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INFORMATION GUIDE FOR COMPLETING OPWDD HOUSING REFERRAL

In response to your recent inquiry, about the OPWDD long term housing referral process for youth aging out of foster care, please see below:

- ACS Guide to OPWDD referral: includes list of required referral material and samples
- ACS/OPWDD Referral Checklist: **Must be submitted with packet including supervisor approval**
- Referral Face Sheet: **Must be submitted with packet**

When you have completed the referral packet, please email or mail the packet with clinical materials to:

Jill Ryan, LCSW
Clinical Coordinator, Developmental Disabilities Unit
ACS Office of Child Welfare Programs
150 William Street, 11th Floor, 11-07
New York, NY 10038
(212) 341-3384
Jill.Ryan@acs.nyc.gov

Within **seven (7)** days after receipt of the materials, a completeness review will be done. If the referral packet is found to be complete, ACS will forward the referral package to OPWDD for their eligibility review within five working days. Upon our receipt of OPWDD's review form, ACS will inform you of the decision regarding eligibility or the status of the case. You will also be notified by OPWDD.

If the materials are incomplete, as per the requirements of the ACS/OPWDD Referral Checklist, the case **will not** be processed until all necessary materials have been submitted. The ACS-OPWDD Liaison Unit requires your active involvement to bring the referral packet to completion. We will consider any incomplete packet **not** to be an active referral if we don't hear from you within two weeks.

This is a special project for foster youth. Referrals for OPWDD long term housing are accepted by the ACS DD Unit for youth 17.9 and older. Please note that OPWDD, a state agency, determines eligibility and is responsible for the long term planning for the foster youth transitioning out of foster care to OPWDD.

We welcome inquiries and screening materials prior to 17.9 however, as we offer technical assistance and provide information about Intellectual/Developmental Disabilities. If you are in need of updated evaluations to complete the OPWDD housing referral, the ACS DD Unit also offers free full psychological testing and psychosocial assessments. These assessments are offered exclusively through the DD unit via AHRC, an agency with expertise in assessing and serving the DD population.

If we can be of further assistance, please contact me at (212) 341-3384

Sincerely,
Jill Ryan, LCSW

ACS GUIDE TO OPWDD REFERRAL

OPWDD eligibility determination is based on 3 essential factors:

- 1) Low IQ (below 70) **or** higher with another qualifying developmental disability.
- 2) Low level of adaptive functioning (below 70 in 2 areas on a standardized test for adaptive functioning) and;
- 3) Documented history of disability during an earlier stage of development.

Psychological Testing and Evaluation

Psychological Evaluations that can be used to help determine OPWDD eligibility are provided free of charge to children in foster care ages 5-21 through an ACS contracted provider, currently AHRC New York City.

Intelligence is measured by a New York State licensed psychologist through the use of various testing instruments such as the Wechsler Intelligence Scale for Children, the Stanford-Binet, the Vineland Adaptive Behavior Scales, the Berry Visual Motor Integration Test, or the Bailey Infant Scales. Some tests measure performance, verbal and full scale IQ while others measure a consumer's ability to adapt to life situations.

<u>Intelligence Quotient:</u>	<u>Full Scale IQ Scores</u>
Average Intelligence	85 and Above
Borderline Intellectual Functioning	70-84
Mild Intellectual Disability	50-69
Moderate Intellectual Disability	35-49
Severe Intellectual Disability	20-34
Profound Intellectual Disability	0-19

Mild Intellectual Disability (FSIQ of 50-69)

Individuals can develop social and verbal skills up to a 6th grade level and sufficiently for minimal self-support.

Moderate Intellectual Disability (FSIQ of 35-49)

Individuals can communicate to some extent and obtain vocational skills, but generally with poor social skills.

Severe Intellectual Disability (FSIQ of 20-34)

Individuals can display poor motor and verbal skills, but may be capable of performing supervised work.

Profound Intellectual Disability (FSIQ of 0-19)

Individuals can acquire some self-care skills, but require constant supervision and a structured environment.

