



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS  
**DIVISION OF DEVELOPMENTAL DISABILITIES**  
6 HARRINGTON ROAD – SIMPSON HALL  
CRANSTON, RI 02920  
(401) 462-3421

---

## INTRODUCTION TO THE APPLICATION FOR SERVICES

By completing this application, you are requesting services from the Rhode Island Division of Developmental Disabilities. Participation is voluntary; you may withdraw this request at any time.

See the Checklist on page 3 for the list of required documents. **Without these documents, and a signed application, your application will be considered incomplete and we will not be able to initiate the application review process.** Please note that the applicant and/or their legal guardian must sign ALL forms. If the applicant is unable to sign their name, they must make a mark on the signature line and have it witnessed by a friend or family member.

### CRITERIA TO RECEIVE BHDDH-FUNDED SERVICES

---

There are 2 requirements in order to receive BHDDH-funded services. You must:

1. Be eligible for BHDDH services by having an intellectual disability since birth or before age 22, or another type of developmental disability which requires services similar to those needed by people with an intellectual disability. See *Eligibility Criteria* below for more details.
2. And be found Medicaid eligible by the Department of Human Services.

### ELIGIBILITY CRITERIA

---

To be eligible for supports funded through the Division of Developmental Disabilities individuals must have an Intellectual Disability or meet the following definition of developmental disability, as stated in RI State Law: *The term 'developmental disability' means a severe, chronic disability of a person which:*

- *is attributable to a mental or physical impairment or combination or mental and physical impairments;*
- *is manifested before the person attains age twenty-two (22);*
- *is likely to continue indefinitely;*
- *results in [substantial functional limitations](#) in three or more of the following areas of major life activity:*
  1. *personal care*
  2. *communication*
  3. *mobility*
  4. *learning*
  5. *self-direction*
  6. *capacity for independent living*
  7. *economic self-sufficiency;*
- *and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are life-long or of extended duration and are individually planned and coordinated.*

## **SUBMISSION**

---

Mail **completed** applications and all other documents to:

BHDDH-DDD  
6 Harrington Road - Simpson Hall  
Cranston, RI 02920  
(401) 462-3421

Keep a copy of all documents for your records. The Division of Developmental Disabilities (DDD) will send confirmation when the COMPLETED application is received. If an application is incomplete, you will receive a letter listing what is missing and how long you have to submit the missing documents.

## **ELIGIBILITY DETERMINATION**

---

Complete application packets with **all** required documents (**see Checklist on page 3**), will be processed within 30 days. Once the Eligibility Committee has made a determination, a notice of the determination will be sent to the applicant. If the applicant has a legal guardian(s), they will also be notified, and, when appropriate, the agency, advocate, or professional who referred the applicant.

If the applicant is eligible, the letter will describe next steps. If the applicant is found ineligible, the notice will include the reasons for the determination and an explanation of the applicant's appeal rights. If a determination cannot be made, an in-person interview will be set up.

## **QUESTIONS**

---

If you have any questions while completing these forms, please call the Division of Developmental Disabilities (DDD) at **401-462-3421** and ask to speak with the covering eligibility caseworker.

**Please note that DDD cannot begin  
the eligibility determination process  
if any information is missing or incomplete.**

# CHECKLIST OF DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

The documentation listed in both boxes is needed to determine eligibility for services through the Division of Developmental Disabilities. Applicants who do NOT have a clear diagnosis of an Intellectual Disability will be assessed based on how the individual's disability significantly impacts functional abilities.

## Before submitting your application:

- Remember to sign the Application form. Only Applications that have been signed can be processed.
- Make sure all documentation is attached.

### General Documentation

- Copy of Applicant's **Birth Certificate or I-94 form**
- Copy of Applicant's **Social Security Card**
- Copy of **Private Insurance Card** (*if applicable*)
- Copy of **Medicaid and/or Medicare Card** (Medicaid/Medicare is not necessary for application submission)
- Proof of **Rhode Island Residency**  
*Acceptable documentation will be current and show name and address (no PO Box). This includes: a voter registration card, utility bill, bank statement, payroll check stub, tax records, lease, or current school records with the student's address, including a report card, diploma, transcript or ID card, together with parent's license/ID with same address.*
- If applicable, a copy of the **Probate Court's Appointment of Guardianship** paperwork or **Power of Attorney**

### Disability Related Documentation

- Official DSM Diagnosis** by medical doctor, psychologist, or licensed clinician, such as Down Syndrome, Fragile X Syndrome, or Intellectual Disability (*Please submit all diagnoses*)
- Intelligence/Cognitive Tests:** These tests, such as the Wechsler or Stanford-Binet, assess the applicant's intellectual/cognitive ability and generate IQ scores (*Please submit all available tests*)
- Vocational records** through school, Office of Rehabilitative Services, or other agency
- SASID #:** Obtained through your school primary teacher  
If applicable, also submit the following documentation:
  - Medical history** and most recent physical examination records documenting a medical disability
  - Psychiatric records** including any psychiatric hospitalizations
  - Any other agency records that document the applicant's abilities and limitations, including but not limited to CEDARR, PASS, HBTS reports, or school testing such as OT or PT



# APPLICATION FOR SERVICES

For Internal Use Only

## SECTION 1. PERSONAL INFORMATION

Applicant Name: \_\_\_\_\_ Gender:  M  F

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Residence Address:**

**Mailing Address (if different):**

Street: \_\_\_\_\_ Street/PO Box: \_\_\_\_\_

Apt: \_\_\_\_\_ Apt: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Living Arrangements:  Live Alone  With Family  Group Home/Residential  Other

### School Information

- Applicant has graduated or left school.
- Applicant is still attending school or receiving any school funded service.

