



Office for People With Developmental Disabilities

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

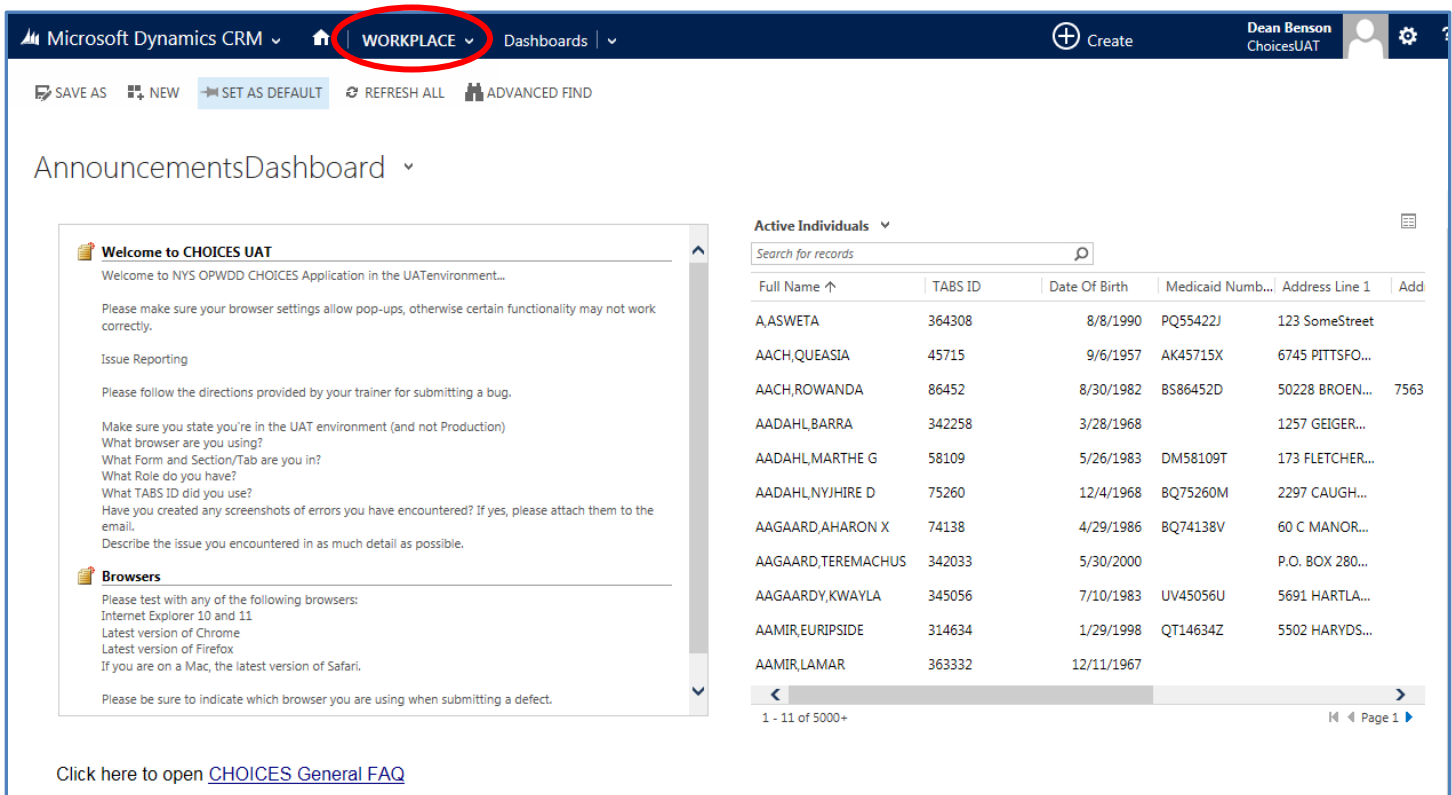
[Eligibility Transmittal for Determination of DD](#)

