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100 RESPONSIBILITIES

REVISION DATE: 4/17/2015
EFFECTIVE DATE: January 15, 1996
REFERENCES: A.R.S. § 36-596(B); A.A.C. R6-6-401, R6-6-603.

Making more choices and exerting more control over one's life also means assuming some amount of responsibility. Members applying for and/or receiving supports and services through the Division of Developmental Disabilities have certain responsibilities. These responsibilities begin when a person applies for services by providing the Division with accurate and complete personal information on the application. These responsibilities continue once a Member is determined eligible, for example, by being actively involved in developing, implementing, and monitoring the Individual Service Plan (ISP). These responsibilities last throughout the duration of services, through actions such as being respectful of the rights, and property of others.

The Division encourages members to assume some reasonable responsibilities for the success of their supports and services. Their increased involvement in their care increases the likelihood of achieving the best results. Therefore, fulfilling these responsibilities is important as Members contribute to the success of the Division's supports and services.

Members receiving supports and services from the Division have a responsibility to:

A. Cooperate with the Division staff by providing required information relative to personal information required on the application. When accepted for supports and services, the Member is responsible for informing their Support Coordinator of any change in such data;

B. Participate in the development of their Planning Document and to signify agreement or disagreement by signing the Planning Document;

C. Assign to the Division rights to first party health insurance medical benefits to which the Member is entitled and which relate to the specific supports and services, which the person has received or will receive as part of their Planning Document; and,

D. Uphold all laws local, state, and federal bodies.

Members applying for and/or consumers receiving, supports and services through the Arizona Long Term Care System have additional responsibility to:

A. Provide accurate and complete information regarding their health history;

B. Report unexpected changes in their health status;

C. Follow the recommendations of the planning team, or the responsibility for his/her actions if the recommendations as documented are not followed as prescribed (in some cases, the plan may need revision if it has been deemed ineffective);

D. Be considerate of the rights of other residents and facility personnel in regards to personal behavior, control of noise, and number of visitors; and,

E. Be respectful of others property.

Chapter 200 **Requirements for Division Eligibility Overview**

200 Requirements for Division Eligibility Overview

200-A Residency

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200-C Social Security Numbers

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200-E Responsible Person and Application

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200 REQUIREMENTS FOR DIVISION ELIGIBILITY OVERVIEW

REVISION DATE: 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, 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: 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).

All applicants shall sign an affidavit stating current residency and intent to remain in Arizona and provide two forms of documentation.

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-D CONSENT FOR APPLICATION FOR SERVICES

REVISION DATE: 4/17/2015
EFFECTIVE DATE: January 15, 1996
REFERENCES: A.R.S. §§ 36-560(A), 36-560(D), 36-560(E); A.A.C. R-6-6-402

Application shall be made on the forms specified in this chapter. Such form(s) must be signed by the responsible person. No admission to services may be made for any person without the consent of the responsible person.

For persons age 18 or over, the responsible person is the individual, unless that person has been adjudicated legally incapacitated and a guardian established by court order, in which case the legal guardian is the responsible person.

For persons under the age of 18, the legally responsible person is the parent or a court appointed guardian. If the child is a dependent ward of the court, the Department of Child Safety caseworker may sign the application if, after diligent efforts have been made and documented to contact the biological parent, it is determined that the parent is not available. For children between the ages of 14 to 18 who live in residential settings supported by the Division, the child must also sign the application unless the Support Coordinator determines that the child does not appear to be capable of giving voluntary informed consent.

An adult capable of giving consent may apply for services from the Division. If an adult applies for admission and reasonably appears to the Department to be impaired by a developmental disability to the extent that they lack sufficient understanding or capacity to make or communicate responsible decisions regarding their person, the Division will require that prior to receiving programs or services, the person have a guardian appointed or shall have had a judicial determination made that it is not necessary to appoint a guardian for such person.

