

APPLICATION FOR DEVELOPMENTAL SERVICES

- | | | |
|--|--|--|
| <input type="checkbox"/> DESERT REGIONAL CENTER
5550 W. Flamingo Road, Suite B5
Las Vegas, NV 89103
Phone: (702) 486-7850
Fax: (702) 486-5855 | <input type="checkbox"/> RURAL REGIONAL CENTER
1665 Old Hot Springs Road, Suite 165
Carson City, NV 89706
Phone: (775) 687-5162
Fax: (775) 687-1001 | <input type="checkbox"/> SIERRA REGIONAL CENTER
605 South 21 st Street
Sparks, NV 89431-5599
Phone: (775) 688-1930
Fax: (775) 688-1947 |
|--|--|--|

Applicant Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____ Telephone No: _____
(Street) (City, State, and Zip Code)

Cell No.: _____

Nevada Resident: YES NO U.S. Citizen or Legal Resident: YES NO Primary Language: _____

Diagnosis: Intellectual Disability Autism Spectrum Disorder Other Developmental Disability
(Cerebral Palsy, Seizure Disorder, TBI, etc.): _____

Services provided by agencies or individuals (*neurologist, physician, psychologist, geneticist, etc.*):

Received Special Education (*Name/Address of Last School Attended*):

SSDI Benefits: YES NO PENDING Nevada Medicaid: YES NO PENDING

SSI Benefits: YES NO PENDING Medicare: YES NO PENDING

Social Security No.:		Medicaid No.:	
Other Insurance:		Billing No.:	

I do hereby request services for the designated APPLICANT from the Nevada Regional Center, a community-based program authorized by the State of Nevada to serve residents of Nevada diagnosed with an intellectual disability or a related condition. I understand that I may withdraw this application request at any time. I understand that all information obtained by the Regional Center will be kept confidential. By signing this application, I consent to any psychological testing and/or assessments needed for eligibility determination. The Regional Center reserves the right to discontinue the application process due to loss of contact and/or lack of supporting information necessary for determining eligibility for services.

APPLICATION WILL BE CLOSED IF REQUIRED DOCUMENTS ARE NOT SUBMITTED IN 60 DAYS

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

Services: <input type="checkbox"/> Service Coordination	<input type="checkbox"/> Residential Supports <input type="checkbox"/> Family Supports (POS) <input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> LOC <input type="checkbox"/> Respite <input type="checkbox"/> SDFS
<input type="checkbox"/> In-Home Training <input type="checkbox"/> Family Preservation (FPP)		<input type="checkbox"/> JDT <input type="checkbox"/> CTC
Referred: <input type="checkbox"/> Self/Family	<input type="checkbox"/> Transfer within State <input type="checkbox"/> Out-of-State	<input type="checkbox"/> NEIS <input type="checkbox"/> DCFS <input type="checkbox"/> Social Services <input type="checkbox"/> Other: _____
<input type="checkbox"/> School District		<input type="checkbox"/> BVR <input type="checkbox"/> Katie Beckett



DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Choose an item.

adsd@adsd.nv.gov

Date: _____

**APPLICATION WILL BE CLOSED IF REQUIRED DOCUMENTS ARE NOT
SUBMITTED IN 60 DAYS**

Documentation for each diagnosis pertaining to your application (*checked items only*):

- All School Psychological Reports/Assessments (Multidisciplinary Team Report through the School District)
- Copies of current or last IEP
- Neurological Assessments
- Psychiatric Assessments
- Medical Reports
- Genetic Report
- Other (*specify*): _____

Additional Items (*checked items only*):

- Immunization Record
- Birth Certificate or Permanent Resident Card or Naturalization Certificate
- Social Security Card
- Medicaid and/or other medical insurance card (*copy both sides*)
- Medicare Card
- Social Security Income Award or Denial Letter (*most current from Nevada*)
- Three most current paycheck stubs or a copy of last year's income tax return
- Recent Photo
- Nevada ID or Proof of State Residency
- Letter of Guardianship
- Adoption Order

