

ELIGIBILITY CRITERIA

STATE OF CONNECTICUT

DEPARTMENT OF DEVELOPMENTAL SERVICES

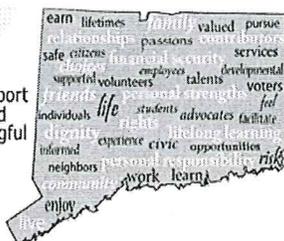
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June 2014



State of Connecticut Department of Developmental Services Mission and Vision Statement

Living the Mission!

The Mission of the Department of Developmental Services is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.



- Implementation of the Mission and Vision Statement of the Department of Developmental Services (DDS) begins when a potential consumer sends an application to the eligibility unit.

- On October 1, 2007, the Department of Developmental Services acquired the name that it has today. Prior to this date, the Department of Developmental Services was called the Department of Mental Retardation.
- In 2006 to 2007, the year prior to the Department's name change, the eligibility unit received 1,284 referrals. In 2007 to 2008, referrals increased to 1,624. In 2008 to 2009, the number of referrals received was 1,561.
- The new name makes it sound like the Department now serves those with a broad range of developmental disabilities beyond intellectual. However, this is not the case. The Department serves only those with an intellectual disability.

- More specifically, in order to be eligible for supports and services from the Department of Developmental Services (DDS), a person must:
 - Be a resident of the State of Connecticut and
 - Have an intellectual disability (formerly referred to as mental retardation) as defined in Connecticut General Statutes Sec. §17a-210b Subsec. 1-1g
 - Or
 - Have a diagnosis of an Autism Spectrum Disorder
 - Or
 - Provide a medical diagnosis of Prader-Willi Syndrome (PWS), which is a neurobehavioral genetic disorder that must be diagnosed by a physician.

Intellectual Disability

Definition

Per Connecticut General Statutes Sec. §17a-210b Subsec. 1-1g, intellectual disability (formerly referred to as mental retardation) is defined as: "A significant limitation in intellectual functioning and deficits in adaptive behavior that originated during the developmental period before eighteen years of age."

Connecticut General Statutes Sec. §17a-210b Subsec. 1-1g requires that three basic criteria be present for an individual to be determined eligible for DDS services:

1. Standardized intelligence/cognitive test results that show performance at least 2 standard deviations below the mean - usually a valid Full Scale IQ Score of 69 or below;
2. evidence of deficits in adaptive behavior, and
3. documentation that both of these deficits were manifested before the age of 18.

Individuals with Prader-Willi Syndrome, a neurobehavioral genetic disorder that has been diagnosed by a physician utilizing medically appropriate genetic diagnostic criteria, are also eligible for DDS services.

Guidelines for Psychological Reports Used to Determine Eligibility for Services of the Department of Developmental Services

Test Guidelines

Evaluation of Intelligence

- Intelligence/cognitive tests that may be used, but are not limited to, are the latest versions of the Wechsler Intelligence Scales, Stanford Binet Intelligence Test, Woodcock-Johnson Tests of Cognitive Abilities, and the Kaufman Assessment Battery for Children.

Evaluation of Intelligence (Continued)

Some of the more common cognitive/intellectual tests are:

Battelle Developmental Inventory (BDI)
Comprehensive Test of Nonverbal Intelligence (CTONI)
Differential Ability Scales (DAS)
Kaufman Assessment Battery for Children (KABC)
Leiter International Performance Scale (LIPS)
Primary Test of Nonverbal Intelligence (PTONI)
Raven's Progressive Matrices (RAVEN)
Reynolds Intellectual Assessment Scales (RIAS)
Slosson Intelligence Test (for the visually impaired) (SIT)
Stanford-Binet (SB)
Universal Non-Verbal Intelligence Test (UNIT)
Wechsler Adult Intelligence Scale (WAIS)
Wechsler Intelligence Scales for Children- WISC)
Wechsler Nonverbal Scale of Ability (WNV)
Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
Woodcock Johnson Tests of Cognitive Abilities (WJ)

Evaluation of Intelligence (Continued)

- If a test of non-verbal cognitive ability is necessary, then the Wechsler Non-Verbal Intelligence Test, Leiter International Performance Scale, Test of Nonverbal Intelligence, Raven's Progressive Matrices may be utilized, or Universal Non-Verbal Intelligence Test (UNIT)
- All tests of intelligence should be individually administered and standardized to an appropriate normative group, and provide a standardized intelligence quotient in conformance with the American Psychological Association's Standards for Educational and Psychological Testing (1999).