An adult applying for services will be presumed capable of giving consent unless there is a court order declaring the person is legally incapacitated or the person's records indicate a diagnosis of profound or severe cognitive/intellectual disability. Family members applying on behalf of an individual described as having profound or severe cognitive/intellectual disability will be advised to file for guardianship, and that a referral to the county public fiduciary may be made if there is no relative able or willing to act on behalf of the person.

200-E RESPONSIBLE PERSON AND APPLICATION

REVISION DATE: 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) shall:

A. Sign application provided by the Division;

B. Participate in face-to-face interview with a designated Department employee;

C. Show evidence that the applicant is a resident of Arizona;

D. Provide proof of the applicant's age, health insurance coverage for the applicant, and the applicant's income; and,

E. Supply documentation of the developmental disability in conjunction with the application.

200-F COOPERATION WITH ARIZONA LONG TERM CARE SYSTEM ELIGIBILITY PROCESS

REVISION DATE: 4/17/2015
EFFECTIVE DATE: January 15, 1996
REFERENCES: A.R.S. §§ 36-559(B) (C), 36-560(C)

The Division shall inform the individual/responsible person of the eligibility requirement regarding application for the ALTCS, as described in this policy**.** The individual/responsible person shall cooperate with the ALTCS application process prior to receiving services from the Division. Applicants voluntarily refusing to cooperate in the ALTCS eligibility process, including re-determination, are not eligible for Division services. Voluntary refusal to cooperate will not be construed to mean that the applicant is unable to obtain documentation required for eligibility determination.

In situations of immediate and compelling need, short-term services may be provided to members with a developmental disability who are in the process of ALTCS eligibility determination.

The responsible person shall sign the *Intake Application -3 Years and Older* form explaining loss of benefits due to voluntary refusal to cooperate in the ALTCS eligibility determination process. See this Policy Manual regarding determination of potential eligibility for ALTCS.

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

REVISION DATE: 11/18/16, 4/1/2016, 3/5/2016

EFFECTIVE DATE: January 15, 1996

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, atheotosis, 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, 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(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 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.

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.

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 defined in A.A.C. R6-6-302 occurs when a person 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.

Acceptable documentation of limitations in this area include, but are not limited to, receipt of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits or eligibility for Vocational Rehabilitation services, 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.

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.

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.

300 REFERRAL PROCEDURES

REVISION DATE: 4/17/1996
EFFECTIVE DATE: January 15, 1996
REFERENCES: A.A.C. R6-6-402(A).

A. Referrals for Division services may be accepted from a variety of sources, including the applicant, the applicant's family, public schools, hospitals, or other state agencies such as the Arizona Long Term Care System (ALTCS), Department of Child Safety (DCS), Adult Protective Services (APS), and Disability Determination Services Administration (DDSA). Referrals may occur by phone, mail, or in person. The person receiving the referral should document the contact on the *Intake Record* form and ensure an intake worker is assigned according to local office procedures.

B. If the referral is from other than the applicant/responsible person, the intake worker shall, within 5 working days, contact the applicant/responsible person, explain the Division's services and eligibility criteria, and determine if the responsible person wishes to apply for services. If the responsible person cannot be contacted by phone, a letter shall be sent asking the responsible person to contact the intake worker within 10 days of the date of the letter if application is desired. If the responsible person wishes to apply for services, the intake worker will schedule an intake interview, which should occur within 10 working days of the date of initial contact with the responsible person. If the responsible person does not wish to apply, cannot be located, or does not respond, the intake worker will document the result and close the case.

C. All referrals for children in foster care will be completed through the district the Department of Child Safety (DCS) staff is located.

Intake Interview

The assigned intake worker will conduct the intake interview at the time and in the location mutually agreed upon during the initial contact with the responsible person. The intake process should include a face-to-face contact with the person for whom application is made.

For children birth through three years of age, the intake worker is encouraged to coordinate with the Arizona Early Intervention Program (AzEIP) initial planning process contractor to jointly visit with the family when possible.