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 federal legal resident, resides in Nevada, and has a confirmed diagnosis of intellectual disability, a qualifying developmental disability, 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 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 or more 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 standardized 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.
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 Qualifying Developmental Disability

1. Nevada's determination of developmental disability is based on the *federal definition of related conditions (42 CFR 435.1010)* and the *Nevada Revised Statutes (NRS 433.211)*. Developmental disabilities 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. Developmental disabilities 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).
3. Documentation and supporting evidence for developmental disabilities include the following:
4. 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 limited to: a description of developmental history, detailed observations, and results of accepted, normed instruments indicating a high probability of an autism spectrum disorder.

5. 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).
 6. Disorders attributed to in utero exposure to substances and/or toxins (e.g., fetal alcohol spectrum) are diagnosed by a neurologist, geneticist, or other qualified physician and substantiated by medical records (e.g., neurological evaluation, neuroimaging, physical examination, etc.) that identify a neurological condition diagnosis.
 7. Descriptive information labels (e.g., FAE, FAS Types, Drug Effect) are not sufficient without other diagnostic identifiers. There are no specific ICD-10 codes for conditions such as Partial fetal alcohol syndrome (PFAS), Alcohol-related neurodevelopmental disorder (ARND), or FASD 4-Digit Diagnostic Code. Medical documentation should contain a diagnostic code for the medical condition/s thought to be associated with in utero exposure. Examples of ICD-10-CM diagnostic codes associated with in utero exposure to substances and/or toxins include, but are not limited to, Q86.0-Fetal alcohol syndrome; G93.40-Encephalopathy; R90.82 White matter disease, unspecified; and other codes identifying neurological conditions (e.g., seizure disorder).
 8. ICD-10-CM code F88-other disorders of psychological development is often used to reflect neurodevelopmental disorders. Use of this code requires additional supporting medical documentation as described above. Additionally, many neurodevelopmental disorders are excluded from eligibility (refer to H. Exclusionary Criteria for Developmental Services).
 9. Genetic/chromosome disorders (e.g., Fragile X, Prader-Willi Syndrome, Down Syndrome) are diagnosed by a physician based on results of genetic/chromosome testing.
- D. Substantial functional limitations in three or more of the following areas of major life activity must be attributed to the developmental disability condition. Areas of major life activity are as follows: self-care, understanding and use of language, learning, mobility, self-direction, 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.
- E. 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).

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

G. Exclusionary Criteria for Developmental Services

1. Qualifying impairments for Developmental Services must NOT be primarily related to:
2. 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.)
3. A Learning Disability, which is a condition that manifests as a significant discrepancy between cognitive potential and educational achievement.
4. Attention-Deficit/Hyperactivity Disorder or sensory impairments such as a sensory integration disorder.
5. Physical impairments not having origin in the brain or neurological impact.
6. Neurodevelopmental disorders such as communication disorders, motor disorders, learning disorders are not qualifying conditions even though they may cause impaired social, adaptive, or cognitive functioning.

H. Review and Redetermination of Eligibility

1. Eligibility for children under 18 years of age is considered provisional and must be reviewed by the service coordinator every 3 years and any time there is new information that may affect continued eligibility. The service coordinator review includes a review of documentation (e.g., school IEP, psychoeducational assessments, medical information) and other information deemed necessary.
2. The eligibility of children initially qualified for services with developmental delays must be reviewed for continued eligibility at 6 years of age. This review includes a re-determination of eligibility through the regional center's Eligibility Review Committee (ERC) and an updated Eligibility Determination Form.
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 435.

42 CFR Ch. IV: Sec. 435.1010 *Definitions Relating to Institutional Status*. Retrieved October 24, 2018 from <https://ecfr.io/Title-42/sp42.4.435.k>

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Retrieved October 24, 2018 from <https://www.cdc.gov/nchs/icd/icd10cm.htm#FY%202019%20release%20of%20ICD-10-CM>

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.

