DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

AGE OF 18 REDETERMINATION PACKET INFORMATION

What does redetermination mean?

"Redetermination" means the Division of Developmental Disabilities (DDD) looks at the information we have about you. DDD will review it and decide if you are still eligible for DDD. You will continue to receive support and services during the redetermination process. DDD will tell you if you are no longer eligible. DDD will also tell you what to do if you disagree.

What will happen during redetermination?

- You must fill out a new application.
- DDD will review your records **90** days before your **18th** Birthday.
- DDD will verify your records show a DDD-qualifying diagnosis and at least three (3) substantial functional limitations.
- DDD will not ask for more information if it has ALL the records needed.
- DDD will contact you by phone, email, or letter to let you know the results once a decision is made.

How am I eligible?

You must have:
At least one (1) of five (5) qualifying diagnoses:

- Autism;
- Cognitive/Intellectual Disability;
- Epilepsy;
- Cerebral Palsy; or
- Down Syndrome, and

At least three (3) of seven (7) substantial functional limitations because of a qualifying diagnosis.

What are the qualifying substantial functional limitations?

The substantial functional limitations are Learning, Self-Direction, Self-Care, Receptive and Expressive Language, Mobility, Capacity for Independent Living, and Economic Self-Sufficiency.

What can I do to help during redetermination?

Give your Support Coordinator any new:

- Medical, behavioral, and/or psychological records and evaluations
- Multidisciplinary Evaluation Team (MET) and Individualized Education Plan (IEP) records
- Physical, speech, or occupational therapy records

Where do I send the new records?

Send your new records to your assigned Support Coordinator at any time by fax, email, or mail. You can also give a copy to your Support Coordinator at your next Person-Centered Service Plan meeting.

What if I need help?

DDD can help you get records. Sign the Release of Information form (at the end of this packet) with the names of the places you need us to ask for records. You must sign a Release of Information form for each place you need us to request records.

What if I am found not eligible?

DDD will write you a letter and tell you why you are ineligible. The letter will tell you how to ask for an Administrative Review if you disagree with the decision. You will continue to get all of your services and support during this process.

Will I lose insurance?

No, as long as you continue to meet the AHCCCS eligibility requirements. Contact the Arizona Long Term Care System at 602-417-6600 for further ALTCS and AHCCCS eligibility requirements.

Why do I need to sign an application?

In Arizona when you turn 18 you are considered an adult. As a legal adult, you have the right to decide if you want DDD eligibility and services. Your signed application tells us you want to keep DDD eligibility.

What if it is hard for me to make legal decisions?

You can get help with the redetermination process if you need it. Your Parent/Guardian can still sign on your behalf if you are under the age of 18. There are several options if you need help to make legal decisions. The Legal Options Manual gives these options in an easy way to understand. People who support you can also contact Raising Special Kids for information about transition to adulthood workshops. This information should be provided by your Support Coordinator at your Person-Centered Service Plan meetings.

How Do I submit my signed DDD Age of 18 Application?

You can give the application to your Support Coordinator by email, fax, mail or in person if you have already signed the application. The end of this packet has a copy too. You can complete it at your next meeting with your Support Coordinator and give it to them at the meeting.

Have questions?

Email any questions to DDDredeterminations@azdes.gov

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local

APPLICATION FOR REDETERMINATION OF ELIGIBILITY AT AGE 18

To consider if you can keep DDD eligibility after you are age 18, the Division must get a completed application from you. To apply to continue eligibility, please complete the following steps:

STEP 1: Complete and sign this application.

STEP 2: Give the signed application and any guardianship orders to your assigned DDD Support Coordinator.

STEP 3: If we ask, after we have received this application, to give us records showing you have a developmental disability, including professional assessments and evaluations and a description of any other conditions you have. We will only ask you for records if we don't already have these records.

Section A (Applicant Information)

Full Legal Name: _____ Date of Birth: _____

Race/Ethnicity: _____ Primary Language: _____

Home Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Email Address: _____

Mailing Address (if different from home): _____

City: _____ State: _____ ZIP Code: _____

Contact Preference:

☐ Telephone ☐ Email ☐ US Mail

Section B (Responsible Person's Information)

☐ Check this box if you are the parent/legal guardian applying on behalf of a currently eligible individual.

☐ Check this box if you are an individual over the age of 18 and applying for yourself.

