

## [EAA – Eligibility, Assessment and Authorization Tool - Entry](#)

The Eligibility, Assessment and Authorization Tool (EAA), is a form used to guide Regional Office (RO) Staff through the processes associated with OPWDD's Front Door. The EAA Tool records vital information as it is obtained from "new" people seeking supports and/or services through OPWDD. This tool will also be utilized for people already receiving services that express a desire for a new service or a change in existing services.

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**NOTE:** For help and Step-by-Step instructions for logging into CHOICES please check the **Navigation** Step-by-Step documentation on the CHOICES Training page.

### Add EAA form for someone known to TABS

Go to the *Individuals* section and find the individual you need to complete the EAA form for.

Search for the Individual by typing the last name in the search box and click the *Find* icon



	Full Name	TABS ID	Date Of Birth	Medicaid Number	Address Line 1	Address Line 2	City
<input type="checkbox"/>	ADAMS, APRIL	104016	7/27/1961	DJ84899L	4844 CELESTE AL...		BROOKLYN
<input type="checkbox"/>	ADAMS, DAVID	46620	11/12/1973	CJ89598W	168 THOMPkins ...		CORTLAND
<input type="checkbox"/>	ALBANESE, BILL	3258	2/9/1952	AT76577R	5958 OLD ONEID...	LINE 2 OF STREET...	ROME
<input type="checkbox"/>	ALBANESE, MARY	5722	9/22/1940	AG44438Z	47 LENNEX DOW...		CORTLAND
<input type="checkbox"/>	ALBANESE, RICHARD	8105	10/15/1957		2190 WALTERS L...		CORTLAND
<input type="checkbox"/>	ALBANESE, STEVE	3614	5/18/1938		2711 NOMTGOM...		CORTLAND
<input type="checkbox"/>	ALBANESE, TIMOTHY	7082	10/28/1969	BV29401M	37 LEVYDALE PARK	10/1/95	CORTLAND
<input type="checkbox"/>	ANDERSON, ZOE	199799	3/31/1966				
<input type="checkbox"/>	ANZALONE, CHRISTINE J	35303	9/25/1952	AH15691P	8683 WOLREMO...	2208 PENCEE STS...	DRYDEN
<input type="checkbox"/>	ANZALONE, DAVID J	8920	1/31/1927		7568 MELBA NAY...	5298 OAKCREST ...	CORTLAND
<input type="checkbox"/>	ANZALONE, DONNA J	159478	10/20/1984		8980 CEMETERY ...	2455 LAKEWOOD...	MOHAWK

Click on the name, to open the Individual's information screen.

	Full Name	TABS ID	Date Of Birth	Medicaid Number	Address Line 1	Address Line 2	City
<input type="checkbox"/>	BADLEY, ALIYAVAR	341737	1/15/1999	DD41737B	1853 SOUTHERLA...		FREEVILLE
<input type="checkbox"/>	BADLEY, KIOTTO	315291	11/17/1999		610 GONDOLFO I...		ROME

**NOTE:** Allow all records or forms to fully open before trying to maximize or clicking within to begin work.

The **Individual's Information** screen has all the forms you may need to work on. Forms available are based on your role.

Click on the *form section (EAA in this example)* to get a new form or view any saved, submitted or Inactive form.

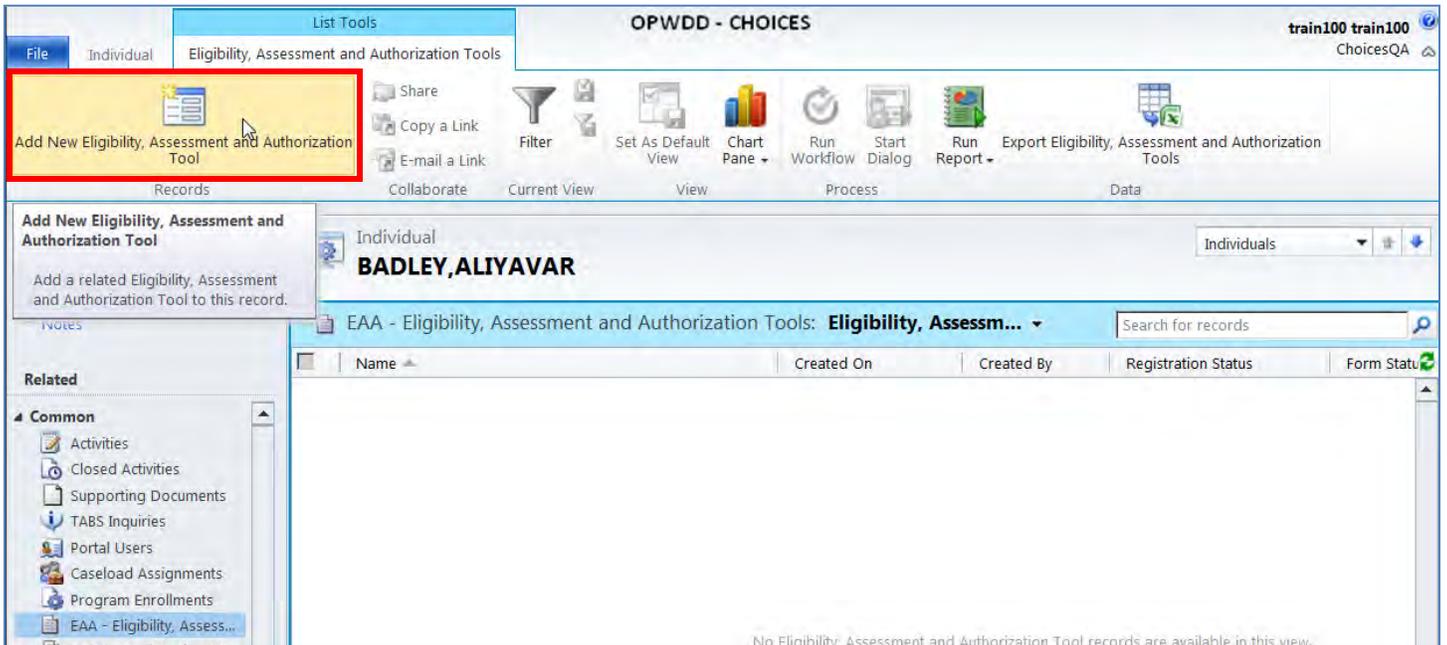
The screenshot shows the 'Individual Information' screen for 'BADLEY, ALIYAVAR' in the 'OPWDD - CHOICES' system. The left navigation pane includes sections for 'Information' (General, Additional Information, Notes) and 'Related' (Common). Under 'Common', the 'Program Enrollments' link is circled in red. The main content area displays the 'General' section with the following fields:

Individual Information	
Last Name *	BADLEY
First Name *	ALIYAVAR
Middle Initial	
Full Name	BADLEY, ALIYAVAR
Date Of Birth *	1/15/1999
Sex	Male
Ethnicity	
Phone Number	
Cell Phone Number	607-379-3988
Email	
Social Security Number	000-34-1737
Medicaid Number	DD41737B
Medicare Number	

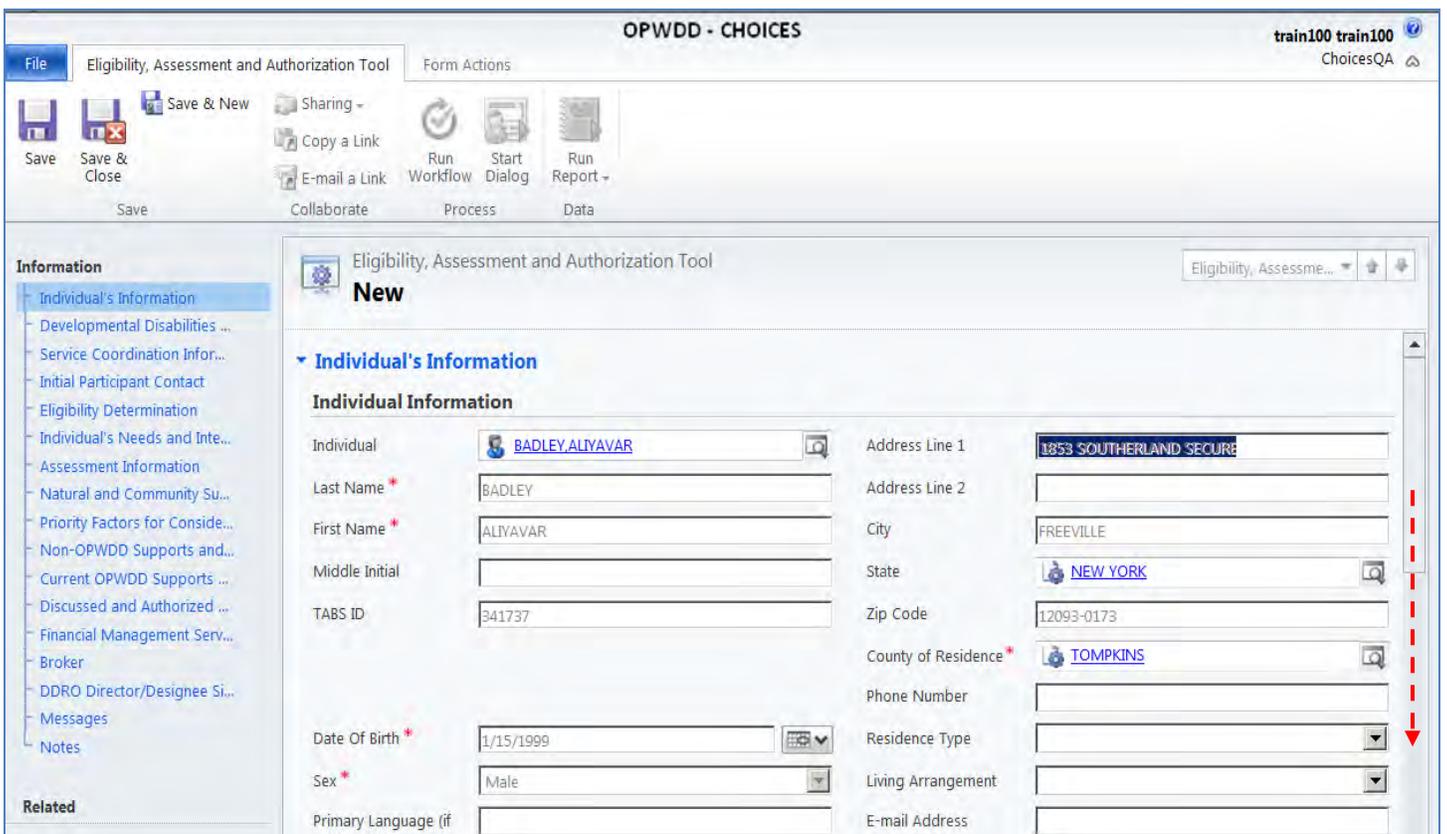
**NOTE:** By checking the **Program Enrollments** you can see what Programs this individual is enrolled in.

