

Developmental Disabilities Profile (DDP-2) Users' Guide

This guide is designed to familiarize voluntary and State agency users with the Developmental Disabilities Profile (DDP-2 form) used by the NYS Office For People With Developmental Disabilities (OPWDD). The DDP-2 form may be used to provide an accurate and thorough description of the skills and challenges of a person with developmental disabilities that are related to their service needs. Aggregate DDP-2 data is also used to describe, plan, and manage the system of services.

For persons added to a program, DDP-2 forms should be completed within thirty (30) days of enrollment in an OPWDD-certified or funded program.

How to Submit Information

Data from the DDP-2 form is entered into the OPWDD Tracking and Billing System (TABS).

Agencies with Direct Access to CHOICES

Transactions may be entered through the secure Internet system CHOICES.

If the form is submitted without all required information, a message will be sent to the submitter specifying what the problem is.

Agencies without Access to CHOICES

Agencies that do not have direct access to CHOICES should submit their completed DDP-2 form to the DDP Coordinator at your local DDSO within a week of the date of completing the form.

When to Complete a DDP-2 Form

The Developmental Disabilities Profile Form (DDP-2 form) should be completed:

1. Within thirty days of when an individual moves to a new program/service,
2. Whenever a significant change occurs to an individual's characteristics,
3. At least every two years to update a person's capabilities.

The image shows a sample of the DDP-2 form, titled "Putting People First" and "DEVELOPMENTAL DISABILITIES PROFILE". It includes sections for identification, disability description, medical history, self-care skills, and clinical services. The form is designed to be filled out by a caregiver or service provider.

Please note: the images above display only pages 1 and 4 of the DDP-2 form. It has four pages.

While it is important to enter data in as most timely a manner as possible, the service provided to an individual should **never** be reduced or ceased due to data entry issues alone. For example, if an individual has moved into a program and a DDP-2 has not been submitted within 30 days, this is not a reason to stop providing service. DDP-2 data collection is separate from eligibility and service authorization.

The DDP-2 form should be completed for all persons served by all OPWDD-certified or funded residential or day programs. Family Support Services providers are not required to complete DDP-2 forms, but it is strongly encouraged. Nursing Facilities and Clinic programs are not required to complete DDP-2 forms. In certain instances, DDP-2 forms are not required for Service Coordination programs. (See Filing Instructions for the situations in which a DDP-2 is required for Service Coordination.)

All individuals enrolled in the Home and Community Based Services waiver or Care at Home waivers III, IV, or VI must have at least one DDP-2 form on record. The DDP-2 form should be completed by the staff member who knows the person best. This staff person should consult with clinical staff or family members, as necessary.

The DDP-2 form is designed to record differences in a person's behavior and support needs between programs. This works best if staff members from those programs complete the forms.

Entry into the automated system should occur as soon as possible after the completion of the review.

Differences between CHOICES (Online) and Paper Forms

The CHOICES online DDP2 form differs from the paper form in the following ways:

- Some data fields default information into the CHOICES form if the information is readily available in TABS.
- Multiple tabs appear on the CHOICES forms.
- Each tab has a different functionality.
- When a CHOICES form is submitted, the information is filed directly into TABS.
- The DDP Inquiry report is available to the appropriate CHOICES users allowing a print out of DDP2 information including an ISP score.

See the following pages (3-6) to determine which services a DDP-2 is filed for, and the TABS program type codes they are filed under.

A DDP-2 MUST be filed for the following services by the agency providing services:

Please note: A DDP-2 update should only be completed in the case of a substantial change to an individual's abilities or every two years, whichever comes first.

Individual Support Services

11 = Individual Support Services

12 = ISS/Registrants

Residential Services

14 = IRA-C (1-8 beds)

15 = IRA-C (9-14 beds)

16 = IRA (1-8 beds)

17 = IRA (9-14 beds)

18 = Small Residential Unit (SRU)

19 = CR (Supervised Apartment)

20 = CR (Supportive)

21 = CR (Supervised Group Home)

22 = ICF (14 beds or less)

23 = ICF (15 beds or more)

24 = Family Care

29 = Private Home

Day Services

31 = Day Training

32 = Day Training (Pre-School)

33 = Day Training (Client Ed)

34 = Day Training (WAC/Workshop)

