

**Virginia  
Individual  
Developmental  
Disabilities  
Eligibility  
Survey –  
Infants’  
Version**

March 30

**2016**

Level of care tool for Virginia’s DD Waivers for individuals under age 3.

**VIDES -  
Infants**

Instructions for Completing  
Virginia Individual DD Eligibility Survey - Infants

**General Documentation Rules**

- Use legal names. Do not use nicknames. (Example: [bold is the correct format] **Jacqueline Johnson** vs. Jackie Johnson or **William Brown** vs. Nate Brown)
- The form is to be completed in pen, not pencil.
- The individual's name should appear on all pages.
- The evaluator must be a support coordinator/support coordination supervisor/case manager who has been trained in the administration of the VIDES.
- Ensure that the evaluator's signature (full name) and professional title appear on the form. The evaluator is accountable for the scoring and may be contacted to discuss or verify the scoring of the assessment. No Eligibility Survey will be accepted without the complete name of the individual being evaluated and the complete name and professional title of the evaluator. (Example: [bold is the correct format] J. Cooper, RN = **James Cooper, RN**)
- The complete month, day, and year must be documented on the form as the date of completion. All three must be present.
- Consider the individual's current functioning in community environments. Complete the attached survey presuming the needed services and supports (paid or unpaid) are not in place for the individual.
- The VIDES must be completed in the presence of the individual, though others (e.g., family members, guardian, staff, teachers, etc.) who know him/her well may be informers.
- The VIDES must be updated annually and any time there is a significant change in the individual's life that potentially affects the results of this survey. Refusal to participate may jeopardize continued waiver services.
- For the Infants' version, please note age indicators for each question. **Respond only to those items appropriate for the current age of the child at the time of the VIDES' completion. For a child "between ages," respond to the questions at the age level below his/her current age (e.g., for a 9 month old, answer the questions for a 6 month old).**

**DEFINITIONS:**

***"Rarely"*** means that the behavior occurs less than monthly to not at all.

***"Sometimes"*** means that a behavior occurs once a month or less.

***"Often"*** means that a behavior occurs weekly.

***"Regularly"*** means that a behavior occurs multiple times/week or more.

**VIRGINIA INDIVIDUAL DD ELIGIBILITY SURVEY - INFANTS  
SUMMARY SHEET  
MEDICAID DD WAIVERS**

Individual's Name: \_\_\_\_\_

*NOTE: The individual must meet the criteria in 2 or more of the following categories to justify need for services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or to meet level of care eligibility requirement for the DD Waiver(s).*

Date:		Date:		Date:		
MET	NOT MET	MET	NOT MET	MET	NOT MET	
						See qualifying option in each category below:
						<b>Category 1: Health Status</b>  Any one question answered with a 3 or a 4.
						<b>Category 2: Communication</b>  <b>FOR THOSE AGED 6 MONTHS:</b> Any two or more questions answered with a 3 or 4  <b>FOR THOSE AGED 1 YEAR:</b> Any one or more questions answered with a 3 or 4  <b>FOR THOSE AGED 18 MONTHS:</b> Any one or more questions answered with a 3 or 4  <b>FOR THOSE AGED 2 YEARS:</b> Any two or more questions answered with a 3 or 4
						<b>Category 3: Task Learning Skills</b>  <b>FOR THOSE AGED 6 MONTHS:</b> Any one or more questions answered with a 3 or 4  <b>FOR THOSE AGED 1 YEAR:</b> Any two or more questions answered with a 3 or 4  <b>FOR THOSE AGED 18 MONTHS:</b> Any two or more questions answered with a 3 or 4  <b>FOR THOSE AGED 2 YEARS:</b> Any two or more questions answered with a 3 or 4
						<b>Category 4: Motor Skills</b>  <b>FOR THOSE AGED 6 MONTHS:</b> Any two or more questions answered with a 3 or 4  <b>FOR THOSE AGED 1 YEAR:</b> Any one or more questions answered with a 3 or 4  <b>FOR THOSE AGED 18 MONTHS:</b>

					Any two or more questions answered with a 3 or 4 <b>FOR THOSE AGED 2 YEARS:</b> Any two or more questions answered with a 3 or 4
					Category 5: Social/Emotional <b>FOR THOSE AGED 6 MONTHS:</b> Any two or more questions answered with a 3 or 4 <b>FOR THOSE AGED 1 YEAR:</b> Any two or more questions answered with a 3 or 4 <b>FOR THOSE AGED 18 MONTHS:</b> Any one or more questions answered with a 3 or 4 <b>FOR THOSE AGED 2 YEARS:</b> Any two or more questions answered with a 3 or 4

