NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

Eligibility Transmittal for Determination of Developmental Disabilities (DD) User Guide

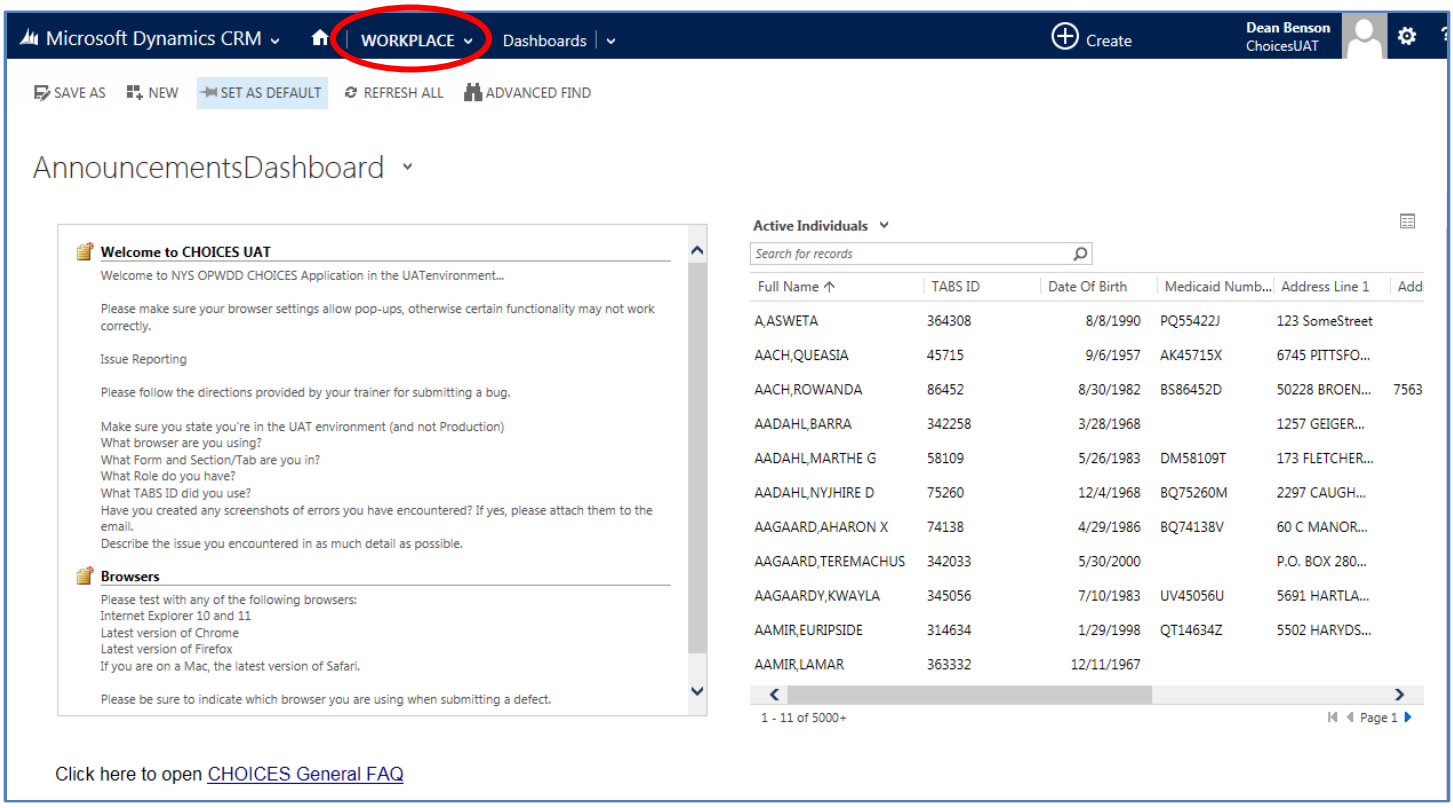
Eligibility Transmittal for Determination of DD

(The personal information and accompanying data shown in this guide are fictional and are used for illustrative purposes only.)

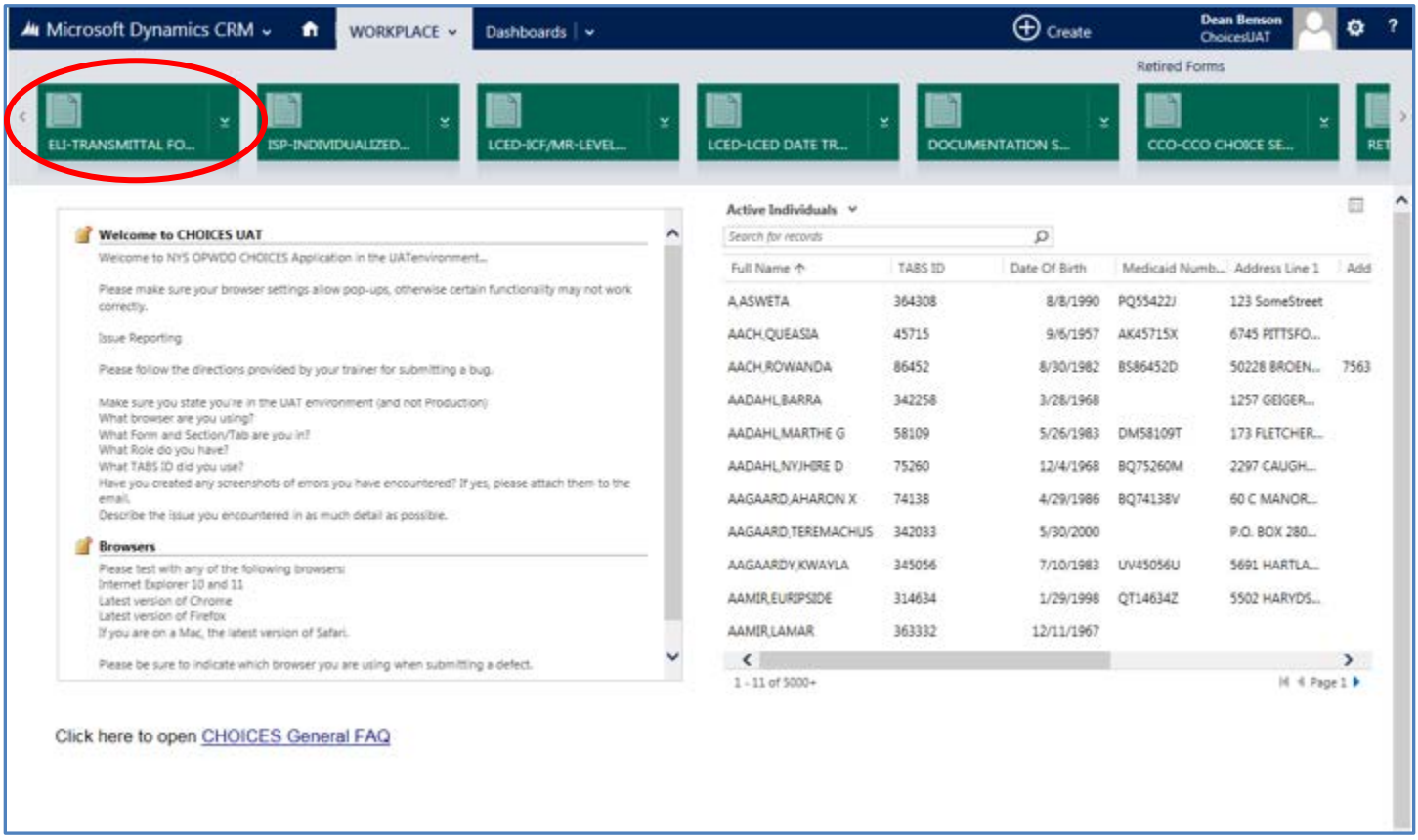
The purpose of the **Eligibility-Transmittal for Determination of DD** is to request a new or existing TABS ID number from the local Developmental Disabilities Regional Office (DDRO). The TABS ID is required to upload information and complete forms for an individual in CHOICES. Once a TABS ID number has been provided for an individual, Care Coordination Organizations can proceed to complete this Eligibility Transmittal for Determination of DD and include copies of records that prove developmental disability with onset prior to age 22.

Part 1: Registering an Individual in TABS

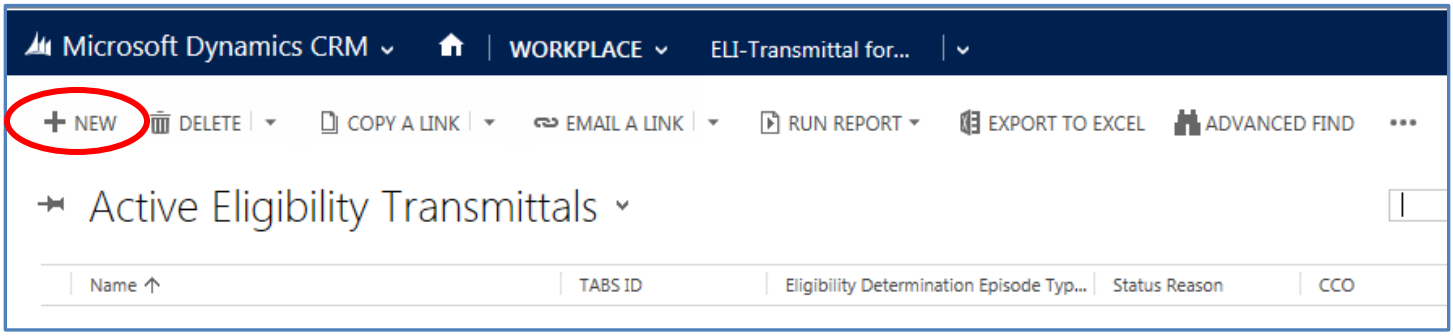
To begin, click **WORKPLACE,** at the top of the screen.