In this example, we are completing an EAA for Aliyavar Badley:

Click the, **Add New Eligibility, Assessment and Authorization Tool**, button



A new **EAA** for Aliyavar displays, with all information known to TABS pre-populating on the form



Scroll down the form using the scrollbar on the right, or you can click the blue links in the left column to go to that section (E.g. [Service Coordinator Information](#) or [Assessment Information](#), etc..)

Residence Type and Living Arrangement are dropdown fields, where there is a list of options to choose from:

Residence Type	With family or friends
Living Arrangement	Own Home or apartment
E-mail Address	With family or friends
Marital Status	OPWDD - or agency - operated residence
Is Willowbrook	OPWDD operated campus setting
DDSO *	Family care home
	Mental health residence (e.g., psychiatric group home)
	Psychiatric hospital/unit
	Homeless (with or without shelter)
	Nursing Facility (e.g., long-term care home, nursing
	Rehabilitation hospital/unit
	Hospice facility/palliative care unit
	Acute care hospital/unit
	Correctional facility
	Continuing Care hospital/unit
	Unspecified/Other

and

Living Arrangement	With parent(s) or guardian
E-mail Address	Alone
Marital Status	With spouse/partner only
Is Willowbrook	With spouse/partner and other(s)
DDSO *	With child (not spouse/partner)
	With parent(s) or guardian
	With sibling(s)
	With other relative(s)
	With non-relative(s)

In this example we are choosing **Residence Type: With family or friends** and **Living Arrangement: With parent(s) or guardian**.

**NOTE:** Required fields have Red asterisks \*

Some fields like Primary Language (if not English) are fillable fields, where you can type anything you like,

Primary Language (if not English)	
Primary Language (if not English)	Spanish

## Primary Contact

The Primary contact could be a CHOICES Portal User (for more information on CHOICES Portal Users check the CHOICES training page and review the Step-by-Step for Portal Users: [http://www.opwdd.ny.gov/opwdd\\_login/choices](http://www.opwdd.ny.gov/opwdd_login/choices) ) that is selected from the List of Values for Primary Contact or you can enter a person in manually.

Primary Contact				
Primary Contact	<input type="text"/>		Phone Number	<input type="text"/>
First Name	<input type="text"/>		E-mail Address	<input type="text"/>
Last Name	<input type="text"/>		Relationship to Individual	<input type="text"/>

To select a Portal Contact from the List of Values, click the Find Icon.

Primary Contact	<input type="text"/>	
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Users cannot type any program codes in CHOICES; all must be selected via the Find icon. If you try to type one in manually, you will get an error like the one below:

Primary Contact	 <span style="color: red;">John Smith</span>	
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To remove this, click back in the field and press the Delete key on your keyboard.

The following Look Up Record displays with the entire list of Portal Users. There may be pages of information in a Look Up Record popup; check the Page section, at the bottom right of this box, if the forward arrow is **blue**, not grayed out, there are multiple pages of codes.

In our example there are no Portal Users for this individual

**Look Up Record**

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.

Look for: Portal User

View: Contacts Lookup View

Search: [ ]

Show Only My Records

Filter by related

Full Name	Parent Customer	Address 1: City
No Portal User records are available		

0 - 0 of 0 (0 selected) Page 1

Properties New

OK Cancel Remove Value

If there was a Portal User you could select them from the list and click **OK**, in this case we will select **Cancel**.

**Primary Contact**

Primary Contact [ ]

First Name John

Last Name Smith

Phone Number 513-283-3456

E-mail Address john.smith@google.com

Relationship to Individual Friend

In this case we entered the information manually, filling out the First Name, Last Name, etc..

**NOTE:** The Alternate Contact section works the same way as Primary Contact

## Developmental Disabilities Regional Office (DDRO) Information

The EAA form is different than other forms in CHOICES have been in the past, because it is set up in a Regional format following the Regional format for OPWDD.

Notice that the DDRO lists three DDSOs for this example.

**Developmental Disabilities Regional Office (DDRO) Information**

DDRO \*

DDRO Contact

Phone Number

E-mail Address

Select a DDRO Contact by clicking the Find icon. **NOTE:** This will be a user of CHOICES

DDRO Contact  

The following Look Up Records popup displays:

**Look Up Record -- Webpage Dialog**

**Look Up Record**  
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.

Look for:

View:

Search:  

	Full Name	Agency	Main Phone	
<input type="checkbox"/>	 Train199 Train199	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Train200 Train200	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Train201 Train201	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Train202 Train202	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Train203 Train203	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Train208 Train208	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 train207 Train207	0233 - BROOME	555-555-5555	

1 - 50 of 161 (1 selected) Page 1

[https://choicesqa.opwdd.ny.gov/\\_controls/lookup/lookupinfo.aspx?AllowFilter](https://choicesqa.opwdd.ny.gov/_controls/lookup/lookupinfo.aspx?AllowFilter) Local intranet | Protected Mode: Off

Search for that name of the person that will be submitting the form, type their name in the Search field.

**Look Up Record**  
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.

Look for: User  
View: Users in the selected region  
Search: **benson**

	Full Name	Agency	Main Phone	
<input checked="" type="checkbox"/>	<a href="#">Dean Benson</a>	0233 - BROOME	518-381-2304 x123	

1 - 1 of 1 (1 selected) Page 1

Properties New

**OK** Cancel Remove Value

If more than one appear, select the person you are looking for and click **OK**.

**Developmental Disabilities Regional Office (DDRO) Information**

DDRO \* [Sunmount, Broome and Central New York DDRO](#)

DDRO Contact [Dean Benson](#)

Phone Number 518-381-2304 x123 E-mail Address [Dean.Benson@opwdd.ny.gov](mailto:Dean.Benson@opwdd.ny.gov)

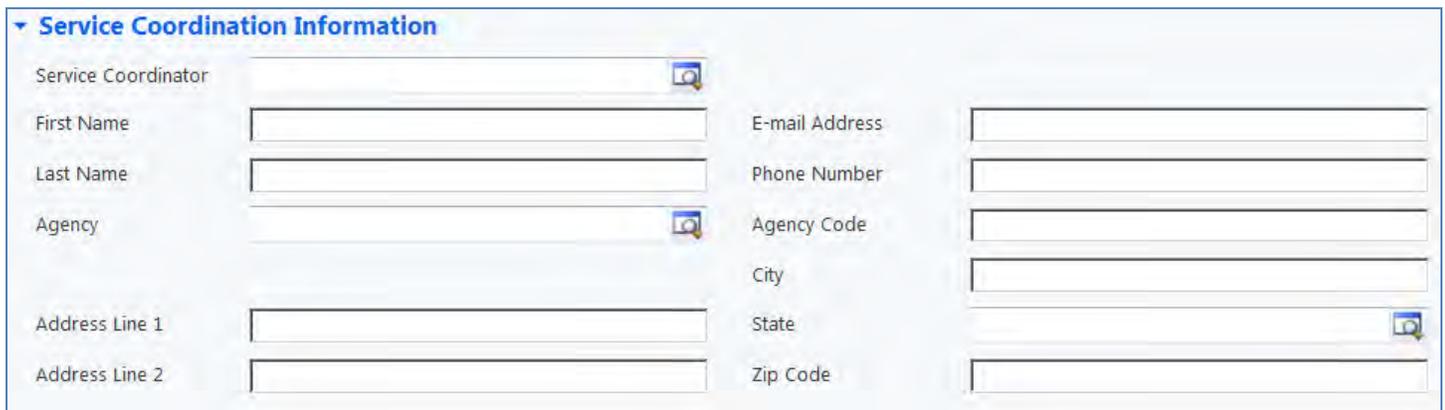
Their phone number and email address will populate on the EAA form.

## Service Coordination Information

To open the Service Coordination section, click the Heading for that section.



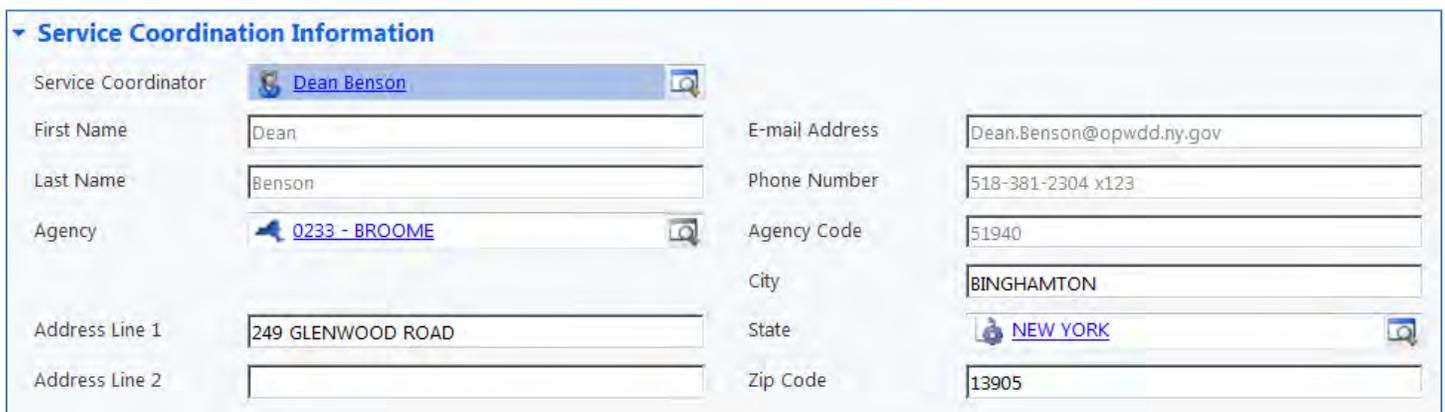
The section will open revealing the fields that need to be filled out for this section.



A screenshot of the 'Service Coordination Information' form. The form is titled 'Service Coordination Information' and contains the following fields:

Service Coordinator	<input type="text"/>	E-mail Address	<input type="text"/>
First Name	<input type="text"/>	Phone Number	<input type="text"/>
Last Name	<input type="text"/>	Agency Code	<input type="text"/>
Agency	<input type="text"/>	City	<input type="text"/>
Address Line 1	<input type="text"/>	State	<input type="text"/>
Address Line 2	<input type="text"/>	Zip Code	<input type="text"/>

Once you select a Service Coordinator from the Service Coordinator lookup all of their other information will auto populate:



A screenshot of the 'Service Coordination Information' form with the following fields populated:

Service Coordinator	<input type="text" value="Dean Benson"/>	E-mail Address	<input type="text" value="Dean.Benson@opwdd.ny.gov"/>
First Name	<input type="text" value="Dean"/>	Phone Number	<input type="text" value="518-381-2304 x123"/>
Last Name	<input type="text" value="Benson"/>	Agency Code	<input type="text" value="51940"/>
Agency	<input type="text" value="0233 - BROOME"/>	City	<input type="text" value="BINGHAMTON"/>
Address Line 1	<input type="text" value="249 GLENWOOD ROAD"/>	State	<input type="text" value="NEW YORK"/>
Address Line 2	<input type="text"/>	Zip Code	<input type="text" value="13905"/>

## Initial Participant Contact

The Initial Participant Contact section captures information about when Individual expressed interest in supports and services, whether the person was referred for OPWDD eligibility or to another entity, and when and if the person will participate in an ICS information session. This section captures dates in a few different areas.

