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## **200 REQUIREMENTS FOR DIVISION ELIGIBILITY OVERVIEW**

REVISION DATE: 5/29/2019, 4/17/2015

EFFECTIVE DATE: January 15, 1996

A person is eligible to receive services, within available appropriations, from the Division if that person voluntarily applies, is a resident of Arizona, is a citizen or legal resident of the United States, gives informed consent, cooperates with the Arizona Long Term Care System (ALTCS) eligibility process, and meets established diagnostic and functional criteria. It is the responsibility of the applicant, with guidance from the Division as needed, to provide the Division with a full complete record of the applicant's developmental, educational, familial, health, histories, including all relevant and accessible reports of psychological evaluations completed for the applicant.

The specific criteria for each of these eligibility requirements are described in this chapter.

## **200-A RESIDENCY**

REVISION DATE: 5/29/2019, 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.R.S. §§ 8-548, 36-559

A person is eligible to apply for services from the Division if such person is a bona fide resident of the State of Arizona.

Resident means a person who physically resides within the State of Arizona with the intent to remain. The person who would receive the services must be the resident except in the case of minors whose residency is deemed to be the same as that of the custodial parent(s). The residency requirement is not applicable to foster children who are placed pursuant to

A.R.S. § 8-548 and federal law regarding the Interstate Compact on the Placement of Children (ICPC).

The person signing the DDD application is affirming that the individual who would receive the services is a resident of the State of Arizona.

## **200-B CITIZENSHIP OR LEGAL RESIDENCY**

EFFECTIVE DATE: 5/29/2019

REFERENCES: A.R.S. §§ 46-140-01 (formerly known as Arizona Proposition 200)

A person is eligible to apply for services from the Division if the person is a citizen of the United States, legal resident of the United States or otherwise lawfully present in the United States.

All applicants must provide documentation showing that the person who would receive the services has lawful legal status. Legal status information is only required for the person needing services.

## **200-C SOCIAL SECURITY NUMBERS**

REVISION DATE: 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: The Federal Privacy Act, 5 U.S. Code § 552a (1974)

The Federal Privacy Act, 5 U.S. Code § 552a (1974) provides that a state agency cannot require, as a condition for receiving any right, benefit or privilege provided by law, the disclosure of a member's Social Security Number unless:

- A. The records system predates 1975 and used Social Security Numbers as identifiers;  
or,
- B. It has received special permission from Congress to require a Social Security Number.

The Division of Developmental Disabilities does not meet either criteria and, therefore, cannot require an individual or family to disclose their Social Security Number.

An individual or family may voluntarily disclose their Social Security Number.

## **200-E RESPONSIBLE PERSON AND APPLICATION**

REVISION DATE: 5/29/2019, 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.R.S. § 36-551(36)

The responsible person as defined in A.R.S. § 36-551(36) must:

- A. Sign application provided by the Division;
- B. Participate in face-to-face interview with a designated Department employee if requested by the Eligibility Specialist or applicant;
- C. Show evidence that the person who would receive the services is a resident of Arizona;
- D. Provide proof of the person who would receive the services age and health insurance; and,
- E. Supply documentation of the developmental disability in conjunction with the application.

## **200-G           DIAGNOSTIC AND FUNCTIONAL CRITERIA FOR INDIVIDUALS AGE SIX AND ABOVE**

REVISION DATE:     6/26/2019, 11/18/2016, 4/1/2016, 3/5/2016  
EFFECTIVE DATE:    January 15, 1996  
REFERENCES:        A.R.S. §§ 36-551 and 36-559; A.A.C. R6-6-303

Individuals age six and above are eligible to receive services from the Division, subject to appropriation, if they have a developmental disability and meet all other criteria for eligibility with the Division, pursuant to A.R.S. §§ 36-551 and 36-559, and Title 6, Chapter 6, Article 3 of the Arizona Administrative Code (A.A.C.).

"Developmental disability" as defined in A.R.S. § 36-551 means either a strongly demonstrated potential that a child under six years of age has a developmental disability or will develop a developmental disability, as determined by a test performed pursuant to A.R.S. § 36-694 or by other appropriate tests, or a severe, chronic disability that:

- A.     Is attributable to cognitive disability, cerebral palsy, epilepsy, or autism.
- B.     Is manifested before the age of eighteen.
- C.     Is likely to continue indefinitely.
- D.     Results in substantial functional limitations in three or more of the following areas of major life activity:
  - 1.     Self-care.
  - 2.     Receptive and expressive language.
  - 3.     Learning.
  - 4.     Mobility.
  - 5.     Self-direction.
  - 6.     Capacity for independent living.
  - 7.     Economic self-sufficiency.
- E.     Reflects the need for a combination and sequence of individually planned or coordinated special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration.

"Manifest before age eighteen," as defined in A.R.S. § 36-551, means that the disability must be apparent and have a substantially limiting effect on an individual's functioning before age eighteen. At least one of the four qualifying conditions identified in A.R.S. § 36-551, (cognitive/intellectual disability, autism, cerebral palsy, or epilepsy), must exist prior to the individual's eighteenth birthday.

"Likely to continue indefinitely," as defined in A.R.S. § 36-551, means that the developmental disability has a reasonable likelihood of continuing for a protracted period of time or for life. According to professional practice, "likely to continue" in relation to Traumatic Brain Injury (TBI) occurring prior to age 18, means that the condition must

continue to exist at least two years after the diagnosis was made.