From the **WORKPLACE** dropdown menu, click **ELI-Transmittal for Determination of DD**.



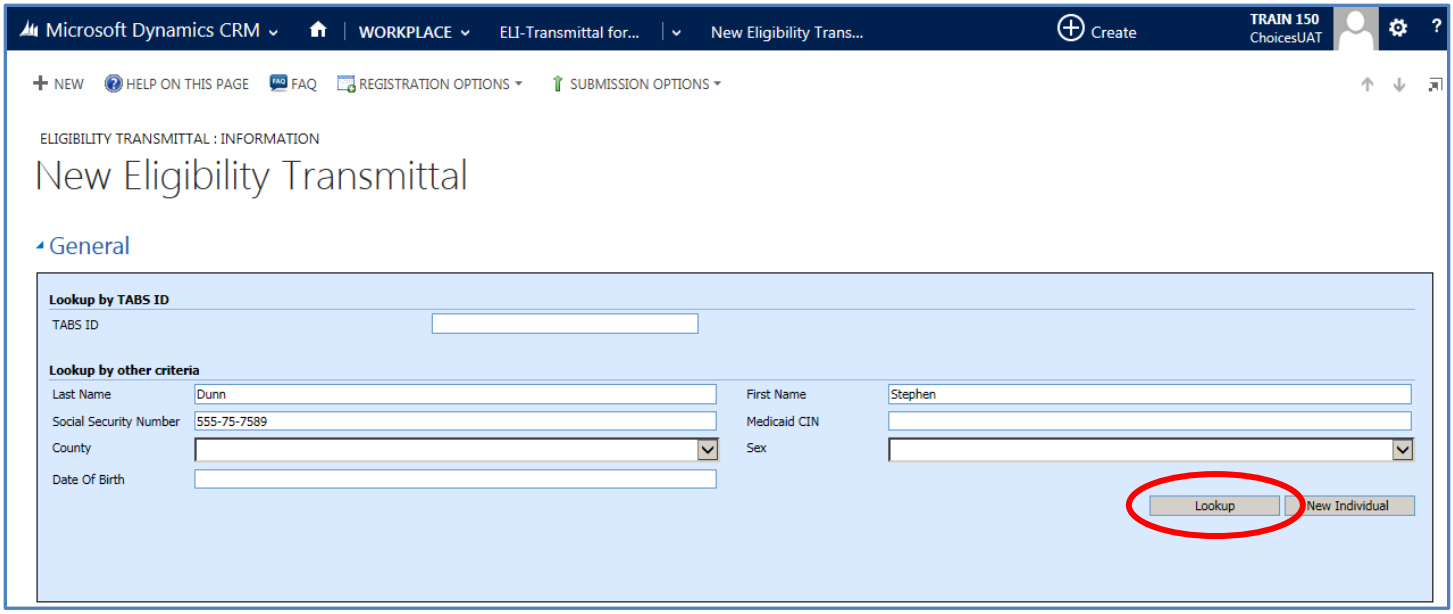
This takes you to the Active Eligibility Transmittals screen. The content pane will list any active Eligibility Transmittal forms. Then click on **New** in the upper left-hand corner**.**



The following **Lookup**. screen will appear. You must have all of the correct identifying information for an individual: spelling of name, Social Security number and Medicaid number. (See the Individual Lookup Reference Guide for additional instructions)

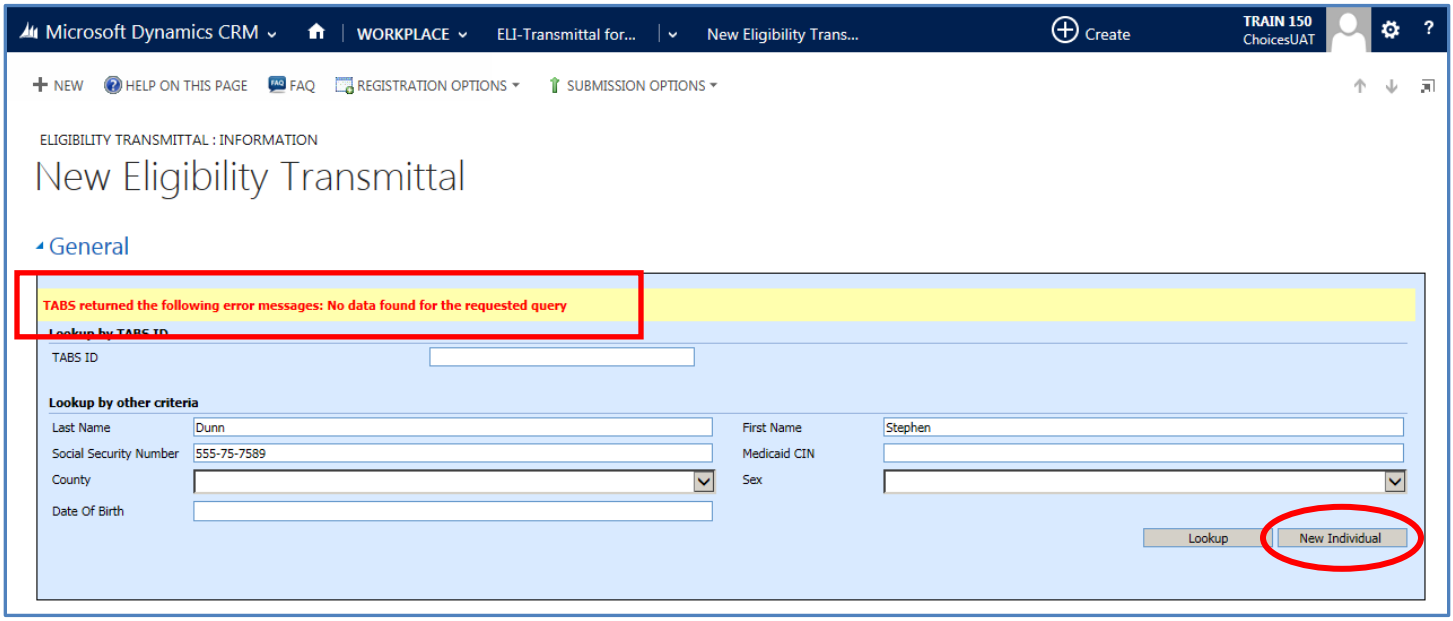
Type in the Individual's name and at least one of the identifying numbers, either the Social Security or Medicaid number.

Then click **Lookup.**



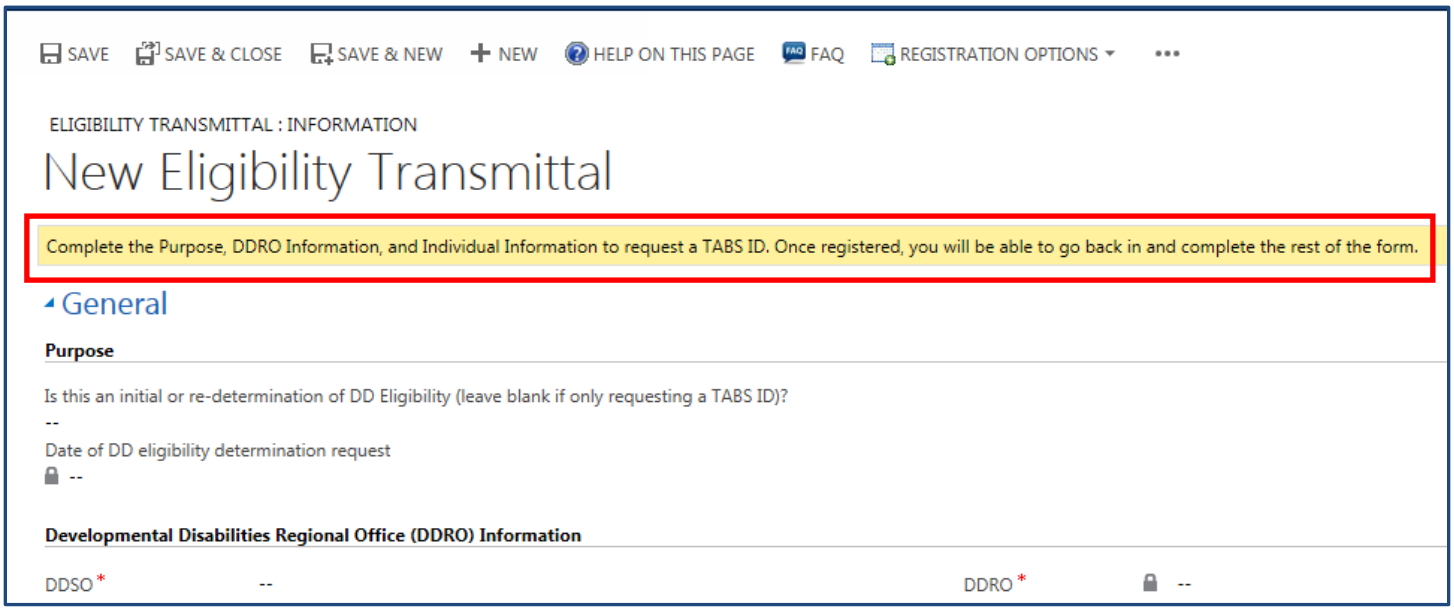
Two results are possible: the person is not found based on the information entered or the person does exist and already has a TABS ID. If a person is found in TABS, the information for that individual will be displayed.

