

## Community Centered Board



### Mesa Developmental Services

950 Grand Avenue, Grand Junction, CO 81501

970-243-3742, fax 970-256-8697

### **Outline of Process for Determination for Developmental Disability**

We welcome your interest and look forward to assisting you in this process. In order to make a determination of developmental disability, specific types of documentation are required. Please keep this outline and use it as a guide.

- Request for Determination of Developmental Disability- 2 page application, completely filled in.  
If there is a guardian, please provide a copy of the court document.
- Documentation of an Intellectual Impairment (Note: for children testing must have occurred within 3 years of application date, for adults testing must have occurred within 10 years of application date).
  - Intelligence/IQ testing by a psychologist, using instruments that are comparable to a Wechsler or Stanford-Binet.
  - AND/OR---- (Note it is best to have both types of testing)
  - Documentation of Adaptive Behavior Impairments (assessment must have occurred within 3 years of application date)
    - Adaptive Behavior testing by a qualified professional, using instruments that are comparable to a Vineland-II or ABAS

If you do not already have testing and you are in need of having IQ or adaptive testing completed, a list of resources for this service has been provided in this packet. The applicant is responsible for the cost of testing.

- Documentation of a neurological condition (to rule out physical or sensory impairments or mental illness as sole contributors to a disability),
  - Neurological or neuropsychological evaluation
  - Medical records: Ask your primary care physician for a diagnosis list
- Documentation of treatment or evaluation that occurred between age 5 and age 22. This demonstrates that the disability occurred prior to age 22. Examples include:
  - School assessments and records
  - Records of specialized services
  - Medical records and evaluations
  - Therapy assessments and reports
  - Mental health services and assessments
  - Psychological evaluations or testing that include IQ scores completed between age 5 and 22.
  - Psychiatric reports
- Release of Information. **A separate form is needed for each source. The form must be completely filled out. A signed blank form cannot be used.**
- You have 90 days from the date you submit the completed Request for Determination of Developmental Disability to provide the required testing and documentation listed above. If you require more time, you may request a 90 day extension for the process.
- You will be notified in writing of the determination decision when the process is completed.

**Please turn in the application and all requested documentation to :**

**Options Counselors with Aging and Disability Resources for Colorado (ADRC). They are located at Mesa County Department of Human Services, 510 29 ½ Rd. The Options Counselors are available to see applicants Monday-Friday 8:00 am-Noon and 1:00 pm to 5:00 pm. They can be reached by phone at (970) 248-2746.**

REQUEST FOR DEVELOPMENTAL DISABILITY DETERMINATION  
Community Centered Board



**Mesa Developmental Services**  
950 Grand Avenue, Grand Junction, CO 81501  
970-243-3742, fax 970-256-8697

APPLICANT CONTACT INFORMATION

1. Name of Applicant : \_\_\_\_\_  
Address \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone/Other \_\_\_\_\_  
Email Address \_\_\_\_\_ Preferred Mode of Communication \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Marital Status \_\_\_\_\_ Primary Language \_\_\_\_\_  
Current Living Arrangement \_\_\_\_\_ Ethnicity \_\_\_\_\_

2. Person Making Referral \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name of Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address of Primary Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

4. Name of Additional Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address of Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

5. Is There a Court Appointed Guardian? Yes  No

If "Yes" please complete information below if not the primary contact and provide a copy of the court document.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

5. Previous Community Centered Board (CCB) \_\_\_\_\_ Date \_\_\_\_\_

FINANCIAL AND MEDICAL BENEFITS INFORMATION

Social Security number \_\_\_\_\_  
Medicaid State ID number \_\_\_\_\_  
Medicare ID number \_\_\_\_\_

Supplemental Security Income (SSI) Amount \_\_\_\_\_  
Social Security (SSA/SSDI) Amount \_\_\_\_\_  
Other Benefits (e.g. EBD, Children's HCBS, Trusts) \_\_\_\_\_  
Private Medical Insurance (e.g. Life, Health) \_\_\_\_\_

**SCHOOL INFORMATION**

1. School District and School Attended \_\_\_\_\_  
City and State \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_ Special Education Program Yes  No

2. School District and School Attended \_\_\_\_\_  
City and State \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_ Special Education Program Yes  No

3. School District and School Attended \_\_\_\_\_  
City and State \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_ Special Education Program Yes  No

**MEDICAL INFORMATION**

Please list medical and health needs \_\_\_\_\_  
Name of Medical Provider/Medical Facility \_\_\_\_\_  
City and State \_\_\_\_\_  
Phone \_\_\_\_\_

