SILO

Self-Initiated Living Options, Inc.

Suffolk County's Center for
Independent Living and Disability Rights
education - advocacy - empowerment

Programs & Services

The purpose of Self-Initiated Living Options, Inc. (SILO) is to enable people with disabilities to gain effective control and direction of their lives. SILO advocates and promotes a growing sense of personal dignity and responsible community participation through training, community development, and direct services responsive to the needs of the people.

Independent Living Center

- Advocacy
- Olmstead Housing Subsidy
- Rapid Transition Housing
- Regional Resource Department Center
  - Nursing Home Transition & Diversion Waiver (NHTD)
  - Traumatic Brain Injury Waiver (TBI)
- Open Doors
- Peer Counseling
- NY Connects
- Support Groups
- Food Pantry / Personal Item Closet

Employment Services

- Benefits Advisement
- Education & Outreach
- Peer Integration Program w/ ACCES-VR *(PIP)*
- Self Advocacy
- Subminimum Wage to Competitive Integrated Employment Project *(SWTCIE)*
- Technology Related Assistance for Individuals with Disabilities *(TRAID)*
- Transition Services

Assessments

- Eligibility and Application Process for Adult Services – Consultant Service
- The Vineland Adaptive Behavior Scales (VABS-3)
- Adaptive Behavior Assessment System Third Edition (ABAS-3)
- Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)
- Wechsler Adult Intelligence Scale (WAIS-5)
- Childhood Autism Rating Scale, 2nd Edition (CARS) with Autism Specialty Report and Autism Diagnostic Observation Schedule (ADOS) with Autism Specialty Report
- Social History with Narrative

Other Programs and Services

- Internship Opportunities
- Joint projects with colleges and universities
- ACCES-VR Entry Orientations
- Americans with Disabilities Act (ADA) Celebration
- Legislative Breakfast
- Advocacy Conference

Learn More:
(631) 880-7929
www.siloinc.org

Revised 9/8/2025

SILO
Self-Initiated Living Options, Inc.
Suffolk County's Center for
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Programas y Servicios

El propósito de Self-Initiated Living Options, Inc. (SILO) es permitir que las personas con discapacidad adquieran control y dirección efectivas en sus vidas. SILO promueve un creciente sentido de dignidad personal y una participación comunitaria responsible usando formación, desarrollo comunitario y servicios directos que responden a las necesidades de las personas.

Centro de Vida Independiente

- Defensa para las personas
- Programa de subsidio de vivienda (Olmstead)
- Programa de Vivienda de Transición Rápida
- Centro Regional de Recursos y Desarrollo
  - Exención de Transición y Desvío de Hogares de Ancianos
  - Exención de Lesión Cerebral Traumática
- Puertas Abiertas
- Asesoramiento entre pares
- Nueva York Conecta
- Grupos de Apoyo
- Despensa de Alimentos / Donación de articulos personales

Servicios de Empleo

- Asesoramiento sobre beneficios
- Educación y Alcance de Programas
- Programa de Integración de Pares con ACCES-VR (PIP)
- Autodefensa
- Proyecto de Salario Subminimo a Empleo de Integrado Competitivo *(SWTCIE)*
- Asistencia de Tecnología para Individuos con Discapacidades (TRAID)
- Servicios de transición

Evaluaciones

- Proceso de Elegibilidad y Solicitud para Servicios para Adultos - Servicio de Consultoría
- ·Escalas de Conducta Adaptativa de Vineland (VABS-3)
- ·Sistema de Evaluación de la Conducta Adaptativa, Tercera Edición (ABAS-3)
- ·Escala de Inteligencia de Wechsler para Niños, Quinta Edición (WISC-V)
- ·Escala de Inteligencia de Wechsler para Adultos (WAIS-5)
- ·Escala de Calificación de Autismo Infantil, Segunda Edición (CARS) con Informe de Especialización en Autismo y Programa de Observación Diagnóstica de Autismo (ADOS) con Informe de Especialización en Autismo
- Historia social con Narrativa

Otros Programas y Servicios

- Oportunidades de Practicas
- Proyectos conjuntos con colegios y universidades
- Acceso a la Orientación de ACCES-VR
- Celebración de la Ley de Americanos con Discapacidades (ADA)
- Desayuno Legislativo
- Conferencia de Defensa

Para mas informacion:
(631) 880-7929
www.siloinc.org

Revised 9/8/2025

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

ELIGIBILITY FOR OPWDD SERVICES

Important Facts – December 2021

(Replaces October 2012 version)

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, theperson 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 Steprecommendations are considered by the DDRO Director (or designee) and the person is informed of theresults, 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 includeshealth 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 theperson 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 mayrequest 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 haveup-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 measureof 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.

