

Hudson Valley  
Counties: Westchester, Orange, Rockland & Sullivan

Agency	Contact Information	Resource Type	Program Description	Reimbursement Information
Ability Beyond 120 Kisco Avenue Mt. Kisco, NY 10549	(203) 826-3070 Information and Referrals <a href="http://www.abilitybeyonddisability.org">www.abilitybeyonddisability.org</a>	OPWDD Article 16 Clinic & DOH Article 28 Clinic	Comprehensive services including residential, service coordination, supported employment, structured day programs, rehabilitation (pt, ot, sp, psych), wheelchair clinic, behavioral supports, medical care, podiatry. We serve individuals with autism spectrum disorder, developmental disabilities, brain injury, neurological disorders, and intellectual disabilities. CARF certified;	Medicare, Medicaid, private pay, health insurance(out-of-network), ACCES-VR Contract
Dr. Lawrence Baker 901 North Broadway White Plains, NY 10603	(914) 949-8257	Private Practice	Comprehensive services include: various psychological, cognitive and adaptive functioning assessments available.	Reimbursement options vary by service and include Medicaid, some Managed Care Medicaid, Medicare and private health insurance and private pay.
Boston Children's Health Physicians 40 Sunshine Cottage Road Skyline Suite 1N-C26 Valhalla, NY 10595	(914) 232-1810	Group Practice	Pediatric neurologists, Developmental Pediatricians.	Please call for insurance information.
Center for Autism and the Developing Brain (New York Presbyterian) 21 Bloomingdale Road Rogers Building White Plains, NY 10605	(914) 997-5848 <a href="http://www.nyp.org/autism">www.nyp.org/autism</a>		Comprehensive services include: various psychological, cognitive and adaptive functioning assessments available.	Reimbursement options vary by service and include Medicaid, some Managed Care Medicaid, Medicare and private health insurance and private pay.

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Maalu DDC  Diagnostic and Evaluation Center of Westchester Community Services 141 N. Central Avenue Hartsdale, NY 10530	(917) 903-4295  Mikki Malow, Ph.D. (914) 949-6761, ext 464 <a href="mailto:mmalow@wjcs.com">mmalow@wjcs.com</a> or Jill Brickman, Psy.D. (914) 949-6761, ext 465 <a href="mailto:jbrickman@wjcs.com">jbrickman@wjcs.com</a>	Provider Agency  Article 31 Clinic	Psychosocial Evaluations  Various psychological, cognitive and adaptive functioning assessments available.	Private pay  Reimbursement options vary by service and include Medicaid, some Managed Care Medicaid, Medicare and private health insurance and private pay.
Hudson Valley DDSO State Clinic 220 White Plains Road White Plains, NY 10951	(914) 332-8930	OPWDD Article 16 Clinic	Comprehensive services include: psychological evaluations, occupational therapy, physical therapy, speech therapy	Medicaid
Hudson Valley DDSO State Clinic 11 Wilbur Road Thiells, NY 10984	(845) 947-6220	OPWDD Article 16 Clinic	Comprehensive services include: psychological evaluations, occupational therapy, physical therapy, speech therapy	Medicaid
Inspire 2 Fletcher Street Goshen, NY 10924	(845) 294-8806 x240  <a href="http://www.inspirecp.org">www.inspirecp.org</a>	OPWDD Article 16 Clinic  DOH Article 28 Clinic	Comprehensive Services include: psychological evaluations, physical therapy, occupational therapy, speech therapy, dental, audiology	Reimbursement options vary by service and include Medicaid, Medicare, private health insurance and private pay (sliding scale)

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Jawonio, Inc. 260 North Little Tor Road P.O. Box 312 New City, NY 10956	(845) 708-2000 X1307 <a href="http://www.jawonio.org">www.jawonio.org</a>	OPWDD Article 16 Clinic & DOH Article 28 Clinic	Comprehensive services include: psychological and psychiatric evaluations, ongoing therapy with psychologists and social workers, ot, st, pt, feeding evaluations, primary care, podiatry, routine gynecology, audiology and dental.	Reimbursement options vary by service and include Medicaid, Some Managed Medicaid, Medicare and private health Insurance and (sliding scale)
Dr. Abraham Kuperbert, Ph.D. 55 Old Nyack Turnpike Nanuet, NY 10954	(845) 627-1000	Private Practice	Psychology, IQ and adaptive testing. Speaks Yiddish	Please call for insurance information.
Dr. Martin L. Kuisner, MD, PLLC 800 Westchester Ave., Suite N641 Rye Brook, NY 10573	(914) 232-1810	Private Practice	Pediatric behavioral neurology, Autism evaluations	Please call for insurance information.
Dr. Suanne Mallenbaum, MD Neuromanagement PC 1 West Ave. #215 Larchmont, NY 10538	(914) 834-4379	Group Practice	Psychiatry, Autism evaluations	Please call for insurance information.
Mount Sinai/Beth Israel Pediatric Neurology (Hartsdale Office) 141 South Central Park Ave., Suite 102 Hartsdale, NY 10530	(914) 428-0529		Autism evaluations, developmental disability specialists.	Please call for insurance information.

