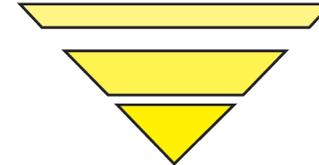


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



Eligibility for Services
from the Division of
Developmental Disabilities
with explanatory comments

Revised
October 2008



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Division of Developmental Disabilities
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Please note

The name of the Division of Mental Retardation and Developmental Disabilities was changed by Governor's Executive Order in October 2008 to the Division of Developmental Disabilities. The term regional center was changed to regional office in 2007.

This document is based on state statutes, which have not changed since 1997. Therefore, the reader will find references to the former names of the division and regional offices within the text of this document.

9 CSR 45-2.010 Eligibility for Services
from the Division of Mental Retardation
and Developmental Disabilities

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This booklet is designed to aid Department of Mental Health employees involved in determining eligibility of applicants to receive services through the department’s Division of Developmental Disabilities. The booklet contains the entire text of the administrative rule on eligibility determination, along with comments to help clarify selected portions of the rule.

The explanatory comments, which appear in italicized print, are located on the right side of each page.

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability, or age of applicants or employees.

(L) If an applicant or client disagrees with an ineligibility determination, the determination may be appealed under procedures contained in 9 CSR 45-2.020.

See 9 CSR 45-2.020 Appeals Procedures for Service Eligibility through the Division of Mental Retardation and Developmental Disabilities.

a client is found ineligible or no longer in need of services, the regional center shall provide written and oral notice as set out in paragraphs (4)(E)1. and 2. of this rule and shall prepare a discharge plan which shall provide at least sixty (60) days from the date of that plan for the client to transition from division services into services from other agencies. The center shall monitor and assist with that transition.

(J) For purposes of quality assurance and consistency, the regional center staff member designated under section (4) of this rule shall conduct timely reviews of all individual assessments, diagnostic impressions and findings of the interdisciplinary assessment team and report irregularities to the center director. This quality assurance procedure is not part of the eligibility determination process and shall not delay delivery of services to eligible individuals.

(K) Regional center staff shall log the disposition of all applications, including eligibility determinations, appeals and referrals to other agencies. Comprehensive evaluation activities noted throughout this rule shall be logged immediately or on the same working day.

Clearly, the regional center is to assist the client in transitioning into other services. The center should involve the client and other service agencies in development of the discharge plan. The center should continue to monitor the client until the transition is complete.

Section (1)

Title 9 – DEPARTMENT OF MENTAL HEALTH
Division 45 – Division of Mental Retardation and Developmental Disabilities
Chapter 2 – Eligibility for Services

(1) Through this rule, the department intends to assist applicants for division services as they proceed through the eligibility determination process and to direct division staff so that it may assist applicants and clients in expeditiously obtaining accurate comprehensive evaluations and needed services. Specifically, the division intends to —

(A) Implement the concept of functional assessment for determining eligibility and to discontinue the practice of linking eligibility to a specific diagnosis;

(B) Provide equal access to eligibility determinations and habilitation services for all persons with developmental disabilities;

(C) Give specific consideration to eligibility for young children at risk of becoming developmentally delayed or developmentally disabled, so adhering to the prevention mission of the department and saving future state costs by maximizing each child's potential through early intervention and ameliorative services;

Section (1) states the purpose (intent) of the rule.

Persons with conditions other than mental retardation have the same access to eligibility determination and services as persons with mental retardation; eligibility is based upon functional limitations, not diagnosis.

Prevention is the first goal listed for the Department of Mental Health in Section 630.020, RSMo.

(D) Reduce administrative and bureaucratic barriers to obtaining comprehensive evaluations and services so that eligible persons expeditiously may access the array of services offered by the division;

(E) Accept responsibility for offering services to eligible persons and for assisting those persons — as well as those persons found ineligible — in accessing appropriate services from other state and local agencies, including other divisions within the department;

(F) Emphasize that other state, county and local agencies also have a role to play in delivering coordinated, appropriate services to persons with developmental disabilities;

(G) Expedite and facilitate eligibility determination by —

1. Accepting as automatically eligible for screening those persons referred by other agencies which have found those persons eligible for their services;

2. Accepting, and not duplicating, assessment information provided by other private and public bodies, including schools, if regional centers determine that information to be reliable and appropriate;

Referral of ineligible applicants and short-term monitoring of services those persons receive from other agencies is not new. Regional centers have been required to refer and monitor under the Leake v. Schafer Consent Decree.

