

SELF-INITIATED LIVING OPTIONS, INC.

D.B.A'S *INDEPENDENT LIVING CENTER * THE EDUCATION AND TRANSITION
GROUP* PATHWAY TO WELLNESS COUNSELING CENTER

(631) 880-7929 • WWW.SILOINC.ORG



Self-Initiated Living Options, Inc.
education - advocacy - empowerment

PROGRAMS & SERVICES

SILO CONTRACTS OR SUBCONTRACTS WITH THE FOLLOWING AGENCIES TO DELIVER THE FOLLOWING TRANSITION OR DIVERSION SERVICES TO ASSIST INDIVIDUALS TO LEAVE LONG TERM CARE FACILITIES OR REMAIN IN THE COMMUNITY:

NEW YORK STATE JUSTICE CENTER FOR THE PROTECTION OF PEOPLE WITH SPECIAL NEEDS

- TRAIID GRANT: ASSISTIVE TECHNOLOGY

NYS DEPARTMENT OF HEALTH

- REGIONAL RESOURCE AND DEVELOPMENT CENTER
- NURSING HOME TRANSITION & DIVERSION WAIVER
- TRAUMATIC BRAIN INJURY WAIVER

NEW YORK ASSOCIATION ON INDEPENDENT LIVING

- OPEN DOORS TRANSITION CENTER
- OPEN DOORS PEER OUTREACH PROGRAM
- OLMSTEAD HOUSING SUBSIDY PROGRAM
- RAPID TRANSITION HOUSING PROGRAM

NYS OFFICE FOR THE AGING

- NY CONNECTS
- SILO'S FOOD PANTRY/ PERSONAL CARE CLOSET

NYS ACCES-VR

- BENEFIT ADVISEMENT
- CORE REHABILITATION SERVICES
- PEER INTEGRATION PROGRAM

EDUCATION PROGRAMS

- SCHOOL DISTRICT PERSONNEL & PARENT TRANSITION PLANNING WORKSHOPS
- DISABILITY AWARENESS: IN-SERVICE TRAINING, WORKSHOPS/SEMINARS
- SUMMER ENRICHMENT PROGRAM WITH JOB COACHING SUPPORTS

EVALUATIONS/ASSESSMENT & CONSULTANT FEE FOR SERVICES

- ELIGIBILITY AND APPLICATION PROCESS FOR ADULT SERVICES - CONSULTANT SERVICE
- VINELAND ADAPTIVE BEHAVIOR SCALES - 3RD OR ADAPTIVE BEHAVIOR ASSESSMENT SCALE (ABAS)
- THE WECHSLER ADULT INTELLIGENCE SCALE (WAIS-IV)
- AUTISM SPECIALTY REPORT WITH THE CHILDHOOD AUTISM RATING SCALE, 2ND EDITION (CARS) & AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS)




COMING SOON...



PATHWAY TO WELLNESS

Counseling Center

A division of Self-Initiated Living Options, Inc. (SILLO)

 3245 NY-112, BLDG 2. SUITE 1, MEDFORD, NY 11763
PHONE: 631 569-8960
FAX: (631) 569-8961

We are caring professionals who are here to assist you on your journey to a positive, productive life.

Our approach to therapy is a strength-based, client-centered, culturally sensitive, holistic approach. We utilize Cognitive Behavior Therapy, Dialectical Behavior Therapy, Solution-Focused, Interpersonal and Mindfulness approaches

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OPWDD, through its local Developmental Disabilities Regional Offices (DDROs), determines whether a person has a developmental disability and is eligible for OPWDD-funded services. This Fact Sheet explains the Three-Step Eligibility Determination Process and describes the type of information OPWDD needs to make an eligibility determination of developmental disability.

Please note that even when someone is determined to have a developmental disability, the person may not be eligible for all OPWDD-funded services. Some OPWDD-funded services require additional reviews that are not described in this fact sheet.

ELIGIBILITY DETERMINATION PROCESS

Eligibility Request

The **Transmittal for Determination of Developmental Disability Form** <https://opwdd.ny.gov/eligibility> must accompany all requests sent to the DDRO for eligibility determinations. The **Required Documents** described on page 2 of this Fact Sheet must also be included as part of the eligibility request. Eligibility information is available through OPWDD's Front Door. A list of Front Door contacts can be found here: <https://opwdd.ny.gov/contact-us>

Three-Step Review Process

The process for determining eligibility may involve multiple review steps, and is designed to make sure that every person receives a fair and thorough review.