Anticipated date of final school supported services: \_\_\_\_\_

School/Transition Program: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

SASID # (please obtain from primary teacher): \_\_\_\_\_

Should school contact also receive application updates?  Yes  No

If yes, email address: \_\_\_\_\_

### Other Services

Are you receiving services from:  
(check all that apply)

- CEDAR
- HBTS
- PASS
- ORS
- DCYF

### BHDDH

Please indicate how you learned about the Division of Developmental Disabilities/BHDDH:

\_\_\_\_\_

### Applicant's Disability/Disabilities

*Please note, disability must have occurred before your 22<sup>nd</sup> birthday.*

Age when disability/disabilities began: \_\_\_\_\_

Do you have an official diagnosis of an Intellectual Disability that has been determined by evaluation by a licensed psychologist or other licensed professional?  Yes  No

List all official diagnosis, to include medical, behavioral, and developmental, and attached supported documentation as listed in checklist on page 3.

\_\_\_\_\_

**Court-Appointed Guardian or Power Of Attorney**

Do you have a court appointed guardian?       Yes       No

Do you have a power of attorney                       Yes       No

If "Yes", complete the information below

- Enclose a copy of the Probate Court's Appointment of Guardianship paperwork or Power of Attorney document

Name of Guardian  
or Person with POA: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**SECTION 2: FUNCTIONAL INFORMATION**

*If the applicant is over the age of 21, please complete the following section for his/her abilities at age 21.*

**A. Do you have an official diagnosis of an Intellectual Disability (formerly MR)?**

- Yes → Go to Section 3
- No → Complete B – H Below

Please note the following definitions:

- NONE** = No assistance needed, independent with task
- PROMPTING** = Verbal reminders to initiate or for thoroughness
- DIRECT** = Physical assistance or total support needed

**B. LEARNING**

In school did you have an IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to read a newspaper?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What books or magazines do you read?		
Are you able to tell time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, with an analog (clock with a face and hands) or digital (numbers only, like 3:47 PM) clock?	<input type="checkbox"/> Analog	<input type="checkbox"/> Digital
Do you have sensory issues? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. SELF CARE**

*dressing, eating, grooming, hygiene*

**Do you need help to do the following:**

<b>Activity</b>	<b>None</b>	<b>Prompting</b>	<b>Direct</b>
Bathing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth brushing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair washing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain the areas where you need prompting or direct assistance:**

**D. EXPRESSIVE/RECEPTIVE LANGUAGE**

*talking to other people / understanding what they say to you*

- Are you able to understand other people when they talk to you?  Yes  No
- 
- Do you need any special help to communicate with people who don't know you well? (for example, sign language, communication device, pictures, or does someone you know "interpret" what you mean). If yes, please describe:  Yes  No

**E. MOBILITY**

*walking / getting around / motor skills*

- Do you need any special equipment or physical support to help you get around?  Yes  No
- Are you able to independently go up and down stairs?  Yes  No
- Are you able to fasten buttons?  Yes  No
- Are you able to fasten zippers?  Yes  No
- Are you able to use a pencil or pen?  Yes  No
- Additional Comments:

**F. SELF-DIRECTION**

*making your own decisions*

Do you have a representative payee for SSI/SSDI checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What bills do you pay on your own?		
How do you pay these bills (check, credit card, pay at site)?		
Who helps you with your goals and big decisions (moving, new job, etc.)?		
Does anyone help you with day to day planning/activities? If so how?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List clubs or organizations you belong to:		
Are you able to keep in touch with friends on your own? <i>(phone them or otherwise contact to make plans to get together)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need help to get out of your home in case of emergency? <i>If yes, please describe:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long are you comfortable being home alone?		
List two reasons to call 911:		
Do others sometimes take advantage of you (borrow money and not pay you back or take your belongings? If yes, what do you do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What would you do if a stranger is bothering you?		

## **G. INDEPENDENT LIVING**

*living on your own*

### **Meal Preparation:**

What kind of help do you need to use the following kitchen appliances:

<b>Activity</b>	<b>None</b>	<b>Prompting</b>	<b>Direct</b>
Stove:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Wash Dishes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

Are you able to make a grocery list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to read and follow a recipe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe food items that would make a healthy meal:

Describe the help you would need to prepare this meal:

### **Household Chores:**

What kind of help do you need to do the following household chores:

<b>Activity</b>	<b>None</b>	<b>Prompting</b>	<b>Direct</b>
Vacuuming:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing Bedding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping and Mopping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning a Bathroom:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

**Errands and Appointments:**

What kind of help do you need in the following areas:

Activity	None	Prompting	Direct
Riding the RIPTA Bus:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (Food, Clothes):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting Appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to Appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Doctor's Orders:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Medication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

If you buy something in a store, do you count your change?  Yes  No

Can you tell if the change is the correct amount?  Yes  No

If you go to the store with \$14.00 and spend \$5.00, how much will you have left? \_\_\_\_\_

How many quarters are in \$1.75? \_\_\_\_\_

What are your current medications?

**H. ECONOMIC SELF-SUFFICIENCY**

*Work*

What kind of help do you need in the following areas:

Activity	None	Prompting	Direct
Locate a job & complete application:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in basic job interview:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn the job:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return from break on time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept correction:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

List any paid jobs you have held (past or present):

List any volunteer jobs you have held (past or present):

### **SECTION 3: SERVICES REQUESTED THROUGH THE DIVISION OF DEVELOPMENTAL DISABILITIES**

Describe the type of services or supports you believe you need (a service could be a Job Coach; and support could be “help getting a job”). For example: Do you need help with getting a job? Do you need assistance to get dressed? Do you need family support? Do you need some place to live?

---

---

---

---

---

---

---

---

---

---

- Case Management** – Services of a Social Worker through the Division to assist in accessing supports.
- Employment Supports** – Supports to find and keep a job.
- Day Supports** – Supports to assist with volunteer experiences or recreational and social activities.
- Community Supports** – Direct support and assistance for participants for recreational and social activities, or for the relief of the caregiver, in or out of the participant’s residence.
- Home Modifications** – Changes in the home to enhance the individual’s ability to be independent.

