



Rules of
Department of Mental Health
Division 45—Division of Mental Retardation
and Developmental Disabilities
Chapter 2—Eligibility for Services

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**Title 9—DEPARTMENT OF
MENTAL HEALTH
Division 45—Division of Mental
Retardation and
Developmental Disabilities
Chapter 2—Eligibility for Services**

**9 CSR 45-2.010 Eligibility for Services
From the Division of Mental Retardation
and Developmental Disabilities**

PURPOSE: This rule establishes procedures for how the Division of Mental Retardation and Developmental Disabilities determines eligibility for its services. Because the recently revised definition of the term “developmental disability” in section 630.005.1(8), RSMo changes the population possibly eligible for services from the division, the division must revise its procedures for accepting applications for its services and determining eligibility for those services.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency’s headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

(1) Through this rule, the department intends to assist applicants for division services as they proceed through the eligibility determination process and to direct division staff so that it may assist applicants and clients in expeditiously obtaining accurate, comprehensive evaluations and needed services. Specifically, the division intends to—

(A) Implement the concept of functional assessment for determining eligibility and to discontinue the practice of linking eligibility to a specific diagnosis;

(B) Provide equal access to eligibility determinations and habilitation services for all persons with developmental disabilities;

(C) Give specific consideration to eligibility for young children at risk of becoming developmentally delayed or developmentally disabled, so adhering to the prevention mission of the department and saving future state costs by maximizing each child’s potential

through early intervention and ameliorative services;

(D) Reduce administrative and bureaucratic barriers to obtaining comprehensive evaluations and services so that eligible persons expeditiously may access the array of services offered by the division;

(E) Accept responsibility for offering services to eligible persons and for assisting those persons—as well as those persons found ineligible—in accessing appropriate services from other state and local agencies, including other divisions within the department;

(F) Emphasize that other state, county and local agencies also have a role to play in delivering coordinated, appropriate services to persons with developmental disabilities;

(G) Expedite and facilitate eligibility determination by—

1. Accepting as automatically eligible for screening those persons referred by other agencies which have found those persons eligible for their services;

2. Accepting, and not duplicating, assessment information provided by other private and public bodies, including schools, if regional centers determine that information to be reliable and appropriate;

3. Using the screening process only to facilitate an applicant’s eligibility, not to screen the applicant out of eligibility except an applicant whose disability clearly was not manifested before age twenty-two (22);

4. Combining whenever possible the screening and assessment processes so that they are not necessarily two (2) separate steps in the comprehensive evaluation process, for example, finding applicants eligible at screening, or waiving screening in favor of determining eligibility through assessment; and

5. Making the application and comprehensive evaluation processes easy for applicants, for example, screening or assessing applicants in their homes as feasible or aiding them with transportation to regional centers as feasible;

(H) Ensure that eligibility decisions are based upon the following considerations, among others:

1. The best interest of the client or applicant; and

2. The client’s or applicant’s level of adaptive behavior and functioning, including the effect upon the individual’s ability to function at either the same or an improved level of interpersonal and functional skills if services are denied or withdrawn; and

(I) Develop a training curriculum on the eligibility determination process and provide comprehensive initial and ongoing training for regional center personnel.

(2) Terms defined in sections 630.005, 632.005 and 633.005, RSMo are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Applicant—A person who has applied for services from the division or that person’s representative;

(B) Assessment—The process of identifying an individual’s health status and intellectual, emotional, physical, developmental and social functioning levels for use in determining eligibility or developing the individualized habilitation plan or individualized family service plan;

(C) Client—Any person who is placed by the department in a facility or program licensed and funded by the department or who is a recipient of services from a regional center;

(D) Comprehensive evaluation—A study, including a sequence of observations and examinations of an individual, leading to conclusions and recommendations jointly formulated by an interdisciplinary assessment team of persons with special training and experience in the diagnosis and habilitation of persons with mental retardation and other developmental disabilities.

1. For children from birth through age four (0–4), a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team’s:

A. Assessment of the child using First Steps eligibility criteria, or review of evidence of one (1) of the at-risk factors set out in paragraphs (3)(A)1.–3. of this rule, coupled with a review of scores on the Vineland Adaptive Behavior Scales (Vineland);

B. Review of available educational and medical information;

C. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

D. Formulation of conclusions and recommendations.

2. For children ages five through seventeen (5–17), a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team’s:

A. Review of educational records;

B. Review of available vocational and medical information;

C. Review of Vineland scores or results of the Missouri Critical Adaptive



Behaviors Inventory (MOCABI) as set out in paragraphs (3)(B)1. and 2. of this rule;

D. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

E. Formulation of conclusions and recommendations.

3. For adults ages eighteen (18) and older, a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team's:

A. Review of the results of the MOCABI;

B. Review of available vocational, medical and educational information;

C. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

D. Formulation of conclusions and recommendations;

(E) Developmental delay—

1. A delay, as measured and verified by appropriate diagnostic measures and procedures (an interdisciplinary assessment), which results in a child having obtained no more than approximately fifty percent (50%) of the developmental milestones and skills that would be expected of a child of equal age and considered to be developing within normal limits. The delay must be identified in one (1) or more of the following five (5) developmental areas: cognitive, speech or language, self-help, physical (including vision and hearing) or psychosocial; or

2. Demonstrated atypical development in any one (1) of the five (5) developmental areas, based on professional judgment of an interdisciplinary assessment team and documented by—

A. Systematic and documented observation of functional abilities in daily routine;

B. Developmental history; and

C. Other appropriate assessment procedures which may include, but are not necessarily limited to, parent report, criteria-referenced assessment and developmental checklist;

(F) Developmental disability—A disability which—

1. Is attributable to—

A. Mental retardation, cerebral palsy, epilepsy, head injury, autism or a learning disability related to a brain dysfunction; or

B. Any other mental or physical impairment or combination of mental or physical impairments;

2. Is manifested before the person attains age twenty-two (22);

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in two (2) or more of the following six (6) areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency and mobility; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated;

(G) Eligible—Qualified through a comprehensive evaluation to receive services from the division, but not necessarily entitled to a specific service;

(H) First Steps—A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention and service coordination services through individualized family service plans to all handicapped infants and toddlers (birth through age thirty-six months (0–36 months)) and their families in compliance with P. L. 99-457, Part H;

(I) Individualized family service plan—A written plan for providing early intervention services to a child and its family and which must—

1. Be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;

2. Be based on the multidisciplinary evaluation and assessment of both the child and the family; and

3. Include services to enhance the child's development and the capacity of the family to meet the child's special needs;

(J) Initial service plan—A document developed by the client's case manager to authorize immediate and necessary services after the client has been determined eligible but before the individualized habilitation plan or individualized family service plan is developed and implemented;

(K) Intake—The process conducted prior to determination of eligibility by which data is gathered from an applicant;

