



Suffolk Independent Living Organization  
education - advocacy - empowerment

---

3253 Route 112, Building 10, Medford, NY 11763  
Phone: 631-880-7929 • Fax: 631-946-6377 • [www.siloinc.org](http://www.siloinc.org)

### Programs and Services

SILO has provided services to people of **all** disabilities, the elderly community and their families in Suffolk County N. Y. since 1985. SILO is one of 42 New York State Department of Education authorized **Independent Living Centers**. SILO champions the independent living philosophy that says:

- People with a disability have the right to have control over their lives.
- People with disabilities are the best experts on their own needs.
- Thereby, those individuals must be able to decide on their own, where to live, work, and take part in their community.

SILO is chartered by the New York State Legislature, and contracted by NYSED, ACCES-VR, ILC Department to provide independent living services throughout the Long Island Region. SILO partners with the New York State Department of Health, New York State Office for the Aging, New York Association for Independent Living, and over 300 Human Service agencies and private vendors on Long Island to insure a comprehensive set of services for our participants and clients.

**SILO provides the following independent living services, long-term services and supports in contract with NYSED, ACCES-VR and NYS Office for the Aging. (Amy Menditto)**

- o Advocacy
  - o Architectural and Communication Barrier Consultation
  - o Barrier Buster/Individual or System-wide Accessibility Issues
  - o Transportation Issues
- o Assistive Technology Classes and Computer Lab
  - o Use of Technology and Social Media Applications
- o Community Outreach
- o Employment Readiness and other Support Services
- o Housing Assistance
- o Independent Living Training Center
- o Information and Referral Services
- o Peer Counseling
- o Personal counseling – *Licensed social workers on staff*
- o Support groups
  - o Barrier Busters
  - o Men's Group (The Man Cave)
  - o Mindfulness Group
  - o Mending Mindsets
  - o Peer Support Group

- o Start the Conversation
- o Campfire Poetry Workshop
- o Out at SILO
- o The Deaf and Hard of Hearing Squad
- o Peer Integration Program- Stepping Stones social group

**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 (Maureen Donohue-Erickson)

**NYS Department of Health**

- Regional Resource and Development Center (Dawn Nodar)
  - o Nursing Home Transition and Diversion Waiver
  - o Traumatic Brain Injury Waiver

**New York Association on Independent Living**

- Open Doors Transition Center (Kelly-Rae Douglas)
- Open Doors Peer Outreach Program (Sarah Cihlar)
- Olmstead Housing Subsidy Program (Nicole Bunay)
- Rapid Transition Housing Program (Nicole Bunay)

**NYS Office for the Aging**

- NY Connects (Amy Menditto)
- SILO's Food Pantry (Maria Patellaro)

**NYS ACCES-VR**

- Benefit Advisement (Brian McIlvain)
- Core Rehabilitation Services (Brian McIlvain)
- Peer Integration Program (Kim Bjorklund)

**Education Programs (Brian McIlvain)**

- 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 (Brian McIlvain)**

- Eligibility and Application Process for Adult Services - Consultant Service
- Vineland Adaptive Behavior Scales – 3<sup>rd</sup> or Adaptive Behavior Assessment Scale (ABAS)
- The Wechsler Adult Intelligence Scale (WAIS-IV)
- Autism Specialty Report with the Childhood Autism Rating Scale, 2<sup>nd</sup> edition (CARS) & Autism Diagnostic Observation Schedule (ADOS)

**If you need further details or information view our website, call or email us at [info@siloinc.org](mailto:info@siloinc.org)**



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.

#### **1<sup>st</sup> 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

#### **2<sup>nd</sup> 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**.

#### **3<sup>rd</sup> 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 send it to your local Developmental Disabilities Regional Office. (See Instructions on page 2)

**ATTACH: Copies of Records that are evidence of a disability prior to age 22**

Contact your local DDRO if you have questions or need help to fill out this form.

**Please Type or Print a Readable Copy. An \* indicates required information.**

**\*Section 1. Person's Information**

*Name:		TABS ID (if known):	*SS#:	
*Date of Birth:	Medicaid #:	* County of Residence:	*Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
*Home Address:		Mailing Address (if different):		
*City:	*State: <input type="checkbox"/>	*Zip:	City:	State: <input type="checkbox"/> Zip:
*Phone:		*Also Known As:		

\*Send information to (Check as many as desired):

1.  Self -Home      2.  Self - Mailing Address
3.  Parent/Advocate 1 (Complete Section 2 P/A1 Name & Address)
4.  Parent/Advocate 2 (Complete Section 2 P/A2 Name & Address)
5.  PASRR Coordinator

Note: Do not check 3 or 4 if the Advocate is the Agency listed in Section 3.