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

## VIRGINIA INDIVIDUAL DD ELIGIBILITY SURVEY - INFANTS

Individual's Name: \_\_\_\_\_

**1. HEALTH STATUS**

How often does the individual require support (from a licensed nurse or other caregiver) for completion of the following:

*Please put appropriate number in the box under year of assessment.*

(Key: 1= Rarely, 2=Sometimes, 3=Often, and 4=Regularly)

	Date:	Date:	Date:
<p><b>FOR ALL AGES:</b>                      b) Skilled nursing or RN delegated care for direct medical services?  <i>For example, the individual requires skilled medical care (inclusive of RN delegation [training and ongoing monitoring] of direct support professionals), to include but not limited to; tube feedings, wound care, prescribed range of motion exercises, ostomy care, etc.</i></p>			
<p><b>FOR ALL AGES:</b>                      c) Regular monitoring of seizures and preventive measures?  <i>For example, the individual has a diagnosed seizure disorder, and/or when seizure activity is suspected ongoing assessment by physician is needed for evaluation of the progression.</i></p>			
<p><b>FOR ALL AGES:</b>                      e) Management of care of diagnosed chronic health condition (e.g., cardio-pulmonary conditions)?  <i>For example, the individual requires assistance from caregivers or therapists to manage a chronic condition, such as diabetes, rheumatoid arthritis, respiratory illnesses, cardiac conditions, Celiac Disease, Crohn's Disease, dysphasia, mental health disorders, special diets related to allergies/sensitivities, range of motion for spasticity, specialized therapies for Autism, Traumatic Brain Injury, etc.</i></p>			
<p><b>FOR ALL AGES:</b>                      f) Physician prescribed OT/PT for activities of daily living supports?  <i>For example, individual is currently receiving Occupational or Physical Therapy services that have been prescribed by a physician.</i></p>			
<p><b>FOR ALL AGES:</b>                      g) Physician/Speech &amp; Language Therapist/Occupational Therapist prescribed supports/protocol for choking/aspiration while eating, drinking?  <i>For example, the individual has a diagnosed swallowing disorder such as dysphasia, requires a prescribed special diet to accommodate, such as thickeners for liquids and foods prepared in a certain manner (e.g., pureed to a specific consistency, food restrictions, or food cut into defined small bites, etc.). This should also include prescribed protocols to ameliorate any concerns with aspiration while sleeping related to positioning and any respiratory diagnosis/concerns.</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

2. COMMUNICATION

How often does this person perform the following activities?

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<b>FOR THOSE AGED 6 MONTHS:</b> a) Responds to sounds by making sounds?			
<b>FOR THOSE AGED 6 MONTHS:</b> b) Responds to own name?			
<b>FOR THOSE AGED 6 MONTHS:</b> c) Strings vowels ("ah," eh," "oh") together when babbling?			
<b>FOR THOSE AGED 6 MONTHS:</b> d) Makes sounds to show joy and displeasure?			
<b>FOR THOSE AGED 1 YEAR:</b> e) Responds to simple spoken requests?			
<b>FOR THOSE AGED 1 YEAR:</b> f) Uses simple gestures, like shaking head "no" or waving "bye-bye?"			
<b>FOR THOSE AGED 1 YEAR:</b> g) Says "mama" and "dada" and exclamations like "uh-oh?"			
<b>FOR THOSE AGED 18 MONTHS:</b> h) Says several single words?			
<b>FOR THOSE AGED 18 MONTHS:</b> i) Says and shakes head "no?"			
<b>FOR THOSE AGED 18 MONTHS:</b> j) Points to show someone what he/she wants?			
<b>FOR THOSE AGED 2 YEARS:</b> k) Points to things or pictures when they are named?			
<b>FOR THOSE AGED 2 YEARS:</b> l) Knows names of familiar people and body parts?			
<b>FOR THOSE AGED 2 YEARS:</b> m) Says sentences with 2 – 4 words?			

**FOR THOSE AGED 2 YEARS:**

n) Follows simple instructions?

Notes/Comments:



Individual's Name: \_\_\_\_\_

3. TASK LEARNING SKILLS

How often does this person perform the following activities?

