

FINAL DECISION

Sent via email [REDACTED] Certified Mail [REDACTED]

August 6, 2025



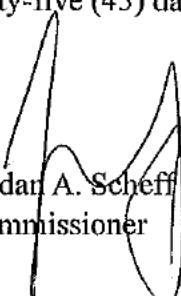
RE: Final Decision

Dear [REDACTED]

On **July 16, 2025**, the proposed decision of the hearing officer regarding the eligibility of [REDACTED] to receive services of the Department of Developmental Services was sent to you and all parties. Parties had ten (10) business days from receipt of the proposed decision to submit comments in support or opposition. Comments were not submitted by the petitioner. Comments were submitted on behalf of DDS.

After reviewing the proposed decision, the record, including exhibits submitted at the hearing, and comments, I agree with the hearing officer, adopt the Proposed Decision as the Final Decision, and find that [REDACTED] is eligible for services of the Department of Developmental Services pursuant to Connecticut General Statute section 1-1g.

If you do not agree with this decision, you have the right, in accordance with Section 4-183 of the Connecticut General Statutes, to appeal to the Superior Court. Such an appeal must be submitted within forty-five (45) days of the mailing of this final decision.


Jordan A. Scheff
Commissioner

Enclosures

cc: Frank Forgione, Esq., Hearing Officer
Kathleen Murphy, Ph.D., Director, Eligibility Unit
Margret Rudin, Ph.D., Psychologist Eligibility Unit
Marjorie O. Wakeman, Esq., Director, Legal & Government Affairs

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
PROPOSED MEMORANDUM OF DECISION

ELIGIBILITY HEARING

IN RE: [REDACTED]

July 15, 2025

Introduction:

A remote hearing via Microsoft Teams was held on July 1, 2025 to determine the eligibility of the Petitioner, [REDACTED], for services from the Department of Developmental Services (DDS) pursuant to Connecticut General Statutes, Section 1-1g.

The following individuals were present at the hearing held on July 1, 2025:

| | |
|--------------------|----------------------------------|
| [REDACTED] | Mother of [REDACTED] |
| [REDACTED] | Petitioner |
| [REDACTED] | Benefits Counselor at [REDACTED] |
| [REDACTED] | Occupational Therapist |
| Dr. Margaret Rudin | DDS Psychologist |

The following exhibits were entered into evidence:

| | |
|-------------------|---|
| Hearing Officer 1 | DDS Denial Letter 12/6/2024 |
| Hearing Officer 2 | Request for Appeal Hearing 2/2/2025 |
| Hearing Officer 3 | Letter dated 2/3/2025 from [REDACTED] |
| Hearing Officer 4 | Notice of Hearing 2/11/2025 |
| Hearing Officer 5 | Notice of Hearing 6/3/2025 |
| DDS 1 | Eligibility Application dated 10/30/2024 |
| DDS 2 | DDS Denial Letter 12/6/2024, Dr. Murphy |
| DDS 3 | DDS Second Review 12/5/2024, Dr. Rudin |
| DDS 4 | Neuropsychological Evaluation, [REDACTED] [REDACTED] – Testing Date: 6/22/2009 |
| DDS 5 | Individual Education Plan(IEP) signed by [REDACTED] [REDACTED] on June 7, 2000 |
| DDS 6 | Individualized Education Program(IEP), Meeting Date March 27, 2007, Parts 1, 2 and 3 |
| Petitioner 1 | [REDACTED] School Department Educational Evaluation Dated January 19, 2006 |
| Petitioner 2 | Neuropsychological Evaluation, [REDACTED] [REDACTED] – Testing Date: 6/22/09 (same as DDS 4) |
| Petitioner 3 | BRIEF Behavior Rating Inventory of Executive Function dated 11/29/2006 |

Petitioner 4

Petitioner 5

Petitioner 6

Conners' Teacher Rating Scale dated 11/29/2006

Individualized

Education Program(IEP) dated 3/3/2009

Functional Skills Evaluation dated

December 1-5, 2014

Statement of the Issue:

Is [REDACTED] eligible for DDS services pursuant to Connecticut General Statutes, Section 1-1g?

Findings of Fact:

1. [REDACTED] resides at [REDACTED] CT.
2. [REDACTED]'s date of birth is [REDACTED].
3. [REDACTED] is the mother of [REDACTED].
4. [REDACTED] is the benefits coordinator at [REDACTED] and has known [REDACTED] since 2015.
5. [REDACTED] is an occupational therapist and has been working with [REDACTED] since 2022.
6. Dr. Margaret Rudin is a psychologist for the Department of Developmental Services.
7. When [REDACTED] moved to Connecticut, he was already 18 years old.
8. When [REDACTED] was 17 years old, a neuropsychological evaluation was administered by [REDACTED], BA and [REDACTED], Ph.D. See DDS 4 and Petitioner 2.
9. [REDACTED] scored a full scale IQ of 56 on the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) which was administered as part of the neuropsychological evaluation (DDS 4 and Petitioner 2).
10. Although the Behavior Assessment System for Children-2nd Edition(BASC-2) and Adaptive Behavior Assessment System-2nd Edition(ABAS-II) scores were not set forth in the neuropsychological evaluation, [REDACTED] "overall adaptive skills were reported to be in the mildly impaired range (ABAS-II,

1st %ile), with a particular weakness in practical self-care and domestic skills (0.1st %ile), in contrast to a relative strength in social functioning (21st %ile).” See DDS 4 and Petitioner 2.