Initial Participant Contact			
How did you hear about OPWDD?	<input type="text"/>	Date Individual expressed interest in supports and services	<input type="text"/> 
Interest expressed by	<input type="text"/>	Specify other	<input type="text"/>
Date of initial call or meeting	<input type="text"/> 	Initial Need Identified by Individual, Family or Designee	<input type="text"/>
Referred for OPWDD eligibility?	<input type="text"/>		
Referred to other entity?	<input type="text"/>	Specify other entity	<input type="text"/>
Date Individual will participate in ICS information session	<input type="text"/> 		
Are special accommodations needed?	<input type="text"/>	Special accommodations	<input type="text"/>
Has Individual participated in ICS information session?	<input type="text"/>		
Date participated in ICS information session	<input type="text"/> 	Reason Individual did not participate	<input type="text"/>

To enter a date in fields like **Date of initial call or meeting**, click the **Date** button.

Date of initial call or meeting	<input type="text"/> 
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Click a day on the calendar to select that day as the **Date of initial call or meeting**.

Date of initial call or meeting	<input type="text"/>		Initial Need Identified																																																	
Referred for OPWDD eligibility?	<input type="text"/>	<div style="border: 2px solid red; padding: 5px;"><p style="text-align: center;">April, 2013</p><table border="1"><thead><tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr></thead><tbody><tr><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr><tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr><tr><td>21</td><td style="border: 2px solid red;">22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr><tr><td>28</td><td>29</td><td>30</td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr></tbody></table><p style="text-align: center;">Today: 4/22/2013</p></div>		Su	Mo	Tu	We	Th	Fr	Sa	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11
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Date Individual will participate in ICS information session	<input type="text"/>																																																			
Are special	<input type="text"/>																																																			

**NOTE:** CHOICES is a dynamic form and some selections you make change other fields to required fields. A good example of this is when you select 'Yes' for **Are special accommodations needed?**. By selecting 'Yes' **Special accommodations** becomes a required field.

Are special accommodations needed?	<input type="text" value="Yes"/>	Special accommodations *	<input type="text"/>
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Another good example of this is the field **Has Individual participated in ICS information session**.

Has Individual participated in ICS information session?	<input type="text" value="Yes"/>	Date participated in ICS information session *	<input type="text"/>	Reason Individual did not participate	<input type="text"/>
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When you select 'Yes' **Date participated in ICS information session** becomes a required field. When you select 'No' the **Reason Individual did not participate** field becomes required.

Has Individual participated in ICS information session?	<input type="text" value="No"/>	Date participated in ICS information session *	<input type="text"/>	Reason Individual did not participate *	<input type="text"/>
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## Eligibility Determination

The Eligibility Determination section allows the user to Import Eligibility information from TABS.

**Eligibility Determination**

Is an Agency assisting the Individual to gather information for an eligibility determination?

Name of Provider

**If TABS ID is not specified, click the 'Refresh' button to get it from the form. To import the Individual's Eligibility Information from TABS, specify the DDSO code below and then click the 'Import Eligibility' button.**

TABS ID:  DDSO:

Eligibility information last retrieved on

Is Individual eligible for OPWDD services?

Is Individual enrolled in Medicaid?

Is Individual enrolled in HCBS Waiver?

Is the Individual eligible for Money Follows the Person participation?

Eligibility Date

Medicaid Coverage Code

HCBS Waiver enrollment date

HCBS Waiver termination date

Date list of MSC providers given to Individual

You start by answering the question, **Is an Agency assisting the Individual to gather information for an eligibility determination?**

**Eligibility Determination**

Is an Agency assisting the Individual to gather information for an eligibility determination?

Name of Provider

Choosing 'Yes,' changes **Name of Provider** to a required field.

Choose an Agency in the **Name of Provider** field from the Lookup Records popup. For this example I choose Broome DDSO (keep in mind it could be an Agency) and click **OK**.

**Look Up Record -- Webpage Dialog**

### Look Up Record

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.

**Look for:** Agency  **Show Only My Records**

**View:** Agency Lookup View

**Search:** Search for records 

	Agency Name ▲	Agency Code	DDSO?	Address
<input type="checkbox"/>	 PARKCHESTER/BRONXDALE DAY CARE	62410	No	1880
<input type="checkbox"/>	 0225 - SUNMOUNT	51420	Yes	2445
<input type="checkbox"/>	 0227 - LONG ISLAND	51350	Yes	45 M
<input type="checkbox"/>	 0230 - BERNARD FINESON	51470	Yes	P.O.
<input checked="" type="checkbox"/>	 <u>0233 - BROOME</u>	51940	Yes	249
<input type="checkbox"/>	 0235 - BROOKLYN	51380	Yes	888

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To Import the Individual's Eligibility, type the four digit DDSO code in the **DDSO** text field and then click the **Import Eligibility** button. It will ask that you please wait while it is Importing this data, it could take a few moments.

**If TABS ID is not specified, click the 'Refresh' button to get it from the form. To import the Individual's Eligibility Information from TABS, specify the DDSO code below and then click the 'Import Eligibility' button.**

TABS ID:  DDSO:

Eligibility information last retrieved on

Is Individual eligible for OPWDD services?

Is Individual enrolled in Medicaid?

Is Individual enrolled in HCBS Waiver?

Eligibility Date

Medicaid Coverage Code

HCBS Waiver enrollment date

HCBS Waiver termination date



**If TABS ID is not specified, click the 'Refresh' button to get it from the form. To import the Individual's Eligibility Information from TABS, specify the DDSO code below and then click the 'Import Eligibility' button.**

TABS ID:  DDSO:

The form has been updated with the latest Eligibility information matching your criteria.

Eligibility information last retrieved on

Is Individual eligible for OPWDD services?

Is Individual enrolled in Medicaid?

Is Individual enrolled in HCBS Waiver?

Eligibility Date

Medicaid Coverage Code

HCBS Waiver enrollment date

**NOTE:** The eligibility information cannot be entered manually onto the form, you must Import the Eligibility from TABS

**TIP:** If the Individuals eligibility changes while working on this form, you can always go through the steps above to Import their eligibility again.

The last three fields (pictured below) in the section can still be filled in.

Is the Individual eligible for Money Follows the Person participation?	<input type="text"/>	Date list of MSC providers given to Individual	<input type="text"/>
Have all other benefits been applied for, i.e., SNAP (food stamps), HEAP, SSI, SSDI, etc?	<input type="text"/>		

### Individual's Needs and Interests

The Individual's Needs and Interests section covers topics like **What are you currently doing with your day?**, **What do you want to do with your day?**, **Where do you want to live?**, **Other Needs and Interests** and **Self-Direction**. All of the fields are drop-down fields.

▼ **Individual's Needs and Interests**

**What are you currently doing with your day?**

Engaging in paid employment	<input type="text"/>	Community involvement without paid supports	<input type="text"/>
Volunteering	<input type="text"/>	Community involvement with paid supports	<input type="text"/>
Vocational Training	<input type="text"/>	Going to a day program	<input type="text"/>
Attending School	<input type="text"/>	Other	<input type="text"/>
Staying at home	<input type="text"/>		

**What do you want to do with your day?**

Engage in paid employment	<input type="text"/>	Community involvement without paid supports	<input type="text"/>
Volunteer	<input type="text"/>	Community involvement with paid supports	<input type="text"/>
Vocational Training	<input type="text"/>	Go to a day program	<input type="text"/>
Attend School	<input type="text"/>	Other	<input type="text"/>
		Is this need immediate?	<input type="text"/>

**Where do you want to live?**

At home with family	<input type="text"/>	In a residence with some supports	<input type="text"/>
On my own	<input type="text"/>	In a residence with 24-hour supports	<input type="text"/>

Some of the fields are dynamic and are grayed out until you make a selection in a related field. Under the **Self-Direction** section if you choose 'Yes' for **Are you interested in self-directing some or all of your services?**, the fields **Budget Authority** and **Employer Authority?** become recommended fields.

**Self-Direction**

Are you interested in self-directing some or all of your services? Yes

Budget Authority?   +      Employer Authority?   +

**NOTE:** A blue plus sign (+) represents a recommended field.

### Assessment Information

This section allows users to Import an Individual's DDP2 Scores and capture the Personal Resource Account (PRA) figure.

**Assessment Information**

Has assessment process been completed?   v      Date assessment process completed   v

DDP Adaptive        DDP Behavior        DDP Health  

ISPM Score        Assessment information last retrieved on   v

**If TABS ID is not specified, click the 'Refresh' button to get it from the form. To import the Individual's DDP2 scores from TABS, specify the DDSO code below and then click the 'Import DDP2 Scores' button.**

TABS ID: 341737      DDSO:  

Refresh      Import DDP2 Scores

Is the individual: 1) less than 22 years old and 2) residing with parents or legal guardian and 3) eligible to receive or receiving services through the school district? Select 'Yes' **ONLY if all three** criteria are met.   v

What type of supports is this Individual looking for?   v      Is this a new applicant or a request for change of services?   v

PRA Residential \$        PRA OTR \$        Both PRA \$

To Import the Individual's DDP2 score specify the DDSO by entering their code in the DDSO section. For this example, I am using Broome DDSO, which is 0233 and then click the Import DDP2 Scores button.

**If TABS ID is not specified, click the 'Refresh' button to get it from the form. To import the Individual's DDP2 scores from TABS, specify the DDSO code below and then click the 'Import DDP2 Scores' button.**

TABS ID:  DDSO:

The form has now been updated with the latest DDP2 Scores:

**Assessment Information**

Has assessment process been completed?  Date assessment process completed

DDP Adaptive  DDP Behavior  DDP Health

ISPM Score  Assessment information last retrieved on

**NOTE:** The DDP2 scores cannot be entered manually onto the form, you must Import the DDP2 scores from TABS

The area right below that has the question:

Is the individual: 1) less than 22 years old and 2) residing with parents or legal guardian and 3) eligible to receive or receiving services through the school district? Select 'Yes' **ONLY if all three** criteria are met.

You may go ahead at this point and enter the PRA information

What type of supports is this Individual looking for?  Is this a new applicant or a request for change of services?

PRA Residential  PRA OTR  Both PRA

## Priority Factors for Consideration

The priority factors listed in the EAA form correlate with the priority factors in OPWDD's HCBS Waiver. These priorities factors are largely crisis oriented and our first responsibility is to ensure that people we serve are safe from harm.

▼ **Priority Factors for Consideration**

<input type="checkbox"/>	Priority Factor	Is the individual at risk for this?	HCBS Waiver Priority Level (Priority Factor)
To enable this content, save the record.			

0 - 0 of 0 (0 selected) Page 1

**To calculate (or re-calculate) this Individual's priority level, click the button below. You will need to re-calculate after adding or removing priority factors for consideration.**

Individual does not have any priority factors listed.

**NOTE:** It is important to save often when filling out the EAA form. If you get to this section and have not yet saved you should do so, or you will not be allowed to choose Priority Factors.