List of Required Materials for an OPWDD Referral

All evaluations requested below must be typed, single sided, dated and signed. They must include the title and credentials of the person completing the report. Please include the information as specified below:

1. PSYCHOSOCIAL SUMMARY (WITHIN ONE YEAR):Signed or co-signed by master's level staff

⌘ **Background:**

Family History/Family Involvement/Placement History/Permanency Plan

⌘ **Developmental History:**

Include mother's pre-natal history, i.e. Pre-natal care, complications during pregnancy or birth, use of substances, indicate if child was born positive tox at birth. Indicate developmental milestones and when they were achieved. Identify those issues that appear to influence the child's development and behavior

⌘ **History:**

Current level of functioning in the community, milieu, school, peer relationships, response to authority figures. Indicate any mandated treatment and level of compliance with any known substance abuse by the referred or his/her family, involvement with family and criminal court, department of probation

⌘ **Language(s):**

Spoken/Understood; including American Sign Language or Augmented Communication Board.

⌘ **Citizenship Status:**

⌘ **Current Diagnoses:**

⌘ **Academic Skills:**

⌘ **Daily Living Skills/ADLs:**

⌘ **Independent Living Skills:**

⌘ **Ability to travel/Level of travel training:**

⌘ **B2H involvement or other support services**

⌘ **Describe the child in a balanced way:**

Present the child's positive attributes as well as his/her limitations

2. PSYCHOLOGICAL EVALUATION (WITHIN ONE YEAR)

⌘ **Psychologicals must evaluate Intelligence and Adaptive Behavior!**

NEVER submit abbreviated tests, such as the WASI or Slosson.

⌘ **Intelligence evaluations must detail the child's Full Scale IQ (FSIQ), Verbal IQ and Performance IQ.**

The psychologist must include all scores, including sub-scores.

⌘ **Adaptive Behavior tests must include the Vineland Second Edition with Adaptive**

⌘ **Behavioral Scales or ABASII:** If the child is hearing impaired, use the TONI or Leiter also

⌘ **Narrative:**

Psychological test reports for differential diagnosis and eligibility determination must provide a cogent analysis of past and present test data and history. The purpose of the report is to provide a diagnosis and to support this diagnosis. Therefore large variations in IQ scores over time, the effects of emotional disturbance or attention on testing, peculiar patterns of adaptive functioning, etc., must be addressed in the narrative so that the diagnosis is properly supported.

3. PSYCHIATRIC EVALUATION (WITHIN ONE YEAR)

⌘ **Children with Dual Diagnosis, very challenging behaviors, or who are on psychotropic medications require a psychiatric evaluation:**

The Psychiatric evaluation must provide current mental status and current DSM V diagnosis and descriptors

4. PHYSICAL EXAM (WITHIN ONE YEAR)

⌘ **Signed**

The results of the Physical examination must be dated and signed by a licensed physician or nurse practitioner

⌘ **Immunization Records**

Listing of allergies

⌘ **Assessment of Vision, Hearing, and Physical Development**

⌘ **Description of child as: ambulatory, wheelchair user or mobility impairment**

⌘ **Current medications and dosages**

⌘ **Description of current medical needs**

⌘ **Discharge summary, if recently hospitalized (medical or psychiatric)**

5. EDUCATION

⌘ **Individualized Education Plan (IEP): Most current**

⌘ **Vocational program involvement (Access VR, travel training, etc.)**

6. VITAL DOCUMENTATION/OTHER

⌘ **Copy of Birth Certificate and Social Security Card**

⌘ **Information regarding ACS Goal of 05 (Adult Residential Care)**

⌘ **Green Card; if the child is not a US Citizen**

⌘ **Information concerning care, custody or guardianship**

SAMPLE PSYCHOSOCIAL

Date: May 11, 2015
Child's Name: John Smith DOB 1/1/97
Case Name: Smith, John
Case Number: S1234567
Report by: Jane Doe, LMSW

PSYCHOSOCIAL SUMMARY

BACKGROUND:

John, age 20, has been in (agency X foster home, residential treatment center) since August 30, 2009. He was placed in ___ RTC after a number of unsuccessful placements in lower levels of care. He was recently transferred to a higher functioning cottage so he can work on more independent living skills. He has adjusted quite well to his new cottage. John resides with 7 other males who have a diagnosis of intellectual disabilities. At least four of them are as high functioning as John. John has been diagnosed with intellectual disabilities since he was at least 14 years old. Records prior to that date are not on file at the agency. Current testing in April ___ also indicates that he falls in the mild range of intellectual disability, both adaptively and cognitively.

DEVELOPMENTAL HISTORY:

John is the second of four children born to John and Lisa Smith. John has an older brother and two older sisters. He is in frequent contact with his youngest sister, Joan. None of the siblings have a developmental disability.

