NEW YORK STATE | Office for People With Developmental Disabilities

Self-Direction Services Termination/Transfer Form Instructions

Please follow the directions when completing the Self-Direction (SD) Services Termination/Transfer Form. Failure to complete all applicable sections may delay processing of the requested termination, change, or transfer.

Section I – Demographics

Enter the participant's legal first and last name exactly as it appears in the OPWDD records. Enter the participant's TABS number in the appropriate field. Provide the participant's current mailing address (street address, city, state and zip code), telephone number, and email address (if applicable).

Select the Care Coordination Organization (CCO) from the dropdown. Enter the Care Manager's first and last name, telephone number, and email address.

Select the current Fiscal Intermediary (FI) Provider from the dropdown. The FI dropdown allows for free text should an FI change names. Individual FIs representatives should not be entered. Provide a telephone number and email address for the FI Provider.

Enter the current Support Broker's first and last name exactly as listed on the Support Broker Verification List, along with the Broker Authorization Number, telephone number and email address. If the Support Broker is unpaid with no Authorization Number, enter 99999.

Section II – Termination, Change or Transfer Being Requested

Select all boxes that apply to the requested change. In addition to FI and Support Broker termination, termination of all SD Services and Inter-District/Inter-Regional Transfers have been added to this form. More than one option may be selected if multiple changes are occurring simultaneously.

Section III – Reason(s) for Termination, Change, or Transfer

Clearly explain the reason for the requested termination, change, or transfer of services. Provide sufficient detail to support coordinated planning among the participant, providers, Care Manager and OPWDD. This section should describe the circumstances prompting the request and identify any important effective dates or transition information, when applicable.

If the termination of Support Broker services occurs during the Start-Up phase, please indicate the amount expended from the total budget start-up brokerage amount.

Section IV – New Fiscal Intermediary (if applicable)

Complete this section only if the participant is transferring to a new FI provider.

Select the new FI Provider from the dropdown. The FI dropdown allows for free text should an FI change names. Individual FIs representatives should not be entered. Provide a telephone number and email address for the FI Provider.

If a new FI has not yet been identified at the time the form is completed, indicate “To Be Determined”.

Section V – New Support Broker (if applicable)

Complete this section only if the participant is transferring to a new Support Broker.

Enter the new Support Broker’s first and last name exactly as listed on the Support Broker Verification List, along with the Broker Authorization Number, telephone number and email address.

If a new Support Broker has not yet been identified at the time the form is completed, indicate “To Be Determined”.

Section VI – Inter-District and/or Inter-Regional Transfers (if applicable)

Complete this section only if the participant is transferring between OPWDD DDRFO districts or regions.

From the dropdown, select the DDRFO region/district the participant is transferring from and the DDRFO region/district the participant is transferring to.

This section facilitates communication and coordination between DDRFOs during the transfer process.

Signatures

The “Person Completing Form” field should identify the first and last name of the individual who prepared the form.

Signatures can be completed electronically through Adobe digital signatures or printed, signed and scanned.

The Participant/Representative must sign and date the form whenever possible. If their signature cannot be obtained, explain the reason in the space provided below.

The Service Provider signature is required.