(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

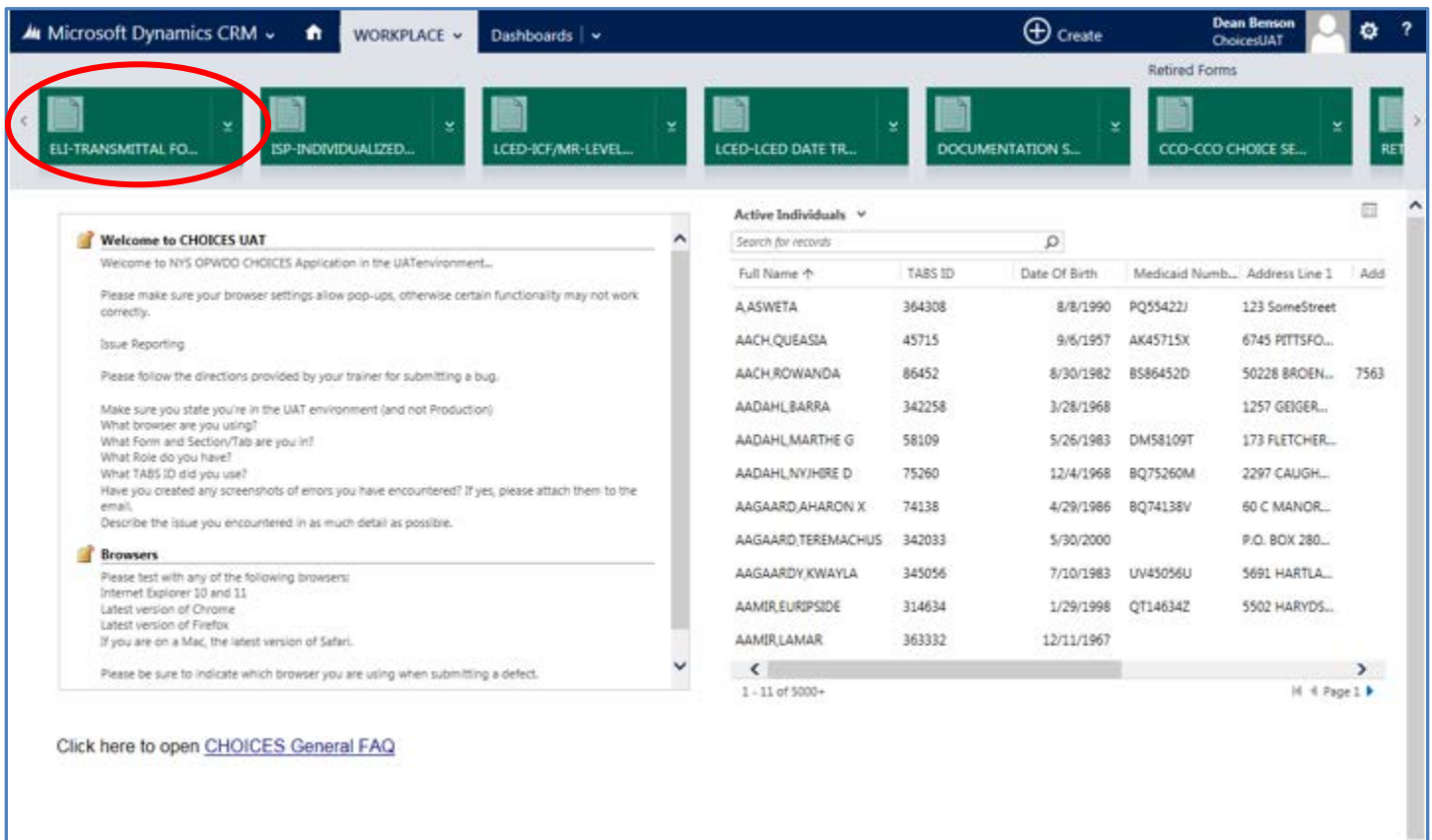
To begin, click **WORKPLACE**, at the top of the screen.



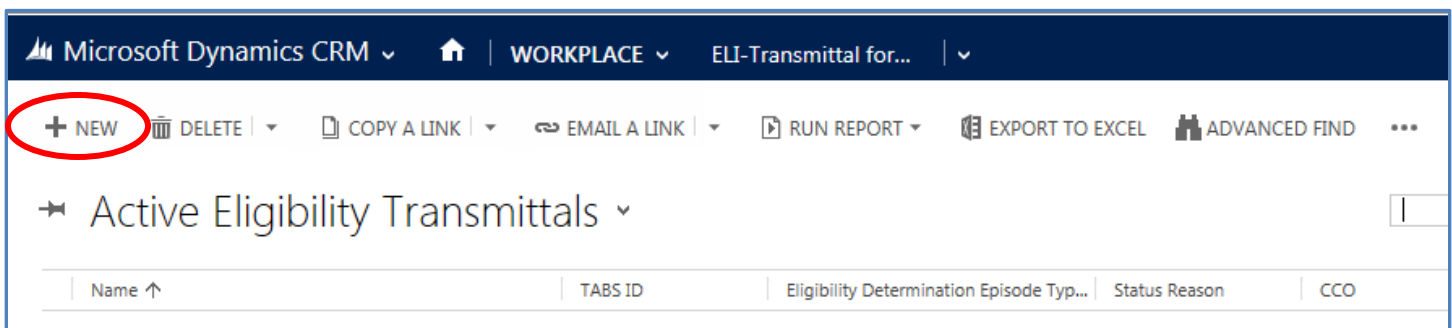
The screenshot shows the Microsoft Dynamics CRM interface. At the top, the navigation bar includes 'Microsoft Dynamics CRM', a home icon, and a dropdown menu with 'WORKPLACE' circled in red. Other items in the menu include 'Dashboards' and 'Create'. The user's name 'Dean Benson' and 'ChoicesUAT' are visible in the top right corner. Below the navigation bar, there are buttons for 'SAVE AS', 'NEW', 'SET AS DEFAULT', 'REFRESH ALL', and 'ADVANCED FIND'. The main content area is titled 'AnnouncementsDashboard' and contains a 'Welcome to CHOICES UAT' message and a 'Browsers' section. To the right, there is a table titled 'Active Individuals' with columns for 'Full Name', 'TABS ID', 'Date Of Birth', 'Medicaid Num...', 'Address Line 1', and 'Add'. The table contains 11 rows of data.

Full Name ↑	TABS ID	Date Of Birth	Medicaid Num...	Address Line 1	Add
A,ASWETA	364308	8/8/1990	PQ55422J	123 SomeStreet	
AACH,QUEASIA	45715	9/6/1957	AK45715X	6745 PITTSFO...	
AACH,ROWANDA	86452	8/30/1982	BS86452D	50228 BROEN...	7563
AADAH,ARRA	342258	3/28/1968		1257 GEIGER...	
AADAH,MARTHE G	58109	5/26/1983	DM58109T	173 FLETCHER...	
AADAH,NYJHIRE D	75260	12/4/1968	BQ75260M	2297 CAUGH...	
AAGAARD,AHARON X	74138	4/29/1986	BQ74138V	60 C MANOR...	
AAGAARD,TEREMACHUS	342033	5/30/2000		P.O. BOX 280...	
AAGAARDY,KWAYLA	345056	7/10/1983	UV45056U	5691 HARTLA...	
AAMIR,EURIPSIDE	314634	1/29/1998	QT14634Z	5502 HARYDS...	
AAMIR,LAMAR	363332	12/11/1967			

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**.