(L) Interdisciplinary assessment team—Qualified developmental disabilities professionals, persons with special training or expe-

rience in the identification or habilitation of persons with developmental disabilities, and others approved by the division who participate in the comprehensive evaluation process for team determination of an applicant's eligibility for services from the division;

(M) Interdisciplinary team—The client or applicant, case manager, interdisciplinary assessment team members, as appropriate, personnel from agencies providing services required or desired, and other persons (including family members) designated by the client or applicant;

(N) Logging—Recording in a uniform, consistent manner those dates and activities related to application, comprehensive evaluation and other eligibility determination procedures as well as dates and activities related to applicant and client appeals;

(O) Major life activities—

1. Self-care—Daily activities which enable a person to meet basic needs for food, hygiene and appearance; demonstrated ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision;

2. Receptive and expressive language—Communication involving verbal and nonverbal behavior enabling a person to understand and express ideas and information to the general public with or without assistive devices; demonstrated ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis;

3. Learning—General cognitive competence and ability to acquire new behaviors, perceptions and information and to apply experiences in new situations; demonstrated ongoing ability to acquire information, process experiences and appropriately perform ordinary, cognitive, age-appropriate tasks on an ongoing basis;

4. Mobility—Motor development and ability to use fine and gross motor skills; demonstrated ongoing ability to move about while performing purposeful activities with or without assistive devices and with little or no assistance or supervision;

5. Self-direction—Management and control over one's social and personal life; ability to make decisions and perform activities affecting and protecting personal interests; demonstrated ongoing ability to take charge of life activities as age-appropriate through an appropriate level of self-responsibility and assertiveness; and

6. Capacity for independent living or economic self-sufficiency—Age-appropriate



ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles; ability to maintain adequate employment and financial support; ability to earn a living wage, net (determined by the interdisciplinary assessment team for each individual), after payment of extraordinary expenses caused by the disability; demonstrated ability to function on an ongoing basis as an adult independent of extraordinary emotional, physical, medical or financial support systems;

(P) Markedly disturbed social relatedness—A condition found in children from birth through age four (0–4) and characterized by—

1. Persistent failure to initiate or respond in an age-appropriate manner to most social interactions, for example, absence of visual tracking and reciprocal play, lack of vocal imitation or playfulness, apathy, little or no spontaneity, or lack of or little curiosity and social interest; or

2. Indiscriminate sociability, for example, excessive familiarity with relative strangers by making requests and displaying affection;

(Q) Mental or physical impairment—

1. An impairment that results from anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques; or

2. An impairment, in the broadest interpretation, which may include any neurological, sensory, biochemical, intellectual, cognitive or perceptual deficit (excluding social problems) or mood disorder, as determined by an interdisciplinary assessment team, which limits an individual's ability to perform life, developmental or functional activities that would be expected of an individual of equal age and considered to be developing or to have developed within normal limits;

(R) Mental retardation—Significantly sub-average general intellectual functioning which originates before age eighteen (18) and is associated with significant impairment in adaptive behavior;

(S) Missouri Critical Adaptive Behaviors Inventory (MOCABI)—A structured interview tool used during screening to gather data to help determine if a substantial functional limitation exists (see Appendix A);

(T) Protector—An adult client's parent, relative or other person, except for a legally appointed guardian, designated by the client and recognized by the department to assist the client in planning and participating in habilitation;

(U) Qualified developmental disabilities professional—An individual who has at least

one (1) year of experience working directly with persons with developmental disabilities and is one (1) of the following:

1. A doctor of medicine or osteopathy, which may include a doctor with a specific specialty;

2. A registered nurse; or

3. An individual who holds at least a bachelor's degree in occupational therapy, physical therapy, psychology, social work, speech-language pathology, audiology, recreation, dietetics, sociology, special education, rehabilitation counseling, or a related field approved by the division director;

(V) Representative—Applicant's or client's legal guardian, parent (if applicant or client is a minor) or protector (for adult clients);

(W) Screening—Initial evaluation services, possibly including review by an interdisciplinary assessment team of information collected during the intake and application processes to substantiate that the applicant is developmentally disabled or is suspected to be developmentally disabled and requires further assessment for eligibility determination;

(X) Special education services—Programs designed to meet the needs and maximize the capabilities of children who are handicapped or severely handicapped and which include, but are not limited to, the provision of diagnostic and evaluation services; student and parent counseling; itinerant, homebound and referral assistance; organized instructional and therapeutic programs; transportation; and corrective and supporting services;

(Y) Substantial functional limitation—An inability, due to a mental or physical impairment, to individually and independently perform a major life activity within expectations of age and culture;

(Z) Temporary action plan—A written plan developed by (at least) the applicant, the applicant's family and case manager to authorize additional assessment and counseling services only for the purpose of completing the comprehensive evaluation; and

(AA) Vineland Adaptive Behavior Scales (Vineland)—A screening device for evaluating an individual's performance in daily activities by assessing the four (4) domains of communication, daily living, socialization and motor development.

(3) Eligibility for services from the division is predicated on the applicant's either having mental retardation or a developmental disability or being at risk of becoming developmentally delayed or developmentally disabled. The following criteria shall be used in carrying out comprehensive evaluations for determining eligibility for services from the division:

(A) Children From Birth Through Age Four (0–4). Children who are eligible for the First Steps program, as well as children who, except for age, would be eligible for that program, even though the children may not be eligible for public school services, automatically shall be eligible for services except for children whose sole service needs are specialized medical treatment for diagnosed health conditions or for children served by the Department of Health under an interagency agreement with the Department of Mental Health. The division shall determine eligibility for those children on an individualized basis; or any one (1) of the following at-risk circumstances, when coupled with a score of at least one and one-half (1.5) standard deviations below the norm in any one (1) of the four (4) developmental areas of the Vineland shall make a child eligible:

1. Receipt by the division of documentation, based upon an individualized assessment from a qualified developmental disabilities professional, that there is markedly disturbed social relatedness in most contexts which puts the child at risk of becoming developmentally delayed or developmentally disabled;

2. Determination by a regional center that a child's primary care giver has a developmental disability and that the developmental disability could put the child at risk of becoming developmentally delayed or developmentally disabled; or

3. A Division of Family Services referral of a child who that division has found reason to suspect is abused or neglected and who a qualified developmental disabilities professional has documented, based upon an individualized assessment, is at risk of becoming developmentally delayed or developmentally disabled;

(B) Children Ages Five Through Seventeen (5–17).

1. Children scoring as follows on the Vineland shall be considered to have substantial functional limitations in two (2) or more areas of major life activity:

- A. One and one-half (1.5) standard deviations below the norm in at least two (2) developmental areas; or

- B. Two (2) or more standard deviations below the norm in only one (1) developmental area.

2. Children of older ages in this age range for whom the MOCABI may be a more appropriate screening instrument and whose scores on the MOCABI, or through additional individualized assessment or interview, indicate deficits in two (2) or more of the



areas of major life activity shall be considered to have substantial functional limitations in those areas; and

(C) Adults Ages Eighteen (18) and Older. Adults whose comprehensive evaluations indicate deficits in two (2) or more of the areas of major life activity shall be considered to have substantial functional limitations in those areas.

