ARKANSAS REGISTER



Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**

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For Office					
Use Only: Effective Date	Code Number				
Effective Date	Code Number				
Name of Agency Department of Human	Services				
Department Division of Developmental	Disabilities Services				
Contact_Elizabeth Pitman	Contact Elizabeth Pitman E-mail elizabeth.pitman@dhs.arkansas.gov Phone 501-682-4936				
Statutory Authority for Promulgating Rule	es Arkansas Code Annotated 20-48-101	2000 C			
Rule Title: Agency Definition	of Disability/Eligibility for Services (DDS Po	olicy 1035)			
Intended Effective Date		Date			
(Check One) Emergency (ACA 25-15-204)	Legal Notice Published	11/09/2017			
10 Days After Filing (ACA 25-15-204)	Final Date for Public Comment	12/08/2017			
Other February 1, 2018 [Must be more than 10 days after filing date.]	Reviewed by Legislative Council				
(Must be more than 10 days after filing date.)	Adopted by State Agency	02/01/2018			
Electronic Copy of Rule e-mailed from: (Require	d under ACA 25-15-218)				
Becky Murphy becky.m	1/19/18				
Contact Person	E-mail Address	Date			
	ON OF AUTHORIZED OFFICER				
I Hereby Certify That The Attached Rules Were Adopted In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)					
111 41 6 5					
Mill	Solve				
(501) 682-8662	melissa.stone@dhs.arkansas.gov				
Phone Number	E-mail Address				
Director					
	Date				

Policy Type	Subject of Policy	Policy No.
- · · · · · · · · · · · · · · · · · · ·	•	
Administrative	Agency Definition of Disability/Eligibility for Services	1035

- 1. <u>Purpose</u>. This policy has been prepared to set minimum parameters for determining eligibility to receive services from Developmental Disabilities Services (DDS).
- 2. Scope. All individuals and their families applying for services offered by DDS.
- 3. <u>Definitions</u>. For purposes of this policy, Primary Disability/Condition, Primary Diagnosis, and Other Disabilities are defined as follows:
 - A. Primary Disability That condition which renders the most serious impairment and/or condition which has the greatest impact on an individual's ability to function, as outlined in Arkansas Statute Ann. 20-48-101.
 - B. Primary Diagnosis A medical designation, determined by a physician, usually denoting etiology of disabling condition.
 - C. Other Disabilities Any condition(s) which accompanies the primary disability, and further hinders the development of an individual.

4. <u>Eligibility Criteria</u>.

- A. Diagnosis of developmental disability under definition cited in Arkansas Code Ann. § 20-48-101.
 - 1) Is attributable to intellectual disability, cerebral palsy, spina bifida, Down syndrome, epilepsy or autism spectrum disorder.
 - a. Intellectual Disability As established by scores of intelligence which fall two or more standard deviations below the mean of a standardized test of intelligence administered by a legally qualified professional; Infants/Preschool, 0-5 years developmental scales, administered by qualified personnel authorized in the manual accompanying the instrument used, which indicate impairment of general functioning similar to that of developmentally disabled persons;
 - b. Cerebral Palsy As established by the results of a medical examination provided by a licensed physician;
 - c. Spina bifida As established by the results of a medical examination provided by a licensed physician.
 - d. Down syndrome As established by the diagnosis of a licensed physician.

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- e. Epilepsy As established by the results of a neurological and/or licensed physician;
- f. Autism Spectrum Disorder As established by the results of a team evaluation including at least a licensed physician and a licensed psychologist and a licensed Speech Pathologist;

NOTE: Each of these four conditions is sufficient for determination of eligibility independent of each other. This means that a person who is intellectually disabled does not have to have a diagnosis of autism spectrum disorder, epilepsy, spina bifida, down syndrome, or cerebral palsy. Conversely, a person who has autism spectrum disorder, cerebral palsy, epilepsy, spina bifida, or Down syndrome does not have to have an intellectual disability to receive services.

- Is attributable to any other condition of a person found to be closely related to intellectual disability because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with intellectual disability or requires treatment and services similar to those required for such persons. This determination must be based on the results of a team evaluation including at least a licensed Physician and a licensed Psychologist.
 - a) In the case of individuals being evaluated for service, eligibility determination shall be based upon establishment of intelligence scores which fall two or more standard deviations below the mean of a standardized test of intelligence OR, is attributable to any other condition found to be closely related to an intellectual disability because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with an intellectual disability, or requires treatment and services similar to those required for such persons.
 - b) Persons age 5 and over will be eligible for services if their I.Q. scores fall two or more standard deviations below the mean of a standardized test.
 - c) For persons ages 3 to 5, eligibility is based on an assessment that reflects functioning on a level two or more standard deviations from the mean in two or more areas as determined by a standardized test.

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- d.) For infants and toddlers 0-36 months, eligibility for DDS Services will be indicated by a 25% delay in two or more areas based on an assessment instrument which yields scores in months. The areas to be assessed include: cognition; communication; social/emotion; motor; and adaptive.
- 3) Is attributable to dyslexia resulting from intellectual disability, cerebral palsy, epilepsy spina bifida, Down syndrome or autism spectrum disorder as established by the results of a team evaluation including at least a licensed Physician and a licensed Psychologist.