This provision is not really new. All applicants have always been eligible for screening.

Key phrase: "if regional centers determine that information to be reliable and appropriate."

thirty (30) days after the date of the eligibility determination; and

3. For clients needing immediate services, the case manager also shall develop an initial service plan within five (5) working days after the eligibility determination unless an individualized habilitation plan or individualized family service plan already has been developed.

(I) Using a comprehensive evaluation, regional centers shall periodically review the eligibility status of their clients and shall discharge clients who are no longer eligible for services and clients for whom division services are no longer appropriate. At a minimum, all clients shall be reassessed through comprehensive evaluations on or immediately before their fifth, eighteenth and twenty-second birthdays.

1. Not later than sixty (60) days before a reassessment, the regional center shall provide to the client a written notice of the upcoming reassessment and of the possibility that division services may be discontinued.

2. If, as a result of the comprehensive evaluation,

*Key words and phrases: the **case manager** shall develop an initial service plan within five days after the eligibility determination. . .*

*Because eligibility will now be based upon functional ability rather than diagnosis, and because it is assumed that some clients' levels of functioning will rise due to habilitation, the division needs to systematically reassess its clients to determine continued eligibility or continued need for services.
Age 5 — Eligible for school programs
Age 18 — Age of majority
Age 22 — School programs end*

even though the regional center has received collateral data and all other information critical to the determination, the regional center staff member designated under section (4) of this rule or the applicant shall notify the center director, who shall direct the interdisciplinary assessment team to make the eligibility determination within five (5) working days of the notification from the staff member designated under section (4) of this rule, or the applicant.

1. For an applicant then determined eligible, the center shall proceed as set out in paragraphs (4) (H) 1.-3. of this rule.

2. For an applicant then determined ineligible, the center shall proceed as set out in paragraphs (4) (E) 1.-3. of this rule.

(H) For an applicant determined eligible within thirty (30) working days of receipt of a valid application —

1. The regional center shall provide written notice of eligibility and client status within three (3) working days of the determination;

2. The interdisciplinary team shall develop an individualized habilitation plan or individualized family service plan within

The primary responsibility of the regional center staff member designated under section (4) is to notify the center director of unnecessary delays by the interdisciplinary assessment team in rendering eligibility decisions.

3. Using the screening process only to facilitate an applicant's eligibility, not to screen the applicant out of eligibility except an applicant whose disability clearly was not manifested before age twenty-two (22);

4. Combining whenever possible the screening and assessment processes so that they are not necessarily two (2) separate steps in the comprehensive evaluation process, for example, finding applicants eligible at screening, or waiving screening in favor of determining eligibility through assessment; and

5. Making the application and comprehensive evaluation processes easy for applicants, for example, screening or assessing applicants in their homes as feasible or aiding them with transportation to regional centers as feasible;

(H) Ensure that eligibility decisions are based upon the following considerations, among others:

Critical concept: But for the stated exception, applicants can never be found ineligible at screening.

Another key concept!

It is definitely the division's intent that, without a good, documented reason for doing otherwise, applicants are to be evaluated in their homes.

Aid to applicants with transportation to centers is not an entitlement; it is to be extended only to those with demonstrable needs. Also, such aid does not necessarily mean transportation provided or purchased directly by the center or its staff.

These considerations are also contained in the Leake Consent Decree.

Section (2)

1. The best interest of the client or applicant; and
2. The client's or applicant's level of adaptive behavior and functioning, including the effect upon the individual's ability to function at either the same or an improved level of interpersonal and functional skills if services are denied or withdrawn; and

(I) Develop a training curriculum on the eligibility determination process and provide comprehensive initial and ongoing training for regional center personnel.

(2) Terms defined in sections 630.005, 632.005 and 633.005, RSMo are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Applicant — A person who has applied for services from the division or that person's representative;

Section (2) defines terms used throughout the rule.