(4) The procedure for determining eligibility for applicants and clients shall be a comprehensive evaluation consisting of phases rather than a series of discrete and sequential steps. That is, screening and assessment shall not necessarily be separate and required steps. Thus, a screening itself may find an applicant eligible for services, and further assessment would be completed primarily to assist in development of the individualized habilitation plan or individualized family service plan. Furthermore, only if screening does not result in a determination of eligibility shall further assessment be conducted for the purpose of determining eligibility. On the other hand, if there is convincing evidence that an applicant has a developmental disability, neither screening nor assessment shall be necessary for the purpose of determining eligibility. Rather, the regional center shall conduct an assessment for the purpose of developing the individualized habilitation plan or individualized family service plan. No applicant shall be found ineligible solely as a result of screening except an applicant whose disability clearly was not manifested before age twenty-two (22); a finding of ineligibility shall be made only after completion of the comprehensive evaluation. Each regional center director shall designate a member of the staff to help ensure that the eligibility determination process proceeds in a timely manner. The name of that individual shall be posted in the center and shall be given to all applicants. This staff member shall have access to all necessary information from the interdisciplinary assessment teams.

(A) Regional centers shall complete comprehensive evaluations within thirty (30) working days after receipt of valid applications from all applicants except applicants for services under the First Steps program. For applicants for services under the First Steps program, regional centers shall complete comprehensive evaluations and develop individualized family service plans within forty-five (45) days after receiving referrals for services under that program.

(B) Individuals may apply for services only on application forms provided by the division.

1. By the end of the next working day after any referral, inquiry or request for services, a regional center shall provide application forms and information about services offered by the division and the regional centers unless it is clearly evident that the inquiry, request or referral has been made to the division inappropriately or is for a person who is ineligible for services. In cases of evident ineligibility or inappropriate inquiries, requests or referrals, regional centers shall refer individuals for whom services have been requested to appropriate agencies within five (5) working days after the inquiry, request or referral.

2. For an individual's request for services to be considered, the regional center must receive a valid application for services. An application shall be valid only if signed or marked by the applicant. A mark must be witnessed.

3. Regional center staff shall contact the individual within ten (10) working days of receipt of an invalid application to obtain a valid application so that the comprehensive evaluation process can continue.

4. If the regional center has not received an application within thirty (30) days of the date it was provided to the individual, regional center staff shall contact the individual directly by telephone or mail, if possible, and in person, if necessary, to determine if the individual desires to continue the application for services and, if so, if assistance is needed in completing an application.

(C) Except as otherwise required in subsection (4)(A), within thirty (30) working days of receipt of a valid application, a regional center shall complete a comprehensive evaluation and determine eligibility for services. A comprehensive training program shall be developed to train staff to evaluate persons from any disability group which may be eligible for services under the definition of developmental disability.

1. If screening is required—

A. The Vineland shall be used during screening of children up to age eighteen (18) to help to determine if substantial functional limitations exist unless administration of the MOCABI is considered more appropriate for children of older ages in the age range of five through seventeen (5-17); or

B. The MOCABI shall be used during screening of adults age eighteen (18) and older to help determine if substantial functional limitations exist.

2. Regional centers shall conduct screenings and assessments in applicants' homes as feasible unless applicants request other sites. If screenings or assessments are not done in applicants' homes, reasons shall

be documented in applicants' files. If screenings or assessments are to be done at the regional centers, the regional centers shall work with applicants to secure transportation to the centers.

3. If applicants are not found eligible through screening, regional centers shall conduct further assessments to complete comprehensive evaluations. Applicants not found eligible pursuant to the definition of developmental disability but who claim eligibility due to mental retardation shall refer to subsection (4)(D) of this rule.

(D) If an applicant who claims eligibility due to mental retardation has not been found to have substantial functional limitations in two (2) or more areas of major life activity under this rule, the interdisciplinary assessment team shall conduct further cognitive and behavioral assessments to determine if the applicant has mental retardation. One (1) or more standardized testing tools currently defined by the American Association on Mental Retardation shall be used in conducting the cognitive and behavioral assessments.

(E) If within thirty (30) working days of receipt of a valid application the interdisciplinary assessment team finds the applicant ineligible for services, the regional center shall—

1. Provide, to the applicant, within one (1) working day of the decision, written notice of right to appeal the decision, a statement of the legal and factual reasons for the denial, a notice of the appeals process contained in 9 CSR 45-2.020 and a brochure which explains the appeals process;

2. Orally provide to the applicant, within one (1) working day of the decision, if possible, the reasons for ineligibility and an explanation of the applicant's right to appeal, along with the name of the applicant's case manager and the telephone number at the regional center; and

3. Make referrals within five (5) working days of the decision, to other agencies and monitor services received by the applicant for at least thirty (30) days from the date of the ineligibility determination.

(F) Except as otherwise required in subsection (4)(A), if the interdisciplinary assessment team cannot make an eligibility determination within thirty (30) working days of receipt of a valid application because the regional center has not received collateral data or other information critical to the determination, an interdisciplinary team shall develop a temporary action plan within that thirty (30) working day period, and the center may take up to thirty (30) additional days to determine eligibility.



1. For an applicant then determined eligible during the additional thirty (30)-day period, the interdisciplinary team also shall develop the individualized habilitation plan or individualized family service plan within the thirty (30)-day additional period.

2. For an applicant determined ineligible during the additional thirty (30)-day period, the regional center shall provide written and oral notices as set out in paragraphs (4)(E)1. and 2. of this rule and shall make referrals to other agencies and monitor services received by the applicant as set out in paragraph (4)(E)3. of this rule.

(G) If the interdisciplinary assessment team does not make a determination on eligibility within thirty (30) working days of receipt of a valid application, even though the regional center has received collateral data and all other information critical to the determination, the regional center staff member designated under section (4) of this rule or the applicant shall notify the center director, who shall direct the interdisciplinary assessment team to make the eligibility determination within five (5) working days of the notification from the staff member designated under section (4) of this rule, or the applicant.

1. For an applicant then determined eligible, the center shall proceed as set out in paragraphs (4)(H)1.-3. of this rule.

2. For an applicant then determined ineligible, the center shall proceed as set out in paragraphs (4)(E)1.-3. of this rule.

(H) For an applicant determined eligible within thirty (30) working days of receipt of valid application—

1. The regional center shall provide written notice of eligibility and client status within three (3) working days of the determination;

2. The interdisciplinary team shall develop an individualized habilitation plan or individualized family service plan within thirty (30) days after the date of the eligibility determination; and

3. For clients needing immediate services, the case manager also shall develop an initial service plan within five (5) working days after the eligibility determination unless an individualized habilitation plan or individualized family service plan already has been developed.