For individuals whose information does not return and most likely an unknown person to TABS, the following message displays, **TABS returned the following error messages: No data found for the requested query** and you will need to click on the **New Individual** button in the lower right.



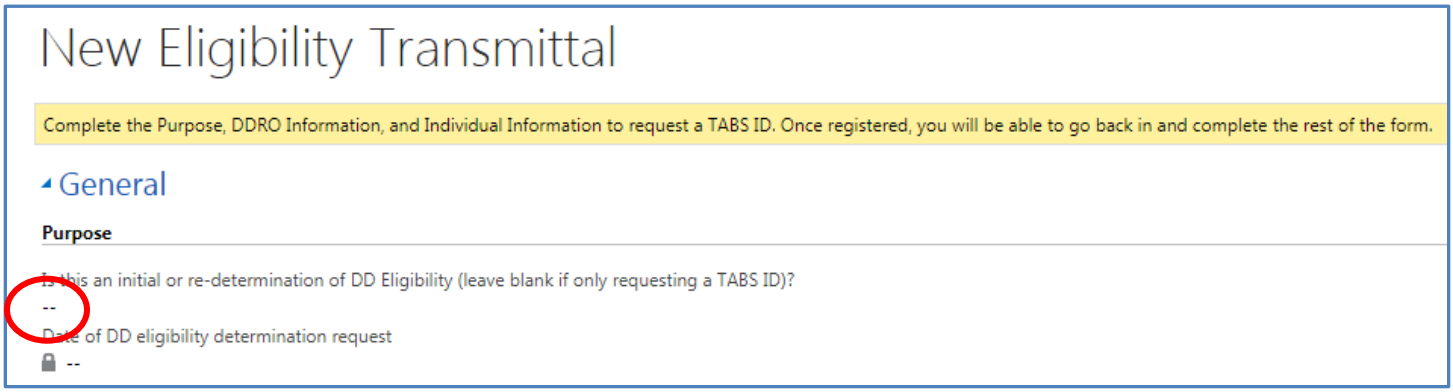
A new Eligibility Transmittal form will display with the name and number you entered in the Lookup box.

A message appears that informs you to complete the Purpose, DDRO Information, and Individual Information to request a TABS ID, and that once the person is Registered you will be able to go back and complete the rest of the form.

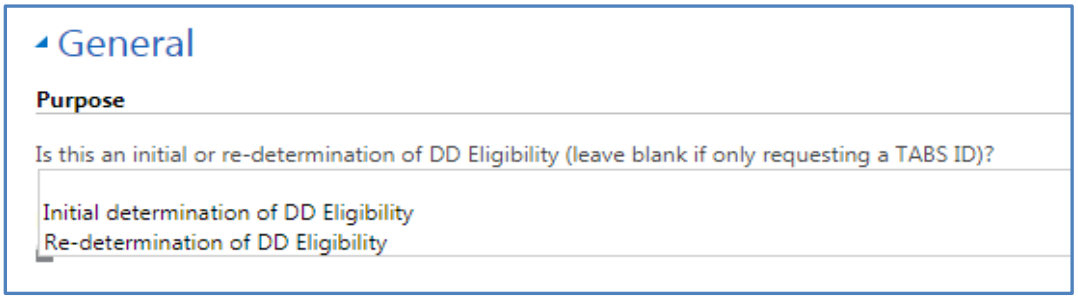


Purpose

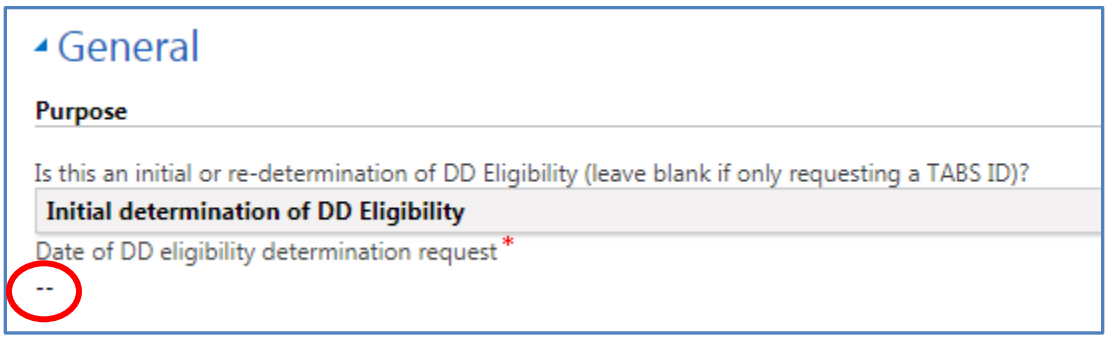
The first field to fill out is the **Purpose**. Click the field with the Double Dashes to choose the **Purpose**.



Choose either **Initial** or **Re-determination of DD Eligibility**. If you only want to register the person and not pursue eligibility, this field can be left blank.

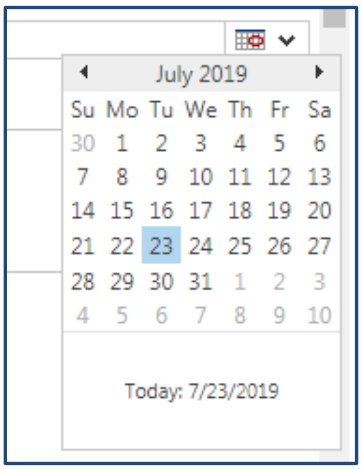


Next, choose the Date of the DD eligibility determination request, by clicking the Double Dash in the Date field.



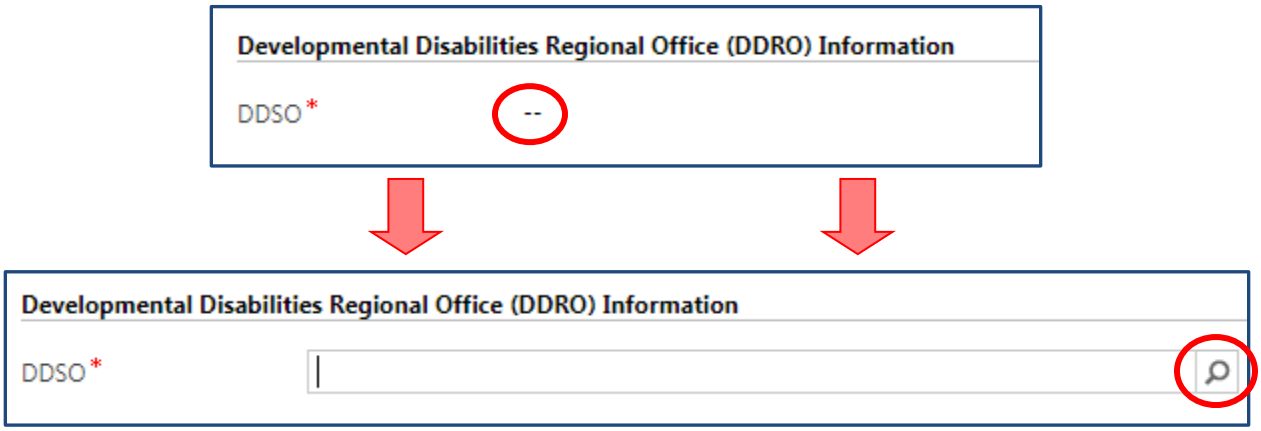
Once you do this, a Calendar will appear at the end of the field. Click the Calendar. .

Choose a Date from the Calendar.

