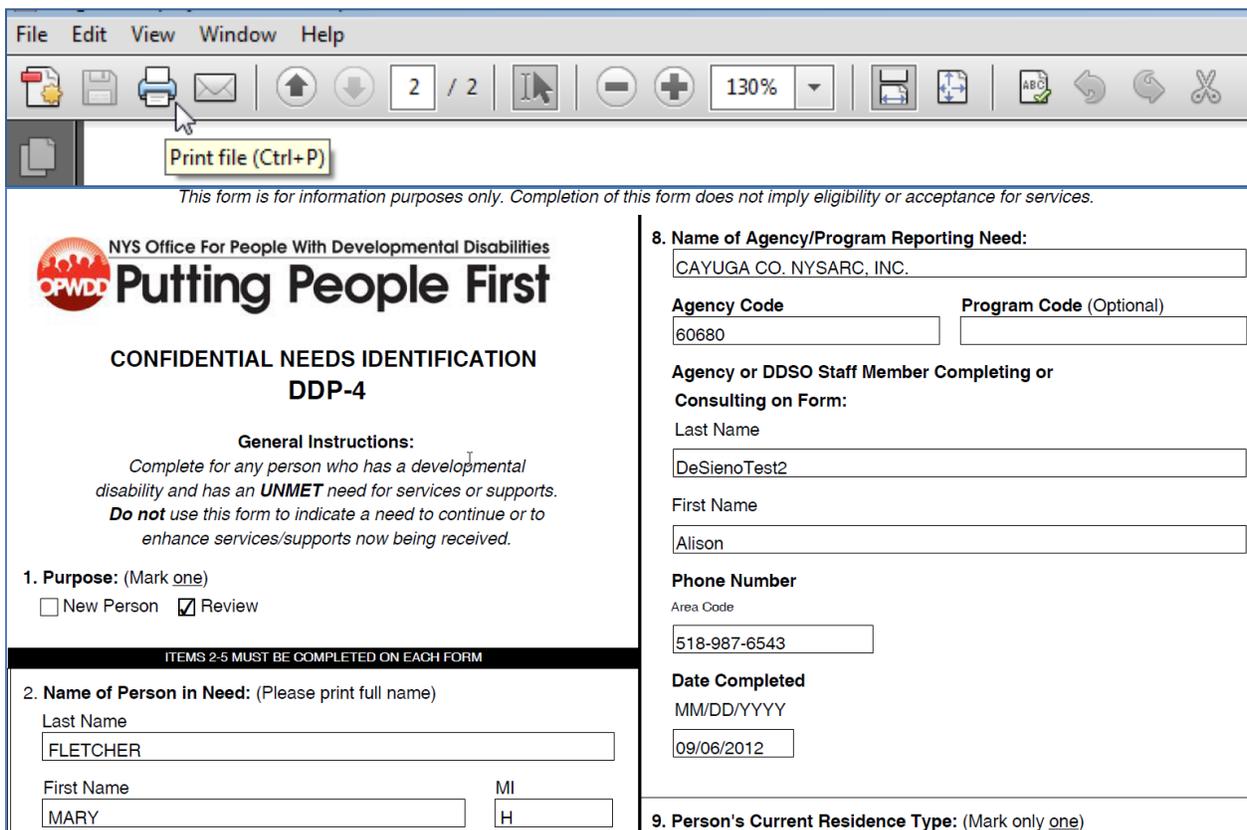
Submits the DDP4 to the DDSO

Once the DDP4 is saved, two more buttons will be activated in the “Form Actions” tab; **View PDF** and **Copy**.

First **View PDF**:

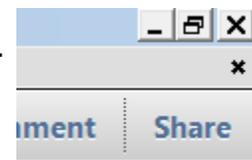


Click **View PDF**, to open a PDF version of the DDP4 for viewing and printing.



