

## **OPTS IRA ENROLLMENT FORM Instructions**

To be completed by the OPTS Provider and submitted to the local DDSO, or DOWNSTATE REGION 2 for services provided in New York City, for certified residences where Residential Habilitation is funded through an OPTS Agreement.

### **An OPTS IRA ENROLLMENT FORM should be completed and submitted:**

- A. Prior to the OPTS service start date, when residents of an existing residence (ICF or CR converting to IRA as part of OPTS, or existing IRA) are brought into OPTS, or
- B. To accompany a DDP-1 form when an individual is being added to a certified residence (existing IRA or newly certified IRA) funded through an OPTS Agreement, or
- C. To accompany a DDP-1 form when an individual is being removed from a certified residence funded through an OPTS Agreement.

### **Items 1-9 to be completed by the OPTS Provider, Items 10-12 to be completed by DDSO/DOWNSTATE REGION 2:**

1. **OPTS #** - Type or print the assigned OPTS number, issued when the OPTS proposal was submitted to OPWDD.
2. **OPTS Contract #** - Type or print the last four digits of the seven digit OPTS Agreement.
3. **Corporation** – Type or print the LEGAL name of the non-profit provider named in the OPTS Agreement.
4. **TABS Corp. Code** – Type or print the OPWDD five digit code assigned to the above named Corporation.
5. **OPTS Service Type(s)** – Type or print the authorized OPTS service(s). Allowable OPTS Service Type(s) include OPTS Supervised IRA, OPTS Supportive IRA, OPTS Comprehensive Supervised IRA or OPTS Comprehensive Supportive IRA. NOTE: Supervised and Supportive may not be used in reference to the same residence.
6. **Program Code** – Type or print the OPWDD eight digit Program Code assigned to the residence.
7. **OPTS Service Type Code(s)** – Type or print the two digit OPTS Service Type Code assigned to the OPTS Service Type(s) identified above. The allowable two digit codes are shown above the OPTS Service Types listed below.
8. **Site Address** – Type or print the full site address (assigned by 911 district if available).
9. **By individual OPTS Enrollment Start/End and OPTS Service Authorization** – Type or print:
  - a. TABS ID # assigned to the consumer.
  - b. Full name of the consumer.
  - c. If form is being submitted for A. or B. above, OPTS enrollment start date, or if form is being submitted for C. above, OPTS enrollment end date.
  - d. If form is being submitted for A. or B. above, mark an “X” under the OPTS Service Type requested for the individual identified.
10. **DDSO/DOWNSTATE REGION 2 OPTS Liaison/Reviewer Signature** – Signature of DDSO/DOWNSTATE REGION 2 OPTS Liaison or Reviewer approving the OPTS enrollment action(s).

11. **DDSO/DOWNSTATE REGION 2 OPTS Liaison/Reviewer Name (printed)** - Type or print the name of the DDSO/DOWNSTATE REGION 2 OPTS Liaison or Reviewer who is approving the OPTS enrollment action(s).
12. **Date** – Type or print the date the DDSO/DOWNSTATE REGION 2 OPTS Liaison/Reviewer approves the OPTS enrollment action(s).