The intake worker will complete the following during the intake interview:

A. *Application for Eligibility Determination* form;

B. For persons age 6 and older, *Intake Application – 3 Years and Older* form;

C. For persons age 6 and above, the *Inventory for Client and Agency Planning (ICAP).* Hard copies of this tool may be obtained in District offices;

D. *Authorization for Release of Information* form in sufficient quantity to send to each school, social services agency, psychologist, physician, and hospital who has served the applicant, and who may have records needed to determine eligibility and/or plan

appropriate services for the applicant. In particular, the intake worker will ensure that the Division requests copies of medical records such as hospital discharge summaries, specialist's consultation reports, and results of any significant medical tests; and,

E. Explain and provide a copy of, *Statement of Rights*, and obtain the signature of the responsible person on Form, *Acknowledgment of Publications/Information*, *Pre-PAS Screening Tool* form, and the *Application for the Arizona Health Care Cost Containment System (AHCCCS) Medical Benefits Part I*, are required for some members following determination of Division Eligibility (see Section 506). The intake worker may wish to complete these at the time of the intake interview.

The intake worker must request copies of the following documents during the intake interview:

A. Court documents relating to guardianship, if appropriate;

B. Birth certificate; and,

C. Psychological evaluations, school records, medical records, or social service agency records applicable to determination of eligibility and/or identification of needs which may be in the possession of the individual/responsible person.

Prior to obtaining the responsible person's signature on the appropriate application and the *Authorization to Release Information* form, the intake worker will explain:

A. Division eligibility criteria;

B. Confidentiality rights;

C. Requirement to cooperate with ALTCS screening and application process;

D. Third party liability requirements;

E. Grievance and appeal rights;

F. Services available from the Division; and,

G. Services available from other agencies that might assist the applicant.

The intake worker will provide the applicant/responsible person with the following documents:

A. Mission and Value Statement;

B. Eligibility; and,

C. The DDD information booklet, *Working with you.*

Proof of Age

An applicant shall provide proof of age of the person to receive services by providing two of the following:

A. Citizenship documents;

B. Federal or state census records;

C. Hospital records of birth;

D. Copy of birth certificate;

E. School registration, if appropriate;

F. Military records;

G. Notification of birth registration;

H. Religious records showing age of or date of birth;

I. Dated school records showing age or school records showing date of birth;

J. Affidavit signed by the licensed physician, licensed midwife, or other health care professional who was in attendance at the time of the birth, attesting to the date of birth;

K. U.S. passport; and, or

L. If an applicant has made all reasonable efforts to obtain documented verification as described above and has been unsuccessful, the application signed by the applicant shall be sufficient to verify age of the person to receive services.

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.

500 ASSIGNMENT OF SUPPORT COORDINATORS

REVISION DATE: 4/17/2015
EFFECTIVE DATE: January 15, 1996

Each person eligible for the Division is assigned a Support Coordinator. As part of the intake process, individuals/responsible persons will be informed of the option of choosing a Support Coordinator if a choice is available. Members who are currently eligible for services through the Division will be informed of the option of choosing a Support Coordinator as part of the Individual Support Plan/Individualized Family Services Plan. Children in foster care will be assigned a Support Coordinator in the District the assigned Department of Child Safety (DCS) staff is located.

If the chosen Support Coordinator has a full caseload or is otherwise not available, the Support Coordinator Supervisor will attempt to match the member/responsible person with another Support Coordinator who has the skills and abilities the member/responsible person desires. The member/responsible person may also choose to be placed on a pending list for their first choice of Support Coordinator. If the member/responsible person chooses placement on a pending list, another Support Coordinator will be assigned in the interim. Support Coordinator Supervisors will ensure the member/responsible person is placed with the Support Coordinator of choice whenever possible.

Each person eligible for the Division will have a designated back-up Support Coordinator. If a member/responsible person/contacts an office and the assigned Support Coordinator is not available, the person should be referred immediately to the back-up Support Coordinator for assistance.

