



## Developmental Disability Determination Decision

Member Information	
Member Name:	Date of Birth:
Community Centered Board:	

Developmental Disability Criteria	
1. All requested documentation has been received within 90 calendar days of the request or during a requested 90 calendar day extension period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the above question was answered NO, stop here.          The individual does NOT meet criteria for a Developmental Disability.</i>	
2. Disability manifested before the person reached 22 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence:	
<i>If the above question was answered NO, stop here.          The individual does NOT meet criteria for a Developmental Disability.</i>	
3. Established neurological condition attributable to intellectual disability 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 intellectual or developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition/Diagnosis and Evidence:	
<i>If the above question was answered NO, stop here.          The individual does NOT meet criteria for a Developmental Disability.</i>	
<small>Assessments used to determine a developmental disability shall meet requirements as specified in Code of Colorado Regulations; DETERMINATION OF DEVELOPMENTAL DISABILITY*</small>	
4. Attached Intellectual and/or Adaptive Behavior testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment and date of testing:	Scores:
Assessment and date of testing:	Scores:
Assessment and date of testing:	Scores:
<i>If the above question was answered NO, stop here.          The individual does NOT meet criteria for a Developmental Disability.</i>	
5. Does testing and scores listed above meet criteria as specified in *Code of Colorado Regulations DETERMINATION OF DEVELOPMENTAL DISABILITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the above question was answered NO, stop here.          The individual does NOT meet criteria for a Developmental Disability.</i>	

\*[10 CCR 2505-10 8.607.2](#) Determination of Developmental Disability Decision; Revised January, 2019

Developmental Disability Criteria	
6. Are the above such conditions not solely attributable to only a physical or sensory impairment or a mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence when impairment is determined to only be due to physical or sensory impairment or mental illness (answered "No"):	
<i>If the above question was answered NO, stop here. The individual does NOT meet criteria for a Developmental Disability.</i>	

Decision
Determination Decision: <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria
Determination Date:
Order of Selection Date (OSD) for waiting list placement for HCBS-Developmental Disabilities Waiver:
<i>* If individual is under the age of 14, the above Order of Selection Date CANNOT be prior to their 14<sup>th</sup> birthday.</i>
Date Waiting List Record added to the Department prescribed system:
Comments:

Developmental Disability Professional(s) completing determination:	
Name:	Decision Date:
Title:	
Name:	Decision Date:
Title:	
Name:	Decision Date:
Title:	
Name:	Decision Date:
Title:	

\*[10 CCR 2505-10 8.607.2](#) Determination of Developmental Disability Decision; Revised January, 2019