Complete the section below only if you are the parent/legal guardian

Full Legal Name: _____

Home Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Email Address: _____

Mailing Address (if different from home): _____

City: _____ State: _____ ZIP Code: _____

Date of current guardianship (please attach current order to this application): _____

County/State guardianship was obtained, if applicable: _____

*By signing below, I agree that:

- I am a US citizen and an Arizona resident.
- I will give this application to my assigned DDD Support Coordinator.
- I have given DDD all current court orders from a Court documenting legal guardianship.
- I will work with my assigned DDD Support Coordinator and DDD Redetermination Specialist to get any documents I need to continue DDD eligibility. I will ask them to help me collect records if I need their help.
- Everything I have stated in this application is true.

Who can sign the application?

- Parent/legal guardian of the individual under the age of 18
- An individual over 18 years of age without a court appointed legal guardian
- A legal guardian, appointed by a court (need to provide proof of guardianship)

Name (please print): _____

Responsible Person's Signature: _____

Today's Date: _____

Please submit this application to your assigned DDD Support Coordinator

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

AUTHORIZATION FOR RELEASE OF INFORMATION

Individual's Full Name: _____ Date of Birth: _____
(Last, First, Middle)

I give permission for the following entity to share my protected health information:

Medical Professional/Agency/Educational Setting/Other:

_____ Date of Request: _____

To the Division of Developmental Disabilities:

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Fax Number *(If faxing)*: _____

I allow the protected health information checked below to be shared with the medical professional, agency, educational setting or other listed above:

- ☐ Physician Records
- ☐ Newborn Records
- ☐ Labor, Birth & Delivery Records
- ☐ Audiology Records/Reports
- ☐ Psychological Reports
- ☐ Occupational Therapy Reports
- ☐ Speech and Language Reports
- ☐ Physical Therapy Reports
- ☐ Mental Health Records
- ☐ Latest 504 Plan or Individual Education Plan and Evaluation Report
- ☐ Other *(Specify)*: _____

This disclosure is being made at my request, and I choose not to state the reason for this disclosure. Information will be used to determine eligibility for the Division of Developmental Disabilities. This authorization shall expire a year from the date below.

I understand that once the records and information authorized herein are disclosed to entities or persons outside of DDD, they could be redisclosed by the recipient(s) and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. However, DES/DDD service providers generally are bound by contract and law to maintain the confidentiality of the health and other information received, especially that relating to HIV infection, AIDS or AIDS-related conditions, and psychological or psychiatric conditions.

By signing this **Authorization**, I understand that:

- I may refuse to sign this authorization; however, I understand that the DDD may not be able to determine eligible for services.
- I may inspect or copy any information to be disclosed under this authorization.
- I may have a copy of this document.
- I may revoke this authorization at any time, by sending written notification of the revocation; except to the extent that the disclosed authorization has been acted upon.
- A copy of this authorization shall be as valid as the original.
- Copy fees will not be reimbursed by the Division.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date of Authorization: _____

DDD Age of 18 Redetermination Checklist

This checklist shows what information is still needed for redetermination. Please provide all “checked marked” documents to your Support Coordinator as soon as possible.

If you received educational services DDD needs your most recent:	If you received employment services such as VR and SSI:	Updated Medical Records	Legal documentation
Your most recent Multidisciplinary Evaluation Team **(MET)** ☐ Yes ☐ No	Vocational rehabilitation Letter ☐ Yes ☐ No	Recent Doctor Visits reports ☐ Yes ☐ No	Signed DDD age of 18 application form ☐ Yes ☐ No
Individual Education Plan **(IEP)** ☐ Yes ☐ No	Social Security approval Letter ☐ Yes ☐ No	Speech therapy evaluation reports ☐ Yes ☐ No	Court records indicating legal guardianship ☐ Yes ☐ No
Your most recent 504 School Plan ☐ Yes ☐ No	Job site accommodations ☐ Yes ☐ No	Physical Therapy evaluation reports ☐ Yes ☐ No	Court records indicating Power of Attorney ☐ Yes ☐ No
Private school accommodations ☐ Yes ☐ No	Adult Residential program and facilities plans ☐ Yes ☐ No	Occupational therapy evaluation reports ☐ Yes ☐ No	Public Fiduciary records ☐ Yes ☐ No