



## CHOICES Portal

CHOICES Portal is accessible on the internet for individuals, advocates and service providers to view and sign forms.

*(Disclaimer: All names displayed in this training document are entirely fictitious and any resemblance to names of real persons, living or deceased, is purely coincidental.)*

Notifications will be sent via email, for example:

The DDP4 submitted for TABS ID: 55155 on 10/13/2011 2:50 PM is available through CHOICES Portal. Please log into the CHOICES Portal to see this form.

This e-mail was generated by the CHOICES System. Please do not reply.

Log into CHOICES Portal: <https://choicesportal.omr.state.ny.us>

A screenshot of the CHOICES Portal login page. The header includes the "CHOICES" logo, "NYS Office For People With Developmental Disabilities", and "Electronic Case Record System". Below the header is a "Login" section. On the left, it says "OPWDD CHOICES Portal". On the right, there is a "Login" form with two input fields: "Login:" containing the text "nysomrdd/kesselah" and "Password:" containing seven dots. Below the password field are two links: "Login" and "Reset".

After signing-in, there are two links viewable on the Main Page of CHOICES Portal: **My Individuals** and **My Forms**. **My Individuals** lists all persons for whom a portal user is representing. **My Forms** lists all forms, whether already viewed/signed or still ready for a signature, available to the person logged in to CHOICES Portal.

### ***My Individuals***

Using the **My Individuals** link will be demonstrated first. Many similarities exist between the process of viewing/signing a document in CHOICES Portal whether using **My Individuals** or **My Forms**. Here, click on **My Individuals** to proceed.

**CHOICES**  
Electronic Case Record System

NYS Office For People With Developmental Disabilities

CHOICES Portal Welcome: Anthony Kesseling Home | Logout

- My Individuals
- My Forms

## OPWDD CHOICES Portal

Welcome to CHOICES Portal!

Below, is listed the individuals that you have access to. In some cases, when there are many individuals listed, a **1** and **2** will appear in the lower right part of the screen. This would allow you to go to the next page. However, in this example there is only one page. Select an individual's name to continue.

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Individuals Welcome: Anthony Kesseling Home | Logout

- My Individuals
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### My Individuals

Click on the individual's name to view forms.

| Individual Name        | Address                                    | Date of Birth |
|------------------------|--|---------------|
| ESPOSITO, PHIL G       | 12 COLORADO AVENUE GREENBURGH              | 4/4/1942      |
| <b>LODZIRO, TOBARI</b> | 370 CONKLIN AVE. BINGHAMTON                | 12/12/1945    |
| SPECTOR, ANNALUCIA     | 240 LOWER STELLA ISLAND ROAD<br>BINGHAMTON | 2/13/1949     |

The **Forms For Selected Individual** screen appears. The column to the far right is the **Action** column. In this column, unsigned documents have a link to **View** or **Sign**, and signed documents have only a link to **View**.

Notice that the screen is divided into 5 columns.

1. The first column, **Name**, lists the names of all individuals for whom the advocate has been given access in CHOICES Portal.
2. To the right of each name, the **Form** column lists the specific form or document available to View and/or Sign within Portal.
3. If the form listed has been signed, a date will be provided in the **Signed On** column.
4. Additionally, if the form listed has been signed, an advocate's or individual's name will be provided in the **Signed By** column.
5. The **Action** column, on the far right of the **My Forms** screen, provides the ability to **View** and/or **Sign** specific forms listed. If the form has already been signed, or if the option for signing the specific form is not available in CHOICES Portal, **NA** will be shown instead **Sign** for any form. Clicking on **NA** will not produce a result in the system.

As a document should always be viewed before signing, click **View** to proceed.

**CHOICES** NYS Office For People With Developmental Disabilities  
Electronic Case Record System

**Individuals** Welcome: Anthony Kesseling [Home](#) | [Logout](#)

My Individuals  
My Forms

**Forms For Selected Individual**

Name: LODZIRO, TOBARI  
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903

Click on the form name under the **Form** column to view any related documents.  
Some forms such as **MSC5** are not linked to any documents.  
**Signed** refers to forms electronically signed through CHOICES Portal. Some forms such as the **MSC-7** and **MSC-9** do not contain a CHOICES Portal signature.

