

ELIGIBILITY DETERMINATION STANDARDS FOR DEVELOPMENTAL SERVICES

Eligibility Statement: A person may qualify for Developmental Services from the State of Nevada if she/he is a legal resident of Nevada and has a confirmed diagnosis of intellectual disability, a related condition, or developmental delay (if under 6 years of age)

A. Residency in Nevada

1. Documentation must be provided that shows Nevada residency. For a child under the age of eighteen, documentation must show that the child's parent or legal guardian lives in the state of Nevada.
2. Lawful status will be determined using the Residency and Proof of Identify criteria applied by the Nevada Department of Motor Vehicles. A list of acceptable documents can be found at <http://www.dmvnv.com/dlresidency.htm>.

B. Confirmed Diagnosis of Intellectual Disability

1. The diagnosis of Intellectual Disability is based on the criteria provided by Nevada Revised Statutes (NRS 433.099) and current and accepted diagnostic and classification systems including: International Classification of Diseases, (ICD-9-CM, ICD-10-CM), Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, DSM-5), and American Association on Intellectual and Developmental Disabilities: Intellectual Disability: Definition, classification, and Systems of Supports, 11th Edition. Intellectual Disability is characterized by significant limitations in both (a) intellectual functioning and (b) adaptive skills. This is considered to be a lifelong condition originating before the age of 18 years.
2. Significant limitations in intellectual functioning refers to impairments in general mental capacity, such as learning, reasoning, and problem solving and is typically demonstrated by intelligence test scores. Generally, a standard score of approximately 70 or below on an individually administered, psychometrically valid intelligence test indicates a significant limitation in intellectual functioning.
3. *Significant adaptive behavior limitations* must be demonstrated in areas of conceptual, social and practical skills. Generally, significant adaptive behavior limitations are indicated by standardized test scores that are two standard deviations below the mean (e.g., standard score of approximately 70 or below using measurements having a mean of 100 and standard deviation of 15; scaled score of approximately 4 or below using measurement having mean of 10 and standard deviation of 3).
4. Intellectual disability requires a diagnosis by a licensed psychologist or a finding by a certified school/educational psychologist that is supported by test results including intellectual assessment scores and assessment of adaptive behavior.
5. Older adults without a formal substantiation of a diagnosis of intellectual disability before age 18 may be considered for eligibility on the basis of available historic and current information, including statements by family or others with personal knowledge of the applicant during the developmental period.

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6. In determining if an individual has a diagnosis of intellectual disability, additional factors are taken into consideration including history of assessment/testing results, as well as, biologic, psychological, social and cultural factors that may influence the measurement or results of cognitive testing and adaptive skill assessment.

C. Determination of Related Condition

1. Nevada's determination of Related Condition is based on the federal definition (42 CFR 435.1010) and the *Nevada Revised Statutes (NRS 433.211)*. Related conditions are severe, chronic disabilities attributed to neurologically or genetically based disorders found to be closely related to intellectual disability because the condition results in impairment of general intellectual functioning and/or adaptive behavior similar to that of a person with intellectual disability, and requires treatment or services similar to persons with intellectual disability. Related conditions are manifested before the person reaches age 22, are likely to continue indefinitely, and result in substantial limitations in three or more areas of major life activity.
2. Neurological or genetically based disorders include, but are not limited to: cerebral palsy, epilepsy, autism spectrum disorder, traumatic (acquired) brain injury, fetal alcohol spectrum disorders, and other chromosome/genetic disorders (e.g., Down Syndrome, Prader-Willi Syndrome, Fragile X).

D. Documentation and supporting evidence for related conditions include the following:

1. Autism spectrum disorders are diagnosed by a licensed psychologist, neurologist, pediatrician or psychiatrist. Educational assessments completed by a certified school/educational psychologist may be used to inform the confirmation of an autism spectrum disorder. The diagnosis of an autism spectrum disorder is supported by documentation including, but not limit to: a description of developmental history, detailed observations, and results of accepted, normed instruments indicating a high probability of an autism spectrum disorder.
2. Neurological disorders (e.g., epilepsy, cerebral palsy, TBI/ABI) are diagnosed by a neurologist or other qualified physician and substantiated by medical records (e.g., EEG, neuroimaging).
3. Fetal alcohol spectrum disorders and other neurodevelopmental disorders attributed to in utero exposure to substances and/or toxins are substantiated by medical records (e.g., neurological evaluation, neuroimaging) from a neurologist, or other qualified physician (e.g., geneticist).
4. Genetic/chromosome disorders (e.g., Fragile X, Prader-Willi Syndrome, Down Syndrome) are diagnosed by a physician based on results of genetic/chromosome testing.