1st Step Review

At the First Step, DDRO staff review the eligibility request to make sure it is complete. After this first review, the DDRO notifies the person in writing that:

- (a) Eligibility or Provisional Eligibility has been confirmed; or
- (b) The request is incomplete and requires additional documentation; or
- (c) The request is being forwarded for a Second Step Review

2nd Step Review

If the Eligibility Request is forwarded for a Second Step Review, a committee of DDRO clinicians evaluates the request. They also review any additional information that has been provided by the person. The person will be notified in writing if the committee requires more information, the specific type of information required, and the deadline date for the DDRO to receive the requested information.

When the Second Step Review is complete, the DDRO will send the person a written notice of the determination. If the committee determines that the person *does not* have a developmental disability, the person is *ineligible* for OPWDD services. The written notice will give the reason for the decision, and will also offer the person options to:

- (a) Meet with the DDRO staff to discuss the determination and the documentation reviewed; and
- (b) Request a Third Step Review; and
- (c) Request a Medicaid Fair Hearing (if Medicaid-funded services had been sought)

The person may choose any or all of these options. If a Fair Hearing is requested, a Third Step Review will happen automatically.

Please note that a Notice of Decision offering a Fair Hearing is sent only if the person has requested Medicaid-funded services on the **Transmittal for Determination of Developmental Disability Form**.

3rd Step Review

Third Step Reviews are done by an independent Eligibility Review Committee of licensed practitioners not involved in the First and Second Step Reviews. The committee reviews the eligibility request and provides recommendations to the DDRO Second Step Review coordinator. The Third Step recommendations are considered by the DDRO Director (or designee) and the person is informed of the results, including any changes in the DDRO's determination.

Third Step Reviews are completed before the Fair Hearing date.

REQUIRED DOCUMENTS FOR ELIGIBILITY DETERMINATION REQUESTS

The DDRO will need this information to determine if a person is eligible for OPWDD services:

- A psychological report which includes an assessment of intellectual functioning ("IQ test"). This report should include all summary scores from the assessment (Full Scale, Index, Part and Subtest scores). *For people with IQ scores above 60*, an interpretive report of a standardized assessment of adaptive behavior, including summary, composite, scale, and domain scores, is required. *For people with IQ scores below 60*, an adaptive assessment may be based on an interpretive report using information gathered from interviews with caregivers, records review, and direct observations.
- For conditions other than Intellectual Disability, a medical or specialty report that includes health status and diagnostic findings to support the diagnosis. If available, a recent general medical report should be included in all eligibility requests.
- A social/developmental history, psychosocial report or other report that shows that the person became disabled before age 22. This is required for all eligibility requests.

In some cases, the DDRO may require additional information to determine eligibility. The DDRO may request additional information or further evaluation, and may either recommend where additional assessments may be done or arrange for them to be done.

Acceptable Measures of Intellectual and Adaptive Behavior

Please note: it is expected that current/updated evaluations of intellectual or adaptive functioning are based on the most recent editions of the standardized instrument used.

Any of these measures of intellectual functioning are accepted*:

- The Wechsler series of Intelligence Scales
- The Stanford-Binet Scales
- Leiter International Performance Scale
- The Kaufman series of Intelligence scales

*Other intelligence tests *may* be acceptable if they are comprehensive, structured, standardized, and have up-to-date general population norms

- Brief or partial administration of comprehensive intellectual measures may only be used in circumstances where standardized administration is *impossible*
- Abbreviated measures of intelligence (WASI, K-BIT) are not acceptable as the only measure of intellectual functioning
- Language-free instruments (Leiter, CTONI) in combination with the Performance items of a comprehensive IQ test will be considered for individuals who do not speak English, or are deaf, or are non-verbal
- Intelligence tests standardized in English cannot be administered in a different language for testings reviewed for eligibility determinations

Any of these measures of adaptive behavior are accepted for current evaluations*:

- Adaptive Behavior Assessment System
- Vineland Adaptive Behavior Scales
- The Motor Skills Domain *only* of the Scales of Independent Behavior
- Other adaptive behavior measures are acceptable if they are comprehensive, structured, standardized and have up-to-date general population norms. Results from an instrument that is not on this list, but was given prior to the person reaching age 22, can be used to establish a past history of adaptive deficits during the developmental period.

Adaptive behavior measure ratings should reflect the person's actual, **typical** behavior, not their best behavior under ideal circumstances, or behaviors they can complete only with assistance.

Adaptive behavior measures should only be given by professionals trained in their use, following the standards described in each instrument's manual.

Transmittal Form for Determination of Developmental Disability

Proof of a person's qualifying developmental disability is required in order to determine eligibility for OPWDD services. Complete this form and submit it to your local Developmental Disabilities Regional Field Office (DDRFO). (See Instructions on page 2).