Reports indicate that both biological parents were diagnosed with schizophrenia and his mother was also diagnosed with mental retardation. Both parents required extended psychiatric care in institutions. John was removed from his parent's care at age 2 years and all parental rights were terminated 9/21/99. According to his records, his mother is deceased and no information is known regarding his biological father. All of his siblings were adopted.

John was placed in six different foster homes. It was reported that he was abused and neglected in some of these homes. There are no records of his developmental milestones. John was in Special Education classes as a child.

PSYCHIATRIC HISTORY:

John's current diagnosis is Schizoaffective Disorder, Generalized Anxiety Disorder and Autism Spectrum Disorder. John developed psychiatric symptoms as he entered his teenage years, some of which include auditory hallucinations, aggressive behavior and suicidal fantasies. He also reportedly engaged in sexually inappropriate behavior during his early teenage years.

John had a number of psychiatric hospitalizations, from 2007 on. He was transferred to Linden Hill RTF in 2008, admitted to Westchester Medical Center in 2009 and transferred to Bronx Children's Psychiatric Center in April 2009. Since admission to ___ RTC there have been no further psychiatric hospitalizations.

MEDICAL INFORMATION AND MEDICATION:

John has been diagnosed with allergies and is prescribed Allegra D on a daily basis. Additionally, he has been diagnosed with hypertension and severe sleep apnea. He uses a sleeping machine to help aid with the apnea. John is prescribed several different medications, both psychiatric and medically related:

Cogentin 2mg, Buspar 60mg, Clozaril 400mg, Synthroid .25mg, for hyperthyroidism, Allegra 180mg for allergies, Distan HCT 125 mg for hypertension.

BEHAVIORAL PROBLEMS:

John does not have any overwhelming behavior issues at this time. He does tend to misinterpret any kind of constructive criticism and make the criticism seem much more negative than the situation actually warranted. John can get quite anxious at times; sometimes to the point where he is sweating profusely. Situations that are new and/or if he perceives he did something wrong can cause him to be quite anxious. At these times, he needs much reassurance from staff. Although he has a history of inappropriate sexual behavior, he has not had any incidents nor has he shown signs of this behavior since his admission to ___ RTC. John has never been aggressive with others in our program, in fact, we see him as quite timid. John generally follows directives from staff, is generally compliant with rules and is a likeable young man.

EMPLOYMENT HISTORY:

John is currently employed within an onsite vocational program at the RTC. John works for the cleaning crew and goes to a variety of offices and buildings to assist in cleaning. He does a good job and he is generally conscientious. At times, however, he can do more socializing than work and his supervisor needs to redirect him. In the past he has worked at a convenience store and a clothing store as a stock person. This was done under the direct supervision of staff. These were both part time jobs

SUBSTANCE ABUSE HISTORY:

John has no history of substance abuse.

RELATIONSHIPS WITH OTHERS:

John has generally good interactions with others. He gets along well with peers, although at times he can be a little sensitive. John generally listens to staff but can also be overly sensitive to any perceived negative feedback. He also tends to turn even simple negative interactions into a catastrophe. John can have some paranoid ideations at times, such as making statements, “No one at work likes me.” John can also be somewhat intrusive; interrupting people’s conversations and/or focusing the conversation in a group so that it is basically about him. Overall, however, John is a pleasant, cooperative individual with an endearing personality and someone who is well liked by others.

DAILY LIVING SKILLS:

John can complete all of his ADL skills independently. He can also do a variety of chores such as vacuuming, laundry, bathroom cleaning, trash pickup, independently. His room is always neat and generally he does all chores willingly. He can make simple meals independently such as making a sandwich, heating up soup, etc. He needs more assistance with complex meals.

COMMUNITY SKILLS:

John is very appropriate when in the community. He is polite to others, somewhat shy and not intrusive. He does not go out in the community alone. This is a future goal area. Since he has a history of inappropriate sexual behavior, he has not been permitted to go into the community alone since he came to

___ RTC. Since his enrollment, however, there have been no indications that he would have sexually inappropriate behavior in the community (he does not stare at children, does not make inappropriate remarks and is not intrusive with people in the community). This does not mean that an incident will not happen, there just have been no indications. When in the community, John is permitted to walk around a store as long as staff is in the immediate area. Giving John more independence is a future goal area.