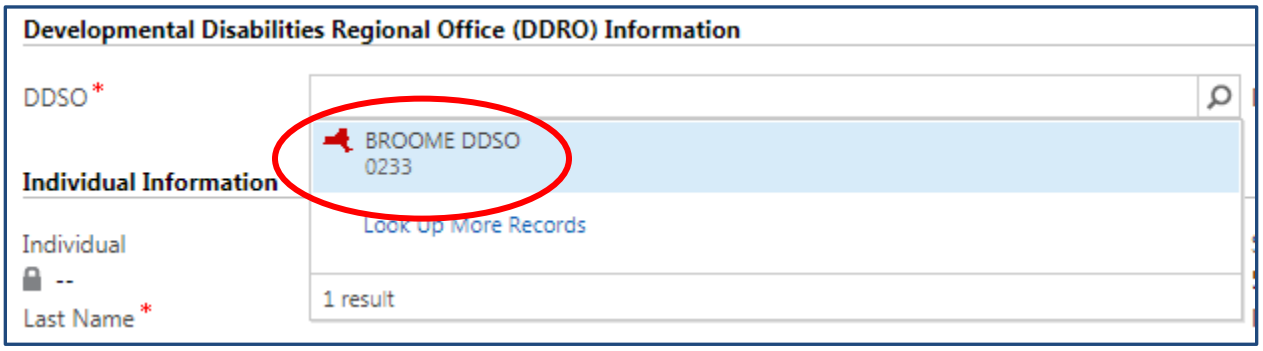


Developmental Disabilities Regional Office (DDRO) Information

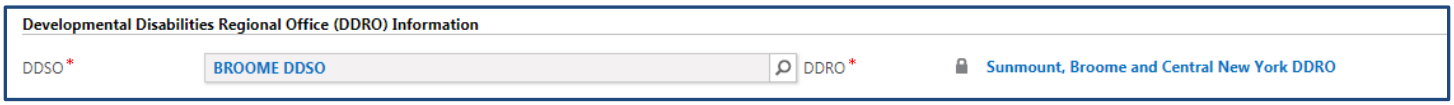
In the Developmental Disabilities Regional Office (DDRO) Information, hover over the double dash in the DDSO field, and a Magnifying Glass will appear.



Click the Magnifying Glass, to choose the DDSO that you want to register the person in.



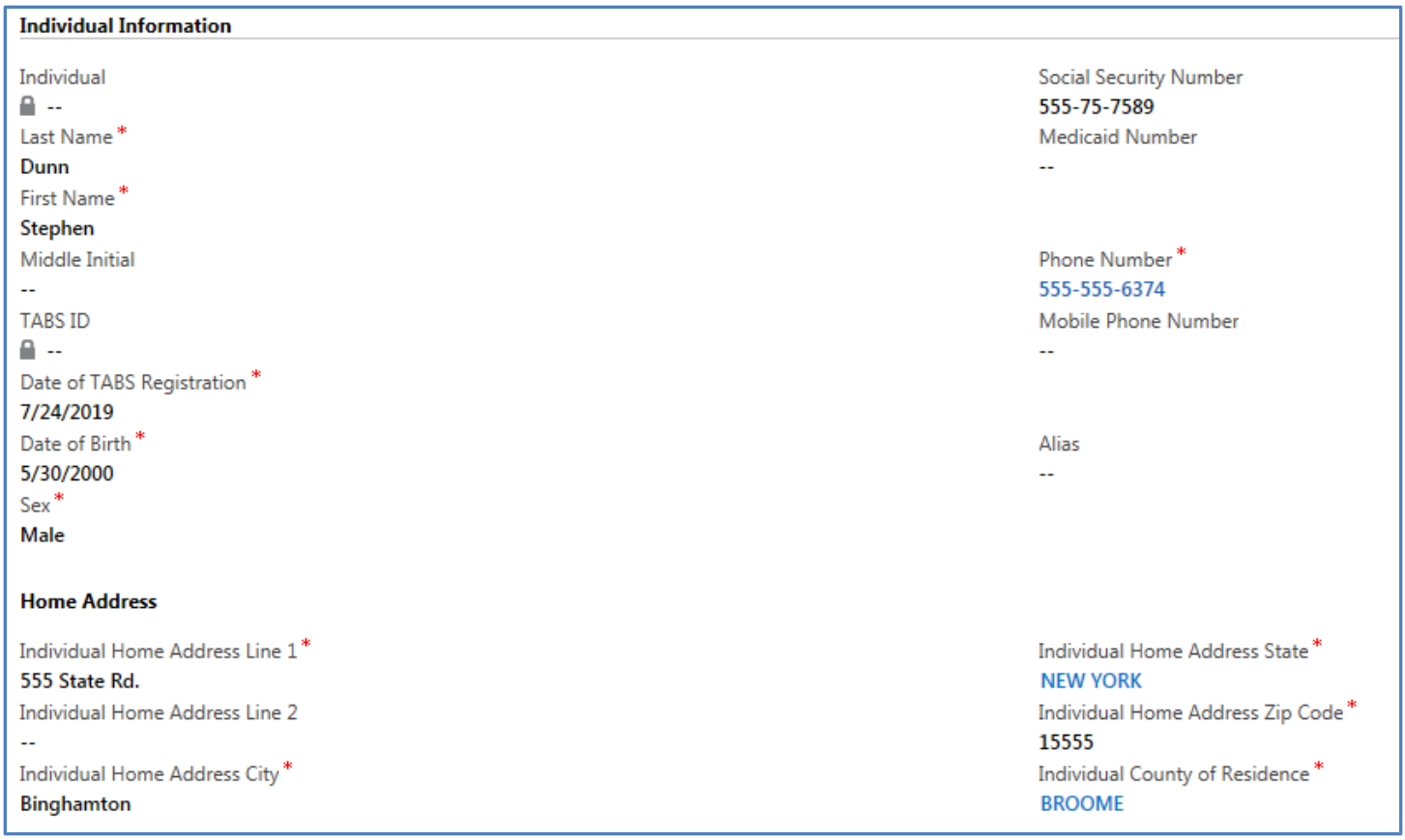
Once you choose a DDSO, the DDRO field, which is a locked field , automatically populates.



Individual Information

The next section is the Individual Information section. Fields already completed on the Lookup Screen are already filled in. Complete all fields that are known. Red asterisks * are used to tell you which fields are required to be completed.

Below is the Individual Information section, filled out with the individual's information.



Individual Information

Individual
--
Last Name *
Dunn
First Name *
Stephen
Middle Initial
--
TABS ID
--
Date of TABS Registration *
7/24/2019
Date of Birth *
5/30/2000
Sex *
Male

Social Security Number
555-75-7589
Medicaid Number
--
Phone Number *
555-555-6374
Mobile Phone Number
--
Alias
--

Home Address

Individual Home Address Line 1 *
555 State Rd.
Individual Home Address Line 2
--
Individual Home Address City *
Binghamton

Individual Home Address State *
NEW YORK
Individual Home Address Zip Code *
15555
Individual County of Residence *
BROOME

Scroll down the form, to **Language Information**.

Mailing Address (if different from above)

Individual Mailing Address Line 1
--
Individual Mailing Address Line 2
--
Individual Mailing Address City
--

Individual Mailing Address State
--
Individual Mailing Address Zip Code
--

Language Information

Individual's Primary Language Type *
--
Individual's Primary Spoken Language
--
Individual Non Spoken Language
--

Specify Individual Other Spoken Language
--
Specify Individual Other Non-Spoken Language
--

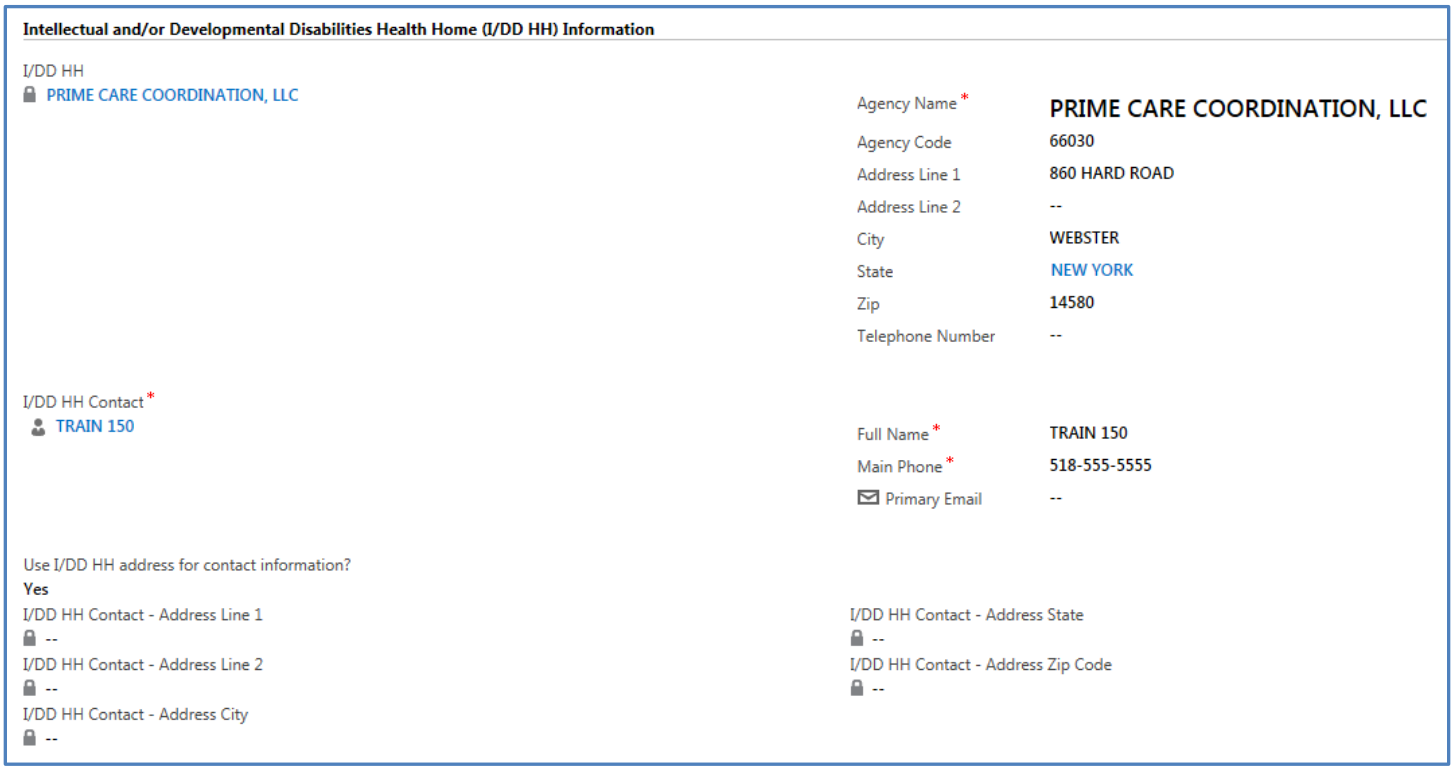
Use the Double Dash below Individual's Primary Language Type, to choose the person's language type. This options in this field are Spoken, Non-Spoken or Individual Cannot Communicate.

