



Office for People With Developmental Disabilities

KATHY HOCHUL
Governor

WILLOW BAER
Acting Commissioner

May 09, 2025

MOHAMMAD TAPADER
29 MELROSE ST.
2ND FLOOR
VALLEY STREAM, NY 11580

RE: Determination of Developmental Disability (TABS ID 527010)

Dear Redwan Jahangir:

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:

- IEP 2024-2025
- Social Evaluation dated 1/2025
- Annual Physical Examination dated 11/2024
- Speech and Language Evaluation dated 12/2022
- Psychoeducational Evaluation dated 10/2022
- NYC Department of Education, Level 1 Vocational Interview dated 10/2022
- Social History Evaluation dated 10/2022

We have completed the Step 1 review of the documentation provided and are unable to confirm that all the criteria for eligibility for OPWDD services have been met. Please provide the following information, or contact the DDSO representative listed below, by 07/11/2025:

See Below

- Updated IQ Evaluation with a scale approved by OPWDD. Please see OPWDD Website or Important Facts Sheet for list of acceptable measures.

****PLEASE NOTE:** A fully administered psychological evaluation with all index scores and FSIQ score is required.

- Updated Assessment of adaptive functioning via the Vineland Adaptive Behavior Scales (VABS) or Adaptive Behavior Assessment System (ABAS).

****PLEASE ADMINISTER THE COMPREHENSIVE PARENT AND TEACHER VERSIONS.**

- Specialty Report for an Autism Spectrum Disorder.

****PLEASE NOTE:** An autism specialty report is a comprehensive evaluation that includes a careful review and description of early development and the emergence of ASD symptoms, current symptoms that are consistent with diagnostic criteria, personal interview/observation, collateral

information from a standardized diagnostic measure, and careful differentiation from other developmental or psychiatric disorders. The report should include both the scores from standardized measures, as well as detailed description of the person.

- A signed copy of the Physical Form dated 11/23/2024 completed by Dr. Towhid Shiblee, MD.

****PLEASE NOTE:** The furnished copy is not signed by the completing physician.

Please resubmit a signed copy with MD Stamp, Signature, and Printed Name. Thank you.

- A signed copy of the Psychoeducational Evaluation dated 10/24/2022 completed by Navila Riaz, M.S. Ed.

****PLEASE NOTE:** The furnished copy only includes a typed signature and does not include the clinician's actual signature. Please resubmit a signed copy. Thank you.

****When submitting additional information, please submit all documents together and directly to the CCO/Service Access Agency (SAA), with whom you are working. **CCO/SAA, please upload all documents at one time to the CHOICES portal and notify the OPWDD alert mailbox. Thank you.**

If we do not hear from you by this date, the documents we have already received will be forwarded for a Step 2 Review.

This information has also been transmitted to ADVANCE CARE ALLIANCE OF NY, INC..

Questions may be directed to Eligibility Department at 631-434-6000 X2.

DDRFO Staff Signature: *Danielle Adelglass*

Printed Name: Danielle Adelglass

Date: 5/9/2025

Title: Eligibility Facilitator

NOTICE OF CONFIDENTIALITY: Clinical information and payment records concerning person 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 HIPPA Privacy Rule (45 CFR 164)