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

Long Island
Counties: Nassau & Suffolk

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		
Self-Initiated Living Options, Inc. (SILO) 3253 Route 112, Building 10 Medford, NY 11763	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

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education - advocacy - empowerment

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)
- Autism Specialty Report with the Childhood Autism Rating Scale, 2nd edition (CARS) & Autism Diagnostic Observation Schedule (ADOS)
- Weschsler Intelligence Scale for Children: 5th Ed. (WISC-V)
- Wechsler Adult Intelligence Scale (WAIS-IV)
- Social History w/narrative page

Self-Initiated Living Options, Inc.
Suffolk County's Center for
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Chief Executive Officer
Joseph M. Delgado
Deputy Chief Executive Officer
Brianna Tesoriero

3253 Rte. 112, Building 10, Medford, NY 11763
Phone: 631-880-7929 • Fax: 631-946-6377 • www.siloinc.org

Please Join Our Mailing List: www.siloinc.org/mailinglist

Family Memorandum of Understanding and Agreement
"Eligibility and Application Process for Adult Services"

Self-Initiated Living Options, Inc. (SILO) offers a comprehensive and individualized consultant service designed to assist parent/guardians with developing documentation supporting **"Eligibility and Application Process for Adult Services"**. **Self-Initiated Living Options, Inc. (SILO)** will provide the following consultation service for a flat fee payment of $295.00:

- A comprehensive review of the student's medical/school records.
- Individualized training specific to understanding the documentation to support the **"OPWDD Transmittal for Determination of Developmental Disability"**.
- Individualized training specific to develop the documentation supporting the review by the Social Security Administration for Adult/Child Disability.
- Individualized training specific to develop the documentation supporting the application for Supplemental Security Income – SSI with the Social Security Administration.
- Individualized training assisting families with developing "draft" input summarizing information about daily activities identified in a Functional Report – Adult.
- Individualized training assisting families with obtaining input for the "Statement of Claimant of Other Person" form for the review by the Social Security Administration for Adult/Child Disability and the application for Supplemental Security Income – SSI with the Social Security Administration.
- Individualized training specific to benefits for in-school youth and adults referencing the "Social Security Red Book – ***A Summary Guide to Employment Support for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs***".
- Maintain follow-up e-mail and dialogue consultant services at no additional charge.

Additional services available by appointment at SILO: WISC-V or WAIS-5 – $750.00, ABAS or Vineland-3 – $250.00, ADOS – Autism Diagnostic Observation Schedule, 2nd edition with CARS – Childhood Autism Rating Scale, 2nd edition in an Autism Specialty Report – $750.00, CARS without ADOS – $250.00, Social History w/ narrative page – $150.00.
Consultant and testing services are scheduled upon receipt of payment. Credit card payments – Call Kathryn Celentano at SILO 631-880-7929 ext. 108 or mail check payment addressed to "SILO" with this memorandum signed, dated, and forwarded to: SILO, 3253 Route 112, Bldg. 10, Medford, NY 11763 Attn: Kathryn Celentano

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

SILO Chief Executive Officer or Designee Signature:_____ **Date:** _____

Returned signed, dated with invoice to payee upon receipt of payment for services **Revised 8/28/2025**

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

OPWDD

- Call 434-6100 to create an account – TABS number
- Your Name:
- Telephone #:
- Individual's Name:
- Individual's DOB:
- County of Residence:
- Home Address:
- E-mail:

- Visit website, Front Door | Office for People With Developmental Disabilities (ny.gov) to learn more about the Front Door Process. Once there, you will find a series of Video Modules, available to view anytime, once you click on **View The Font Door Videos**.

- OPWDD's Front Door process videos will walk a person through the steps they need to become eligible for OPWDD supports and services. This process helps people understand the types of supports and services available through OPWDD and how to make a plan to receive the services they need and want. The Front Door videos will provide easy-to-understand information about OPWDD services and how to get started receiving services.

- Next step - reach out to ACA or Care Design. Ask for an application for Care Coordination.

Be Informed: Watch the OPWDD Front Door Videos!

OPWDD's Front Door process walks a person through the steps they need to access OPWDD supports and services.

The Front Door videos, available on OPWDD's website opwdd.ny.gov/get-started, provide brief and easy-to-understand information about OPWDD services and how to get started receiving services.

The videos are currently available in English, Spanish and Simplified Chinese. If you require a different language, please contact your Front Door Facilitator.