**SERVICES AND SUPPORTS INFORMATION**

Please list services and supports received by the applicant such as mental health services, therapies, or home health

**ACKNOWLEDGMENTS AND SIGNATURES**

***Included with the request form:***

1. Outline of Process and checklist for the Developmental Disability determination process
2. Confidentiality/Privacy Notice
3. MDS Policy 6-8 Applicant and Individual Appeals
4. Rights of Individuals
5. List of resources for testing for intellectual functioning and/or adaptive behavior.
6. The Colorado Department of Health Care Policy and Financing definition of Developmental Disability (10 CCR 2505-10 8.600.4)

***I understand that I have ninety (90) calendar days from the date of submission of my completed request for, to submit the documents and information required to make this determination of a Developmental Disability.***

**Applicant signature if age 18 or older**

\_\_\_\_\_ Date \_\_\_\_\_

**Parent, Guardian or Authorized Representative signature**

\_\_\_\_\_ Date \_\_\_\_\_

**For ADRC completion only**

**Name & title of ADRC person receiving the request** \_\_\_\_\_

**Date completed and signed request received by ADRC (Request Date)** \_\_\_\_\_

**Date all documents needed for determination received (Determination Date)** \_\_\_\_\_



## **HIPAA**

### **Health Information Portability & Accountability Act**

#### **Consent for the Use or Disclosure of Health Information for Treatment, Payment, Or Health Care Operations**

I understand that as part of my participation in MDS, or it's contracted programs, Mesa Developmental Services (MDS) may originate and maintain health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many Health and Human Services professionals who contribute to my care.
- A source of information for applying my diagnosis and treatment information to my bill.
- A means by which a third-party payer, including Medicare and Medicaid, can verify that services billed were actually provided.
- A tool for routine health care operations.
- I understand that MDS will communicate with me by mail, telephone, and voice mail/answering machine regarding appointments, meetings, services or activities that you would be interested.

I understand that MDS' Notice of Privacy Practices provides a more complete description of information uses and disclosures. I understand that I have the right to review the Notice before signing the Notification Acknowledgement. I understand that MDS reserves the right to change its notices and practices and that a revised notice will be posted in the facility. I may request a copy of any revised notice at any time.

I understand that I have the right to:

- Object to the use of my health information for directory purposes.
- Request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations. I understand that MDS is not required to agree with my request, but that if MDS agrees to my request, MDS will be bound by that agreement.
- Revoke this consent in writing, except to the extent that MDS has already taken action in reliance thereon.

# RIGHTS OF INDIVIDUAL RECEIVING SERVICES

All persons receiving services have the same legal rights and responsibilities guaranteed to all other individuals under the Federal and State Constitutions and laws unless such rights are modified by a Court Order. An individual's rights under the provisions of C.R.S. 25.5-10-218 through and including C.R.S. 25.5-10.231, listed below, may be suspended only for purposes of habilitation, treatment, or to protect the individual from endangering himself/herself, or others.



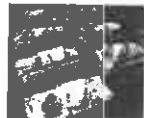
Right to Medical Care and Treatment



Right To Notification



Right to an Annual Service Plan



Sterilization Rights



Right To Be Free From Discrimination



Right To Influence Policy



Right To Communication & Visits



Right To Vote



Right To Humane Care and Treatment



Right To Fair Employment



Right To Religious Belief, Practice and Worship



Right To Personal Property



Right To Confidentiality of Record and Other Information Pertaining to Eligible Person

Pursuant to C.R.S. 25.5-10-218, the rights of any person receiving services may be suspended to protect the person receiving services from endangering such person, others, or property. Such rights may be suspended only by the intellectual and developmental disabilities professional with subsequent review by the interdisciplinary team and by the human rights committee in order to provide specific services or supports to the person receiving services, which will promote the least restriction on the person's rights. Such person's legal rights may be removed by a court pursuant to C.R.S. 25.5-10-216.

"Developmental Disability" means a disability that:

- A. Is manifested before the person reaches twenty-two (22) years of age;
- B. Constitutes a substantial disability to the affected individual, as demonstrated by the criteria below at C, 1 and/or C, 2; and,
- C. Is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in either impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

1. "Impairment of general intellectual functioning" means that the person has been determined to have a full scale intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15).

a. A secondary score comparable to the General Abilities Index for a Wechsler Intelligence Scale that is two or more standard deviations below the mean may be used only if a full scale score cannot be appropriately derived.

b. Score shall be determined using a norm-referenced, standardized test of general intellectual functioning comparable to a comprehensively administered Wechsler Intelligence Scale or Stanford-Binet Intelligence Scales, as revised or current to the date of administration. The test shall be administered by a licensed psychologist or a school psychologist.

