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500 ELIGIBILITY

501 Overview

This chapter discusses the criteria for eligibility for services from the Division. It outlines the procedures to be used to apply for services and to determine whether the applicant is eligible to receive services from the Division. Also please be aware that effective September 21, 2006, [A.R.S. §§ 36-551 and 36-581](#) prescribed a change in terms and definitions for the Division of Developmental Disabilities. The term "cognitive disability" shall replace the words "mental retardation" for this policy. This change in terms and definitions does not affect federally defined terms or titles of certain documents authenticated by copyright laws.

502 Requirements for Division Eligibility

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 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 the subsections below.

502.1 Residency

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

[A.R.S. § 36-559](#)

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.

502.2 Application Process

Application will be made in the manner and on the forms specified in this chapter. For children birth to age 6, it is the responsibility of the Support Coordinator to

ensure that all applications including the referral source are entered into FOCUS within 48 hours of the signing of the application by the responsible person.

Applicant means the responsible person who has applied for Division services. An applicant shall show written proof of Arizona residency by providing two of the following types of documents:

Rent or mortgage receipt, or lease in the applicant's name showing the residential address.

- A. Non-relative landlord statement indicating the applicant's name and address as well as the landlord's name and address and telephone, if applicable.
- B. Applicant's Arizona driver's license.
- C. Applicant's Arizona motor vehicle registration.
- D. Signed employment statement from applicant's non-relative employer.
- E. Utility bill in the applicant's name indicating the applicant's address.
- F. United States Post Office records which show the applicant's name and address.
- G. A current city directory showing the applicant's name and address.
- H. Certified copy of a spiritual/faith community record or enrollment record that indicates the applicant's current name and address.
- I. Certified copy of a school record that indicates the applicant's current address.
- J. If an applicant has made all reasonable efforts to obtain documented verification related to Arizona residency and has been unsuccessful, the affidavit signed by the applicant attesting to the applicant's present residence and intent to remain in Arizona shall be sufficient.

[A.A.C. R6-6-405](#)

The Application for Eligibility Determination form will serve as the affidavit attesting to residency.

Social Security Numbers

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 an 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.

Consent for Application for Services

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.

[A.R.S. § 36-560\(A\) \(D\)](#)

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 Administration for Children and Families (ACYF) 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 developmental disabilities to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions regarding his/her 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.

[A.R.S. § 36-560\(E\)](#)

[A.A.C. R-6-6-402](#)

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.

Responsible Person and Application

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

502.3 Cooperation with Arizona Long Term Care System (ALTCS) Eligibility Process

The Division shall inform the individual/responsible person of the eligibility requirement regarding application for the Arizona Long Term Care System (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 developmental disabilities 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 Section 506 for policy and procedures regarding determination of potential eligibility for ALTCS.

[A.R.S. § 36-559\(B\) \(C\)](#)

[A.R.S. § 36-560\(C\)](#)

502.4 Diagnostic and Functional Criteria for Persons Age 6 and Above

Persons age 6 and above are eligible to receive services from the Division subject to appropriation, if they have a developmental disability pursuant to [A.R.S. § 36-559](#) and [R6-6-302](#).

"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.

Cognitive/Intellectual Disability

"Cognitive disability" as defined in [A.R.S. § 36-551\(13\)](#) means 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" as defined in [A.R.S. § 36-551 \(40\)](#) means measured intelligence on standardized psychometric instruments of two or more standard deviations below the mean for the tests used.

- A. Acceptable documentation of cognitive/intellectual disability is a psychological or psycho educational 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 which are culturally and linguistically appropriate and valid. The instruments used should be editions current for the date of testing. Tests must consider:
1. Other mental disorders as defined by the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). (e.g., schizophrenia, attention deficit hyperactivity disorder, developmental learning disorders, substance abuse, and adjustment disorder).
 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. Tests, which provide multiple sub-test scores, require interpretation of the full array of test results including sub-scale and sub-test scores before arriving at a diagnosis.
 7. In the presence of co-existing mental illness, the I.Q. scores in the range of cognitive/intellectual disabled must precede the onset of the mental illness in order for the individual to be eligible for services.
 8. Psycho-educational 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](#).
- B. Examples of testing instruments typically accepted include 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. Generally, an intelligence quotient (IQ) of 70 (plus or minus the standard error of measurement for the test) or below on one of these tests equals two or more standard deviations below the mean.
- C. Examples of testing instruments from which IQ equivalent scores are sometimes obtained but which 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. A complete psychological or psycho educational 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 of Mental Retardation's 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.
- E. A report that contains only an IQ test score shall not be used as the sole source for documentation of cognitive/intellectual disability.

- F. The presence of cognitive/intellectual disability is properly documented on Axis II in the diagnostic section of the psychological report, as defined by the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). Axis II is the correct axis for cognitive/intellectual disability and personality disorders and the assignment of a cognitive/intellectual disability diagnosis to Axis II does not, in and of itself, imply that the cognitive/intellectual disability condition is secondary to any condition reported on Axis I.
- G. Measured intelligence means individually administered tests of intelligence according to generally accepted diagnostic instruments.
- H. If the available documentation is a psycho educational evaluation, the educational classifications of a child with Mild Mental Retardation (MIMR) and a child with Moderate Mental Retardation (MOMR) are equivalent to a diagnosis of cognitive/intellectual disability. The educational classification of a child with Mild Mental Retardation may be equivalent to a diagnosis of cognitive/intellectual disability; such situations may require review by the Division Assistant Director or designee.