Click Save button at the top of the form.



## Adding Sub-form for Priority Factors for Consideration

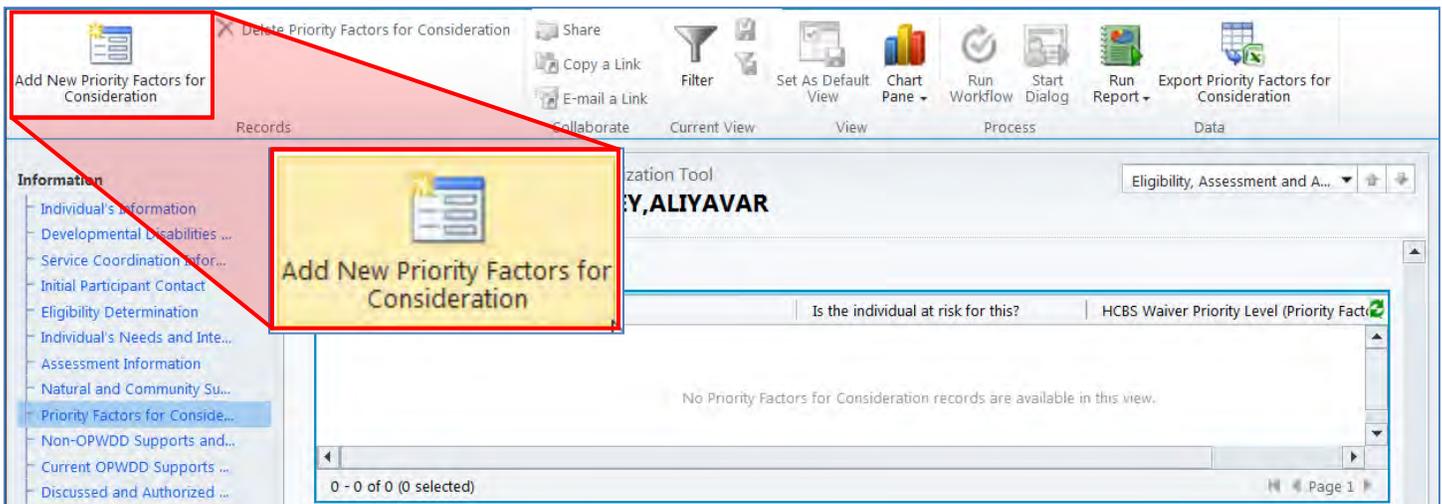
Now click inside the grid or box for Priority Factors for Consideration.

▼ **Priority Factors for Consideration**

<input type="checkbox"/>	Priority Factor ▲	Is the individual at risk for this?	HCBS Waiver Priority Level (Priority Factor) ↻
No Priority Factors for Consideration records are available in this view.			

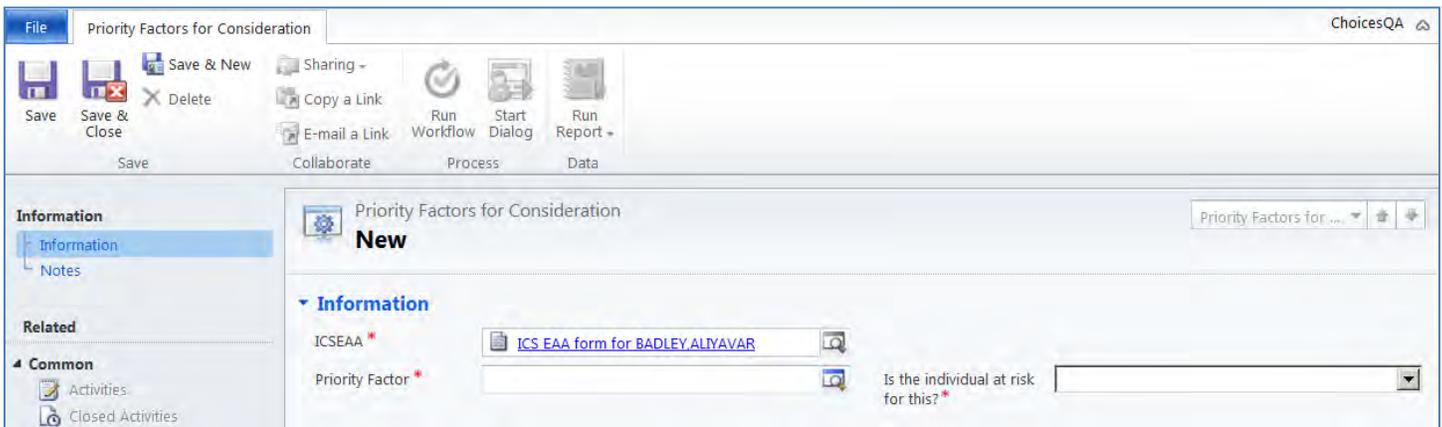
0 - 0 of 0 (0 selected) Page 1

Once you click inside the Priority Factor for Consideration box you will notice an **Add New Priority Factors for Consideration** button becomes active.

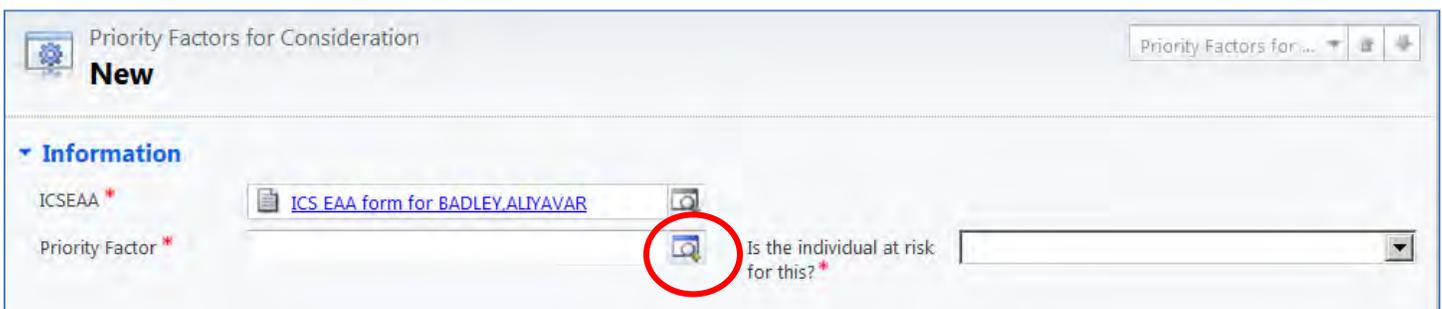


Click the **Add New Priority Factors for Consideration** button.

The **Priority Factors for Consideration** sub-form opens.



Click the **Priority Factor** Look Up Records button.



The **Priority Factor** Look Up Record pop-up box displays:

**Look Up Record**

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.

Look for: Priority Factor Type

View: Priority Factor Type Lookup View

Search:

Name ▲	HCBS Waiver Priority Level
<input type="checkbox"/> Abusive or neglectful situation constituting imminent risk of h...	Emergency
<input type="checkbox"/> Affected by court or legislative mandate requiring residential...	Urgent/Emergency Prevention
<input type="checkbox"/> Aging or failing health of caregiver/no alternate caregiver av...	Urgent/Emergency Prevention
<input type="checkbox"/> Compatibility of the individual with available services	Not Urgent
<input type="checkbox"/> Compatibility with the other individuals in a shared living arr...	Not Urgent
<input type="checkbox"/> Homeless or in imminent danger of becoming homeless	Emergency
<input type="checkbox"/> Imminent danger to others	Emergency
<input type="checkbox"/> Imminent danger to self	Emergency
<input type="checkbox"/> Living situation presents a significant risk of neglect or abuse	Urgent/Emergency Prevention
<input type="checkbox"/> Medical/physical condition requires care not available in pre...	Urgent/Emergency Prevention
<input type="checkbox"/> Presents an increasing risk to self or others	Urgent/Emergency Prevention
<input type="checkbox"/> Relative need for supports for daily living	Not Urgent

1 - 12 of 12 (0 selected) Page 1

Properties New

OK Cancel Remove Value

https://choicesqa.opwdd.ny.gov/\_controls/lookup/lookupinfo.aspx?AllowFilter Local intranet | Protected Mode: Off

Click the checkbox for the Factor that you wish to select and Click **OK** button.

<input type="checkbox"/>	Medical/physical condition requires care not available in pre...	Urgent/Emergency Prevention
<input checked="" type="checkbox"/>	<u>Presents an increasing risk to self or others</u>	Urgent/Emergency Prevention
<input type="checkbox"/>	Relative need for supports for daily living	Not Urgent

1 - 12 of 12 (1 selected) Page 1

Properties New

OK Cancel Remove Value

https://choicesqa.opwdd.ny.gov/\_controls/lookup/lookupinfo.aspx?AllowFilter Local intranet | Protected Mode: Off

Select a choice from the **Is the Individual at risk for this?** Dropdown box

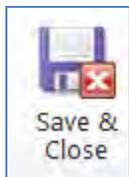
Information

ICSEAA \* ICS EAA form for BADLEY, ALIYAVAR

Priority Factor \* Presents an increasing risk to self or oth

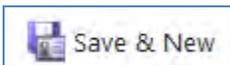
Is the individual at risk for this? \* Yes

At this point, you can choose to Save and close out of the form using the:



**Save and Close** button

Or, you can Save this information and enter a new Priority Factor by clicking the:



**Save and New** button

Both buttons can be found at the top left corner of the Sub-form.

In this example, I added three Priority Factors. Once you have added the Priority Factors for Consideration click the **Compute Priority Level** button.

▼ **Priority Factors for Consideration**

<input type="checkbox"/> Priority Factor ▲	Is the individual at risk for this?	HCBS Waiver Priority Level (Priority Factor)
<input type="checkbox"/> Abusive or neglectful situation constituting imminent risk of harm	Yes	Emergency
<input type="checkbox"/> Compatibility of the individual with available services	Yes	Not Urgent
<input type="checkbox"/> Presents an increasing risk to self or others	Yes	Urgent/Emergency Prevention

1 - 3 of 3 (0 selected) Page 1

**To calculate (or re-calculate) this Individual's priority level, click the button below. You will need to re-calculate after adding or removing priority factors for consideration.**

Individual does not have any priority factors listed. Therefore Individual is Priority 3 (normal priority)

**Compute Priority Level**

The Priority level message will change to reflect the priority level for the individual

**To calculate (or re-calculate) this Individual's priority level, click the button below. You will need to re-calculate after adding or removing priority factors for consideration.**

**Individual is Priority 1 (emergency priority)**

**Compute Priority Level**

Now say you found that you made a mistake and you want to replace one of the Priority Factors. You can click the Priority Factor that you wish to remove.

▼ **Priority Factors for Consideration**

<input type="checkbox"/> Priority Factor ▲	Is the individual at risk for this?	HCBS Waiver Priority Level (Priority Factor)
<input checked="" type="checkbox"/> Abusive or neglectful situation constituting imminent risk of harm	Yes	Emergency
<input type="checkbox"/> Compatibility of the individual with available services	Yes	Not Urgent
<input type="checkbox"/> Presents an increasing risk to self or others	Yes	Urgent/Emergency Prevention

1 - 3 of 3 (1 selected) Page 1

At the top of the EAA form, next to the Add New Priority Factors button, click the **Delete Priority Factors for Consideration** button.