## SECTION 4: RELEASES

HIPAA Release	
Name: _____	Date of Birth: ____/____/____
<p><b>Release of Information</b></p> <p>I authorize the release of information including educational, medical, psychological, vocational, and other records that will assist the Division of Developmental Disabilities in the eligibility determination process. This information may be released to the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, Division of Developmental Disabilities.</p> <p>This <b>Release of Information</b> will remain in effect for 1 year from the date signed unless terminated by me in writing earlier.</p> <p><b>Messages</b></p> <p>Please call:</p> <p><input type="checkbox"/> my home</p> <p><input type="checkbox"/> my work</p> <p><input type="checkbox"/> my cell number: _____</p> <p>If unable to reach me:</p> <p><input type="checkbox"/> you may leave a detailed message</p> <p><input type="checkbox"/> please leave a message asking me to return your call</p> <p><input type="checkbox"/> _____</p> <p>The best time to reach me is (<i>day</i>) _____ between (<i>time</i>) _____</p> <p>Signed: _____ Date: ____/____/____</p> <p>Witness: _____ Date: ____/____/____</p>	

Notification Of Eligibility Decision			
If you would like a copy of the BHDDH eligibility decision notice sent to anyone besides yourself, you must provide the name and address of the person below. This serves as written authorization to allow BHDDH to release information and to send a notice to anyone other than the applicant or legal guardian.			
Name	Relationship to applicant ( <i>e.g., guardian, representative</i> )		
Address	City	State	ZIP



## SECTION 6: SUBMISSION

**Did You Need Help In Completing This Form?**       Yes       No

If "Yes", who helped you complete it?

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

I give permission to BHDDH to discuss my application and records with the person named above for the purpose of completing the eligibility determination process.

Please send this application and copies of all required records to BHDDH. Mail to:

**BHDDH-DDD  
6 Harrington Road - Simpson Hall  
Cranston, RI 02920  
(401) 462-3421**

You will receive an email or letter confirming the receipt of this application.

### **Signature**

By signing below, I agree that the information contained in this application is true and correct, whether given by me or a representative.

<b>Signature</b>	<b>Date</b>

<b>Print name</b>

<b>Relationship</b>
<input type="checkbox"/> Self ( <i>adult applicant</i> )
<input type="checkbox"/> Adult's court-appointed guardian
<input type="checkbox"/> Minor's custodial parent or legal guardian



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals  
DIVISION OF DEVELOPMENTAL DISABILITIES  
6 Harrington Road – Simpson Hall  
Cranston, RI 02920-3080  
TEL: (401) 462-3421 – FAX: (401) 462-2775

Greetings,

Welcome to an introduction to adult services for transition age youth! In Rhode Island, transition planning occurs between the ages of 14 – 22 for students who have been diagnosed with an Intellectual or Developmental Disability that indicates support services into adulthood may be needed.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH/DDD), in collaboration with Rhode Island Parent Information Network (RIPIN), has created this folder to provide information to assist you in creating a plan of action to strengthen your child's transition to adulthood.

You may have received a similar packet during your child's previous Individual Education Plan (IEP) meetings. The information in this packet is slightly different as your child is now 17 years of age or older. At this age it is important to consider completing the enclosed application for adult service. Through submission of this application and substantiating documentation, DDD can determine eligibility for adult service by age 17, giving you and your child time to plan for their future.

You may be concerned about your child's ability to make informed decisions as they near adulthood. Trying to decide the best thing to do for your soon-to-be adult child can be overwhelming. Disability Rights RI (DRRI) has put together a booklet of information on guardianship and alternatives to guardianship. This information may be useful in assisting you to make a decision. The booklet can be found at <https://www.drri.org/resources/publications>

The option of employment has likely been a topic of discussion during your child's IEP meetings. Employment supports are available within adult services should your adult child choose to pursue this path. Until that time, applying for Supplemental Security Income (SSI) when your child turns 18 may provide monthly income and access to Medicaid, necessary to fund adult support services. More information regarding application for SSI can be found here <https://www.ssa.gov/benefits/ssi/>

RIPIN holds information sessions, peer to peer support and education regarding navigating adult services to assist parents and transitioning youth in developing a plan for their future. Please review the RIPIN brochure in this folder or call 270-0101 for information. DDD staff is also available to answer questions and can be reached at 462-3421 or by email at [Transition@bhddh.ri.gov](mailto:Transition@bhddh.ri.gov). To reach the Administrator directly, please call 462-2519 or email [susan.hayward@bhddh.ri.gov](mailto:susan.hayward@bhddh.ri.gov)

Thank you for taking the time to review this folder. By doing so you are taking an important step in helping your child build a strong and successful future.

Sincerely,

Susan Hayward, MSW, LCSW  
Administrator, Transition Services

## What Supports Are Available through your DD Provider?

- **Support Coordination**
- **Supported Employment**
- **Day and Community Activities**
- **Transportation**
- **Community Supports**
- **Residential Supports**
- **Emergency Assistance**

## Employment First

Employment First promotes community-based, integrated employment as the first option for services for individuals with disabilities. BHDDH is committed to assisting individuals to access employment services and achieve self-sufficiency through employment enhancement, work force development and job creation.

## Division of Developmental Disabilities (DDD) Our Mission...What Do We Do?

The Division of Developmental Disabilities (DDD) provides an integrated, community based system of services and supports for adults with developmental disabilities (DD). This system allows individuals with DD to utilize natural supports within their community while safeguarding their health and safety, promoting self sufficiency, human rights and ensuring equitable access to and allocation of available resources to be responsive to the needs of each individual.

Our vision is for all individuals with developmental disabilities to live a full and satisfying life in an integrated, community based setting.



