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

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| **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.

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| 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.

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| 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? |

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| [ ] **Eligible:** The applicant **meets** the above requirements and **is program eligible** for I/DD services.

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| [ ] **Ineligible:** The applicant **does not meet** above requirements and **is not program eligible** for I/DD services. |  |

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| Comments:       |

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| Signature of CDDO Representative | Title | Date |