CHILDREN'S DEVELOPMENTAL DISABILITIES ELIGIBILITY DETERMINATION PROTOCOL

Regional Department FACS staff and Department contractors determine eligibility for a number of programs for children with developmental disabilities. Developmental Disabilities is defined by the State of Idaho in Idaho Code 66-402 as follows:

(5) "Developmental disability" means a chronic disability of a person which appears before the age of twenty-two (22) years of age and:

(a) Is attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism or other condition found to be closely related to or similar to one (1) of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments; and

(b) Results in substantial functional limitations in three (3) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and

(c) Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated.

IDAPA 16.03.10.501 establishes the rule standard for Developmental Disabilities eligibility determination.

The following FACS Developmental Disabilities programs require the determination of a Developmental Disability:

1. Services available through the children's redesigned system.
2. Applications for Katie Becket when a developmental disabilities is suspected.
3. Quality assurance during DDA Certification review to assess if non-IBI participants have been properly determined eligible for DD services by the DDA.
4. Court-Related Activities including guardianships and commitments under the Developmental Disabilities Act.

Developmental disabilities eligibility determination is governed by 16.03.10.501 and all decision related to eligibility must be consistent with this section of IDAPA.

To assure consistent practice, the following process should be followed as staff review assessments and determine eligibility for developmental disability services.

16.03.10.501 TABLE 501 – DEVELOPMENTAL DISABILITY DETERMINATION STANDARDS		REGIONAL PROGRAM PRACTICE STANDARD FOR CHILDREN
Idaho Code Definition	**IDAPA Standard**	**Protocol**
"Developmental Disability" means a chronic disability of a person which appears before the age of 22 years and:	Age of 22 means through the day before the individual's 22nd birthday AND	Child applicants are under age 22 at the time of application so onset is presumed. Medical records or social medical histories are recommended to help identify etiology and onset of the condition.
(a) is attributable to an impairment, such as mental retardation,	"is attributable to an impairment" means that there is a causal relationship between the presence of an impairing condition and the developmental disability." Age 5 through Adult: There is a presumption that mental retardation exists when a full scale IQ up to 75 exists (IQ of 70 with a standard error of measurement of 5 points.)	Ages 5 through Adult: Mental Retardation must be evidenced by a current and valid Full Scale Intelligence Quotient of 75 or below from a cognitive assessment such as those itemized in 16.03.10.503.02.a.: Test Instruments for Children – <u>Cognitive</u> ii. Stanford Binet Intelligence Scales, Fifth Edition (SB5) for ages two (2) years through adult; iii. Wechsler Preschool and Primary Scale of Intelligence -Third Edition (WPPSI-III) for ages two (2) years, six (6) months to seven (7) years, three (3) months; iv. Wechsler Intelligence Scale for Children - Fourth Edition (WISC-IV) for ages six (6) through sixteen (16) years, eleven (11) months; or v. Wechsler Adult Intelligence Scale - Third Edition (WAIS-III) for ages sixteen (16) years to adult.

		The most recent edition of the test is recommended but not required.
	Birth to Age 5: An IQ test score is not required below the age of 5. In these cases it may be necessary to rely on the results of a functional assessment. There is a presumption that mental retardation exists when there is a standards score of 75 or below or a delay of 30% overall.	Birth to Age 5: If the child is under age 5, an age-appropriate functional assessment is necessary to establish presumptive eligibility. Results should be obtained from a current and valid functional assessment such as those itemized under 16.03.10.503.02.b Test instruments for Children – <u>Functional</u> i. American Association on Mental Retardation Adaptive Behavior Scale: School (ABS-S) for ages three (3) through twenty-one (21) years; ii. Battelle Developmental Inventory, 2nd Edition (BDI-2) for ages birth to ninety-five (95) months; iii. Developmental Profile II (DP-II) for ages birth through twelve (12) years; iv. Scales of Independent Behavior (SIB-R) for ages birth through adult; v. Vineland Adaptive Behavior Scales (VABS) for ages birth to eighteen (18) years, eleven (11) months; vi. Mullen Scales of Early Learning (MSEL) for ages birth to three (3) years; vii. Preschool Language Scale - 3 (PLS-3) for ages birth to three (3) years; viii. Peabody Developmental Motor Scales for ages birth to three (3) years; or ix. Receptive-Expressive Emergent Language Scale - Third Edition (REEL- 3) for ages birth to three (3) years. (3-19-07) <u>Presumptive MR is evidenced by a broad</u>

