

**Department of Economic Security – Division of Developmental Disabilities**  
**Policy and Procedures Manual**  
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[https://egov.azdes.gov/CMSInternet/uploadedFiles/Developmental\\_Disabilities/500.pdf](https://egov.azdes.gov/CMSInternet/uploadedFiles/Developmental_Disabilities/500.pdf)

**Chapter 500 – ELIGIBILITY**

**502.5 Diagnostic and Functional Criteria for Children Age 6 and Above and Adults**

Children age six and above and adults are eligible to receive services from the Division subject to appropriation, if they have a developmental disability pursuant to A.R.S. § 36-559. [azleg.gov/](http://azleg.gov/)

"Developmental disability" is defined in A.R.S. § 36-551(15) [azleg.gov/](http://azleg.gov/) as a severe, chronic disability which is attributable to cognitive disability (mental retardation), cerebral palsy, epilepsy or autism; is manifest before age eighteen; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

"Manifest before age eighteen" as defined in A.R.S. § 36-551(26) ([azleg.gov/](http://azleg.gov/)) means that the disability must be apparent and have a substantially limiting effect on a person's functioning prior to age eighteen. The four qualifying conditions identified in A.R.S. 36-551 ([azleg.gov/](http://azleg.gov/)) cognitive disability, autism, cerebral palsy and or epilepsy must exist prior to the individual's eighteenth birthday.

"Likely to continue indefinitely" as defined in A.R.S. § 36-551(25) ([azleg.gov/](http://azleg.gov/)) means that the developmental disability has a reasonable likelihood of continuing for a protracted period of time, or for life. According to professional practice, "likely to continue" in relation to Traumatic Brain Injury (TBI) occurring prior to age 18, means that the condition must continue to exist at least two years post the diagnosis.

"Substantial functional limitation" as defined in A.R.S. § 36-551(36) ([azleg.gov/](http://azleg.gov/)) means a limitation so severe that extraordinary assistance from other people, programs, services, or mechanical devices is required to assist the person in performing appropriate major life activities.

**502.5.1 Cognitive Disability**

"Cognitive disability" as defined in A.R.S. § 36-551(28) ([azleg.gov/](http://azleg.gov/)) means a condition involving sub-average general intellectual functioning and existing concurrently with deficits in adaptive behavior manifested before age eighteen.

"Sub-average general intellectual functioning" as defined in A.R.S. § 36-551(35) ([azleg.gov/](http://azleg.gov/)) means measured intelligence on standardized psychometric instruments of two or more standard deviations below the mean for the tests used.

"Adaptive behavior" as defined in A.R.S. § 36-551(1) ([azleg.gov/](http://azleg.gov/)) means the effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of the person's age and cultural group.

### **Adaptive Behavior**

a. The best indicators of an impairment of adaptive behavior are the results of an appropriately administered, scored and interpreted comprehensive measure (related to communication, academic/vocational, level of leisure activities, etc.).

b. Conditions such as acute or chronic mental illness, behavioral disturbances, substance abuse, adjustment disorders, sensory impairments, etc, have been shown in clinical research to reduce the level of adaptive functioning. When these factors or other potentially influencing factors are present for an individual, the impact of the factor or factors on adaptive functioning should be fully discussed in the psychological report.

Acceptable documentation of cognitive disability is a psychological or psycho educational report prepared by a licensed psychologist, a certified school psychologist, or a psychometrist working under the supervision of a licensed psychologist or certified school psychologist. The psychologist must administer or supervise the administration of a reasonable battery of tests, scales or other measuring instruments which are culturally and linguistically appropriate and valid. The instruments used should be editions current for the date of testing.

Tests must consider:

a. Other mental disorders defined in the Diagnostic and Statistical Manual (DSM), e.g. schizophrenia, attention deficit hyperactivity disorder, developmental learning disorders, substance abuse, and adjustment disorder.

b. Significant disorders related to language or language differences.

c. Physical factors (e.g. sensory impairments, motor impairments, acute illness, chronic illness and chronic pain).

d. Educational and/or environmental deprivation.

e. Situational factors at the time of testing.

f. Tests, which provide multiple sub-test scores, require interpretation of the full array of test results including sub-scale and sub-test scores before arriving at a diagnosis. The

diagnosis of cognitive disability is not supported when the sub-scale scores fall outside the range associated with cognitive disability.