(I) Using a comprehensive evaluation, regional centers shall periodically review the eligibility status of their clients and shall discharge clients who are no longer eligible for services and clients for whom division services are no longer appropriate. At a minimum, all clients shall be reassessed through comprehensive evaluations on or immediate-

ly before their fifth, eighteenth and twenty-second birthdays.

1. Not later than sixty (60) days before a reassessment, the regional center shall provide to the client a written notice of the upcoming reassessment and of the possibility that division services may be discontinued.

2. If, as a result of the comprehensive evaluation, a client is found ineligible or no longer in need of services, the regional center shall provide written and oral notice as set out in paragraphs (4)(E)1. and 2. of this rule and shall prepare a discharge plan which shall provide at least sixty (60) days from the date of that plan for the client to transition from division services into services from other agencies. The center shall monitor and assist with that transition.

(J) For purposes of quality assurance and consistency, the regional center staff member designated under section (4) of this rule shall conduct timely reviews of all individual assessments, diagnostic impressions and findings of the interdisciplinary assessment team and report irregularities to the center director. This quality assurance procedure is not part of the eligibility determination process and shall not delay delivery of services to eligible individuals.

(K) Regional center staff shall log the disposition of all applications, including eligibility determinations, appeals and referrals to other agencies. Comprehensive evaluation activities noted throughout this rule shall be logged immediately or on the same working day.

(L) If an applicant or client disagrees with an ineligibility determination, the determination may be appealed under procedures contained in 9 CSR 45-2.020.

*AUTHORITY: section 630.050, RSMo (1994). * This rule was previously filed as 9 CSR 50-1.045. Original rule filed Oct. 2, 1991, effective May 14, 1992. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 25, 1995, effective April 30, 1996. Amended: Filed June 25, 1996, effective Feb. 28, 1997.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
INSTRUCTIONS**

INTRODUCTION

Section 630.005.1(8), RSMo defines "developmental disability" as a disability which 1) is attributable to a mental or physical impairment or combination of mental or physical impairments, 2) is manifested before age twenty-two (22), 3) is likely to continue indefinitely, 4) results in substantial functional limitations in two or more of the following areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility and 5) reflects the need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated.

Criterion 4) of the definition provides the primary rationale for the Missouri Critical Adaptive Behaviors Inventory (MOCABI), which has been adapted with permission from the original scale developed by the New Jersey Division of Developmental Disabilities. Criterion 4) mandates that eligibility for services from the Division of Mental Retardation and Developmental Disabilities is in part dependent upon the functional evaluation of real life limitations resulting from an individual's physical or mental impairments. It is inferred that inclusion in a disability or disease classification is neither necessary nor sufficient to satisfy criterion 4). The MOCABI may be used during screening as a structured interview tool for persons age eighteen (18) and older to help to determine if substantial functional limitations exist. In some cases, the MOCABI may also be an appropriate screening instrument for children of older ages in the age range of five through seventeen (5-17).

DESCRIPTION

The MOCABI is specifically designed to facilitate eligibility screening of adult applicants by helping to evaluate functioning in the six (6) areas of major life activity specified in section 630.005.1(8), RSMo. The intent is to evaluate only behaviors that are critical for independent adaptation to the ordinary demands of adult life.

A variety of ability statements are presented within each major life activity. Each statement describes a critical ability and, if appropriate, the component skills within the ability. In some instances, examples are offered to clarify various aspects of the statement. Some ability statements evaluate primarily physical abilities, some evaluate primarily mental abilities, and others evaluate a combination of physical and mental abilities. There is space for short comments following each statement so that the intake worker may record the specific strengths and weaknesses of the applicant's performance.

Each ability statement is presented in the positive, that is, it describes a critical ability, not a deficiency. The intake worker's task is to evaluate whether the applicant possesses the ability as stated (marked Yes) or does not possess that ability (marked No). If the intake worker is not able to reach a Yes or No conclusion for whatever reason, provision is made for recording a no-conclusion response (marked ?).

The MOCABI provides for the recording of information from three (3) sources for each ability statement—observation by the intake worker (OBSERVATION), self-report by the applicant (APPLICANT), and verbal reports by members of the applicant's family or other reliable individuals (INFORMANT).

The MOCABI also contains a personal data sheet that provides for a traditional and nonthreatening starting point of administration while serving as a standardized sample for observing reading and writing abilities.

ADMINISTRATION

The MOCABI is to be administered by a trained intake worker. The personal data sheet and ability statements provide the basis for a structured interview and functional evaluation where the intake worker systematically gathers information about the applicant. The process will normally proceed as follows:

1. The intake worker provides the applicant and informant with an overview of the division and the rationale for a functional evaluation. Vocabulary must be appropriate to the applicant's receptive language skills. Points to be covered include:

- a) The Division of Mental Retardation and Developmental Disabilities is a Missouri agency that serves individuals who have a wide range of severe, chronic disabilities which began before age twenty-two (22);
- b) Before an applicant can be found eligible for services, a functional comprehensive evaluation must be conducted to identify real life limitations resulting from the disability;
- c) The MOCABI is designed to help the intake worker observe what the applicant can and cannot do in six (6) areas of major life activity; and
- d) The applicant will be asked to actually show the intake worker how s/he does many things around the home or place of interview. Some of the things may be a little personal, and the applicant has the right to refuse any request. However, enough must be observed to complete the functional evaluation;



2. The intake worker asks the applicant to reiterate, in the applicant's own words, the rationale for the functional evaluation, thus ensuring that the applicant (and informant) understands the process and, therefore, will cooperate fully. The reiteration also enables the intake worker to observe the applicant's ability to learn new information and concepts. Ability Statement III-6 can be completed at this time;
3. The intake worker says, "The purpose of this interview is to determine what you can and cannot do independently and to find out what your needs are. This will help us determine whether you qualify for services;"
4. The intake worker then says, "Now listen carefully to these three things. Try to remember them. I will ask you later to repeat them to me. The three things are: chair, apple, bird." Note: Pause briefly between words;
5. The intake worker asks the applicant to read aloud the instructions on the personal data sheet and observes the applicant's ability to read, follow instructions and write. If the applicant is unable to read the instructions, the intake worker reads them aloud and then asks the applicant to write the information requested. If the applicant cannot write (or print or type), the intake worker asks the applicant to verbally supply the information, thus observing whether the applicant accurately can provide personal data. Several ability statements may be observed and recorded during this part of the interview, including II-1, II-2, II-3, II-5, II-6, and III-5;
6. The intake worker continues the interview, using the ability statements for structure. The intake worker has the option of paraphrasing the statements to suit the situation, reading them directly to the applicant, or asking the applicant to perform relevant activities that may offer opportunity to observe several abilities simultaneously;
7. After all ability statements have been completed, the intake worker reviews the results with the applicant (and informant) to ensure that the data is complete and accurate; and
8. The MOCABi is scored and the results are recorded on the summary sheet.