Microsoft Dynamics CRM | WORKPLACE | ELI-Transmittal for... | New Eligibility Trans...

ELIGIBILITY TRANSMITTAL : INFORMATION

New Eligibility Transmittal

General

Lookup by TABS ID

TABS ID

Lookup by other criteria

Last Name: Dunn | First Name: Stephen

Social Security Number: 555-75-7589 | Medicaid CIN

County | Sex

Date Of Birth

Lookup | New Individual

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.

Microsoft Dynamics CRM | WORKPLACE | ELI-Transmittal for... | New Eligibility Trans...

ELIGIBILITY TRANSMITTAL : INFORMATION

New Eligibility Transmittal

General

TABS returned the following error messages: No data found for the requested query

Lookup by TABS ID

TABS ID

Lookup by other criteria

Last Name: Dunn | First Name: Stephen

Social Security Number: 555-75-7589 | Medicaid CIN

County | Sex

Date Of Birth

Lookup | New Individual

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.

SAVE SAVE & CLOSE SAVE & NEW + NEW ? HELP ON THIS PAGE FAQ REGISTRATION OPTIONS ...

ELIGIBILITY TRANSMITTAL : INFORMATION

New Eligibility Transmittal

Complete the Purpose, DDRO Information, and Individual Information to request a TABS ID. Once registered, you will be able to go back in and complete the rest of the form.

General

Purpose

Is this an initial or re-determination of DD Eligibility (leave blank if only requesting a TABS ID)?
--

Date of DD eligibility determination request
--

Developmental Disabilities Regional Office (DDRO) Information

DDSO * -- DDRO * --

Purpose

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

New Eligibility Transmittal

Complete the Purpose, DDRO Information, and Individual Information to request a TABS ID. Once registered, you will be able to go back in and complete the rest of the form.

General

Purpose

Is this an initial or re-determination of DD Eligibility (leave blank if only requesting a TABS ID)?
--

Date of DD eligibility determination request
--

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.

General

Purpose

Is this an initial or re-determination of DD Eligibility (leave blank if only requesting a TABS ID)?

Initial determination of DD Eligibility
Re-determination of DD Eligibility

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

General

Purpose

Is this an initial or re-determination of DD Eligibility (leave blank if only requesting a TABS ID)?

Initial determination of DD Eligibility

Date of DD eligibility determination request *

--

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



Purpose

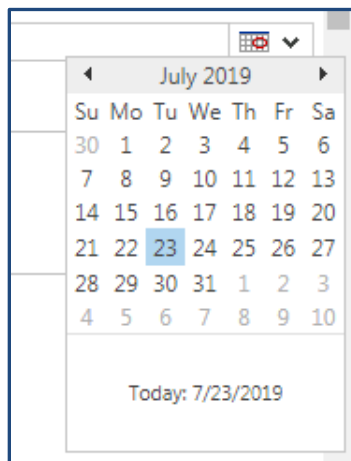
Is this an initial or re-determination of DD Eligibility (leave blank if only requesting a TABS ID)?

Initial determination of DD Eligibility

Date of DD eligibility determination request *

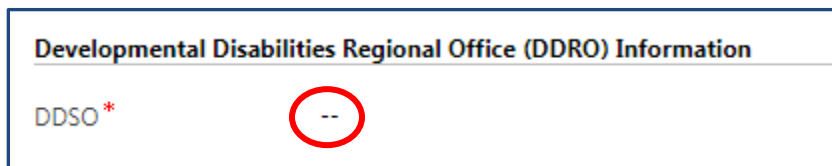
Calendar icon

Choose a Date from the Calendar.



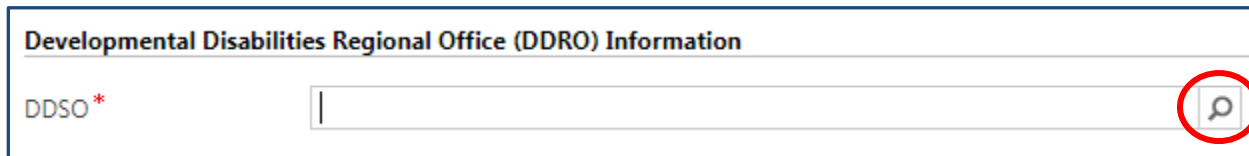
Developmental Disabilities Regional Office (DDRO) Information