		independence or overall composite standard score of 75 or below; OR by an overall composite age equivalency or broad independence age equivalency that demonstrates at least a 30% delay compared to the chronological age at the time of testing.
cerebral palsy,	Medical diagnosis which requires documentation.	Cerebral Palsy must be evidenced by a documented diagnosis from a licensed Practitioner of the Healing Arts as defined in 16.04.11.011.08. This includes a licensed physician, physician's assistant, or nurse practitioner. A full medical evaluation or history and physical is not required but is recommended.
epilepsy,	Medical documentation which requires documentation. On medication controlled or uncontrolled. Does not include a person who is seizure-free and not on medication for 3 years.	Epilepsy must be evidenced by a documented diagnosis from a Practitioner of the Healing Arts as defined in 16.04.11.011.08. This includes a licensed physician, physician's assistant, or nurse practitioner. A full medical evaluation or history and physical is not required. Medical records should clearly specify if the applicant is currently on medications that control seizures. If not, the medical records must clearly specify how long the applicant has been seizure free. If the applicant is on medication that controls seizures, categorical criterion is met even if they have been seizure-free for 3 years. If the applicant is not on medication that controls seizures and has been seizure-free for three years, categorical criterion is not met.

autism,	Includes the diagnosis of pervasive developmental disorder.	All the following diagnoses are included this the categorical area: Pervasive Developmental Disorder • Autistic Disorder • Asperger's Disorder • Rett's Disorder • Childhood Disintegrative Disorder • PDD-NOS These conditions must be evidenced by a written evaluation which includes diagnoses from a licensed Practitioner of the Healing Arts or a Licensed Psychologist. A standardized Autism rating scale will be administered by the IAP when necessary.
or other condition found to be closely related to or similar to one of these impairments that require similar treatment or services	For related or similar conditions, documentation must be present to show the causal relationship between the impairing condition and the developmental disability.	Closely related conditions must be evidenced to be specifically closely-related to one of the four named categorical condition areas: • Mental Retardation • Cerebral Palsy • Epilepsy • Autism

	(Does not include mental illness.)	Mental Illness diagnoses are not sufficient to meet categorical eligibility. Examples of excluded diagnoses include but are not limited to: Personality Disorders Schizophrenia and other Psychotic Disorders Mood Disorders Anxiety Disorders Attention Deficit/Hyperactivity Disorder Attention Deficit Disorder Severe Emotional Disturbance Intermittent Explosive Disorder Reactive Attachment Disorder Obsessive Compulsive Disorder Conduct Disorder Disruptive Behavior Note that if a mental health diagnosis is co-occurring with a developmental disability categorical diagnosis or closely-related diagnosis, the mental health diagnosis does not disqualify the applicant.
	Mental Retardation: A full scale IQ score above 75 can in some circumstances be considered a related or similar condition to mental retardation when additional supporting documentation exists showing how the individual's functional limitations makes their condition similar to mental retardation.	Mental Retardation: To assess whether or not a condition is closely related to Mental Retardation, a Full Scale IQ must be obtained. Closely related condition allows for IQs as high as 76 if supporting information demonstrates that the presenting condition is similar to Mental Retardation.

	Cerebral Palsy: Conditions related or similar to cerebral palsy include disorders which cause a similar disruption in motor function. Epilepsy: Conditions related or similar to epilepsy include disorders that interrupt consciousness.	Cerebral Palsy: Medical documentation of other conditions that disrupt motor function. The source of this documentation must be a licensed Practitioner of the Healing Arts. Epilepsy: Medical documentation of other conditions that result in seizures. The 3 year seizure-free rule applies to closely-related conditions as well. The source of this documentation must be a licensed Practitioner of the Healing Arts.
or is attributable to dyslexia resulting from such impairments; and	AND	AND
(b) results in the substantial functional limitations in three (3) or more of the following major life activities;	"Results in" means that the substantial limitation must be because of the impairment. A "substantial" limitation is one in which the total effect of the limitation results in the need for a "combination and sequence of special interdisciplinary, or generic care, treatment or other services that need to be individually planned and coordinated." Listed below are	

	standards for substantial functional limitations in each major life area.	
	Age 3 through Adult: A score of 2 standard deviations below the mean creates a presumption of a functional limitation.	For participants age 3 through adult, a functional assessment that yields standard scores must be in place. The standard scores must be in domain areas or cluster areas that directly correlate to the Idaho Code Life activity area. For the SIB-R, these correlations are defined specifically within this protocol. <u>A substantial functional limitation is considered a standard score of 75 or below.</u> (For the SIB-R, two standard deviations below the mean is 70. This is achieved by a mean of 100 with a standard deviation of 15. A standard error of measurement of 5 points is included to yield a cut-off of 75.) Percentile Ranks and Age Equivalencies are not sufficient to demonstrate 2 standard deviations below the mean. Standard Scores must be used. Derived Standard Scores are not acceptable <u>in lieu</u> of available Standard Scores.
	Birth to Age 3: The following criteria must be utilized to determine a substantial functional limitations for children under 3: **a.** The child scores 30% below age norm; or	Birth to Age 3: For child under age 3, a. Adaptive age equivalency in a domain or cluster score that correlates to one of the major life skill areas that is 30% below age norm suffices for substantial functional limitation in that area.