You can watch the videos at any time during the Front Door process but it's best if you watch them early on so you will have a better understanding of the eligibility process and the available service options.

The videos are separated into modules that provide a brief overview of each topic area.

1. Getting Started with OPWDD
2. The Front Door Process
3. Eligibility
4. Services
5. Residential and Housing Support
6. Employment Services
7. Self-Direction
8. Care Management
9. Assessment
10. Funding

SCAN TO VIEW

NEW YORK STATE | Office for People With Developmental Disabilities

NEW YORK STATE | Office for People With Developmental Disabilities

Front Door Welcome Flyer

Welcome.

Thank you for contacting the Office for People With Developmental Disabilities (OPWDD) Front Door. We look forward to helping you get the services you need. Enclosed is a Welcome Packet with important information to help guide you through the Front Door process.

Below is a checklist of key steps you need to complete to get OPWDD services. You can find more details about each step on the following page. If you are ever not sure where you are in the process or have any questions, please contact your Front Door Facilitator:

(Front Door Facilitator Name) (Phone Number) (Email Address)

Since you are receiving this letter, you have probably already completed the first step: Make Initial Contact with the Front Door. If so, the next important step to take, if you have not already, is to contact and choose a Care Coordination Organization or Service Access Agency to help you with this process. Information on these agencies is included in your Welcome Packet.

	Front Door Key Steps Please see reverse for more details on these steps	Notes	Contact Person
☐	Make **Initial Contact** with OPWDD through the Front Door		
☐	Choose a **Care Coordination Organization (CCO)** or **Service Access Agency (SAA)**		
☐	Establish OPWDD **Eligibility**		
☐	View the **Front Door Videos**		
☐	Work with OPWDD to complete an **Assessment of Service Needs**		
☐	Develop your **Life Plan** working with your Care Manager and Request Services		

Initial Contact
When you contact your local OPWDD Front Door, you will be asked for some basic information such as your address, contact information and the best times to contact you. Please let the Front Door staff know if you need documents translated and conversations interpreted into another language. The person you speak to will briefly describe the Front Door and eligibility processes.

Care Coordination
Making contact with a Care Coordination Organization (CCO) or Service Access Agency (SAA) is an important next step in this process. These agencies are responsible for helping you apply for OPWDD eligibility. If you are found OPWDD eligible, and meet the requirements for enrollment in a CCO, you will be assigned a Care Manager from the CCO you select. Your Care Manager will help you to develop your Life Plan and connect you to the OPWDD services you need.

Eligibility
If you are not already OPWDD eligible, you will need to provide certain documents and evaluations so that an eligibility determination can be made. In some cases, you may need to have new assessments and/or evaluations done. Your CCO or SAA agency will assist you with the eligibility process and will submit your eligibility application to OPWDD on your behalf.

Front Door Videos
The Front Door videos available on OPWDD's website (opwdd.ny.gov/get-started) outline the process of how to become eligible for OPWDD supports and services, the types of supports and services available and how to get assistance. A family member or advocate may watch the videos for you. Included in your welcome packet is a flyer that describes these videos and how to access them online. You can watch the videos at any time during the Front Door process but it's best if you watch them early in the process.

Assessment of Service Needs
To receive OPWDD services, state law requires an assessment chosen by OPWDD be used to review and record your strengths and needs. Front Door staff will complete a **Developmental Disabilities Profile (DDP2)** with you, and you will also work with OPWDD staff to complete either a **Child and Adolescent Needs and Strengths (CANS)** assessment if you are under 18 or a **Coordinated Assessment System (CAS)** if you are 18 or over. OPWDD services cannot be approved before the required assessments are complete.

Develop a Life Plan
You will work with your Care Manager (CM) to identify and plan for the services and supports that best meet your needs. Be sure to share your interests and any services and supports that you already receive, supports from your family and community, what you are currently doing and your plans for the future. Your Care Manager will request OPWDD approval for the services you need and will help you identify providers to deliver the services and supports listed in your Life Plan.

NEW YORK STATE

Office for People With Developmental Disabilities

Front Door

Access to Services

ACA/NY
ADVANCE CARE ALLIANCE

Advance Care Alliance of New York
1410 Broadway, 2nd Floor
New York, NY 10018

(833) MY-ACANY
(833-692-2269)
acany.org

Understanding how to apply for care coordination and knowing how to navigate the eligibility process can seem daunting, but **ACA/NY's Admissions Team** supports you to help you understand the requirements and compete the enrollment process.