UPLOAD: Copies of Records that are evidence of a disability prior to age 22 into CHOICES. Contact your local DDRFO if you have questions or need help filling out this form. An * indicates required information.

Section 1: Person's Information

*Last Name:		*First Name:		Middle Initial:
TABS ID (if known):	*SSN:	*Also Known As:		
*Date of Birth:	Medicaid #:	Sex Assigned at Birth: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	Gender Identity:	
* Home Address:		Mailing Address (if different):		
*City:	*State:	*Zip:	City:	State:
*County of Residence:				
*Phone:				
Email:				
Expected Graduation Date:				
*Preferred Written Language:				
*Preferred Spoken Language:				
Preferred Sign Language:				
Preferred Accessible Communication:				

*Send Information to: (Check as many as desired)

Self - Home Address Parent/Advocate 1 (Complete Section 2)

Self - Mailing Address Parent/Advocate 2 (Complete Section 2)

Section 2: Involved Parents or Advocates (Optional – Unless Checked Above)

Parent/Advocate 1			Parent/Advocate 2		
Name:			Name:		
Mailing Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		
Email:			Email:		
Preferred Written Language:			Preferred Written Language:		
Preferred Spoken Language:			Preferred Spoken Language:		
Preferred Sign Language:			Preferred Sign Language:		
Preferred Accessible Communication:			Preferred Accessible Communication:		

Section 3: Referring Agency Information (Automatically receives information if completed)

Agency Name:				
Agency Code (if known):		Street Address:		
Agency Contact:				
Phone:	Email:	City:	State:	Zip:

Section 4: Services (Select the services you are interested in receiving if determined eligible) Residential Habilitation (IRA)

Developmental Disabilities Determination Only – No Services requested at this time Family Support Services (FSS): Other Family Supports

Article 16 Clinic Care Management Environmental Modifications/Adaptive Devices Intermediate Care Facility (ICF)

Children's Waiver Day Habilitation Family & Education & Training (FET) FSS: Respite Pre-Vocational Services

Community Habilitation Day Treatment FSS: PASRR Level 11 Assessment Respite Center Supported Work (SEMP)

FSS: Other (specify):

* Completed By (Name):

*Date:

Following to be completed by DDRFO Staff Only:

Date Received by DDRO:		Intake Staff Name:	
Person's TABS ID #:	Date entered in TABS:	By (initials):	

Instructions for Completing Transmittal Form

General Instructions:

Complete this form and upload the supporting documentation into CHOICES. Send an email to the CCO Alert Mailbox indicating that the documents have been submitted electronically and are ready for review. The supporting documentation will be used for the OPWDD eligibility review. If you have questions about the kinds of records needed for the eligibility review, see the ELIGIBILITY FOR OPWDD IMPORTANT FACTS and/or the APPLICATION CHECKLIST FOR DETERMINATION OF OPWDD ELIGIBILITY, both can be found on the OPWDD website opwdd.ny.gov or requested from your local DDRFO. **NOTE:** The Transmittal is **NOT** an application for services.

Detailed Instructions:

This Transmittal Form must be completed by staff at a Care Coordination Organization, Service Access Agency, a Local Government Unit or an OPWDD Specialty Liaison.

Section 1: Person's Information

Last Name/First Name/Middle Initial: The person's legal last name, first name, and middle initial.
TABS ID: The person's TABS Identification Number. If not registered, leave blank.
SS#: The person's 9-digit Social Security Number.
Also Known As: List all names (other than legal name) the person is known by, including nicknames, Maiden name. If no other names apply, leave blank.
Date Of Birth: The person's date of birth, in month, day, year (MM/DD/YYYY) format.
Medicaid #: The person's Medicaid number. If unknown, leave blank.
Sex Assigned at Birth: Check the M box for Male, the F box for Female, or X for another gender.
Gender Identity: Select the gender identity that applies to the person from the list of dropdowns.
Home Address: The person's home address. Include the street, apartment number, city/town, state and zip code.
Mailing Address: The address where the person receives mail, if different from the home address.
County of Residence: The county in which the person resides (e.g., Albany, Essex, Kings).
Phone: The person's phone number, including area code.
Email: The person's email address. If the person does not have an email, leave blank.
Expected Graduation Date: The date the person is expected to graduate. If not in school, leave blank.
Preferred Written Language: The language in which the person prefers to read.
Preferred Spoken Language: The language in which the person prefers to speak.
Preferred Sign Language: The sign language in which the person prefers to use (e.g., ASL)
Preferred Accessible Communication: Select the preferred accessible communication type that applies to the person from the list of dropdowns.
Send Information to: Select the appropriate box indicating where the information about the person's eligibility decision should be sent. If a parent or advocate is to be sent information complete Section 2. The agency identified in Section 3 will automatically receive information concerning the person's eligibility determination.