If you choose Spoken for Individual's Primary Language Type, the Individual's Primary Spoken Language becomes a required field.

Use the Double Dash to enter the person's Primary Spoken Language.

Intellectual and/or Developmental Disabilities Health Home (I/DD HH) Information

The next section of the form shows your Agency information. The **I/DD HH Contact** name will be your name, followed by your phone number and email address.

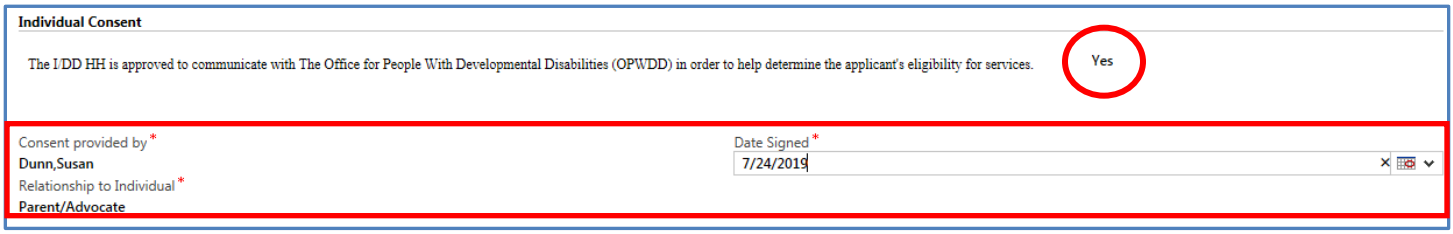


There is a section that asks if you want to **Use I/DD HH address for contact information?** If you change this to No, it allows you to enter an alternate address.

Individual Consent

The next section is the Individual Consent section.

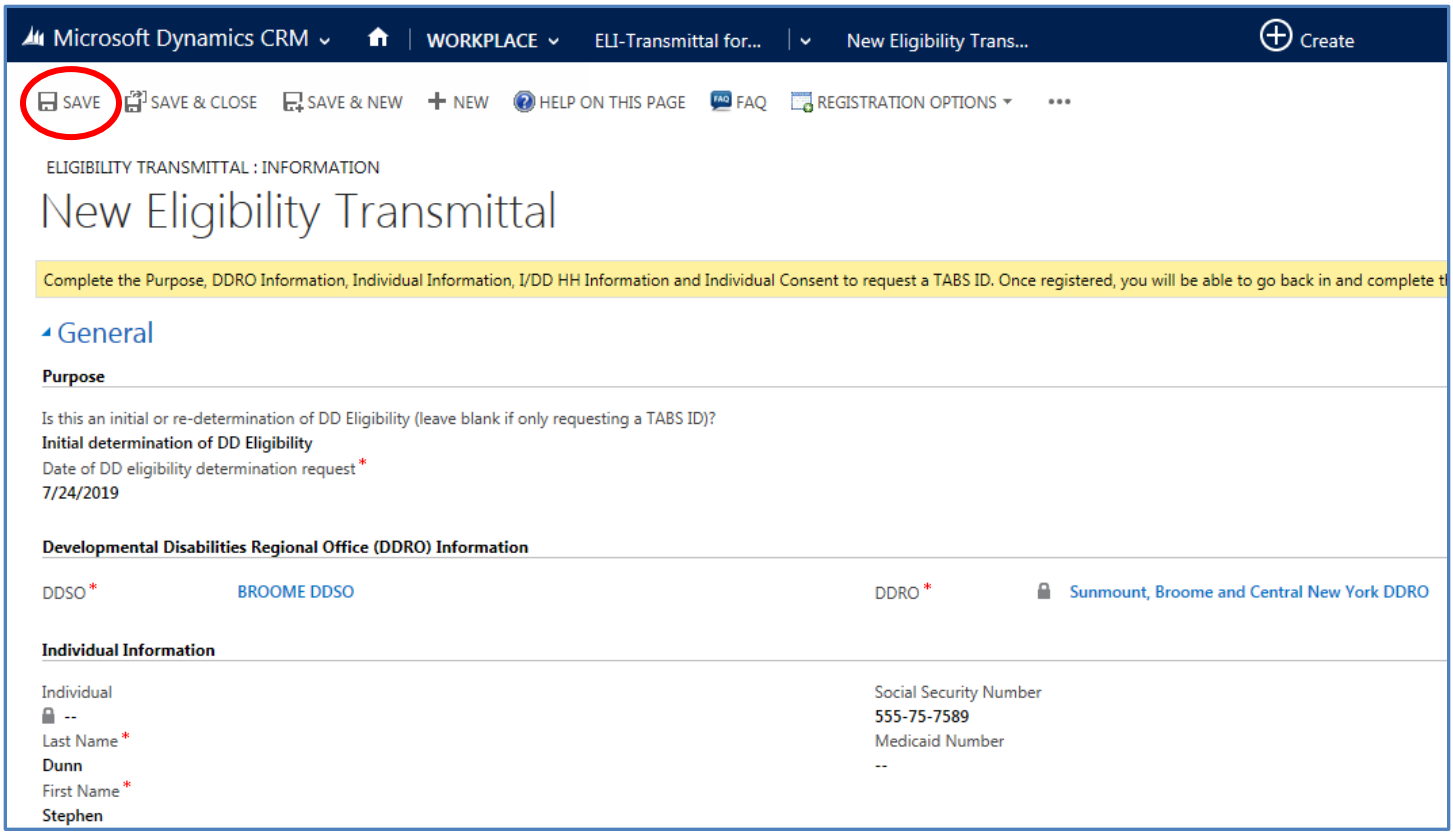
Choose **Yes**, if you are approved to communicate with OPWDD, and fill out the required fields.



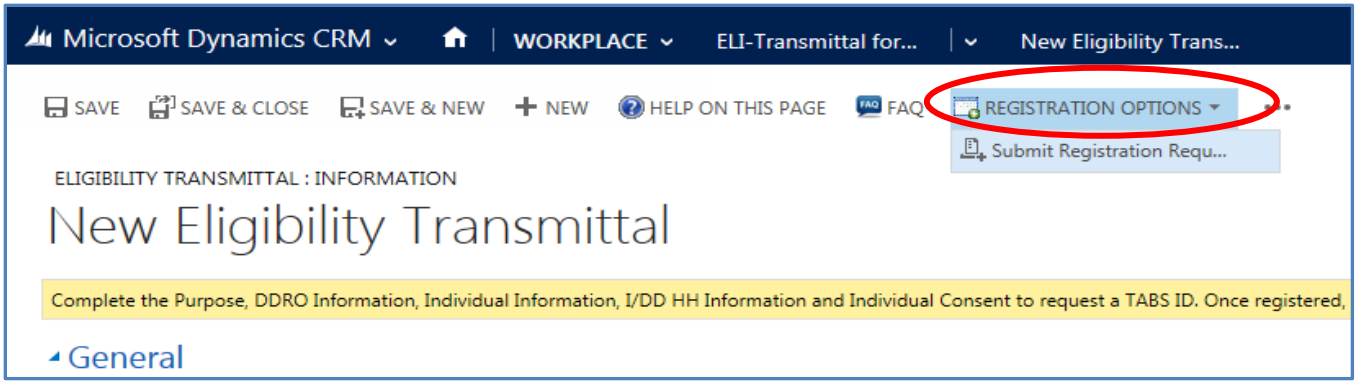
Registration Options

The additional sections, Additional Contact Information and Services Being Requested, will be completed after you submit the form, the DDRO processes it, and the individual has been assigned a TABS ID.