See (V) for definition of "representative" and also (T) for definition of "protector" since a protector may serve as a representative.

mination within thirty (30) working days of receipt of a valid application because the regional center has not received collateral data or other information critical to the determination, an interdisciplinary team shall develop a temporary action plan within that thirty (30) working day period, and the center may take up to thirty (30) additional days to determine eligibility.

1. For an applicant then determined eligible during the additional thirty (30)-day period, the interdisciplinary team also shall develop the individualized habilitation plan or individualized family service plan within the thirty (30)-day additional period.

2. For an applicant determined ineligible during the additional thirty (30)-day period, the regional center shall provide written and oral notices as set out in paragraphs (4)(E)1. and 2. of this rule and shall make referrals to other agencies and monitor services received by the applicant as set out in paragraph (4) (E) 3. of this rule.

(G) If the interdisciplinary assessment team does not make a determination on eligibility within thirty (30) working days of receipt of a valid application,

Interpretation: As time begins to expire, but before the end of the 30th working day, an interdisciplinary team develops a temporary action plan.

The individualized habilitation plan must be developed within the additional 30-day period — not after that time.

assessment team finds the applicant ineligible for services the regional center shall —

1. Provide to the applicant within one (1) working day of the decision, written notice of right to appeal the decision, a statement of the legal and factual reasons for the denial, a notice of the appeals process contained in 9 CSR 45-2.020, and a brochure which explains the appeals process;

2. Orally provide to the applicant within one (1) working day of the decision, if possible, the reasons for ineligibility and an explanation of the applicant's right to appeal, along with the name of the applicant's case manager and the telephone number at the regional center; and

3. Make referrals within five (5) working days of the decision to other agencies and monitor services received by the applicant for at least thirty (30) days from the date of the ineligibility determination.

Notice that referrals of these individuals after comprehensive evaluation require monitoring for 30 days.

(F) Except as otherwise required in subsection (4)(A), if the interdisciplinary assessment team cannot make an eligibility deter-

(B) Assessment — The process of identifying an individual's health status and intellectual, emotional, physical, developmental and social functioning levels for use in determining eligibility or developing the individualized habilitation plan or individualized family service plan;

Assessment is a step within the comprehensive evaluation. It is a required step only if the applicant has not already been found eligible after intake or screening. The term "assessment" is not to be used interchangeably with the terms "evaluation" and "comprehensive evaluation"; assessment means only that further and final step that may be necessary to determine eligibility.

(C) Client — Any person who is placed by the department in a facility or program licensed and funded by the department or who is a recipient of services from a regional center;

Distinguished from applicants, clients are referenced in the administrative rule only so far as reassessments are concerned. Clients are to be reassessed periodically to determine their continued eligibility or continued need for division services. They must be reassessed immediately before their fifth, eighth and twenty-first birthdays.

(D) Comprehensive evaluation — A study, including a sequence of observations and examinations of an individual, leading to conclusions and recommendations jointly formulated by an interdisciplinary assessment team of persons with special training and experience in the diagnosis and habilitation of persons with mental retardation and other developmental disabilities.

1. For children from birth through age four (0-4), a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team's:

A. Assessment of the child using First Steps eligibility criteria, or review of evidence of one (1) of the at-risk factors set out in paragraphs (3)(A)1.-3. of this rule, coupled with a review of scores on the Vineland Adaptive Behavior Scales (Vineland);

B. Review of available educational and medical information;

C. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by

The term "comprehensive evaluation" deliberately has been defined rather loosely. While it must be the product of an interdisciplinary assessment team, its components are not fixed; it may or may not include assessment, or even review of collateral information. The intent of the administrative rule is to make the eligibility determination process as easy as possible for applicants. For example, if it is evident to the interdisciplinary assessment team that an applicant is eligible, the team may simply conclude that s/he is, and the conclusion shall constitute the comprehensive evaluation. Further assessment and review of collateral information, however, would probably be used by the interdisciplinary team to develop the individualized habilitation plan. On the other hand, there will surely be cases in which the comprehensive evaluation will include exhaustive review of

transportation. Nor is such transportation to be considered an entitlement for all applicants.

3. If applicants are not found eligible through screening, regional centers shall conduct further assessments to complete comprehensive evaluations.