Display: All Forms

| Name           | Form | Signed On | Signed By         | Action    |
|----------------|------|-----------|-------------------|-----------|
| LODZIRO,TOBARI | MSC1 | --        | --                | View   NA |
| LODZIRO,TOBARI | DDP4 | --        | --                | View Sign |
| LODZIRO,TOBARI | MSC1 | 4/26/2011 | Anthony Kesseling | View      |

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A PDF version of the DDP4 opens. As shown in the DDP4 section above, this document may be printed or saved. When finished with this PDF, click the "X" button in the top right corner to close the PDF window.

*This form is for information purposes only. Completion of this form does not imply eligibility or acceptance for services.*

 NYS Office For People With Developmental Disabilities  
**Putting People First**

**CONFIDENTIAL NEEDS IDENTIFICATION  
 DDP-4**

**General Instructions:**  
 Complete for any person who has a developmental disability and has an UNMET need for services or supports. Do not use this form to indicate a need to continue or to enhance services/supports now being received.

**MARKING INSTRUCTIONS**

- Use a black or blue pen or a number 2 pencil.
- Print clearly using all CAPITAL letters and ARABIC numbers.

A B C D E 0 1 2 3 4 5 6 7 8 9

Correct Mark ● Incorrect Marks ☒ ☓

**1. Purpose: (Mark one)**

New Person  Review

**2. Name of Person in Need: (Please print full name)**

Last Name  
 LODZIRO

First Name MI  
 TOBARI

**3. Address of Person in Need:**

Address  
 370 CONKLIN AVE.

City  
 BINGHAMTON

State Zip Code  
 NY 13903 →  Mark here if this is a new address.

Country  
 BROOME

**4. Sex** **5. Date of Birth**

Male  Female Month Day Year  
 12 12 1945

**6. TABS (Tracking and** **7a. Person's Social Security**

**8. Name of Agency/Program Reporting Need:**

0233 - BROOME

Agency Code Program Code (Optional)  
 51940

**Agency or DDSO Staff Member Completing or Consulting on Form:**

Last Name  
 Walsh-Wasseman

First Name  
 Patricia

**Phone Number**

Area Code  
 518 381-2482

**Date Completed**

Month Day Year  
 02 25 2011

**9. Person's Current Residence Type: (Mark only one)**

1  Own home or apartment  
 2  Shared home with housemates  
 3  Home of his/her family  
 4  Local Department of Social Services Residence or Foster Care Home  
 5  Nursing Facility  
 6  Homeless or Shelter  
 7  OPWDD Certified Residence  
 8  Other (specify):

**How old is the primary care giver?** Years  
 (If 1, 2, or 3 complete if appropriate)

**10. Ethnicity/Race: (Mark the most appropriate)**

Having reviewed the form for accuracy, click the **Sign** link to continue. A **Signature Form** will open.

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Electronic Case Record System

Individuals Welcome: Anthony Kesseling Home | Logout

My Individuals  
My Forms

**Forms For Selected Individual**  
Name: LODZIRO, TOBARI  
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903  
Click on the form name under the **Form** column to view any related documents.  
Some forms such as MSC5 are not linked to any documents.  
**Signed** refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

| Name           | Form | Signed On | Signed By         | Action             |
|----------------|------|-----------|-------------------|--------------------|
| LODZIRO,TOBARI | MSC1 | --        | --                | View   NA          |
| LODZIRO,TOBARI | DDP4 | --        | --                | View   <b>Sign</b> |
| LODZIRO,TOBARI | MSC1 | 4/26/2011 | Anthony Kesseling | View               |

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Individuals Welcome: Anthony Kesseling Home | Logout

My Individuals  
My Forms

**Forms For Selected Individual**  
Name: LODZIRO, TOBARI  
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903

Signature Form - Windows Internet Explorer provided by New York State OPWDD

### 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.**

Form: DDP4  
Individual Name: TOBARI LODZIRO  
Address: 370 CONKLIN AVE., BINGHAMTON, NEW YORK, 13903  
Advocate Name: Anthony Kesseling  
Enter Password:

Submit Reset Close

The three (3) steps illustrated below must be followed to submit the completed DDP4. First, click in the white box to agree to the Electronic Signatures and Records Act (ESRA) statement. A check mark will appear in the box. Second, for the **Enter Password** field, the individual or advocate must enter the same password used to sign-in to the CHOICES Portal. The third and final step is to click **Submit**.