In instances where a back-up Support Coordinator is not an option or is not available, the Support Coordination Supervisor will act as back-up. Whenever a change in Support Coordinator assignment is made, the member/responsible person must be notified of the change in writing and in advance of the change, whenever possible.

600 RE-DETERMINATION OF ELIGIBILITY

REVISION DATE: 4/17/2015
EFFECTIVE DATE: January 15, 1996
REFERENCES: A.A.C. R6-6-301(E).

Re-evaluation of eligibility shall be made prior to age 6. The Support Coordinator will ensure the Division file contains all current assessment and evaluation records and will forward the file to the Division Staff designated to complete eligibility determinations/re-determinations for the district/area. That staff will review these records to ensure the child continues to meet the eligibility requirements as outlined in this Policy Manual. A new application form is not required at age 6. The results of the re-evaluation will be documented in the Support Coordinator's progress notes and entered into Focus. If the re-evaluation indicates that the child is no longer eligible, a Notice of Intended Action as referenced in the Division Operations Manual shall be sent by certified mail, return receipt requested, to the responsible person.

Re-determination of eligibility shall also be made at age 18. The member/responsible person must sign an application form requesting continuation of services. The re-determination process shall follow the criteria and procedures outlined in this Policy Manual.

A re-evaluation or re-determination may also be required at any time. For a child under the age of 6, as new information such as therapy, developmental, or psychological evaluations or updated medical records indicate that a strongly demonstrated potential that the child is or will become developmentally disabled no longer exists, a re-evaluation of eligibility will be conducted.

Even though a person may at one time fully meet the Division's eligibility criteria, effective services may later reduce functional limitations to the extent they are no longer substantial. When in the opinion of the Division Assistant Director or designee, after a review pursuant to A.A.C. R6-6-301(E), it is necessary for a person to receive continued services to maintain skills or prevent regression; the person will remain eligible for services.

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.

1000 RESPONSIBILITIES OF THE MEMBER/RESPONSIBLE PERSON WHEN ELIGIBLE FOR THE DIVISION

REVISION DATE: 7/3/2015
EFFECTIVE DATE: July 31, 1993

Responsibilities of the member/responsible person include but are not limited to:

A. Applying/re-applying for Arizona Long Term Care System (ALTCS);

B. Being available to meet for the required Individual Service Plan/Individualized Family Service Plan (ISP/IFSP) Planning Meeting and reviews;

C. Providing documentation for eligibility redetermination;

D. Reporting issues with providers of service including potential/suspected fraud and abuse;

E. Reporting changes of address;

F. Reporting major changes in member/family circumstances which may affect the provision of services;

G. Signing appropriate consents;

H. Providing appropriate receipts for Assistance to Families or Community Supported Living expenditures;

I. Providing appropriate documentation to obtain requested assistance from the Division;

J. Providing other documentation as requested by the Division (e.g., any changes in insurance policies with the effective date, third party liability information, burial insurance policies); and,

K. Complying with residential billing and cost of care requirements.

1001 INVENTORY FOR CLIENT AND AGENCY PLANNING

REVISION DATE: 4/17/2015
EFFECTIVE DATE: January 15, 1996

The Division requires that the Inventory For Client And Agency Planning (ICAP) be completed by the Support Coordinator during intake and at redeterminations for members age 6 and over. The Support Coordinator may not delegate responsibility for completion of this evaluation to a provider or to the family. The ICAP is protected by copyright; photocopies of the response booklet may not be used in the administration of the evaluation.

The ICAP is a standardized assessment tool which provides information regarding the member's medical condition and diagnoses, motor skills, social and communication skills, personal living skills, community living skills, social and leisure activities, and problem behaviors, if any.

The information contained in the ICAP is to be used, in conjunction with the Pre-Admission Screening tool and other assessment information, to develop functional statements of need in the Planning Document and to establish the necessity of the services to be provided.

The ICAP provides scores which can be used to determine the level of supervision a member needs.

The Support Coordinator will ensure that the ICAP score for each member is entered in Focus.