

OPTS NON-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 OPTS services other than IRA Residential Habilitation funded through an OPTS Agreement.

An OPTS NON-IRA ENROLLMENT FORM should be completed and submitted:

- A. To accompany a DDP-1 form when an individual is being added to a Program Code established to distinguish services funded through an OPTS Agreement, or
- B. To accompany a DDP-1 form when an individual is being removed from a Program Code established to distinguish services 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** – Type or print the authorized OPTS service*. Only one OPTS service may be identified per OPTS NON-IRA ENROLLMENT FORM.
Note: If for OPTS Prevocational Services, Blended DP, Blended PS, Blended DPS or Blended DS, AND this request is being submitted for A. above, the OPTS EARNINGS/ACCES-VR** ENROLLMENT FORM must also be completed and submitted.
- 6. **OPTS Service Type Code** – Type or print the two digit OPTS Service Type Code assigned to the OPTS Service Type*.
- 7. **Program Code** – Type or print the OPWDD eight digit Program Code assigned to the OPTS program.
- 8. **Number of OSC Price Amount Indicators established** – Type or print the number of OSC Price Amount Indicators established for the identified OPTS service. Contact OPWDD Rate Setting OPTS Unit at (518) 402-4107 for assistance.
- 9. **By individual OPTS Enrollment Start/End and OSC Price Amount Indicator** – Type or print:
 - a. TABS ID # assigned to the consumer.
 - b. Full name of the consumer.
 - c. If form is being submitted for A. above, OPTS enrollment start date, or if form is being submitted for B. above, OPTS enrollment end date.
 - d. If form is being submitted for A. above, enter the OSC Price Amount Indicator specific to the identified consumer.
- If additional forms are needed to identify the individuals in the identified Program Code, continue on additional pages, entering the page number information at the top of the form.
- 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).
- * See Attachment B (Price Sheet) of OPTS Agreement/Renewal.
** ACCES-VR was formerly VESID, changed February 2011