35 = Day Treatment

36 = Senior Citizen/Geriatric Svcs

37 = Collocated Day Treatment

43 = Community Habilitation

44 = Day Habilitation

Blended Day Services

47 = Blended Day Services

48 = Blended Prevoc/Semp

49 = Blended Day Hab/Prevoc/Semp

Consolidated Supports and Services

56 = Consolidated Supports and Services (CSS)

Institutional Settings

60 = Developmental Center (DC)

61 = Special Population

Care at Home Waiver

64 = Care At Home III (OPWDD)

66 = Care At Home VI (OPWDD)

67 = Care At Home IV (OPWDD)

Other Residential Supports

70 = Inpatient Rehabilitation

74 = Behavior Management, class 44 (Intensive Behavior Management*)

85 = Other Residential Program

Employment and Pre-Vocational

96 = Supported Work

97 = Supported Work (Follow)

98 = Transitional Employment

99 = Pre-Vocational

- **Community Habilitation** program type 43, was formerly Residential Habilitation
- Two-digit numbers refer to the TABS program type (for state users.)
 - * required for program type 74 if is Class 44 (for Intensive Behavioral Services)

A DDP-2 MUST be filed for SERVICE COORDINATION by the agency providing service coordination in certain circumstances (see filing instructions):

45 = Medicaid Service Coordination
(MSC)

46 = Waiver Plan of Care Support
82 = Case Management

A DDP-2 MAY be filed for the RESPITE and CLINIC SERVICES by the agency providing services in certain circumstances (see filing instructions):

13 = Hourly Respite

73 = Clinic Non-OPWDD Certified

27 = IRA/FSR (9 or more beds)

76 = Overnight Respite

30 = Clinic

83 = Day/Evening Respite

38 = Clinic - Off Site

84 = IRA/FSR (8 beds or less)

A DDP-2 is NOT REQUIRED for the following services:

10 = Evaluation and Diagnosis

71 = Medical Care

25 = Personal Care

72 = Dental Care

40 = Personal Care/Family Care

74 = Behavior Management*

41 = Personal Care/CR

75 = Child Care

42 = Personal Care/Respite

77 = Home Modification/Adapt. Equip.

50 = Special Hosp/Inpatient

78 = Reimbursement/Voucher/Subsidy

51 = Nursing Home (HRF)

79 = Other FSS

52 = Skilled Nursing Facility

80 = Sleep Away Camp/Vacation

55 = Laboratory

87 = Crisis Intervention

57 = Assistive Supports (CSEP)

88 = Counseling

58 = Family Education & Training (CSEP)

89 = Training (Family Caregiver,

59 = Monthly Community Hab (MCH)**

Self-Development)

62 = Care At Home I (DOH)

90 = Summer Day Rec. (Day Camp)

63 = Care At Home II (DOH)

91 = Day/Evening Recreation

65 = HCBS Waiver

92 = Home Care/Home Maker

68 = Care At Home V (DOH)

93 = Info & Referral/Outreach Services

69 = Early Intervention (Infant Screening,
Nutrition)

94 = Transportation

95 = Other Non-Residential Program

*required if Class 44 for HCBS Intensive Behavioral Services

**service effective 9/1/2012

Filing Instructions for Certain Situations

Service Coordination

Filing a DDP-2 for Medicaid Service Coordination (MSC) or other service coordination is optional, unless MSC (or other service coordination) is the only program the person is accessing. If no other current DDP-2 information (less than two years old) is on file, the MSC or other service coordinator must file a DDP-2 for the individual based on their observations of the individual in a particular setting. The MSC or other service coordinator needs to re-file every two years **only if** the individual is not in any other program that requires a DDP-2.

TABS Coordinator: A DDP-2 submitted by the MSC or other service coordinator should be filed under the program type related to the setting the individual was observed in. For instance, if the MSC filed based on their observations of the person in their home setting, the DDP-2 should be filed under the program type that corresponds to their home setting.

Exception 1: MSCs or other service coordinators who work for one agency and serve an individual who accesses services from another agency may file a DDP-2 under the MSC (or other service coordination) code of the agency the MSC works for. This exception is necessary because MSCs from one agency do not have access to records from another agency, but still may need to file a DDP-2 in accordance with the above guidelines.

Exception 2: In the event that it is impossible to determine which setting the DDP-2 filed applies to, **or the individual only receives MSC/service coordination or services for which a DDP-2 is not required**, the DDP-2 may be filed under program type 45 [Medicaid Service Coordination (MSC)], 46 [Waiver Plan of Care Support], or 82 [Case Management], as appropriate.