"Substantial functional limitation," as defined in A.R.S. § 36-551, means a limitation so severe that extraordinary assistance from other people, programs, services, or mechanical devices is required to assist the individual in performing appropriate major life activities.

### **Cognitive/Intellectual Disability**

"Cognitive disability," as defined in A.R.S. § 36-551, means a condition that involves subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior manifested before age of eighteen, and that is sometimes referred to as "intellectual disability."

"Subaverage general intellectual functioning," as defined in A.R.S. § 36-551, means measured intelligence on standardized psychometric instruments of two or more standard deviations below the mean for the tests used.

"Adaptive behavior," as defined in A.R.S. § 36-551, means the effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of the individual's age and cultural group.

- A. Cognitive/Intellectual Disability is a neurodevelopmental disorder with onset during the developmental period. The diagnosis of intellectual disability is based on both clinical assessment and standardized testing of intellectual and adaptive functions. Acceptable documentation of cognitive/intellectual disability is a psychological or psychoeducational report prepared by a licensed psychologist, a certified school psychologist, or a psychometrist working under the supervision of a licensed psychologist or certified school psychologist. The psychologist must administer or supervise the administration of a reasonable battery of tests, scales, or other measuring instruments (instruments). The administered instruments must be valid and appropriate for the individual being tested, which includes considerations of physical impairments as well as being culturally and linguistically appropriate and psychometrically sound. The instruments used should be editions current for the date of testing. Critical components for tests administered include verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy.
- B. Documentation must show the following were considered during the psychological evaluation:
1. Other mental disorders identified in current guidelines established by the American Psychiatric Association, including schizophrenia, bipolar disorder, attention deficit hyperactivity disorder, and substance abuse;
  2. Significant disorders related to language or language differences;
  3. Physical factors, including sensory impairments, motor impairments, acute illness, chronic illness, and chronic pain;
  4. Testing performed during an acute inpatient hospitalization;
  5. Educational or environmental deprivation; and
  6. Psychosocial factors.



“Measured intelligence” means individually administered tests of intelligence measured with individually administered and psychometrically valid, comprehensive, culturally appropriate, psychometrically sound tests of intelligence. Individuals with cognitive/intellectual disability have scores of two standard deviations or more below the population mean, including a margin for measurement error (generally +5 points). On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65–75 ( $70 \pm 5$ ). Clinical training and judgment are required to interpret test results and assess intellectual performance. Examples of tests of intelligence typically accepted include, but are not limited to, the Wechsler Intelligence Scales (Wechsler Preschool and Primary Test of Intelligence, Wechsler Intelligence Scale for Children or Wechsler Adult Intelligence Scale), the Stanford-Binet, and the Kaufman Assessment Battery for Children.

- C. Examples of testing instruments from which IQ equivalent scores are sometimes obtained, but cannot be used as the sole source for determining cognitive/intellectual disability include, the Peabody Picture Vocabulary Test, Raven's Coloured or Standard Progressive Matrices, Matrices Analogies Test, Wechsler Abbreviated Scale of Intelligence, or assessments in which only portions of a Wechsler test are administered.
- D. The presence of cognitive/intellectual disability must be properly documented in the diagnostic section of the psychological or medical report. To determine eligibility, a diagnosis of cognitive/intellectual disability must also be supported by medical or psychological documentation to support the diagnosis and related impairments in adaptive functioning. A report that contains only an IQ test score must not be used as the sole source of justification that there is a presence of cognitive/intellectual disability.
- E. The purpose of psychoeducational evaluations is not diagnostic, but instead to identify educational accommodations and placement. If the available documentation is a psychoeducational evaluation, the educational classifications of a child with Mild Mental Retardation (MIMR) and a child with Moderate Mental Retardation (MMR) are not equivalent to a diagnosis of cognitive/intellectual disability for the purpose of eligibility with the Division. Psychoeducational evaluations from school psychologists that do not include a formal diagnostic statement regarding cognitive/intellectual disability may eventually contribute to the eligibility determination if the data in the educational record is consistent with the diagnosis of cognitive/intellectual disability per A.R.S. § 36-551.
- F. A complete psychological or psychoeducational evaluation report includes a medical, social, and/or educational history, a summary of previous testing results, results of the evaluator's interview with and/or observations of the individual and results of the individual tests of the battery administered. Useful scales designed to quantify adaptive behavior include, the expanded form of the Vineland Adaptive Behavior Scales and the American Association on Intellectual and Developmental Disabilities Adaptive Behavior Scales. Test scores alone are not a sufficient measure of adaptive behavior since most instruments are informant-based, rather than dependent upon direct observation of the individual, therefore, the most desirable assessment of adaptive behavior includes both standardized informant-based measures and direct observation of the individual in the individual's natural settings of home, school, or employment.
- G. The best indicators of an impairment of adaptive behavior are the results of an

appropriately administered, scored, and interpreted comprehensive measure (e.g., communication, academic/vocational, level of leisure activities).

- H. Conditions such as acute or chronic mental illness, behavioral disturbances, substance abuse, adjustment disorders, and sensory impairments have been shown in clinical research to reduce the level of adaptive functioning. When these factors or other potentially influencing factors are present for an individual, the impact of the factor or factors on adaptive functioning should be fully discussed in the psychological report.