Evaluation of Intelligence (Continued)

- Based on best practices and professional guidelines, the most appropriate cognitive test is to be utilized given the person's disability, as this is the only way to obtain a potentially valid measure. For example, it is not appropriate to use a verbally based test for someone with speech/language deficits or when English is not the primary language.
- Tests that are not considered appropriate to diagnose an intellectual disability include brief or abbreviated cognitive or adaptive tests. Testing formats that project unadministered subtest scores from those that are administered (i.e., partial or screening type instruments) should also be avoided.

Evaluation of Intelligence (Continued)

- When reporting test results, it is helpful to report and analyze all sub-scales/index standard scores. Also, the test must be valid in that the statistically significant difference between all index/sub-scales should be analyzed to determine if the Full Scale standard score is a valid measure of cognition.
- The entire profile of scores should show evidence of significant intellectual deficits. One standard score (e.g., VIQ, PIQ or even FSIQ) is usually not sufficient in and of itself to diagnose an intellectual disability, but may be utilized along with other appropriate measures given co-existing conditions.

Evaluation of Intelligence (Continued)

- Significant differences between all index standard scores and/or subtest standard scores must be analyzed to assess intellectual potential and to make a differential diagnosis of intellectual disability. Confounding factors such as a perceptual or motor disability, speech or learning disability, and/or major mental disorder that compromise test performance should be analyzed with the predictive validity of the test results. People with a diagnosis of intellectual disability may also have other disabilities, however, it is recommended that confounding factors be analyzed when making a diagnosis of intellectual disability.

Evaluation of Intelligence (Continued)

- Psychotropic or behavior modifying medications can interfere with and depress test performance. Someone who is noted as 'psychiatrically stable' on these types of medication may well do better on testing than someone who is not stable. Factors such as distractibility, lack of interest, fatigue, or reduced motivation during testing should be noted. All such factors should be noted in the evaluation and are examined when an eligibility evaluation is done.
- Previous intelligence test performance, particularly those completed during the individual's developmental period, should be compared and analyzed with current test results.

Evaluation of Intelligence (Continued)

- A review of medical, psychiatric, and school records for a formal diagnosis of intellectual disability or documented evidence of functioning within the range of intellectual disability before the age of 18 years is helpful.
- Participation in a special education program is not sufficient to diagnose intellectual disability. Fewer than 10% of students have an educational category of intellectual disability in Connecticut. Participation in special education could be due to a speech/language impairment, emotional disturbance, hearing impairment, specific learning disabilities, etc.

Evaluation of Intelligence (Continued)

- For children under the age of 3, a valid IQ cannot be determined. Eligibility for these children is based upon participation in the Birth to Three program and the presence of an Individual Family Service Plan (IFSP).
- For children over the age of 3 and under the age of 8, eligibility is based on the presence of an Individual Education Program (IEP).
- When children turn 8, program participation will continue provided that there is a valid Full Scale IQ score of 69 or below as indicated on intelligence/cognitive tests and significant limitations in adaptive functioning.

Evaluation of Intelligence (Continued)

Testing for intellectual disability is often done at a clinic, hospital, or school (if the applicant is under the age of 21.) The evaluator should have a specialty in the age range of the individual and have training, experience, and a competency in diagnosing intellectual disability. This might include a psychiatrist, psychologist, neurologist, developmental pediatrician, certified school psychologist, or any other appropriately trained professional with expertise in this area.

Evaluation of Adaptive Behavior

- Tests of adaptive behavior that may be used, but are not limited to, are the latest versions of the Vineland, the Adaptive Behavior Assessment System (ABAS), Scales of Independent Behavior (SIB), and Behavior Assessment System for Children (BASC). All subscales should be reported, and the informant should be someone who best knows the person. It is often best to obtain more than one adaptive evaluation, as the individual may do better at school than at home for example.
- **Some of the more common adaptive tests are:**
 - Vineland (**Vineland**)
 - Adaptive Behavior Assessment System (**ABAS**)
 - Scales of Independent Behavior (**SIB**)
 - Behavior Assessment System for Children (**BASC**)

Evaluation of Adaptive Behavior (Continued)

- The general profile of scores should show a pattern of significant deficits.
- Any lifestyle evidence that contradicts test performance should be noted. Such evidence can include a consistent ability to function independently without supervision, or the ability to maintain a job requiring substantial independence and technical skill. Such abilities do not rule out an intellectual disability, but should be contrasted with a single point-in-time performance on a test.