Applicants not found eligible pursuant to the definition of developmental disability but who claim eligibility due to mental retardation shall refer to subsection (4)(D) of this rule.

(D) If an applicant who claims eligibility due to mental retardation has not been found to have substantial functional limitations in two (2) or more areas of major life activity under this rule, the interdisciplinary assessment team shall conduct further cognitive and behavioral assessments to determine if the applicant has mental retardation. One (1) or more standardized testing tools currently defined by the American Association on Mental Retardation shall be used in conducting the cognitive and behavioral assessments.

(E) If, within thirty (30) working days of receipt of a valid application, the interdisciplinary

This subsection is included because of a glitch in the amending legislation enacted in 1990. The division hopes "clean-up" legislation will eventually be enacted, making this subsection unnecessary.

1. If screening is required —

A. The Vineland shall be used during screening of children up to age eighteen (18) to help to determine if substantial functional limitations exist unless administration of the MOCABI is considered more appropriate for children of older ages in the age range of five through seventeen (5 - 17); or

B. The MOCABI shall be used during screening of adults age eighteen (18) and older to help to determine if substantial functional limitations exist.

2. Regional centers shall conduct screenings and assessments in applicants' homes as feasible unless applicants request other sites. If screenings and assessments are not done in applicants' homes, reasons shall be documented in applicants' files. If screenings or assessments are to be done at the regional centers, the regional centers shall work with applicants to secure transportation to the centers.

Feasibility of conducting in-home evaluations may depend upon affordability of extra regional center's staff time needed for travel, whether conditions in the home are conducive to reliable evaluations, regional center staff safety, etc. Assisting with transportation may include purchasing transportation by center staff, arranging volunteered transportation, etc. It is not to be inferred that centers will provide all such

mental or physical impairments, and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

D. Formulation of conclusions and recommendations.

2. For children ages five through seventeen (5-17), a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team's:

A. Review of educational records;

B. Review of available vocational and medical information;

C. Review of Vineland scores or results of the Missouri Critical Adaptive Behaviors Inventory (MOCABI) as set out in paragraphs (3) (B) 1. and 2. of this rule;

D. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impair-

collateral information and assessments in several areas of functioning.

ments, and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

E. Formulation of conclusions and recommendations.

3. For adults ages eighteen (18) and older, a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team's:

A. Review of the results of the MOCABI;

B. Review of available vocational, medical and educational information;

C. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments, and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

D. Formulation of conclusions and recommendations.

3. Regional center staff shall contact the individual within ten (10) working days of receipt of an invalid application to obtain a valid application so that the comprehensive evaluation process can continue.

4. If the regional center has not received an application within thirty (30) days of the date it was provided to the individual, regional center staff shall contact the individual directly by telephone or mail, if possible, and in person, if necessary, to determine if the individual desires to continue the application for services and, if so, if assistance is needed in completing an application.

(C) Except as otherwise required in subsection (4) (A), within thirty (30) working days of receipt of a valid application, a regional center shall complete a comprehensive evaluation and determine eligibility for services. A comprehensive training program shall be developed to train staff to evaluate persons from any disability group which may be eligible for services under the definition of developmental disability.

(B) Individuals may apply for services only on application forms provided by the division.

1. By the end of the next working day after any referral, inquiry or request for services, a regional center shall provide application forms and information about services offered by the division and the regional centers, unless it is clearly evident that the inquiry, request or referral has been made to the division inappropriately or is for a person who is ineligible for services. In cases of evident ineligibility or inappropriate inquires, requests or referrals, regional centers shall refer individuals for whom services have been requested to appropriate agencies within five (5) working days after the inquiry, request or referral.

2. For an individual's request for services to be considered, the regional center must receive a valid application for services. An application shall be valid only if signed or marked by the applicant. A mark must be witnessed.

Examples of inappropriate inquiries, requests or referrals:

Individuals seeking aid to families with dependent children, vocational rehabilitation, food stamps, etc.

Examples of persons clearly ineligible for services:

Someone whose condition was caused by an accident which occurred after age 22, a non-handicapped elderly person seeking services offered by a regional center, etc.

Referrals of these individuals to other agencies at intake do not require monitoring thereafter.