**Section 2: Involved Parents or Advocates – Use address where mail is received. Optional unless 3 or 4 is checked above.**

P/A1 Name:		P/A2 Name:	
Address:		Address:	
City:	State: <input type="checkbox"/>	Zip:	City: State: <input type="checkbox"/> Zip:
Phone:	Country:	Phone:	Country:

**Section 3: Referring Agency Information (if applicable) – Automatically receives information if completed.**

Agency Name:		
Agency Code (if known):	Street Address:	
Agency Contact:		
Phone:	City:	State: <input type="checkbox"/> Zip:

**\*Section 4: Check the services you are interested in receiving if determined eligible**

<input type="checkbox"/> 1. Developmental Disability Determination only – No services requested at this time.		
<input type="checkbox"/> 2. Individualized Support Services (ISS)	<input type="checkbox"/> 3. Respite Center	<input type="checkbox"/> 4. Residential Habilitation – IRA
<input type="checkbox"/> 5. Community Habilitation	<input type="checkbox"/> 6. Intermediate Care Facility (ICF)	<input type="checkbox"/> 7. Day Habilitation
<input type="checkbox"/> 8. Day Treatment	<input type="checkbox"/> 9. Pre-Vocational services	<input type="checkbox"/> 10. Supported Work (SEMP)
<input type="checkbox"/> 11. Care at Home	<input type="checkbox"/> 12. FET – Family Education & Training	<input type="checkbox"/> 13. CSS – Consolidated Supports & Services
<input type="checkbox"/> 14. Case Management, e.g. MSC	<input type="checkbox"/> 15. Environmental Modifications/Adaptive Devices	
<input type="checkbox"/> 16. Art. 16 Clinic	Family Support Services: <input type="checkbox"/> 17. Respite	<input type="checkbox"/> 18. Other Family Supports
<input type="checkbox"/> 19. PASRR Level II Assessment	<input type="checkbox"/> 20. Other (specify):	

\*Completed By (Name): \_\_\_\_\_ \*Date: \_\_\_\_\_

Print Legibly

\*Form Completed by: 1.  Self    2.  Parent/Advocate    3.  Agency    4.  PASRR Coordinator

**Following to be completed by DDRO Staff Only:**

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

**Clear Form**

**Instructions for Completing  
Transmittal form**  
*Please type or clearly print all information*

**General Instructions:**

Complete this form and send it to your local DDRO with copies of records. Copies of records that prove disability prior to the age of 22 must be attached to the transmittal. These will be used for the OPWDD eligibility review. If you have questions about the kinds of records needed for the eligibility review, see **ELIGIBILITY FOR OPWDD SERVICES Important Facts**. The Facts sheet can be found on the OPWDD website [<http://www.opwdd.ny.gov>] or requested from your local DDRO.

**Detailed Instructions:**

This Transmittal form can be completed by: the person who wants to know if they are eligible for OPWDD services, their parent or advocate, or an agency staff person who is helping the person.

**Section 1 Person's Information**

**Name:** The person's legal name: 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.  
**Date of Birth:** The person's date of birth, in month, day, year (MM/DD/YYYY) format. (e.g. 04/03/1998)  
**Medicaid #:** The person's Medicaid number.  
**County of Residence:** The individual's county of residence, (for example, Kings, Essex.)  
**Sex:** Put an X in the M box for a boy/man or in the F box for girl/woman.  
**Home Address:** The person's current home address.  
Include street/avenue, apartment number, city/town, state and zip code.  
**Mailing Address:** The address where the person receives mail, if different from the home address.  
Include the PO box/street/avenue, apartment number, city/town, state, and zip code.  
**Phone:** The person's phone number including area code.  
**Also Known as:** List all names (other than legal name) the person is known by.  
Include nicknames, maiden name, etc.  
**Send Information to:** Put an X next to the box indicating where the information about the eligibility decision should be sent. **If a parent or advocate (other than the Agency in Section 3) is to be sent information from the DDRO, check box 3 and/or 4 and fill in the Parent/Advocate parts of Section 2.** Any agency in Section 3 will automatically receive information concerning the eligibility determination.

**Section 2 Involved Parents or Advocates – This section is optional unless box 3 or 4 of Send Information To is checked. If only one Parent/Advocate is needed, use P/A1 Name and Address.**

**Name:** The parent or advocate's name: Last name, first name, and middle initial.  
**Home Address:** The current home address of the parent or advocate.  
Include street/avenue, apartment number, city/town, state and zip code.  
**Mailing Address:** The address where the parent or advocate receives mail, if different from the home address.  
Include the PO box or street/avenue address, apt. #, city/town, state, and zip code.  
**Phone:** The parent or advocate's phone number, including area code.

**Section 3 Referring Agency Information (if applicable)**

**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:** Fill in 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** Place an X in box 1 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 he/she is determined to be eligible for OPWDD services.  
**NOTE:** The Transmittal is not an application for services.

**Completed by:** Legibly PRINT the name of the person who completed the form and the date when the form is completed.

**Form Completed by:** Put an X in the correct box to indicate who completed the form (the person/SELF, Parent or Advocate, Agency staff, or PASRR Coordinator).