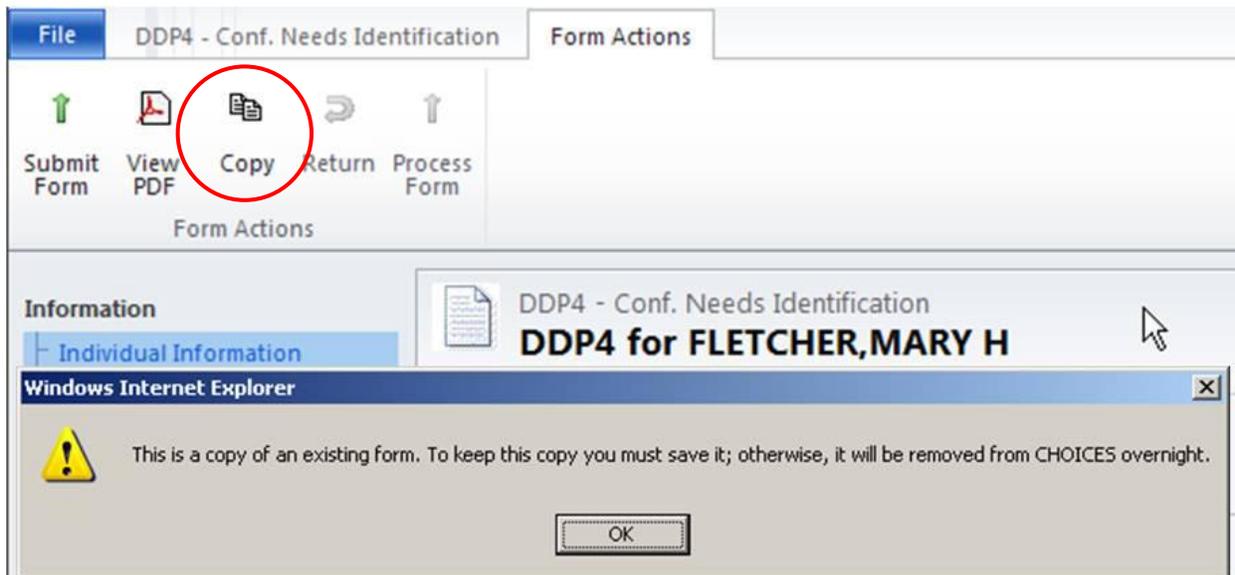
Click the larger ‘X’ in the upper right-hand corner to close the PDF.

The smaller, X, only closes the PDF and not the Adobe window.



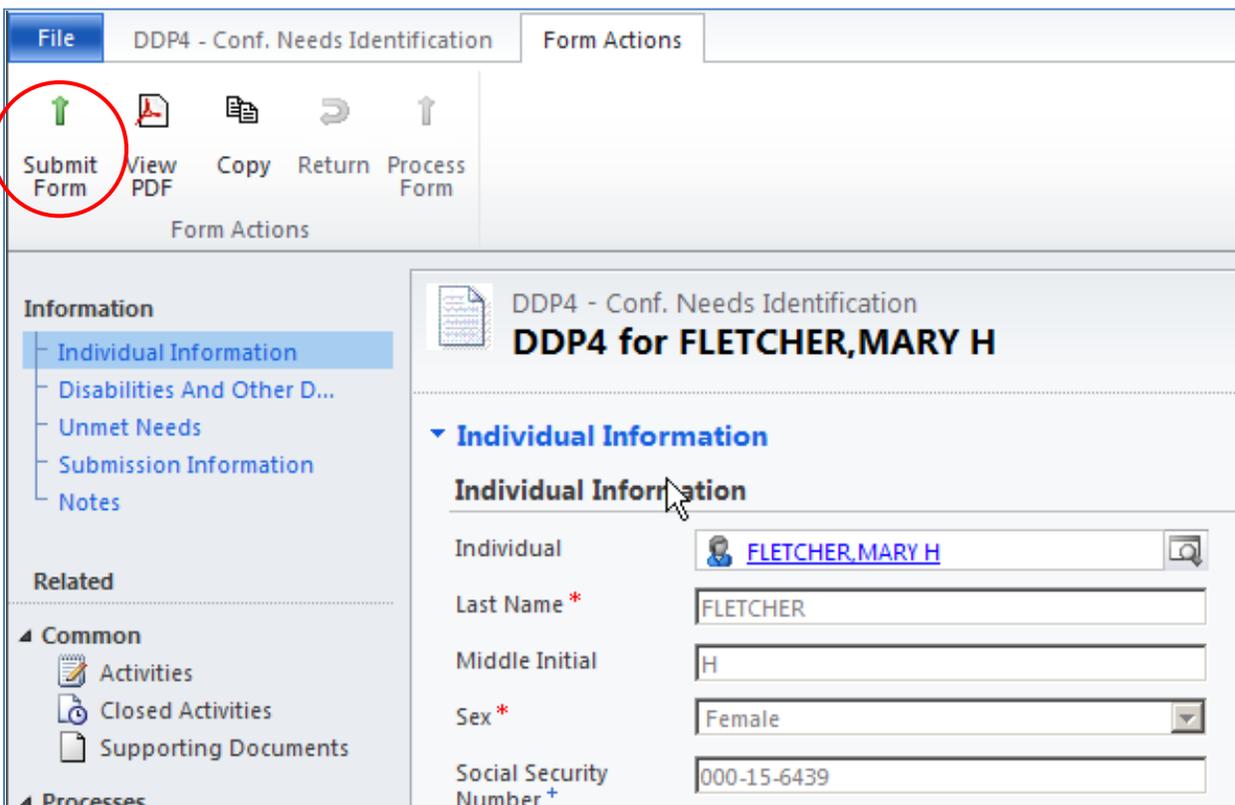
The second is **Copy**:

