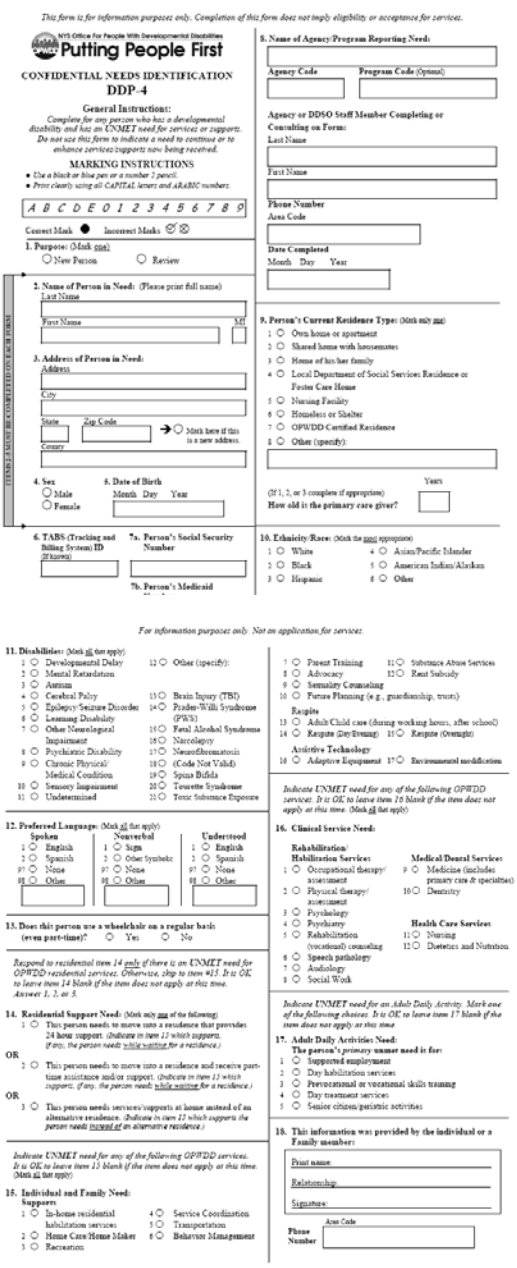
Confidential Needs Identification (DDP-4) Users' Guide

This guide is designed to familiarize voluntary and State agency users with the Confidential Needs Identification (DDP-4 form) used by the NYS Office For People With Developmental Disabilities (OPWDD). The DDP-4 form provides information to the NYS Office for People With Developmental Disabilities (OPWDD) which is used for planning. It helps to identify services needed for persons with developmental disabilities, whether the person is receiving services from OPWDD or not. The DDP-4 form provides data about an entire agency, county, region, or the State. All information is confidential, and no individual data will be released without the individual's permission except to the individual, his or her family, or the agency providing services.



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 Instruction:
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
First Name MI

3. Address of Person in Need:
Address
City
State Zip Code → ○ Mark here if this is a new address.
County

4. Sex
○ Male ○ Female

5. Date of Birth
Month Day Year

6. TABS (Tracking and Billing System) ID (If known)

7a. Person's Social Security Number

7b. Person's Medicaid

8. Name of Agency/Program Reporting Need:
Agency Code Program Code (Optional)

Agency or DDSO Staff Member Completing or Consulting on Form:
Last Name
First Name
Phone Number
Area Code

Date Completed
Month Day Year

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? (If 1, 2, or 3 couplets if appropriate) Years

10. Ethnicity/Race: (Mark the most appropriate)
1 ○ White 4 ○ Asian/Pacific Islander
2 ○ Black 5 ○ American Indian/Alaskan
3 ○ Hispanic 6 ○ Other

For information purposes only. Not an application for services.

11. Disabilities: (Mark all that apply)
1 ○ Developmental Delay
2 ○ Mental Retardation
3 ○ Autism
4 ○ Cerebral Palsy
5 ○ Epilepsy/Seizure Disorder
6 ○ Learning Disability
7 ○ Other Neurological Impairment
8 ○ Psychiatric Disability
9 ○ Chronic Physical Medical Condition
10 ○ Sensory Impairment
11 ○ Undetermined
12 ○ Other (specify):
13 ○ Brain Injury (TBI)
14 ○ Prader-Willi Syndrome (PWS)
15 ○ Fetal Alcohol Syndrome
16 ○ Narcolepsy
17 ○ Neurofibromatosis
18 ○ (Code Not Valid)
19 ○ Spina Bifida
20 ○ Tourette Syndrome
21 ○ Toxic Substance Exposure

12. Preferred Language: (Mark all that apply)

Spoken	Nonverbal	Understood
1 ○ English	1 ○ Sign	1 ○ English
2 ○ Spanish	2 ○ Other Symbolic	2 ○ Spanish
97 ○ None	97 ○ None	97 ○ None
98 ○ Other	98 ○ Other	98 ○ Other

13. Does this person use a wheelchair on a regular basis (even part-time)? ○ Yes ○ No

Respond to residential item 14 only if there is an UNMET need for OPWDD residential services. Otherwise, skip to item #15. It is OK to leave item 14 blank if the item does not apply at this time. Answer 1, 2, or 3.