(E) Developmental delay

1. A delay, as measured and verified by appropriate diagnostic measures and procedures (an interdisciplinary assessment), which results in a child's having obtained no more than approximately fifty percent (50%) of the developmental milestones and skills that would be expected of a child of equal age and considered to be developing within normal limits. The delay must be identified in one (1) or more of the following five (5) developmental areas: cognitive, speech or language, self-help, physical (including vision and hearing) or psychosocial; or

2. Demonstrated atypical development in any one (1) of the five (5) developmental areas, based on professional judgment of an interdisciplinary assessment team and documented by —

A. Systematic and documented observation of functional abilities in daily routine;

B. Developmental history; and

The definition of "developmental delay" is the same as the one used in Missouri's First Steps program.

C. Other appropriate assessment procedures which may include, but are not necessarily limited to, parent report, criteria-referenced assessment and developmental checklist;

(F) Developmental disability — A disability —

1. Which is attributable to

A. Mental retardation, cerebral palsy, epilepsy, head injury, autism or a learning disability related to a brain dysfunction; or

B. Any other mental or physical impairment or combination of mental or physical impairments; and

2. Is manifested before the person attains age twenty-two (22);

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in two (2) or more of the following six (6) areas of

*Section
630.005.1(8)RSMo*

Interpretation: If the disability is to qualify as a developmental disability, first of all, it must be attributable to a mental or physical impairment. See (Q). Second, it must be manifested before age 22. If either of these two qualifiers is not met, the disability is not a developmental disability, even though there may be substantial functional limitations in two or more areas of major life activity and even though there may be a need for lifelong or extended services.

If the disability is attributable to a mental or physical impairment, and if it is manifested before age 22, the third consideration must be whether

the purpose of determining eligibility. Rather, the regional center shall conduct an assessment for the purpose of developing the individualized habilitation plan or individualized family service plan. No applicant shall be found ineligible solely as a result of screening except an applicant whose disability clearly was not manifested before age twenty-two (22); a finding of ineligibility shall be made only after completion of the comprehensive evaluation.

Each regional center director shall designate a member of the staff to help ensure that the eligibility determination process proceeds in a timely manner. The name of that individual shall be posted in the center and shall be given to all applicants. This staff member shall have access to all necessary information from interdisciplinary assessment teams.

(A) Regional centers shall complete comprehensive evaluations within thirty (30) working days after receipt of valid applications from all applicants except applicants for services under the First Steps program. For applicants for services under the First Steps program, regional centers shall complete comprehensive evaluations and develop individualized family service plans within forty-five (45) days after receiving referrals for services under that program.

Only applicants whose disabilities were not manifested before age 22 may be found ineligible at screening.

Note that individualized family service plans for clients served under the First Steps program must be developed within 45 days after the client's referral to the center — no exceptions. This timeline is not consistent with timelines for non-First Steps clients.

major life activity shall be considered to have substantial functional limitations in those areas.

— MOCABI scores indicating such limitations

NOTE: Applicants of any age, for whom eligibility is evident, may be found eligible by the interdisciplinary assessment team immediately after intake without administration of either the Vineland or MOCABI or any other screening or assessment.

Section (4) sets out the procedure and timeliness for determining eligibility.

(4) The procedure for determining eligibility for applicants and clients shall be a comprehensive evaluation consisting of phases rather than a series of discrete and sequential steps. That is, screening and assessment shall not necessarily be separate and required steps. Thus, a screening itself may find an applicant eligible for services, and further assessment would be completed primarily to assist in development of the individualized habilitation plan or individualized family service plan. Furthermore, only if screening does not result in a determination of eligibility shall further assessment be conducted for the purpose of determining eligibility. On the other hand, if there is convincing evidence that an applicant has a developmental disability, neither screening nor assessment shall be necessary for

major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended-duration and are individually planned and coordinated;

(G) Eligible — Qualified through a comprehensive evaluation to receive services from the division, but not necessarily entitled to a specific service;

it will continue indefinitely. If so, consideration then must be given to whether the disability results in substantial functional limitations in at least two areas of major life activity. Finally, if all these conditions are met, consideration must be given to the need for lifelong or extended special and individualized services.