833-692-2269 (833-MY-ACANY)
questions@myacany.org

Michael Fleischmann, Director of Admissions
michael.fleischmann@myacany.org

Dina Forgione, Assistant Director of Admissions
dina.forgione@myacany.org

www.acany.org to view our event calendar for upcoming ACA/NY Family Forums, trainings and other informative events!

Contact us today!

"We support each person to live their healthiest and most meaningful life."

ACA/NY
ADVANCE CARE ALLIANCE

Advance Care Alliance of New York
1410 Broadway, 2nd Floor
New York, NY 10018

1-833-MY-ACANY
(1-833-692-2269)
www.acany.org

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.

"We support each person to live their healthiest and most meaningful life."

CAREdesign NEW YORK

Corporate Office:
8 Southwoods Blvd, Suite 110
Albany, NY 12211
(518) 235-1888
www.caredesignny.org

BEGIN THE CARE DESIGN NY ENROLLMENT PROCESS

FOR INFORMATION:
Enrollment - Care Design NY

FOR FASTER SERVICE VISIT OUR WEBSITE TO COMPLETE A REFERRAL FORM

Services Enrollment Form - Care Design NY

OR CONTACT OUR CENTRAL INTAKE NUMBER
518-320-8400 OR enrollment@caredesignny.org

Please be advised we are experiencing a high volume of inquiries which has impacted our response time. We want to assure you that Care Design NY remains committed to assisting all families in order that your requests are received. We apologize for any delays you may experience. Your patience and understanding are extremely valued as we work diligently to address all requests for Care Management Services.

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 ☐ F ☐ X ☐	Gender Identity:	
* Home Address:			Mailing Address (if different):		
*City:	*State:	*Zip:	City:	State:	Zip:
*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)

☐ 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)

☐ Residential Habilitation (IRA)

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.

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 Allson Herchenroder, Psy.D. Director of Eligibility Title _____

CC: UNKNOWN

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

DEVELOPMENTAL DISABILITIES PROFILE

A. IDENTIFCATION

1. Date Completed / /

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 / /

7. Sex ❑ 1 Male ❑ 2 female

8. Indicate individual's place of residence:

❑ 1 Living independently
❑ 2 Living with relatives
❑ 3 OPWDD Certified Residence
❑ 4 Health Facility (SNF, HRF, NH)
❑ 5 Other *(specify)* _____

9. Mark the day programs in which the individual is now enrolled for a **minimum of one-half day:**

❑ 1 None
❑ 2 OPWDD Cert./Funded Program
❑ 3 School
❑ 4 Competitive Employment
❑ 5 Other *(specify)*_____

B. DISABILITY DESCRIPTION

10. Circle **all** the developmental disabilities that apply:

❑ 1 No developmental disability
❑ 2 Intellectual disability
❑ 3 Autism Spectrum Disorder
❑ 4 Cerebral palsy
❑ 5 Epilepsy / Seizure disorder
❑ 6 learning disorder (e.g., dyslexia, dysgraphia)
❑ 7 Other neurological impairment(s) (e.g., Tourette's Syndrome, Prader-Willi)
❑ 8 Undetermined Developmental disability

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: ☐

B. DISABILITY DESCRIPTION (cont.)

12. From the most recent assessment available, indicate individual's level of intellectual functioning:

❑ 1 Normal or above
❑ 2 Mild Intellectual Disability
❑ 3 Moderate Intellectual Disability
❑ 4 Severe Intellectual Disability
❑ 5 Profound Intellectual Disability
❑ 6 Not determined at this time

13. Does the individual have a psychiatric diagnosis (e.g., psychosis, personality disorder, mood or anxiety disorder)?

❑ 1 Yes ❑ 2 No

C. MEDICAL

14. Indicate YES or NO for **each** of the following medical conditions

	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

15. a. Does individual have history of seizures?

❑ 1 Yes (Answer Questions 15b and 15 c)
❑ 2 No (Skip to question 16a)

b. Which types of seizures has individual experienced in the **last twelve months**? (Circle **all** that apply.)

❑ 1 No seizures this year (Skip to Question 16a)
❑ 2 Simple partial (Simple motor movements affected; No loss of awareness)
❑ 3 Complex partial (Loss of awareness)
❑ 4 Generalized – Absence (Petit Mal)
❑ 5 Generalized – Tonic-Clonic (Grand Mal)
❑ 6 Had some type of seizure – not sure of type

c. **In the past year**, how frequently has individual experienced seizures that involve loss of awareness and/or loss of consciousness?