Section 2: Involved Parents or Advocates – This section is optional unless selected to Send Information To is checked. Complete the Parent or Advocate 2 section if there is more than one Parent or Advocate involved.

Name: The parent or advocate's name: last name, first name, and middle initial.
Mailing Address: The address where the Parent or Advocate receives mail. Include street, apartment number, city/town, state and zip code.
Phone: The Parent or Advocate's phone number, including area code.
Email: The Parent or Advocate's email address. If none, leave blank.
Preferred Written Language: The language in which the Parent or Advocate prefers to read.
Preferred Spoken Language: The language in which the Parent or Advocate prefers to speak.
Preferred Sign Language: The sign language in which the person prefers to use (e.g., ASL)
Preferred Accessible Communication: Select the preferred accessible communication type that applies to the Parent or Advocate from the list of dropdowns.

Section 3: Referring Agency Information

Agency Name: The agency's complete name.
Agency Code: The agency's OPWDD agency code, if known.
Agency Contact: Name of the agency staff person to be contacted about the eligibility determination.
Street Address: The address where the agency contact receives mail. Include the PO box or street address, city/town and zip code.
Phone: The agency contact's phone number, including area code and any extension.

Section 4: Services

Place an "X" in the first box for a determination of developmental disability only. Or place an "X" in the box next to each service the person is interested in receiving IF they are determined to be eligible for OPWDD services.

Completed by: The name of the person who completed the form and the date when the form was completed.

Submit the completed form and required records to your DDRFO by uploading the documents to CHOICES and sending an email to the CCO Alert Mailbox.

**People First
Care Coordination**



ACA

Advance Care Alliance

833-MYCANY (833-692-2269)

www.advancecarealliance.org

PO Box 1977

New York, NY 10113-1977

Intake and Benefits Access Team

ACANY MAIN PHONE NUMBER

1-833-692-2269

**(PRESS OPTION #1- FOR THE INTAKE AND BENEFITS ACCESS
DEPARTMENT)**

LONG ISLAND INTAKE TEAM 490

Intake and Benefits Access Team- Regional Team E-mail Accounts

Long Island: Longisland.intake@myacany.org

For General Intake Inquiries/Questions: aca.intake@myacany.org

TRI - COUNTY CARE MANAGEMENT CONTACTS

NAME	PHONE	EMAIL
NECHAMA NISSENBAUM, RN <i>VP of Operations</i>	844.504.8400 EXT. 9508	n.nissenbaum@tricitycare.org
JASON MAZZUCA <i>VP of Care Management</i>	844.504.8400 EXT. 9214	j.mazzuca@tricitycare.org

LONG ISLAND CONTACT DETAILS NAME	PHONE	EMAIL
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LONG ISLAND- REGIONAL DIRECTOR

GAMAL BYFIELD	844.504.8400 EXT. 9575	g.byfield@tricitycare.org
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INTAKE

MIMI SINGER <i>Regional Intake Specialist</i>	844.504.8400 EXT. 9250	m.singer@tricitycare.org
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OUTREACH

TBD	844.504.8400
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Care Design

518-235-1888

www.caredesignny.org

8 Southwood's Boulevard

Suite 110

Albany, NY 12211

Contact	Phone/Email	Description of Department/Individual
Jocelyn Zeller	JZeller@caredesignny.org 516-531-7579 X 301040	Long Island Regional Director CM
Simone Chung	518-903-9402	Long Island Intake
Email	intakedownstate@caredesignny.org	Long Island Intake

Ten Steps to Enroll with ACA/NY

1

Go to acany.org and click the “Enroll” button.



2

Complete the New Member Referral Form at acany.org/enroll.

3

You will be assigned to an Admissions Coordinator within two business days of receipt of your completed New Member Referral Form.

4

A consent form will be provided for you to sign which will allow ACA/NY to share/access information. You will also be provided an information packet to sign (preferably within 30 days) which will allow us to assist you with the eligibility and enrollment process.

5

A checklist of documents will be provided to you that we will need to process your eligibility. Although some of the required documents may have been shared with your regional OPWDD office, we will also need copies.

6

Your Admissions Coordinator will guide you through any additional documents we will need as we journey through this process together. Establishing eligibility may take between two and six months.

