APPENDIX I

OPERATIONAL ELIGIBILITY CRITERIA FOR MONTANA DEVELOPMENTAL DISABILITIES SERVICES (DDS)

I. Developmental disability determination criteria for an intellectual disability are provided in this first section. These are also the general developmental disability criteria that are applied to all other diagnoses and conditions:

A. The person has an I.Q. score of 70 or below. If a person is diagnosed with an intellectual disability based on an I.Q. greater than 70, the psychologist should provide a specific rationale as to why the person is being considered intellectually disabled (e.g., based on the 95% confidence interval related to 2 standard errors of measurement for a particular test).

B. The person has an Adaptive Behavior Composite score of 70 or less. Here again, the psychologist should provide a specific rationale as to why the person is considered intellectually disabled if the composite score for the adaptive behavior measure is greater than 70.

C. The effect of the person's intellectual disability needs to result in functional limitations in three or more of the following areas of a major life activity:
   1. Self care
   2. Receptive and expressive language
   3. Learning
   4. Mobility
   5. Self-direction
   6. Capacity for independent living
   7. Economic self-sufficiency

D. There must be documentation that the developmental disability originated before the person turned age 18.

E. There must be a statement that the developmental disability has continued or can be expected to continue indefinitely.

F. The person must be in need of treatment required by intellectually disabled persons. In accordance with the federal definition of a developmental disability, this treatment reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

G. For persons from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided, medical records and documentation from the child's physician will be used to make the eligibility determination.

II. Determining Eligibility In Relation To Autism:

In order to determine developmental disability eligibility in relation to autism spectrum disorder, a person must be determined to meet letter A or letter B, and letter C as described below:

A. Level 2 guidelines (requiring substantial support) for both social communication and restricted, repetitive behaviors.

B. Level 3 guidelines (requiring very substantial support) for both social communication and restricted, repetitive behaviors.

C. Significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment. Level 2 and Level 3 descriptors are clearly delineated on page 52 of the DSM-5 manual.

III. Determining Eligibility In Relation To Cerebral Palsy:

In order to determine developmental disability eligibility in relation to cerebral palsy, a person must be determined to demonstrate significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment.

IV. Determining Eligibility In Relation To Epilepsy:

Most persons with epilepsy do not have a developmental disability. In order to determine developmental disability in relation to epilepsy, a person will typically have uncontrolled seizures and be determined to demonstrate significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment.

V. Determining Eligibility In Relation To Other Neurological Conditions:

In order to determine developmental disability eligibility in relation to a person with another neurological condition, the person must be determined in accordance with this manual to have such a condition and to exhibit significant impairment of intellectual functioning that is similar to an intellectual disability and requires similar treatment.

VI. Determining Eligibility Where There Is An Apparent Combination of Developmental Disabilities and Mental Illness:

A. A person with an apparent combination of developmental disabilities and mental illness diagnoses may be determined to be eligible for developmental disability services if either number 1 or 2 below are satisfied:

1. The validity section of the person's psychological evaluation report definitively states that the obtained test results were not significantly impacted by behaviors associated with the person's mental disorder (e.g., inattention, lack of motivation, disruptive behaviors, etc.).

2. If a person with a mental disorder in an appeals process is referred for an independent psychological evaluation, then the psychologist should be specifically asked whether or not the mental illness affected the intelligence test scores and to what extent.

VII. Substantial Disability - A "substantial disability" as stated in the Montana Code Annotated 53-20-202(3) is defined as meeting the requirements for I-A, I-B, and I-C under the guidelines for an intellectual disability noted above.

VIII. Defining Treatment Needs - Treatment similar to that required by intellectually disabled persons is described in I-F above.

APPENDIX J

*REQUIREMENTS FOR PSYCHOLOGICAL EVALUATION REPORTS UTILIZED BY THE MONTANA DDP FOR MAKING ELIGIBILITY DECISIONS**

Psychologists who provide psychological evaluations to assist in the eligibility determination process for persons with a developmental disability will be asked to utilize the following guidelines:

1. Read and make use of the operational definitions and policies delineated in Appendix I.

2. All subtest and composite standard scores should be included in the report, along with a 95% confidence interval for the composite scores (two standard errors of measurement).