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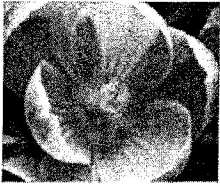
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Agency	Contact Information	Resource Type	Program Description	Reimbursement Information
NYSHA (New York State Hamaspik Association) 1 Hamaspik Way Monroe, NY 10950	(877) 266-9742	OPWDD Article 16 Clinic (satellite)	Comprehensive services include: developmental evaluations including psychological evaluations, psychosocial evaluations, speech therapy, psychotherapy and nutrition. Can administer evaluations at an individual's home or at the office if necessary.	Reimbursement options vary by service and include Medicaid, some Managed Care Medicaid, private health insurance and private pay.
Dr. Elizabeth Donovan Psychology for Growth, P.C. Harrison, NY	914-619-3360 <a href="http://www.Psychforgrowth.com">www.Psychforgrowth.com</a>	Private Practice	Autism evaluations, psychological evaluations, and neurodevelopmental evaluations; utilizing various psychological, cognitive, and adaptive functioning assessments.	Private Pay
Rockland County Association for Learning Disabilities 2 Crosfield Avenue, Suite 411 West Nyack, NY 10994	(845) 358-5700 X115 <a href="http://www.yai.org">www.yai.org</a>	Provider Agency	Comprehensive services include: psychological evaluations, psychotherapy, competency evaluations, physical therapy, occupational therapy, speech therapy	Private pay
Sullivan Co. NYS ARC 162 East Broadway Monticello, NY 12701	(845) 796-1350 X6108 <a href="http://www.sullivanarc.org/">www.sullivanarc.org/</a>	OPWDD Article 16 Clinic	Comprehensive services include: psychological evaluations, counseling, psychiatry, physical therapy, occupational therapy, nutrition, speech therapy, rehabilitation counseling, dental, podiatry	Reimbursement options vary by service and include Medicaid, some Managed Care Medicaid, Medicare and private health insurance and private pay (sliding scale)

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<p>The Center for Discovery (SDTC) P.O.Box 840 Benmosche Road Harris, NY 12742</p>	<p>(845) 707-8400 <a href="http://www.thecenterfordiscovery.org">www.thecenterfordiscovery.org</a></p>	<p>DOH Article 28 Clinic</p>	<p>Comprehensive services include: primary care, audiology, dental, podiatry, neurology, psychology, psychiatry, physiatry, pulmonary, gastroenterology, pediatric cardiology, urology, endocrinology, orthopedics, Ophthalmology, occupational therapy, physical therapy, speech therapy, durable medical equipment evaluations; and contracting for early intervention and preschool services.</p>	<p>Reimbursement options vary by service to include: Medicaid, some Managed Care Medicaid, Medicare and private health insurance and private pay.</p>
<p>Westchester ARC 265 Saw Mill River Road Hawthorne, NY 10532 Wellness Center</p>	<p>(914) 495-4500 <a href="http://www.westchesterarc.org/">www.westchesterarc.org/</a></p>	<p>OPWDD Article 16 Clinic</p>	<p>Comprehensive services include: psychological evaluations, psychiatry, psychotherapy, psychosocial evaluations/therapy, nutrition, speech, physical therapy, occupational therapy, guardianship evaluations, vocational rehabilitation counseling.</p>	<p>Reimbursement options vary by service and include: Medicaid, some Managed Care Medicaid, Medicare and private health insurance and private pay.</p>



# Orange County NY DD Connection

A Central Point of Information



Contact Us 845-291-2600 ([fac@ohhb.org](mailto:fac@ohhb.org)) ([OCNY@](mailto:OCNY@))

[Home \(/\)](#)

[Calendar, Events & Trainings \(/calendar-events--trainings.html\)](#)

[Orange County Community Supports Initiative \(OCCSI\) \(/orange-county-community-supports-initiative-occsi.html\)](#)

[Coordinated In-Home Supports Project \(/coordinated-in-home-supports-project.html\)](#)

[911 Registration/Project Lifesaver of Orange County NY \(/911-registrationproject-lifesaver-of-orange-county-ny.html\)](#)