While most of the evaluation will normally be accomplished during a visit to the applicant's home, the intake worker is encouraged to be creative in arranging opportunities to observe the applicant's behavior directly in a variety of situations. For example, the intake worker can insist on speaking to the applicant personally on the phone, if at all possible, when arranging the home visit. Parts of the receptive and expressive language evaluation can be completed at that time. It follows that there is no required order to evaluation of the six (6) areas of major life activity or to the specific ability statements within an area. Likewise, entries can be made for the three (3) sources of information in any order as the information is developed.

Direct observation by the intake worker is the preferred source of information. Every effort should be made to reach a Yes or No conclusion for each ability statement. It should be noted that direct observation does not necessarily mean that the intake worker must observe the applicant performing or attempting to perform the entire and exact activity described in the ability statement; some judgement must be applied. For example, in evaluating the applicant's ability to bathe independently, it is not required that the applicant actually undress and bathe in front of the intake worker. Instead, the applicant may be asked to go through the motions of taking a bath, perhaps even transferring into and out of the tub or shower while clothed. Also, if the applicant is unable to perform a component skill in a chain of skills, a No verdict may be reached without observing the remaining component skills.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
SCORING CRITERIA

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| <p>MAJOR LIFE ACTIVITY: CATEGORY I</p> <p>SELF-CARE — Daily activities which enable a person to meet basic needs for food, hygiene and appearance.</p> | <p>PERSPECTIVE: The applicant must demonstrate the ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision.</p> |
| <p>1. Applicant feeds self independently, including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal and using personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>Score NO if applicant routinely experiences major problems such as dropping food and spilling beverages, choking, gagging or takes more than (1) one hour to complete an average meal.</p> |
| <p>2. Applicant toilets self independently, including transferring to toilet, wiping self and transferring from toilet using personally-owned assistive devices if necessary. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine.</p> <p>Comments:</p> | <p>Score NO if applicant is dependent upon special equipment unique to his/her bathroom.</p> <p>Score YES if applicant requires a standard accessible bathroom but is able to toilet self independently.</p> |
| <p>3. Applicant independently selects attire appropriate as to season and activity.</p> <p>Comments:</p> | <p>Ignore issues of style or taste unless there is evidence that applicant is or would be rejected by peers, employers, etc. if assistance was not available.</p> |
| <p>4. Applicant dresses and undresses self independently, including underclothes, outerclothes, socks and shoes, using personally adapted clothes or assistive devices if necessary.</p> <p>Comments:</p> | <p>Score No if applicant requires more than 1/2 hour to dress because of physical limitations or requires help in getting clothes out of closets or drawers.</p> |
| <p>5. Applicant bathes self independently, including transfer to tub or shower, adjusting water, scrubbing, transfer from tub or shower, and drying, using personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>Score NO if there is evidence that applicant is at high risk of injury if assistance or supervision is not available.</p> |
| <p>6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing (with or without liquid), and closing container, using personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>Score NO if applicant does not understand the purpose of medications and is at risk of illness or injury if unsupervised.</p> |
| <p>• Applicant's abilities in this category, as measured by Items 1.-6., are functional most of the time and in a variety of settings such as home, school or work.</p> <p>Comments:</p> | <p>Score NO if even though Items 1.—6. are scored YES, there is evidence that applicant requires significant assistance with self-care in settings other than that in which the assessment is conducted, or at other times due to the applicant's disability.</p> |

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| <p>MAJOR LIFE ACTIVITY: CATEGORY II</p> <p>RECEPTIVE AND EXPRESSIVE LANGUAGE—Communication involving verbal and non-verbal behavior enabling a person to understand and express ideas and information to the general public with or without assistive devices.</p> | <p>PERSPECTIVE: The applicant must demonstrate the ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis.</p> |
| <p>1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language using a hearing aid or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>Sign language is not a spoken language. Therefore score NO if dependent upon sign language. If a foreign language interpreter is required, score YES if the applicant demonstrates comprehension via the interpreter.</p> |
| <p>2. Applicant has sufficiently intelligible speech to communicate common words to individuals of casual acquaintance in the community.</p> <p>Comments:</p> | <p>If applicant is dependent upon augmentative speech devices or sign language, score NO. The interviewer qualifies as a casual acquaintance unless s/he is very familiar with the applicant.</p> |
| <p>3. Applicant has sufficient vocabulary, grammatical ability, or nonverbal communications skills to conduct ordinary business with individuals of casual acquaintance in the community.</p> <p>Comments:</p> | <p>The functional evaluation interview is representative of ordinary business unless the interviewer feels that his/her special skills are essential to facilitating communications.</p> |
| <p>4. Applicant can conduct a functional two-way conversation over the telephone such as scheduling personal appointments or obtaining consumer information using an amplified telephone or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>The applicant must complete the call independently, including obtaining the number and dialing.</p> |
| <p>5. Applicant has sufficient sight and reading ability to access and comprehend ordinary written text such as the instructions found on the Personal Data Sheet, using eyeglasses, dictionary or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>Ignore lack of speed or fluency. Comprehension is the issue. Score YES if applicant understands the content, even though s/he may have difficulty with specific words. Score NO if unable to gain accurate comprehension of content.</p> |
| <p>6. Applicant has sufficient physical skills, vocabulary, and grammatical ability to write or type a response to a business or government communication such as the information requested on the Personal Data Sheet, using eyeglasses, typewriter, word processor or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>The applicant must complete the task independently, including both physical and cognitive components. The letter must be clear enough in graphic quality and content to be read and understood by any good reader.</p> |
| <p>* Applicant's abilities in this category, as measured by the Items 1.-6., are functional most of the time and in a variety of settings such as home, school or work.</p> <p>Comments:</p> | <p>Score NO if even though Items 1.—6. are scored YES, there is evidence that applicant is unable to implement his/her previously identified abilities for reasons related to the disability.</p> |