7

You will be assigned an Eligibility Coordinator that will assist you in obtaining Medicaid and/or verify Medicaid eligibility, as applicable.

8

Your Admissions Coordinator will work with your regional OPWDD office to complete the Level of Care Eligibility Determination Form.

9

Your Admissions Coordinator will submit a request for enrollment and ensure a smooth transition into Care Management services.

10

Once you are deemed eligible by your regional OPWDD office, Care Management services will begin the first of the following month.



Office for People With Developmental Disabilities



Front Door Access to Services





Eligibility

The Key to Accessing Supports

To be able to access the majority of OPWDD services, most individuals will need to:

- Provide evidence that they have a developmental disability
- Enroll in Medicaid (if needed), and
- Enroll in the OPWDD Home and Community Based Services waiver (if needed)

The OPWDD Eligibility Review

The eligibility review process is the way OPWDD determines if you have a developmental disability and are eligible for OPWDD supports and services.

The eligibility review process begins at one of OPWDD's five Developmental Disability Regional Offices (DDROs) located throughout New York State. Care Coordination Organizations or Service Access Agencies are available to help you with the eligibility review process by submitting materials and records to the DDRO, such as reports of assessments conducted by medical professionals.

Qualified DDRO staff review this information to see if your disability meets requirements specified in New York State law. If it meets the requirements, you are deemed to have a developmental disability and become eligible for OPWDD services. (Please note: additional steps, such as enrolling in Medicaid, are needed to gain access to most supports and services.)

Depending on the complexity of your condition, the process for obtaining an eligibility determination may require reports from multiple specialty assessments. A face-to-face interview may also be part of this process.

Eligibility requests and supporting documentation must be sent to the Eligibility Coordinator at the DDRO where you live.

Eligibility requests and supporting documentation must be sent to your local DDRO by the Care Coordination Organization or Service Access Agency that you are working with. OPWDD will not accept documents that are submitted directly by you or your family..



A. IDENTIFICATION	B. DISABILITY DESCRIPTION (cont.)
1. Date Completed / /	12. From the most recent assessment available, indicate individual's level of intellectual functioning: <input type="checkbox"/> 1 Normal or above <input type="checkbox"/> 2 Mild Intellectual Disability <input type="checkbox"/> 3 Moderate Intellectual Disability <input type="checkbox"/> 4 Severe Intellectual Disability <input type="checkbox"/> 5 Profound Intellectual Disability <input type="checkbox"/> 6 Not determined at this time
2. TABS ID	
3. Agency / Program Name:	
4. Agency / Program Code:	
5. Print the individual's last name, first name and middle initial	
6. Birthdate / /	13. Does the individual have a psychiatric diagnosis (e.g., psychosis, personality disorder, mood or anxiety disorder)? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
7. Sex <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 female	

B. DISABILITY DESCRIPTION	C. MEDICAL																						
8. Indicate individual's place of residence: <input type="checkbox"/> 1 Living independently <input type="checkbox"/> 2 Living with relatives <input type="checkbox"/> 3 OPWDD Certified Residence <input type="checkbox"/> 4 Health Facility (SNF, HRF, NH) <input type="checkbox"/> 5 Other (<i>specify</i>) _____	14. Indicate YES or NO for each of the following medical conditions																						
9. Mark the day programs in which the individual is now enrolled for a minimum of one-half day : <input type="checkbox"/> 1 None <input type="checkbox"/> 2 OPWDD Cert./Funded Program <input type="checkbox"/> 3 School <input type="checkbox"/> 4 Competitive Employment <input type="checkbox"/> 5 Other (<i>specify</i>) _____																							
<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a. Respiratory (e.g., asthma, emphysema, cystic fibrosis).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Cardiovascular (e.g., heart disease, high blood pressure).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Genito-Urinary (e.g., kidney problems).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Neoplastic Disease (e.g., cancer, tumors).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Neurological Disease (MS, ALS, Huntington's Disease).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			YES	NO	a. Respiratory (e.g., asthma, emphysema, cystic fibrosis).....	1	2	b. Cardiovascular (e.g., heart disease, high blood pressure).....	1	2	c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties).....	1	2	d. Genito-Urinary (e.g., kidney problems).....	1	2	e. Neoplastic Disease (e.g., cancer, tumors).....	1	2	f. Neurological Disease (MS, ALS, Huntington's Disease).....	1	2	
		YES	NO																				
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b. Cardiovascular (e.g., heart disease, high blood pressure).....	1	2																					
c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties).....	1	2																					
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e. Neoplastic Disease (e.g., cancer, tumors).....	1	2																					
f. Neurological Disease (MS, ALS, Huntington's Disease).....	1	2																					
15. a. Does individual have history of seizures? <input type="checkbox"/> 1 Yes (Answer Questions 15b and 15 c) <input type="checkbox"/> 2 No (Skip to question 16a)																							
b. Which types of seizures has individual experienced in the last twelve months ? (Circle all that apply.) <input type="checkbox"/> 1 No seizures this year (Skip to Question 16a) <input type="checkbox"/> 2 Simple partial (Simple motor movements affected; No loss of awareness) <input type="checkbox"/> 3 Complex partial (Loss of awareness) <input type="checkbox"/> 4 Generalized – Absence (Petit Mal) <input type="checkbox"/> 5 Generalized – Tonic-Clonic (Grand Mal) <input type="checkbox"/> 6 Had some type of seizure – not sure of type																							