Evaluation of Adaptive Behavior (Continued)

- A chronic history of a major psychiatric disorder can lead to substantial limitations in independent functioning. Analysis of pre-morbid adaptive behavior should be included when available. As an example, a person with oppositional defiant disorder may not want to participate in adaptive activities measured on these tests. This does not necessarily signal a deficit in adaptive functioning or not knowing how to do the tasks, but rather an unwillingness to engage in these tasks.
- Environmental or structural limitations which might affect independent functioning should be analyzed, (i.e., currently living in a restricted environment).

Manifested During the Developmental Period

- Documentation that both cognitive/intellectual and adaptive deficits must be present at the same time, and both must currently exist, and have existed (were manifested) before the individual was 18 years of age, is required.

Diagnoses

- It is hoped that practitioners will designate diagnostic classifications in correspondence with the prevailing clinical nomenclatures (e.g., ICD-10, DSM-5). For example, the diagnosis of intellectual disability cannot be rendered, according to existing diagnostic criteria, without a determination of concurrent adaptive or functional limitations and age of onset (i.e. within the developmental period), as well as significant deficits, delays, or limitations in general intellectual functioning. DDS looks for diagnostic statements made that are supported by corresponding and appropriate clinical and psychometric assessment findings.

What if an Applicant is Found Ineligible?

- A denial of eligibility is made by two psychologists at DDS. Once the eligibility determiner makes a decision to deny an applicant, a second psychologist at DDS must be in agreement with the denial.
- If a decision of ineligibility is made, the reasons for this decision will be explained in the notification letter. Also included with the notification letter is a form for the applicant to submit to request an appeal hearing on the finding of ineligibility. This form must be submitted within 60 (sixty) days of receiving the eligibility determination.

Ineligibility (Continued)

- The appeal hearing takes place at the Department of Developmental Services Central Office location in Hartford. The hearing is conducted by a hearing officer, who is an attorney. The hearing officer is not employed at the Department of Developmental Services. The hearing officer is a neutral and objective third party who will take evidence and sworn audiotaped testimony regarding the eligibility of the applicant. The applicant has the right to representation by an attorney of his/her choice. The hearing consists of a review of the documents submitted as part of the application process.

Ineligibility (Continued)

- The hearing officer issues a proposed decision, which is reviewed by the Commissioner, who either agrees or disagrees with the decision.
- If the Commissioner finds the applicant ineligible based on the hearing officer's proposed decision, and the applicant believes that proper procedure was not followed during the hearing, then an appeal can be filed with Superior Court.

What if an Applicant is Found Eligible?

- Once eligibility is determined, a DDS Region (North, South, West) will be assigned based on the applicant's town of residence to help the applicant access services and supports. However, eligibility for services does not assure that requests for services can be met immediately. Services of the Department of Developmental Services are provided on a priority basis and within available appropriations.

Evaluation of Autism

- The following are eligibility criteria for the autism program of the Department of Developmental Services:
- Applicant must either have Connecticut Medicaid (Title 19) or be eligible for Medicaid. (No services will begin until the applicant has been granted Medicaid by the Department of Social Services).

Evaluation of Autism (Continued)

- Legal residency in the State of Connecticut.
- Impairment prior to age 22 years.
- Impairment expected to continue indefinitely.
- Impairment of adaptive functioning (i.e. daily activities skills) must be in at least three areas as measured by appropriate test instruments such as the Vineland or Behavior Assessment System for Children (BASC). Impairment should be above the level of intellectual disability.

Evaluation of Autism (Continued)

Some of the more common tests of autism are:

- Autism Diagnostic Interview-Revised (ADI)
- Autism Diagnostic Observation Schedule (ADOS)
- Childhood Autism Rating Scale (CARS)
- Gilliam Autism Rating Scale (GARS)

Evaluation of Autism (Continued)

- A primary diagnosis of an autism spectrum disorder (ASD) made through an evaluation using tests such as the Gilliam Autism Rating Scale (GARS), Autism Diagnostic Observation Schedule (ADOS), or other similar standardized test. Such evaluations are made by a person with the experience and competency to establish an ASD diagnosis, through a review of personal, clinical, and educational records, and administration of tests. Records reviewed need to indicate a diagnosis of an ASD made through evaluations that utilize best practice methodology, clearly outline the justification for the diagnosis, and utilize appropriate testing protocol and instruments. Evaluations of this type can usually be obtained from schools, agencies, or private psychologists upon your request.

Evaluation of Autism (Continued)

- Cognitive/intellectual functioning above the level of intellectual disability, which is an IQ of 70 or above.
- For children ages 3 to 7, a valid IQ cannot be determined. Eligibility for these children will be based upon a diagnosis of ASD and developmental delays. When a valid IQ becomes available and the IQ score is below 70, then program participation will end.