In summary, each of these conditions must be met, and it is advisable that they be considered in the order of their arrangement in the definition.

Division services are supported through appropriations made by the General Assembly. Depending upon availability of sufficient funding, the division may have a waiting list for its services. Therefore, eligibility does not automatically entitle a client to services.

Furthermore, eligibility does not neces-

sarily entitle a client to a specific service. Needed services are determined by the interdisciplinary team, which develops the individualized habilitation plan — not exclusively by the client or the client’s family.

(H) First Steps — A statewide system of coordinated, comprehensive, multidisciplinary, inter-agency programs providing appropriate early intervention and service coordination services through individualized family service plans to all handicapped infants and toddlers (birth through age thirty-six months (0-36 months)) and their families in compliance with Public Law 99-457, Part H;

(I) Individualized family service plan — A written plan for providing early intervention services to a child and its family and which must -

1. Be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
2. Be based on the multidisciplinary evaluation and assessment of both the child and the family; and
3. Include services to enhance the child’s devel-

The term “individualized family service plan” applies only to the First Steps program, which requires the plan’s development within 45 days after receipt of an applicant referral. It should be noted that this timeline is shorter than the timeline for developing the individualized habilitation plan for non-First Steps clients.

(B) Children ages five through seventeen (5-17).

1. Children scoring as follows on the Vineland shall be considered to have substantial functional limitations in two (2) or more areas of major life activity:

- A. One and one-half (1.5) standard deviations below the norm in at least two (2) developmental areas; or
- B. Two (2) or more standard deviations below the norm in only one (1) developmental area.

2. Children of older ages in this age range for whom the MOCABI may be a more appropriate screening instrument and whose scores on the MOCABI, or through additional individualized assessment or interview, indicate deficits in two (2) or more of the areas of major life activity shall be considered to have substantial functional limitations in those areas.

(C) Adults ages eighteen (18) and older. Adults whose comprehensive evaluations indicate deficits in two (2) or more of the areas of

Criteria for SUBSTANTIAL FUNCTIONAL LIMITATIONS for children age five through 17 —
(1) 1.5 standard deviations below norm in two Vineland developmental areas, or
(2) two standard deviations below norm in one Vineland developmental area, or
(3) For older children, MOCABI scores indicating such limitations

Criteria for SUBSTANTIAL FUNCTIONAL LIMITATIONS for adults

1. Receipt by the division of documentation, based upon an individualized assessment from a qualified developmental disabilities professional that there is markedly disturbed social relatedness in most contexts which puts the child at risk of becoming developmentally delayed or developmentally disabled;

2. Determination by a regional center that a child's primary care giver has a developmental disability and that the developmental disability could put the child at risk of becoming developmentally delayed or developmentally disabled; or

3. A Division of Family Services referral of a child who that division has found reason to suspect is abused or neglected and who a qualified developmental disabilities professional has documented, based upon an individualized assessment, is at risk of becoming developmentally delayed or developmentally disabled.

opment and the capacity of the family to meet the child's special needs;

(J) Initial service plan — A document developed by the client's case manager to authorize immediate and necessary services after the client has been determined eligible but before the individualized habilitation plan or individualized family service plan is developed and implemented;

(K) Intake — The process conducted prior to determination of eligibility by which data is gathered from an applicant;

(L) Interdisciplinary assessment team — Qualified developmental disabilities professionals, persons with special training or experience in the identification or habilitation of persons with developmental disabilities, and others approved by the division who participate in the comprehensive evaluation process for team determination of an applicant's eligibility for services from the division;

It should be noted that an applicant may be determined eligible (BUT NOT INELIGIBLE) immediately after intake, even without screening or assessment. See discussion in (D).

The terms "interdisciplinary assessment team" and "interdisciplinary team" are not to be used interchangeably. Note that the interdisciplinary assessment team may include unspecified members approved by the division. The intent here is that a regional center might wish to include non-special education teachers, employers or other significant persons in applicants' lives. "Approved by the division" means

approved by the regional center director or the director's designee.