10. Circle all the developmental disabilities that apply: <input type="checkbox"/> 1 No developmental disability <input type="checkbox"/> 2 Intellectual disability <input type="checkbox"/> 3 Autism Spectrum Disorder <input type="checkbox"/> 4 Cerebral palsy <input type="checkbox"/> 5 Epilepsy / Seizure disorder <input type="checkbox"/> 6 learning disorder (e.g., dyslexia, dysgraphia) <input type="checkbox"/> 7 Other neurological impairment(s) (e.g., Tourette's Syndrome, Prader-Willi) <input type="checkbox"/> 8 Undetermined Developmental disability	c. In the past year , how frequently has individual experienced seizures that involve loss of awareness and/or loss of consciousness? <input type="checkbox"/> 1 None during past year <input type="checkbox"/> 2 Less than once a month <input type="checkbox"/> 3 About once a month <input type="checkbox"/> 4 About once a week <input type="checkbox"/> 5 Several times a week <input type="checkbox"/> 6 Once a day or more
11. From the developmental disability circled in Question 10, enter the number (1 through 8) of the one developmental disability that best applies: Primary Developmental Disability Number: <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	

Testing Forms

Vineland-3

- Domain-Level Teacher Form
- Comprehensive Interview Form

ABAS-3

- Adaptive Behavior Assessment System Third Edition
 - Child Information
- Adaptive Behavior Assessment System Third Edition
 - Adult Information

CARS 2-QPC

- Questionnaire for Parents or Caregivers
 - To be used with the CARS 2-ST or CARS 2-HF

WAIS-IV

- Record Form

ADOS-2

- Autism Diagnostic Observation Schedule, Second Edition

ADI-R

- Autism Diagnostic Interview- Revised

Outline for an Autism Specialty Report

1. Background
2. Procedures
3. Review of all major areas of functioning:
 - a. Educational (classification, functioning and placements)
 - b. Psychological (symptoms, disorders, IQ and adaptive functioning)
 - c. Psychiatric (including co-occurring disorders/symptoms, hospitalizations, psychotropic medications)
 - d. Medical
 - e. Neurological
4. Autism-Specific Evaluation
 - a. Age at first sign of symptoms and describe first symptoms
 - b. Course and severity of symptoms from age 2 until present
 - c. Factors that exacerbated/abated symptoms age 2 until present
 - d. Development and Course of co-occurring symptoms (i.e. ADHD, OCD anxiety etc.)
 - e. Interventions and progress
5. Structured Assessment of Autism (include at least 2 of different methods)
 - a. ADOS (observation, testing)
 - b. Autism Diagnostic Interview-R
 - c. PDD Behavior Inventory (rating)
 - d. CARS (rating)
 - e. Modified Checklist for Autism in Toddlers-R (rating, checklist)
 - f. Can include structured assessment of anxiety, OCD, depression etc.
6. Integration of all results (sections 3+4+5)
 - a. Integrate findings from sections 1-3
 - b. Explain any discrepancies with past evaluations of autism (especially when it was determined to not be present etc.)