Clinics

A clinic provider who wishes to determine if an individual is eligible to receive a higher reimbursement rate can request that a DDP-2 be filed. DDP-2 data is analyzed to make this determination, and data from any DDP-2 filed for another program may be used.

In the event that an individual has no DDP-2 data on file, a DDP-2 may be filed for clinic services **if all of the following three statements are true:**

1. The clinic is an Article 16 clinic (program type 30 [Clinic] or 38 [Clinic - Off Site],
2. **AND** there is no current DDP-2 information (less than two years old) on file
3. **AND** the individual is not enrolled in another program that requires a DDP-2.

If the above statements are true for an individual, then a DDP-2 may be filed for that individual for clinic services to determine their eligibility for an enhanced reimbursement rate.

TABS Coordinator: When the above statements are true for an individual, a DDP-2 may be filed for that individual under program type 30 [Clinic], 38 [Clinic - Off Site], or 73 [Clinic Non-OPWDD Certified] as appropriate.

Respite

It is recommended that a DDP-2 be completed for individuals who receive respite services on more than an intermittent basis. If an individual receives the services at a regular interval (monthly, weekly, etc.) it is strongly recommended that a DDP-2 be completed.

TABS Coordinator: A DDP-2 may be filed for an individual receiving respite under program type 13 [Hourly Respite], 76 [Overnight Respite], 83 [Day/Evening Respite], program type 27 [IRA/FSR (9 or more beds)] or 84 [IRA/FSR (8 beds or less)], class 19, as appropriate.

Family Care

DDP-2's are not required to be completed for individuals that are on Temp Status' at **State-operated** Family Care Homes, i.e. TLA-Stabilization.

When an individual is permanently admitted to a Family Care Home the DDP-2 needs to be:

- Dated the date they were admitted as a resident, **OR**
- Dated within the same month that they were admitted as a resident.

Processing the DDP-2 Form in CHOICES

Before information about the abilities and disabilities of an individual can be completed in the computer system, 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-2 data has been entered and submitted for processing through CHOICES (using Submit Form function), the data will be filed in TABS and the ISPM score will be transmitted to CHOICES. The ISPM Scores are generated within the TABS system and are not stored in CHOICES. If the information cannot be processed because a required field is missing, a message will appear and indicate what required fields were not filled out.

Note: TABS does not reject a DDP-2 if it cannot compute an ISPM score based on the information submitted.

Detailed Instructions for Completing the DDP-2 Form

All items should be completed, leaving none blank. If you aren't sure, answer to the best of your knowledge.

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

Note: References to numbers, e.g. (#1), refer to the paper DDP-2 form.

CHOICES Note: The order the items appear in is different within the CHOICES on-line DDP-2 form.

1 – Date Completed

Enter the date on which this form is completed. When entering the year on the paper form, use "11" for 2011, "12" for 2012, "13" for 2013, etc.

2 – TABS ID Number

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

3 – Agency / Program Name

Enter the name of the agency responsible for the operation of the program, as well as the program name (e.g. Albany County Chapter NYSARC, 123 Albany Ave. IRA).

4 – Agency / Program Code

Enter the eight-digit code assigned to the reporting program for the DDP-2 form. The program code is used to identify the program or service in TABS. In CHOICES, only the program codes for the programs the person is enrolled in will be displayed. The program code should **always** contain a value of zero (0) in the fourth place from the end (i.e. the 5th number in the code).

5 – 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 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.

If there is conflicting information in the record concerning the correct name for someone in a voluntary program and the person's birth certificate is available, use the person's birth certificate as the preferred source. A DDP-1 should be completed along with a copy of the supporting documentation (e.g. the birth certificate,) or the DDSO DDP Coordinator should be contacted.

6 – 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.

If there is conflicting information in the record concerning the correct birth date for someone in a voluntary program, and the person's birth certificate is available, use the person's birth certificate as the preferred source.

7 – Sex

Choose the appropriate answer, male (#1) or female (#2).

8 – Place of Residence

Select the choice that indicates the person's current place of residence.