Code of Colorado Regulations 5

c. When determining the intellectual quotient equivalent score, a maximum confidence level of ninety percent (90%) shall be applied to the full scale score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.

2. "Adaptive behavior similar to that of a person with mental retardation" means that the person has an overall adaptive behavior composite or equivalent score that is two or more standard deviations below the mean.

a. Measurements shall be determined using a norm-referenced, standardized assessment of adaptive behaviors that is appropriate to the person's living environment and comparable to a comprehensively administered Vineland Scale of Adaptive Behavior, as revised or current to the date of administration. The assessment shall be administered and determined by a professional qualified to administer the assessment used.

b. When determining the overall adaptive behavior score, a maximum confidence level of ninety percent (90%) shall be applied to the overall adaptive behavior score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.

D. A person shall not be determined to have a developmental disability if it can be demonstrated such conditions are attributable to only a physical or sensory impairment or a mental illness.



PROGRAM: Case Management

BOARD #: 6-8

POLICY: Applicant and Individual Appeals

DATE APPROVED: 3-23-82

DATE REVISED: 9-18-84, 7-2-85, 7-16-86, 12-4-86, 1-22-87, 4-24-01, 01-13-04, 09-14-04, 7-31-09, 08/25/09, 12/18/2012, 6/24/14

DATE REVIEWED: 08/25/09, 6/24/14

**PURPOSE**

This policy sets forth the procedure for applicants and individuals receiving services to use when they appeal eligibility, termination, and Individualized Family Support Plan (IFSP) or Service Plan (SP) service decisions. A copy of this policy will be available on MDS Intranet (which is available to all program/service sites and all employees) and will be furnished upon request. It will be provided, orally and in writing, to all applicants, persons receiving services, parent(s) of a minor, guardians, and authorized representatives of applicants/individuals:

- At the time an application is made for services.
- At the time the SP is developed.
- Any time changes in the plan are contemplated.
- Upon request by the above named persons.

Interpretation in native languages other than this English version, and through such modes of communication as may be necessary, shall be made available upon request.

**The pursuit of an appeal shall not prejudice the future provision of services or supports to the individual in need of and/or receiving services. Nor shall the individual be coerced, intimidated, threatened or retaliated against because that individual has exercised his or her right to file an appeal or has participated in the dispute resolution process.**

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## **POLICY**

### **1.0 NOTICE OF ACTION**

Written notice will be provided to applicants, individuals in service, to the parent(s) if the applicant or individual is a minor, and to guardian(s), or authorized representative(s) at least 15 calendar days prior to the date that any of the following actions are to become effective:

1. The applicant is not eligible for services or supports;
2. The person is no longer eligible for services or supports;
3. Services set forth in the SP are changed, reduced, or denied.

**The notice shall be in writing, shall be hand delivered or sent by first class mail and, in accordance with 24 CRS 1, 1-10, §16.120, shall contain at least the following information:**

1. The proposed action;
2. The reason or reasons for that action;
3. The effective date of that action;
4. The specific law, regulation, or policy supporting the action;
5. The responsible agency with whom a protest of the action may be filed including the name and address of the director;
6. The dispute resolution procedure, including deadlines, in conformity with §16.320 and procedures on accessing agency records;
7. Information on availability of advocacy assistance, including referral to publicly funded legal services corporation, and other publicly or privately funded advocacy organizations, including the protection and advocacy system required under 42 U.S.C. 6012, the Developmental Disabilities Assistance and Bill of Rights Act; and
8. An explanation of how MDS will provide services to the person who is currently enrolled during the dispute resolution period, including a statement that the services will not be termination during the appeal. Such explanation will include a description of services currently received.

### **2.0 RIGHT TO FILE AN APPEAL**

The applicant, individual in service, the parents of a minor, and any guardian or authorized representative may appeal the proposed action(s) by submitting a written appeal with MDS. The appeal shall be in writing and addressed to the MDS Case Management Director and must be filed before the date that the proposed action is to become effective. The assigned CCB Case Manager will provide assistance to applicants and individuals in service who request assistance in preparing the written appeal.