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| <p>MAJOR LIFE ACTIVITY: CATEGORY III</p> <p>LEARNING — General cognitive competence and ability to acquire new behaviors, perceptions and information and to apply experiences in new situations.</p> | <p>PERSPECTIVE: The applicant must demonstrate ability to acquire information, process experiences, and appropriately perform ordinary age-appropriate cognitive tasks on an ongoing basis.</p> |
| <p>1. Applicant has sufficient hearing or sight, and mental ability to access and comprehend the content of ordinary television or radio programming, using a hearing aid, eyeglasses or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>The issue is comprehension, not physical ability to operate the television or radio.</p> |
| <p>2. Applicant has sufficient sight, sense of touch, or sense of smell to identify common domestic products and is able to explain their common uses.</p> <p>Comments:</p> | <p>The issue is differentiation of products and comprehension of function, not ability to use the products.</p> |
| <p>3. Applicant has sufficient money skills and sight or sense of touch to identify pennies, nickels, dimes and quarters and to calculate the value of any combination of these coins up to \$2.00.</p> <p>Comments:</p> | <p>If the applicant lacks the physical skills to manipulate the coins but accurately calculates the value with minimal assistance from the interviewer, for example, moving the coins under the direction of the applicant, score YES.</p> |
| <p>4. Applicant has sufficient time skills and sight, hearing or sense of touch to tell the time of day to the quarter hour including A.M. and P.M., given a clock or watch appropriate for the applicant using eyeglasses, hearing aid or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>The terms "morning and afternoon" or "day and night" may be substituted for A.M. and P.M. Either analog or digital watches and clocks may be used. Applicants with visual impairments may use talking devices.</p> |
| <p>5. Applicant is able to provide reasonably complete and accurate personal data, including name, date of birth, place of residence (street address, city and state), telephone number, nature of disabling condition, education, employment data, etc.</p> <p>Comments:</p> | <p>Applicant must demonstrate ability to respond to a variety of requests for information. If applicant is clearly limited to providing basic data from rote learning and memory, score NO.</p> |
| <p>6. Applicant is able to state in general terms the reason for this functional assessment after being given a full explanation by the intake worker.</p> <p>Comments:</p> | <p>Score YES if applicant's statements include at least one of the following: eligibility for services; identification of needs; assessment of limitations or abilities.</p> |
| <p>7. Applicant is able to demonstrate memory of three items (chair, apple, bird) given at beginning of interview.</p> <p>Comments:</p> | <p>Score YES if applicant is able to remember at least one (1) of the three (3) items with no cues.</p> |
| <p>• Applicant's abilities in this category, as measured by Items 1.-7., are functional most of the time and in a variety of settings such as home, school or work.</p> <p>Comments:</p> | <p>Score NO if even though Items 1.—7. are scored YES, there is evidence that applicant is unable to implement his/her previously identified abilities for reasons related to the disability.</p> |

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| <p>MAJOR LIFE ACTIVITY: CATEGORY IV</p> <p>MOBILITY—Motor development and ability to use fine and gross motor skills. Ability to move about with or without assistive services.</p> | <p>PERSPECTIVE: While performing purposeful activities, the applicant must demonstrate ability to move about with little or no assistance or supervision on an ongoing basis.</p> |
| <p>1. Applicant moves about independently and safely within indoor and outdoor environments, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>See Item 6. If applicant is independent in mobility with the single exception of climbing stairs, score YES.</p> |
| <p>2. Applicant gets up and down curbs up to six inches high independently and safely, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>If no curbs are available for observation, score YES only if applicant clearly has the ability and has done so at some previous point in time.</p> |
| <p>3. Applicant is able to pick up a towel or similar object from the floor, using personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>The issue is ability to recover dropped items so that independent functioning is not compromised by common and expected accidents.</p> |
| <p>4. Applicant gets in and out of bed independently and safely, using personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>In cases where living arrangement requires use of assistance or supervision, score YES only if applicant clearly has the ability and has done so at some previous point in time.</p> |
| <p>5. Applicant independently and safely operates ordinary household equipment such as TV, radio, oven, vacuum cleaner, etc., using personally-owned assistive devices if necessary.</p> <p>Comments:</p> | <p>See Item 6. If dependent upon complex customized equipment that requires professional installation and maintenance, score NO.</p> |
| <p>6. Applicant crosses streets independently and safely.</p> <p>Comments:</p> | <p>The term "safely" should be interpreted to mean "without a degree of risk significantly greater than that taken by the average person."</p> |
| <p>7. Applicant independently and safely gets in and out of his/her place of residence, including locking and unlocking doors.</p> <p>Comments:</p> | <p>In cases where the applicant has minimal opportunity because of restrictions imposed by living arrangement, score YES only if clearly able and has done so at some previous point in time.</p> |
| <p>• Applicant's abilities in this category, as measured by Items 1.-7., are functional most of the time and in a variety of settings such as home, school or work.</p> <p>Comments:</p> | <p>Score NO if even though Items 1.—7. are scored YES, there is evidence that applicant is unable to implement his/her previously identified abilities for reasons related to the disability.</p> |



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| <p>MAJOR LIFE ACTIVITY: CATEGORY V</p> <p>SELF-DIRECTION—Management and control over one's own personal and social life. Ability to make decisions and perform activities affecting and protecting own personal interests.</p> | <p>PERSPECTIVE: The applicant must demonstrate ongoing ability to take charge of life activities, as age-appropriate, via an appropriate level of self-responsibility and assertiveness.</p> |
| <p>1. Applicant makes and implements essentially independent daily personal decisions regarding a schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed.</p> <p>Comments:</p> | <p>In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score YES only if applicant clearly has the ability and has done so at some previous point in time.</p> |
| <p>2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage and career choice.</p> <p>Comments:</p> | <p>For young adults who have not had to make major decisions as yet, consider their understanding of the process of decision-making as well as performance in making and implementing minor decisions, and score YES if they clearly demonstrate the potential.</p> |
| <p>3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives or co-workers.</p> <p>Comments:</p> | <p>Key considerations in assessing this ability are the equality and endurance of relationships. If applicant has interpersonal relationships but they are dependent upon the other party or a third party to maintain, score NO.</p> |
| <p>4. Applicant makes and implements essentially independent daily personal decisions regarding diet, including when to eat, where to eat and what to eat.</p> <p>Comments:</p> | <p>Same as Item 1. Also, ignore issues of quality of diet unless there is a clear and imminent health risk. Focus on the applicant's ability to organize and implement a meal schedule.</p> |
| <p>5. Applicant is essentially independent in managing personal finances, including making decisions regarding allocation of financial resources and keeping track of financial obligations.</p> <p>Comments:</p> | <p>The applicant need not have high-level math skills. The key is levels of responsibility and organization adequate to manage financial matters either directly or by directing others on a timely basis.</p> |
| <p>6. Applicant self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary.</p> <p>Comments:</p> | <p>In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score YES only if applicant clearly has the ability and has done so at some previous point in time.</p> |
| <p>• Applicant's abilities in this category, as measured by Items 1.-6., are functional most of the time and in a variety of settings such as home, school or work.</p> <p>Comments:</p> | <p>Score NO if even though Items 1.-6. are scored YES, there is evidence that applicant is unable to implement his/her previously identified abilities for reasons related to the disability.</p> |