Long Island
Counties: Nassau & Suffolk

Agency	Contact Information	Resource Type	Program Description	Reimbursement Information
Adults & Children with Learning & Developmental Disabilities, Inc. (ACLD) 807 South Oyster Bay Road Bethpage, NY 11714	(516) 622-8888 x234 www.aclid.org/	DOH Article 28 Clinic	Psychological testing including IQ and adaptive behavior functioning evaluation. Psychosocial evaluations are also available. Comprehensive psychological evaluations of a quality that is not found at other agencies.	Medicaid, private pay Patient must have out of network benefits if they have commercial insurance.
Advantage Care D&T Center (Nassau AHRC) 230 Hanse Avenue, Freeport, NY 11520	(516) 992-4050 www.ahrc.org/	OPWDD Article 16 Clinic	Generally, each clinic may take 4 - 8 weeks to complete and send the evaluations.	Please call for insurance information
East End Psychological Services, P.C. The Psychological & Educational Testing Center 565 Route 25A, Suite 201 Miller Place, NY 11764 358 Veterans Memorial Hwy, Ste 9 Commack, NY 11725	Joseph S. Volpe, Ph.D. Psychologist Executive Director drvolpe@eepservices.org www.eepservices.org (631) 821-7214		Psychological, Educational and Neuropsychological Testing Appointments are scheduled within one week with same day callbacks	The staff are all out-of-network (i.e., self-pay) and accept cash, check or credit card for payment. Receipts are provided so that clients can submit to their insurance provider for partial reimbursement
EPIC/Epilepsy Foundation of Long Island 1500 Hempstead Turnpike East Meadow, NY 11554	(516) 739-7733 X400 www.effi.org/	OPWDD Article 16 Clinic	Psychological, adaptive, psychosocial, psychiatric, occupational therapy, physical therapy, speech therapy, vocational, neurological, nutritional, and nursing. We provide fast track evaluations.	Medicaid, private pay, third party health insurance, VESID
Fay J. Lindner Center 189 Wheatley Road Glen Head, NY 11545	(516) 686-4440 www.faylindnercenter.org	DOH Article 28 Clinic	Generally, each clinic may take 4 - 8 weeks to complete and send the evaluations.	Please call for insurance information
Joan and Arnold Saltzman Community Services Center at Hofstra University. Diagnostic and Research Institute for Autism Spectrum Disorders (on grounds @ Hofstra University, Hempstead, NY 11549)	Dr. Kimberly Gilbert Dr. Joseph R. Scardapane 516) 463-5660 www.hofstra.edu	University	Comprehensive autism diagnostic evaluations (for all ages), Individualized psychotherapy (for individuals with high-functioning ASD), social skills groups (for all ages) and Milieu Communication Therapy (a language intervention focused on building prelinguistic and overall functional communication).	Please call for insurance information.

Long Island
Counties: Nassau & Suffolk

Agency	Contact Information	Resource Type	Program Description	Reimbursement Information
<p>Just Kids Diagnostic & Treatment Center, Inc. P.O. Box 12 35 Longwood Road Middle Island, NY 11953</p> <p>Just Kids 887 Kellum Street Lindenhurst, NY 11757</p> <p>99 Lexington Avenue Shirley, NY 11967</p> <p>556 East Main Street Riverhead, NY 11901</p>	<p>Middle Island: (631) 924-0008 Contact: Denise McGrath</p> <p>Lindenhurst: (631) 884-3000 Contact: Jessica Selicas</p> <p>Shirley: (631) 924-0008 Contact: Denise McGrath</p> <p>Riverhead: (631) 924-0008 Contact: Denise McGrath</p> <p>www.justkidsschool.com</p>	<p>DOH Early Intervention</p> <p>DOH Article 28 Clinic</p>	<p>Early intervention and CPSE evaluations for speech, occupational, physical therapy, hearing screening, educational evaluation, psychological evaluations.</p>	<p>Medicaid</p> <p>CPSE and Early Intervention is paid by Suffolk County and Nassau County Department of Health</p>
<p>Long Island Select Healthcare, Inc. (LISH)</p>	<p>(631) 650-2510</p> <p>www.lishcare.org</p>		<p>LISH offers a variety of psychological services which include Counseling, Psychiatry, Neuropsychology, Psycho-social and Vineland Assessments</p>	<p>Please contact or see website for insurance information</p>
<p>UCPA of Nassau County, Inc. 380 Washington Avenue Roosevelt, NY 11575</p>	<p>(516) 378-2000 x 729</p> <p>www.ucpn.org</p>	<p>OPWDD Article 16 Clinic</p>	<p>Generally, each clinic may take 4 - 8 weeks to complete and send the evaluations.</p>	<p>Please contact for insurance information.</p>
<p>Social Competence and Treatment Lab (The Lerner Lab) at Stony Brook University Department of Psychology Stony Brook, NY 11794</p> <p>Stony Brook Medicine 101 Nicholls Road Stony Brook, NY 11794</p>	<p>Matthew D. Lerner, Ph.D. (631) 632-7857 or (631) 632-7660</p> <p>https://neuro.stonybrookmedicine.edu/centers/autism/clinicians-and-researchers</p> <p>Dr. Gabriel Carlson, Psychiatrist (631) 632- 8840</p>	<p>University</p>	<p>The Lerner Lab focuses on Autism Spectrum Disorders.</p> <p>In addition, the departments of Neurology, Psychology, and Psychiatry are now providing clinical consultative services for people on the spectrum. The Center for Autism Spectrum Disorders Clinic can provide evaluations, medical management, social skills training, and school consultations among other services.</p>	<p>Please contact for insurance information</p>