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




Developmental Disabilities Regional Office (DDRO) Information

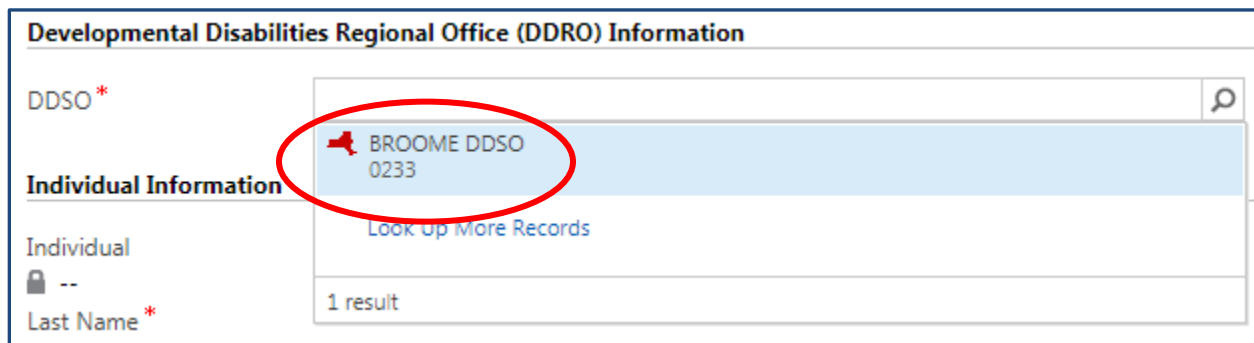
DDSO * --




Developmental Disabilities Regional Office (DDRO) Information

DDSO * 


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




Developmental Disabilities Regional Office (DDRO) Information

DDSO * 

Individual Information

 --

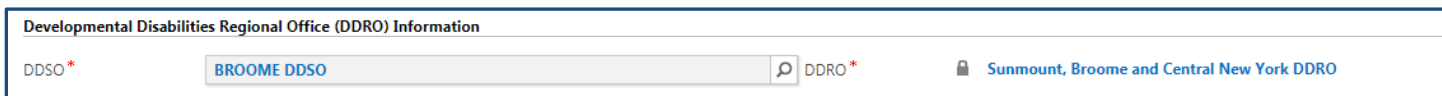
Last Name *

 BROOME DDSO
0233



[Look up More Records](#)

1 result

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



Developmental Disabilities Regional Office (DDRO) Information

DDSO *  DDRO *  Sunmount, Broome and Central New York DDRO

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 --	Social Security Number 555-75-7589
Last Name * Dunn	Medicaid Number --
First Name * Stephen	Phone Number * 555-555-6374
Middle Initial --	Mobile Phone Number --
TABS ID --	Alias --
Date of TABS Registration * 7/24/2019	
Date of Birth * 5/30/2000	
Sex * Male	
Home Address	
Individual Home Address Line 1 * 555 State Rd.	Individual Home Address State * NEW YORK
Individual Home Address Line 2 --	Individual Home Address Zip Code * 15555
Individual Home Address City * Binghamton	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 State --
Individual Mailing Address Line 2 --	Individual Mailing Address Zip Code --
Individual Mailing Address City --	
Language Information	
Individual's Primary Language Type * --	
Individual's Primary Spoken Language --	Specify Individual Other Spoken Language --
Individual Non 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.

Language Information

Individual's Primary Language Type *

Spoken
Non-Spoken
Individual Cannot Communicate

--

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

Language Information

Individual's Primary Language Type *
Spoken

Individual's Primary Spoken Language * Specify Individual Other Spoken Language
-- --

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

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

Language Information

Individual's Primary Language Type *
Spoken

Individual's Primary Spoken Language *

ENGLISH
ARABIC
CHINESE
FRENCH
FRENCH CREOLE

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.

Intellectual and/or Developmental Disabilities Health Home (I/DD HH) Information	
I/DD HH PRIME CARE COORDINATION, LLC	
Agency Name *	PRIME CARE COORDINATION, LLC
Agency Code	66030
Address Line 1	860 HARD ROAD
Address Line 2	--
City	WEBSTER
State	NEW YORK
Zip	14580
Telephone Number	--
I/DD HH Contact * TRAIN 150	
Full Name *	TRAIN 150
Main Phone *	518-555-5555
Primary Email	--
Use I/DD HH address for contact information? Yes	
I/DD HH Contact - Address Line 1	I/DD HH Contact - Address State
--	--
I/DD HH Contact - Address Line 2	I/DD HH Contact - Address Zip Code
--	--
I/DD HH Contact - Address City	--
--	--

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.

Use I/DD HH address for contact information? No	
I/DD HH Contact - Address Line 1 *	I/DD HH Contact - Address State *
--	--
I/DD HH Contact - Address Line 2	I/DD HH Contact - Address Zip Code *
--	--
I/DD HH Contact - Address City *	
--	

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.

Individual Consent	
The I/DD HH is approved to communicate with The Office for People With Developmental Disabilities (OPWDD) in order to help determine the applicant's eligibility for services.	
<input checked="" type="radio"/> Yes	
Consent provided by * Dunn,Susan	Date Signed * 7/24/2019
Relationship to Individual * Parent/Advocate	

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.

Microsoft Dynamics CRM | WORKPLACE | ELI-Transmittal for... | New Eligibility Trans... | Create

SAVE | SAVE & CLOSE | SAVE & NEW | NEW | HELP ON THIS PAGE | FAQ | REGISTRATION OPTIONS

ELIGIBILITY TRANSMITTAL : INFORMATION

New Eligibility Transmittal

Complete the Purpose, DDRO Information, Individual Information, I/DD HH Information and Individual Consent to request a TABS ID. Once registered, you will be able to go back in and complete t

General

Purpose

Is this an initial or re-determination of DD Eligibility (leave blank if only requesting a TABS ID)?

Initial determination of DD Eligibility

Date of DD eligibility determination request *
7/24/2019

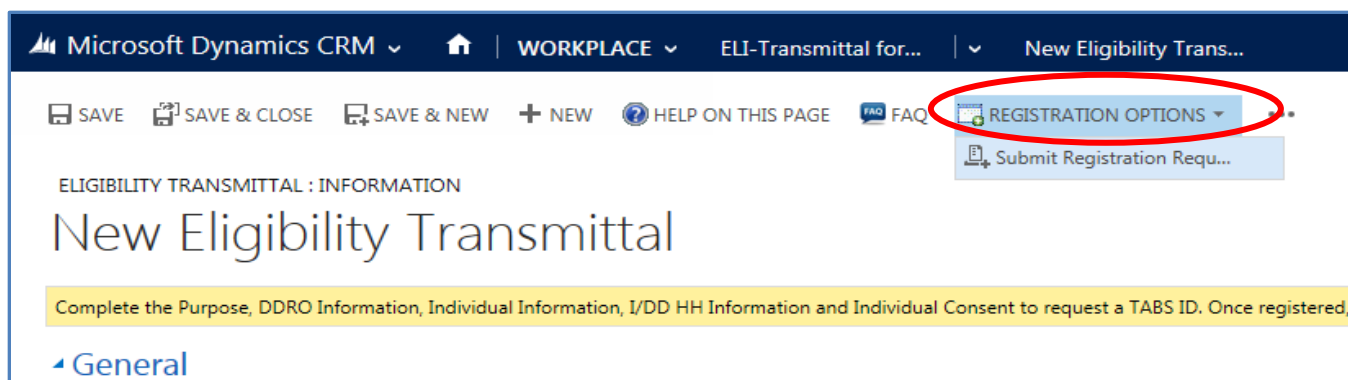
Developmental Disabilities Regional Office (DDRO) Information

