

200-G DIAGNOSTIC AND FUNCTIONAL CRITERIA FOR PERSONS AGE SIX AND ABOVE

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REFERENCES: A.R.S. §§ 36-551, 36-551(1), 36-551(7), 36-551(10), 36-551(13), 36-551(18), 36-551(21), 36-551(30), 36-551(31), 36-551(40), 36-551(41), 36-559; A.A.C. R6-6-302

Persons 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. § 36-559, A.R.S. § 36-551, and Title 6, Chapter 6, Article 3 of the Arizona Administrative Code (A.A.C.).

"Developmental disability" is defined in A.R.S. § 36-551(18) as a severe, chronic disability which is attributable to cognitive disability, cerebral palsy, epilepsy or autism; is manifest before age eighteen; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

"Manifest before age eighteen," as defined in A.R.S. § 36-551(31), means that the disability must be apparent and have a substantially limiting effect on a person'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, and/or epilepsy) must exist prior to the individual's eighteenth birthday.

"Likely to continue indefinitely," as defined in A.R.S. § 36-551(30), 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(41), means a limitation so severe that extraordinary assistance from other people, programs, services, or mechanical devices is required to assist the person in performing appropriate major life activities.

Cognitive/Intellectual Disability

"Cognitive disability," is defined in in A.R.S. § 36-551(13), as a condition involving subaverage general intellectual functioning and existing concurrently with deficits in adaptive behavior manifested before age eighteen and that is sometimes referred to as "intellectual disability."

"Subaverage general intellectual functioning," is defined in A.R.S. § 36-551 (40), and 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(1), means the effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of the person'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. 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 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 testing
 6. The full array of test results including sub-scale and sub-test scores were interpreted before arriving at a diagnosis
 7. Tests used were developmentally appropriate at the time of administration.

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 ± 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 and/or psychological documentation to support the diagnosis and related impairments in adaptive functioning. A report that contains only an IQ test score shall 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 his or her 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(10), means a permanently disabling condition resulting from damage to the developing brain which may occur before, after, or during birth which results in loss or impairment of control over voluntary muscles.

- A. Acceptable documentation includes an evaluation by a licensed physician indicating the presence of cerebral palsy. 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.
- B. Unacceptable documentation of cerebral palsy includes muscular dystrophies, arthrogyrosis, 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(21), 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 of a diagnosis of epilepsy or seizure disorder must be determined by a licensed physician.
- 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 Chief Medical Officer or Division Medical Director will review the available medical records to confirm a diagnosis.
- C. Persons 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(7) 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. Acceptable documentation of autism must include a comprehensive evaluation from a psychiatrist, licensed psychologist, child neurologist, or developmental pediatrician with experience in the area of autism that 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 V Code 299.00/ICD-10 Code F84.0). In older records, autism may also be called Kanner's Syndrome and/or early infantile autism.
- B. 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.
- C. Medical and/or psychological records that refer to "autistic tendencies," "autistic behavior," "autistic-like disorder," or "autistic spectrum disorder," are insufficient to establish eligibility.
- D. 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.
- E. 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 their age and culture. This includes bathing, toileting, tooth brushing, dressing, and grooming.

A functional limitation regarding self-care is defined in A.A.C. R-6-6-302 as when a person requires significant assistance in performing eating, hygiene, grooming or health care skills, or when the time required for a person to perform these skills is so extraordinary as to impair the ability to retain employment or to conduct other activities of daily living.

Acceptable documentation of limitations in this area include, self-care goals and objectives on a child's Individualized Education Program (IEP), relevant comments in a psychological or psychoeducational evaluation, or relevant scores on the ALTCS Preadmission Screening (PAS), or the Personal Living Skills section of the Inventory for Client and Agency Planning (ICAP) or other measures of adaptive functioning such as the Vineland Adaptive Behavior Scales or the Adaptive Behavior Assessment System.

B. Receptive and Expressive Language

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

A functional limitation regarding receptive and expressive language, as defined in A.A.C. R-6-6-302, occurs when a person is unable to communicate with others, or is unable to communicate effectively without the aid of a third person, a person with special skills, or without a mechanical device.

Acceptable documentation of limitations in this area includes: diagnosis in a psychological, psychoeducational, or speech and language evaluation.

Acceptable documentation can also be included in the child's IEP referencing severe communication deficits, the use of sign language, a communication board, or an electronic communication device. Relevant scores on the ALTCS PAS or the Social and Communication Skills section of the ICAP or other measures of adaptive functioning such as the Vineland Adaptive Behavior Scales or the Adaptive Behavior Assessment System are also acceptable documentation for limitations with receptive and expressive language.

C. Learning

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

A functional limitation regarding learning, as defined in A.A.C. R-6-6-302, occurs when 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 person is unable to participate in age appropriate learning activities without utilization of additional resources.

Acceptable documentation of limitations in this area includes verification of placement in a special education program for persons with cognitive/intellectual disability.

D. Mobility

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

A functional limitation regarding mobility, as defined in A.A.C. R-6-6-302, occurs when fine or gross motor skills are impaired to the extent that the assistance of another person or mechanical device is required for movement from place to place. Or when the effort required to move from place to place is so extraordinary as to impair ability to retain employment and conduct other activities of daily living.

Acceptable documentation of limitations in this area include, but are not limited to, documentation in the ICAP, ALTCS PAS, medical, or educational records of 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. Examples of managing one's life include:

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
7. Recognizing and avoiding safety hazards.

A functional limitation regarding self-direction, as defined in A.A.C. R-6-6-302, occurs when a person requires assistance in managing personal finances, protecting self-interest, or making independent decisions which may affect well-being.

Acceptable documentation of limitations in this area include: court records appointing a legal guardian or conservator; relevant comments in a psychological or psycho-educational evaluation; relevant objectives in an IEP; or relevant scores on the Community Living Skills section of the ICAP or ALTCS PAS or other measures of adaptive functioning such as the Vineland Adaptive Behavior Scales or the Adaptive Behavior Assessment System. For children under the age of 18, the child's abilities in this area must be compared to what would normally be expected of a child of the same age who does not have a disability.

F. Capacity for Independent Living

Capacity for independent living means the performance of necessary daily activities in one's own home and community. This includes:

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

A function limitation regarding the capacity for independent living, as defined in A.A.C. R-6-6-302, occurs when, for a person's own safety or well-being, supervision or assistance is needed at least on a daily basis in the performance of health maintenance and housekeeping.

Acceptable documentation of limitations in this area include relevant comments in a psychological and psychoeducational evaluation; related objectives in an IEP; relevant comments in a medical record; or relevant scores on the Personal Living Skills section of the ICAP or other measures of adaptive functioning (e.g., The Vineland Adaptive Behavior Scales, the Adaptive Behavior Assessment System).

For children under the age of 18, the child's abilities in this area must be compared to what would normally be expected of a child of the same age who does not have a disability, such as:

1. Age of the person
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
9. Impact of other health conditions
10. Quality of task performance.

RECORDS REQUIRED FOR PERSONS "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 a person 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.