ELIGIBILITY DETERMINATION FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

STATE OF NEVADA

AGING AND DISABILITY SERVICES DIVISION

DEVELOPMENTAL SERVICES

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 Sparks, NV 89431-5599
 Phone: (775) 688-1930
 Fax: (775) 688-1947

Name: _____ Birth Date: _____ Age: _____

Date Application Received: _____ Medicaid Billing No: _____

I. INTELLECTUAL DISABILITY DETERMINATION (applicant 6 years of age or older)

- A. Does the applicant have an Intellectual Disability?
 Yes (Level: mild moderate severe profound unspecified) Person is eligible, sign below
 No (Please continue)

II. DEVELOPMENTAL DISABILITY DETERMINATION (applicant 6 years of age or older)

- A. Does the person have a developmental disability diagnosis such as Autism Spectrum Disorder, Cerebral Palsy, or Seizure Disorder? (Excluded conditions are solely the effects of a mental disorder/mental illness, severe behavior disorder, severe emotional disturbance, learning disability, or a physical condition that is not neurological)
 Yes - List the diagnosis and the source No – Stop here the person is not eligible

DIAGNOSIS	SOURCE	DATE

- B. Is this person's condition closely related to intellectual disability (because it results in impairments of general intellectual functioning or adaptive behavior similar to persons with intellectual disability, and requires treatment or services similar to those required for persons with intellectual disability)?
 Yes No – Stop here the person is not eligible
- C. Does this person have a severe, chronic disability as a result of a developmental disability diagnosis?
 Yes No – Stop here the person is not eligible
- D. Did the developmental disability originate before age 22?
 Yes No – Stop here the person is not eligible
- E. Is the developmental disability likely to continue indefinitely?
 Yes No – Stop here the person is not eligible

ELIGIBILITY DETERMINATION FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

STATE OF NEVADA

AGING AND DISABILITY SERVICES DIVISION

DEVELOPMENTAL SERVICES

F. Do standardized assessment tools and evaluative information show that the condition results in substantial functional limitations in three or more areas of major life activity?

Yes No – Stop here the person is not eligible

Check all applicable

Self-Care Understanding and Use of Language Learning Mobility Self-Direction

Capacity for Independent Living

G. Does this person qualify for Developmental Services?

Yes No

III. DEVELOPMENTAL DELAY (for children under 6 years of age)

If applicable, list child's medical or other condition associated with a developmental delay?

DIAGNOSIS	SOURCE	DATE

A. Do standardized assessment tools and evaluative information show that the child evidences substantial functional limitations in two or more areas of major life activity?

Yes No – Stop here the person is not eligible

Check all applicable

Self-Care Understanding and Use of Language Learning Mobility Self-Direction

B. Does this person qualify for Developmental Services under Developmental Delay?

Yes No

Comments related to determination:

Signature of Reviewing Psychologist:		Date:	
Signature of Intake Coordinator:		Date:	
Signature of Agency Director or designee:		Date:	

Fiscal Eligibility

Financial Greater than 300% 300% 200%

Medicaid Not Eligible/Denied Yes Pending

State Eligibility Review Committee reviewed this case on _____ and determined the applicant to be eligible ineligible for services.

SIGNATURE OF INTAKE COORDINATOR OR DESIGNEE

NOTIFICATION OF APPEAL
STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION
DEVELOPMENTAL SERVICES

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605 South 21st Street
Sparks, NV 89431-5599
Phone: (775) 688-1930
Fax: (775) 688-1947

Applicant Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____ Telephone No: _____
(Street) (City, State, and Zip Code)

Cell No.: _____

Applicant's date of eligibility determination letter: _____

My signature below indicates my request to appeal the eligibility decision for the designated APPLICANT.

NOTIFICATION OF APPEAL MUST BE RECEIVED WITHIN 90 DAYS FROM RECEIPT OF DETERMINATION LETTER

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

Received By: _____ Date: _____