NOTE: In the case of individuals being evaluated for service, eligibility shall be based upon their condition closely related to an intellectual disability by virtue of their adaptive behavior functioning.

B. The disability must originate prior to the date the person attains the age of twenty - two (22).

NOTE:

When age becomes a factor in eligibility determination under the Arkansas Law, such a case will be evaluated on its own merit as to whether the condition resulting from the disability was present before age twenty-two (22). In such cases, the determining authority will be the Assistant Director of Client Services and/or the Director for Developmental Disabilities Services.

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- C. The disability has continued or can be expected to continue indefinitely.
- D. The disability constitutes a substantial handicap to the person's ability to function without appropriate support services including, but not limited to, daily living and social activities, medical services, physical therapy, speech therapy, occupational therapy, job training and employment.
- 5. <u>Services</u>. Given the availability of funds and subject to budget restrictions, DDS will provide services to eligible persons.
- 6. <u>Appeal</u>. Should the individual and parent/guardian disagree with the decision made, they retain the right of appeal following DDS Policy #1076.

Replacement Notation: This policy replaces DDS Commissioner's Office Policy 1035,

Eligibility for Services, effective June 29, 1981; May 10, 1982; and October 7, 1983 and DDS Deputy Director's Policy #1035, January 8, 1997, P. 1, 1993

1987; December 1, 1993.

Effective Date:

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References: Arkansas Code Ann. 20-48-101, DDS Policy #1075, and DDS Policy #1020

Administrative Rules & Regulations Sub Committee of the Arkansas Legislative

Council:

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Administrative Agency Definition of Disability/Eligibility for Services 1035

ATTACHMENT 1 DDS Administrative Policy No. 1035 – Agency Definition of Disability Eligibility for Services

- 1. Referral is to include a memorandum by DDS Counselor with reason(s) for referral, why DDS eligibility is not clear, what are the reasons for dispute, and the referring person's own recommendation.
- 2. Adaptive Behavior Scale (within the last year).
- 3. Current Medical status (within the last year).
- 4. Psychological evaluation (within the last year) if eligibility request is based on psychological reasons.
- 5. Results of special evaluations relevant to eligibility determination.
- 6. Documentation by Service Coordinator of client observation within the last three (3) months.
- 7. Social History completed within the last 90 days by DDS Counselor.
- 8. The most recent Individual Education Plan if person is school age.
- 9. For individuals who are not school age, program plan of current or past services providers, if any.

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FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT	EPARTMENT Department of Human Services					
DIVISION Division of Developmental Disabilities Services						
PERSON COMPL	ETING THIS ST	FATEMEN	T <u>Elizabet</u>	h Pitman		
TELEPHONE 501	-682-4936 <u></u> 1	FAX <u>501-6</u>	82-8380	EMAIL: Eliz	abeth.pitman@	dhs.arkansas.gov
To comply with Arl and file two copies					ng Financial In	npact Statement
SHORT TITLE O	F THIS RULE	Agency De 1035)	efinition of [Disability/Eligibi	lity for Service	s (DDS Policy
1. Does this propo	sed, amended, or	repealed ru	le have a fin	ancial impact?	Yes	No 🔀
economic, or ot	2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No					
		es to this rule, was this rule determined y rule considered?		Yes 🔀	No 🗌	
If an agency is p	proposing a more	costly rule,	please state	the following:		
(a) How the a	(a) How the additional benefits of the more costly rule justify its additional cost;					
(b) The reason for adoption of the more costly rule;						
· /	(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;					
(d) Whether the explain.						o, please
4. If the purpose of	4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:					
(a) What is th	e cost to impleme	ent the feder	ral rule or reg	gulation?		
Current Fiscal Yea	<u>ar</u>		<u>Nex</u>	<u>tt Fiscal Year</u>		
General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)			Fedo Casl Speo	eral Revenue eral Funds h Funds cial Revenue er (Identify)		
Total	0		To	ta1	0	

	Current Fiscal Year		Next Fiscal Year				
General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)			Federal Funds Cash Funds Special Revenue				
	Total	0	Total	0			
5.			al year to any private individual, entity Identify the entity(ies) subject to the page 1				
	urrent Fiscal Year _0	•	Next Fiscal Year \$ 0				
		cost of the program of	cal year to state, county, and municipal r grant? Please explain how the gover Next Fiscal Year \$ 0	rnment is affected.			
7.	or obligation of at private entity, private	t least one hundred th	to Questions #5 and #6 above, is there housand dollars (\$100,000) per year to government, county government, municiple.	a private individual,			
			Yes No No				
	If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:						
	(1) a statement of	(1) a statement of the rule's basis and purpose;					
	(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;						
	(a) justifie (b) describ	_ ,	ce that: for the proposed rule; and of the rule meet the relevant statutory	objectives and justify			
	(4) a list of less co	ostly alternatives to t	the proposed rule and the reasons why	the alternatives do not			

adequately address the problem to be solved by the proposed rule;

(b) What is the additional cost of the state rule?

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.