

Developmental Disabilities Registration/Movement Form (DDP-1) Users' Guide

This guide is designed to familiarize voluntary and State agency users with the Developmental Disabilities Profile (DDP-1 form) used by the NYS Office For People With Developmental Disabilities (OPWDD). The DDP-1 form may be used to register someone in OPWDD's voluntary and state service system, to report general demographic information for that person, and to record when a person leaves the service system. It is also used to track an individual's movements into and out of programs.

When to Complete a DDP-1 Form

The Registration/Movement Form (DDP-1 form) should be completed whenever:

1. An individual is new to the OPWDD network of services (the individual does not have a TABS ID),
2. An individual enrolls in or leaves a program or the service delivery system, or
3. Demographic data for an individual needs to be corrected or updated.

The DDP-1 form should be completed by someone who is responsible for the administration of each program or service and who knows the individual enrolled in the program or service. This person should also have knowledge of who is being added or removed from the rolls of active participants. This could be the individual's program manager or service coordinator.

Note: If an individual is being added to or removed from a Medicaid Service Coordination program, or the MSC provider is being changed, the appropriate MSC form should be used instead of a DDP-1 form.

How to Submit Information

Agencies with Direct Access to CHOICES or TABS

Transactions may be entered directly through the secure Internet system CHOICES (CHOICES is not an acronym, however the name is always capitalized.) Data is stored in

DDP-1 (7/10)

Putting People First DEVELOPMENTAL DISABILITIES PROFILE
REGISTRATION / MOVEMENT FORM

Fill in the blanks or mark the appropriate number for each shaded item. Complete other items as required.

1	PURPOSE:	<input type="checkbox"/> 1 Demographic Data Change	<input type="checkbox"/> 3 Moved Out of State	<input type="checkbox"/> 5 Died
2	TABS ID:	<input type="checkbox"/> 2 Add	<input type="checkbox"/> 4 Remove	<input type="checkbox"/> 6 Transferred within agency
3	PERSON'S NAME:	LAST FIRST MI		
4	SEX:	<input type="checkbox"/> 1 MALE	<input type="checkbox"/> 2 FEMALE	5 DATE OF BIRTH: MO DAY YR
6	RESIDENCE:	COUNTY OF		
7	AGENCY NAME:	PROGRAM NAME		
8	REMOVE PROGRAM CODE:	9	ADD PROGRAM CODE:	
10	REMOVE / ADD DATE:	MO DAY YR	MO DAY YR	
11	RESIDENTIAL ADDRESS (please print):	NAME STREET CITY STATE ZIP		
12	INDIVIDUAL'S RESIDENCE TYPE: (mark only one)	<input type="checkbox"/> 1 Alone <input type="checkbox"/> 2 With Friends / Housemates <input type="checkbox"/> 3 With Member of His / Her Own Family <input type="checkbox"/> 4 Department of Social Services Residence or Foster Care Home <input type="checkbox"/> 5 Nursing Facility <input type="checkbox"/> 6 Homeless or Shelter <input type="checkbox"/> 7 OPWDD / Agency Operated Residence <input type="checkbox"/> 8 Other (specify)		
13	SOCIAL SECURITY NUMBER:		14	PERSON'S MEDICAID NUMBER (ICN):
15	ETHNICITY / RACE:	<input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black <input type="checkbox"/> 3 Hispanic <input type="checkbox"/> 4 Asian or Pacific Islander <input type="checkbox"/> 5 American Indian / Alaskan <input type="checkbox"/> 6 Other		
16	DISABILITIES: Indicate "1" for Primary (mark only one) and "2" for All Other Disabilities: (mark as many as apply)	<input type="checkbox"/> 1 Developmental Delay <input type="checkbox"/> 2 Mental Retardation <input type="checkbox"/> 3 Autism <input type="checkbox"/> 4 Central Falsy <input type="checkbox"/> 5 Epilepsy / Seizure Disorder <input type="checkbox"/> 6 Learning Disability <input type="checkbox"/> 7 Other Neurological Impairment <input type="checkbox"/> 8 Psychiatric Disability <input type="checkbox"/> 9 Chronic Physical / Medical Condition <input type="checkbox"/> 10 Sensory Impairment <input type="checkbox"/> 11 Undetermined <input type="checkbox"/> 12 Other (specify) <input type="checkbox"/> 13 Traumatic Brain Injury (TBI) <input type="checkbox"/> 14 Phelan-McLain Syndrome (PWS) <input type="checkbox"/> 15 Fetal Alcohol Syndrome <input type="checkbox"/> 16 Neurology <input type="checkbox"/> 17 Neurofibromatosis <input type="checkbox"/> 18 (Code Not Valid at this Time) <input type="checkbox"/> 19 Spina Bifida <input type="checkbox"/> 20 Tourette Syndrome <input type="checkbox"/> 21 Toxic Substance Exposure <input type="checkbox"/> 22 Child Under 5 Unable to Diagnose		
17	PREFERRED LANGUAGE:	Spoken: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 97 None <input type="checkbox"/> 98 Other Nonverbal: <input type="checkbox"/> 1 Sign <input type="checkbox"/> 2 Other / Symbolic <input type="checkbox"/> 97 None <input type="checkbox"/> 98 Other Understanding: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 97 None <input type="checkbox"/> 98 Other		
18	DATE COMPLETED:	MO DAY YR	MO DAY YR	PHONE NUMBER:
	COMPLETED BY: (Print staff name)			