14. Residential Support Need: (Mark only one of the following)
1 ○ This person needs to move into a residence that provides 24 hour support. *(Indicate in item 15 which supports, if any, the person needs while waiting for a residence.)*
OR
2 ○ This person needs to move into a residence and receive part-time assistance and/or support. *(Indicate in item 15 which supports, if any, the person needs while waiting for a residence.)*
OR
3 ○ This person needs services/supports at home instead of an alternative residence. *(Indicate in item 15 which supports the person needs instead of an alternative residence.)*

Indicate UNMET need for any of the following OPWDD services. It is OK to leave item 15 blank if the item does not apply at this time. (Mark all that apply)

15. Individual and Family Need:
Supports
1 ○ In-home residential habilitation services
2 ○ Home Care/Home Maker
3 ○ Recreation
4 ○ Service Coordination
5 ○ Transportation
6 ○ Behavior Management
7 ○ Parent Training
8 ○ Advocacy
9 ○ Sexuality Counseling
10 ○ Future Planning (e.g., guardianship, trusts)
11 ○ Substance Abuse Services
12 ○ Rent Subsidy
Respite
13 ○ Adult/Child care (during working hours, after school)
14 ○ Respite (Day/Evening)
15 ○ Respite (Overnight)
Assistive Technology
16 ○ Adaptive Equipment
17 ○ Environmental modification

Indicate UNMET need for any of the following OPWDD services. It is OK to leave item 16 blank if the item does not apply at this time. (Mark all that apply)

16. Clinical Service Need:
Rehabilitation/Habilitation Services:
1 ○ Occupational therapy/assessment
2 ○ Physical therapy/assessment
3 ○ Psychology
4 ○ Psychiatry
5 ○ Rehabilitation (vocational) counseling
6 ○ Speech pathology
7 ○ Audiology
8 ○ Social Work
Medical/Dental Services:
9 ○ Medicine (includes primary care & specialties)
10 ○ Dentistry
Health Care Services:
11 ○ Nursing
12 ○ Dietetics and Nutrition

Indicate UNMET need for an Adult Daily Activity. Mark one of the following choices. It is OK to leave item 17 blank if the item does not apply at this time.

17. Adult Daily Activities Need:
The person's primary unmet need is for:
1 ○ Supported employment
2 ○ Day habilitation services
3 ○ Prevocational or vocational skills training
4 ○ Day treatment services
5 ○ Senior citizen/geriatric activities

18. This information was provided by the individual or a Family member:
Print name:
Relationship:
Signature:
Area Code
Phone Number

How to Submit Information

Agencies with Direct Access to CHOICES or TABS

Transactions may be entered directly into the Tracking and Billing System (TABS) or through the secure Internet system CHOICES. Data is stored in TABS, and can be accessed through either system. Voluntary Agency users should use the web-based CHOICES application; State agency users have access to both CHOICES and TABS.

The DDP-4 form in CHOICES must contain an electronic signature before it can be submitted. Clicking on the submit form button at the top of the form will bring up an electronic signature screen. Once the appropriate information is filled out for the electronic signature, (checking the appropriate box, entering password and clicking on the submit button,) the form will be sent to TABS for processing.

After a form is submitted, it will be sent to the DDSO hold queue for approval by the DDSO **if there is an out-of home residential need indicated.** If an out of home residential need is not indicated as an unmet need, the form will be submitted directly into TABS. The hold queue can only be accessed by authorized DDSO staff if an out of home residential need is indicated. If an out of home residential need is **not** indicated as an unmet need, the form will be submitted directly into TABS.

If the form is submitted without all required information, a message will be sent to the submitter specifying what the problem is. If the form cannot be processed into TABS, the agency will be automatically notified with comments indicating why the form was not processed; if accepted, the information will be filed in TABS.