**Submit the completed form and required records to your local DDRO.**



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**

<b>NAME</b>	<b>PHONE</b>	<b>EMAIL</b>
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	<u>j.mazzuca@tricitycare.org</u>

<b>LONG ISLAND CONTACT DETAILS NAME</b>	<b>PHONE</b>	<b>EMAIL</b>
---	--------------	--------------

Jennifer Huddleston 844 504 8400 j.huddleston@tricountycare.org  
Assistant VP of Care Management ext. 9753

**LONG ISLAND- REGIONAL DIRECTOR**

Jessica Guity 844.504.8400 j.guity@tricountycare.org  
EXT. 9459

**INTAKE**

MIMI SINGER 844.504.8400 m.singer@tricountycare.org  
*Regional Intake Specialist* EXT. 9250

**OUTREACH**

TBD 844.504.8400

**Care Design**

518-235-1888

[www.caredesignny.org](http://www.caredesignny.org)

8 Southwood's Boulevard

Suite 110

Albany, NY 12211

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





## Ten Steps to Enroll with ACA/NY

1

Go to [acany.org](http://acany.org) and click the "Enroll" button.

2

Complete the New Member Referral Form at [acany.org/enroll](http://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. You and your family submit materials and records to the DDRO, such as reports of assessments conducted by medical professionals. A Care Manager may help you with this process.

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.

The request for TABS ID and Transmittal for Determination of Developmental Disability form must accompany all requests sent to the DDRO for eligibility determinations. Eligibility requests and supporting documentation must be sent to the Eligibility Coordinator at the DDRO where you live.

For detailed information on how the eligibility determination works, please see the Appendix at the end of this guide.



The form is titled 'Transmittal for Determination of Developmental Disability' and includes sections for:
 

- Personal Information (Name, Date of Birth, Sex, Race, Ethnicity, Address, City, State, Zip, Phone)
- Medical History (Current and Past Medical Conditions, Medications, Allergies, Hospitalizations, Surgeries, Trauma, Abuse, Substance Use)
- Assessment Information (Type of Assessment, Date, Assessor's Name, Title, Organization, Contact Information)
- Assessment Results (Summary of Findings, Diagnosis, Recommendations)
- Additional Information (Other Professionals Involved, Other Services Received, Other Relevant Information)
- Signature and Date (Requester's Name, Title, Date)

You can find the Transmittal for Determination of Developmental Disability Form on the OPWDD website.

Go to "Resources" on the homepage, choose "Forms," and scroll down to "Eligibility Form and Information."

Or, just type this address into your browser:  
<http://www.opwdd.ny.gov/node/1018>



# Office for People With Developmental Disabilities

## DEVELOPMENTAL DISABILITIES PROFILE

### A. IDENTIFICATION

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 (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. 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. 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

# 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 <a href="http://www.acld.org/">www.acld.org/</a>	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 <a href="http://www.ahrc.org/">www.ahrc.org/</a>	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  <a href="mailto:drvolve@eepservices.org">drvolve@eepservices.org</a>  <a href="http://www.eepservices.org">www.eepservices.org</a>  (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 <a href="http://www.efli.org/">www.efli.org/</a>	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 <a href="http://www.faylindnercenter.org">www.faylindnercenter.org</a>	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 <a href="http://www.hofstra.edu">www.hofstra.edu</a>	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 &amp; 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><a href="http://www.justkidsschool.com">www.justkidsschool.com</a></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><a href="http://www.lishcare.org">www.lishcare.org</a></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><a href="http://www.ucpn.org">www.ucpn.org</a></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><a href="https://neuro.stonybrookmedicine.edu/centers/autism/clinicians-and-researchers">https://neuro.stonybrookmedicine.edu/centers/autism/clinicians-and-researchers</a></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**  
**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		
Suffolk Independent Living Organization (SILO) 3253 Route 112, Building 10 Medford, NY 11763	Phone: 631 880-7929 Fax: 631 946-6377 <a href="mailto:info@siloinc.org">info@siloinc.org</a>	Independent Living Center	Psychological testing, adaptive behavior functioning assessment, Psychosocial – Social History Interview, Autism specialty report  See website <a href="http://www.siloinc.org">www.siloinc.org</a> for more details – Post Secondary Education – Transition Planning Services – Evaluation/ Assessment	Private pay - reasonable
NYU Langone Medical Center	646)754-5000  <a href="http://nyulangone.org/locations/child-study-center/institute-for-learning-academic-achievement">http://nyulangone.org/locations/child-study-center/institute-for-learning-academic-achievement</a>  <a href="mailto:csc.care@nyulangone.org">csc.care@nyulangone.org</a>		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/2020/02/eligibility\\_transmittal\\_form.pdf](https://opwdd.ny.gov/system/files/documents/2020/02/eligibility_transmittal_form.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/dp-2registrationmovement-form.pdf>