### **Cerebral Palsy**

"Cerebral palsy," as defined in A.R.S. § 36-551, means a permanently disabling condition resulting from damage to the developing brain that may occur before, after, or during birth and that results in loss or impairment of control over voluntary muscles.

- A. Acceptable documentation must be by a licensed physician indicating the presence of cerebral palsy.
- B. If the medical records contain a diagnosis of spastic quadraparesis, hypotonia, athetosis, and similar conditions but do not refer specifically to cerebral palsy, there must be documentation to confirm the condition results from injury to the developing brain.
- C. Unacceptable documentation of cerebral palsy includes muscular dystrophies, arthrogryposis, and muscular or skeletal conditions. Individuals who have acquired impairment in control of voluntary muscles as a result of illnesses or traumatic brain injury occurring after age six are not eligible in the absence of other qualifying conditions.

### **Epilepsy**

"Epilepsy," as defined in A.R.S. § 36-551, means a neurological condition characterized by abnormal electrical-chemical discharge in the brain. This discharge is manifested in various forms of physical activity called seizures.

- A. Acceptable documentation must be by a licensed physician (e.g., neurologist, orthopedist, or specialist in rehabilitation medicine) with expertise in diagnosing neurological disorders.
- B. When records of an evaluation by a neurologist are unavailable but there are records available that include a diagnosis and clinical documentation of epilepsy or seizure disorder by a licensed physician who does not specialize in neurology, the Division Medical Director will review the available medical records to confirm a diagnosis.
- C. Individuals with a history of febrile seizures or febrile convulsions in the absence of other qualifying diagnoses are not eligible for services from the Division.

### **Autism**

"Autism" is defined in A.R.S. § 36-551 as a condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate, understand, learn, and participate in social relationships.

- A. Autism Spectrum Disorder is a neurodevelopmental disorder with onset during the developmental period.
- B. A comprehensive evaluation shows the presence of diagnostic criteria and the appropriate number of symptoms of Autism Spectrum Disorder based on the current guidelines in the American Psychiatric Association's Diagnostic and Statistical Manual.
- C. Acceptable documentation of autism must be from one of the following
  - 1. Psychiatrist,
  - 2. Licensed psychologist,
  - 3. Neurologist,
  - 4. Developmental pediatrician who has expertise in diagnosing autism, or
  - 5. Pediatrician who has completed specialized training approved by the Division in the diagnosis of Autism Spectrum Disorder.
- D. A comprehensive evaluation of autism identifies a diagnosis of Autistic Disorder (American Psychiatric Association's Diagnostic & Statistical Manual [DSM] IV Code 299.00/International Classification of Diseases-9 [ICD-9] Code 299.00 or Autism Spectrum Disorder [DSM 5 Code 299.00/ICD-10 Code F84.0]). In older records, autism may also be called Kanner's Syndrome and/or early infantile autism.
- E. Documentation must show the following were considered during the evaluation process:
  - 1. Other neurodevelopmental, mental, medical and physical conditions
  - 2. Significant disorders related to language or language differences
  - 3. Physical factors (e.g., sensory impairments, motor impairments, acute illness, chronic illness, and chronic pain)
  - 4. Educational and/or environmental deprivation
  - 5. Situational factors at the time of evaluation or psychological testing
  - 6. If psychological testing is performed, the test must be developmentally appropriate at the time of administration.
- F. Medical and/or psychological records that refer to "autistic tendencies," "autistic behavior," or "autistic-like disorder" are insufficient to establish eligibility. A diagnosis of DSM-5 Social (Pragmatic) Communication Disorder does not qualify for services.
- G. The diagnostic features and symptomology of Autistic Disorder or Autism Spectrum Disorder must have been evident during the developmental stages. The presence of symptoms in the developmental period can be documented in the present with a thorough developmental interview.

- H. The purpose of psychoeducational evaluations is not diagnostic, but instead to identify educational accommodations and placement. When the available documentation is a psychoeducational evaluation, the educational classifications of a child with autism or Autism Spectrum Disorder are not equivalent to a diagnosis of autism for the purpose of eligibility with the Division.

### **Substantial Functional Limitations**

In addition to a diagnosis of cognitive/intellectual disability, cerebral palsy, epilepsy, or autism before age 18, documentation must verify substantial functional limitations attributable to one of the qualifying diagnoses in at least three of the following major life activities:

A. Self-care

Self-care means the performance of personal activities that sustain the health and hygiene of the individual appropriate to the individual's age and culture. This includes bathing, toileting, tooth brushing, dressing, and grooming.

A functional limitation regarding self-care is described in A.A.C. R6-6-303 as when an individual requires significant assistance with eating, hygiene, grooming or health care skills, or when the time required for an individual to complete these tasks is so excessive as to impede the ability to retain employment or to conduct other activities of daily living.

Acceptable documentation of substantial functional limitations for self-care may include recent:

1. Medical or behavioral records;
2. Individualized Education Program (IEP) that addresses limitations of self-care goals and objectives;
3. Relevant comments in a psychological or psychoeducational evaluation;
4. Relevant scores on the ALTCS assessment, Preadmission Screening (PAS) tool;
5. Relevant scores on the Vineland Adaptive Behavior Scales; or
6. Other structured standardized tests of adaptive functioning.