*Please put the appropriate number in the box under the year of assessment.*

(Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<b>FOR THOSE AGED 6 MONTHS:</b> a) Looks around at things nearby?			
<b>FOR THOSE AGED 6 MONTHS:</b> b) Brings things to mouth?			
<b>FOR THOSE AGED 6 MONTHS:</b> c) Tries to get things that are out of reach?			
<b>FOR THOSE AGED 1 YEAR:</b> d) Finds hidden things easily?			
<b>FOR THOSE AGED 1 YEAR:</b> e) Looks at the right picture or thing when it's named?			
<b>FOR THOSE AGED 1 YEAR:</b> f) Drinks from a cup?			
<b>FOR THOSE AGED 1 YEAR:</b> g) Follows simple directions like "pick up the toy?"			
<b>FOR THOSE AGED 18 MONTH:</b> h) Knows what ordinary things are for (e.g., telephone, brush, spoon)?			
<b>FOR THOSE AGED 18 MONTHS:</b> i) Points to get the attention of others?			
<b>FOR THOSE AGED 18 MONTHS:</b> j) Scribbles on his/her own?			
<b>FOR THOSE AGED 18 MONTHS:</b> k) Follow 1-step verbal commands without any gestures (e.g., sits when you say "sit down")?			
<b>FOR THOSE AGED 2 YEARS:</b> l) Follows 2-step instructions (e.g., "Pick up your shoes and put them in the closet.")?			
<b>FOR THOSE AGED 2 YEARS:</b> m) Names items in a picture book (e.g., cat, bird or dog)			

<b>FOR THOSE AGED 2 YEARS:</b> n) Builds towers or 4 or more blocks?			
<b>FOR THOSE AGED 2 YEARS:</b> o) Finds things even when hidden under two or three covers?			

Notes/Comments:

Individual's Name: \_\_\_\_\_

4. MOTOR SKILLS

How often does this person perform the following activities?

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<b>FOR THOSE AGED 6 MONTHS:</b> a) Rolls over in both directions?			
<b>FOR THOSE AGED 6 MONTHS:</b> b) Begins to sit without support?			
<b>FOR THOSE AGED 6 MONTHS:</b> c) When standing, supports weight on legs and might bounce?			
<b>FOR THOSE AGED 6 MONTHS:</b> d) Rocks back and forth, sometimes crawling backward before moving forward?			
<b>FOR THOSE AGED 1YEAR:</b> e) Gets to a sitting position without help?			
<b>FOR THOSE AGED 1YEAR:</b> f) Pulls up to stand; may stand alone?			
<b>FOR THOSE AGED 1YEAR:</b> g) Walks holding onto furniture; may take a few steps without holding on?			
<b>FOR THOSE AGED 18 MONTHS:</b> h) Walks alone?			
<b>FOR THOSE AGED 18 MONTHS:</b> i) Pulls toys while walking?			
<b>FOR THOSE AGED 18 MONTHS:</b> j) Helps undress him/herself?			
<b>FOR THOSE AGED 18 MONTHS:</b> k) Eats with a spoon?			
<b>FOR THOSE AGED 2 YEARS:</b> l) Stands on tiptoe?			

<b>FOR THOSE AGED 2 YEARS:</b> m) Kicks a ball?			
<b>FOR THOSE AGED 2 YEARS:</b> n) Walks up and down stairs holding on?			
<b>FOR THOSE AGED 2 YEARS:</b> o) Makes or copies straight lines and circles?			

Notes/Comments:

Individual's Name: \_\_\_\_\_

5. SOCIAL/EMOTIONAL

How often does this person perform the following activities?

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<b>FOR THOSE AGED 6 MONTHS:</b> a) Demonstrates recognition of familiar faces?			
<b>FOR THOSE AGED 6 MONTHS:</b> b) Plays with others, especially parents?			
<b>FOR THOSE AGED 6 MONTHS:</b> c) Responds to other people's emotions?			
<b>FOR THOSE AGED 6 MONTHS:</b> d) Likes to look at self in a mirror?			
<b>FOR THOSE AGED 1YEAR:</b> e) Demonstrates shyness/nervousness with strangers?			
<b>FOR THOSE AGED 1YEAR:</b> f) Cries when primary caregiver leaves?			
<b>FOR THOSE AGED 1YEAR:</b> g) Shows fear in some situations?			
<b>FOR THOSE AGED 1YEAR:</b> h) Has favorite things and people?			
<b>FOR THOSE AGED 18 MONTHS:</b> i) Hands things to others as play?			
<b>FOR THOSE AGED 18 MONTHS:</b> j) Demonstrates affection to familiar people?			
<b>FOR THOSE AGED 18 MONTHS:</b> k) Plays simple pretend (e.g., feeding a doll)?			
<b>FOR THOSE AGED 2 YEARS:</b> l) Copies others, especially adults and older children?			
<b>FOR THOSE AGED 2 YEARS:</b> m) Gets excited when with other children?			

<b>FOR THOSE AGED 2 YEARS:</b> n) Shows defiant behavior (e.g., doing what he/she has been told not to do)?			
<b>FOR THOSE AGED 2 YEARS:</b> o) Plays mainly <i>beside</i> other children, but begins to include other children (e.g., in “chase” games)?			

Notes/Comments: