Commissioner Jordan A. Scheff
Department of Developmental Services

CONNECTICUT

FINAL DECISION

Sent via email [redacted] ***Certified Mail*** [redacted]

April 14, 2026

[redacted]

RE: Final Decision

Dear [redacted]

On February 11, 2026 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 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.

Jordan A. Scheff
Commissioner

Enclosures

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

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
PROPOSED MEMORANDUM OF DECISION

ELIGIBILITY HEARING

IN RE: [redacted] February 10, 2026

Introduction:

A remote hearing via Microsoft Teams was held on January 28, 2026 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 January 28, 2026:

[redacted]	Mother of [redacted]
Dr. Margaret Rudin	Psychologist for the Department of Developmental Services

[redacted] was in the background during the hearing.
[redacted], the husband of [redacted], passed through the room at times and obtained [redacted] nonverbal speaking device, which is a tablet used by [redacted] with images on it.

The following exhibits were entered into evidence:

HO-1	DDS Denial Eligibility 9/5/2025
HO-2	Request for Hearing 9/9/2025
HO-3	Notice of Hearing 9/12/2025
DDS-1	DDS Eligibility Application 6/15/2025
DDS-2	DDS Denial Eligibility 9/5//2025
DDS-3	DDS Second Review Dr. Rudin 9/5/2025
DDS-4	Autism Spectrum Services Letter 9/5/2025
DDS-5	Neuropsychological Evaluation, Report Date [redacted]
DDS-6	Psychoeducational Evaluation, dates of evaluation: [redacted]
DDS-7	Intellectual Functioning (IQ) Testing [redacted]
DDS-8	Medical Notes, [redacted] (2 pages with dates of 4/21/2025, 12/26/24, 8/23/24)
DDS-9	Individualized Education Program [redacted]
DDS-10	Individualized Education Program [redacted]
DDS-11	IEP at a Glance, Date Generated [redacted]

DDS-12 Psycho-Educational Evaluation, Report Date [redacted]

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] date of birth is [redacted]
3. [redacted] is the mother of [redacted]
4. [redacted] has been diagnosed with autism. The Department of Developmental Services has determined that [redacted] is eligible for services from the Autism Spectrum Services Program. See DDS-4.
5. In [redacted] when [redacted] was [redacted] years and [redacted] months old, she underwent a neuropsychological evaluation. See DDS-5.
6. As part of the neuropsychological evaluation, the Stanford-Binet Intelligence Scales, 5th Edition (SB5) were administered. A full scale IQ score of 51 was reported. Dr. [redacted] explained that the "scores should be considered only an estimate of potential skills, as behavioral issues and difficulties with understanding directions and verbal communication clearly limited full expression of possible skills. It should be considered an accurate estimate of current skills, however, and a descriptive statement of current functioning." Dr. [redacted] also attempted to administer the Wechsler Preschool and Primary Scales of Intelligence-4th Edition (WPPSI-IV), but [redacted] was unable to complete the necessary tasks to obtain a score on the WPPSI-IV. See DDS-5.
7. The General Adaptive Composite score from the Adaptive Behavior Assessment System, Third Edition (ABAS-3) was 56. See DDS-5. Dr. Rudin explained that a score of 56 on the ABAS-3 is more than two standard deviations below the mean.
8. In [redacted], a Psychoeducational Evaluation was performed. See DDS-6. According to the evaluator, [redacted], "[redacted] testing behavior was inconsistent."

Due to limited language and behavioral issues, [redacted] full cognitive skills could not be assessed. She required support from a paraeducator in order to sit and participate in the testing. [redacted] required ongoing prompting and breaks, especially when her behaviors escalated. On the Test of Nonverbal Intelligence-4 (TONI-4), [redacted] scored a 78. Dr. Rudin explained that the TONI-4 is an IQ test and that the score of 78 was a full scale IQ score. On the Behavior Assessment System for Children, 3rd Edition (BASC-3), [redacted] obtained a "T" adaptive skills composite score of 31 from her teacher. On the Adaptive Behavior Assessment System, Third Edition (ABAS-3), [redacted] general adaptive composite score was 62, which Dr. Rudin explained is more than two standard deviations below the mean.

9. [redacted] underwent Intellectual Functioning (IQ) Testing on [redacted]. See DDS-7. The Wechsler Intelligence Scale for Children-Fifth Edition (WISC-5) was administered. Dr. [redacted] explained that [redacted] is "a minimally verbal young girl with Autism with considerable behavioral challenges that impacted her ability to both attend to tasks, as well as answer task items." The results of the WISC-5 indicated a full scale IQ of 40. However, insofar as the WISC-5 test results, [redacted] was only able to complete one of the five indices of evaluation (verbal comprehension index). Dr. Rudin asserted that [redacted] inability to complete the visual spatial, fluid reasoning, working memory and processing speed indices would have affected the IQ scoring as the testing was incomplete. Dr. Rudin explained that the WISC-5 relies heavily on verbal skills and since [redacted] is nonverbal, the test would be difficult for her. Dr. [redacted] attempted to present [redacted] with the Comprehensive Test of Nonverbal Intelligence (CTONI-2) but [redacted] was unable to perform the required tasks or provide any responses for the CTONI-2.
10. The medical records from [redacted] set forth "problems" for [redacted], including attention deficit hyperactivity disorder, autism spectrum disorder and developmental delay.
11. The Individualized Education Programs begin with a primary disability of autism as of [redacted] (See DDS-9), but then the primary disability changes to

intellectual disability as of [redacted]. See DDS-10. The IEP at a Glance also reports a primary disability of intellectual disability. See DDS-11.