B. Receptive and Expressive Language

Receptive and expressive language means the process of understanding and participating in conversations in the individual's primary language, and expressing needs and ideas that can be understood by another individual who may not know the individual.

A functional limitation regarding receptive and expressive language, as described in A.A.C. R6-6-303, occurs when an individual is unable to communicate with others, or is unable to communicate effectively without the aid of a mechanical device, a third person, or a person with special skills.

Acceptable documentation of substantial functional limitations for receptive and expressive language may include recent:

1. Psychological, psychoeducational, or speech evaluation records;
2. Individualized Education Program (IEP) references of severe communication deficits;
3. Use of sign language, a communication board, or an electronic communication device; or
4. Relevant scores on the ALTCS assessment, Preadmission Screening (PAS) tool.

C. Learning

Learning means the ability to acquire, retain, and apply information and skills.

A functional limitation regarding learning, as described in A.A.C. R6-6-303, occurs when an individual's cognitive factors, or other factors related to the acquisition and processing of new information (such as attention factors, acquisition strategies, storage and retrieval), are impaired to the extent that the individual is unable to participate in age appropriate learning activities without utilization of additional resources.

Acceptable documentation of limitations for learning includes verification of placement in a special education program .

D. Mobility

Mobility means the skill necessary to move safely and efficiently from one location to another within the individual's home, neighborhood, and community.

A functional limitation regarding mobility, as described in A.A.C. R6-6-303, occurs when an individual's fine or gross motor skills are impaired to the extent that the assistance of another individual or mechanical device is required for movement from place to place or when the effort required to move from place to place is so excessive as to impede ability to retain employment and conduct other activities of daily living.

Acceptable documentation of limitations for mobility may include:

1. Relevant scores on the ALTCS assessment, Preadmission Screening (PAS) tool; or
2. Medical or educational records indicating the need to regularly use a wheelchair, walker, crutches, or other assistive devices, or to be physically supported by another person when ambulating.

E. Self-direction

Self-direction means the ability to manage one's life, including:

1. Setting goals,

2. Making and implementing plans to achieve those goals,
3. Making decisions and understanding the consequences of those decisions,
4. Managing personal finances,
5. Recognizing the need for medical assistance,
6. Behaving in a way that does not cause injury to self or others, and
7. Recognizing and avoiding safety hazards.

A functional limitation regarding self-direction, as described in A.A.C. R6-6-303, occurs when an individual requires assistance in managing personal finances, protecting self-interest, or making independent decisions that may affect well-being. For children under the age of 18, the Division must compare the child's abilities in this area with age and developmentally appropriate abilities based on the current guidelines of Centers for Disease Control and Prevention and American Academy of Pediatrics.

Acceptable documentation of limitations for self-direction may include:

1. Court records appointing a legal guardian or conservator,
2. Relevant comments in medical or behavioral records,
3. Relevant comments in psychoeducational or psychological evaluation,
4. Relevant objectives in the individualized Education Program (IEP), or
5. Relevant scores on the ALTCS assessment, Preadmission Screening (PAS) tool.

F. Capacity for Independent Living

Capacity for independent living means the performance of necessary daily activities in one's own residence and community, including:

1. Completing household chores;
2. Preparing simple meals;
3. Operating household equipment such as washing machines, vacuums, and microwaves;
4. Using public transportation; and
5. Shopping for food, clothing, and other essentials.

A functional limitation regarding the capacity for independent living, as described in A.A.C. R6-6-303, occurs when an individual needs supervision or assistance for the individual's safety or well-being on at least a daily basis in the performance of health maintenance and housekeeping. For children under the age of 18, the Division must compare the child's abilities in this area with age and developmentally appropriate abilities based on the current guidelines of Centers for

Disease Control and Prevention and American Academy of Pediatrics, including:

1. Age of the child,
2. Culture,
3. Language,
4. Length of time to complete task,
5. Level and type of supervision or assistance needed,
6. Quality of task performance,
7. Effort expended to complete the task performance,
8. Consistency and frequency of task performance, and
9. Impact of other health conditions.

Documentation of limitations for the capacity for independent living may include:

1. Relevant comments in a psychoeducational or psychological evaluation,
2. Related objectives on the Individualized Education Program (IEP), or
3. Relevant comments in medical records.

G. Economic Self-Sufficiency

Economy self-sufficiency means the ability to independently locate, perform, and maintain a job that provides income above the federal poverty level.

A functional limitation regarding economic self-sufficiency as described in A.A.C. R6-6-303 occurs when an individual is unable to perform the tasks necessary for regular employment or is limited in productive capacity to the extent that earned annual income, after extraordinary expenses occasioned by the disability, is below the poverty level. For children under the age of 18, the Division must compare the child's abilities in this area with age and developmentally appropriate abilities based on the current guidelines of Centers for Disease Control and Prevention and American Academy of Pediatrics.

Acceptable documentation of limitations for economic self-sufficiency may include:

1. The receipt of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits, or
2. Eligibility for Vocational Rehabilitation Services.