the OPWDD Tracking and Billing System (TABS,) and can be accessed through either system. Voluntary Agency users should use the web-based CHOICES application.

After the electronic form is submitted in CHOICES, it will be sent to the Developmental Disabilities Services Office (DDSO) hold queue in CHOICES for approval by the DDSO. The hold queue can only be accessed by authorized DDSO staff.

If approved, the information will be filed in TABS.

If a form cannot be approved for any reason, an email will be sent to the submitter indicating that a form is now available for review in the individual's profile in CHOICES. The form is filed under "Inactive" with a form status of "Returned". When the submitter opens the returned form, an error message appears. Also, a note within the NOTES tab of the DDP1 is automatically filed stating why it was returned.

If the DDP-1 is denied, the agency will be automatically notified with comments from the DDSO indicating why the form was not approved. The comments entered by the DDSO include an accurate account of why the form was denied for processing.

If a form has been returned or denied, an agency can use the copy function to create a duplicate form based on the original which can be edited and resubmitted.

The user must first identify the individual on the "Individual Look-up" screen, or an individual not known to the agency can complete a request for registration or add to a program. All registered individuals who match the selection criteria can be reviewed, which prevents the entry of a duplicate record for an individual or the updating of the wrong record.

Agencies without Access to CHOICES or TABS

Agencies that do not have direct access to CHOICES or TABS should submit completed paper forms to the DDSO as soon as a change occurs according to IOPWDD established procedures. The DDP-1 form should be submitted to the DDP Coordinator at your local DDSO **within a week** of the date of the addition, update, or removal.

Detailed Instructions for Completing the DDP-1 Form

Here are some general guidelines to follow:

Items 1 – 7 and 18 should **always** be completed.

Items 8 and/or 9 and 10 should be completed if a person is entering or leaving a program.

Items 11 – 17 should be completed for:

Anyone new to your agency,

Anyone not previously registered in TABS,

Whenever there is doubt if the person has been previously registered in TABS, or

Whenever there is a correction or change to demographic data.

Person's Identifying Information (2 – 6, 11 – 15): The fields within this section of the DDP-1 form capture the demographic information of the individual as well as TABS ID, Medicaid number, race/ethnic information, social security information, as well as current residential type.

All information is kept **strictly confidential** (in compliance with federal, state and OPWDD laws and regulations), and identifying data will not be released except to authorized personnel.

In CHOICES, this information defaults into the appropriate fields based on what has been previously filed in TABS. Those fields that have a red asterisk after the name of the field are required and those fields that have a blue cross after the field name are highly recommended.

1 – Purpose – Mark one choice only

Demographic Data Change

If the demographic data for an individual was previously recorded incorrectly, the corrections should be entered. If an individual is **not** currently living in an OPWDD-certified residential program, updates to the home/residential address should be entered as demographic data changes.

Note: If an individual's address is changing as a result of an enrollment/add to a certified residential program, the purpose of "add" should be used. Completing the "add" to program will automatically update the individual's residential address.

Add / Program Enrollment

The DDP-1 form is used to record all instances of adds to residential and non-residential programs.

A person is considered an enrollment if he/she has been accepted for service and is being added to the rolls of a program within the agency. A person who has been screened and determined inappropriate for a program is **not** considered an addition to a program. A person is added to a residential program on the day he/she first sleeps in the residence. A person is added to a day program on the first day he/she receives services.

The ability to add an individual to a program is dependent on the program class and type, and the individual's OPWDD eligibility or pre-eligibility status. To add an individual to a program, eligibility for OPWDD services needs to be filed in TABS. Non-waiver Family Support Services and Clinic Service enrollments are exempt from the typical eligibility review process.

Notes:

1. To enroll an individual into an **MSC program**, use the MSC1 form (or MSC2 form to change from one MSC provider to another). The DDP-1 form is not needed for enrollments into MSC programs.
2. To enroll an individual into an **Enhanced Supported Employment (Enhanced SEMP or eSEMP), or Intensive Behavioral Services (IBS), or an OPTS program**, use DDP-1 and the appropriate OPTS Enrollment Form (OPTS IRA Enrollment form, OPTS Non-IRA Enrollment form).
3. To enroll an individual into an HCBS program, use DDP-1 and HCBS Transmittal Form.
4. To enroll an individual into a SEMP program, use DDP-1 and SEMP Enrollment Form.
5. Enrollments/add to voluntary-operated residential programs or any non-residential programs may be completed through direct entry into CHOICES or TABS. Enrollments/adds to state-operated residential programs must be completed through direct entry into TABS.