Long Island
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Agency	Contact Information	Resource Type	Program Description	Reimbursement Information
Stony Brook Neuropsychology Dept.	(631) 444-8053 14 Technology Drive, Suite 12B, East Setauket 11733 181 Belle Meade Rd, Suite 4, East Setauket, 11733 240 Middle Country Road Smithtown 11787	University		
Suffolk Independent Living Organization (SILO) 3253 Route 112, Building 10 Medford, NY 11783	Phone: 631 880-7929 Fax: 631 946-6377 info@siloinc.org	Independent Living Center	Psychological testing, adaptive behavior functioning assessment, Psychosocial – Social History Interview, Autism specialty report See website www.siloinc.org for more details – Post Secondary Education – Transition Planning Services – Evaluation/ Assessment	Private pay - reasonable
NYU Langone Medical Center	646)754-5000 http://nyulangone.org/locations/child-study-center/institute-for-learning-academic-achievement csc.care@nyulangone.org		Evaluations, outreach and follow-up. See website for more details.	Please contact for insurance information.
Dr. Christopher Kearney 290 Main Street East Setauket, NY 11733	(631) 740-7078	Private Practice	Please contact for services	Please contact for insurance information
Dr. Ilene Solomon 74 Shrub Hollow Road Roslyn, NY 11576	(516) 747-8583	Private Practice	Please contact for services	Please contact for insurance information
Edward Petrosky, Ph.D. 1025 Northern Boulevard, Ste. 305	(718) 357-0444	Private Practice	Please contact for services	Please contact for insurance information

Long Island
Counties: Nassau & Suffolk

Agency	Contact Information	Resource Type	Program Description	Reimbursement Information
Roslyn, NY 11576				
Jessica Scher Lisa, Psy.D. 100 S. Jersey Avenue, Unit 1 East Setauket, NY 11733	(516) 906-7846	Private Practice	Please contact for services	Please contact for insurance information
Linda LaMarca, Ph.D., ABPP-CN 15 Glen Street, Suite 203 Glen Cove, NY 11542	(516) 299-9300	Private Practice	Please contact for services	Please contact for insurance information
Dr. Robert Edelman 33 Walt Whitman road, Suite 236 Huntington Station, NY 11746	(631) 424-6949	Private Practice	Please contact for services	Please contact for insurance information

NEW YORK STATE
Office for People With Developmental Disabilities

ANDREW CUOMO, Governor

THEODORE KASTNER, MD, MS, Commissioner

LONG ISLAND DDSO
45 Mall Drive Suite 1 Commack, NY 11725

September 23, 2020

RE: Determination of Developmental Disability (TABS ID

Dear Parent(s) of / Advocate for


We received your request for a determination of developmental disability and eligibility for OPWDD Services. In support of your request, you submitted the following documents:

AUTISM SPECIALTY REPORT
SOCIAL HISTORY
PHYSICAL
MEDICAL REPORT
IEP

Based upon the information provided, we have determined that M has a developmental disability and is therefore eligible to apply for OPWDD services. Please note that some OPWDD services have additional eligibility criteria that have not been reviewed through this process.

This information has also been transmitted to UNKNOWN.

Questions may be directed to Front Door at 631-434-6000 or you may continue to work with at UNKNOWN.

DDSO Staff Signature  Date 9/23/2020
Printed Name Allison Herchenroder, Psy.D. Title _____
Director of Eligibility

CC: UNKNOWN

NOTICE OF CONFIDENTIALITY: Clinical information and payment records concerning persons served by OPWDD are confidential and may not be used or disclosed unless authorized under the provisions of New York State Mental Hygiene Law sections 33.13 and 33.16 and the Federal HIPAA Privacy Rule (45 CFR 164).

Links for OPWDD:

- OPWDD Transmittal Form for Determination of Developmental Disability:
<https://opwdd.ny.gov/system/files/documents/2023/12/eligibility-transmittal-form-8-1-23.pdf>
- ACA NY:
<https://acany.org/>
- OPWDD Front Door:
<https://opwdd.ny.gov/get-started/front-door>
- Guide and Connect:
<https://www.guideandconnect.org/>
- OPWDD Developmental Disabilities Profile:
<https://opwdd.ny.gov/system/files/documents/2020/02/ddp-2registrationmovement-form.pdf>