(M) Interdisciplinary team — The client or applicant, case manager, interdisciplinary assessment team members as appropriate, personnel from agencies providing services required or desired, and other persons (including family members) designated by the client or applicant;

(N) Logging — Recording in a uniform, consistent manner those dates and activities related to application, comprehensive evaluation and other eligibility determination procedures as well as dates and activities related to applicant and client appeals;

(O) Major life activities —

1. Self-care — Daily activities which enable a person to meet basic needs for food, hygiene and appearance; demonstrated ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision;

2. Receptive and expressive language — Communication involving verbal and nonverbal behavior enabling a person to understand and express ideas

A requirement of this administrative rule on eligibility determination and of the Leake Consent Decree.

It is these activities that are critical to the "functional" approach to eligibility determination. These activities are contained, as defined here, in the federal Developmental Disabilities law. Several states have now adopted the federal definition of "developmental disability" and have implemented the functional approach to determining eligibility.

(3) Eligibility for services from the division is predicated on the applicant's either having mental retardation or a developmental disability or being at risk of becoming developmentally delayed or developmentally disabled. The following criteria shall be used in carrying out comprehensive evaluations for determining eligibility for services from the division:

(A) Children from birth through age four (0-4). Children who are eligible for the First Steps program as well as children who, except for age, would be eligible for that program, even though the children may not be eligible for public school services, automatically shall be eligible for services except for children whose sole service needs are specialized medical treatment for diagnosed health conditions or for children served by the Department of Health under an interagency agreement with the Department of Mental Health. The division shall determine eligibility for those children on an individualized basis; or any one (1) of the following at-risk circumstances, when coupled with a score of at least one and one-half (1.5) standard deviations below the norm in any one (1) of the four (4) developmental areas of the Vineland shall make a child eligible:

Section (3) contains criteria for — (1) determining eligibility for children from birth through age four, and (2) measuring substantial functional limitations for applicants of all other ages.

Criteria for ELIGIBILITY of children from birth through age four — (1) Eligible for First Steps program or (2) Score of at least 1.5 standard deviations below the norm in one Vineland developmental area plus one of these circumstances which causes risks — A - markedly disturbed social relatedness, or B - a care giver with a developmental disability, or C - abuse or neglect.

EXCEPTION: Eligibility for children needing specialized medical treatment for birth conditions and children served under DMH-Department of Health agreements shall be determined on an individual basis.

(AA) Vineland Adaptive Behavior Scales (Vineland) — A screening device for evaluating an individual’s performance in daily activities by assessing the four (4) domains of communication, daily living, socialization and motor development.

For use only in screening children age 17 and younger.

and information to the general public with or without assistive devices; demonstrated ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis;

3. Learning — General cognitive competence and ability to acquire new behaviors, perceptions and information and to apply experiences in new situations; demonstrated ongoing ability to acquire information, process experiences and appropriately perform ordinary cognitive age-appropriate tasks on an ongoing basis;

4. Mobility — Motor development and ability to use fine and gross motor skills; demonstrated ongoing ability to move about while performing purposeful activities with or without assistive devices and with little or no assistance or supervision;

5. Self-direction — Management and control over one’s social and personal life; ability to make decisions and perform activities affecting and protecting personal interests;

Keep in mind that before the interdisciplinary assessment team considers whether an applicant has substantial functional limitations in two or more of these areas of major life activity, it must first determine if a mental or physical impairment exists and, if so, if that disability manifested itself before age 22.

demonstrated ongoing ability to take charge of life activities as age-appropriate through an appropriate level of self-responsibility and assertiveness; and

6. Capacity for independent living or economic self-sufficiency — Age-appropriate ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles; ability to maintain adequate employment and financial support; ability to earn a living wage, net (determined by the interdisciplinary assessment team for each individual), after payment of extraordinary expenses caused by the disability; demonstrated ability to function on an ongoing basis as an adult independent of extraordinary emotional, physical, medical or financial support systems;

(P) Markedly disturbed social relatedness — A condition found in children from birth through age four (4) (0-4) and characterized by —

1. Persistent failure to initiate or respond in an age-appropriate manner

Serious thought needs to be given to the sixth area — capacity for independent living or economic self-sufficiency. The team must guard against inappropriately finding applicants substantially limited in this area; for example, merely because they rely on their families for some assistance and support or because they receive federal rent subsidies or food stamps. Such reliance does not necessarily constitute “extraordinary emotional, physical, medical or financial support.”