g. In the presence of co-existing mental illness, the I.Q. scores in the range of cognitive disabled must precede the onset of the mental illness in order for the individual to be eligible for services.

h. Psycho-educational evaluations from school psychologists that do not include a formal diagnostic statement regarding cognitive disability may eventually contribute to the eligibility determination if the data in the educational record is consistent with the diagnosis of cognitive disability per A.R.S. 36-551. [azleg.gov/](http://azleg.gov/)

Examples of testing instruments which are usually acceptable include the Wechsler Intelligence Scales (Wechsler Preschool and Primary Test of Intelligence, Wechsler Intelligence Scale for Children or Wechsler Adult Intelligence Scale), the Stanford-Binet, the Hiskey-Nebraska Test of Learning Aptitude, the Arthur Point Performance Tests, and the Kaufman Assessment Battery for Children. Generally, an intelligence quotient (IQ) of 70 (plus or minus the standard error of measurement for the test) or below on one of these tests equals two or more standard deviations below the mean.

Examples of testing instruments from which IQ equivalent scores are sometimes obtained but which cannot be used as the sole source for determining cognitive disability include, the Peabody Picture Vocabulary Test, Raven's Coloured or Standard Progressive Matrices, Matrices Analogies Test, Wechsler Abbreviated Scale of Intelligence or assessments in which only portions of a Wechsler test are administered.

A complete psychological or psycho educational evaluation report includes a medical, social, and/or educational history, a summary of previous testing results, results of the evaluator's interview with and/or observations of the individual and results of the individual tests of the battery administered. Useful scales designed to quantify adaptive behavior include, the expanded form of the Vineland Adaptive Behavior Scales and the American Association of Mental Retardation's Adaptive Behavior Scales. Test scores alone are not a sufficient measure of adaptive behavior since most instruments are informant-based, rather than dependent upon direct observation of the individual, therefore, the most desirable assessment of adaptive behavior includes both standardized informant-based measures and direct observation of the individual in his or her natural settings of home, school or employment.

A report that contains only an IQ test score shall not be used as the sole source for documentation of cognitive disability.

The presence of cognitive disability is properly documented on Axis II in the diagnostic section of the psychological report, as defined by the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). Axis II is the correct axis for cognitive disability and personality disorders and the assignment of a cognitive

disability diagnosis to Axis II does not, in and of itself, imply that the cognitive disability condition is secondary to any condition reported on Axis I.

Measured intelligence means individually administered tests of intelligence according to generally accepted diagnostic instruments.

If the available documentation is a psycho educational evaluation, the educational classifications of a child with Mild Mental Retardation (MIMR) and a child with Moderate Mental Retardation (MOMR) are equivalent to a diagnosis of cognitive disability. The educational classification of a child with Mild Mental Retardation may be equivalent to a diagnosis of cognitive disability; such situations may require review by the Division Assistant Director or designee.

### **502.5.2 Exemption from Eligibility**

Persons diagnosed by a licensed psychologist or psychiatrist as having a “learning disability” or as meeting the Diagnostic and Statistical Manual or Mental Disorders-Fourth Edition (DSM-IV) criteria for a Learning Disorder are not eligible for services from the Division of Developmental Disabilities. The DSM-IV defines a Learning Disorder as follows:

“Learning Disorders are diagnosed when the individual’s achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills.”

A Learning Disability is differentiated from a Cognitive Disability in that a Cognitive Disability involves “sub-average general intellectual functioning. This language is interpreted to mean that the person’s Full Scale IQ score, Verbal IQ/Verbal Comprehension Index score **and** Performance IQ/Perceptual Reasoning Index score are all “two or more standard deviations below the mean for the test used.” In contrast, a Learning Disability, typically involves **one** or more primary areas of “sub-average performance” as assessed using a standardized measure of academic achievement.

When determining eligibility for Division services with a diagnosis of Learning Disability, the confidence interval for each test must be taken into account when this standard is applied. The confidence interval for an IQ score is the range of probable scores for the Full Scale IQ and subtest scores. When the Division receives a request for eligibility based on results of an IQ testing where the confidence interval includes scores greater than 70, this request must be submitted to the Eligibility Review Committee (ERC) for their consideration. The ERC may also consult with the Medical Director as needed to resolve these questions of eligibility.