Add / Registration

The DDP-1 form is used to register an individual into the TABS system when that individual is new to the OPWDD system, and an OPWDD Transmittal Form and eligibility documentation must accompany the DDP-1 registration (via the electronic attachment process in CHOICES) and be submitted to the DDSO for eligibility determination if enrolling in any program or services *other than Article 16 clinic or family support*. The Transmittal Form includes the name of the person, the name of the person's representative, and relevant contact information. Documentation of the person's developmental disability must also be included as part of the eligibility request.

Note: An Individual does not need to have the eligibility process completed to be registered in TABS and receive a TABS ID, however only Family Support Services or Article 16 Clinic Services may be received without an eligibility determination.

Moved Out of State

This response is used on the DDP-1 form if the person will no longer receive services from the reporting program because he/she has moved out of New York State.

If an individual has moved out of state, he/she must be removed from all programs operated within that DDSO's catchment area first.

Demographic data changes, including new residential address, should be completed, if known.

Remove

"Remove" is used to permanently remove an individual from a voluntary residential or any non-residential (for example day program, workshop, etc.) program. This response is used on the DDP-1 form if a person is leaving the reporting program and is being removed from the active rolls of the program. The person may be continuing in other programs operated by the agency or be terminating from service at all programs of the agency. If the person is leaving more than one program within an agency, each program must report the removal of the person from its rolls. Each program remove is filed separately for an individual.

If an individual has moved from the DDSO's region, moved out of state or is now deceased, he/she must be removed from all programs operated within that DDSO's catchment area.

Notes:

1. Removal from MSC Programs may not be performed using the DDP-1 form, but rather the MSC3.
2. Removal from OPTS, Enhanced Supported Employment (Enhanced SEMP or eSEMP), or Intensive Behavioral Services (IBS) programs should include the DDP-1 form, and a copy of the appropriate enrollment documentation.
3. Removal from voluntary-operated residential programs, State-operated residential programs or any non-residential programs may be completed through direct entry into CHOICES or TABS. Status changes for State-operated residential programs must be completed through direct entry into TABS.
4. If a person is being removed from a residential program and **not** being added to another OPWDD certified residential program, the new residential address information should be completed.

Died

This response is used on the DDP-1 form if the person dies while still on the rolls of the reporting program. The date of death is entered into TABS by DDSO staff. If the individual is not removed from all active programs before filing, he or she will be removed automatically from all programs with a "date of death" as the remove date. The individual's date of death should be entered in the field "Add/Remove Date" on this form.

If an individual has been removed from program(s) prior to the date of death, the remove from program should be completed with the actual date of remove rather than the date of death.

In addition, the appropriate form for the Commission on Quality of Care for the Mentally Disabled (Form QCC-100) should be completed and the original submitted to the Commission on Quality of Care with a copy routed to the DDSO. Please contact your local DDSO if you have questions regarding these additional procedures.

Note: Date of Death cannot be entered through CHOICES to update TABS. When a DDSO approves a DDP-1 indicating a person has died, a message appears letting the DDSO know that the date of death has not been filed in TABS. When the form is returned to the submitter as approved, a message appears on the bottom of the form that states the form was approved and that the date of death has not been filed in TABS.

Note: The QCC-100 form can be scanned as additional documentation (similar to eligibility documentation), but a copy of the document must still be sent to the DDSO.

Transferred Within Agency

This response is used on the DDP-1 form if a person is changing programs within the same agency and will not be counted as enrolled in the program he/she has been enrolled in or attending but will be counted as enrolled in the program he/she will be enrolled in or attending. A person may be moving from one voluntary residence or type of voluntary residential service to another.

Notes:

1. The filing of Transfers for MSC Programs may not be performed using the DDP-1 form, but rather the MSC-2 form for transfers between vendors.
2. Transfers between OPTS Programs should include the DDP-1 form and a copy of the appropriate OPTS Enrollment Form (OPTS IRA Enrollment form, OPTS Non-IRA Enrollment form, OPTS Earnings/ACCES-VR Enrollment form).

2 – TABS ID

This is a unique sequential number generated by the Tracking and Billing System (TABS) during the registration of a newly-identified individual to OPWDD. Enter this number, if known. In CHOICES, this number will default upon selection of an individual from the lookup screen.