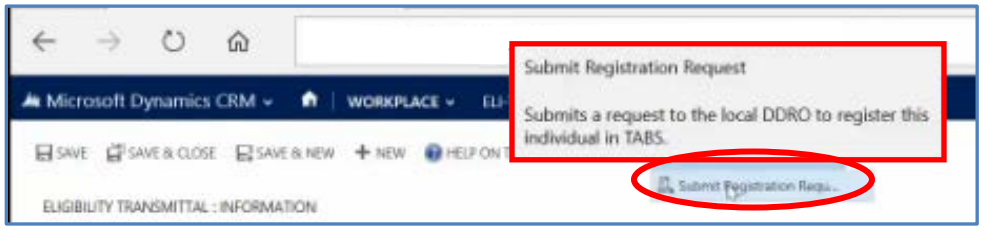
If you did not have all of the information that you need, you can **Save** the form and come back to it later.



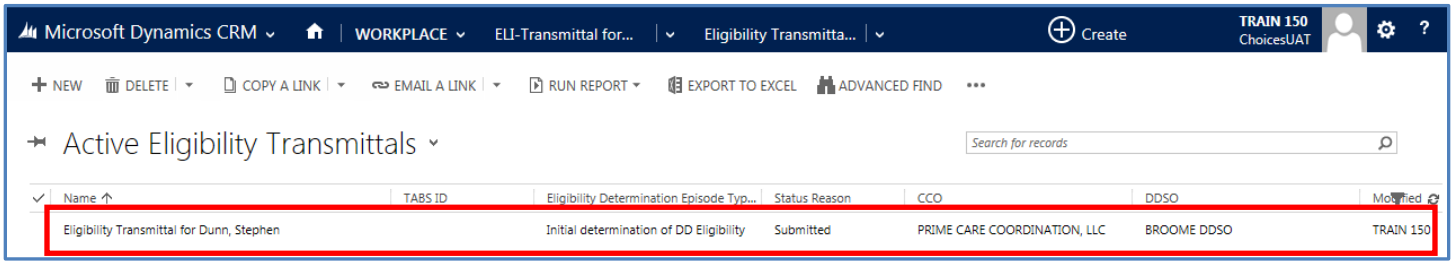
If all of the information has been entered, you will click **REGISTRATION OPTIONS**.



If you hover over **Submit Registration Request**, a popup message will appear, telling you what will happen next with the form. Click **Submit Registration Request** to request the DDRO to register this individual in TABS.

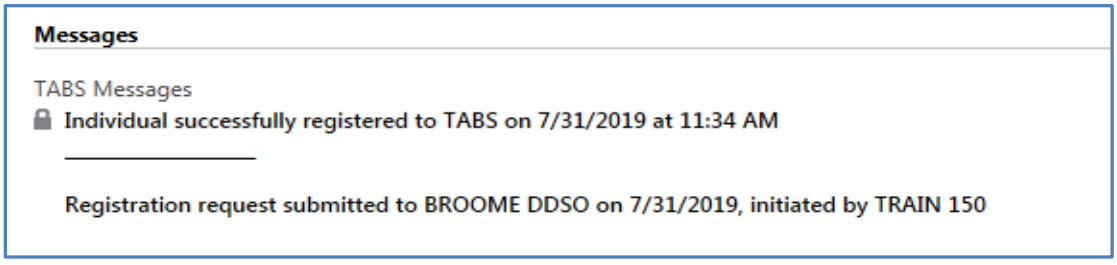


Once you Submit the Registration Request, the Eligibility form closes, and you return to the **Active Eligibility Transmittals** screen. The form you just submitted will display.



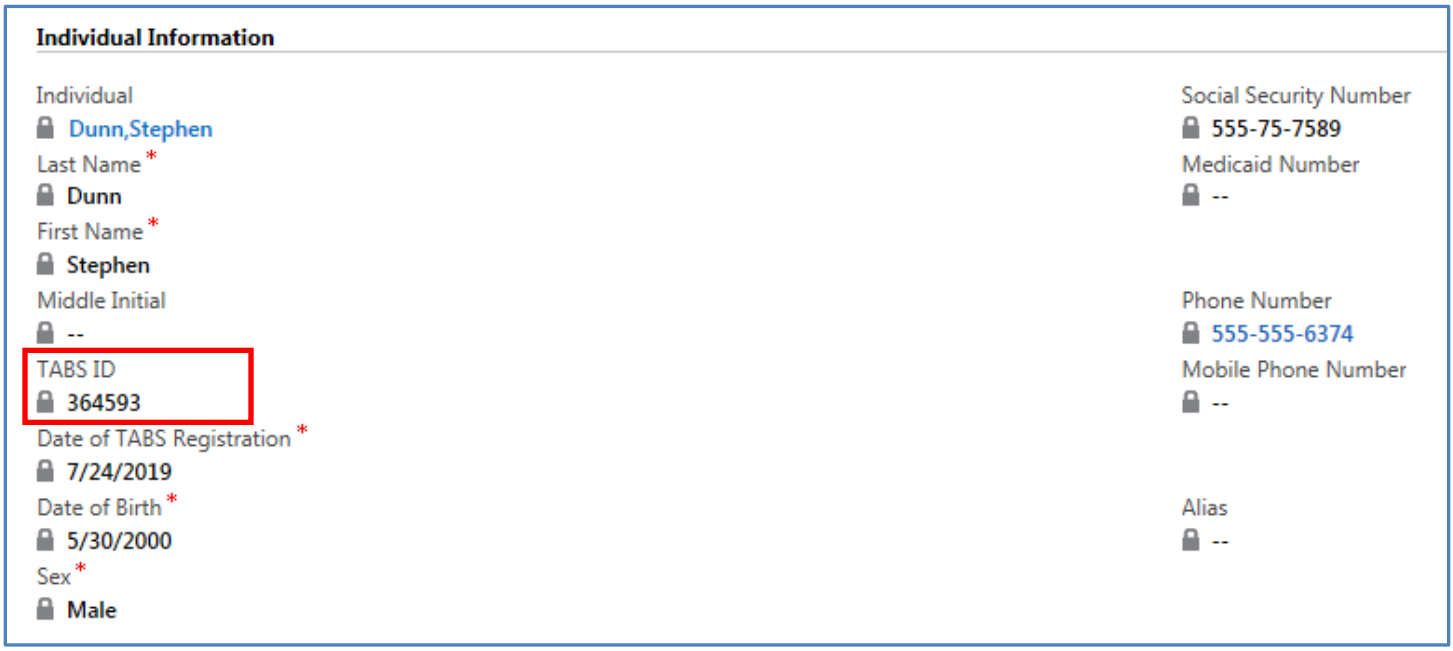
Registered to TABS

If the form is submitted without errors, a TABS message will appear in the **Messages** section of the form, letting you know that form was submitted successfully. Once the form is processed by the Regional Office, another message will appear stating that the Individual successfully registered to TABS. You will need to reopen the form to see the messages.



Part 2: Completing the Eligibility Transmittal for Determination of DD Form

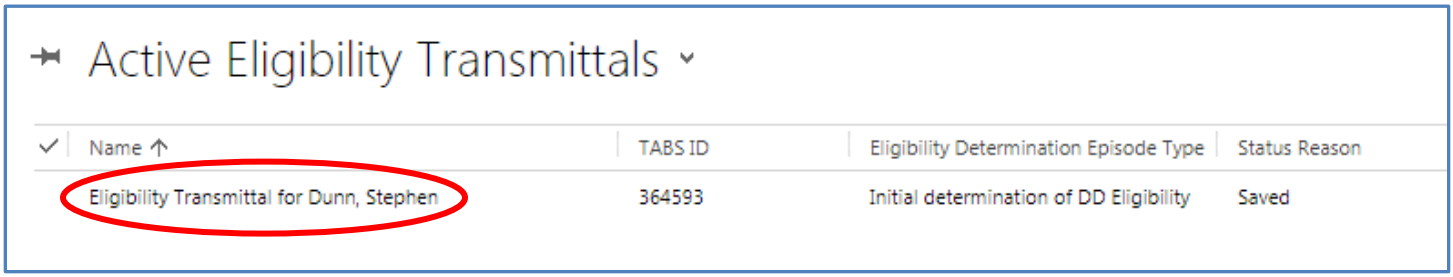
Once the individual is registered in TABS, you will see the **TABS ID** in the **Individual Information** section.