- (1) **Living independently:** Select this response if the person is living alone or with friends, other non-relatives, his/her spouse, or his/her own children.
- (2) **Living with relatives:** Select this response if the person is living with his/her parents, siblings, grandparents or other relatives besides his/her own spouse or children.
- (3) **OPWDD Certified Residence:** Select this response if the person is living in state or voluntary-operated arrangements such as a supportive apartment, individualized residential alternative (IRA), community residence, community-based ICF, family care home, private residential school, or developmental center.
- (4) **Health Facility:** Select this response if the person resides in a nursing facility such as a nursing home.
- (5) **Other:** Select this response if the person resides in any type of living arrangement not included in the other choices. Specify the type of setting on the line provided (e.g., foster care home, shelter).

9 – Day Program

Select all the choices that indicate the person's current day programs.

- (1) **None:** Select this response if the person is not presently in any day program, school, or employment setting.
- (2) **OPWDD Certified/Funded Program:** Select this response if the person attends State or voluntary-operated programs such as day habilitation, day training, day treatment, prevocational, sheltered work, community habilitation or supported work. Also select this response for DC residents who receive program services on the grounds of the developmental center or ICF residents who receive day program services as part of the ICF.
- (3) **School:** Select this response if the person is attending an early intervention program, preschool, regular school, special school, BOCES, or other school program outside the auspices of OPWDD certification and funding.
- (4) **Competitive Employment:** Select this response if the person is working in a regular work setting, including work supported by Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR) or the Commission for the Blind and Visually Handicapped (CBVH).
- (5) **Other:** Select this response if the person attends any type of day program activity not included in the other choices. Specify this type of activity by writing the type of setting on the line provided.

10 – Developmental Disabilities

Select **ALL** that apply. If you are not absolutely sure of all the developmental disabilities that apply for this person, please check the person's record. Appropriate documentation must be present in the person's record to support the diagnosis, including the signature of the diagnosing physician or psychologist.

If "No developmental disability" (#1) is selected, then no other choices should be selected on this item.

If the type of developmental disability is not yet determined but developmental delay is suspected or the person is at risk for developmental delay, select "Undetermined developmental disability" (#8).

Note: Disabilities can be entered using the DDP-1, however, the disabilities entered using a DDP-1 are not stored in the same data dictionary as those entered using a DDP-2. This means if someone is trying to update disabilities information for an individual that appears on a DDP-2 or the TABS CE:17 DDP-2 ENTRY SCREEN using the CHOICES DDP-1, it will not work.

11 – Primary Disability

Having selected all the person's developmental disabilities in question 10, now select the one disability that is the primary one and enter it. Refer to the person's record if you are unsure.

On the paper form, enter the number of the primary disability (1 through 8) from question 10 in the space provided.

Primary disabilities are entered in CHOICES via a separate Question/ Field on the CHOICES DDP-2 form labeled "Primary Developmental Disability. This is a required field. The field has a drop down box associated with it and with different disabilities that can be selected. If a single answer or multiple answers are selected in the previous question, developmental disabilities, one of those answers should be selected as a primary disability. You do not have to select developmental disabilities from the prior question in order to select a PRIMARY developmental disability.

12 – Intellectual Level

Select the number of the category that best describes the person's level of intellectual functioning. If unsure, refer to the most recent psychological assessment in the person's record.

13 – Psychiatric Diagnosis

Select #1, "Yes" if the person has a psychiatric diagnosis made by a psychologist or psychiatrist in his/her record. The behavior problems that are not formally diagnosed will be picked up in later questions on behavior and medication.

14 – Medical Conditions

Select "Yes" (#1) only if the person actually has the identified condition at the present time. If the person is currently being screened or tested for one of the listed conditions, select "No" (#2) for that category.

15a – Seizure History

Select "Yes" (#1) if the person has any history of seizure activity and proceed to questions 15b and 15c. Select "No" (#2) if the person has no seizure history and skip to question 16a.

15b - Seizure Type

Select all types of seizures the person has experienced in the last twelve months. If the person has not had any seizures in the last twelve months, select "No seizures this year" (#1) and skip to question 16a. If you know that the person has had a seizure but are unsure of the type of seizure, select "Had some type of seizure - not sure of type" (#6).

15c - Seizure Frequency

Select the one category that indicates how frequently the person has experienced seizures that involve loss of awareness and/or loss of consciousness in the last twelve months. If a person's seizures are very episodic or cyclical in nature, report the frequency of the episodes over the last twelve months rather than individual occurrences.

Example: If a person has seizures several times a week, select for "Several times a week" (#5). However, if a person is usually seizure-free, yet has several seizures throughout one or two weeks during the year, treat this as episodic in nature and select for "Less than once a month" (#2).