### **3.0 INFORMAL APPEAL PROCESS**

An opportunity will be provided for resolution of the appeal through informal negotiation or mediation, which process may be waived only by mutual consent of the parties and MDS.



The Case Management Director or designee will take the necessary steps to schedule and hold a meeting with all parties or their representatives within fifteen (15) calendar days of the receipt of the appeal and will notify the parties of the meeting. The parties will attempt to resolve the appeal at this meeting. The Case Management Director or designee will make recommendations at the conclusion or following this meeting. If these recommendations do not resolve the appeal, any party may initiate a formal appeal, as specified below. The Case Management Director or designee's recommendations will become effective and final within fifteen (15) calendar days following the parties' receipt of the recommendations, unless a request for formal appeal is filed within this period, as provided below.

#### **4.0 FORMAL APPEAL PROCESS**

Within fifteen (15) calendar days after the Case Management Director or designee advises the parties of the recommended action following the informal appeal meeting, a party can file a formal appeal of the proposed action by delivering a written notice of Formal Appeal to the Chief Executive Officer of MDS. The assigned CCB Case Manager will assist the applicant or individual in services with preparation of this Formal Appeal document if requested to do so within the period for appeal. The proposed action will become effective if no formal appeal is filed or request for assistance received within this period.

Within fifteen (15) calendar days following receipt of the written notice of Formal Appeal, the Chief Executive Officer of MDS or designee shall give notice to the parties of a meeting on the issues appealed. This meeting shall afford due process as follows:

1. The parties shall be given no less than ten (10) calendar days written notice of the meeting date, time and location;
2. The meeting shall be before an impartial decision maker who was not directly involved in the specific action at issue. This decision maker can be the Chief Executive Officer of MDS or another impartial person designated by the Chief Executive Officer of MDS;
3. The parties may be represented by counsel, authorized representative or another individual at the meeting, if desired;
4. The parties will have an opportunity to respond to or question the opposing position and to present information and evidence in support of their position;
5. There shall be a recording of the proceeding by electronic device or reporter;
6. A written decision shall be issued to the parties by the impartial decision maker within fifteen (15) calendar days of the meeting, setting forth the reasons for the decision including finding of fact and conclusions.

The Colorado Department of Human Services shall be notified by the Chief Executive Officer of MDS or designee of the Formal Appeal and the written decision of the impartial decision maker.

The decision of the impartial decision maker shall become effective and final unless a timely request is made to the Executive Director of the Colorado Department of Human Services or designee to review the written decision, as provided below.

#### **5.0 APPEAL TO THE EXECUTIVE DIRECTOR OF DEPARTMENT OF HUMAN SERVICES**

Any party who disputes the decision of the impartial decision maker may request that the Executive Director of the Colorado Department of Human Services ("the Department") review the written decision by submitting the request to the Department within fifteen (15) working days from the date the written decision by the MDS Chief Executive Officer or designee was postmarked or personally delivered, whichever occurs first. This request for review is governed by the rules of the Colorado Department of Human Services contained at 2 CCR 503-1, §16.322. A copy of this section shall be provided to the parties with the written decision by the impartial decision maker.

The decision of the Executive Director of the Department of Human Services shall constitute final agency action on the dispute. Any court action filed on the dispute before this procedure is completed shall be subject to dismissal based upon the affirmative defense of failure to Exhaust Administrative Remedies.

<b>6.0 CHILDREN 0-3</b>
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Children 0-3 may also exercise appeal rights as identified in the Procedural Safeguards provided by the State of Colorado, Department of Human Services, Early Intervention Colorado.



## Resources for Testing

MDS is required by regulation to provide information regarding where to obtain testing for the level of intellectual function or adaptive behavior. Several resources are listed below. However, you may choose any qualified psychologist that you wish. The responsibility for obtaining these assessments (including financial responsibility) rests with the individual or parent/guardian.

Dr. Bonnie Woods, PsyD.  
Psych Compass Evaluation Services  
PO Box 4716  
Grand Junction, Colorado 81501  
(970) 279-4826

Dr. Katrina Katen, PsyD.  
858 Grand Ave  
GJ, Co 81501  
970-628-5589

Psychological Associates  
John L Gustavson, PhD  
Dale E Bowen, PhD  
5230 N 8<sup>th</sup> St #204  
GJ, CO 81501  
970-245-3505

Alpha Center  
Phone: (970) 241-2948  
Fax: (970) 242-4219  
Email: [alphacentergj@aol.com](mailto:alphacentergj@aol.com)  
1170 Colorado Ave  
Grand Junction, CO 81501