11. Dr. Rudin testified that in her estimation, an adaptive skills level in the 1st percentile would equate to a score of less than 70.
12. Dr. [REDACTED] states in the neuropsychological report that test results “are thought to be an accurate assessment of his day-to-day cognitive and emotional functioning, although it may not fully capture his optimal abilities in all areas.” See DDS 4 and Petitioner 2.
13. The diagnoses for [REDACTED] set forth on the neuropsychological evaluation are: Axis I: Learning Disorder, Not Otherwise Specified (severe) with attentional and NVLD components, Apraxia; Axis II: Borderline Intellectual Functioning; Axis III: Chronic headaches, Multiple allergies and sensitivities.
14. [REDACTED], [REDACTED] grade teacher, reported on the “BRIEF Behavior Rating Inventory of Executive Function Teacher Form” (Petitioner 3), that the majority of [REDACTED] behaviors were “often a problem,” as set forth in 48 of the 86 categories. Moreover, only one behavior out of the 86 categories was reported to never be a problem and that was a very benign, “does not bring home homework, assignment sheets, materials, etc.”
15. According to [REDACTED], the school district which [REDACTED] attended during his developmental years either destroyed his records or would not release them.
16. [REDACTED] explained that there were significant issues with the school district’s testing practices and reporting.
17. According to [REDACTED] when at school her son required a one-on-one aide at all times due to his limitations.
18. [REDACTED] explained that although IEP report (DDS 5) stated that her son spent 17.5 hours of the 27.5 school week hours “without Special Education Support/Services” and IEP report (DDS 6) stated that her son spent 8.5 hours of the 27.5 school week hours “without Special Education Support/Services,” he always had an aide with him.

19. [REDACTED] has significant impediments to learning and has difficulty understanding or retaining concepts. For instance, despite being told to look both ways before crossing a street, he does not do so. Fifty percent of the time, he will put his shoes on the wrong feet or put his shirt on upside down.
20. According to [REDACTED] her son was born “as is” and has been like this since birth.
21. [REDACTED] [REDACTED] occupational therapist, began working with him in 2022, after he was 18 years old. Nonetheless, she opines that based upon her review of the data, [REDACTED] deficits existed prior to the age of 18.

Definitions:

Pursuant to section 1-1g of the Connecticut General Statutes, in order to be eligible for supports or services from the Department of Developmental Services due to an intellectual disability, an individual must demonstrate a significant limitation in intellectual functioning and deficits in adaptive behavior that originated during the developmental period, i.e., before the age of 18. Section 1-1g provides:

- (a) Except as otherwise provided by statute, ‘intellectual disability’ means a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior that originated during the developmental period before eighteen years of age.
- (b) As used in subsection (a) of this section, ‘significant limitation in intellectual functioning’ means an intelligence quotient more than two standard deviations below the mean as measured by tests of general intellectual functioning that are individualized, standardized and clinically and culturally appropriate to the individual; and ‘adaptive behavior’ means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for the individual’s age and cultural group as measured by tests that are individualized, standardized and clinically and culturally appropriate to the individual.

An intelligence quotient of more than two standard deviations below the mean equates to an IQ score of 69 or lower. Christopher R. v. Commissioner, 277 Conn. 594 (2006).

The petitioner has the burden to prove that he meets the eligibility criteria for DDS services. Id.

Discussion:

In order to meet the qualifications for intellectual disability under CGS 1-1g and receive services from DDS, [REDACTED] must prove by a preponderance of the evidence that he experiences concurrent significant limitations in intellectual functioning and adaptive behavior that originated, that is, first occurred, during the developmental period. Such limitations must be measured by tests that are individualized, standardized and clinically and culturally appropriate.

Although the neuropsychological evaluation set forth an Axis I diagnosis for [REDACTED] of a severe learning disorder with attentional and NVLD components and apraxia, the Axis II diagnosis was in fact, borderline intellectual functioning. The neuropsychological evaluation performed when [REDACTED] was [REDACTED] reported his full scale IQ as 56. In Dr. Rudin's estimation, an adaptive behavior skills level in the 1st percentile would equate to a score of below 70. [REDACTED] demonstrated behaviors and his test results from his developmental period establish the existence of an intellectual disability prior to the age of 18, as defined by CGS 1-1g. Prior to the age of 18, [REDACTED] exhibited "a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior."

The preponderance of the evidence demonstrates that [REDACTED] meets the standard of intellectual disability, as that term is defined by CGS 1-1g, and thus satisfies the eligibility criteria for DDS services.

Conclusion:

[REDACTED] is eligible for DDS services as an individual with intellectual disability.



Francis J. Forgione
Hearing Officer