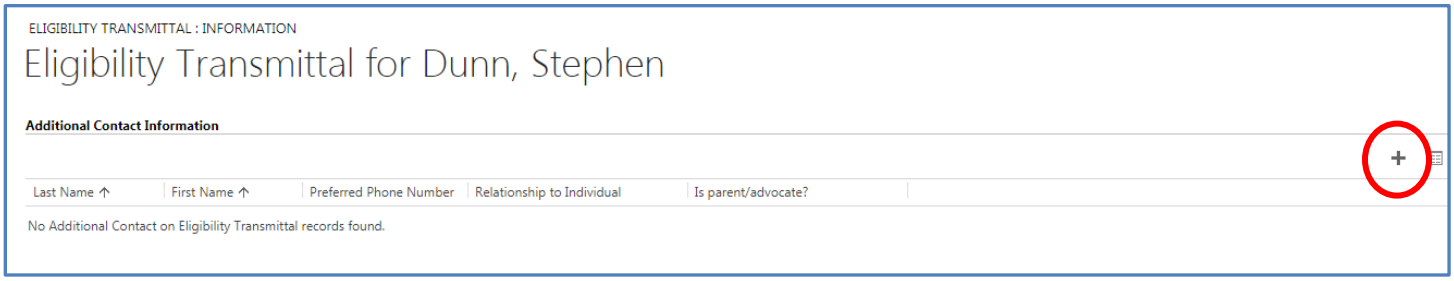
Once the individual has been assigned a TABS ID, the agency that submitted the form must go back in and add Additional Contacts and the Services being requested.

Additional Contacts

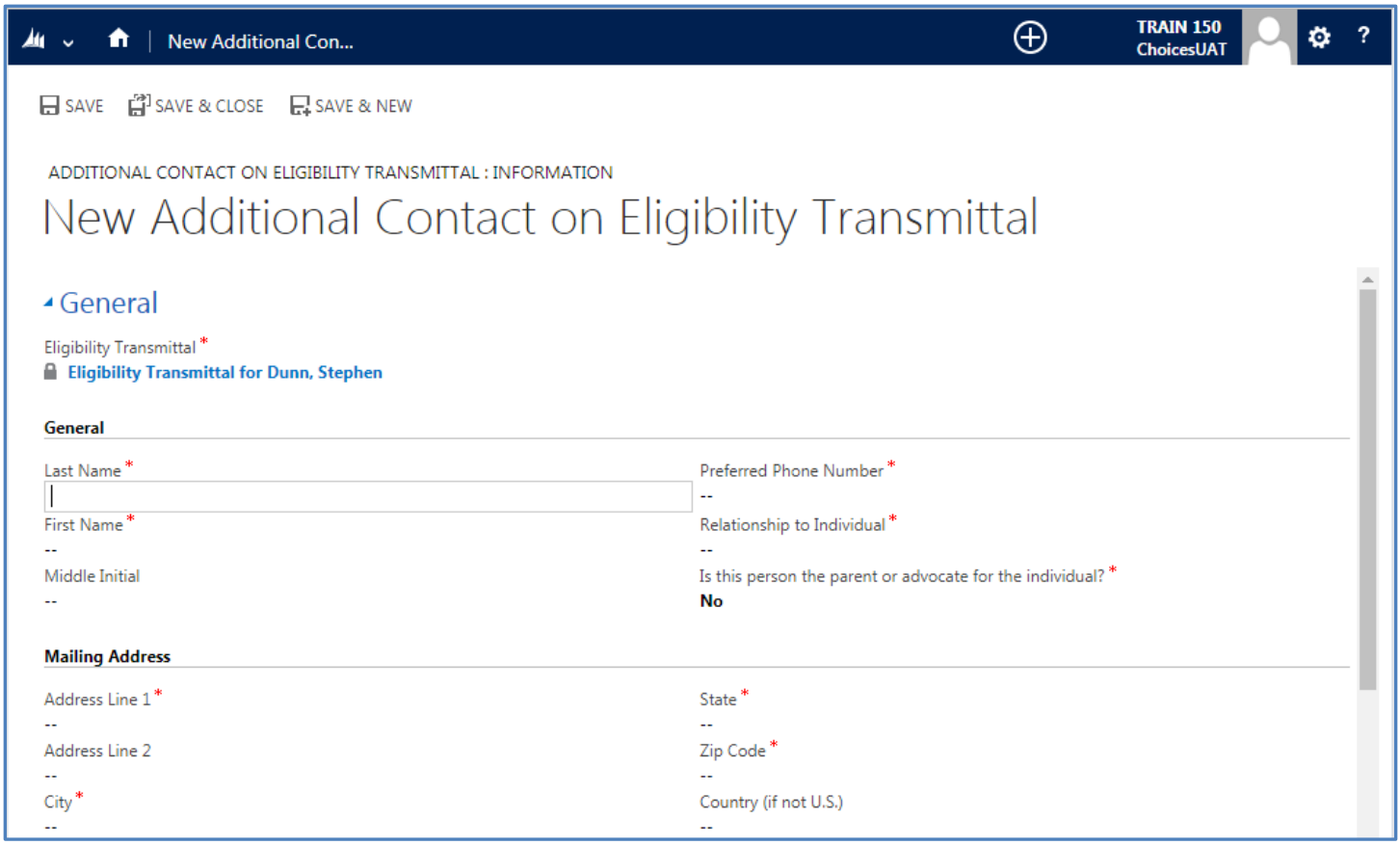
Go back to the Active Eligibility Transmittals screen**.** Find the form that you submitted. Click the Eligibility Transmittal form that you wish to open.



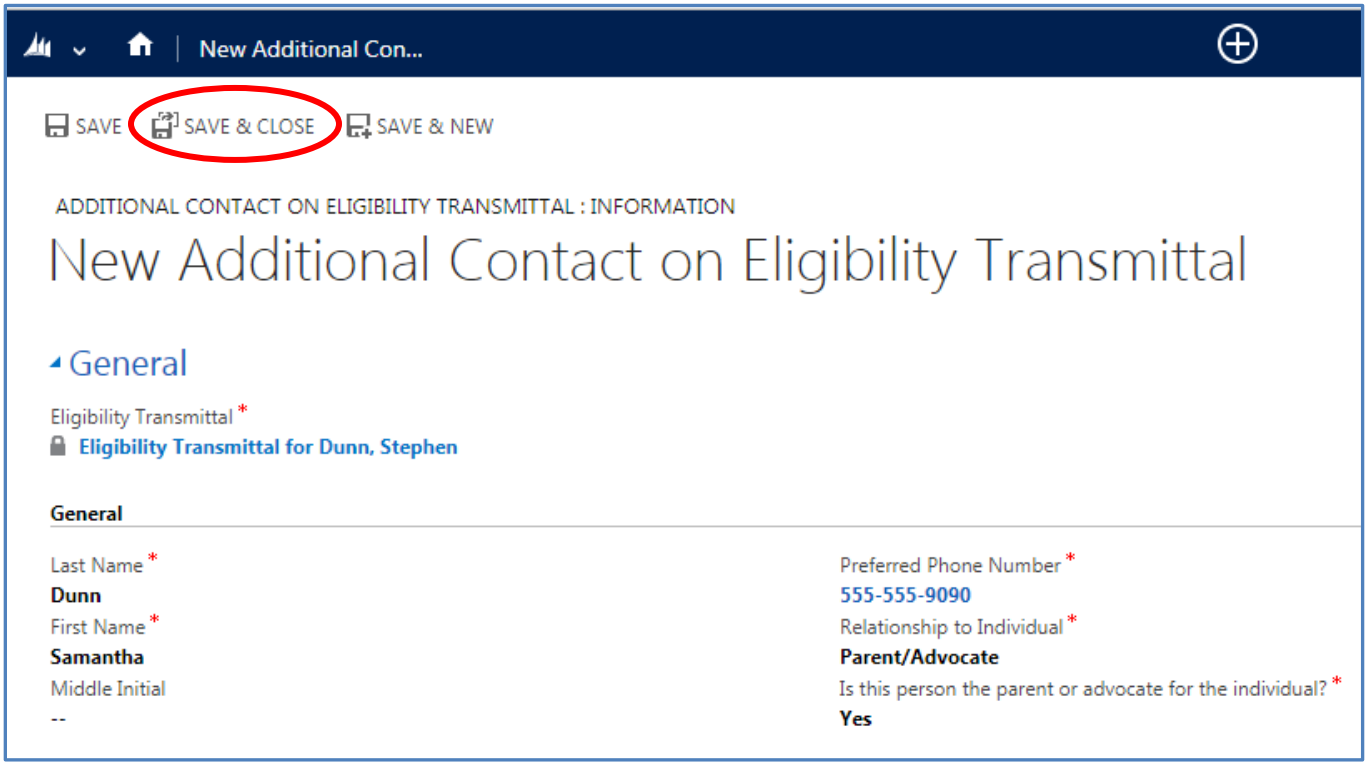
Scroll to the **Additional Contact Information** section. Click the Plus sign **+** to add Additional Contact Information.