16a - Medications

Select all types of medications prescribed by a physician for treatment on an ongoing basis. If a person is receiving an anti-anxiety agent for other than behavior management, or a person is receiving anticonvulsant medication for other than seizure control (e.g., Tegretol for behavior management), select "Other maintenance medications prescribed to treat an existing medical condition" (#6). (Medications included for this item (#6) should be restricted to maintenance medications given on an ongoing basis only.)

If the person does not receive any prescription medications, select "No prescription medications" (#1) and skip to question 17.

16b - Injections

Select "Yes" (#1) if the person receives ongoing medication by injection.

16c - Medication Support

Indicate the level of support the person receives when taking medication at your program. Please read the descriptions of the levels of support carefully. These levels of support have been defined as follows:

Total Support: The staff or caregiver must physically administer medications by such means as injections, drops, mixed in food, or the person is physically incapable of taking medications or is often resistive (spits out or refuses to swallow it).

Assistance: The staff or caregiver keeps the medication(s) and gives the medication(s) to the person at the appropriate time for self-administration.

Supervision: The person keeps and takes his/her own medication, but the staff or caregiver may have to prompt or confirm that he/she has indeed taken it.

Independent: The person is totally responsible for his/her own medications.

Note: If the person takes more than one medication and the support is provided at different levels (e.g., tablets and injections), select the one that indicates more support. Enter only one response.

17 – Medical Consequences

This question relates to the programming consequences of a person's medical condition. Please consider all aspects of the person's medical condition. For part (a) exclude routine examinations or assessments. Include only days missed due to actual medical problems.

18 – Hearing

Select the choice that best describes the person's hearing with the use of a hearing aid if one is used.

19 – Vision

Select the choice that best describes the person's vision with the use of glasses or contact lenses if used. Note that a diagnosis of "legally blind" may not necessarily be equivalent to "Total blindness" (#5). A person may be legally blind without being totally blind. For a person who is fully sighted in one eye only, select "Moderate impairment" (#2).

20 – Mobility

Select the one response that best describes the person's typical level of mobility. Note that "Walks independently but with difficulty" (#2) involves walking unaided; "Walks independently with corrective device" (#3) involves the use of a corrective device such as a cane or walker. "Walks only with assistance from another person" (#4) means the

person needs some help from another person when walking. Include sensory deficits in your assessment if they are a significant impediment to mobility.

21a – Wheelchair: Select "Yes" (#1) if the person uses a wheelchair for any reason. If the person does not use a wheelchair at all, select "No" (#2) and skip to question 22.

21b – Wheelchair Mobility: Select the one response that best describes the person's wheelchair mobility. Note that the wheelchair may be motorized.

22 – Motor Control

Select "Yes" (#1) or "No" (#2) for each item. Try here to base your response primarily on personal knowledge and observation of the person and only secondarily on the person's record.

These questions should be viewed as whether or not the person is presently capable of doing these things. If you have not had the opportunity to observe the person perform a particular task (e.g., item I, "Can cut with scissors along a straight line"), estimate his/her ability to perform that task based on similar tasks you have observed the person perform. Base your answers only on the person's capabilities and not on his/her willingness or unwillingness to engage in these activities.

23 – Cognitive Ability

Select "Yes" (#1) or "No" (#2) for each item. This question attempts to determine cognitive abilities. The person may have to be prompted verbally, but base your answers only on the person's capabilities as in the previous question. For each of the items (a – i) the person should be able to generalize his/her ability to other settings.

Example: In item f, "Understand simple functional signs," the person should be able to recognize and understand exit signs or restroom signs wherever he or she encounters them.

24 – Communication

Select "Yes" (#1) or "No" (#2) for each item. In this question, the word "typically" means most of the time. Also, note that the method of communication can be written, verbal, sign, symbolic, or electronic.

25 – Behavior Frequency

Please follow these general guidelines:

Program Focus: Restrict your answers to behaviors observed at your program only, even if you are aware of problems exhibited by the person at other times and in other settings.

Behaviors: When trying to describe someone's behaviors, carefully consider into which category a given behavior fits. **Select the most appropriate category, and do not count the same behavior in several of the behavior categories.**

Example: If a person screams at others, consider whether this is best regarded as a part of tantrums or emotional outbursts (25a), disruptiveness (25d), verbal abusiveness (25e), or some other type of behavior problem. Existing behavior plans and diagnoses should be helpful guides in finding the proper behavior category.