DIVISION OF  
DEVELOPMENTAL DISABILITIES  
6 Harrington Road, Cranston, RI 02920  
401-462-3421  
401-462-3014 - Spanish line  
[www.bhddh.ri.gov](http://www.bhddh.ri.gov)



## What's Next for Me?

## Transition to Adult Services

DIVISION OF  
DEVELOPMENTAL DISABILITIES  
6 Harrington Road, Cranston, RI 02920  
401-462-3421  
401-462-3014 - Spanish line  
[www.bhddh.ri.gov](http://www.bhddh.ri.gov)

# Receiving Services From the Division of Developmental Disabilities

## Who is Eligible?

To be eligible for supports funded through BHDDH's Division of Developmental Disabilities (DDD), individuals are required to meet the following definition of developmental disability as stated in RI State Law:

“The term ‘developmental disability’ means either an intellectual disability or a severe, chronic disability of a person which:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments
- Is manifested before the person attains the age of 22
- Is likely to continue indefinitely
- Results in substantial functional limitations in three or more of the following areas of life activities:
  - Self-care
  - Expressive/Receptive Language
  - Mobility
  - Learning
  - Self-direction
  - Capacity for independent living
  - Economic self-sufficiency
- Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are life-long or of extended duration and are individually planned and coordinated.

## Step 1 Apply for Eligibility

If you are interested in receiving Developmental Disability (DD) services, the application can be found on the BHDDH website at [bhddh.ri.gov/developmentaldisabilities](http://bhddh.ri.gov/developmentaldisabilities) or call (401) 462-3421 and request an application.

The decision to apply to the adult system is an individual one and conversations should begin well before exiting the school system. Students are encouraged to apply 2 months prior to their 17th birthday. A confirmation letter will be sent upon receipt of application. Completed applications will be reviewed by the eligibility committee within 30 days.

## Step 2 Supports Intensity Scale

The SIS-A (Support Intensity Scale) is a standardized assessment tool designed by the American Association on Intellectual and Developmental Disabilities (AAIDD) to measure the pattern and intensity of supports that an adult with a developmental disability requires to be successful in a community setting. The tool is administered by a certified SIS worker in a 2-3 hour meeting with the participant and two or more respondents who know the person well. This can include his/her family, teachers, service providers, and anyone else the participant wants to include. The results of this assessment will yield a tier package that will assist in the service planning process.

## Step 3 Meet with a DD Social Case Worker

Once you are found eligible, you will be assigned a DD Social Case Worker. That caseworker will assist you in planning for your future. Discussion will include The Employment First Initiative and the array of options available to you through services with a licensed service provider, self-directed supports, and resources within your community.

## Step 4 Choose a Service Model

The next step is selecting a service provider who can assist you in managing your own self-directed plan or explain agency service options that may help you reach your goals. You will meet with the provider to develop an Individual Service Plan (ISP). An ISP details your long and short-term goals and the steps and resources necessary to reach your goals. This plan is submitted to DDD for approval. ISP's are reviewed and submitted annually, but can be modified if necessary.

.....  
\* **Please note**—In order to begin receiving services, you must also be eligible for funding through Medicaid. The Medicaid eligibility application can be found on the Department of Human Services (DHS) website.



RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

## **DIVISION OF DEVELOPMENTAL DISABILITIES**

6 Harrington Road – Simpson Hall

Cranston, RI 02920-3080

TEL: (401) 462-3421 – FAX: (401) 462-2775

### **Transition to Adult Services for Students with Developmental Disabilities**

**The RI Division of Developmental Disabilities** provides an integrated, community based system of services and supports for adults with developmental disabilities (DD). Our vision is for all individuals with developmental disabilities to live a full and satisfying life in an integrated, community based setting. The Division is also committed to providing supports to assist individuals in accessing integrated community based employment.

**While in school:** The Division is committed to inform students and their families about DD services. For students 14-16 an informational packet will be shared. For students 16-21 years old, when invited to an IEP/CDP meeting, the Division will make every effort to have a DD representative attend.

**When to apply:** The Division has an *eligibility by 17* policy which encourages students to apply for adult DD services as early as 16 yrs, 10 months. Early applications allow for additional planning time and assist in a smoother transition from school to adult services. Applications are on our website at [www.bhddh.ri.gov/developmentaldisabilities/](http://www.bhddh.ri.gov/developmentaldisabilities/) If you have any questions about the eligibility process, please call 462-3421 and ask to speak to the covering eligibility caseworker.

**Medicaid:** Services you are eligible for through the Division are funded by Medicaid. Once determined eligible for DD, you will need to fill out a Medicaid application. You need to be found eligible for the Long term supports services waiver in order to receive funding for DD services.

\*Please note - If you receive Medicaid through the Katie Beckett program, your Medicaid will end at age 19. Between the ages of 18 and 19, you should apply for SSI if you haven't already – [www.ssa.gov](http://www.ssa.gov) . After age 18, your family income will not be considered and only the student's income and assets will be regarded. If you don't think you will need SSI, you can apply for Medicaid through RI's Dept of Human Service <http://www.dhs.ri.gov/Programs/LTCApplications.php>

**SIS:** The SIS-A (Support Intensity Scale) is a standardized assessment tool that measures the intensity of supports an adult with a developmental disability requires to be successful in a community setting. This evaluation is completed after you are determined eligible for DD services. The assessment is scheduled by BHDDH and the tool is administered by a certified SIS worker in an approximately 2-hour meeting with the participant and two or more respondents who know the person well. It usually is administered at the school to include both family and teachers. The results of this evaluation will be sent to you in a letter stating what tier level which will identify the level of support for which you are eligible

**Case management:** During your final school year, you will be assigned to a caseworker who will inform you of the options available to you for integrated day, supported employment, and community services. When you are ready to begin services, you will choose either a service provider or self-directed plan writer to develop a service plan. Whenever possible your assigned caseworker will make every attempt to be at your last school IEP/CDP meeting to assist in planning your transition to adult services.

