

COMMUNITY LIVING disABILITY SERVICES

Subject: **Assessment and Eligibility**



Families

ADULT DISABILITY SERVICES

PURPOSE:

This policy outlines the process for determining eligibility for Community Living disABILITY Services (CLDS).

LEGISLATIVE FRAMEWORK:

See definitions of “adult living with an intellectual disability” and “intellectual disability” under The Adults Living with an Intellectual Disability Act (ALIDA).

POLICY:

Eligibility

To be eligible to receive day, residential and/or support services from CLDS an individual must be an adult living with an intellectual disability as defined under ALIDA.

To be considered an adult living with an intellectual disability, the individual must meet the following criteria:

- be 18 years of age or older
- have a significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviour* which manifested itself prior to the age of 18 years (i.e. have an intellectual disability as defined in ALIDA).¹ This definition (and, accordingly, eligibility for CLDS) does not extend to individuals with an intellectual disability due exclusively to a mental disorder, as defined in Part I of The Mental Health Act.
- require assistance to meet their basic need with regard to personal care or management of their property.

**This criteria must be met by a diagnosis of “mental retardation” as outlined in the Diagnostic and Statistical Manual for Mental Disorders IV by a qualified clinician.*

N.B. The term “mental retardation” shall only be used to clarify diagnosis and shall not be used for communication purposes (e.g., eligibility letters, etc.). The term “mental retardation” is dated and expected to be changed to “intellectual disability” in the DSM V.

To be eligible for CLDS, an individual must also:

- be a Canadian citizen or a person legally entitled to remain and work in Canada on a permanent basis
- be a person who normally makes their home in or is ordinarily present in Manitoba (resident of Manitoba). This does not include a student who is a resident of another province or country and studying in Manitoba, a transient, or a visitor to Manitoba.
- have an established permanent residence off-reserve in Manitoba prior to referral or request for services, if the individual is of registered treaty status in Manitoba.

Support Services:

An adult living with an intellectual disability (as defined in this policy) is eligible for services as of age 18, with the exception of day service.

1 These criteria have been adopted by the American Association on Intellectual and Developmental Disabilities as the definition of “intellectual disability”.

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Day Service

An adult living with an intellectual disability is eligible for Day Services as of July 2nd of the calendar year in which the individual turns age 21.

CLDS is a discretionary program; eligibility does not confer entitlement to services.

Assessment

For the purposes of determining eligibility for CLDS, the Department will only accept assessment reports based on full versions of intellectual assessments. Abbreviated versions of tests (e.g. the Weschler Abbreviated Scale of Intelligence (WASI₂) will not be accepted.

Assessment information must be **current** and **conclusive** to meet the criteria for eligibility.

Assessment information is considered "current" if:

- the individual was at least 15 years old at the time of the assessment*; and
- the assessment was completed within the last five years if the individual was under age 18 at the time of the assessment; or
- the assessment was completed within the last ten years if the individual was age 18 or older at the time of the assessment.

**For individuals referred, for the purpose of transition planning, while still under the age of 18, assessments completed at age 13 or 14 will be considered acceptable as the “base” reference of intellectual status. However, clinicians will be required to provide written confirmation of the validity of the assessment as representative of the individual’s current intellectual status, confirming that the individual currently presents with significant impairments in intellectual functioning. This confirmation will require direct observation of the child by the clinician in addition to review of any other sources of validating information. (Reference: CLDS circulars CLDS #2009-02 and CLDS #2009-07)*

Assessment information is considered “conclusive” if a qualified clinician completed the assessment, and the assessment information:

- provides a clinical conclusion or interpretation of the derived scores establishing that the individual presents with significantly impaired intellectual functioning³; and
- does not contain any reservations or conditions that would influence the validity of the test results.

² The Wechsler Abbreviated Scale of Intelligence (WASI) is an abbreviated version of the Wechsler scales that is generally recognized as a screening tool applicable for research purposes or when a global estimate of cognitive functioning is required. The Department has assumed the position, consistent with recommendations accepted in the clinical community, that the application of the WASI will not be considered sufficient in assessing/determining an individual’s intellectual functioning for the purposes of identifying the individual as living with an intellectual disability. Although the WASI might suggest eligibility or non-eligibility regarding significant intellectual impairment, a clinical conclusion based on the full version of an intellectual assessment is required.

³ Consistent with the criteria for significantly sub-average intellectual functioning outlined in the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition -Text Revision (DSM-IV-TR).

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A diagnosis of a clinical syndrome or disorder or “level of retardation” by a physician or psychiatrist suggestive of significantly impaired intellectual functioning must be accompanied by psychometric information indicating the degree of intellectual impairment.