Frequency: Select the appropriate frequency for each of the items. If the person has not exhibited a particular behavior within the past twelve months select "Not this year" (#1) for that behavior. If a behavior is very episodic or cyclical in nature, with many occurrences in a short period (day, week) but none between episodes, report the frequency of the episodes over the last twelve months rather than individual occurrences.

Example: If a person has tantrums several times a week, select "Frequently" (#5). However, if a person is usually calm yet has several emotional outbursts throughout one or two days during the month, treat this as episodic in nature and select "Monthly" (#3).

26 – Behavior Consequences

Select "Yes" (#1) or "No" (#2) for each consequence of a person's behavior. Keep in mind the following general guidelines:

Program Focus: As with frequencies, record behavior consequences only as exhibited in your program.

Behaviors: Respond based on what has happened as a result of any behavior on the part of the individual, not just those listed in the previous question.

Only Behavior Results: As you complete this list of items, it is helpful to refer to the main question as a reminder that **these items are only asking about the results of an individual's behavior.**

- 26a:** For item 26a think of the "setting" as a residential setting if your program is a residence and as a day program if your program is a day program. Since current OPWDD policies encourage the movement of people to the least restrictive possible settings, think about whether or not behavior problems would seriously jeopardize the success of such moves.
- 26b:** These procedures should be specified in a formal behavior plan designed to address specific behavior challenges.
- 26c:** "Environment" refers to program areas where an individual lives and works. Some examples include locks on all doors to prevent the person from leaving, requires a private room to avoid problems, locked dressers to prevent stealing.
- 26d:** "Restrain" refers to controlling a person and includes restrictive techniques taught in the Strategies for Crisis Intervention and Prevention - Revised (SCIP-R) curriculum.
- 26e:** Should be part of a formal plan. Must involve supervision and not just a verbal instruction to go alone to a quiet area.
- 26f:** Must involve supervision needs for behavior challenges and not for extensive supports for other challenges like communication or self-care. Must represent one-on-one supervision for many of the activities at a program for extended, and not intermittent, periods. This should be an "official" program designation. If it is not possible to identify staff who are supervising a person for many activities for extended periods, the level of supervision is probably not what is captured by this item.

27 and 28 - Self Care, Daily Living

Select the appropriate level, from "Total support" (#1) to "Independent" (#4) for each item. We are interested here in how well the person performs these activities as stated in each item from start to finish at a reasonably acceptable level.

Each item means exactly what it says.

Examples: Item g in question 27, "Putting on clothes," asks if the person can put on clothes, not if he or she is capable of selecting appropriate clothes. Item 27k, "Feeding self," involves just being able to feed oneself once the food is on the table, not being able to cook or prepare food.

For question 27, item j, "Chewing and swallowing food," if a person receives a pureed or ground diet because he/she has problems chewing, select "Assistance" (#2). If the person also needs help swallowing, select "Total Support" (#1). Note also that question 28, item j, "Managing own money," includes such activities as budgeting and using banking services.

The following descriptions may help clarify the four column headings:

Total Support: The person is completely dependent on others to carry out activities on his/her behalf. Total support requires that the service provider or caregiver be involved throughout the task. (Depending)

Assistance: The person often requires physical aid in order to accomplish tasks. The service provider or caregiver would offer regular verbal prompting and instructions as well as regular physical hands-on aid. (Helping)

Supervision: The person is able to perform tasks with some verbal direction. The person usually understands the need for and is usually willing to perform a task. (Reminding)

Independent: The person understands the need for, is willing to, and can perform tasks with no prompting. The person may need supervision and/or assistance in exceptional circumstances.

Where the program does not really allow someone to perform a certain activity, we would like an estimate of the person's ability to perform this task independently.

Example: See item "h" in question 28, "Crossing street in residential neighborhood" - if the program doesn't allow someone to do this on his or her own, estimate his/her ability to do this independently. Or if the person is bald, estimate from his/her other skills if he/she has the cognitive and physical abilities for hair grooming for question 27, "Brushing/combing hair" (item "e".)

29 – Clinical Services

Select the appropriate level from "Not this year" (#1) to "Daily" (#6) for each item. Indicate only those services provided or funded by **your program** and actually being received by the person. Do not enter services provided by other programs even though you may be aware of them.