**RECORDS REQUIRED FOR INDIVIDUALS "AT RISK"**

Eligibility for services from the Division prior to the age of six is due to being determined as "at-risk" of developmental disability does not guarantee a member will continue to be eligible for services from the Division after turning six years old. The criteria for an individual age six years and above must be met. If the Division has documentation of an

eligible diagnosis and required functional limitations that meet all requirements for eligibility, no new documentation is required. If an eligible diagnosis is not clear in the individual's records, additional records will be required to establish eligibility.



## **200-H CRITERIA FOR CHILDREN BIRTH TO AGE 6**

REVISION DATE: 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.A.C. R6-6-301(F)

A child under the age of 6 years may be eligible for services if there is a strongly demonstrated potential that the child is or will have a developmental disability as determined by the appropriate tests. Developmental Disability is defined in this Policy Manual.

In the absence of other qualifying circumstances, children with the following conditions are not eligible for services:

- A. Congenital Heart Defect;
- B. Muscular Dystrophy;
- C. Orthopedic Disorders;
- D. Speech Delay Involving Only Intelligibility;
- E. Significant Auditory Impairment; or,
- F. Significant Visual Impairment.

In accordance with A.A.C. R6-6-301(F), to be eligible for Division services, a child birth to age 6 shall meet at least one of the following criteria:

- A. Have a diagnosis of cerebral palsy, epilepsy, autism, or cognitive/intellectual disability;
- B. There is a strong demonstrated potential that a child is or will have a developmental disability (i.e. the parent or primary caregiver has a developmental disability and there is likelihood that without early intervention services the child will have a developmental disability.) Children diagnosed with the following conditions may be at risk of a developmental disability:
  - 1. Spina bifida with Arnold Chiari malformation;
  - 2. Periventricular leukomalacia;
  - 3. Chromosomal abnormalities with high risk for cognitive/intellectual disability such as Downs Syndrome;
  - 4. Autism Spectrum Disorders;
  - 5. Post natal traumatic brain injury such as "shaken baby syndrome" or near drowning;

6. Hydrocephaly;
  7. Microcephaly;
  8. Alcohol or drug related birth defects such as Fetal Alcohol Syndrome; and,
  9. Birth weight under 1000 grams with evidence of neurological impairment.
- C. Have demonstrated a significant developmental delay based on performance on a norm-referenced or criterion-referenced developmental assessment that is culturally appropriate. This developmental assessment must also be a professionally accepted tool which indicates that the child has 50% delay in one of the following five developmental domains, or that the child has 25% delay in two or more of the following five domains:
1. Physical (fine and/gross motor, vision or hearing);
  2. Cognitive;
  3. Communication;
  4. Social Emotional;
  5. Self Help.

Developmental delay will be determined by a physician or person formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools and his/her informed clinical opinion.

Example: Child is 24 months old at testing

Test Results:

1. Cognitive - 18 months
2. Gross Motor - 23 months
3. Fine Motor - 23 months
4. Social/Emotional - 22 months
5. Adaptive/Self Help - 22 months
6. Communication - 18 months

In this example, the child has 25% delay in both cognitive and communication skills and is at risk of a developmental disability.

Examples of acceptable developmental evaluation tools include, but are not limited to, the Bayley Scales of Infant Development, the Battle, and the Hawaii Early Learning Profile (H.E.L.P.).

Acceptable documentation of the potential that a child birth to age 6 is or will have a developmental disability includes, medical records indicating an at-risk condition, results of an acceptable developmental assessment, or a signed statement from a licensed physician, licensed psychologist, or other professional trained in early childhood development specifying his/her clinical opinion as to the child's disability or delay.

## **200-I ADULT APPLICANTS WITH LIMITED DOCUMENTATION**

EFFECTIVE DATE: 5/29/2019

REFERENCES: A.R.S. § 36-551

When documents are not available indicating the person, who would receive the services had a qualifying diagnosis prior to age 18, the following documentation can be provided in lieu of the documentation requirements described in the Diagnostic and Functional Criteria (Section 200-G).

### **A. Establishing a Qualifying Diagnosis**

Documentation of a diagnosis or condition that is likely to result in a qualifying diagnosis may be accepted.

1. For Cognitive/Intellectual Disability, documentation of the following is accepted:
  - a. Agenesis of the Corpus Callosum
  - b. Cri Du Chat Syndrome
  - c. Chromosome 8p deletion
  - d. Congenital Cytomegalovirus (CMV)
  - e. Dandy Walker Syndrome
  - f. DNA Methyltransferase 3 Alpha (DNMT3A)
  - g. Fetal Alcohol Syndrome / Fetal Alcohol Spectrum Disorders
  - h. Kabuki Syndrome
  - i. Lowe Syndrome (Oculo-Cerebro-Renal Disease)
  - j. Mowat-Wilson Syndrome
  - k. Periventricular Leukomalacia
  - l. Post-natal Traumatic Brain Injury (e.g.: near drowning, stroke)
  - m. Smith Lemli Opitz
  - n. Trisomy 8 (Warkany syndrome)
  - o. Trisomy 13 or 18 (Edwards Syndrome)
  - p. Trisomy 21 (Down Syndrome)
  - q. Williams Syndrome

2. For Epilepsy, documentation of the following is accepted:
    - a. Agenesis of the Corpus Callosum
    - b. Cri Du Chat Syndrome
    - c. Congenital Cytomegalovirus (CMV)
    - d. Dandy Walker Syndrome
    - e. Kabuki Syndrome
    - f. Lowe Syndrome (Oculo-Cerebro-Renal Disease)
    - g. Maple Syrup Urine
    - h. Phenylketonuria (PKU)
  3. Cerebral Palsy, documentation of the following is accepted:
    - a. Mowat-Wilson Syndrome
    - b. Agenesis of the Corpus Callosum
  4. Autism Spectrum Disorder, documentation of the following is accepted:
    - a. Smith Lemli Opitz
- B. Establishing Substantial Functional Limitations
- An applicant may have difficulty showing substantial functional limitations if they are not enrolled in an educational program, work program or day program. In this case, an Inventory for Client and Agency Planning (ICAP) can be completed to show substantial functional limitations.

