





**DETERMINATION OF INTELLECTUAL DISABILITY OR RELATED CONDITION & ASSOCIATED TREATMENT NEEDS (DDPAS-5)**

**Part II. DETERMINATION OF THE NEED FOR ACTIVE TREATMENT**

**Date of Part II Determination** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check the applicable determination:  YES, the individual requires active treatment for intellectual disability or a related condition. (See DDD PAS Manual, Section 500.30.)

NO, the individual does not require active treatment for intellectual disability or a related condition. (See DDD PAS Manual, Section 500.30.)

Provide a careful explanation regarding this determination. Attach a separate page if necessary..

**Additional information is attached.**

**Enter the results on the DDPAS-2 and DDPAS-10. Sign and date this form. Provide a copy of the DDPAS-10 to the Individual/Guardian as a summary of the PAS determination and, if applicable, as a notice of the Right to Appeal.**

**Part III. Signature** (Determination and signature by anyone other than the PAS QIDP is invalid)

I have personally reviewed the information and data sources referenced in this document and hereby state that they are accurately described on this summary and that they are currently available in this record.

**Signature of PAS QIDP:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ADDITIONAL INFORMATION FOR COMPLETING PART I.**

Specific guidance for making determinations regarding Intellectual Disability and Related Conditions is provided in the DDD PAS Manual, Chapter 500, Section 500.20.

**ADDITIONAL INFORMATION FOR COMPLETING PART II.**

Specific guidance regarding the determination of the need for active treatment is provided in the DDD PAS Manual, Chapter 500, Section 500.30. In making the determination for the need for active treatment, the PAS agency must consider the individual's needs using: (1) the definition for active treatment; (2) the indicators for need for active treatment; (3) the indicators for the absence of a need for active treatment.