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| <p>MAJOR LIFE ACTIVITY: CATEGORY VI CAPACITY FOR INDEPENDENT LIVING OR ECONOMIC SELF-SUFFICIENCY— Age-appropriate ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles. Ability to maintain adequate employment and financial support. Ability to earn a "living wage," net, after payment of extraordinary expenses occasioned by the disability.</p> | <p>PERSPECTIVE: The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary emotional, physical, medical or financial support systems.</p> |
| <p>1. Applicant generally carries out regular duties and chores (simple meal preparation, light housekeeping, etc.) safely and without need for reminders.</p> <p>Comments:</p> | <p>In cases where the applicant has minimal opportunity to perform chores regularly because of restrictions imposed by living arrangements, score YES if indeed clearly able.</p> |
| <p>2. Applicant is aware of a variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping, visiting friends, etc. and independently selects and participates in at least one (1) on a regular basis.</p> <p>Comments:</p> | <p>Applicant must demonstrate common knowledge of community activities and the ability to access those of choice. If disability prohibits this, score NO. If applicant freely chooses to limit his/her activities, score YES.</p> |
| <p>3. Applicant can be left alone for twenty-four (24) hours without being considered to be at risk.</p> <p>Comments:</p> | <p>If applicant has never been left alone because of restrictions of living arrangements, probe for specific anticipated risks. Score YES if none are identified.</p> |
| <p>4. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.)</p> <p>Comments:</p> | <p>Applicant need not mention any particular trait listed but must demonstrate general understanding of the expectations of the world of work. To score YES, traits must be verified by the informant.</p> |
| <p>5. Applicant is able to state several approaches to finding a job such as going to an employment agency, responding to ads, using personal contacts, etc.</p> <p>Comments:</p> | <p>Applicant need not mention any particular approach listed but must demonstrate general understanding of the process of job hunting.</p> |
| <p>6. Applicant is able to state a vocational preference and describe with reasonable accuracy the education and skills required.</p> <p>Comments:</p> | <p>Ignore issues of probability for success in stated vocational preference. Score YES if applicant is unable to state a preference because s/he is knowledgeable of and attracted to several jobs.</p> |
| <p>7. Applicant demonstrates insight regarding the obstacles to independent living or employment consequent to the applicant's disability.</p> <p>Comments:</p> | <p>Score NO if applicant is unaware of or denies obvious problems. Score YES if applicant is knowledgeable of obstacles but asserts his/her ability to overcome them.</p> |
| <p>• Applicant's abilities in this category, as measured by Items 1.-7., are functional most of the time and in a variety of settings such as home, school, or work.</p> <p>Comments:</p> | <p>Score NO if even though Items 1.-7. are scored YES, there is evidence that applicant is unable to implement his/her previously identified abilities for reasons related to the disability.</p> |



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
(MOCABI)**

APPLICANT: _____

INFORMANT'S NAME: _____

INFORMANT'S RELATIONSHIP TO APPLICANT: _____

INTAKE WORKER: _____

REGIONAL CENTER: _____

LOCATION OF INTERVIEW: _____

LANGUAGE USED: _____

DATE OF INTERVIEW: _____

Adapted from assessment methodology developed by Paul J. Zumoff, Ph.D., for the New Jersey Division of Developmental Disabilities.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET**

START HERE: READ OUT LOUD AND FOLLOW THE INSTRUCTIONS EXACTLY.

FIRST, DRAW A LARGE SQUARE ON THE BACK OF THIS PAGE, NOW!

AFTER DRAWING THE SQUARE, CONTINUE READING THE INSTRUCTIONS BELOW.

Please fill in the information requested below. You may write, print or type your answers. If you cannot write, print or type, the intake worker will write your answers down for you. This task will be used to measure several important abilities. First, it will help measure your ability to read and follow directions. Second, it will help measure your ability to respond in writing to requests for information. Third, it will help measure your ability to provide personal data as needed, such as when you apply for a job, visit a doctor, etc. Thank you for your cooperation.

Full name: _____

Date of birth: _____ Sex: _____

Current mailing address: _____

Telephone number (include area code): _____

Social Security number: _____

Education (circle highest level completed):

Grade School High School Some College Associate Bachelor Master Doctorate

Describe your current or most recent job: _____

Describe your disability and the ways it affects your life: _____

Above data filled in by the: _____ Applicant _____ Intake Worker



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

| MAJOR LIFE ACTIVITY: CATEGORY I SELF-CARE | SOURCE OF INFORMATION | | | | | | | | |
|--|-----------------------|---|---|-----------|---|---|-----------|---|---|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | ? | Y | N | ? | Y | N | ? |
| 1. Applicant independently feeds self, including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal and using personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 2. Applicant independently toilets self, including transferring to toilet, wiping self, and transferring from toilet using personally-owned assistive devices if necessary. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine. Comments: | | | | | | | | | |
| 3. Applicant independently selects attire appropriate as to season and activity. Comments: | | | | | | | | | |
| 4. Applicant independently dresses and undresses self, including underclothes, outerclothes, socks and shoes, using personally adapted clothes or assistive devices if necessary. Comments: | | | | | | | | | |
| 5. Applicant bathes self independently, including transfer to tub or shower, adjusting water, scrubbing, transfer from tub or shower, and drying, using personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing (with or without liquid) and closing container, using personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| • Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments: | | | | | | | | | |

CATEGORY I
 _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)
 _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.)
 _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)
 APPLICANT'S NAME: _____



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ABILITY STATEMENTS

| MAJOR LIFE ACTIVITY: CATEGORY II RECEPTIVE AND EXPRESSIVE LANGUAGE | SOURCE OF INFORMATION | | | | | | | | |
|---|-----------------------|---|---|-----------|---|---|-----------|---|---|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | ? | Y | N | ? | Y | N | ? |
| 1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language using a hearing aid or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 2. Applicant has sufficiently intelligible speech to communicate common words to individuals of casual acquaintance in the community. Comments: | | | | | | | | | |
| 3. Applicant has sufficient vocabulary, grammatical ability or nonverbal communications skills to conduct ordinary business with individuals of casual acquaintance in the community. Comments: | | | | | | | | | |
| 4. Applicant can conduct a functional two (2)-way conversation over the telephone such as scheduling personal appointments or obtaining consumer information using an amplified telephone or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 5. Applicant has sufficient sight and reading ability to access and comprehend ordinary written text using eyeglasses, dictionary or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 6. Applicant has sufficient physical skills, vocabulary and grammatical ability to write or type a functional letter such as a personal note to a friend or a response to a business or government communication using eyeglasses, typewriter, word processor or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| * Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments: | | | | | | | | | |
| CATEGORY II _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.) APPLICANT'S NAME: _____ | | | | | | | | | |