3 – Person's Name

Enter the person's last name, first name and middle initial. Report the legal name of the person (e.g. William, not Bill) as shown on his or her birth certificate, Medicaid card, or

other government-issued document (license, passport, etc.). If the person does not have a middle name/initial, leave the field blank.

4 – Sex

Choose the appropriate answer, male or female.

5 – Date of Birth

Enter the person's month, day and year of birth. When entering the year use all four digits of the year, e.g. 2010, 2011, 2012 etc. Report the date of birth as shown on the birth certificate, Medicaid card, or other government-issued document.

6 – County of Residence

Enter the name of the county in which the person presently resides. This information is necessary to register the person in TABS. If this is the first time the person is being registered in TABS, this should be the county that he/she has been living in prior to being enrolled for service. However, if the person is living in or being added to the rolls of an OPWDD-certified residence, the county in which the residence is located should be reported, not the county in which the person's family may reside.

In New York City, use the county names (Bronx, Kings, New York, Queens, Richmond), not the borough names.

7 – Agency / Program Information

The fields captured within this section of the DDP-1 form include agency name and program name. Enter the name of the agency/corporation/facility responsible for the operation of the program. Enter the name of the program the person is being added to or removed from. If the transfer is within the agency, enter the name of the program to which the person is being added.

8 – Remove Program Code

Enter the eight-digit code assigned to the reporting program that the person is leaving. The program code is used to identify the program or service in TABS.

9 – Add Program Code

Enter the eight-digit code assigned to the reporting program that the person is entering. The program code is used to identify the program or service in TABS.

10 – Remove / Add Date

Enter the month, day and year that the add and/or remove from program occurred. If the purpose is demographic data change, the date should be entered for which the change/update (not correction) occurred. If the purpose is died, the date of death should be entered.

11 – Residential Address

Enter the address of the person, as of the date in item 10, including the name of the primary householder if the address is "in care of." Residential address should be entered if the individual is being added to an OPWDD-certified residential program. The address will be automatically updated as part of the "add to program" transaction. (The residential address entered will be used to confirm the program code.)

12 – Individual's Residence Type

Select one choice to indicate the type of situation in which the person lives. If the person's living situation differs from any of the specific choices, choose #8 "other" and specify the living situation.

13 – Social Security Number

Enter the person's own nine-digit social security number, based on a government-issued form of ID. If unknown/unsure, leave this field blank.

14 – Person's Medicaid Number

Enter the person's eight-character Medicaid number as shown on his/her Medicaid card. This number begins with two letters, followed by five numbers, then one letter (e.g. AB12345C).

15 – Ethnicity / Race

Select one choice that best describes the person's ethnic or racial background.

16 – Disabilities

Listed within this section is a partial list of one or more disabilities that may apply to an individual--select more than one disability, if applicable. If the disability is not listed, please use the "other" field and specify the disability. This section of the form is only

available when registering a new individual or completing a demographic data change.

On the paper form, indicate the person's primary disability by entering "1" for the appropriate disability; all other disabilities should be indicated with a "2". In CHOICES, select "yes" or "no" for each disability, including the primary disability. Any disability indicated on this item should be officially documented in the person's record, including the signature of the diagnosing physician or psychologist.

Note: Disabilities can be entered using a DDP-2, however, the disabilities entered using a DDP-2 are not stored in the same data dictionary as those entered using a DDP-1. This means if someone is trying to update disabilities information for an individual that appears on a DDP-1 or the TABS Client Entry Registration Screen (CE:1) using a DDP-2, it will not work.

17 – Preferred Language

Select the preferred method of communication used by and understood by the person. Indicate in the first column what language if any the person speaks. Indicate in the second column, what nonverbal language, if any the person uses. Indicate in the third column what language (spoken or written), if any, the person understands.

Preferred Spoken Languages: English, Spanish, None and Other may be selected in this section. If "Other" is selected as a Preferred Spoken Language, the user will be prompted to enter the appropriate information in the "Other (Specify)" field. This section of the form is only available when registering a new individual or completing a demographic data change.

Preferred Nonverbal Languages: Sign, Other Symbolic, Other and None may be selected in this section. If "Other" is selected as a Preferred Nonverbal Language, the user will be prompted to enter the appropriate information in the "Other (Specify)" field. This section of the form is only available when registering a new individual or completing a demographic data change.

Preferred Understood Languages: English, Spanish, None and Other may be selected in this section. If "Other" is selected as a Preferred Spoken Language, the user will be prompted to enter the appropriate information in the "Other (Specify)" field. This section of the form is only available when registering a new individual or completing a demographic data change.

18 – Form Completion Information

Date Completed: Enter the date on which the form is completed.

Completed By: Enter the name of the staff person completing the form, as well as the person's contact telephone number. This information is used in an instance of questions regarding information on the form.

This guide was last updated June, 2012

Statewide DDP User Guide and Instructions Revision Committee
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