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| **Name:**  | **Date:**  |
| **D.O.B.:**  | **DDS#:**  | **SS#: XXX-XX-** |
| **Address:**  |  |

Dear      :

Federal law requires that persons seeking admission to a nursing facility who may have intellectual disability or a developmental disability, as defined by OBRA regulation, be referred to the state’s developmental services agency for evaluation of their developmental status and service needs. This federal law also makes the Connecticut Department of Developmental Services (DDS) responsible for making determinations regarding the need for nursing facility placement for persons found to have intellectual disability or a developmental disability.

The Department of Social Services (DSS), or a DSS-contracted agency, has informed DDS that you may have intellectual disability or a developmental disability. This DSS referral prompted a DDS evaluation of your developmental status.

**I. The DDS evaluation indicates the following:**

[ ]  Intellectual disability or a developmental disability is not substantiated at this time.

[ ]  You have intellectual disability.

[ ]  You have a developmental disability with substantial deficits in three (3) or more of the following major six (6) life areas that occurred prior to age 22.

 [ ]  Learning [ ]  Mobility [ ]  Self-direction

 [ ]  Language [ ]  Self-care [ ]  Capacity for independent living

**II. The DDS evaluation of your specialized service needs indicates the following:**

[ ]  Your specialized service needs include:

[ ]  Behavior modification/management

[ ]  Out-of-facility recreational opportunities beyond those provided by a nursing facility

[ ]  Vocational and day programming services

[ ]  Adaptive equipment needed (specify):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Habilitation services (e.g., physical therapy, speech therapy, occupational therapy etc.)

[ ]  Case management to determine specialized service needs

[ ]  Other (specify):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Your evaluation for specialized service needs has been deferred due to the following reasons:

[ ]  You have been discharged from a hospital to a nursing facility for convalescent (i.e., rehabilitation) care;

[ ]  You have been diagnosed with a terminal illness;

[ ]  You have been admitted for a short-term respite stay of not more than 60 days.

[ ]  You have **no** specialized service needs.

**III. As a result of these evaluations:**

[ ]  DDS has not been able to substantiate that you have intellectual disability or a developmental disability and therefore you may or may not be eligible for nursing facility services

[ ]  You are eligible for admission because you have intellectual disability or a developmental disability and meet the criteria for nursing facility level of care, and because:

1. [ ]  You do not need specialized services;
2. [ ]  All your service needs can be met by the nursing facility;
3. [ ]  Specialized services you need can be met in a nursing facility with assistance from DDS; or
4. [ ]  Specialized services you might otherwise need, do not need to be provided because you are:
5. [ ]  Too ill or medically fragile to participate in or benefit from these specialized services, at this time;
6. [ ]  60 years of age or older and you, or your legal representative authorized to make decisions for you, do not choose that you receive specialized services that DDS’s evaluation indicates you need;
7. [ ]  Entering the nursing facility for 30 days or fewer for convalescent or rehabilitative care following an acute illness or major surgery. *(If your stay is required to be extended for medical reasons contact DSS, or the DSS-contracted agency, to have your status re-evaluated.)*;

1. [ ]  Entering a nursing facility for a finite period of respite care; or
2. [ ]  Extending your previously approved 30-day or respite stay for an additional:

[ ]  30 days [ ]  60 days [ ]  90 days [ ] 120 days [ ]  150 days [ ]  180 days

[ ]  Transitioned to a Long-Term Care Skilled Nursing Facility

 [ ]  You are not eligible to be admitted to a nursing facility because:

[ ]  DDS has determined that while you may need services, these types of services cannot be provided in a nursing facility.

 [ ]  You have specialized services needs that cannot be met in or by a nursing facility.

(DDS staff will contact you to discuss your service options.)

If appropriate, a report containing a description of your service needs and the basis for this determination will be sent to you, your legal representative, and the nursing facility to which you seek admission within 30 days of your admission to the facility.

If you, or your legal representative, disagrees with any part of DDS’s determination, you have the right to an impartial review of your case by the Department of Social Services. DSS can be reached at: Department of Social Services, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Ave., Hartford, CT 06105, Phone: 1-800-462-0134.

If you wish to pursue a DDS eligibility determination, you may contact the DDS Eligibility Unit at 866-433-8192.

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| **C****urrent Residence**: |       | **Hospital Referral?** | [ ]  Yes | [ ]  No |

(e.g., Home or DDS-operated or DDS-funded residence)

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| --- | --- | --- | --- |
| **Date of Referral**: |       | **Admitting Nursing Facility**: |       |

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| **Signature of DDS Regional Director or designee:** |       |

**cc: DSS, Nursing Facility or Hospital, Legal Representative or Family Member, DDS OBRA Nurse**