3. If a person is diagnosed as having an intellectual disability on the basis of an I.Q. score above 70, the psychologist should state the specific rationale and justification for making this diagnosis.

4. The Montana Developmental Disabilities Program (DPP) cannot accept either "provisional" or "rule out" diagnoses.

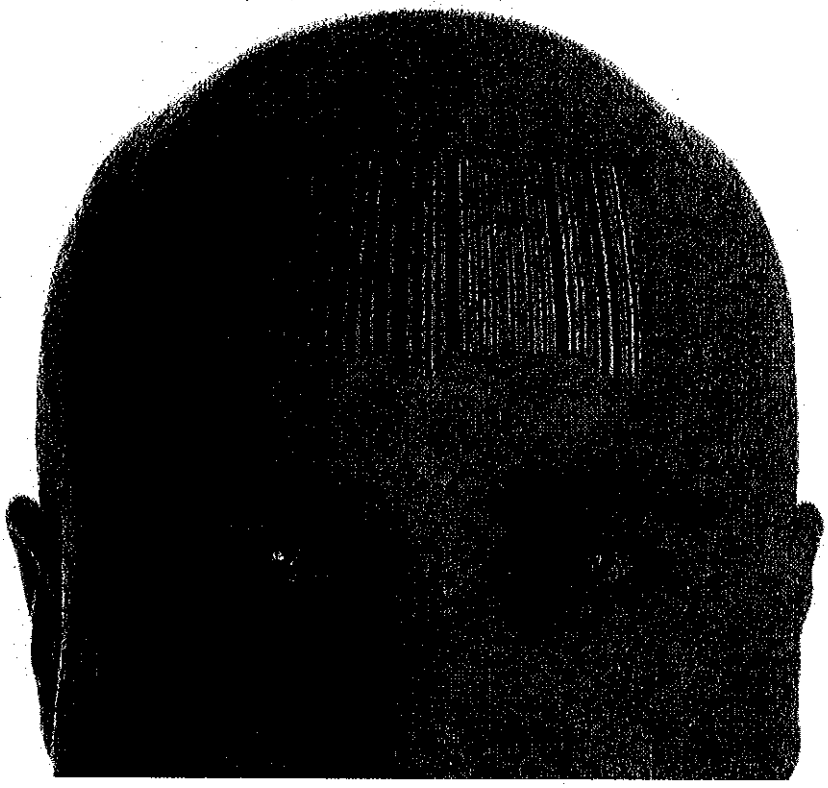
5. A diagnosis of "borderline intellectual functioning" is not sufficient documentation for a determination that a person has a developmental disability.

6. The written report should contain a clear statement indicating whether or not the person meets the operational definitions and policies for a developmental disability described in Appendix I.

7. Although eligibility for Developmental Disabilities Services (DDS) is NOT based on DSM-5 diagnostic criteria for an intellectual disability, it is helpful for the clinician to specify the severity level of the intellectual disability as being mild, moderate, severe, or profound according to DSM-5 guidelines.

8. The clinical report should contain specific examples of the client's functioning level, strengths, and deficits in the conceptual, social, and practical domain areas delineated by DSM-5.

9. For cases of autism spectrum disorder, the psychologist needs to specify whether the prospective client meets Level 1 (requiring support), Level 2 (requiring substantial support), or Level 3 (requiring very substantial support) severity levels for both social

communication and restricted, repetitive behaviors according to DSM-5 guidelines. Here again, specific examples of functioning level, strengths, and deficits should be provided for both social communication and the restricted, repetitive behavior categories.

*These guidelines were adapted, updated, and expanded based on the "Requirements for psychological reports to determine clinical eligibility for the adult or children's DD waiver" utilized by the State of Wyoming.