The screenshot shows the top navigation bar of the EAA form. The button 'Delete Priority Factors for Consideration' is circled in red. Other buttons include 'Add New Priority Factors for Consideration', 'Share', 'Copy a Link', 'E-mail a Link', 'Filter', 'Set As Default View', 'Chart Pane', and 'Run Workflow'. Below the navigation bar, the main content area displays 'Eligibility, Assessment and Authorization Tool' and 'ICS EAA form for BADLEY, ALIYAVAR'. A section titled 'Priority Factors for Consideration' contains a table with two rows. The first row is selected and has a checked checkbox. The second row has an unchecked checkbox.

<input type="checkbox"/>	Priority Factor	Is the individual at risk for this?
<input checked="" type="checkbox"/>	Abusive or neglectful situation constituting imminent risk of har	Yes
<input type="checkbox"/>	Compatibility of the individual with available services	Yes

You will get a message to confirm Deletion, click the **OK** button.

The screenshot shows a 'Confirm Deletion -- Webpage Dialog' window. The title bar reads 'Confirm Deletion -- Webpage Dialog'. The main text says 'Confirm Deletion' and 'You have selected 1 Priority Factors for Consideration for deletion.' Below this, it states 'The system will delete this record. This action cannot be undone. To continue, click OK.' At the bottom right, there are two buttons: 'OK' and 'Cancel'. The 'OK' button is circled in red.

Now click the **Add New Priority Factors for Consideration** button (to add a new Priority Factor), follow the steps above to choose a new Priority Factor for Consideration from the sub-form.

Once you add the new Factor, Click Compute Priority Level button again to re-compute the Priority level.

▼ **Priority Factors for Consideration**

<input type="checkbox"/>	Priority Factor ▲	Is the individual at risk for this?	HCBS Waiver Priority Level (Priority Facto
<input type="checkbox"/>	Compatibility of the individual with available services	Yes	Not Urgent
<input type="checkbox"/>	Compatibility with the other individuals in a shared living arran	Yes	Not Urgent
<input type="checkbox"/>	Presents an increasing risk to self or others	Yes	Urgent/Emergency Prevention

1 - 3 of 3 (0 selected) Page 1

**To calculate (or re-calculate) this Individual's priority level, click the button below. You will need to re-calculate after adding or removing priority factors for consideration.**

Individual is Priority 2 (urgent priority)

**Compute Priority Level**

You can see the Priority level in this example went from a 1 to a 2.

**NOTE:**

The sections **Priority Factors for Consideration**, **Non-OPWDD Supports and Services Currently in Place**, **Current OPWDD Supports and Services in Place** and **Discussed and Authorized Supports and Services** all use the Sub-form Process. To learn more about adding and deleting through a Sub-form please read the **Adding Sub-form for Priority Factors for Consideration** section above.

### Non-OPWDD Supports and Services

▼ **Non-OPWDD Supports and Services Currently in Place**

Is the Individual currently receiving Non-OPWDD supports and services?

<input type="checkbox"/>	Type of Service ▲	Other Service Type	Is Individual currently r...	Add, Change or Remove thi...	If change, how?
No Non-OPWDD Supports and Services records are available in this view.					

0 - 0 of 0 (0 selected) Page 1

You can choose whether the Individual is currently receiving Non-OPWDD supports and services through the dropdown menu and then add any services using the sub-form process. If you do not know how to manipulate the sub-form please view [Adding Sub-form for Priority Factors for Consideration](#) section above.

The Sub-form displays. Here you can select the **Type of Service**, **Is Individual currently receiving this service** and if this is an **Add, Change or Remove** for this service.

### Current OPWDD Supports and Services in Place

There are two questions with dropdowns for if the Individual is currently receiving and OPWDD services and if they have ever received OPWDD services. After those questions you can add the OPWDD services that the individual is receiving through the sub-form process. If you do not know how to manipulate the sub-form please view [Adding Sub-form for Priority Factors for Consideration](#) section above.

The Sub-form displays. Here you can select the **Category** and **Type of Service**, **Is Individual receiving this service** and if this is an **Add, Change or Remove** for this service.

OPWDD Supports and Services

**New**

Information

ICSEEA \*

Category of Service \*  Specify

Type \*

Is the Individual receiving this service? \*  If change, how? \*

Add, Change or Remove this service?  Specify Other Change

Notes

## Discussed and Authorized Supports and Services

Discussed and Authorized Supports and Services

Category of Service ▲	Type of Service	Specify	Discussed?	Recommended?
No Discussed and Authorized Supports and Services records are available in				

0 - 0 of 0 (0 selected) Page 1

There are no questions before the sub-form area for **Discussed and Authorized Supports and Services**. You can add the Discussed and Authorized Supports and Services that the individual is receiving through the sub-form process. If you do not know how to manipulate the sub-form please view **Adding Sub-form for Priority Factors for Consideration** section above.

The Sub-form displays. Here you can select the **Category** and **Type of Service**, **Was this service discussed with the Individual?** and if this is an **Was this service recommended for authorization?**

Discussed and Authorized Supports and Services Discussed and Auth...  

**New**

**Information**

ICSEAA \*  

Category of Service \*  Specify

Type \*

Was this service discussed with the Individual? \*  Was this service recommended for authorization? \*

Was this service authorized?  Reason not authorized

**Notes**

**NOTE:** If you are an Approver you will have to double-click on the Support and Service in the sub-form and approve this Support or Service. Notice how above that area is grayed out if you have an EAA Entry role in CHOICES.

**Discussed and Authorized Supports and Services**

<input checked="" type="checkbox"/>	Category of Service	Type of Service	Specify	Discussed?	Recommended? 
<input checked="" type="checkbox"/>	 Community, Relationships, Meaningful ...	Agency With Choice/Financial Manage...		Yes	Yes

1 - 1 of 1 (1 selected) Page 1

**Information**

ICSEAA \*  

Category of Service \*  Specify

Type \*

Was this service discussed with the Individual? \*  Was this service recommended for authorization? \*

Was this service authorized? \*  Reason not authorized

**Notes**

## Financial Management Services Agency (FMS)

### Financial Management Services Agency (FMS)

This information is required when the services/supports the individual chooses are accessed using Consolidated Supports and Services. This includes accessing consultant or community vendor supports, transportation stipends or other community or generic supports that cannot be billed directly to eMedNY or OPWDD.

FMS Agency	<input type="text"/>	City	<input type="text"/>
Street 1	<input type="text"/>	State	<input type="text"/>
Street 2	<input type="text"/>	Zip Code	<input type="text"/>
OPWDD Corp ID	<input type="text"/>	Federal Employer ID	<input type="text"/>
<b>FMS Contact</b>			
FMS Contact	<input type="text"/>	Job Title	<input type="text"/>
First Name	<input type="text"/>	Phone Number	<input type="text"/>
Last Name	<input type="text"/>	E-mail Address	<input type="text"/>

You can select the **FMS Agency** and the **FMS Contact** from the Look Up Records area for that field. You can bypass the FMS Contact and enter the Contact manually as well.

### Financial Management Services Agency (FMS)

This information is required when the services/supports the individual chooses are accessed using Consolidated Supports and Services. This includes accessing consultant or community vendor supports, transportation stipends or other community or generic supports that cannot be billed directly to eMedNY or OPWDD.

FMS Agency	<input type="text" value="HERITAGE FARM, INC."/>	City	<input type="text" value="BOUCKVILLE"/>
Street 1	<input type="text" value="3599 STATE ROUTE 46"/>	State	<input type="text" value="NEW YORK"/>
Street 2	<input type="text" value="R.D.#1 P.O. BOX 143"/>	Zip Code	<input type="text" value="13310"/>
OPWDD Corp ID	<input type="text" value="21180"/>	Federal Employer ID	<input type="text" value="161250913"/>
<b>FMS Contact</b>			
FMS Contact	<input type="text"/>	Job Title	<input type="text" value="FMS Person"/>
First Name	<input type="text" value="Pete"/>	Phone Number	<input type="text" value="555-555-5555"/>
Last Name	<input type="text" value="Homin"/>	E-mail Address	<input type="text" value="hominpl@abcagency.org"/>

## Broker

### ▼ Broker

This information is required when the services/supports the individual chooses are accessed using Consolidated Supports and Services. This includes accessing consultant or community vendor supports, transportation stipends or other community or generic supports that cannot be billed directly to eMedNY or OPWDD.

Broker	<input type="text"/>		Agency Affiliation (if applicable)	<input type="text"/>	
First Name	<input type="text"/>		Phone Number	<input type="text"/>	
Last Name	<input type="text"/>		E-mail Address	<input type="text"/>	
Type of Broker	<input type="text"/>		City	<input type="text"/>	
Street 1	<input type="text"/>		State	<input type="text"/>	
Street 2	<input type="text"/>		Zip Code	<input type="text"/>	

You can choose a Broker from the Look Up Records button or enter one in manually by typing the First Name, Last Name, etc..

## DDRO Director/Designee Signoff

**DDRO Director/Designee Signoff**

DDRO Director/Designee  Title

Phone Number Date of Decision 

Use the Look Up Records button to choose a **DDRO Director/Designee**. This is the person that the form will go to for final approval.

Type a name in the **Search** field and then click the **Search** button.

**Look Up Record -- Webpage Dialog**

**Look Up Record**

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.

Look for: User

View: Users in the selected region

Search: Benson 

	Full Name	Agency	Main Phone	
<input checked="" type="checkbox"/>	 Train252 Train252	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Train253 Train253	0233 - BROOME	555-555-5555	
<input type="checkbox"/>	 Choices Admin	0261 - CENTRAL NEW YORK		

1 - 50 of 161 (1 selected) Page 1

Properties New

OK Cancel Remove Value

https://choicesqa.opwdd.ny.gov/\_controls/lookup/lookupinfo.aspx?AllowFilter Local intranet | Protected Mode: Off

Click the name of the person you were searching for and click the **OK** button.

	Full Name	Agency	Main Phone	
<input checked="" type="checkbox"/>	 <a href="#">Dean Benson</a>	0233 - BROOME	518-381-2304 x123	

1 - 1 of 1 (1 selected) Page 1

The Director/Designee's Phone Number will auto-populate.

**DDRO Director/Designee Signoff**

DDRO Director/Designee	 <a href="#">Dean Benson</a>	Title	<input type="text"/>
Phone Number	<input type="text" value="518-381-2304 x123"/>	Date of Decision	<input type="text"/> 

## Messages

The Messages section of the form will update every time the form is saved, submitted and processed. This tracks anytime a user makes a change to the form.

This is an example of the Messages in an EAA form that has been Submitted and Processed by the DDRO Director/Designee. Instead of train100 you would see the user's actual name. You can see it was Submitted to the Director and then the Form was completed (Final Authorization by DDRO Director/Designee).

