

Supplemental information to assist Councils in preparing their response to the item requiring to Councils to analyze eligibility for services in terms of excluding people from services

(i) Criteria for eligibility for services*:

- Summarize the Council’s analysis of the eligibility criteria used to determine access to specialized services provided by State agencies that may exclude individuals with developmental disabilities from receiving services.
- This may include if available an analysis of eligibility criteria for generic services, waiver services, early intervention services, special education services, employment services, and long-term services and supports.
- Information about eligibility for services is required per Section 124(c)(3)(C)(ii).
- This section is limited to 4,000 characters.

Reference: Guidance for Completing the Five-year State plan template Developmental Disabilities Council p. 17

Although each State is unique with regard to eligibility for services, there are several eligibility requirements that may impact accessibility to services. Three broad categories impacting people with developmental disabilities specific to eligibility for various types of services (e.g., developmental disabilities services, generic services) include: a) income or means tested eligibility requirements; b) need based or “order of selection” eligibility requirements; and c) diagnosis or disability specific eligibility requirements. The following are questions Councils may find helpful when evaluating eligibility requirements of various programs designed to support people with developmental disabilities:

Income or means tested eligibility requirements:

To receive services, is an individual required to demonstrate a specific annual income?

Does the program or service organization require an individual to demonstrate financial need as a condition for receiving services?

To receive services, is an individual required to pay for services?

Are services available only to individuals who receive other benefits, such as Medicaid or Medicare?

Is the individual required to pay based on a sliding scale or any portion of fees associated with receiving services or supports?

Need based or “order of selection” eligibility requirements:

Are individuals evaluated and ranked based on level of disability to determine eligibility for services and/or supports?

Does the program have specific skill requirements in order for an individual to access services or supports?

To access services or supports, must an individual demonstrate a lack of access to supports and services available from other service providers?

Does the organization maintain a waiting list? If so, how are individuals ranked or placed on a waiting list?

Diagnosis or disability specific eligibility requirements:

Must an individual have a specific diagnosis or disability to access services or supports?

Are services designed and provided to meet the needs of a specific target population?

Does the organization exclude individuals with specific disabilities from accessing services or supports? (example – specific disability)

Does the definition of your State, specific to “disability” serve as a barrier with regard to eligibility?

It is important to note, these three broad categories associated with eligibility are not exclusive and other factors may impact eligibility. The following is a list of other factors, which may impact an individual’s eligibility for services and/or supports:

- Geographic location or residency
- Age
- Transportation
- Health care condition(s)
- Need for supports
- Mobility skills
- Self care skills

Evaluating Eligibility Requirement:

The following are resources Councils may find helpful when evaluating eligibility requirements:

- Agency Websites
- Brochures
- Special Reports
- Focus Groups
- Public Input
- Service Guide or Directory Publications
- Self Advocacy Groups