	b. The child exhibits a 6 month delay; or **c.** The child scores 2 standard deviations below the mean.	OR b. An age equivalency in a correlating domain or cluster score that is 6 months below chronological age of the child at the time of testing suffices for substantial functional limitation in that life skill area. OR c. Two standard deviations below the mean. Same as age 3 through adult process defined above in this cell, including same restrictions.
Self-care,	**Birth to Age 21:** A functional limitation is manifest when the child's skills are limited according to age-appropriate responses such that the parent, caregiver, or school personnel is required to provide care that is substantially beyond that typically required for a child of the same age (such as excessive time lifting, diapering, supervision).	Standard Score of 75 or below in the Personal Living Skills Domain of a current and valid Scales of Independent Behavior-Revised (SIB-R).
Receptive and expressive language,	**Age 3 through Adult:** A substantial functional limitation is manifest when a person is unable to communicate effectively without the aid of a third person, a person with special skills, or without an assistive device (such as sign language). **Birth to Age 3:** A substantial functional limitation is manifest when they have been diagnosed by a qualified professional who determines that the child performs 30% below age norm	Standard Score of 75 or below in the Social Interactions and Communication Skills Domain of a current and valid Scales of Independent Behavior-Revised (SIB-R).

	(adjusted for prematurity up to 2 years) or demonstrates at least 2 standard deviations below the mean in either area or 1 1/2 below in both areas of language development.	
Learning,	**Birth through Adult:** A substantial functional limitation is manifest when cognition, retention, reasoning, visual or aural communications, or other learning processes or mechanisms are impaired to the extent that special (interventions that are beyond those that an individual normally needs to learn) intervention is required for the development of social, self care, language, academic, or vocational skills.	Standard Score of 75 or below in the Broad Independence Domain of a current and valid Scales of Independent Behavior-Revised (SIB-R). OR Full Scale IQ of 75 or below from a current and valid psychometric assessment. The type of assessment used should be consistent with 16.03.10.503.02.a. Screening instruments cannot be used for this purpose.
Mobility,	**Birth to Age 21:** A substantial limitation would be measured by an age appropriate instrument which compares the child's skills for postural control and movement and coordinated use of the small muscles with those skills expected of children of the same age.	Standard Score of 75 or below in the Motor Skills Domain of a current and valid Scales of Independent Behavior-Revised (SIB-R).
Self-direction,	**Birth to Age 21:** A substantial limitation is manifest when the child is unable to help his self or cooperate with others age appropriate assistance to meet personal needs, learn new skills, follow rules, and adapt to environments.	Standard Score of 75 or below in the Community Living Skills Domain of a current and valid Scales of Independent Behavior-Revised (SIB-R). AND Derived Standard Score of 75 or below in the Money and Value cluster of a current and valid Scales of Independent Behavior-Revised (SIB-R).

Capacity for independent living, or	**Birth to Age 21:** A substantial limitation would be measured by an age-appropriate instrument which compares the child's personal independence and social responsibility expected of children of comparable age and cultural group.	Standard Score of 75 or below in the Community Living Skills Domain of a current and valid Scales of Independent Behavior-Revised (SIB-R).
Economic self-sufficiency;	**Age 5 to Age 21:** Use the pre-vocational area of a standardized functional assessment to document a limitation in this area. **Birth to Age 5:** A substantial limitation in this area is evidenced by the child's eligibility for SSI, early intervention, or early childhood special education of the Individuals with Disabilities Education Act.	**Ages 5 to Age 21:** Derived Standard Score of 75 or below in the Money and Value cluster of a current and valid Scales of Independent Behavior-Revised (SIB-R). AND Derived Standard Score of 75 or below in the Work Skills cluster of a current and valid Scales of Independent Behavior-Revised (SIB-R). **For Ages Birth to Age 5:** There are several ways to meet this substantial functional limitation for children under age 5: 1)Evidence exists that the child is currently eligible for SSI due to a disability, OR 2) The child is age birth to three and is currently eligible for early intervention services as determined by the Infant Toddler program. OR

and		3) The child is age three to five and is currently eligible for early childhood special education (Part B under IDEA) as determined by the local school district to qualify for Part B services under IDEA. OR 4) Derived Standard Score of 75 or below in the Money and Value cluster of a current and valid Scales of Independent Behavior-Revised (SIB-R. AND Derived Standard Score of 75 or below in the Work Skills cluster of a current and valid Scales of Independent Behavior-Revised (SIB-R.) AND
Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of life-long or extended duration and individually planned and coordinated.	**Age 5 through Adult:** Life-long or extended duration means the developmental disability is one which has the reasonable likelihood of continuing for a protracted period of time, including a reasonable likelihood that it will continue throughout life. **Birth to Age 5:** The expected duration may be frequently unclear. Therefore, determination of eligibility by a multi-disciplinary team for early intervention services through SSI, an IFSP, child study team or early childhood special education services through an IEP will be an indicator of this criteria.	Assess prognosis associated with presenting diagnoses per 16.03.10.501.