

ATTACHMENT A



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Developmental Disability Determination Policy

General Description of Life Areas from AS 47.80.900(6)(D) Assessed for Functional Abilities

Self-care: A person's ability to perform such tasks as eating/drinking, toileting, dressing, grooming.

Receptive and Expressive Language: A person's ability to understand the communication of others and to communicate with others. Receptive language involves comprehension of communication presented to an individual in any combination of spoken words, signs, or images that may be printed or electronic. Early expressive language consists of sounds, gestures, body posture, and facial expression. Verbal language involves the use of words through any combination of speaking, producing words with an electronic device, signing, and using images that may be printed or electronic. Ability to understand and use social language (pragmatics) is considered in this category.

Learning: A person's cognitive ability to acquire knowledge or skills through experience, study, or by being taught. Intellectual functioning is strongly considered in this category.

Mobility: A person's physical ability to move their body from place to place, control and coordinate gross motor movement.

Self-direction: A person's ability to establish and maintain interpersonal and social relationships, manage emotional responses, display socially appropriate behavior, focus and attend appropriately, use judgment, make decisions, solve problems, plan and execute tasks, and direct behavior toward goals.

Capacity for Independent Living: A person's ability to maintain a household and access necessary community resources. Housework and basic home maintenance, accessing transportation, shopping, preparing meals, managing money, and using devices (e.g. telephone) to communicate are considered in this area. This area is considered for people aged 16 and older.

Economic self-sufficiency: A person's ability to financially meet their needs such as food, clothing, housing, utilities, and transportation with minimal or no financial assistance from external sources. This area is considered for people aged 16 and older.

Other important factors in considering whether a person experiences substantial limitation in an area: Substantial limitation must be demonstrated globally in component areas. I.e. a delay of 2 standard deviations in a sub-category of an area does not constitute delay in the entire category for the purposes of DD eligibility. Behavioral reluctance or refusal to perform tasks in an area is not considered a limitation of a person's ability in the area. These issues are typically considered as a component in the area of self-direction.

ATTACHMENT B



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Developmental Disability Determination Policy

Supporting Documentation

Completed DDD applications should include evaluations and/or assessments that document current functional levels and/or delays in the life skill areas of self-care, receptive and expressive language, learning, mobility, self-direction, and (for people age 16 and older) independent living and economic self-sufficiency.

For children age 7 and older, supporting documents should be current within past 36 months.

For children younger than age 4, supporting documents should be current within the past 12 months.

For adults, supporting documents should be as current as possible and also speak to the existence of mental or physical impairment and functional limitations prior to age 22. Given the lack of professional services available in rural areas and the lack of available records for some adults, the reasonable person standard will be used to determine the existence of functional limitation prior to age 22.

Examples of supporting documentation include, but are not limited to:

- a. Developmental assessment by Early Intervention/Infant Learning Program,
- b. School district special education evaluations and evaluation summaries, known in Alaska as the Evaluation Summary & Eligibility Report (ESER),
- c. School district Individual Education Plan (IEP),
- d. (Neuro)psychological assessment,
- e. Evaluations from specialists (e.g., occupational, physical, or speech therapy), and
- f. Division of Vocational Rehabilitation (DVR) assessments and evaluations.

Documentation of the disability prior to age 22 includes, but is not limited to, school records, health aide records, Social Security records, and history documented in current records.

All evaluations and assessments submitted as supporting documentation must be dated and signed by the professional clinician who administered the evaluation or assessment.

ATTACHMENT C



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Intellectual and Developmental Disabilities Unit

Anchorage Office: Phone: 269-3666; Toll Free: 1-800-770-3930; Fax: 269-3639

Fairbanks Office: Phone: 451-5045; Toll Free: 1-800-770-1672; Fax: 451-5046

Developmental Disability Determination Application

Please contact a STAR (Short Term Assistance and Referral) agency near you for assistance with filling out this form. To locate a STAR agency, visit http://dhss.alaska.gov/dsds/Documents/grantservices/PDFs/STAR_Roster.pdf

APPLICANT INFORMATION

Please note – the applicant is the individual for whom the Developmental Disability Determination is being sought

Name: _____
Last Name First Name M.I.

