



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Timothy Jeffries
Director

July 20, 2016

Via email and regular mail

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Ms. Anne Ronan and Ms. Rose Daly-Rooney,

This is in response to your joint letter, dated June 24, 2016. After a careful review of the concerns outlined in your letter, the Division will take the following actions:

1. Revise its Eligibility Policy to:
 - a. Accept the DSM-5 Autism Spectrum Disorder diagnosis (and supporting documentation) as evidence of a qualifying diagnosis irrespective of severity level. The Division will continue to assess whether the remaining criteria in A.R.S. § 36-551(18) and A.R.S. § 36-559 is present before approving eligibility with the Division.
 - b. Clarify the language regarding coexisting disorders.
2. Utilize the formal rulemaking process to seek stakeholder input and include eligibility criteria in the Arizona Administrative Code, Title 6, Chapter 6, Article 3.
3. Revise the DDD-147BA *Notice of Intended Action Denial of Eligibility* to revise any confusing or inaccurate information.
4. Review terminations and reconsider any complete applications that were denied under the current eligibility policy relative to severity level 1 under the category of autism.

In light of the actions identified above, the Division is clarifying only the following statements you made in your June 24, 2016 letter:

1. *"The Division has improperly rejected diagnoses of autism by licensed practitioner whose expertise in diagnosing autism are beyond dispute including Board certified Child Psychiatrists, and developmental Pediatricians at Phoenix Children's Hospital and Barrows Neurological Institute."*

More information regarding this concern is required. The Division does not have a policy or procedure to reject diagnoses of autism or autism spectrum disorder by licensed practitioners, but may deny eligibility when sufficient documentation supporting the diagnosis is not provided. A statement that an individual has a diagnosis of autism or autism spectrum disorder must be supported by clinical documentation such as an evaluation/report that includes the diagnosis and any related substantial functional limitations. A letter and/or a visit summary from a licensed practitioner without full clinical evaluation findings to support the diagnosis are not sufficient evidence to support eligibility with the Division.

2. *“...the Division unilaterally imposes several requirements of the diagnostic reports that find no support in the rule and do not comport with clinical diagnostic standards.”*

The 2013 American Psychiatric Association (APA) published the DSM-5 and recommended that all professionals use the DSM-5 diagnostic criteria. The April 1, 2016 revision to the Division’s Eligibility Policy Manual was meant to expand the policy to include the DSM-5 diagnosis of Autism Spectrum Disorder (ASD) as support for a qualifying diagnosis of “autism” for the purpose of Division eligibility. “Autism” is defined as “a condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate, understand, learn and participate in social relationships.” See A.R.S. § 36-551(7). “Severe” is not defined in applicable statute or rule. The purpose of identifying severity in the Division’s Eligibility Policy was to set criteria to ensure the statute is satisfied in that individuals with “severe disorders in communication and behavior...” were being identified as having a qualifying diagnosis of “autism” for the purpose of Division eligibility.

Further, the revisions to the Division’s Eligibility Policy to add the language about the DSM-5 diagnosis of Autism Spectrum Disorder did not require members or applicants with a DSM-IV diagnosis of Autistic Disorder to be re-evaluated or undergo re-diagnosis.

Regarding your statements about coexisting disorders; ASD may coexist with other neurodevelopmental disorders such as intellectual impairment, structural language disorder, Attention Deficit Hyperactivity Disorder (ADHD), developmental coordination disorder, anxiety disorder, depressive disorders, specific learning disorders and other disorders. The behavioral features of ASD manifest in early childhood, with some cases presenting a lack of interest in social interaction in the first year of life. Some children with autism experience developmental plateaus or regression, with a gradual or relatively rapid deterioration in social behaviors or use of language during the first 2 years of life. It was not the Division’s intent to preclude individuals from Division eligibility based on the chronological order in which a particular diagnosis was identified, but rather to identify and document when in the person’s lifespan the features of ASD became evident.

3. *“...some applicants with DSM-IV diagnoses of autism are being improperly denied eligibility based on the Division’s conclusory statement that they have no Developmental Disability.”*

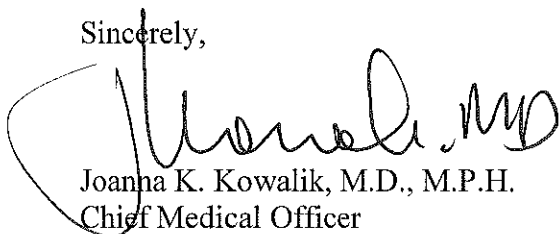
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The Division agrees the language in the DDD-147BA *Notice of Intended Action Denial of Eligibility/ Service System Discharge* which states “You do not have a Developmental Disability” may be confusing or be misinterpreted. As noted above, the Division will be revising this language.

Thank you for bringing these concerns to our attention and allowing the Division the opportunity to offer solutions to your concerns. Our staff will be reaching out to you to schedule a conference call or meeting to verify if this resolves the identified issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanna K. Kowalik', written over a large, light-colored circular mark.

Joanna K. Kowalik, M.D., M.P.H.
Chief Medical Officer
Division of Developmental Disabilities
Arizona Department of Economic Security