## Frequently Asked Questions

### ***When and how do I submit an application?***

Applications can be submitted any time you turn 16 yrs 10 months. To apply, please download an application from our website at [www.bhddh.ri.gov](http://www.bhddh.ri.gov) – click on Developmental Disabilities, then click on the Apply for Services button at the bottom of the page. If you do not have internet access or a printer, please call 401-462-3421 and ask for an application to be mailed to you. The application describes the documentation that must be included. Completed applications can be mailed to the address at the top of the application.

### ***How do I know what services I am eligible for?***

Everyone determined eligible has access to integrated day, supported employment, and community supports. These services are available through either a service provider or self-directed supports. The level of support need is determined by the SIS-A assessment. After you are determined eligible, a SIS-A (Supports Intensity Scale) assessment will be administered. The results of this assessment will be a tier level which determines what level of supports are available to you.

### ***Who will help me access services?***

Once you are determined eligible for services, a social caseworker from the Division will be assigned to you. If you are still in school, your social caseworker will attend your last IEP/CDP meeting at school with you. They will assist you with information regarding services, options available to you, information on the process, and answer any question you have.

### ***When and how do I apply for Medicaid?***

If you are not currently receiving Medicaid, you should apply as soon as possible. After you are determined eligible for services through the Division, we will assist you in applying for the Long-Term Support Services through Medicaid often referred to as Waiver services. Since the services you will receive from an agency are funded by Medicaid, this application must be approved by the Department of Human Services (DHS) before services can begin. If you are found not eligible for Medicaid your services will not be funded.

### ***When do I start services?***

Once you choose either a service provider or self-directed model for services a planning meeting will be held that provides you the opportunity to discuss your goals and plans for your future. You will then choose several goals that you would like to work on over the next year. Together with the providing agency or self-directed plan writer, you will develop a service plan based on those goals. This plan is then submitted to the Division 45 days prior to the start of services and is approved or sent back if changes need to be made. Once your service plan is approved by the Division and your Medicaid Waiver application is approved by DHS, you will be able to begin services.

### ***What to expect in the adult system?***

Every year you will have a person-centered planning meeting to discuss goals, services and future planning. You will determine who you would like to invite to your meeting and a Plan Writer will assist you in setting it up. After the initial SIS assessment, one will be conducted every 5 years unless there is a change in circumstances which requires a new SIS to assess level of need.



## ***Pathways to Adult Services (for Individuals with Developmental Disabilities)***

# **NAVIGATION CHECKLIST**

Child/Individual Name: \_\_\_\_\_  
 Date of Birth (DOB): \_\_\_\_\_  
 Anticipated Graduation Date: \_\_\_\_\_

AGENCY		CONTACT INFORMATION	NEXT STEPS	Deadline	☑
1.	Supplemental Security Income (SSI) (Under age 18)	1-800-772-1213 <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>			.
	Supplemental Security Income (SSI) (Over age 18)	1-800-772-1213 <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>			.
2.	Healthcare Transition	Contact Pediatric Health/Dental Provider <ul style="list-style-type: none"> <li>Ask about transition plan to an adult provider for both medical and dental</li> </ul>			.
3.	Medicaid (Katie Beckett) (Under age 19)	RIPIN Parent Consultant 401-462-0633			.
	Medicaid (Over age 18)	Contact DHS office (see handout)			.
4.	Cedar Family Centers (up to age 21) <ul style="list-style-type: none"> <li>support</li> <li>care coordination</li> <li>connection to services</li> </ul>	Centers available statewide (see handout) <a href="http://www.eohhs.ri.gov/Consumer/FamilieswithChildren/ChildrenwithSpecialNeeds.aspx">http://www.eohhs.ri.gov/Consumer/FamilieswithChildren/ChildrenwithSpecialNeeds.aspx</a>			.
		• HBTS			
		• Kids Connect			
		• PASS			
		• Respite			
5.	Office of Rehabilitation Services (ORS) (supports available at age 16)	<a href="http://www.ors.ri.gov/Forms.html">http://www.ors.ri.gov/Forms.html</a> ORS, 40 Fountain Street, Providence, RI 02903 401-421-7005			.
6.	Supported Decision Making and Alternatives to Guardianship (Age 18)	Disability Rights RI (formerly RI Disability Law) 401-831-3150 <a href="https://www.drri.org/">https://www.drri.org/</a>			.