## **201 APPLICANTS WITH DOWN SYNDROME**

EFFECTIVE DATE: October 26,2022

REFERENCES: A.R.S. § 36-551; Division Eligibility Policies 200 G, H, I, 400, and 600.

### **PURPOSE**

The purpose of this policy is to amend the Division of Developmental Disabilities (DDD or Division) qualifying diagnosis information to include Down Syndrome.

### **DEFINITIONS**

“Down Syndrome” means a genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21, affecting a person’s cognitive and physical abilities and causing developmental issues.

### **POLICY**

#### **A. QUALIFYING DIAGNOSIS**

1. The Division shall accept Down Syndrome, in addition to Autism, Cerebral Palsy, Epilepsy, and Cognitive/Intellectual Disability, as a qualifying diagnosis for the purpose of eligibility determination.

2. In all DDD policies relating to eligibility for Division services, the Division shall recognize Down Syndrome as the fifth qualifying diagnosis.

**B. DOCUMENTATION**

1. The Division shall require an evaluation report, which shall include a description of how the practitioner came to the decision based on prenatal or postnatal genetic testing.
2. The Division shall accept evaluations by licensed primary care physicians, developmental pediatricians, neonatologists, and clinical geneticists.

## 400 ELIGIBILITY DETERMINATION PROCESS

REVISION DATE: 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.A.C. R6-6-303.

Determinations or re-determinations of eligibility are subject to review at any time by the Division Assistant Director or designee.

Following the intake interview, the intake worker will immediately mail the signed *Authorization for Release of Information* form to the applicable agencies and professionals in order to obtain needed medical, psychological, school, and social service records.

### A. The Eligibility Clock

Eligibility for all applicants shall be determined within 60 days of the application date. If records required to complete the eligibility determination have not been received within 30 days of the application date, the applicant/responsible person shall be notified by letter that records shall be received within 30 days or the application may be denied, unless the child is eligible for the Arizona Long Term Care System (ALTCS) or is age birth to three years.

There are two circumstances in which the eligibility clock is shorter, please refer to "B" and "C" below.

### B. The Eligibility Clock for Arizona Early Intervention Program (AzEIP) (children, birth to three years).

Eligibility for children birth through three years of age who are referred by or for AzEIP must be determined within 30 days and an initial Individualized Family Services Plan (IFSP) meeting held within 45 days of referral to AzEIP.

### C. The Eligibility Clock for Initial Referrals Directly from Arizona Health Care Cost Containment System (AHCCCS)

Eligibility for initial referrals must be determined within 30 days of receipt of the initial referral when the referral source is ALTCS. If records required to complete the eligibility determination have not been received within 15 days of the referral date, the applicant/responsible person will be notified by letter that the records must be received within 15 days of the letter or the application will be denied.

The Division works with AzEIP who is responsible for the eligibility process.

Upon receipt of records, the intake worker will forward the entire intake file to the staff designated to make the eligibility determinations or re-determinations for that district/area. Designated staff will summarize the reasons for determination of eligibility or ineligibility with particular attention to describing functional limitations, when applicable.

Prior to determination or re-determination, the following types of situations shall be referred to the office of the Division Assistant Director/designee for specialized review and recommendation:



- A. Traumatic brain injury occurring prior to age 18, in the absence of an appropriate rehabilitation history;
- B. Pervasive developmental disorder, not otherwise specified or pervasive developmental disorder;
- C. Asperger's Disorder, if there is question as to whether the person has a developmental disability as defined by Arizona statute;
- D. Persons with an IQ in the cognitive/intellectual disability range who have an Axis I mental health diagnosis, if the diagnosis of a developmental disability as defined by Arizona statute is questionable;
- E. Persons with a full scale IQ in the cognitive/intellectual disability range, if there is a difference of one or more standard deviations between the performance IQ and the verbal IQ and the diagnosis of a developmental disability as defined by Arizona statute is questionable;
- F. Cerebral palsy diagnosed after the age of 6;
- G. Rare degenerative conditions, if the diagnosis of a developmental disability as defined by Arizona statute is questionable; and,
- H. Children under the age of 6 who have a significant medical disorder that impedes age appropriate functioning but the likelihood of developing one or the four developmental disabilities is unclear.

For these situations, the Division Assistant Director/designee shall ensure that all available records have been obtained and that the entire intake file is reviewed by the appropriate professional(s). The Division Assistant Director/designee shall maintain records regarding the disposition of each referral and identify trends in cases that are referred, coordinating the incorporation of this information into the Division ongoing eligibility training. The date of eligibility shall be the date the person making the eligibility determination signs and approves the application form.