This will create an exact copy of the existing form with all saved information.



When the DDP4 is ready for submission, click the **Submit Form** button.

NOTE: Be sure any and all Supporting Documents have been uploaded prior to “Submit”



An electronic “Signature Form” box will display. Please read the information, and then click the box noting “By checking this box you agree to the above.”

Then enter your password and click Submit:

Signature Form -- Webpage Dialog

Signature Form

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By re-entering your network password and checking the box to agree to the terms and conditions herein, and clicking the submit button, you are authenticating that you are, in fact, the user associated with the user-ID below. Any document electronically signed after this authentication will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

By checking this box you agree to the above.

Please enter your password to sign this form electronically.

Individual Name: FLETCHER, MARY H

Agency/DDSO Contact: TestCAY033 TestCAY033

Enter Password: [password field]

Submit Reset Close

https://choicetest1.dynamics.omr/ISV/ESignatureForm/Signatu Local intranet SSL

NOTE: Whenever you submit or process forms that require a signature, the electronic Signature Form box will automatically display. By clicking in the box before the statement and then putting in your password, you are attesting to signing the form.

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

Once you click submit you will get the pop-up box below. If you are sure that you want to Submit the form, click **OK**.

Windows Internet Explorer

? This form will be sent to the DDSO for processing, are you sure you want to proceed?

OK Cancel

The form is now signed and submitted. On the Individual Screen, you can see that this DDP4 has been Submitted.

Individual		FLETCHER, MARY H					Individuals
DDP4 - Conf. Needs Identification : DDP4 Associated View						Search for records	
<input type="checkbox"/>	Name	Created On	Agency Name	Unmet Residential Support Need	Form Status	Status	
<input type="checkbox"/>	DDP4 for FLETCHER, MARY H	9/6/2012 3:28 PM	CAYUGA CO. NYSARC, INC.		Saved	Active	
<input type="checkbox"/>	DDP4 for FLETCHER, MARY H	9/7/2012 8:41 AM	CAYUGA CO. NYSARC, INC.		Copied	Active	
<input type="checkbox"/>	DDP4 for FLETCHER, MARY H	9/7/2012 8:44 AM	CAYUGA CO. NYSARC, INC.		Submitted	Active	