12. A Psycho-Educational Evaluation was conducted in [redacted] See DDS-12. [redacted] attained a Full Scale IQ score of 58 on the Wechsler Nonverbal Scale of Ability (WNV). Dr. Rudin testified that the Wechsler Nonverbal Scale of Ability (WNV) is an IQ test and that the score of 58 is more than two standard deviations below the mean.
13. As part of the Psycho-Educational Evaluation, [redacted] mother and teacher completed the Behavior Assessment System for Children, 3rd Edition (BASC-3). [redacted] "T" score for adaptive skills as rated by her mother was found to be a 13. [redacted] "T" score for adaptive skills as rated by her teacher was found to be a 21. See DDS-12. The T scores of 13 and 21 are more than two standard deviations below the mean.
14. The General Adaptive Composite score from the Adaptive Behavior Assessment System, Third Edition (ABAS-3) was 62 on the teacher scale and 53 on the parent scale. See DDS-12. Both scores are more than two standard deviations below the mean.
15. Dr. [redacted], the school psychologist who administered the Psycho-Educational Evaluation in [redacted] (DDS-12) reported that [redacted] had difficulty engaging in the testing procedures due to [redacted] being nonverbal and due to behavioral issues. She explained that "[redacted] had difficulty exerting her full effort and frequently randomly responded or perseverated on picking the same number. Therefore, her distractibility, sensory sensitivities, and stereotypical behaviors negatively impacted her performance, so the current assessment may underestimate her actual intellectual functioning." (See DDS-12).
16. [redacted] explained that her daughter requires prompting and assistance with virtually all activities of daily living. [redacted] wets the bed almost every night and has frequent accidents at school. Her mother brushes her teeth, bathes her, and takes care of all of her needs.
17. [redacted] language is very limited and she uses a nonverbal speaking device to communicate on a very basic level.

18. [redacted] is a safety risk and requires handholding in order to prevent her from running away. She must be supervised at all times.
19. [redacted] does not understand directions or rules.
20. [redacted] will eat anything and everything, such as sticks, rocks, and other objects, if not closely monitored.
21. [redacted] will put clothes on backwards, inside out or unbuttoned.
22. According to her mother, [redacted] is "never going to change."

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

she 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.

In [redacted], [redacted] full scale IQ score of 51 was more than two standard deviations below the mean. Her adaptive behavior composite score on the ABAS-3 was 56, also more than two standard deviations below the mean.

In [redacted], the TONI-4 was administered and [redacted] scored a 78. According to Dr. Rudin, the TONI-4 is an IQ test. [redacted] adaptive composite "T" score on the Behavior Assessment System for Children, Third Edition (BASC–3) from her teacher was 31. On the Adaptive Behavior Assessment System, Third Edition (ABAS-3), [redacted] adaptive composite score was 62, more than two standard deviations below the mean.

The Wechsler Intelligence Scale for Children-Fifth Edition (WISC-5) was administered on [redacted] by Dr. [redacted]. (See DDS-7). [redacted] full scale IQ score was 40. Due to [redacted] verbal and behavioral challenges, [redacted] was only able to complete one of the five test indices for evaluation. According to Dr. Rudin, [redacted] inability to complete the Visual Spatial, Fluid Reasoning, Working Memory and Processing Speed Indices renders the IQ assessment incomplete. Dr. Rudin argues that the WISC-5 is not an appropriate test for [redacted] because she is nonverbal. Dr. [redacted] attempted to administer the Comprehensive Test of Nonverbal Intelligence (CTONI-2) but [redacted] "was unable to attend to tasks items and did not provide any responses." It should be noted that Dr. [redacted] concludes that "[redacted] profile of intellectual functioning places her in the **intellectually disabled** range."

As part of the Psycho-Educational Evaluation conducted in [redacted] (DDS-12), the Wechsler Nonverbal Scale of Ability (WNV) was administered. The WNV is an IQ test. [redacted] score of 58 was more than two standard deviations below the mean. The BASC-3 was also administered with "T" scores from her mother and teacher

at 13 and 21 respectively. The "T" scores of 13 and 21 are more than two standard deviations below the mean. The ABAS-3 scores were 62 on the teacher scale and 53 on the parent scale, both more than two standard deviations below the mean.

[redacted] clearly exhibits significant deficits in adaptive behavior. She is nowhere near being personally independent or socially responsible for someone of her age and, based upon the evidence presented, it is reasonable to conclude that she may never be independent or self-sustaining. She cannot engage in basic activities of daily living without significant assistance from others. She must be supervised and coached at all times.

Insofar as IQ scores, except for the TONI-4 score of 78, all of the IQ scores were more than two standard deviations below the mean. Although [redacted] behavior and lack of verbal ability impacted her cognitive scores, her educational team recognizes her as intellectually disabled and her academic programs are now tailored to someone who has an intellectual disability as evidenced by her most recent IEPs. (See DDS-10 and DDS-11). [redacted] behavior and cognitive functioning are static. She seems to be stuck in a pattern where there is little, if any, improvement intellectually or behaviorally. Although her inability to remain focused, limited language ability and dysregulation adversely impact her test taking ability, they demonstrate severe deficits in adaptive behavior and co-exist with a significant limitation in intellectual functioning. [redacted] needs a significant amount of assistance in order to make it through each day safely.

In order to establish the existence of an intellectual disability, the petitioner must prove by a preponderance of the evidence that she experiences a significant limitation in intellectual functioning existing concurrently with a deficit in adaptive behavior that originated before the age of 18. The preponderance of the evidence establishes 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