AGENCY		Additional Information	Next Steps	Deadline	☑		
7.	<b>Division of Developmental Disabilities</b>		401-462-3421 <a href="http://www.bhddh.ri.gov/developmentaldisabilities/index.php">http://www.bhddh.ri.gov/developmentaldisabilities/index.php</a>			.	
	<b>STEP #1</b>	<ul style="list-style-type: none"> <li>Apply for eligibility via website</li> <li>Complete application and gather necessary documentation</li> <li><b>Submit 60 days prior to 17<sup>th</sup> birthday</b></li> </ul>	Include birth certificate, SS Card, insurance card, Medicaid and/or Medicare card, proof of RI residency, Probate Court Appointment of Guardianship or Power of Attorney; official DSM Diagnosis, IQ tests, vocational records, SSAID#, Medical history, psychiatric records; and any other agency records that document the applicant's abilities and limitations, including but not limited to CEDAR, PASS, HBTS reports, IEP or school testing such as OT or PT.			.	
		<ul style="list-style-type: none"> <li>Reviewed within 30 days</li> <li>Notice of eligibility determination</li> </ul>					
		<ul style="list-style-type: none"> <li>State Transition Coordinator</li> </ul>					Monitors case until last year student exits high school. <a href="mailto:Carolee.Leach@bhddh.ri.gov">Carolee.Leach@bhddh.ri.gov</a> or 401-462-1723
	<b>STEP #2</b>	<p><b>During last year of High School:</b></p> <ul style="list-style-type: none"> <li>Complete <i>Support Intensity Scale</i> (SIS)</li> </ul>	Once eligibility determined, <b>SIS-A may be coordinated between one to two years prior to student's exit from school.</b> Interview process time may vary. Questions will be based on the individual's ability to live independently, <b>without support.</b>				.
		<ul style="list-style-type: none"> <li>Resource Allocation</li> </ul>	DD will notify you by letter <b>of your SIS Service Tier Package</b> and the resource allocation for your services, which are adult DD Medicaid Waiver funded (contact DHS for further details).				
	<b>STEP #3</b>	<p><b>During last year of High School:</b></p> <ul style="list-style-type: none"> <li>Social Case Worker (SCW) Assigned</li> </ul>	<ul style="list-style-type: none"> <li>Assist in service planning</li> <li>Assist in identifying community support/natural supports</li> <li>Provide information on services available including Employment First initiatives</li> <li>Provide information on <b>Self-Directed Services</b> and <b>Service Provider Options</b></li> </ul>				.
<b>STEP #4</b>	<ul style="list-style-type: none"> <li>Choose a Service Model: Agency Services OR Self-Directed Services</li> <li>Develop Individualized Support Plan (ISP)</li> <li>Complete DHS-2 Waiver</li> </ul>	Interview and choose Developmental Disabilities Organization (DDO-Service Provider) for Agency Services or Self Direction, then start developing an <b>Individual Support Plan (ISP)</b> . Once agreement with service provider completed, you have <b>90 days to complete your first ISP, DHS-2 Waiver, and submit to DDD Social Case Worker.</b>				.	
<b>STEP #5</b>	<ul style="list-style-type: none"> <li>Annual Review of Plan</li> </ul>	When renewing funding, you will need to complete updated ISP and have delivered to DDD <b>no later than 45 days prior to your anniversary date.</b> DDD will review your ISP and services are re-authorized.				.	

## **Documents to Keep for Youth Transitioning to Adult Life**

### **Takeaways from this handout:**

- You can ease the transition to adulthood for your youth by having him or her organize an ongoing file of important documents they will need after high school.
- You may want to develop a filing system using the categories and sections below; or you may want to set up your own method.
- The documents may be paper copies, digital copies, or some of each.
- It is important to make sure that all of the documents mentioned in this handout are organized and stored in an easily accessible location.

### **Job Portfolio**

- Job history, including dates and contact information
- Letters of reference
- Resume
- Vocational assessments
- Volunteer experiences
- Examples of academic or job accommodations that your son or daughter has used successfully in the past.
- Examples of effective assistive technology that your son or daughter has used in the past (including prices, suppliers, and potential funders if possible) for your personal use.

### **Health History**

- Allergies
- Documentation of any relevant medical diagnosis (current within the last three to five years)
- Immunization records

- Medications (type, date started or stopped, and any side effects)
- Keep contact information and names of doctors, dentist, specialists, and therapists
- Pharmacy contact information

### **Personal Documents**

- Birth certificate (copy)
- Passport (copy)
- Current community service providers
- Emergency contact information
- Health and other insurance information (copy)
- Social Security card (copy)
- Identification card or driver's license (copy)

### **School Records**

- Copies of Individualized Education Programs (IEP) for last several years
- Diploma (copy)
- High school transcript (copy)
- Current evaluation reports (over the past three years)
- Letters of recommendation
- Report card and progress reports
- Samples of academic, art or design work
- Examples of effective accommodations and assistive technology
- Summary of Performance (required upon graduation with a regular diploma or when a youth exceeds the age of eligibility for special education services at 21)

The documents you keep and organize will help your youth make a smoother transition from high school to adulthood.



We help with  
**special education,  
healthcare and  
more.**

**Contact Us**    401-270-0101  
info@ripin.org  
www.ripin.org

Our services are **free, confidential, and multilingual.**

## WHO DOES RIPIN HELP?

RIPIN helps any Rhode Islander,  
from infants to seniors.

### Why call RIPIN?

We can help you **access** and **navigate**:

- Special education and supports
- Healthcare and health insurance
- Special services for children and young adults with disabilities

### How does RIPIN help?

We can:

- Connect you to our statewide peer network
- Assist with care coordination
- Provide workshops on special education, health and policy
- Provide leadership training to parents
- Represent the consumer voice to policymakers

*RIPIN peer professionals  
have personal experience  
caring for a loved one  
with special needs.*



### RIPIN State and Federal Agency Designations:

**Parent Training and Information Center (PTIC):**  
for parents of children navigating special  
education

**RIREACH:** health insurance consumer  
assistance program

**RIPIN Healthcare Advocate:** ombudsman for  
people with Medicare and Medicaid

**Cedar Family Center:** coordinates care for  
children with special healthcare needs

**Family Voices:** resources and support for  
families who have children with special  
healthcare needs

**Early Intervention (EI) Parent Consultants:**  
supports families of infants and toddlers with  
developmental delays

**Medical Home Portal (RI):** information for  
parents and professionals caring for children  
with special healthcare needs

### Rhode Island Parent Information Network

300 Jefferson Boulevard, Suite 300  
Warwick, RI, 02888

RIPIN is a 501(c)3 non-profit organization.



## ¿A QUIÉNES AYUDA RIPIN?

RIPIN ayuda a cualquier Rhode Islander, desde bebés hasta adultos mayores.