[Services, Eligibility and Access \(/services-eligibility-and-access.html\)](#)

[Service Applications and Forms \(/service-applications-and-forms.html\)](#)

[Provider Agency and Community Links \(/provider-agency-and-community-links.html\)](#)

[Part Time Job Postings \(/part-time-job-postings.html\)](#)

[Welcome Orange \(/welcome-orange.html\)](#)

[Contact Us \(/contact-us.html\)](#)



The community's resource for **news** ([/](#)), information, activities, and **events** ([/](#)), pertaining to individuals with developmental disabilities and their families, educators, providers, and the Orange County Community. Orange County Department of Mental Health's Developmental Disability Division is responsible for planning, development and coordination of services to support people of all ages with developmental disabilities and their families. The division provides advocacy, mediation, information, outreach, education and training; it also manages the central point of access to services and supports delivered through The Developmental Disabilities Provider Network. The **provider network** ([/provider-network.html](#)) is comprised of not-for profit agencies, state and county government all working collaboratively to provide diverse, high quality services

#### Overview of the Developmental Disabilities System

([/uploads/6/3/4/0/6340888/ocnyddconnectiongeneralinfosession2018.pdf](#))

#### I Want to Connect with Services

([https://mentalhealth.co.orange.ny.us/snap\\_registration.htm](https://mentalhealth.co.orange.ny.us/snap_registration.htm))

## Office for People With Developmental Disabilities

## Front Door Information Sessions - Hudson Valley

**ATTENTION:** Because of space limitations, pre-registration is *required* for all information sessions. Please pre-register by calling or emailing the facilitator contact listed below.

Region	District	County	Date	Location	Facilitator/Contact Information
Region 3	Hudson Valley	Orange	01/10/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	02/14/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	03/14/2019 - 6:00pm to 8:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	04/11/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	05/09/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	06/13/2019 - 6:00pm to 8:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	07/11/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	08/08/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	09/12/2019 - 6:00pm to 8:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	10/10/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	11/14/2019 - 10:00am to 12:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Orange	12/12/2019 - 6:00pm to 8:00pm	42 Rykowski Lane, Conference Room A, Middletown, NY 10941	Karen Moody, 845-695-7320, Karen.Moody@opwdd.ny.gov
Region 3	Hudson Valley	Rockland	01/22/2019 - 10:00am to 12:00pm	Tri County Care, 58 Route 59, Suite 1, Monsey, NY 10952	Mercedes Mezzasalma, 845-947-6390, Mercedes.j.Mezzasalma@opwdd.ny.gov

# SAMPLE REPORT

Privileged and Confidential

## PSYCHOSOCIAL REPORT

**CHILD'S NAME:**  
**PARENT/GUARDIAN NAME:**  
**ADDRESS: TELEPHONE: DOB:**  
**SOCIAL SECURITY #:**  
**DATE OF INTERVIEW:** June 14, 2011  
**LOCATION OF INTERVIEW:**  
**INTERVIEWER:** Tara Lambert, LMSW  
**DURATION:** 2 hours

**IDENTIFYING INFORMATION:** XXXXXX is an ambulatory, verbal, 9.2 year-old female who attends the 3<sup>rd</sup> grade at xxxxxxxxx. Information for this report was provided by Ms. XXXXXX, XXXXXX's mother, and information was also garnered from prior reports.

Reportedly, XXXXXX has been diagnosed with mild mental retardation, speech and language impairment, and PDD NOS. Evaluation reports from University Optometric Center, and the Department of Education confirmed this diagnosis.

**REFERRAL INFORMATION:** This report is being provided at the request of XXXXXX, mother of XXXXXX, for the purpose of applying for OPWDD services.

**CURRENT SITUATION:** XXXXXX resides in a two bedroom apartment in a safe neighborhood in the XXXX with her mother XXXXXXXX, father XXXXXX, 18 yr old sister XXXXX, and 16 yr old brother XXXXXX. The family has resided in their current residence for approximately 11 years. XXXXXX receives special education services, and is classified as language impaired on her IEP. She has been in a 12:1:1 classroom in a community district school for 4 years. XXXXXX receives SETSS services five times per week, speech therapy three times per week, and has a paraprofessional for crisis management. XXXXXX's educational accommodations include extended time on tests, tests in a separate location, and has questions and directions read to her. XXXXXX's IEP noted that when she gets upset or is overwhelmed by verbal information, she will withdraw. Her attention issues are seen as her greatest weakness, with her needing repeated prompts to remain focused. There is also concern regarding her ability to smoothly and appropriately interact with others. Reportedly, she can be overly



friendly with strangers, and bossy and very physical with other children. XXXXXX displays difficulty establishing and maintaining eye contact, eats specific foods or usual foods in specific ways, smells/sniffs objects, and will dart from place to place without remembering to look for danger (crossing street).