**Messages**

Form completed on 4/19/2013, by train100 train100

Modified on 4/19/2013, by train100 train100

Submitted to Director on 4/19/2013, initiated by train100 train100

Modified on 4/19/2013, by train100 train100

## Notes

A user can make a Note at any time on the EAA form. If the Director/Designee **Returns** the EAA form to the Submitter, they are forced to make a Note to let the user know what is required.

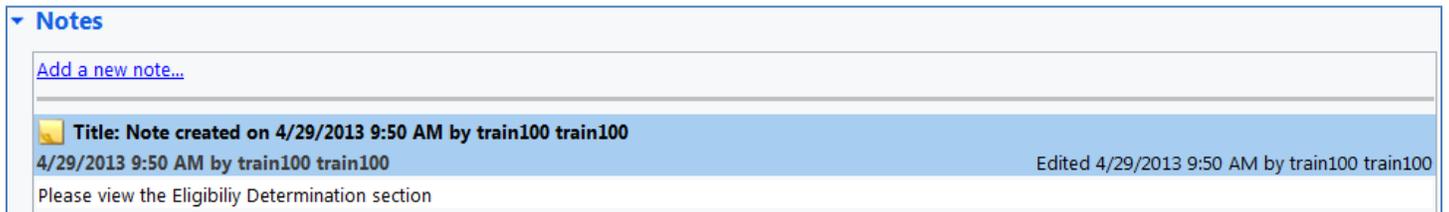
Click the Notes header to open the Notes section.



Notes

[Add a new note...](#)

To add a new note, click the **Add a new note** link. A field will open where you can type your note.



Notes

[Add a new note...](#)

 **Title: Note created on 4/29/2013 9:50 AM by train100 train100**  
4/29/2013 9:50 AM by train100 train100 Edited 4/29/2013 9:50 AM by train100 train100  
Please view the Eligibiliy Determination section

**NOTE:** When you have finished typing the Note click outside the field you are typing inside to save the Note.

## Supporting Documents

To begin loading a Supporting Document, Click the Supporting Document link on the left side of the screen.

**NOTE:** See the Step by Step, **Supporting Documents**, if necessary for full instructions on Uploading. This can be found on the CHOICES training page.

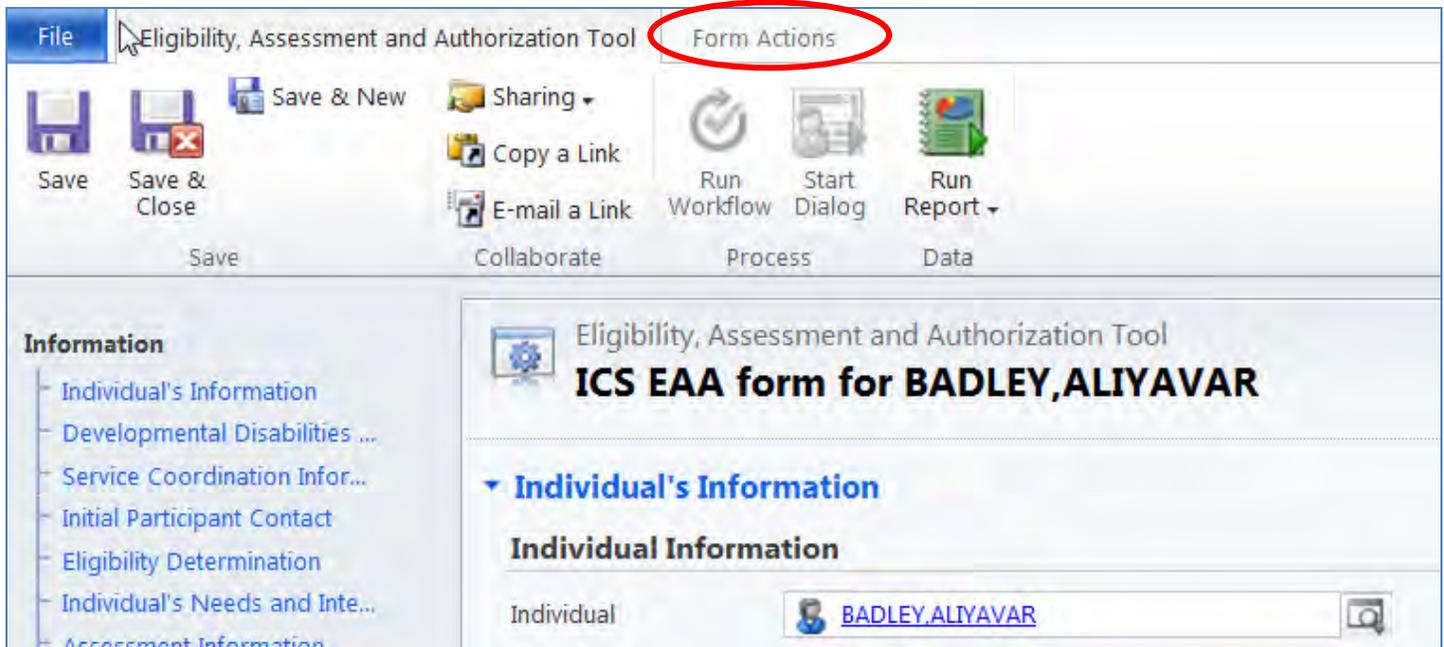
The screenshot displays the 'Eligibility, Assessment and Authorization Tool' (EAA) interface. The title bar reads 'Eligibility, Assessment and Authorization Tool' and 'Form Actions'. The main window title is 'Eligibility, Assessment and Authorization Tool ICS EAA form for BADLEY, ALIYAVAR'. The left sidebar contains a navigation menu with the following items: Individual's Information, Developmental Disabilities..., Service Coordination Infor..., Initial Participant Contact, Eligibility Determination, Individual's Needs and Inte..., Assessment Information, Natural and Community Su..., Priority Factors for Consid..., Non-OPWDD Supports and..., Current OPWDD Supports ..., Discussed and Authorized ..., Financial Management Serv..., Broker, DDRO Director/Designee Si..., Messages, and Notes. Under the 'Related' section, there are links for 'Common', 'Activities', 'Closed Activities', and 'Supporting Documents', which is circled in red. The main content area shows the 'Individual's Information' section with the following data:

Individual's Information	
Individual	BADLEY, ALIYAVAR
Last Name *	BADLEY
First Name *	ALIYAVAR
Middle Initial	
TABS ID	341737
Date Of Birth *	1/15/1999
Sex *	Male
Primary Language (if not English)	Spanish
Medicaid Number	DD417378
Social Security Number	000-34-1737
Address Line 1	1853 SOUTHERLAND SECURE
Address Line 2	
City	FREEVILLE
State	NEW YORK
Zip Code	12093-0173
County of Residence *	TOMPKINS
Phone Number	
Residence Type	With family or friends
Living Arrangement	With parent(s) or guardian
E-mail Address	
Marital Status	Never Married
Is Willowbrook	<input type="radio"/> No <input type="radio"/> Yes

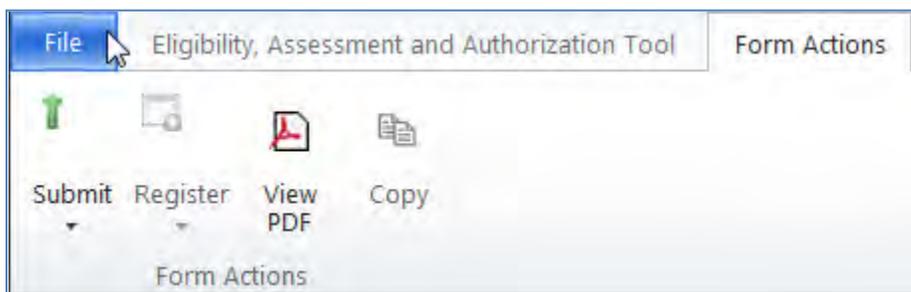
## Submit Form to Director/Designee

Once everything that needs to be filled out is completed on the EAA form you are ready to **Submit** the form.

Click, **Form Actions**



Under the **Form Actions** tab, are function buttons.



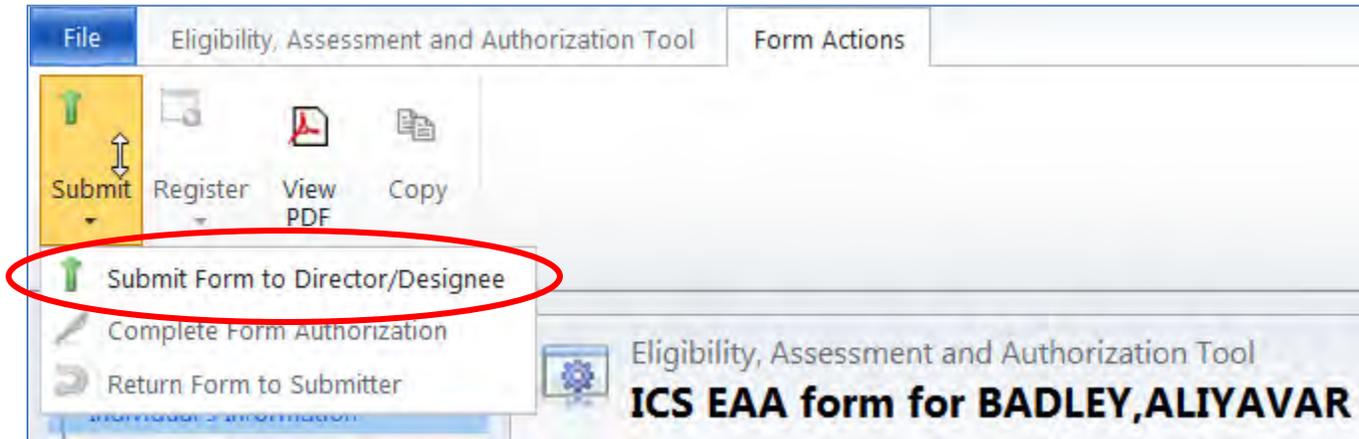
**Submit**, will submit the form to the Director/Designee.

**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. **NOTE:** It *will not* copy any supporting documents forward to the copy. (See, **Supporting Documents**, Step by Step on how to "Link to the form".)

With the EAA form you can only Copy an EAA form that is in an Inactive state, meaning that it has gone through the full process and has been signed off on by the Director/Designee. Notice that in our example, the Copy button is grayed out (cannot use it yet).

Click **Submit**, to Submit the form to the Director Designee.



From the dropdown click **Submit Form to Director/Designee**.

**NOTE:**

This will send an automatic email to the Director Designee that they have an EAA form ready for Approval.