Adaptive Behavior

"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. The best indicators of an impairment of adaptive behavior are the results of an appropriately administered, scored and interpreted comprehensive measure (related to communication, academic/vocational, level of leisure activities, etc.).
- B. Conditions such as acute or chronic mental illness, behavioral disturbances, substance abuse, adjustment disorders, sensory impairments, etc, 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 Quadra paresis, hypotonia, atelectosis, 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 an impairment in control of voluntary muscles as a result of illnesses or traumatic brain injury occurring after age 6 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. In the event that records of a neurological evaluation cannot be obtained, the Division Medical Director will review the available medical records to confirm a diagnosis of epilepsy or seizure disorder, if the diagnosis is determined by a licensed physician who does not specialize in neurology.
- 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. Acceptable documentation of autism must include a statement by, or evaluation from, a psychiatrist, a licensed psychologist, or developmental pediatrician with experience in the area of autism identifying a diagnosis of Autistic Disorder ([DSM-IV Code 299.00](#)).
- B. Rarely, in older records, autism may also be called Kanner's Syndrome and/or early infantile autism.
- C. While a diagnosis of Autistic Disorder is one of the criteria that must be met, the opinion of the psychiatrist or psychologist is not by itself final or binding without adequate documentation and support for the diagnosis and related functional impairment. The record should clearly support that the member meets the diagnostic criteria for Autistic Disorder (See DSM-IV diagnostic criteria, below).

- D. Medical and/or psychological records that refer to “autistic tendencies,” “autistic behavior”, “autistic-like disorder” or an “autistic spectrum disorder” are insufficient to establish eligibility. Members age 6 and over who have a diagnosis of Pervasive Developmental Disorder, Pervasive Developmental Disorder, Not Otherwise Specified, Asperger’s Disorder, or Childhood Disintegrative Disorder are not eligible.
- E. If the records do not clearly and consistently establish that the person meets the diagnostic criteria for Autistic Disorder, the application for eligibility determination or re-determination shall be referred to the Eligibility Review Committee prior to an eligibility decision.

Diagnostic Criteria for 299.00 - Autistic Disorder (DSM-IV pp. 70-71)

- A. A total of 6 (or more) items from (1), (2) and (3), with at least two from (1), and one each from (2) and (3):
 - 1. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - i. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - ii. Failure to develop peer relationships appropriate to developmental level.
 - iii. A lack of spontaneous seeking to share enjoyment, interests or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest).
 - iv. Lack of social or emotional reciprocity.
 - 2. Qualitative impairments in communication as manifested by at least one of the following:
 - i. Delay in or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime).
 - ii. In individuals with adequate speech, marked impairment in the ability to sustain or initiate a conversation with others.
 - iii. Stereotyped and repetitive use of language or idiosyncratic language.
 - iv. Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
 - i. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - ii. Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - iii. Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
 - iv. Persistent preoccupation with parts of objects
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
- C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

Exemption from Eligibility

Persons diagnosed by a licensed psychologist as having a "learning disability" or as meeting the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) criteria for a Learning Disorder are not eligible for services from the Division of Developmental Disabilities.

Substantial Functional Limitations

"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.

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 his/her age and culture. This includes bathing, toileting, tooth brushing, dressing, and grooming.

A functional limitation regarding self-care is defined in [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 psycho educational evaluation, or relevant scores on the Arizona Long Term Care System (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 [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, psycho educational, or speech and language evaluation. Acceptable documentation can also be included in the child's Individualized Education Program (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 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, 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 [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 [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 Inventory for Client and Agency Planning (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 [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 psycho educational or psychological evaluation; relevant objectives in an Individualized Education Program (IEP); or relevant

scores on the Community Living Skills section of the Inventory for Client and Agency Planning (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 [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 psycho educational or psychological evaluation; related objectives in an Individualized Education Program (IEP); relevant comments in a medical record; or relevant scores on 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.

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.

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 [R-6-6-302](#) 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.

H. OTHER FACTORS TO CONSIDER IN DETERMINING SUBSTANTIAL FUNCTIONAL LIMITATIONS

The Division will use a review process to determine whether an applicant, age 6 and above has substantial functional limitations in three or more of the seven life areas, the guide will consider:

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

502.5 Criteria for Children Birth to Age 6

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 [Section 502.4](#).

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
- F. Significant Visual Impairment

In accordance with [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
 - 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 Battlle, 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.

503 Referral Procedures

- 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), Child Protective Services (CPS), Adult Protective Services (APS), and Disability Determination Services (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 should, 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 should 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 CPS staff is located.

503.1 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.