ACADEMIC SKILLS:

John is at a fourth grade reading and writing skills level and at a fifth grade level for math. He can read a simple newspaper, sign a check and write a simple letter. He can add and subtract, however, he requires supervision when he makes a purchase at the store regarding counting change.

TRAVELING SKILLS:

John does not travel independently in the community on public transportation, although this is an area that could be worked on in the future. There has been some hesitancy to let him travel independently based on his past history. He does travel independently throughout our campus, which is approximately 15 acres and houses a number of residences. He has never been a problem on the campus. He can travel around a store independently (getting groceries). John is also quite anxious and he may have a difficult time getting comfortable traveling in the community unattended.

PLAN:

We believe John requires OPWDD residential care and services as an adult. He does not have the ability to live independently without OPWDD' supports and services. John's Permanency Plan is APPLA/Adult Residential Care.

Prepared by,

Jane Doe, LMSW
Social worker, ___ RTC

ACS/OPWDD Referral Checklist

The following is a list of required materials for an OPWDD referral: All evaluations submitted must be typed, dated, signed, include the name, title and credentials of the person completing the report. **The Physical and Psychosocial should be no older than One (1) year. Full psychological testing should be no older than one year.** Please submit a complete packet of required documentation as specified below. **Incomplete packets can NOT be processed.**

_____ **Psychological evaluation** using appropriate testing instruments listed below along with the **Vineland Adaptive Behavioral Scales II** or the **ABAS II**

- a) WAIS III or Stanford Binet V (for ages 17 and up)
- b) WISC IV or Stanford Binet V (for ages 6-16)
- c) Bayley Scales for Infant testing (functioning is severely limited)
- d) C-TONI or Leiter for a child, who is deaf, non-verbal, speak a language other than English.

_____ **Psycho-social History:** include relevant details about the child's history and functioning.

_____ **Psychiatric evaluation:** if the child is dually diagnosed, exhibits severe behavioral challenges and/or is prescribed psychotropic medications.

_____ **Physical exam** with a copy of **immunization record**.

_____ **IEP** (classification of MR, multiply handicap, or MR/ED are seen as appropriate)

_____ **Permanency goal of 05** is requested by OPWDD prior to placement on the ACS-OPWDD waitlist.

_____ **Copy of court papers showing that the child is in the custody of ACS.** ACS can only refer foster children to OPWDD.

_____ **Birth Certificate-Copy**

_____ **Social Security Card-Copy**

_____ **Supervisor Sign-off** -Initial here that the packet is complete and has been reviewed by a supervisor/director within your organization

Please email or mail the completed package to:

Jill Ryan
ACS Developmental Disabilities Unit
150 William Street, 11th Floor, 11-O7
New York, N.Y. 10038
(212) 341-3384
Jill.Ryan@acs.nyc.gov



Referral Face Sheet for OPWDD Residential Services

For ACS Only:
To: _____ **DDRO:** _____

Case Information

Child's Name: _____ ACS Case Number: _____
 ACS Case Name: _____ DOB: _____ SSN: _____
 Planning Agency: _____

Child's Current Location

Address of Setting: _____
 Name of setting? ACS contracted foster care: _____
 OMH Treatment Setting: _____ Other: _____
 Contact Person/Title: _____

Name/Title
Phone #
Email

Child Information

Legal Authority for Placement: Article 10 (abuse/neglect) Voluntary Freed Child
 Other: _____ Medicaid (CIN) Number: _____
 Borough of family court case: _____

Parent/Guardian Information *only necessary for voluntary family court case

Child's Parent(s)/Guardian: _____
 Phone #: _____
 Parent's/Guardian's Address: _____

Attachments

Required:

Physical Examination (current within one year) Psychological Evaluation (FSIQ and adaptive testing)
 Psychosocial (current within one year)
 Psychiatric Evaluation (if dually diagnosed) Copy of birth certificate Copy of SS card
 Individualized Education Plan (IEP) Proof of APPLA goal (copy of court papers)
Attach if Applicable: Hospital Records Vocational Records B2H Plan Other: _____

Case Contact Information

Case Planner	Phone Number	Email	Date
Case Planner Supervisor	Phone Number	Email	Date
Jill Ryan, LCSW	(212) 341- 3384		
ACS DD Unit Clinical Coordinator/OPWDD Liaison	Phone Number		Date