Include direct service to the person or any supervision of that service by the clinical specialist. Also include services provided by other specialists or assistants under the direct and regular supervision of the clinical specialist listed. One example of this is clinical staff who regularly assist Speech and Hearing Pathologists by supporting individuals to follow their speech & hearing program plans. These other specialists and assistants include: psychologist with master's degree, physical therapist assistant, occupational therapist assistant, licensed practical nurse (LPN), and social worker with a bachelor's degree (BSW), but not case manager or service coordinator. For item "h", "Social Worker," include service given to immediate family members or guardian as service received by the person.

Note: If there was a brief break in an otherwise regular service due to a temporary inability to provide the service (for example, a clinician leaves and it takes a month or two to replace him/her), indicate the frequency with which the person was scheduled to receive the service.

Enter only one response on each row. In the case where there was only an assessment (by a physician, for instance) in the last year, select "Occasionally" (#2). Select "Not this year" (#1) for services not provided or funded by your program.

Completed By

Enter the name of the staff person completing the form, as well as the person's contact telephone number (including area code). This information is used in an instance of questions regarding information on the form.

Updating A DDP-2 Using the DDP-2 Profile Report

1. CHOICES: The previously submitted form for a program can be copied and saved, so re-entry of all information into a new form is not required. All changes should be made, and the form should then be saved and submitted.

Manual (Paper Form): When a person is due for a review, his or her DDP-2 is updated using a printed DDP **profile** which contains the information last entered about the person from a DDP-2 in TABS. This profile should be on file. If it is not, a copy can be requested from the DDP Coordinator at the DDSO.

2. The staff person responsible for the review checks the data on the profile and enters or writes in any changes for that individual on the profile (**USING RED INK**, if using paper forms.)
3. On page 1 of the profile, the FORM DATE should be crossed off and the date of the review should be written below it.
4. On page 4 of the profile, the name and phone number (including area code) of the staff person who reviewed/completed the form should be written in the area just before END OF PAGE.
5. CHOICES: If the DDP-2 Profile is entered through CHOICES, it will automatically update TABS.

SEMP Access: If the DDP-2 Profile was completed on paper, the profile needs to be forwarded to the appropriately assigned data entry person. If this data entry person is not known, contact your DDSO DDP/TABS Coordinator.

Manual (Paper Form): Once entered into TABS, the updated DDP-2 Profile will be printed and sent to the appropriate agency/program for inclusion in the individuals file.

A Glossary of DDP Reports Generated Through TABS

TABS Reports

- DR4** DDP Personal Ability Profile - Prints or displays a profile for programs in which the individual is active. Use "L" or "S" at Prompt 1 to search the local or statewide data base.
- DR5** Consumer Characteristics by Residence Type - Prints or displays counts of characteristics for individuals in each residential program type within a DDSO or within selected counties.
- DR6** Consumer Characteristics by Day Program Type - Prints or displays counts of characteristics for individuals in each day program type within a DDSO or within selected counties.
- DR8** DDP Summary Statistics - Prints or displays the characteristics of the individuals within a DDSO or within selected counties as reported on the DDP-1 and DDP-2.
- DR10** DDP Profile by Birth Month - Prints or displays the Personal Abilities Profile report for all individuals, born during the month you select, for all programs within the DDSO.
- DR11** DDP Profile by Form Month - Prints or displays the Personal Abilities Profile report for all individuals, whose Profile was completed during the month you select, for all programs within the DDSO.
- DR12** DDP Profile by User Name - Prints or displays the Personal Abilities Profile report(s) entered or updated by you or another user during a selected time period within a DDSO.
- DR13** Historical DDP Profile - Prints or displays an individual's Personal Abilities Profile report for any program for which the individual has or had a DDP-2. A "?" at the DDP PROFILE prompt lists all programs for which a DDP-2 has been completed for the individual.
- DR14** DDP Roster - Prints or displays a listing of individuals enrolled in a selected program as of the date you specify. The date an individual was added to the program and the date of the most current DDP-2 form, if one exists, are listed for each individual.
- DR15** DDP Outdated Summary Listing - Prints or displays a report of individuals enrolled in a program who either have no DDP-2 for that program or have a DDP-2 with a form date older than 18 months. This report may be requested for one agency, multiple agencies or all agencies within a DDSO.
- DR16** DDP-2 ISPM Report - Prints or displays DDP factor scores and ISPM scores for individuals based on data entered in DDP-2. A summary report by program and DDSO can also be produced.

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Statewide DDP User Guide and Instructions Revision Committee
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