**FAMILY AND DEVELOPMENTAL HISTORY:** XXXXXX was born from a healthy pregnancy via vaginal delivery weighing approximately 7 pounds. She was reportedly healthy at birth and was an “easy” baby. At two years of age, however, XXXXXX was not speaking, and was also late in walking. She did not start using words until the age of three and did not walk until the age of two. XXXXXX was toilet trained for urine at age 4, and for bowel movements at age 7. She reportedly used some pointing before her words came in for communication. XXXXXX was referred to Early Intervention (EI) and worked with a Speech & Language pathologist. When XXXXXX aged out of EI, she was not referred to CPSE. However, after a lapse of six months, her mother was reportedly concerned XXXXXX’s development. XXXXXX was evaluated through CPSE at the age of 3 ½ and was soon placed in a special pre-school class at the Village Child Development Center. In addition to her specialized class placement, XXXXXX received speech and occupational therapy.

**SIGNIFICANT RELATIONSHIPS/SUPPORT SYSTEMS:** XXXXXX is dependent on others to complete most of her ADL’s. She receives primary support from her mother and father, and is reportedly close to her siblings. XXXXXX is able to clean up and help around the house, but she does not know the function of money, and she is unable to state her phone number, stay on topic in conversations, or ask questions with “when”. XXXXXX’s strengths include initiating conversations, asking for things she wants, and displaying affection towards others. She is weakest in the area of social skills. She does not receive Medicaid Service Coordination services (MSC). She receives speech therapy through the NYC Department of Education, and social group at Rose F. Kennedy Center. No other support systems within the community were reported.

**MEDICAL HISTORY:** XXXXXX has been a fairly healthy child. She was reportedly on a special diet for borderline/mild lead poisoning when she was younger. Her levels improved with the diet, but her mother has reported that on more recent tests her lead level is again abnormally elevated. Parent was advised to call 311 to file HPD complaint and request a home lead inspection. XXXXXX’s hearing was tested in 2006 at Rose F. Kennedy Center and found to be within normal limits. She reportedly experienced three episodes of otitis media when she was younger. XXXXXX’s vision therapy evaluation in March 2009 revealed laterality skills, weak visual scanning skills, weak fine motor skills, and weak visual-motor integration skills.

**PSYCHIATRIC HISTORY:** None reported

**AGENCIES/SERVICE PROVIDERS:**

XXXXXXXXXX

Rose F. Kennedy Center  
1300 Morris Park Avenue  
Bronx, NY 10461  
Phone:718-430-8500

**FUNCTIONAL STATUS:** XXXXXX is dependent on others to complete most of her ADL's. However, she is able to feed herself, make simple meals that do not require cooking, make her bed, and fold her clothes. She has basic writing skills, and can read sight words by memorization. XXXXXX is unable to travel independently, and cannot manage money independently. She needs assistance when navigating in the community, and must be reminded to stop and look both ways when crossing the street.

**ASSESSMENT/NEED FOR SERVICES:** XXXXXX resides in a two bedroom apartment in a safe neighborhood in the XXXXXX with her mother XXXXXXX, father XXXXXXX, 18 yr old sister XXXXX, and 16 yr old brother XXXXX. The family has resided in their current residence for approximately 11 years. XXXXXX receives special education services, and is classified as language impaired on her IEP. She has been in a 12:1:1 classroom in a community district school for 2 years. XXXXXX receives SETSS services five times per week, speech therapy three times per week, and has a paraprofessional for crisis management. XXXXXX's educational accommodations include extended time on tests, tests in a separate location, and has questions and directions read to her. XXXXXX's IEP noted that when she gets upset or is overwhelmed by verbal information, she will withdraw. Her attention issues are seen as her greatest weakness, with her needing repeated prompts to remain focused. There is also concern regarding her ability to smoothly and appropriately interact with others. Reportedly, she can be overly friendly with strangers, and bossy and very physical with other children. XXXXXX displays difficulty establishing and maintaining eye contact, eats specific foods or usual foods in specific ways, smells/sniffs objects, and will dart from place to place without remembering to look for danger (crossing street).

**RECOMMENDATIONS:**

1. Medicaid Service Coordination
2. Afterschool program
3. Recreational program
4. Community habilitation services
5. Continue all current services

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**Tara Lambert, LMSW**  
License # ~~3456789~~