**ICS EAA form for TABS ID: 341737 is ready for your approval**

○ ChoicesQA System [Choices.System@opwdd.ny.gov]

Sent: Mon 4/29/2013 11:11 AM

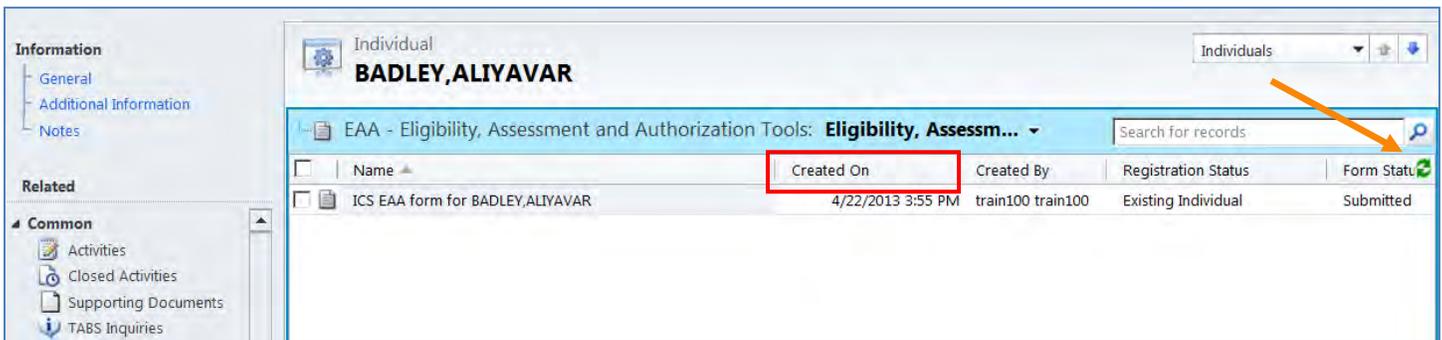
To: Benson, Dean M.

Dean Benson,

You have been selected as the DDRO Staff person to complete an ICS Eligibility, Assessment and Authorization form for TABS ID: 341737. Please review the form at your earliest convenience.

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

**NOTE:** If you close the form and the EAA has not updated, you may have to refresh  the list to see the latest EAA that you have completed.



Individual: **BADLEY, ALIYAVAR**

EAA - Eligibility, Assessment and Authorization Tools: **Eligibility, Assessm...**

Name	Created On	Created By	Registration Status	Form Status
ICS EAA form for BADLEY, ALIYAVAR	4/22/2013 3:55 PM	train100 train100	Existing Individual	Submitted

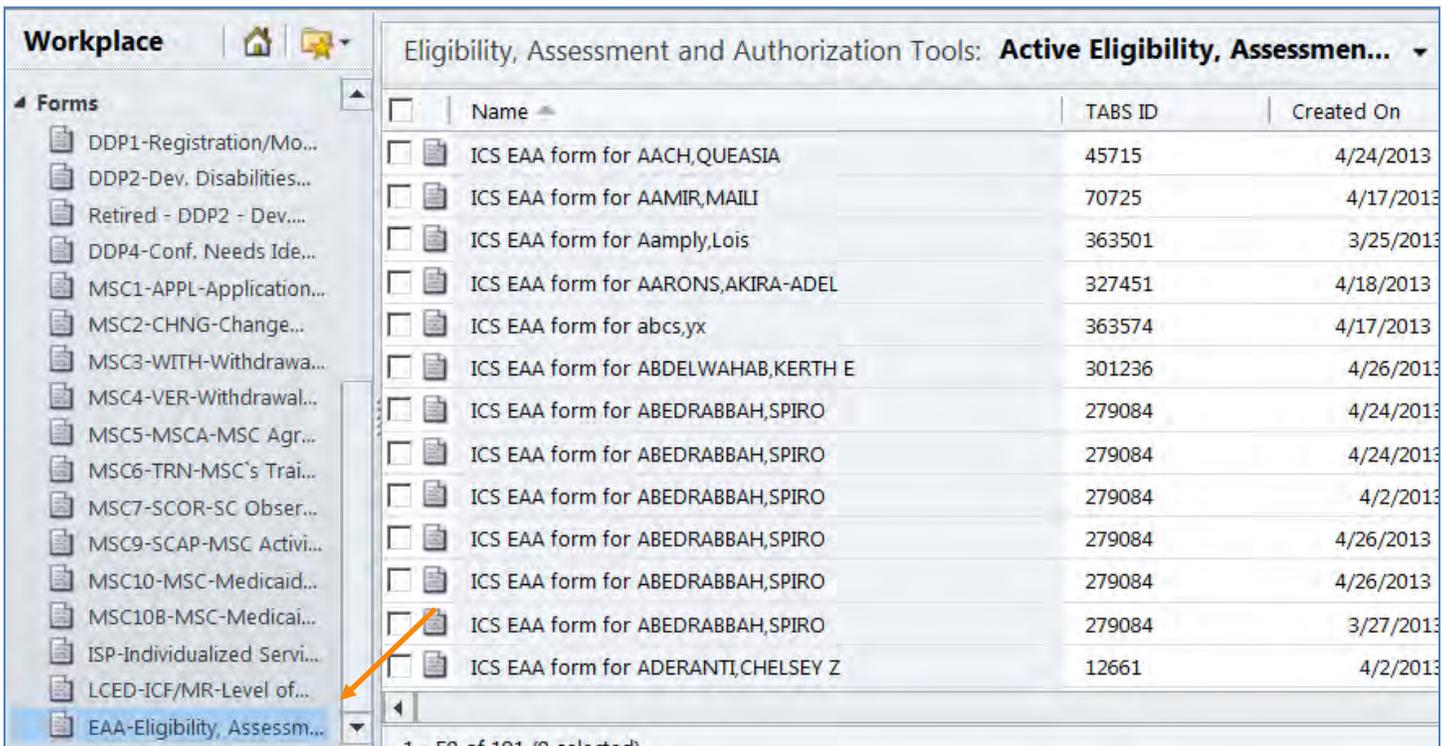
**TIP:** Each form, whether Saved, Submitted, Approved or whatever the Form Status is, is listed in the form's section for the Individual. Each column, in the section, has a heading button which will allow you to sort by clicking on that button. The example above shows the **Created On** heading.

### EAA Form for an Individual NOT KNOWN TO TABS:

The **Add** process, shown below, begins a new EAA form for an Individual and Registers that person to TABS.

Go to **Forms**, in the navigation column on the left side of the Main CHOICES screen (This is the screen you see when you first log into CHOICES).

Click on **EAA-Eligibility, Assessment and Authorization** under this column heading.



Workplace

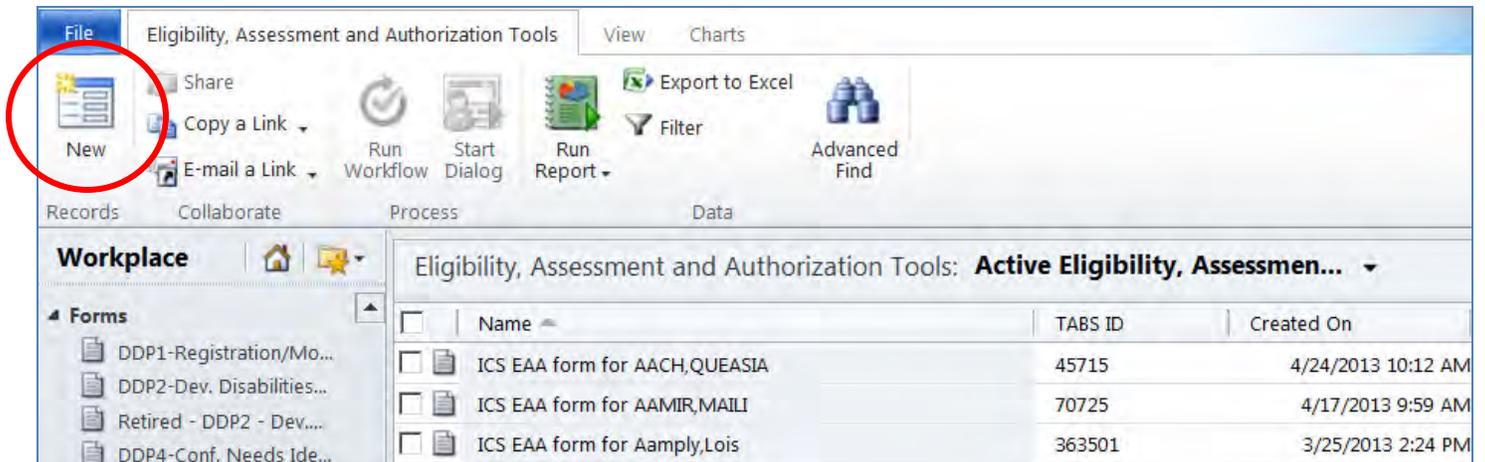
Eligibility, Assessment and Authorization Tools: **Active Eligibility, Assessmen...**

Name	TABS ID	Created On
ICS EAA form for AACH, QUEASIA	45715	4/24/2013
ICS EAA form for AAMIR, MAILI	70725	4/17/2013
ICS EAA form for Aamply, Lois	363501	3/25/2013
ICS EAA form for AARONS, AKIRA-ADEL	327451	4/18/2013
ICS EAA form for abcs, yx	363574	4/17/2013
ICS EAA form for ABDELWAHAB, KERTH E	301236	4/26/2013
ICS EAA form for ABEDRABBAH, SPIRO	279084	4/24/2013
ICS EAA form for ABEDRABBAH, SPIRO	279084	4/24/2013
ICS EAA form for ABEDRABBAH, SPIRO	279084	4/2/2013
ICS EAA form for ABEDRABBAH, SPIRO	279084	4/26/2013
ICS EAA form for ABEDRABBAH, SPIRO	279084	4/26/2013
ICS EAA form for ABEDRABBAH, SPIRO	279084	3/27/2013
ICS EAA form for ADERANTI, CHELSEY Z	12661	4/2/2013

The **content pane** will now list active EAA forms.