**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.**

Form: DDP4

Individual Name: TOBARI LODZIRO

Address: 370 CONKLIN AVE., BINGHAMTON, NEW YORK, 13903

Advocate Name: Anthony Kesseling

Enter Password: [masked]

**Submit**   **Reset**   **Close**

A date now appears in the **Signed On** column, the individual or advocate's name now appears in the **Signed By** column, and **View** is the only option in the **Action** column. Congratulations! This DDP4 form has now been successfully signed in CHOICES Portal.

**CHOICES** NYS Office For People With Developmental Disabilities  
Electronic Case Record System

Welcome: Anthony Kesseling   [Home](#) | [Logout](#)

**Individuals**

- My Individuals
- My Forms

**Forms For Selected Individual**

Name: LODZIRO, TOBARI  
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903

Click on the form name under the Form column to view any related documents.  
Some forms such as MSC5 are not linked to any documents.  
Signed refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

| Name           | Form | Signed On | Signed By         | Action    |
|----------------|------|-----------|-------------------|-----------|
| LODZIRO,TOBARI | MSC1 | --        | --                | View   NA |
| LODZIRO,TOBARI | MSC1 | 4/26/2011 | Anthony Kesseling | View      |
| LODZIRO,TOBARI | DDP4 | 4/26/2011 | Anthony Kesseling | View      |

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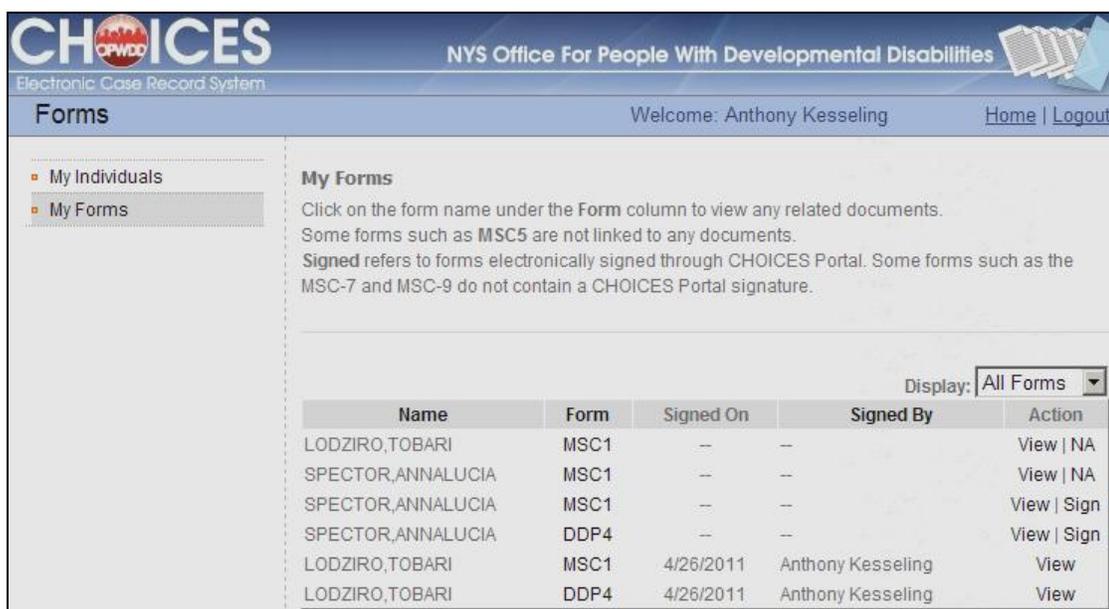
## My Forms

Now, viewing/signing a document using the **My Individuals** link will be demonstrated. Many similarities exist between the process using **My Individuals**, shown above, and **My Forms**, shown below. For this example, click on **My Forms** to proceed.



The **My Forms** screen appears. Notice that the screen is divided into 5 columns.

1. The first column, **Name**, lists the names of all individuals for whom the advocate has been given access in CHOICES Portal.
2. To the right of each name, the **Form** column lists the specific form or document available to View and/or Sign within Portal.
3. If the form listed has been signed, a date will be provided in the **Signed On** column.
4. Additionally, if the form listed has been signed, an advocate's or individual's name will be provided in the **Signed By** column.
5. The **Action** column, on the far right of the **My Forms** screen, provides the ability to **View** and/or **Sign** specific forms listed. If the form has already been signed, or if the option for signing the specific form is not available in CHOICES Portal, **NA** will be shown instead **Sign** for any form. Clicking on **NA** will not produce a result in the system.