Agencies without Access to CHOICES or TABS

Agencies that do not have direct access to CHOICES or TABS should submit completed forms to the DDSO as soon as the change occurs according to procedures established by each DDSO. The DDP-4 form should be submitted to the DDP Coordinator at your local DDSO within a week of the date of the completion of the form. The Agency should keep a copy of the completed form for their records.

Who Should Complete a DDP-4 Form

The DDP-4 form should be completed by a qualified service coordinator, provider agency staff person, State staff person from the Developmental Disabilities Services Office (DDSO), or qualified school staff person, in consultation with the person needing services/supports and/or his/her family. Provider agencies should **not** complete a DDP-4 for someone without direct contact with that person about his/her specific needs. Only one DDP-4 per person will be accepted in the system from each provider agency. If a new DDP-4 is submitted by the **same** provider agency, it will close out and replace the DDP-4 currently on file. However, **more than one** agency **can** have a DDP-4 on file for a person, and one agency entering and submitting a new DDP-4 **does not** close out or replace another agency's DDP-4 form.

When to Complete a DDP-4 Form

The Confidential Needs Identification Form (DDP-4 form) should be completed and entered whenever an **unmet** need for service is identified. **A person's need is considered unmet if he/she is not receiving any service/support of the type required to address the need**. This form should not be used to indicate that a current service should be continued or enhanced. A DDP-4 form should be completed at least once every two years to provide a current reflection of a person's unmet need for services.

When Services Are Provided to Meet Needs

When a person enrolls in a program (certified, funded or operated by OPWDD) which provides services to meet an unmet need recorded on a DDP-4, the enrollment process will automatically remove the unmet need for that person from the needs identification system. When a person's needs are met by a program or services that are not part of the OPWDD system or if the person no longer needs the service, the changes must be noted on an Individual Needs Summary Report by the agency and entered into the system.

Processing the DDP-4 Form in CHOICES

Before confidential needs or changes to confidential needs can be completed using CHOICES or TABS, the user must first identify the individual on the "Individual Look up" screen. All registered individuals who match the selection criteria can be reviewed, thereby, preventing the entry of a duplicate record for an individual or the updating of the wrong record.

After the DDP-4 data has been entered and submitted for processing through CHOICES (using submit form function), the DDSO will review the information and approve or deny the transaction if there is a residential need. Otherwise, the information will be filed directly into TABS. If the transaction is approved, the information is then filed (using the process form function in CHOICES) into TABS. If the information is denied, an electronic e-mail will be sent to the appropriate individual at the agency for correction and resubmission.

Detailed Instructions for Completing the DDP-4 Form

Here are some general guidelines to follow:

Items 1 - 5 should **always** be completed.
Item 6 should be completed if known.
Items 7 - 18 should be completed for:
Anyone new to your agency, or
Anyone whose unmet needs are being reviewed (every two years).

2 - 7 Person's Identifying Information: The fields within this section of the DDP-4 form capture the demographic information of the individual as well as TABS ID, Medicaid number, and social security information.

Note: 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 in accordance with 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. If this information needs updating or correcting, a DDP-1 should be completed.

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1 – Purpose

Enter one choice only. Enter "new person" if this is the first DDP-4 being filed by the agency. Enter "review" if this is a regular review of **all** of the person's needs. Re-enter all unmet needs during a "review". If there is a need to make corrections to a current need record, mark them on the Individual Needs Summary Report and submit them for entry into the automated system.

When a person's needs are met by a program or services that are not part of the OPWDD system, the changes must be noted on an Individual Needs Summary Report by the agency and entered into the automated system.

2 – Name of Person in Need

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 the 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.

3 – Address of Person in Need

Enter the person's current home address. Enter the name of the county in which the person presently resides. In New York City, use the county names (Bronx, Kings, New York, Queens, Richmond), not the borough names. 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 in which he/she has been living.

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 1999, 2000, 2001, etc. Report the date of birth as shown on the birth certificate, Medicaid card, or other government-issued document.

6 - TABS ID

This is a 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. (If this is the person's first DDP-4, there may not be a TABS ID number.)

7a – Person's 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.

7b – 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).

8 – Name of Agency / Program Reporting Need

The fields captured within this section of the DDP-4 form include agency name and program name. Enter the name of the agency/corporation/facility responsible for the operation of the program. The name of the program reporting the need is optional. Enter the agency code. (Contact the DDP Coordinator if you do not know the correct

code.) Program code is optional. To record the program code, use the full 8-digit program code assigned to the program by OPWDD. If you have a question about the code, contact the DDP Coordinator.

Enter the name of the person completing or consulting on the form. Enter the phone number of the staff person, including area code in case there are any questions about the completion of the form. **Be sure to include the date the form was completed**.