PROCEDURE:

ROLE OF THE COMMUNITY SERVICES WORKER (CSW)

To evaluate an individual’s eligibility to receive CLDS services and supports, during Intake (refer to Section 44, Intake), the CSW must determine or confirm the following information:

Confirmation of Age and Residency:

1. Confirm the applicant is 18 years of age or older .
2. Confirm the applicant is a Canadian Citizen or Permanent Resident of Canada
3. Confirm the applicant is a resident of Manitoba
4. Confirm the applicant has a permanent residency off-reserve in Manitoba.

Determining that the individual is an adult living with an intellectual disability:

The steps involved in this process, outlined in the following sections of the policy, include:

- the determination by a qualified clinician of significantly impaired intellectual functioning
- identification and documentation of concurrent impaired adaptive behaviour,
- confirmation of the presence of significantly impaired intellectual functioning and impaired adaptive behaviour prior to the age of 18

Step I: Confirmation of Significantly Impaired Intellectual Functioning

The determination of significantly impaired intellectual functioning is, for the purposes of this policy, restricted to a registered psychologist or a school psychologist (qualified clinician), and is ordinarily based on direct assessment of the individual with one or more standardized, individually-administered intelligence tests.

1. Review Existing Clinical Assessment Report(s)

Review any existing clinical assessment report(s) to:

- confirm that a qualified clinician has determined that the individual presents with significantly impaired intellectual functioning. and;
- confirm that impaired intellectual functioning was manifested prior to the age of 18 years.

If the assessment report does not provide a definitive clinical conclusion that the individual presents with significantly impaired intellectual functioning:

- The Program Manager/ Intake Coordinator will send an Assessment of Intellectual Functioning form to the assessing clinician in order to request their professional clinical opinion as to whether the individual presents with significantly impaired intellectual

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functioning and whether there are any reservations regarding the reliability and/or validity of the assessment results.

- CLDS will accept this information as confirmation of this eligibility criterion, and complete the processing of the application.

If the assessment report is current and conclusive with a definitive clinical conclusion that the individual has significantly impaired intellectual functioning, then proceed to the determination of impaired adaptive behaviour (Step II below).

If there are still questions regarding the validity of the clinical assessment or the individual’s intellectual status, consult with a Departmental psychologist.

2. Request of a New Clinical Assessment

If there is no current and conclusive clinical assessment of the individual's intellectual functioning, one must be obtained by the CSW from a qualified clinician.

Where the new clinical assessment report is “current and conclusive” in accordance with #1 above, proceed to Step II below.

If an individual is determined to be “untestable” by the assessing clinician due, for example, to level of impairment, physical disability or uncooperativeness, an opinion of the assessing clinician on the presence or absence of significantly impaired intellectual functioning may be considered acceptable for the purposes of eligibility determination for CLDS. These opinions must be reviewed by a Departmental psychologist.

Step II: Determination of Adaptive Behaviour

Adaptive behaviour refers to how effectively the individual copes with common life demands and meets the standards of independence expected of someone of the same age, socio-cultural background and community setting. Limitations should be identified within the environments in which persons of the individual’s age ordinarily live, learn, work and interact.

Generally, impaired adaptive behaviour may be identified in the following areas:

- communication: expressive and receptive language;
- self-care: feeding, dressing, toileting, grooming;
- home living: household cleaning, clothing care, kitchen skills, household safety;
- community use: travel skills, community safety, telephone use, utilization of community resources, shopping, banking;
- health and safety: treatment of injuries, care of health problems, personal safety;
- functional academics: reading, writing, numeric functions, time, money management;
- leisure: play skills, interpersonal skills, group participation, self-direction; and
- work: work habits and attitudes, work performance, work safety, interpersonal behaviour.

The CSW will determine the areas of impaired adaptive behaviour identified by the referral

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source and seek a unanimous consensus from those directly involved with the individual that their adaptive behaviour is impaired in these areas. The consensus must be based on direct observations, not unsubstantiated opinions. If the consensus is unanimous, the CSW will proceed to the determination of the need for supports (refer to Section 55, Support Needs Assessment).

Without a unanimous consensus, a determination of the individual’s adaptive behaviour is required using a recognized adaptive skills assessment. The CSW will refer the individual to an appropriately trained professional (e.g., a behaviour specialist/psychologist) to conduct the assessment in conjunction with those directly involved with the individual. (refer to Section 55, Support Needs).

Step III: Determination of Need for Supports

Seek a unanimous consensus from those directly involved with the individual that, given the environment in which the individual lives and their specific adaptive behaviour impairments, the individual requires assistance to meet their basic needs with regard to personal care or the management of their property (i.e., that the individual would be adversely affected without assistance). The CSW may be requested to assist with the determination of need for supports (refer to Section C55, Support Needs Assessment). The existence of an intellectual disability alone does not necessarily mean there is a need for supports. For example, the individual may live in an environment where their intellectual disability does not create difficulties.

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