E. Substantial functional limitations in three or more of the following areas of major life activity must be attributed to the related condition. Areas of major life activity are as follows: self-care, understanding and use of language, learning, mobility, self-direction,

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and capacity for independent living. Determination of substantial functional limitations is based on the result of an assessment of adaptive behavior (including the administration of one or more standardized adaptive behavior instruments) and additional evaluative information as deemed necessary. Generally, standard scores of approximately 70 or below indicate substantial functional limitations.

F. The following definitions will be used in determining if a substantial functional limitation exists:

1. "Self-care" refers to the demonstration of age-appropriate skills in areas such as toileting, eating, dressing, personal hygiene and grooming.
2. "Understanding and use of language" includes the demonstration of age-appropriate skills in comprehending and expressing information through symbolic behaviors including writing, speaking, sign language, and graphic symbols and non-symbolic behaviors including facial expression, body movement, touch or gestures.
3. "Learning" refers to age-appropriate functional academic skills related to learning at school that also have direct application in one's life. It involves the ability to acquire new behaviors, perceptions, and information and to apply experiences to new situations.
4. "Mobility" includes the demonstration of age-appropriate skills to ambulate and orient within the home and community. Related skills include orienting and moving about in the home and nearby neighborhood in order to complete activities of daily living, and the ability to travel in unfamiliar places or use public transportation.
5. "Self-direction" refers to the age-appropriate ability to set realistic goals or make plans independently of others and accomplish such goals in a timely manner. Related skills include orientation to home and place and to other persons, persistence, maintaining attention and concentration, initiating and completing activities, and maintaining behavior/emotional stability.
6. "Capacity for independent living" involves the ability to utilize advanced, age-appropriate skills required to live independently without specialized supports from others. This item weighs the overall capacity for independent living across the person's typical environments. For an adult, these skills include the ability to tell time, use money, initiate and maintain relationships, hold a job and engage in leisure and recreation activities. Areas of competence include clothing care, housekeeping, property maintenance, food preparation and cooking, planning and budgeting for shopping, home safety and daily scheduling. For a child, the related skills include the ability to understand the function of a clock, to understand the function of money, demonstrate friendship-seeking behaviors, attend school, and play a simple game (e.g., Go Fish). Areas of competence include dressing, helping with simple household chores, feeding self, and showing basic safety skills in the community and the home (e.g., staying away from hot objects, stranger danger).

G. Developmental Delay (for children under the age of 6 years)

1. A child under the age of 6 years old may qualify for services if the child demonstrates substantial functional limitations in at least two of five areas defined

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in Sections E and F. "Capacity for Independent Living" is not considered for children under age 6.

H. Exclusionary Criteria for Developmental Services

1. Qualifying impairments for Developmental Services must NOT be primarily related to:
 - a. Limitations in intellectual or adaptive functioning that are a manifestation of a mental illness, mental disorder, severe behavior disorder, severe emotional disturbance, psychiatric condition or treatment of that condition. (e.g., mental health disorders such as psychosis, dementia, mood disorder, personality disorders, substance abuse or disturbances related to psychosocial deprivation are not qualifying conditions even though they may cause impaired social, adaptive or cognitive functioning.)
 - b. A Learning Disability, which is a condition that manifests as a significant discrepancy between cognitive potential and educational achievement.
 - c. Attention-Deficit/Hyperactivity Disorder or sensory impairments such as a sensory integration disorder.
 - d. Physical impairments not having origin in the brain or neurological impact.

I. Review and Redetermination of Eligibility

1. Eligibility for children under 18 years of age is considered provisional and must be reviewed every 3 years and any time there is new information that may affect continued eligibility.
2. The eligibility of children initially qualified for services with developmental delays must be reviewed for continued eligibility at 6 years of age.
3. The eligibility for children and adults receiving services through the Regional Center may be reviewed/re-assessed based on new information, a request for review, and/or recommendation from prior assessment.

References

- Nevada Revised Statutes Chapter 433.
- 42 CFR Ch. IV: *Sec. 435.1010 Definitions Relating to Institutional Status*. Retrieved July 1, 2013 from <http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol4/pdf/CFR-2012-title42-vol4-chapIV.pdf>
- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Retrieved October 1, 2013 from <http://www.cdc.gov/nchs/icd/icd10cm.htm>

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- American Association on Intellectual and Developmental Disabilities: *Intellectual Disability: Definition, Classification, and systems of supports*, 11th Edition. Washington, DC, AAIDD, 2010.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Washington, DC, American Psychiatric Association, 2013.

10/1/13 Standards for Developmental Services Eligibility Determination