- 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 should request copies of the following documents during the intake interview:

- A. Court documents relating to guardianship, if appropriate.
- B. Birth certificate.
- 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* forms, the intake worker will explain:

- A. Division eligibility criteria.
- B. Confidentiality rights.
- C. Requirement to cooperate with Arizona Long Term Care System (ALTCS) screening and application process.
- D. Third party liability requirements.
- E. Grievance and appeal rights.
- F. Services available from the Division.
- 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,
- C. The DDD information booklet, *"Working With You"*.

503.2 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 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.
- 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.

[A.A.C. R6-6-402\(A\)](#)

504 Eligibility Determination Process

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

[A.A.C. R6-6-303](#)

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 should 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 should be notified by letter that records should be received within 30 days or the application may be denied, unless the child is eligible for the Arizona Long Term Care System (AHCCCS) 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 AzEIP (Children Birth to Three):

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 AHCCCS:

Eligibility for initial referrals must be determined within 30 days of receipt of the initial referral when the referral source is Arizona Long Term Care System (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 redeterminations 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 redetermination, the following types of situations shall be referred to the office of the Division Assistant Director or 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.
- 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.

505 Assignment of Support Coordinators

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 (planning process.) Children in foster care will be assigned a Support Coordinator in the District the assigned CPS 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 members/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.

506 Re-determination of Eligibility

Reevaluation 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/redeterminations for the district/area. That staff will review these records to ensure the child continues to meet the eligibility requirements as outlined in Section 502 of this Manual. A new application form is not required at age 6. The results of the reevaluation will be documented in the Support Coordinator's progress notes and entered into Focus. If the reevaluation indicates that the child is no longer eligible, a Notice of Intended Action as referenced in the Grievance and Appeals section of this Policy Manual, shall be sent by certified mail, return receipt requested, to the responsible person.

Redetermination of eligibility shall also be made at age 18. The member/responsible person must sign an application form requesting continuation of services. The redetermination process shall follow the criteria and procedures outlined in [Sections 502](#) through [504](#) above.

A reevaluation or redetermination 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 reevaluation 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.

507 Determination of ALTCS Eligibility

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 [Section 502.3](#), until the Arizona Health Care Cost Containment System (AHCCCS) determines the person is eligible or ineligible for ALTCS services.

[A.R.S. §36-559\(C\)](#)

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

507.1 Resource Screening for Arizona Long Term Care System (ALTCS)

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).
- B. Eligible for Temporary Assistance to Needy Families (TANF), 6th Omnibus Budget Reconciliation Act (SOBRA), or other Medical Assistance (MA) categories.
- 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](#).

(<http://www.azahcccs.gov/shared/Downloads/EligibilityManual/AEPM/ahcccseligibilitypolicymanual.htm>)

507.2 Functional Screening for Arizona Long Term Care System (ALTCS)

The age appropriate [Pre-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.

507.3 Pre-Admission Screening (PAS)

The PAS is both a tool and a process used by Arizona Health Care Cost Containment System (AHCCCS) to determine medical/functional eligibility for the Arizona Long Term Care System (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 if 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/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 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.

507.4 Arizona Long Term Care System (ALTCS) Referral Procedures

Members who meet both the financial and functional screening criteria will be referred to ALTCS by completion of the, *Application for Arizona Health Care Cost Containment System (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: completion of the *Part II Application* via interview with an ALTCS Eligibility Worker and completion of the *Pre-Admission Screening (PAS)* evaluation, via an interview with an ALTCS nurse and/or social worker. ALTCS may also refer a member who is age 18 or over and not

receiving Supplemental Security Income (SSI) or Social Security Administration (SSA) benefits to Disability Determination Services to establish disability.

The Support Coordinator may serve as 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.

507.5 Arizona Health Care Cost Containment System (AHCCCS) Roster

The Support Coordinator must check, review and initiate the task assigned in FOCUS on a daily basis to determine if there are members newly eligible for Arizona Long Term Care System (ALTCS). If so, the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan (ISP/Planning Documents) must be reviewed/developed in accordance with the timelines and procedures specified in this policy manual.

507.6 Appeal of Arizona Long Term Care System (ALTCS) Eligibility Decisions

The Division 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.

508 Eligibility for the Arizona Early Intervention Program (AzEIP)

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
- 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 (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 chapter.

509 Eligibility Categories

There are three types of eligibility: State funded (DDD), Targeted Support Coordination (TSC), and Arizona Long Term Care System (LTC). 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 LTC.

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
- 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 LTC.

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
 - c. By mail
 - 2. The frequency of contact:
 - a. 90 days
 - b. 180 days
 - c. Annually
- C. Arizona Long Term Care System

Members who are LTC eligible receive Support Coordination, direct services based on assessed need including medical necessity and cost effectiveness, and acute services including, EPSDT. Members eligible for LTC 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.

510 Responsibilities of the Member/Responsible Person When Eligible for the Division

Responsibilities 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 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 (i.e., any changes in insurance policies with the effective date, third party liability information, burial insurance policies, etc.).
- K. Complying with residential billing and cost of care requirements.

511 Inventory for Client and Agency Planning (ICAP)

The Division requires that the 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 (PAS) 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.