❑ 1 None during past year
❑ 2 Less than once a month
❑ 3 About once a month
❑ 4 About once a week
❑ 5 Several times a week
❑ 6 Once a day or more

To become a Support Parent or to be connected (matched) with someone in our volunteer parent network, or to learn more about our programs, contact the office in your region, or complete the form below and mail it to the office that serves your county.

Name: _____

Address: _____

City: _____ State: New York Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____ County: _____

Individual with Special Need(s): _____ Age: _____

Comments: _____

_____

PARENT TO PARENT OF NYS

brings together family caregivers of those with developmental disabilities or special health care needs. Being a part of this network helps caregivers learn to make better choices.

By finding support in each other, caregivers feel less alone and find hope.

- Receive training and join our network of volunteer Support Parents.
- Find out about programs and services that will assist your family.
- Learn skills that will improve parent-professional partner-ships.
- Visit our website for regional news, announcements, and event listings.
- Join a regional e-group to receive updates.
- Contact our staff members to schedule a presentation. Our staff members, as parents of individuals with special needs, can share with you what they have learned along the way.

PARENT TO PARENT OF NYS

is funded by NYS Office for People with Developmental Disabilities (OPWDD).

PARENT TO PARENT OF NYS

Connecting and supporting families of individuals with special needs

www.ptopnys.org

www.facebook.com/ParentToParentNYS

Follow us: @PtoPofNYS

Contact a regional office of
PARENT TO PARENT OF NYS:

CAPITAL REGION
Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren & Washington counties
500 Balltown Road
Schenectady, NY 12304
1-800-305-8817, 518-381-4350

FINGER LAKES
Livingston, Monroe, Ontario, Yates & Wayne counties
300 Hylan Drive
PMB 153
Rochester, NY 14623
585-424-7211

HUDSON VALLEY
Orange, Rockland, Sullivan & Westchester counties
WIHD / Cedarwood Hall, Room A106
Valhalla, NY 10595
1-800-305-8816, 914-493-2635

LONG ISLAND
Nassau & Suffolk counties
415-A Oser Avenue
Hauppauge, NY 11788
1-800-559-1729, 631-434-6196

NORTH CENTRAL NY
Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga & Oswego counties
Exceptional Family Resources
1820 Lemoyne Avenue
Syracuse, NY 13208
1-800-305-8815, 315-478-1462 ext. 322

NORTH COUNTRY
Clinton, Essex, Franklin, Hamilton, Jefferson & St. Lawrence counties
PO Box 1296
Tupper Lake, NY 12986
1-866-727-6970, 518-359-3006

SOUTH CENTRAL NY
Broome, Chenango, Delaware, Otsego, Tioga & Tompkins counties
213 Tracy Creek Road
Vestal, NY 13850
607-770-0211, ext. 787

SOUTHERN TIER
Chemung, Schuyler, Seneca & Steuben counties
PO Box 205
210-12th Street #210
Watkins Glen, NY 14891
1-800-971-1588, 607-535-2802

WESTERN NY
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans & Wyoming counties
1200 East & West Road
Building 16, Room 1-173
West Seneca, NY 14224
1-800-305-8813, 716-517-3448

Serving the Five Boroughs

NEW YORK CITY
c/o NYS OPWDD
25 Beaver Street, 4th Floor
New York, NY 10004-2310
1-800-405-8818
1-212-741-5545

STATEN ISLAND
c/o IBR
1050 Forest Hill Road, Room #108
Staten Island, NY 10314
1-800-866-1068, 718-494-3462

info@ptopnys.org

STATEWIDE OFFICE

PARENT TO PARENT OF NYS
Michele Juda, Executive Director
PO Box 9212
Schenectady, NY 12309
1-800-305-8817, 518-381-4350

PARENT TO PARENT OF NYS
offices provide:

Support*:* Through the Parent to Parent Matching Program, we help family caregivers connect one-to-one with someone who has "been there" as a caregiver of a child with the same type of disability, chronic illness, or health care concern.

Information & Referral*:* We help family caregivers find answers to general questions or information on a specific disability or health care need. We also can direct you to those who provide services, such as finding help to locate and pay for health care, equipment, or transportation needs.

Training: We offer training, such as using a Health Care Notebook or an Education Records Organizer, and Understanding Medicaid Service Coordination.

Fact Sheets and Health Care Notebooks are available from PARENT TO PARENT OF NYS offices, or may be downloaded by visiting the organization's website, **www.ptopnys.org**.

PARENT TO PARENT OF NYS
is the Family Voices State Affiliate Organization, the Family-to-Family Health Information Center (F2F HIC) and the PARENT TO PARENT USA organization in New York State.
PARENT TO PARENT OF NYS
is supported by NYS employees through SEFA.