Upon eligibility determination, the intake worker or assigned district staff will update focus and send notice of the decision to the applicant/responsible person. Written notice of ineligibility and intent to deny an application shall be issued by certified mail return receipt requested and shall include notice of appeal rights.

## **600 REDETERMINATION OF ELIGIBILITY**

REVISION DATE: 08/24/2022, 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.A.C. R6-6-301, *et. seq.*; A.A.C. R6-6-601; A.A.C. R6-6-604; Arizona Revised Statute ("A.R.S.") § 36-551; A.R.S. § 36-559; A.R.S. § 36-565; A.R.S. § 36-694.

### **PURPOSE**

This policy outlines the Department of Economic Security ("Department" or "DES"), Division of Developmental Disabilities ("Division" or "DDD") requirements for redetermining a Member's continued Eligibility for DDD Services.

### **DEFINITIONS**

1. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed.

## **POLICY**

- A. The Division shall redetermine a member's continued eligibility for DDD services at ages six and 18 based on the criteria in Eligibility Manual Policy 200-G.
- B. The Division's Assistant Director or designee may also review a member's eligibility at any time.
- C. The Department may determine that it is necessary for a member with a qualifying diagnosis to receive continued services to maintain skills or to prevent regression. In the event the Department makes such a determination, the member shall remain eligible for DDD Services.
- D. For redeterminations at age six, the Division shall notify the member's responsible person verbally during a scheduled meeting and/or in writing of the redetermination requirements.
- E. For redeterminations at age 18, the Division shall notify the member and responsible person verbally during a scheduled meeting and/or in writing of the redetermination requirements, including the need to submit a completed application prior to the member turning 18 years of age.

- F. The Division shall offer and provide assistance to the member and responsible person throughout the redetermination process.
- G. When redetermining eligibility at ages six and 18, the Division shall:
1. Ensure all required documentation (including a completed application for members turning 18 years of age) has been received and the documentation supports the determination to deny or approve the member's continued eligibility for DDD services;
  2. Ensure the responsible person received assistance.
  3. Ensure the Notice of Denial or Termination of Eligibility is accurately completed.
- H. At the completion of the redetermination process, the Division shall:
1. Send an approval letter, if it is determined that the Member continues to be Eligible for DDD services, to the Member and the Responsible Person.
  2. Send a written Notice of Denial or Termination of DDD Eligibility if the member does not continue to be eligible for DDD services. The notice shall be issued by certified mail with a return receipt

requested. The notice will include all reason(s) for the decision to terminate eligibility and provide information regarding members' appeals rights.

## **700 DETERMINATION OF ARIZONA LONG TERM CARE SYSTEM ELIGIBILITY**

REVISION DATE: 4/17/2015

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.R.S. § 36-559(C); AHCCCS Eligibility Manual.

Following determination of eligibility for services from the Division, newly eligible members shall be screened for referral to the Arizona Long Term Care System (ALTCS) unless the referral source was ALTCS. Persons who are identified from the screening as potentially eligible for ALTCS shall not receive state funded Division services, except as outlined in this Policy Manual, until the Arizona Health Care Cost Containment System (AHCCCS) determines the person is eligible or ineligible for ALTCS services.

Persons who meet the criteria for both the Resource Screening and the Functional Screening shall be referred to ALTCS.

### Resource Screening for Arizona Long Term Care System

The criteria for the financial screening are cash resources less than \$2,000 and at least one of the following:

- A. Receipt of Supplemental Security Income (SSI); or,
- B. Eligible for Temporary Assistance to Needy Families (TANF), 6th Omnibus Budget Reconciliation Act (SOBRA), or other Medical Assistance (MA) categories; or,
- C. Monthly income not to exceed 300% of the maximum Supplemental Security Income (SSI) benefit.

A child's income and resources will be considered in the eligibility determination. The income and resources of parents may be waived if the child would have been eligible to receive an ALTCS covered service within 30 days prior to the date of application for ALTCS.

The specific financial criteria used by ALTCS are extremely complicated. Whenever there is doubt about whether a person might meet ALTCS financial criteria, the member should be referred to ALTCS. Additional information regarding ALTCS eligibility is available in the ALTCS Eligibility Manual.

### Functional Screening for Arizona Long Term Care System

The age appropriate Preadmission Screening (PAS) evaluation must be completed for all applicants, unless the referral source was ALTCS.

The Support Coordinator should explain to the members/responsible person that the Division may not be able to provide services, other than Support Coordination, to non-ALTCS eligible members, consequently, the members /responsible person may choose to apply for ALTCS, even though the Division is not making a referral.

### Pre-Admission Screening

The PAS is both a tool and a process used by AHCCCS to determine medical/functional eligibility for the ALTCS program.

The PAS tool compiles demographic, functional, and medical information for each ALTCS applicant. The PAS instrument measures the level of functional and medical disability and determines when the member is at risk of institutional placement. The PAS is administered by AHCCCS by a registered nurse and/or a social worker. Generally, responsibility for the completion of the PAS for persons served by the Division is as follows:

- A. ALTCS nurse and/or social worker perform the PAS for members who are medically involved, including **all** persons who are dependent upon a ventilator, regardless of placement.
- B. Nurses or social workers, as single PAS Assessors, may perform the PAS for members who reside in an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), group home, developmental home or any Home and Community Based Services (HCBS) setting, who are not medically fragile or dependent upon a ventilator.