Address: _____
Street Address Mailing Address (if different)

City: _____ State: Alaska Zip: _____

Telephone Number: (____) _____

Sex: Male Female

Date of Birth: _____ Place of Birth: _____
City State

Name of Legal Representative*: _____

*Anyone other than the parent(s) of a minor child MUST include copies of documents that provide evidence of legal authority to act on behalf of the applicant.

Legal Representative's Address: _____
City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ Email: _____

If someone assisting you with this application should receive a copy of the determination letter, please provide the information below. Please ensure that an Authorization for Release of Information is included for this person. Download Release of Information forms here: <http://dhss.alaska.gov/dsds/Documents/docs/ReleaseOfInformation.pdf>

Name: _____ Relationship: _____

Contact: _____

DOCUMENTATION OF FUNCTIONAL LIMITATIONS

Please include with your application current documentation of substantial functional limitation in at least three of the areas listed below. To assist the application review process, please review your documentation to make sure it meets the definition of substantial functional limitation (defined below) before submitting your application and documentation.

“Substantial functional limitation” means consistently functioning at or near a level that is two standard deviations delayed, or 25% delayed, or functioning at or below the 2nd percentile, compared to the typical functioning of same age peers. Delays at this level are typically represented by standard scores below 70 in tests where the average is 100, scores below 4 in tests where the average is 10, and/or a statement of percentile functioning.

- **All submitted documentation MUST be signed and dated by the professional who administered the assessment or evaluation.**
- **Applicants over the age of 22 must submit evidence that substantial limitations existed prior to age 22.**
- **An application submitted without sufficient supporting documentation of disability will result in a denial of Developmental Disability Determination based on insufficient information.**

Examples of supporting documentation include, but are not limited to:

- g. Developmental assessment by Early Intervention/Infant Learning Program,
- h. School district special education evaluations and evaluation summaries, known in Alaska as the Evaluation Summary & Eligibility Report (ESER),
- i. School district Individual Education Plan (IEP),
- j. (Neuro)psychological assessment,
- k. Evaluations from specialists (e.g., occupational, physical, or speech therapy), and
- l. Division of Vocational Rehabilitation (DVR) assessments and evaluations.

Documentation of the disability prior to age 22 includes, but is not limited to, school records, health aide records, Social Security records, and history documented in current records.

Please indicate below which attached document(s) and which page number(s) provide an assessment of substantial functional limitation in that specific area.

1. **SELF CARE** - A person’s ability to perform such tasks as eating/drinking, toileting, dressing, and grooming.

- Document Name _____ Date _____ Pg# _____
- Document Name _____ Date _____ Pg# _____
- Document Name _____ Date _____ Pg# _____

2. **EXPRESSIVE & RECEPTIVE LANGUAGE** - A person’s ability to understand the communication of others and to communicate with others through any combination of spoken words, signs, or images that may be printed or electronic.

- Document Name _____ Date _____ Pg# _____
- Document Name _____ Date _____ Pg# _____
- Document Name _____ Date _____ Pg# _____

3. **LEARNING** - A person’s cognitive ability to acquire knowledge or skills through experience, study, or by being taught.

- Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

4. **MOBILITY** - A person's physical ability to move their body from place to place, control and coordinate gross motor movement.

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

5. **SELF DIRECTION** - A person's ability to establish and maintain interpersonal and social relationships, manage emotional responses, display socially appropriate behavior, focus and attend appropriately, use judgment, make decisions, solve problems, plan and execute tasks, and direct behavior toward goals.

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

6. **CAPACITY FOR INDEPENDENT LIVING** - A person's ability to maintain a household and access necessary community resources.

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

7. **CAPACITY FOR ECONOMIC SELF-SUFFICIENCY** - A person's ability to financially meet their needs such as food, clothing, housing, utilities, and transportation.

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

➤ Document Name _____ Date _____ Pg# _____

INFORMATION RELEASE AND ASSURANCES

A separate Authorization for Release of Information must be completed for each agency or individual with whom you wish Senior and Disabilities Services to share information about yourself.

I certify that the information contained herein is correct and accurate to the best of my knowledge.

Applicant/Guardian Signature: _____ Date: _____

The Developmental Disability Determination decision will be conveyed in writing to the applicant or the applicant's legal representative.

STATE USE ONLY

Approved/ Date: _____ Denied / Date: _____ Time Limited/ Date: _____

Date Determination Letter Sent: _____

Health Program Manager Signature: _____

DRAFT