DDSO *	BROOME DDSO	DDRO *	Sunmount, Broome and Central New York DDRO
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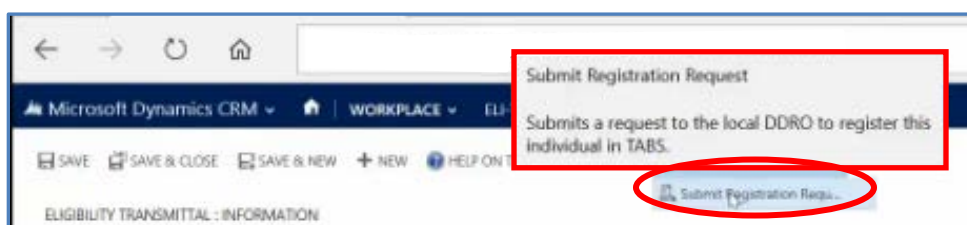
Individual Information

Individual	Social Security Number
--	555-75-7589
Last Name *	Medicaid Number
Dunn	--
First Name *	
Stephen	

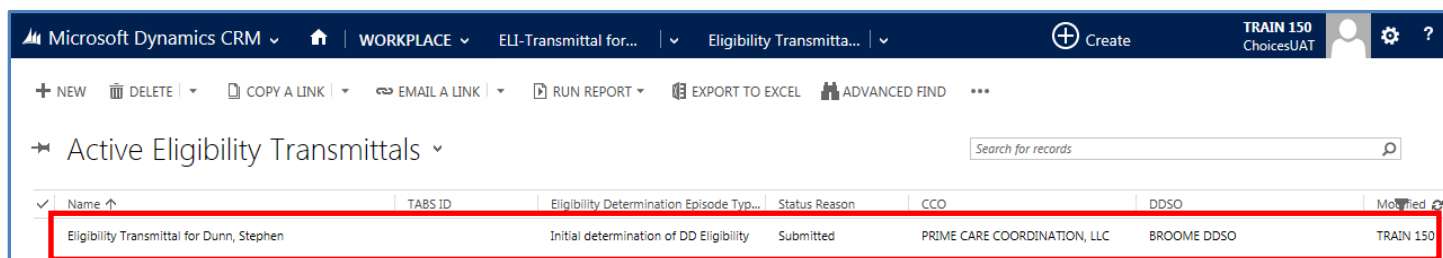
If all of the information has been entered, you will click **REGISTRATION OPTIONS**.



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.

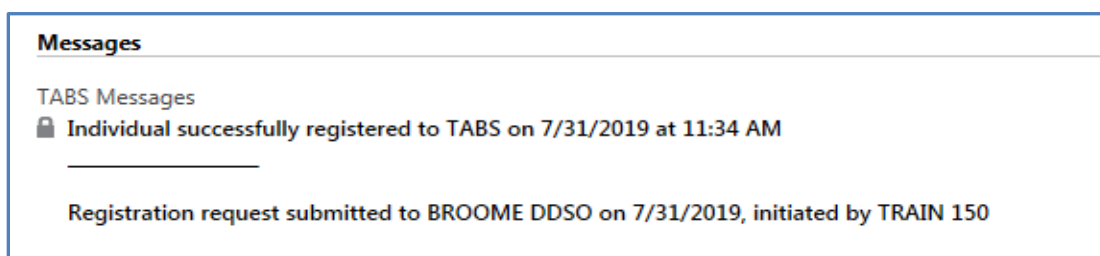


Once you Submit the Registration Request, the Eligibility form closes, and you return to the **Active Eligibility Transmittals** screen. The form you just submitted will display.



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.

Individual Information	
Individual Dunn, Stephen	Social Security Number 555-75-7589
Last Name * Dunn	Medicaid Number --
First Name * Stephen	Phone Number 555-555-6374
Middle Initial --	Mobile Phone Number --
TABS ID 364593	Alias --
Date of TABS Registration * 7/24/2019	
Date of Birth * 5/30/2000	
Sex * Male	