The PAS Assessors have an ALTCS physician consultant available for physician review should there be a question of medical eligibility. ALTCS completes their eligibility process within a 45 day period for most applicants.

AHCCCS re-administers the PAS in rare situations. If the member is determined not ALTCS eligible, AHCCCS sends a file to the Division which is then distributed to the appropriate District for printing.

The Planning Team must use the PAS, along with the ICAP, and other assessment information, to develop the Planning Document and substantiate the need for the services to be provided.

### Arizona Long Term Care System Referral Procedures

Members who meet both the financial and functional screening criteria will be referred to ALTCS by completion of the, *AHCCCS Medical Benefits Part I* form. The Support Coordinator shall assist the member/responsible person to complete this form and to take or mail it to the local ALTCS Eligibility Office.

The Support Coordinator will ensure the member/responsible person understands that the ALTCS eligibility process requires two steps:

- A. Completion of the *Part II Application* via interview with an ALTCS Eligibility Worker and completion of the *PAS* evaluation, via an interview with an ALTCS nurse and/or social worker.
- B. ALTCS may also refer a member who is age 18 or over and not receiving Supplemental Security Income or Social Security Administration benefits to Disability Determination Services to establish disability.

The Support Coordinator may serve as an Authorized Representative for ALTCS only for those members who are not able to complete the application process independently and who do not have a family member or guardian readily available to serve as the Authorized Representative.

#### Arizona Health Care Cost Containment System Roster

The Support Coordinator must check, review and initiate the task assigned in focus on a daily basis to determine when there are members newly eligible for ALTCS. If so, the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan (Planning Document) must be reviewed/developed in accordance with the timelines and procedures specified in this Policy Manual.

#### Appeal of Arizona Long Term Care System Eligibility Decisions

The Support Coordinator may, upon request of the member or the responsible person, assist the member in completing forms and taking other procedural steps to appeal a denial of ALTCS eligibility.



## **800 ELIGIBILITY FOR THE ARIZONA EARLY INTERVENTION PROGRAM**

REVISION DATE: 4/17/2015

EFFECTIVE DATE: January 15, 1996

Arizona Early Intervention Program (AzEIP) defines as eligible a child between birth and 36 months of age who is developmentally delayed, or who has an established condition that has a high probability of resulting in a developmental delay.

A developmental delay is met when the child has not reached 50% of the developmental milestones expected at his/her chronological age in one or more of the following domains:

- A. Physical (fine and/or gross motor, vision or hearing);
- B. Cognitive;
- C. Communication;
- D. Social Emotional; or
- E. Self-Direction.

Developmental delay shall be determined by a person meeting the AzEIP personnel standards, such as a physician or person formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools. Eligibility shall be based on informed clinical opinion and parental input.

When a child is eligible for more than one AzEIP participating agency (e.g., Arizona State School for the Deaf and Blind, Division of Developmental Disabilities) the Individualized Family Services Planning team makes the decision, based on the needs of the family and child which agency will perform the Support Coordinator function.

In order for a child who is AzEIP eligible to receive services through the Division, the child must also meet the Division eligibility criteria outlined in this Policy Manual.

## 900 ELIGIBILITY CATEGORIES

REVISION DATE: 4/17/2015

EFFECTIVE DATE: January 15, 1996

There are three types of eligibility: State funded (Division of Developmental Disabilities (DDD)), Targeted Support Coordination (TSC), and Arizona Long Term Care System (ALTCS). Each type has a different mandatory minimum review cycle. Any member receiving services funded by the Division is required to follow the minimum requirements of service review and contact established by this Policy Manual.

- A. Members who are DDD receive Support Coordination and direct services based on assessed need and availability of state funds. Members in this category have the right to choose the type of contact, as applicable. These members are not eligible for TSC or ALTCS.

DDD Members have the right to choose the type of contact for required meetings. The types of contact include:

1. In person;
2. By phone; and,
3. By email/mail.

Members who are in this category can select to be placed in Inactive Status after one year of eligibility. Members who select Inactive Status will be contacted by phone annually. For further information, contact the Support Coordinator.

- B. Members who are TSC are eligible for Title XIX acute care services including, Early Periodic Screening Diagnosis and Treatment (EPSDT). Members in this category receive Support Coordination and direct services based on assessed need and availability of state funds. Members who are TSC are not eligible for ALTCS.

Members who are TSC or their guardians have the right to choose the type and frequency of contact, as applicable. The member/responsible person may choose to change the type and frequency at any time.

Members who are in this category have the right to choose:

1. The type of contact:
  - a. In person;
  - b. By phone; and,
  - c. By mail.

2. The frequency of contact:
  - a. 90 days;
  - b. 180 days; and,
  - c. Annually.
  
- C. ALTCS

Members who are ALTCS eligible receive Support Coordination, direct services based on assessed need including medical necessity and cost effectiveness, and acute services including, EPSDT. Members eligible for ALTCS have a choice of a Division contracted health plan. Members in this category receiving services funded by the Division are required to follow the minimum requirements of service review and contact established by this Policy Manual.