Accessing a Submitted or Saved DDP4

1. Click on DDP4, under Forms in the Workplace column, to review the list of all forms for your agency:

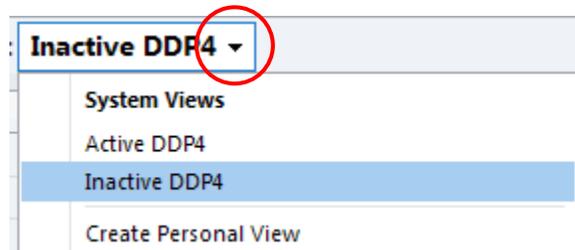


The content pane will display any saved or submitted DDP4s forms that have not yet been processed:

DDP4 - Conf. Needs Identification: Active DDP4						
<input type="checkbox"/>	Name	TABS ID	Created On	Agency Name	Unmet Residential Support Need	Form Status
<input type="checkbox"/>	DDP4 for ACORN, MOLLY	199811	8/9/2012 10:15 AM	SYRACUSE DEVELOPMENTAL CENTER (Saved
<input type="checkbox"/>	DDP4 for ADAMS, ALEXANDRA J	37531	10/26/2010 3:17 PM	SYRACUSE DEVELOPMENTAL CENTER (This Person Needs To Move Into A ...	Submitted
<input type="checkbox"/>	DDP4 for ADAMS, DEAN	25971	9/23/2010 11:22 AM	SYRACUSE DEVELOPMENTAL CENTER (This Person Needs To Move Into A ...	Saved
<input type="checkbox"/>	DDP4 for ADAMS, DEAN	183117	7/25/2012 8:22 AM	SYRACUSE DEVELOPMENTAL CENTER (This Person Needs To Move Into A ...	Submitted
<input type="checkbox"/>	DDP4 for ADAMS, JESSICA	120249	6/20/2012 12:56 PM	CAYUGA CO. NYSARC, INC.	This Person Needs To Move Into A ...	Submitted
<input type="checkbox"/>	DDP4 for ADAMS, JESSICA	120249	6/20/2012 2:40 PM	CAYUGA CO. NYSARC, INC.	This Person Needs To Move Into A ...	Submitted
<input type="checkbox"/>	DDP4 for ADAMS, NICK	3447	6/20/2012 8:47 AM	CAYUGA CO. NYSARC, INC.	This Person Needs To Move Into A ...	Submitted
<input type="checkbox"/>	DDP4 for ALBANESE, BILL	3258	7/6/2012 2:07 PM	J. M. MURRAY CENTER, INC.	This Person Needs To Move Into A ...	Submitted

You can see the status of two of the DDP4s is "Saved." This means that these DDP4s have been saved but not submitted. Six of the DDP4s have been "Submitted", but not yet processed in CHOICES. The **View** is set to **Active**.

If the view is changed to **Inactive** DDP4 using the dropdown arrow, you will be able to view any DDP4 that was **submitted and processed into TABS**.



- At the Individual's record, all forms pertaining to that Individual, no matter the status are listed within the *form* section.

OPWDD - CHOICES

Individual: FLETCHER, MARY H

DDP4 - Conf. Needs Identification: DDP4 Associated View

Name	Created On	Agency Name	Unmet Residential Support Need	Form Status	Status
DDP4 for FLETCHER, MARY H	9/10/2012 4:32 PM	BROOKLYN DEVELOPMENTAL CENTER	This Person Needs To Move Into A ...	Submitted	Active

NOTE:

When working on a DDP4, you can **Save** what you have completed and come back to it at a later date. To find it, access the individual's record, click on the DDP4 section link and then click the appropriate DDP4.

Individual: FLETCHER, MARY H

DDP4 - Conf. Needs Identification: DDP4 Associated View

Name	Created On	Agency Name	Unmet Residential Support Need	Form Status	Status
DDP4 for FLETCHER, MARY H	9/6/2012 3:28 PM	CAYUGA CO. NYSARC, INC.		Saved	Active
DDP4 for FLETCHER, MARY H	9/7/2012 8:41 AM	CAYUGA CO. NYSARC, INC.		Copied	Active
DDP4 for FLETCHER, MARY H	9/7/2012 8:44 AM	CAYUGA CO. NYSARC, INC.		Submitted	Active