9 – Person's Current 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.

If the response is either 1, 2, or 3, indicate the age of the primary care giver (if appropriate). The primary care giver may be a parent or sibling, but it could also include a roommate or close friend who is called on whenever the person with a developmental disability needs help or support.

10 – Ethnicity / Race

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

11 – Disabilities

Enter all that apply. Listed within this section is a partial list of 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.

Use existing medical records, if possible. Note that #1 Developmental Delay would typically only apply to a child whose specific disability has not yet been diagnosed.

12 – Preferred Language

Preferred Spoken Languages: English, Spanish, None or Other are the choices within this section. If "Other" is selected as a Preferred Spoken Language, the appropriate information should be entered in the "Other (specify)" field.

Preferred Nonverbal Languages: Sign, Other Symbolic, Other and None are the choices within this section. If "Other" is selected as a Preferred nonverbal Language, the appropriate information should be entered in the "Other (specify)" field.

Preferred Understood Languages: English, Spanish, None or Other are the choices within this section. If "Other" is selected as a Preferred Spoken Language, the appropriate information should be entered in the "Other (specify)" field.

13 – Wheelchair Use

Enter "yes" if the person regularly uses a wheelchair even part of the time (e.g. to cover longer distances or if the surface is uneven).

Guidelines for Identification of Needs

When considering the following items, please remember that **a person's need is UNMET if he/she is not receiving any service/support of the type required to address the need**. Do not use this form to indicate that someone needs more of a service/support that he/she is currently receiving or that the service/support should be continued.

14 – Residential Support Need

Respond to this question only if there is an unmet need for residential services. Otherwise, skip to question #15. It is OK to skip item 14 if the item does not apply at this time.

If the goal for this person is an out-of-home residential program that provides 24-hour support, select answer (1). In item 15, please enter any supports which are not currently being provided and which are needed at home while waiting for a residence to become available.

If the goal for this person is an out-of-home residence in which he/she would receive part-time assistance and/or support (of less than 24 hours a day), select answer (2). In item 15, please enter any supports which are not currently being provided and which are needed at home while waiting for a residence to become available.

Select answer (3) if the person needs services/supports to remain living with (or return to) his/her family. In item 15, please enter any supports which are not currently being provided and which are needed instead of an alternative residence.

15 – Individual and Family Need

Enter any services that represent an unmet need by either the person with a developmental disability and/or his/her family. Unmet support needs in these items can be entered even if item 14 has been left blank. It is OK to skip item 15 and/or item 16 if either item does not apply at this time.

Community habilitation services are usually provided at home and help a person gain, keep, or improve life safety skills, daily living skills, and social and adaptive skills.

Home Care / Home Maker could include assistance to a care giver, personal care, or housekeeping services.

Parent training may be services needed by the parents of a person with a developmental disability, or they may be services needed by a parent who has a developmental disability.

Respite includes those services needed either in-home or out-of-home.

16 – Clinical Service Need

Enter any services that represent an unmet need by the person with a developmental disability. Unmet support needs in this item can be entered even if item 14 has been left blank. It is OK to skip item 15 and/or item 16 if either item does not apply at this time.

Clinic Services are typically provided at an OPWDD funded clinic or satellite location. For counseling needs, enter either Psychology, Rehabilitation (vocational) counseling, or Social Work.

17 – Adult Daily Activities Need

Enter only one response. It is OK to skip item 17 if the item does not apply at this time.

Supported employment is competitive work performed in an integrated setting and may include such services as job coaching, job training, and job placement.

Day habilitation includes social and community activities and habilitative training (e.g. money management) in the community.

Prevocational or vocational skills training services are provided at day training sites, sheltered workshops, work activity centers, and in the community.

Day treatment services are intensive, therapeutic services typically provided at a Day Treatment program site but may include such activities in the community.

Senior citizen/geriatric activities include social and community activities usually provided to persons 50 years old and older.

18 – Individual or Family Name

Enter the name (last name, first name) of the person in need or the family member or friend/advocate (and his/her relationship) who provided the information on the form. That person should sign the form if he/she is willing to. Include the phone number

(optional) for the person whose name is given for this item. All information is confidential.

Note: Needs data will be kept on record for approximately two years. After two years, please complete another form to Review the status of the needs indicated. If the person's needs or circumstances change within the two years, please note those changes on an Individual Needs Summary Report and send it to the DDSO. You may request such a report for your files at any time from the DDSO.

This guide was last updated April, 2011

Statewide DDP User Guide and Instructions Revision Committee
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