**KDADS I/DD Program Eligibility Checklist***(Eligibility for service as defined by the KDADS LTSS HCBS I/DD Program Eligibility Determination Policy)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**: |  | **DOB**: |  | **CDDO:** |  |

**1. Intellectual Disability**

Intellectual Disability means substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more adaptive skill areas. A diagnosis of ID shall be made by a healthcare or mental health professional licensed to make a current DSM diagnosis.

|  |  |  |  |
| --- | --- | --- | --- |
| List all qualifying diagnoses: | | | Name of person providing diagnosis:  Licensure/Title:  DSM-V dx:  Date of dx: |
| Full Scale IQ: | Test used to determine IQ & date: | | |
| Program Eligible for I/DD Services: | | Yes  No | |

**AND/OR**

**2. Developmental Disability**

Developmental Disability means a severe & chronic condition which is attributable to a physical or mental impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of intellectual disability and mental illness; which is manifested before the age of 22 and likely to continue indefinitely.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List all qualifying diagnoses: | | | | Name of person providing diagnosis:  Licensure/Title:  DSM-V/ICD-10 dx:  Date of dx: | | | | | | |
|  | | |  | | | | | | | | |
| Yes No | | Is the applicant’s developmental disability severe and chronic? If no, stop. The applicant is ineligible. | | | | | | | |
| Yes No | | Does the applicant have physical or mental impairments other than a sole diagnosis of mental illness? If no, stop. The applicant is ineligible. | | | | | | | |
| Yes No | | Did the applicant’s disability manifest before the age of 22? If no, stop. The applicant is ineligible. | | | | | | | |
| Yes No | | Is the applicant’s disability likely to continue indefinitely? If no, stop. The applicant is ineligible. | | | | | | | |
| Yes No | | Does the applicant have at least three areas of substantial functional limitations? (If no, stop. The applicant is ineligible. (Check all that apply) | | | | | | | |
| Self-Care | | Receptive & Expressive Language | | Learning and Adapting | Mobility | | | |
| Self-Direction | | Capacity for Independent Living | | Economic Self-Sufficiency | |  | | |
| Yes No | | Does the applicant need a combination and sequence of special, interdisciplinary or generic care, treatment or other services, which are life-long, or extended in duration and are individually planned and coordinated? | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Eligible:** The applicant **meets** the above requirements and **is program eligible** for I/DD services.   |  |  | | --- | --- | | **Ineligible:** The applicant **does not meet** above requirements and **is not program eligible** for I/DD services. |  | |

|  |
| --- |
| Comments: |

|  |  |  |
| --- | --- | --- |
| Signature of CDDO Representative | Title | Date |