### ¿Por qué llamar a RIPIN?

Podemos ayudarle a navegar:

- Educación especial y apoyos
- Cuidado de la salud y el seguro de salud
- Servicios especiales para niños y jóvenes con discapacidades

*Los profesionales pares de RIPIN tienen experiencia personal cuidando a un ser querido con necesidades especiales.*

### ¿Cómo ayuda RIPIN?

Podemos:

- Conectar a nuestra red de pares de todo el estado
- Asistir con la coordinación de la atención
- Proporcionar talleres sobre la salud, la educación y la política
- Proporcionar formación de liderazgo para los padres
- Representar la voz del consumidor a los encargados de formular políticas

## Designaciones de Agencias Federales y Estatales de RIPIN:

**Parent Training and Information Center**

**(PTIC):** para padres de niños que navegan la educación especial

**RIREACH:** programa de asistencia al consumidor del seguro de salud

**RIPIN Healthcare Advocate:** defensor del pueblo para personas con Medicare y Medicaid

**Cedar Family Center:** coordina el cuidado de niños con necesidades especiales de salud

**Family Voices:** recursos y apoyo para las familias que tienen niños con necesidades especiales de salud

**Early Intervention (EI) Parent Consultants:** apoya a familias de bebés y niños pequeños con retrasos en el desarrollo

**Medical Home Portal (RI):** información para los padres y los profesionales que atienden a niños con necesidades especiales de salud

Obtenga ayuda con **educación especial, cuidado de la salud y más.**

**Contáctenos** 401-270-0101  
info@ripin.org  
www.ripin.org

Nuestros servicios son **gratis** y **confidenciales** y **multilingüe**.



**Rhode Island Parent Information Network**

300 Jefferson Boulevard  
Suite 300  
Warwick, RI 02888

RIPIN es una organización sin fines de lucro 501 (c) 3.

## Here are some important things to know about healthcare transition:

- ▶ You will need to understand your health condition to be successful in higher education and the work force.
- ▶ If you have an IEP, your school is required to begin transition planning with you when you are 14.
- ▶ When you turn 18, you are legally considered to be an adult. You are able to make decisions about your healthcare.
- ▶ Your health insurance eligibility may change when you turn 18.

You can transition at your own pace. Everyone is unique, and everyone has strengths and challenges.

**Sound like a lot of work?  
It may be, but with  
the right information  
and  
the right people to help,  
you can make  
a healthy transition  
to adulthood.**

## You can find more information online:

Rhode Island Department of Health  
Office of Special Needs  
[www.health.ri.gov/specialneeds](http://www.health.ri.gov/specialneeds)

Got Transition.org  
[www.gottransition.org](http://www.gottransition.org)

The Rhode Island Parent  
Information Network (RIPIN)  
[www.RIPIN.org](http://www.RIPIN.org)



For information on healthcare transition, call the Health Information Line:  
401-222-5960 / RI Relay 711

# GRADUATE TO ADULTHOOD

how healthcare transition works



a guide for  
**YOUNG ADULTS**

# Q&A

## Q: What is healthcare transition?

**A:** Healthcare transition is about getting involved in things that have to do with staying healthy. It's about YOU!

Healthcare transition is taking responsibility for your own health needs and not depending on anyone else to do it for you, like your parents or caregivers.

## Q: Okay, so it's about me... but what can I do?

- A:** There are things YOU can do every day.
- ▶ Become more independent by taking care of your needs.
  - ▶ Learn how to stay healthy.
  - ▶ Find out about your medical history  
Make a copy of your immunization record.
  - ▶ Keep track of your appointments and commitments.
  - ▶ During doctor's visits, be ready to ask and answer questions about your health.
  - ▶ If you take medicine, learn what it's for, when and how to take it.
  - ▶ Think about your future and plan how you will get there.
  - ▶ Have a primary care doctor (not a pediatrician) by age 21.

## Q: Why do I have to think about it now?

**A:** It takes time and practice to become responsible and independent. As your body grows and your feelings and relationships change, so will your healthcare needs. There's a lot you need to know, so take the time to ask your parents, caregivers, and doctors questions.

**“We need to get ready for adulthood now.”**



**“It's really important to get a doctor who talks to you about everything, someone you feel comfortable talking to”**

## Questions to ask your doctor:

- Can you explain my medical condition to me and make sure I can explain it back to you?
- When do I need to switch to an adult primary care doctor?
- How do I choose an adult doctor?
- What happens when I go away to college or move?
- Can you help me learn about all my medicines?

## Questions to ask your parents or caregivers:

- Will your health insurance still cover me when I turn 18?
- Are there important papers that I should have?
- Can you help me create a system to get organized?
- Was anyone ever sick in our family?
- What is my medical history?
- Can you help me make a list of things to talk to the doctor about?
- I want to be more independent. What do you do for me that you think I can do for myself?



## Rhode Island Special Needs Emergency Registry

### 3 EASY WAYS TO START GETTING PREPARED TODAY

#### 1 Enroll in the Rhode Island Special Needs Emergency Registry (RISNER)

Many people may need extra help during a time of emergency, including people of all ages who have speech, cognitive, developmental, mental health, sensory and mobility disabilities, chronic conditions, and/or other special healthcare needs.

- Enrolling in RISNER lets police, fire, and other first responders in your community better prepare for and respond to your needs during a hurricane, storm, or other emergency.
- Your information is held confidentially. The information submitted to RISNER is only shared with local and state first responders and emergency management officials and it will only be used if there is a need to protect your safety and well-being.

For more information and how to enroll, visit [www.health.ri.gov/emregistry](http://www.health.ri.gov/emregistry)

#### 2 Have an "ICE" (In Case of Emergency) Contact in Your Cell Phone

Program an ICE – In Case of Emergency – contact in your cell phone today so you can easily be helped should you need it.

- First responders can get the information they need to identify you, give you the right medical care, and know who to call first if you are involved in an accident or other emergency.

For more information about how to set up an ICE contact in your smartphone or other mobile device, visit [www.incaseofemergency.org](http://www.incaseofemergency.org)



#### 3 Sign up for CodeRED Emergency Alerts

Rhode Island has invested in **CodeRED**, an emergency notification system that can notify residents and businesses by phone, text, and/or email about sudden emergency situations such as severe weather, power outages, evacuation notices, fires, floods, chemical spills

- The system can send messages to entire communities, specific neighborhoods, or streets, providing users with real-time alerts.

To register online, visit [www.riema.ri.gov](http://www.riema.ri.gov) and click on the **CODE RED** icon at the bottom of the page.