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

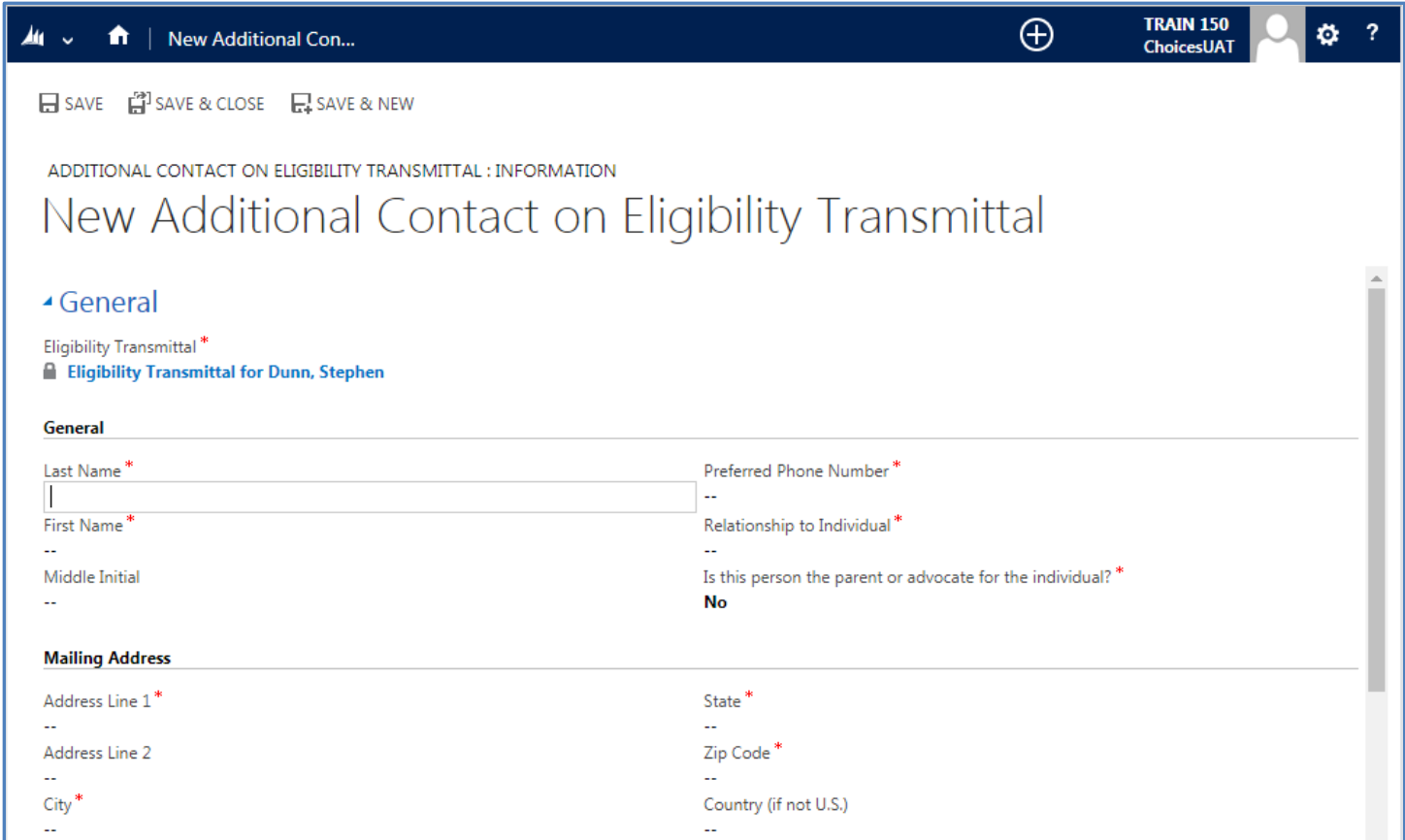
Go back to the Active Eligibility Transmittals screen. Find the form that you submitted. Click the Eligibility Transmittal form that you wish to open.

Active Eligibility Transmittals			
✓	Name ↑	TABS ID	Eligibility Determination Episode Type Status Reason
	Eligibility Transmittal for Dunn, Stephen	364593	Initial determination of DD Eligibility Saved

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

ELIGIBILITY TRANSMITTAL : INFORMATION					
Eligibility Transmittal for Dunn, Stephen					
Additional Contact Information					
Last Name ↑	First Name ↑	Preferred Phone Number	Relationship to Individual	Is parent/advocate?	+
No Additional Contact on Eligibility Transmittal records found.					