Assume a decision has been made to sign a form in the CHOICES Portal for an individual listed in one of the rows below. (*Disclaimer: All names displayed in this training document are entirely fictitious and any resemblance to names of real persons, living or deceased, is purely coincidental.*)

As a document should always be viewed before signing, click **View** to proceed. In this example, an MSC1 form will open.

**CHOICES** NYS Office For People With Developmental Disabilities  
Electronic Case Record System

Welcome: Anthony Kesseling [Home](#) | [Logout](#)

**Forms**

- My Individuals
- My Forms

**My Forms**

Click on the form name under the **Form** column to view any related documents. Some forms such as MSC5 are not linked to any documents. **Signed** refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

| Name              | Form | Signed On | Signed By         | Action      |
|-------------------|------|-----------|-------------------|-------------|
| LODZIRO,TOBARI    | MSC1 | --        | --                | View   NA   |
| SPECTOR,ANNALUCIA | MSC1 | --        | --                | View   NA   |
| SPECTOR,ANNALUCIA | MSC1 | --        | --                | View   Sign |
| SPECTOR,ANNALUCIA | DDP4 | --        | --                | View   Sign |
| LODZIRO,TOBARI    | MSC1 | 4/26/2011 | Anthony Kesseling | View        |
| LODZIRO,TOBARI    | DDP4 | 4/26/2011 | Anthony Kesseling | View        |

A PDF version of the MSC1 opens. This document may be printed or saved. When finished with this PDF, click the "X" button in the top right corner to close the PDF window.

| NEW YORK STATE<br>OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES               |                    | MSC1 - APPL<br>(3/00)                               |
|---|--------------------|---|
| <b>INDIVIDUAL APPLICATION FOR PARTICIPATION IN MEDICAID SERVICE COORDINATION</b>  |                    |   |
| <b>Section I. Individual Information:</b>   |                    |   |
| Name: Last<br>SPECTOR   | First<br>ANNALUCIA | MI<br>  |
| TABS ID#: (if known)<br>21208   |                    | Social Security Number:<br>X X X - X X - 1 2 0 8    |
| Address: Street<br>240 LOWER STELLA ISLAND ROAD                                   |                    | Date of Birth:<br>0 2 / 1 3 / 1 9 4 9<br>MM DD YYYY |
| City<br>BINGHAMTON  |                    | State<br>NY   |
| Zip<br>13905  |                    | Phone Number:<br>(000 ) 000-0000                    |
| DDSO:<br>BROOME DDSO  |                    |   |
| <b>Section II. MSC Vendor/DDSO Information:</b>                                   |                    |   |
| Vendor/DDSO Name:<br>0233 - BROOME  |                    | Vendor Address: Street<br>249 GLENWOOD ROAD         |
| TABS Program Code:<br>0 2 3 3 0 5 9 0   |                    | City<br>BINGHAMTON                                  |
|   |                    | State<br>NEW YORK                                   |
|   |                    | Zip<br>13905  |
| <b>Section III. Individual Signature</b>  |                    |   |
| I am requesting participation in MSC effective 0 2 / 2 5 / 2 0 1 1.<br>MM DD YYYY |                    |   |

Having reviewed the form for accuracy, click **Sign** in the **Action** column to continue. A **Signature Form** will open.

The three steps illustrated below must be followed to submit the completed MSC1. First, click in the white box to agree to the Electronic Signatures and Records Act (ESRA) statement. A check mark will appear in the box. Second, for the **Enter Password** field, the individual or advocate must enter the same password used to sign-in to the CHOICES Portal. The third and final step is to click **Submit**.

**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.**

Form: MSC1

Individual Name: ANNALUCIA SPECTOR

Address: 240 LOWER STELLA ISLAND ROAD, BINGHAMTON, NEW YORK, 13905

Advocate Name: Anthony Kesseling

Enter Password: [masked] **2**

**3**

A date now appears in the **Signed On** column, the individual's or advocate's name now appears in the **Signed By** column, and the option to **Sign** is replaced by **NA** in the **Action** column. Congratulations! This MSC1 form has now been successfully signed in CHOICES Portal.

| Name              | Form | Signed On | Signed By         | Action      |
|-------------------|------|-----------|-------------------|-------------|
| LODZIRO,TOBARI    | MSC1 | --        | --                | View   NA   |
| SPECTOR,ANNALUCIA | MSC1 | --        | --                | View   NA   |
| SPECTOR,ANNALUCIA | DDP4 | --        | --                | View   Sign |
| LODZIRO,TOBARI    | MSC1 | 4/26/2011 | Anthony Kesseling | View        |