## Registro de Emergencias para Personas con Necesidades Especiales del Cuidado de la Salud en Rhode Island

### 3 FORMAS FACILES DE EMPEZAR A ESTAR PREPARADOS HOY

#### 1 Inscríbese en el Registro de Emergencias para Personas con Necesidades Especiales del Cuidado de la Salud de Rhode Island (Special Needs Emergency Registry, RISNER por su nombre y siglas en inglés)

Muchas personas pueden necesitar ayuda extra durante una emergencia, incluyendo personas de todas las edades, quienes tienen incapacidades del habla, cognitivas, desarrollo, salud mental, incapacidades sensoriales y motrices, condiciones crónicas y/u otras necesidades especiales del cuidado de la salud.

- Inscribirse en "RISNER" le permite a la policía, al departamento de bomberos y/a otras agencias que primero responden a emergencias en su comunidad, a prepararse mejor para responder a sus necesidades durante un huracán, una tormenta o cualquier otra emergencia.
- Su información se mantiene confidencial. La información enviada a "RISNER" solamente se comparte con los oficiales que primero responden y manejan las emergencias tanto locales como estatales y solo se usará si es necesario proteger su seguridad y su bienestar.

Para más información y para inscribirse, visite la página de internet: [www.health.ri.gov/emregistry](http://www.health.ri.gov/emregistry).

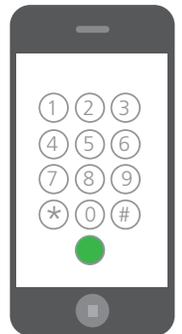
#### 2 Tenga un contacto en su celular llamado "ICE" ("In Case of Emergency", en caso de emergencia)

Programe un contacto en su celular llamado "ICE" (en caso de emergencia) y así usted pueda ser ayudado fácilmente, si lo necesita.

- Los que primero responden a emergencias pueden obtener la información que ellos necesitan para identificarle, proveerle el cuidado médico correcto y saber a quién llamar primero, si usted está involucrado en un accidente o en otra emergencia.

Para más información acerca de cómo programar un contacto "ICE" en su teléfono celular inteligente o cualquier otro teléfono móvil, visite la página de internet:

[www.incaseofemergency.org](http://www.incaseofemergency.org)



#### 3 Inscríbese en "CodeRed" Alertas de Emergencias

Rhode Island ha invertido en "CodeRED", un Sistema de notificación de emergencias, que puede notificarles a los residentes y negocios vía teléfono, mensaje de texto y/o correo electrónico, acerca de alguna situación de emergencia inesperada tales como inclemencias del clima, falta de electricidad, notificaciones de evacuación, incendios, inundaciones, derrames químicos.

- El sistema puede enviarle mensajes a comunidades enteras, a vecindarios específicos o calles, proveyendo así alertas de inmediato.

Para registrarse en el internet, visite [www.riema.ri.gov](http://www.riema.ri.gov) y haga clic en la palabra **CODERED** (sello código rojo) en la parte baja de la página.





# Supports Intensity Scale (SIS) Fact Sheet

Individuals who are determined eligible for services by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) Division of Developmental Disabilities (DDD) will have to complete an assessment. The Supports Intensity Scale (SIS) is a standardized assessment tool to identify the support needs for individuals eligible for BHDDH/DDD services in Rhode Island.

## What is the Supports Intensity Scale (SIS)?

The SIS is a nationally recognized, standardized assessment tool for individuals with intellectual and developmental disabilities that measure the amount of supports an individual will need to live and work in the community.

## What does the Supports Intensity Scale measure?

The Supports Intensity Scale measures supports required by an individual in 57 life activities in the areas of daily living; community living; lifelong learning; employment; health and safety; social interaction; and protection and advocacy. Each activity is evaluated according to the frequency, daily support time, and type of support required by the person to participate in the activity.

The SIS also measures an individual's behavioral support needs and medical needs.

## Why does Rhode Island use the Supports Intensity Scale?

Traditionally, an individual's level of developmental disability has been measured by the skill deficits. The SIS focuses on the supports people with developmental disabilities need to live as independently as possible in the community. It measures the support a person needs "to be successful" in life.

## Who developed the Supports Intensity Scale?

The SIS was developed by a team of experts from the American Association on Intellectual and Developmental Disabilities (AAIDD). This team included self-advocates family members, and professionals in the field of developmental disabilities.

## Who administers the Supports Intensity Scale?

The SIS assessment is completed in the form of an interview by an AAIDD certified SIS interviewer.

## How often is the Supports Intensity Scale administered?

After the initial assessment, the SIS is administered every 5 years.

## What can I expect?

BHDDH staff will schedule a face to face interview with the BHDDH/DDD participant and family members, friends, service providers or others that know the individual well. The interviewer will describe a number of life activities and ask the group to rate the amount of support the individual would need to participate in each of the activities. The individuals involved in the SIS, especially parents, should understand that they will be asked to evaluate their child's abilities without any supports.

### **Who should attend the Supports Intensity Scale interview?**

- ❖ It is required that the person who is eligible for services participates in the interview.
- ❖ The SIS will have at least two people present who know the individual in different environments and have known the individuals for at least 3 months.
- ❖ Participants must have had recent opportunities to observe the person in one or more environments for substantial periods of time (at least several hours per setting).
- ❖ Participants can be parents, relatives, guardians, any person providing services/natural supports to the individual, work supervisors, teachers, or any other individual who works or lives with the person being assessed.

### **What are the benefits of the Supports Intensity Scale?**

Knowledge of an individual's strengths and needs. It also provides important information which can be used to plan the individual service plan (ISP).

### **When will I receive my Supports Intensity Scale results?**

When an individual is first found eligible for BHDDH/DDD services, **they will be notified of SIS results typically within 60 days. All existing DDD participants already receiving services will be notified within 90 days prior to participant anniversary date.**

**For more information contact BHDDH, the Division of Developmental Disabilities, call (401) 462-3421**