



George Latimer, County Executive
Michael Orth, Commissioner
Department of Community Mental Health

September 06, 2024

Dear Parent, Advocate Guardian;

Applying for OPWDD Eligibility for Westchester County Residents:

Step 1: Calling the Front Door Number:

For Individuals who are **new to the OPWDD system**, please call the Front Door number: **(845) 947-6390**.

The Individual will be sent a welcome letter/packet by OPWDD and will be Assigned a FDL (Front Door Liaison).

Step 2: Applying for OPWDD eligibility:

Parents, Advocates, Consumers have a **choice** of who they would like to assist them with the eligibility process. The choices are as follows:

A. LGU (Local Government Unit)

WCDCMH (Westchester County Department of Community Mental Health).

Contact person: **Matthew Faulkner, Community Work Assistant**
(914) 995-5253 and mqf3@westchestercountyny.gov

B. Not-for-profit Agencies:

Arc Westchester – Contact person: Sharisse Hunter:

shunter@arcwestchester.org (914) 495-4592

WIHD (Westchester Institute for Human Development)

Contact person:, **Janine Belfast: jbelfast@wihd.org or (914) 493-8119**

C. CCO 's (Care Coordination Organizations):

(1). **ACA – Advanced Care Alliance**

(2). **CD - Care Design**

(3). **LP – Life Plan**

(4). **TCC - Tri-County Care: This CCO is on temporary pause for new referrals and enrollments.**

(5). **PHP - Partner's Health Plan: It is a fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities: The individual must have both Medicare and Medicaid.**

SEE CCO CHOICE LIST ATTACHED.

Step 3: For those choosing assistance through WCD CMH (Westchester County Department of Community Mental Health).

(a). Please complete the entire, current registration and consent form attached. The registration forms are in English (Revised English Registration 02-21-23) and Spanish (Revised Spanish Registration 03-29-23). **PLEASE USE THESE FORMS ONLY AND NO OUTDATED REGISTRATION FORMS FROM THE PAST.**

(b). Please submit copies of the following reports/evaluations to me at my contact information at the bottom of this letter. **Please don't hesitate to call me with questions or if needing assistance. We can work together on this. If you need a referral, please contact me.**

(1). A **current (less than 1 year-old) physical report** from the individual's Doctor/Pediatrician. Please make sure the report includes the date when the exam took place along with the signature or electronic signature of the Provider.

(2). A **current full-scale Psychological evaluation.** Please see the attached acceptable test measurements on the Eligibility for OPWDD Services Important Facts – December 2021. Please make sure that the clinician completing the evaluation signs, dates, and includes his/her title. Besides the current one, if there are any past psychological evaluations, please submit copies of them. These can provide good historical information.

(3). A **current Adaptive Assessment (i.e. Vineland 3 or ABAS 3).** Please see the Acceptable Test Measures of Adaptive Functioning Important Facts – December 2021. OPWDD prefers two measures of adaptive functioning (i.e. parent and teacher). Please make sure that

the Psychologist writes an interpretive report of the results including scoring and that he/she signs, dates and includes his/her title. Besides the current one, if there are any other adaptive assessments that have been completed in the past please submit copies of them. These can provide good historical information.

(4). A **current (less than 1 year-old) Social History** report that is completed by a clinician (i.e. Social Worker or Psychologist) and includes information on the individual's birth and developmental history/milestones; family background and composition and social development. Please make sure the Clinician has signed, dated, and included his/her title.

(5). **Clinical Information completed prior to the age of 22 documenting the presence of a qualifying condition** (i.e. neurological evaluation, genetic testing, developmental pediatric evaluation, imaging or EEG reports).

Autism: If an individual is diagnosed with autism, a report from a comprehensive differential diagnostic assessment must be provided. The report must include a comprehensive developmental history. It should include information about the person's developmental milestones, repetitive behaviors, preoccupations, social interactions, friendships and other relevant information. The report must also include an observation section that describes the person's behavior in detail during the evaluation. In addition, the diagnosis must include which specific symptoms of autism this person has and the behavioral descriptions of how the symptoms present in this person. **For younger children such a report can be or could have been completed by a specialist (i.e. Developmental Pediatrician, Pediatric Neurologist, Psychiatrist or licensed Psychologist. For Adolescents, an ADOS (autism diagnostic observation schedule) or ADI-R (autistic diagnostic interview revised) is acceptable or the comprehensive report as mentioned above. If referrals are needed, please let me know.**

(6). A **current IEP or 504 Accommodation Plan.**

(7). If a child applying has an EI (Early Intervention) plan they should submit it. This includes the Core Evaluations and progress notes, including a level of deficit for each domain.

Timelines for Eligibility Determination

SINCE THE PROMULGATION OF THE NEW LEGISLATION IN JUNE OF 2023, THE FOLLOWING APPLIES:

1). Eligibility determinations from the OPWDD regional teams must occur within 30 calendar days after notification of submission for complete packets. Upon receipt of the Eligibility Packet, the OPWDD Eligibility teams will notify the person and service access agency that submitted the packet that either:

- (a). the individual is OPWDD eligible.
- (b). The packet is incomplete and additional information is required to assist with the eligibility determination.
- (c). or the packet advances for a 2nd step review.

2). OPWDD will not exceed 120 days to render a determination.

3). The 120-day timeframe will pause in the event that the documentation submitted is incomplete or unclear and additional information is requested

As soon as possible but no later than 60 days of notification all additional information should be submitted.

If additional time is needed (e.g. could not obtain appointment with an Assessor within 60 days) a request for an extension with a justification is made by the agency submitting the packet to OPWDD.

The completed registration form along with the documentation above can be submitted to me BY MAIL OR SCANNED BY EMAIL if the parent feels comfortable in doing that.

Respectfully,

Matthew Faulkner



Matthew Faulkner

Westchester County Department of Community Mental Health

112 East Post Road, Floor 2

White Plains, NY 10601

Mqf3@westchestercountyny.gov (914) 995-5253