## Determination of Intellectual Disability / Related Condition

### A. DDA Client

1. Is the person a client of DDA? □ Yes □ No

   **If yes, the person is PASRR eligible. If no, go to Section B.**

### B. Intellectual Disability

1. Does the person have an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning? □ Yes □ No

   **If yes, go to B2. If no, go to Section C.**

2. Does the person have impairments in adaptive functioning? □ Yes □ No

   **If yes, go to B3. If no, the person is not PASRR eligible under intellectual disability.**

   These impairments result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, and across multiple environments, such as home, school, work, and recreation.

3. Did the onset of the disability occur before the age of 18? □ Yes □ No

   **If yes, go to B4. If no, go to Section C.**

4. Is the condition expected to continue indefinitely? □ Yes □ No

   **If yes, the person is PASRR eligible. If no, go to Section C.**

### C. Related Condition

1. Does the person have cerebral palsy or epilepsy? □ Yes □ No

   **If yes, go to Section D. If no, go to C2.**

2. Does the person have a severe, chronic disability other than mental illness that results in impairment of general intellectual functioning (see B1 above) or adaptive functioning similar to that of individuals with Intellectual Disabilities (ID) (See B2 above)? □ Yes □ No

   **If yes, go to C3. If no, the person is not PASRR eligible.**

3. Does this condition require treatment or services similar to those required for individuals with ID? □ Yes □ No

   **If yes, go to Section D. If no, the person is not PASRR eligible under related condition.**

### D. Additional Criteria

1. Did the onset of the disability occur before age 22? □ Yes □ No

   **If yes, go to D2. If no, the person is not PASRR eligible.**

2. Is the condition expected to continue indefinitely? □ Yes □ No

   **If yes, go to D3. If no, the person is not PASRR eligible.**

3. Does this condition result in substantial functional limitations in three or more of the following areas in major life activity: □ Yes □ No

   - Self-care;
   - Understanding and use of language;
   - Learning;
   - Mobility;
   - Self-direction;
   - Capacity for living.

   **If yes, the person is PASRR eligible. If no, the person is not PASRR eligible.**
2. **Determination of Nursing Facility Level of Care**

If any of the following applies, the person meets Nursing Facility Level of Care (NFLOC). Check if the individual:

- ☐ Requires care provided by or under the supervision of a registered nurse or a licensed practical nurse on a daily basis.
- ☐ Requires hands-on assistance with three or more ADLs.
- ☐ Has a cognitive impairment and needs hands-on assistance with one or more ADLs.

3. **Determination of Specialized Services**

Are PASRR specialized services required in addition to nursing facility care? ☐ Yes ☐ No

**If no specialized services are recommended, check the reason below:**

- ☐ Experiencing delirium
- ☐ Too ill to participate
- ☐ Dementia with severe level of impairment
- ☐ Pending professional evaluation
- ☐ Admission expected to be of such short duration, additional services would not be beneficial
- ☐ Stamina level does not allow participation at this time
- ☐ No additional unmet needs identified
- ☐ ID / RC needs being met by other supports (describe):