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



TRAIN 150 ChoicesUAT

SAVE SAVE & CLOSE SAVE & NEW

ADDITIONAL CONTACT ON ELIGIBILITY TRANSMITTAL : INFORMATION

New Additional Contact on Eligibility Transmittal

General

Eligibility Transmittal *
Eligibility Transmittal for Dunn, Stephen

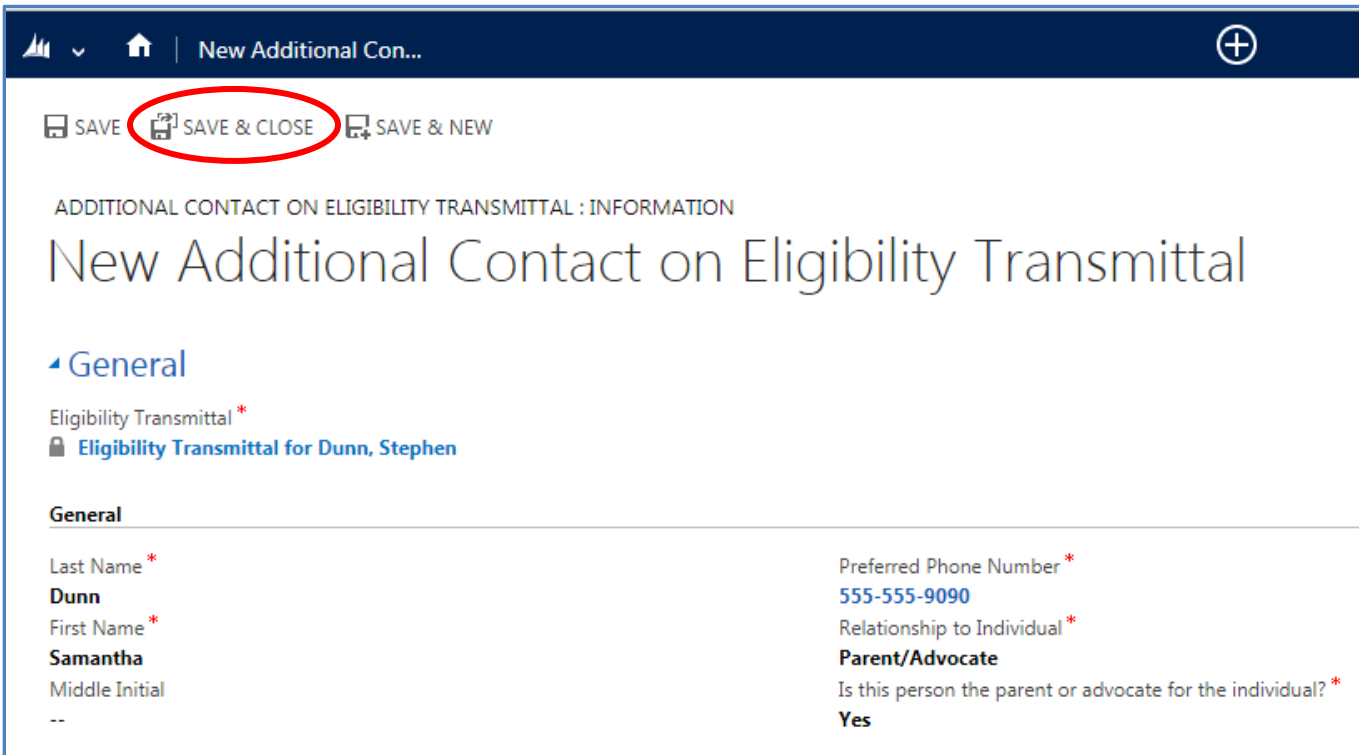
General

Last Name *	Preferred Phone Number *
First Name *	Relationship to Individual *
Middle Initial	Is this person the parent or advocate for the individual? *
	No

Mailing Address

Address Line 1 *	State *
Address Line 2	Zip Code *
City *	Country (if not U.S.)

Click **SAVE & CLOSE**.



TRAIN 150 ChoicesUAT

SAVE **SAVE & CLOSE** SAVE & NEW

ADDITIONAL CONTACT ON ELIGIBILITY TRANSMITTAL : INFORMATION


New Additional Contact on Eligibility Transmittal

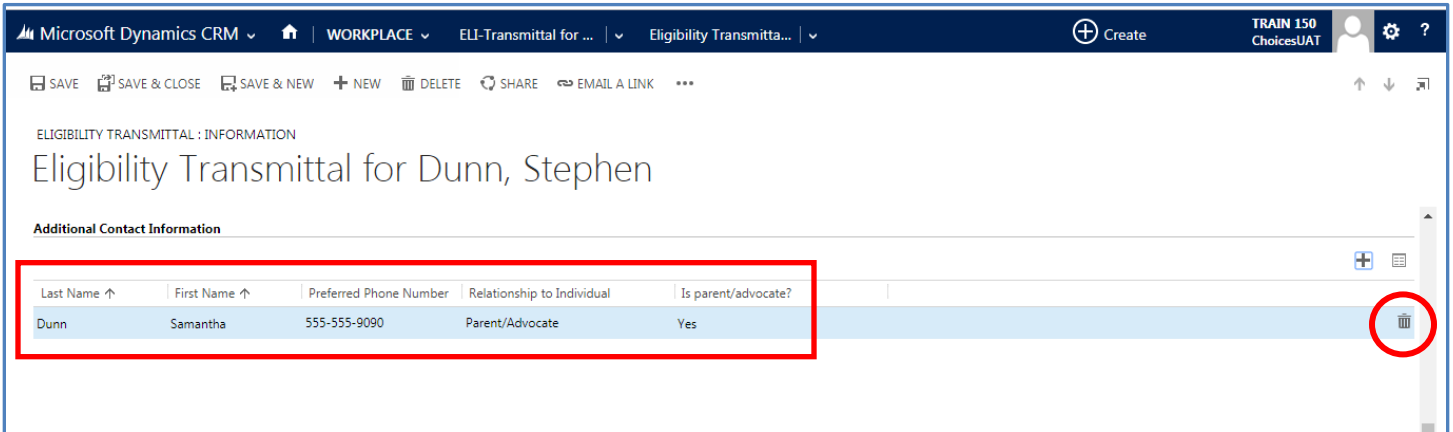
General

Eligibility Transmittal *
Eligibility Transmittal for Dunn, Stephen

General

Last Name *	Preferred Phone Number *
Dunn	555-555-9090
First Name *	Relationship to Individual *
Samantha	Parent/Advocate
Middle Initial	Is this person the parent or advocate for the individual? *
--	Yes

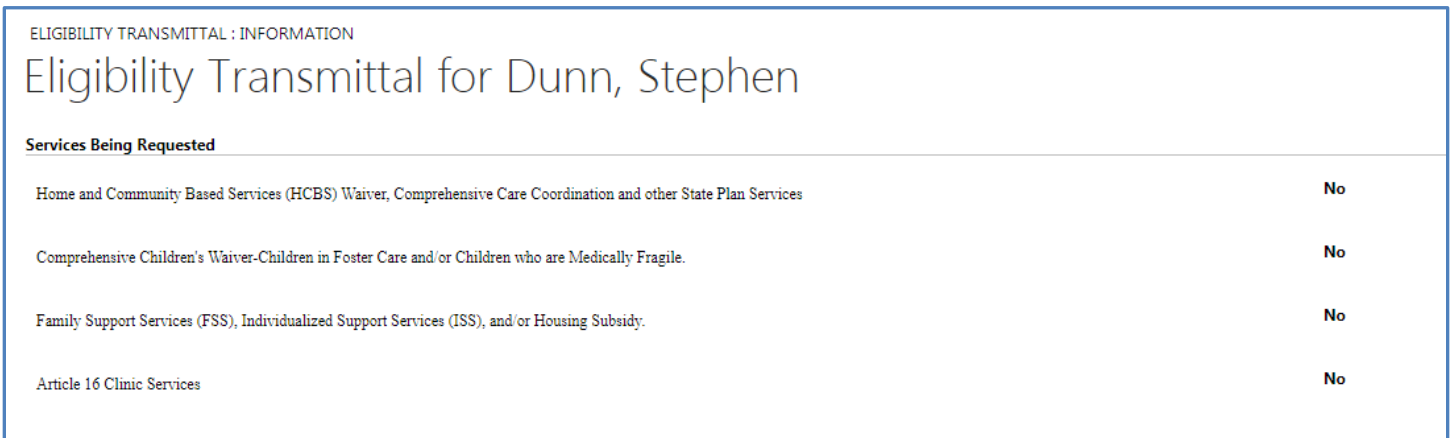
The New Additional Contact screen will close. On the Eligibility Transmittal screen, the person will be added as a Contact. Click the **garbage can**  icon at the right of the screen, to delete a Contact.