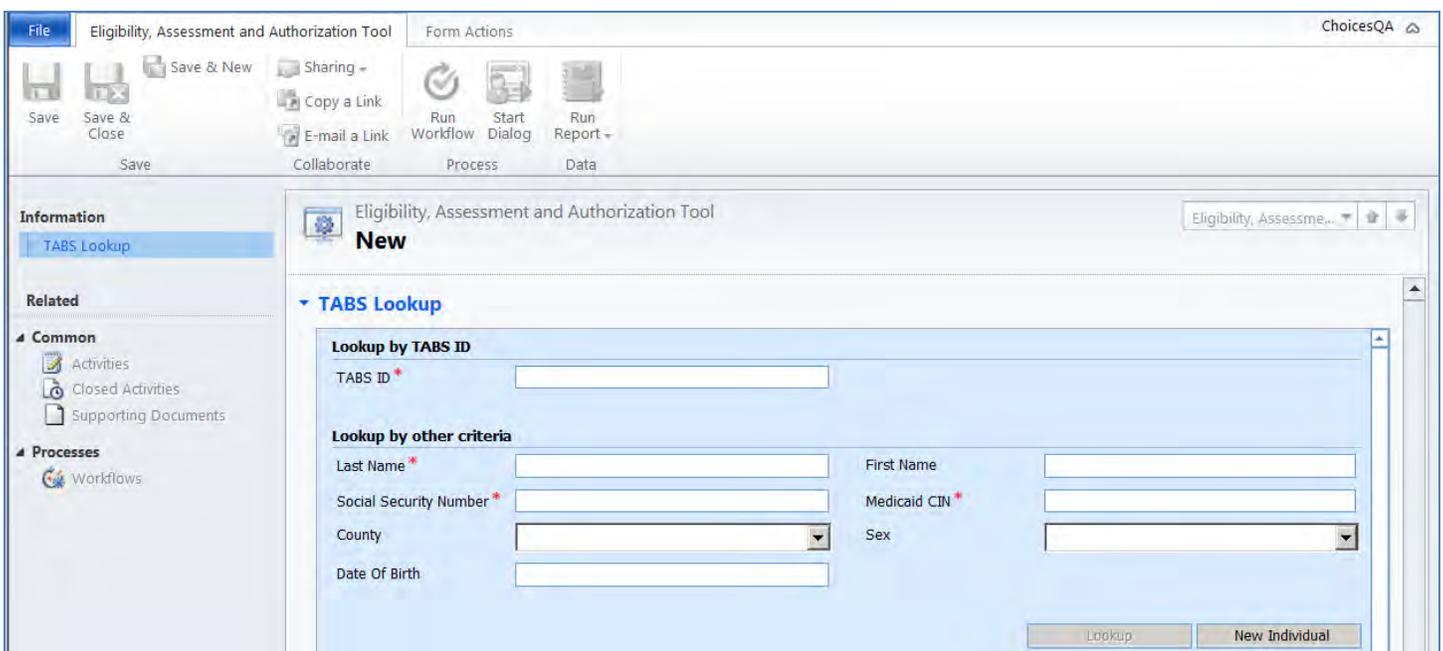
**Remember:** Active EAA forms are Saved or Submitted forms that have not been finalized by the Director/Designee.

“**New**” appears as the first button on the ribbon displaying above the Workplace Column. Click **New**.



The following is the screen that will display. It is a **Lookup**. Please be sure you have all correct information, verify the spelling of the Individual's name, Social Security number and Medicaid number from good documents. (For more detailed instructions on conducting a Lookup please see the **Individual Lookup Step by Step** guide.)

- Type in the Individual's Last Name
- And at least one of the identifying numbers, either the Social Security, TABS ID or Medicaid number



Once the Lookup box has enough information, the **Lookup** button in the lower right will activate.

DDP1 - Registration/Movement Form  
New

DDP1 - Registrati... [up] [down]

General

Lookup by TABS ID  
TABS ID [text box]

Lookup by other criteria

Last Name [Smith] First Name [Patricia]  
Social Security Number [666-88-9999] Medicaid CIN [text box]  
County [dropdown] Sex [dropdown]  
Date Of Birth [text box]

Lookup [button] New Individual [button]

Click **Lookup**.

**NOTE:** 2 results are possible, both are shown below.

1. If the Individual, is truly an unknown name and matching number to TABS, the following message displays,

**Your query did not return any results.**

Click on the **"New Individual"** button in the lower right.

DDP1 - Registration/Movement Form  
New

DDP1 - Registrati... [up] [down]

General

Your query did not return any results.

Lookup by TABS ID  
TABS ID [text box]

Lookup by other criteria

Last Name [Smith] First Name [Patricia]  
Social Security Number [666-88-9999] Medicaid CIN [text box]  
County [dropdown] Sex [dropdown]  
Date Of Birth [text box]

Lookup [button] New Individual [button]

A new EAA Form will display with the name and number you input in the Lookup box.

## Complete the EAA for the *new* Individual.

Eligibility, Assessment and Authorization Tool

Form Actions

Save Save & Close Save & New Copy a Link E-mail a Link Run Workflow Start Dialog Run Report

Information

- Individual's Information
- Developmental Disabilities ...
- Service Coordination Infor...
- Initial Participant Contact
- Eligibility Determination
- Individual's Needs and Inte...
- Assessment Information
- Natural and Community Su...
- Priority Factors for Consider...
- Non-OPWDD Supports and...
- Current OPWDD Supports ...
- Discussed and Authorized ...
- Financial Management Serv...
- Broker
- DDRO Director/Designee Si...
- Messages
- General
- Notes

Related

- Common
- Activities
- Closed Activities
- Supporting Documents

Eligibility, Assessment and Authorization Tool

Eligibility, Assessme...

**New**

Individual's Information

Individual Information

Individual

Last Name \*

First Name \*

Middle Initial

TABS ID

Date Of Birth \*

Sex \*

Primary Language (if not English)

Medicaid Number

Social Security Number

Date of Registration \*

Address Line 1

Address Line 2

City

State

Zip Code

County of Residence \*

Phone Number

Residence Type

Living Arrangement

E-mail Address

Marital Status

Is Willowbrook  No  Yes

DDSO \*

**NOTE:** There are many fields that have a Red \*, which means it is a required field. Fill in as much information as you can and send the Form for Registration into TABS. To see how this is done please read the section below **Send EAA Form for Registration in TABS**.

Once completed:

- Add any **Supporting Documents**, if necessary
  - Go to **Form Actions** and **Submit** the form.
2. *If you get a return of information showing the Individual's name, TABS ID, etc., then the Individual is known to TABS.*

DDP1 - Registration/Movement Form

DDP1 - Registrat...

**New**

General

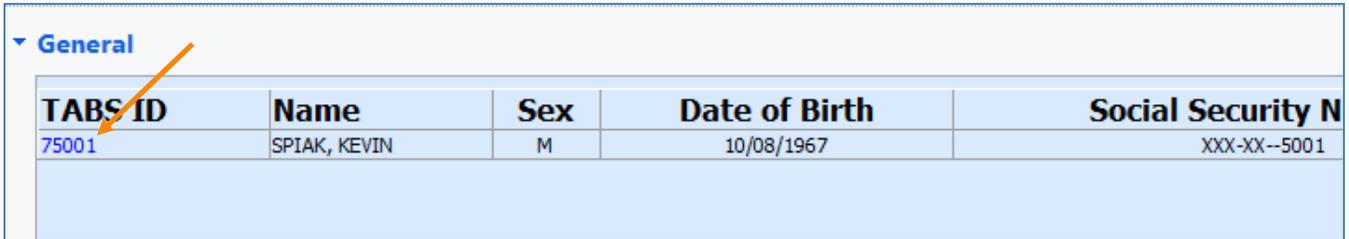
TABS ID	Name	Sex	Date of Birth	Social Security Number	Medicaid CIN
75001	SPIAK, KEVIN	M	10/08/1967	XXX-XX-5001	SA32145H

Back New Individual

If you wish to start a new EAA Form for this Individual, click on the TABS ID *number*.

**TIP:** You may want to check this Individual's Information page to make sure that they do not already have an EAA Form started.

Notice the *number* is **blue**, it is a hyperlink that you can click.



TABS ID	Name	Sex	Date of Birth	Social Security N
75001	SPIAK, KEVIN	M	10/08/1967	XXX-XX-5001

The EAA will open with the Individual's information populated.

Once completed:

- Add any **Supporting Documents**, if necessary
- Go to **Form Actions** and **Submit** the form.

## Send EAA Form for Registration in TABS

If you are in an EAA Form for an Individual that is not known to our TABS application, you must send the information in the EAA application to TABS to Register the Individual in TABS and get a TABS ID for the person.

Fill in as much information as you can for the person and select Date of Registration.

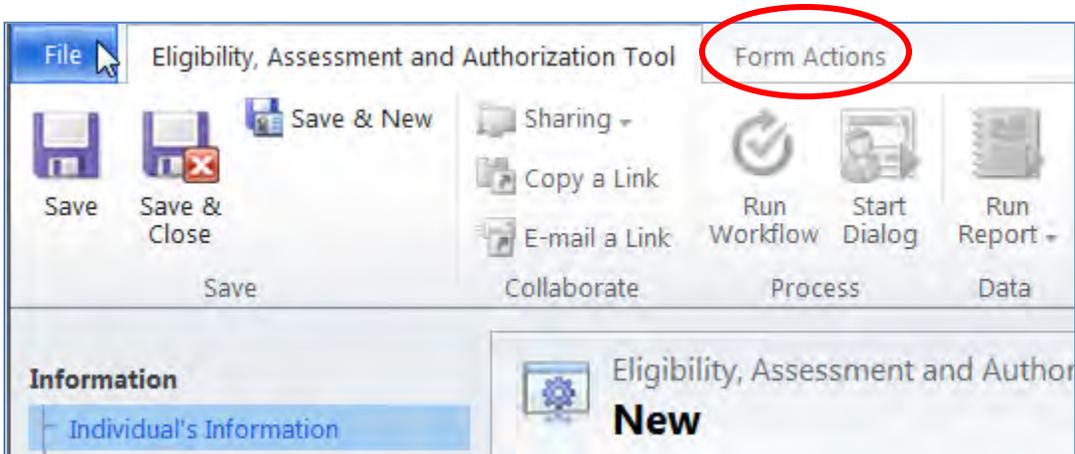


Medicaid Number  Marital Status

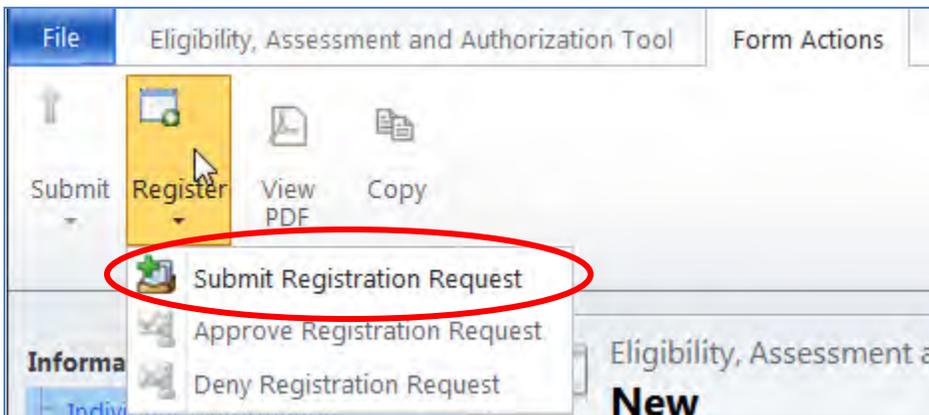
Social Security Number 668-88-9999 Is Willowbrook  No  Yes

Date of Registration \*   DDSO \* [BROOME DDSO](#)

Click the **Form Actions** tab.



Click the **Register** button and then Click **Submit Registration Request**.



Once the Individual's Registration Request is completed they will be assigned a TABS ID automatically from TABS.

Middle Initial	<input type="text"/>
TABS ID	363533

**NOTE:** If you check the Messages section you will also see that the Individual has been successfully Registered to TABS

▼ **Messages**

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Individual successfully registered to TABS on 4/4/2013 at 11:07 AM

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Registration approval submitted to TABS on 4/4/2013, initiated by train100 train100

Modified on 4/4/2013, by train100 train100

This completes the Step-by-Step for EAA – Entry, if you need to see how to complete Registration or Authorize the EAA form please check the **EAA – Registration and Authorization** Step-by-Step.