



RECERTIFICATION OF INTELLECTUAL DISABILITIES FOR STATE PROGRAMS

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QUESTION

Are participants in a program serving individuals with intellectual disabilities (i.e., IQ less than 70) required to recertify their disability to stay in the program? If so, how often, and is this requirement based on state or federal law?

SUMMARY

On the state level, the departments of Developmental Services (DDS), Rehabilitation Services (DORS), and Social Services (DSS) provide programs or services to individuals with intellectual disabilities.

According to DDS, once an adult is determined to be eligible for DDS services based on intellectual disability, there is no systematic reevaluation of that determination, although the department may request reevaluations in exceptional cases. DDS reevaluates children for continued DDS services eligibility at certain ages.

Within DORS, the Bureau of Rehabilitation Services (BRS) and the Disability Determination Services Division serve individuals with intellectual disabilities. BRS provides services to individuals looking for work. After an initial determination, participants remain eligible for services unless they secure and maintain employment for 90 days. The Disability Determination Services Division determines eligibility for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Division staff reviews continuing eligibility no less than every seven years, as required by federal regulations.

Within DSS, HUSKY C provides health care coverage for aged, blind, or disabled adults, including those with intellectual disabilities. DSS reviews eligibility for HUSKY C every six to 12 months. However, DSS accepts evidence of a disability determination from the Disability Determinations Services Division as proof of a disability.

REDETERMINATION OF DISABILITY WITHIN DDS

To be eligible for DDS services based on intellectual disability (as defined in CGS § [1-1g](#)), an individual must have “a significant limitation in intellectual functioning and deficits in adaptive behavior that originated during the developmental period before eighteen years of age.” A DDS [fact sheet](#) specifies the eligibility criteria in greater detail. The department’s [website](#) has additional information on how to apply for DDS eligibility based on intellectual disability. (This report does not discuss eligibility for DDS services for other individuals, such as those with autism spectrum disorder.)

DDS provides for the reevaluation of eligibility for children who are DDS clients, at specified age ranges. It provides for reevaluation of clients of any age when there is documentation that the person is no longer eligible for services. Table 1 below summarizes the timeframes of such reviews. For all age groups and in all cases the DDS Region or Eligibility Unit (EU) reserves the right to reevaluate any DDS client periodically (DDS Manual, [I.A.PR.002](#)).

Table 1: Timeframes for Reevaluation of Eligibility for DDS Services (Based on Intellectual Disability)

Age Category	Brief Description of Reevaluation Requirement for DDS Clients
Between ages 3 and 5 (4 years, 11 months)	Upon exiting Birth to Three program, there must be documentation of significant developmental delays to maintain eligibility.
Between ages 5 and 8	<p>Upon turning five, must establish eligibility criteria (intellectual disability as per CGS § 1-1g) by age 8 to remain eligible for DDS services.</p> <p>Letters are sent to families at age 5, informing them of this requirement. If DDS does not receive the appropriate documentation, a reminder letter is sent at age 8 reminding family that if documentation is not received by age 9, their child will be determined ineligible.</p>
Between ages 9 and 16 (15 years, 11 months) and have mild intellectual disability (IQ of 55-69)	Region reviews triennial evaluations to determine if cognitive testing establishes cognitive scores of 69 or below. If not, department conducts review process to assess continued eligibility.
Between ages 16 and 18 (17 years, 11 months) and have mild intellectual disability	<p>Upon turning 16, must establish eligibility criteria (CGS § 1-1g) by age 18 to remain DDS client.</p> <p>Letters are sent to families at age 16, informing them of this requirement. If DDS does not receive the appropriate documentation, a reminder letter is sent at age 17 ½, reminding family that if documentation is not received by age 18, their child will be determined ineligible.</p>
All Ages	<p>When a DDS region receives information that a client may no longer meet the eligibility requirements, the region must request a psychological review of the individual’s file.</p> <p>According to a department fact sheet, DDS “may at any age reevaluate a person’s continued eligibility based on clinical opinion, new information, or any other relevant basis that brings into question continued eligibility[.]”</p>

Sources: DDS Manual, [I.A.PR.002](#); [DDS Fact Sheet](#), Reactivation/ Re-Evaluation for DDS Services.

The following is the general process by which DDS determines continued eligibility for children under the timeframes listed in Table 1:

1. DDS provides documentation to a regional psychologist, who reviews the information in the client's chart to determine eligibility.
2. If eligibility is documented, then the individual continues as a DDS client.
3. If (a) the regional psychologist recommends that the client is not eligible or (b) the psychologist has questions, copies of all relevant testing and school records are sent to the EU psychologist at Central Office for a second review.
4. If the client is determined ineligible after the second review, a letter notifying the family is sent to the eligibility unit's regional liaison with the required form to request a hearing.
5. If the EU disagrees with the regional decision and finds that the person is still eligible, the region is informed in writing, and the individual remains a DDS client.

The process is similar for an adult for those occasions when DDS receives information that a client may no longer be eligible (DDS Manual, [I.A.PR.002](#)).

REDETERMINATION OF DISABILITY WITHIN DORS

Within DORS, BRS and the Disability Determination Services Division provide services to individuals with intellectual disabilities.

BRS provides vocational rehabilitation services to people with any disability (including intellectual disability) except blindness. After program staff determines that a participant is eligible for services, that participant remains eligible for program services indefinitely, unless he or she secures employment. Because the objective of BRS is to enable individuals with disabilities to find work, once a participant finds work and maintains employment for 90 days, he or she is no longer considered a program participant. An individual who loses his or her employment would have to reapply to BRS. This process would not be a review of existing eligibility; rather it would be a new application and therefore a new determination.

SSI and SSDI are federal benefits from the Social Security Administration (SSA). Though federal law, regulation, and policy guide the determination process, state employees in the Disability Determination Services Division within DORS determine eligibility. During the initial determination, the burden of proof is on the individual

to show a qualifying disability. During subsequent reviews, the burden of proof to show improvement of disability is on the agency. Should the individual qualify for benefits, division staff assigns a "diary date" scheduled for one year or more after the initial determination. (A disability must be expected to last at least a full year for eligibility to be granted.) For disabilities considered permanent, division staff reviews continuing eligibility no less than every seven years, in accordance with federal regulations ([20 CFR § 404.1590](#)).

REDETERMINATION OF DISABILITY WITHIN DSS

Within DSS, HUSKY C provides health care coverage for aged, blind, or disabled adults, including those with intellectual disabilities. Generally, DSS reviews eligibility for these programs every six to 12 months, as required by state agency guidelines (Uniform Policy Manual P-1545.05). DSS accepts records or notices of an SSA disability decision, and the receipt of SSI or SSA disability payments as evidence of disability (Uniform Policy Manual P-2599.30).

In the absence of a determination from SSA, applicants who have a medical statement stating that they cannot work for six months or more are subject to a medical review conducted by DSS, through a contractor. DSS also requires the applicant to apply for SSI and SSDI at this time. If the contractor determines the applicant is unemployable, the applicant may enroll in HUSKY C provided he or she meets all other eligibility requirements. DSS requires enrolled participants to provide an updated medical packet at subsequent redeterminations. This requirement continues until either the (1) DSS contractor determines the enrolled participant is no longer unemployable or (2) SSA determines the enrolled participant is disabled.

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