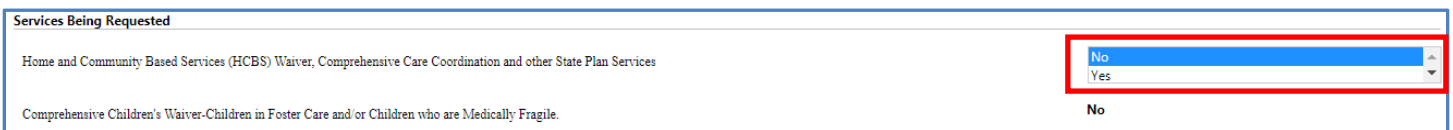
NOTE: You can add up to 4 Contacts in this section.

Services Being Requested

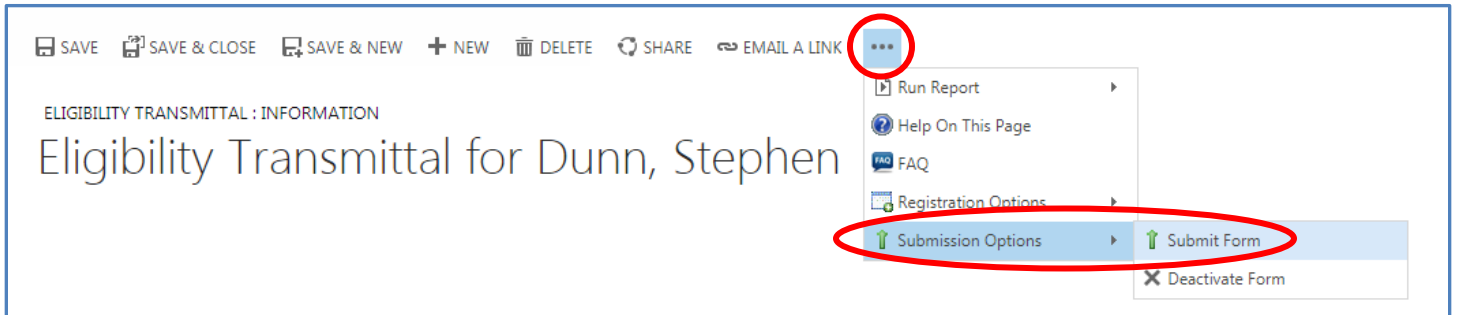
Scroll to the **Services Being Requested** section.



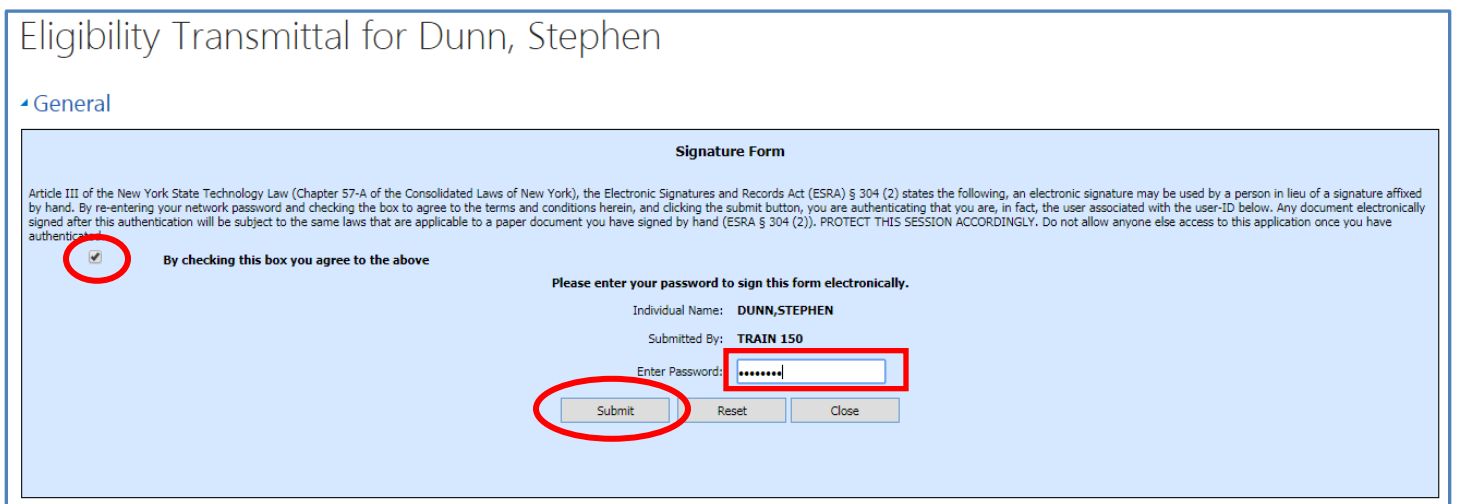
All service sections default to **No**. Select **No** to change it to a **Yes** for any of the Services that are being requested.



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