The term “markedly disturbed social relatedness” encompasses the perhaps more familiar terms of “failure to bond” and “failure to thrive.”

evidence that specific substantial functional limitations exist.

(Z) Temporary action plan — A written plan developed by (at least) the applicant, the applicant’s family and case manager to authorize additional assessment and counseling services only for the purpose of completing the comprehensive evaluation; and

The temporary action plan is not to be confused with the initial service plan. The temporary action plan is used only when a regional center, through no fault of its own, is unable to make an eligibility determination within 30 working days after receipt of a valid application. In such cases, the temporary action plan merely authorizes more assessment and counseling services for an additional 30 days until the eligibility determination is made. On the other hand, the initial service plan is used only after an applicant has been determined eligible. It authorizes immediate services to meet critical needs until the individualized habilitation plan (or individualized family service plan) can be developed.

capabilities of children who are handicapped or severely handicapped and which include, but are not limited to, the provision of diagnostic and evaluation services; student and parent counseling; itinerant, homebound and referral assistance; organized instructional and therapeutic programs; transportation; and corrective and supporting services;

(Y) Substantial functional limitation — An inability, due to a mental or physical impairment, to individually and independently perform a major life activity within expectations of age and culture;

The MOCABI, a structured interview tool for use with applicants age 18 and older (or, as appropriate, applicants that are slightly younger), is used to determine if substantial functional limitations exist. See the MOCABI instructions and scoring criteria for measures of evaluating whether applicants have substantial functional limitations.

Note that for children through age 17, with the possible exception of older children in this age group, a different set of criteria is used to determine eligibility. (See Subsections (3) (A) and (B) of the rule.) For this age group, eligibility is not contingent upon

to most social interactions, for example, absence of visual tracking and reciprocal play, lack of vocal imitation or playfulness, apathy, little or no spontaneity, or lack of or little curiosity and social interest; or

2. Indiscriminate sociability, for example, excessive familiarity with relative strangers by making requests and displaying affection;

(Q) Mental or physical impairment —

1. An impairment that results from anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques; or

2. An impairment, in the broadest interpretation, which may include any neurological, sensory, biochemical, intellectual, cognitive or perceptual deficit (excluding social problems) or mood disorder, as determined by an interdisciplinary assessment team, which limits an individual's ability to perform life, developmen-

tal or functional activities that would be expected of an individual of equal age and considered to be developing or to have developed within normal limits;

(R) Mental retardation — Significantly subaverage general intellectual functioning which originates before age eighteen (18) and is associated with significant impairment in adaptive behavior;

(S) Missouri Critical Adaptive Behaviors Inventory (MOCABI) — A structured interview tool used during screening to gather data to help to determine if a substantial functional limitation exists;

(T) Protector — An adult client's parent, relative or other person, except for a legally appointed guardian, designated by the client and recognized by the department to assist the client in planning and participating in habilitation;

(U) Qualified developmental disabilities professional — An individual who has at least one (1) year of experience working directly with persons with developmental disabilities and is one (1) of the following:

Key words and phrases:

- (1) *structured interview tool*
- (2) *used during screening*
- (3) *to help to determine limitations*

1. A doctor of medicine or osteopathy, which may include a doctor with a specific specialty;

2. A registered nurse; or

3. An individual who holds at least a bachelor's degree in occupational therapy, physical therapy, psychology, social work, speech-language pathology, audiology, recreation, dietetics, sociology, special education, rehabilitation counseling, or a related field approved by the division director;

(V) Representative — Applicant's or client's legal guardian, parent (if applicant or client is a minor) or protector (for adult clients);

(W) Screening — Initial evaluation services, possibly including review by an interdisciplinary assessment team of information collected during the intake and application processes to substantiate that the applicant is developmentally disabled or is suspected to be developmentally disabled and requires further assessment for eligibility determination;

(X) Special education services — Programs designed to meet the needs and maximize the

Doctors with specialties may include psychiatrists, pediatricians, neurologists, etc.

Screening may be waived if the applicant has already been found eligible after intake. NOTE: Applicants cannot be found ineligible at screening, i.e., they cannot be screened out of eligibility.

Section 162.675(4), RSMo