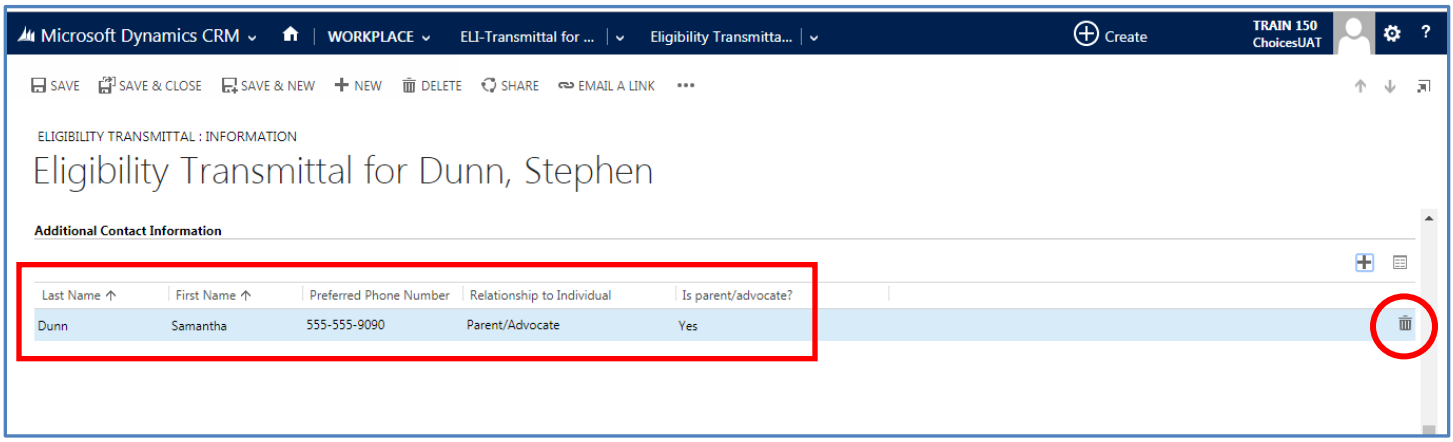
The **Additional Contact Information** screen will open. Fill out the required fields *.



Click **SAVE & CLOSE.**



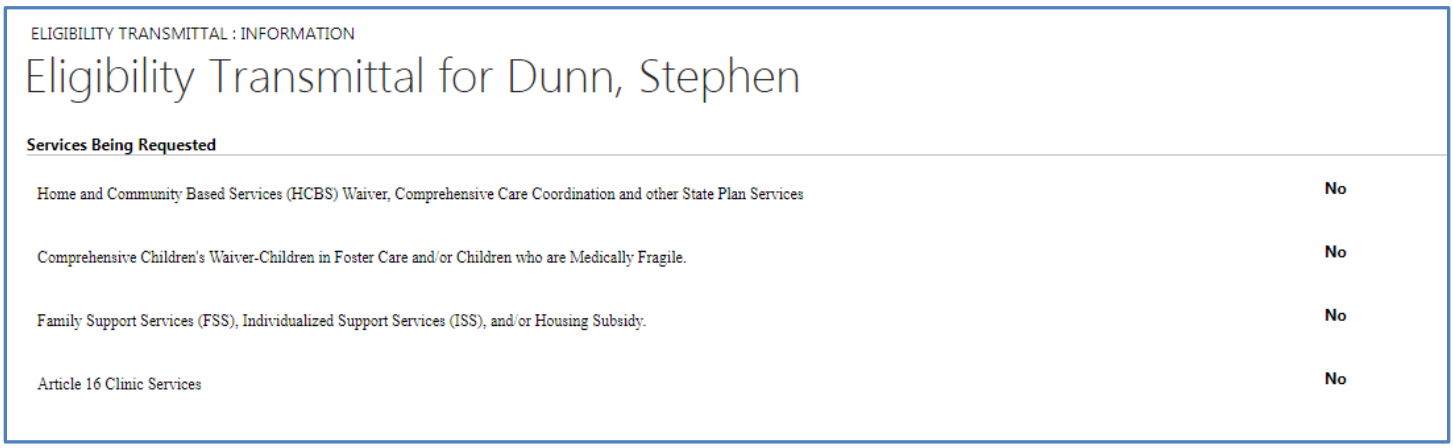
The New Additional Contact screen will close. On the Eligibility Transmittal screen, the person will be added as a Contact. Click the **garbage can** icon at the right of the screen, to delete a Contact.



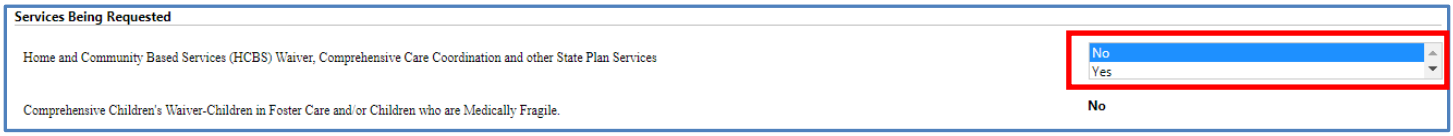
NOTE: You can add up to 4 Contacts in this section.

Services Being Requested

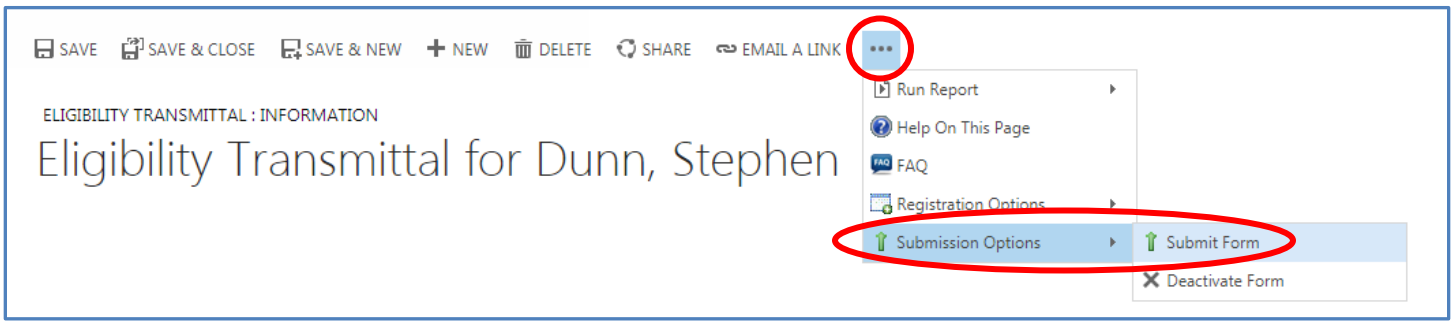
Scroll to the **Services Being Requested** section.



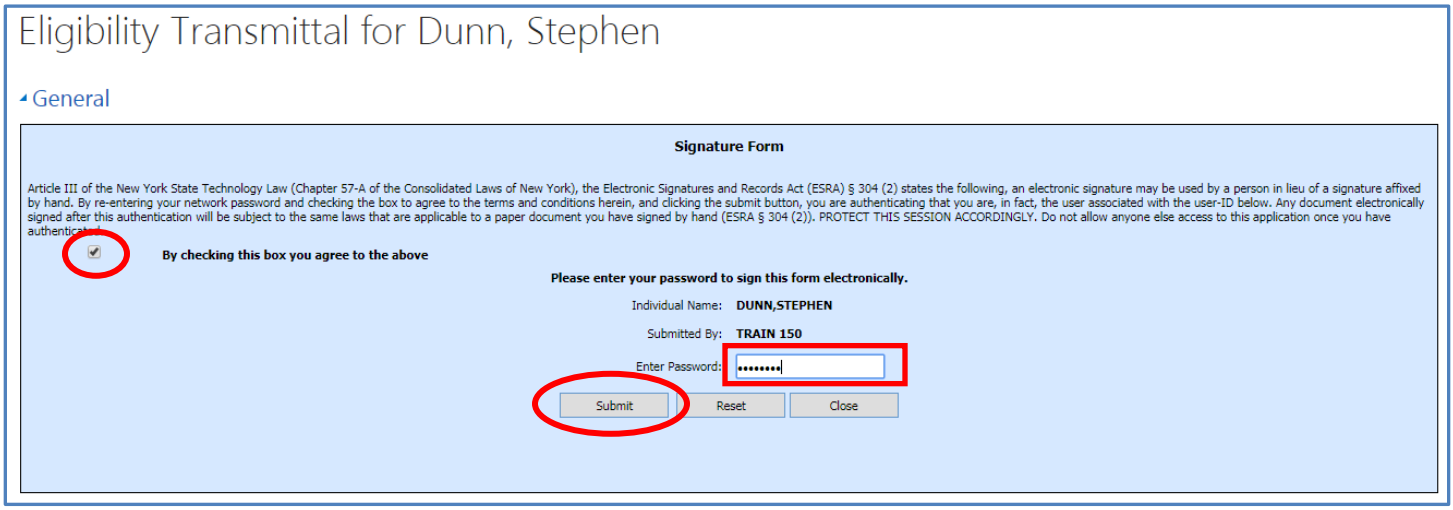
All service sections default to **No**. Select **No** to change it to a **Yes** for any of the Services that are being requested.



Go back up to the top of the screen and click the three dots to Submit the form. Click **Submission Option** and then click **Submit Form.**



The **Signature Form** will open. Check the box, that you agree to the statement, enter your **Password** and then click the **Submit** button.



Documentation Submission

You will also need to add any additional documentation through the Documentation Submission form in CHOICES so that the DDRO is able to make a determination of eligibility for the individual.

Please see the CCO Documentation Submission Form User Guide available here: https://opwdd.ny.gov/opwdd_login/choices