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

| MAJOR LIFE ACTIVITY: CATEGORY III LEARNING | SOURCE OF INFORMATION | | | | | | | | |
|---|-----------------------|---|---|-----------|---|---|-----------|---|---|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | ? | Y | N | ? | Y | N | ? |
| 1. Applicant has sufficient hearing or sight, and mental ability to access and comprehend the content of ordinary television or radio programming using a hearing aid, eyeglasses or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 2. Applicant has sufficient sight, sense of touch or sense of smell to identify common domestic products and is able to explain their common uses. Comments: | | | | | | | | | |
| 3. Applicant has sufficient money skills, and sight or sense of touch to identify pennies, nickels, dimes and quarters, and to calculate the value of any combination of these coins up to \$2.00. Comments: | | | | | | | | | |
| 4. Applicant has sufficient time skills and sight, hearing, or sense of touch to tell the time of day to the quarter hour, including A.M. and P.M., given a clock or watch appropriate for the applicant, using eyeglasses, hearing aid or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 5. Applicant is able to provide reasonably complete and accurate personal data, including name, date of birth, place of residence (street address, city and state), telephone number, nature of disabling condition, education, employment data, etc. Comments: | | | | | | | | | |
| 6. Applicant is able to state in general terms the reason for this functional assessment after being given a full explanation by the intake worker. Comments: | | | | | | | | | |
| 7. Applicant is able to demonstrate memory of three (3) items (chair, apple, bird) given at beginning of interview. Comments: | | | | | | | | | |
| *Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments: | | | | | | | | | |
| CATEGORY III _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.) APPLICANT'S NAME: _____ | | | | | | | | | |



STATE OF MISSOURI
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MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

| MAJOR LIFE ACTIVITY: CATEGORY IV MOBILITY | SOURCE OF INFORMATION | | | | | | | | |
|---|-----------------------|---|---|-----------|---|---|-----------|---|---|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | ? | Y | N | ? | Y | N | ? |
| 1. Applicant independently and safely moves about within indoor and outdoor environments, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 2. Applicant independently and safely gets up and down curbs up to six inches high, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 3. Applicant is able to pick up a towel or similar object from the floor, using personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 4. Applicant independently and safely gets in and out of bed, using personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 5. Applicant independently and safely operates ordinary household equipment such as TV, radio, oven, vacuum cleaner, etc., using personally-owned assistive devices if necessary. Comments: | | | | | | | | | |
| 6. Applicant crosses streets independently and safely. Comments: | | | | | | | | | |
| 7. Applicant independently and safely gets in and out of his/her place of residence, including locking and unlocking doors. Comments: | | | | | | | | | |
| • Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments: | | | | | | | | | |
| CATEGORY IV _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.) APPLICANT'S NAME: _____ | | | | | | | | | |



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

| MAJOR LIFE ACTIVITY: CATEGORY V SELF-DIRECTION | SOURCE OF INFORMATION | | | | | | | | |
|--|-----------------------|---|---|-----------|---|---|-----------|---|---|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | ? | Y | N | ? | Y | N | ? |
| 1. Applicant makes and implements essentially independent daily personal decisions regarding a schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed. Comments: | | | | | | | | | |
| 2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage and career choice. Comments: | | | | | | | | | |
| 3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives or coworkers. Comments: | | | | | | | | | |
| 4. Applicant makes and implements essentially independent daily personal decisions regarding diet, including when to eat, where to eat and what to eat. Comments: | | | | | | | | | |
| 5. Applicant is essentially independent in managing personal finances, including making decisions regarding allocation of financial resources and keeping track of financial obligations. Comments: | | | | | | | | | |
| 6. Applicant self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary. Comments: | | | | | | | | | |
| • Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments: | | | | | | | | | |
| CATEGORY V _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.) APPLICANT'S NAME: _____ | | | | | | | | | |



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

| MAJOR LIFE ACTIVITY: CATEGORY VI CAPACITY FOR INDEPENDENT LIVING OR ECONOMIC SELF-SUFFICIENCY | SOURCE OF INFORMATION | | | | | | | | |
|---|-----------------------|---|---|-----------|---|---|-----------|---|---|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | ? | Y | N | ? | Y | N | ? |
| 1. Applicant generally carries out regular duties and chores (simple meal preparation, light housekeeping, etc.) safely and without need for reminders. Comments: | | | | | | | | | |
| 2. Applicant is aware of a variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping, visiting friends, etc. and independently selects and participates in at least one (1) on a regular basis. Comments: | | | | | | | | | |
| 3. Applicant can be left alone for twenty-four (24) hours without being considered to be at risk. Comments: | | | | | | | | | |
| 4. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision, and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.) Comments: | | | | | | | | | |
| 5. Applicant is able to state several approaches to finding a job such as going to an employment agency, responding to ads, using personal contacts, etc. Comments: | | | | | | | | | |
| 6. Applicant is able to state a vocational preference and describe with reasonable accuracy the education and skills required. Comments: | | | | | | | | | |
| 7. Applicant demonstrates insight regarding the obstacles to independent living or employment consequent to the applicant's disability. Comments: | | | | | | | | | |
| • Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school or work. | | | | | | | | | |
| CATEGORY VI _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.) APPLICANT'S NAME: _____ | | | | | | | | | |



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
SUMMARY SHEET

| MAJOR LIFE ACTIVITY | SUBSTANTIAL FUNCTIONAL LIMITATION | NO SUBSTANTIAL FUNCTIONAL LIMITATION | POSSIBLE FUNCTIONAL LIMITATION |
|--|---|--|--------------------------------------|
| CATEGORY I: SELF-CARE | | | |
| CATEGORY II: RECEPTIVE AND EXPRESSIVE LANGUAGE | | | |
| CATEGORY III: LEARNING | | | |
| CATEGORY IV: MOBILITY | | | |
| CATEGORY V: SELF-DIRECTION | | | |
| CATEGORY VI: CAPACITY FOR INDEPENDENT LIVING OR ECONOMIC SELF-SUFFICIENCY | | | |
| COLUMN TOTALS | | | |

SUMMARY COMMENTS: _____

_____ Intake Worker's Name (Print) Intake Worker's Signature Date Evaluation Completed

RESULTS OF FUNCTIONAL EVALUATION

- _____ SUBSTANTIALLY FUNCTIONALLY LIMITED (Substantial Functional Limitation in two (2) or more Major Life Activity categories.)
- _____ FURTHER ASSESSMENT REQUIRED (insufficient evidence to document Substantial Functional Limitation.)

APPLICANT'S NAME: _____



9 CSR 45-2.015 Prioritizing Access to Funded Services

PURPOSE: This rule establishes how individuals otherwise eligible for services will be selected for funded services and programs administered by the Department of Mental Health, Division of Mental Retardation and Developmental Disabilities, when services cannot be provided to all eligible individuals with developmental disabilities in the state of Missouri through the funding that is appropriated.

(1) Definitions.

(A) Community services—Supports funded and purchased through the Department of Mental Health Purchase of Service System (POS) with general revenue appropriations to assist individuals who have mental retardation and developmental disabilities to live in the community. Eligibility for Medicaid is not required.

(B) Community Support Waiver—A set of services, not including residential services, for Medicaid eligible individuals who have mental retardation and/or a developmental disability who have been determined to otherwise require the level of care provided in an Intermediate Care Facility for Mental Retardation (ICF/MR).

(C) Comprehensive Waiver—A set of services, including residential services, for Medicaid eligible individuals who have mental retardation and/or a developmental disability who have been determined to otherwise require the level of care provided in an ICF/MR.

(D) Division—Division of Mental Retardation and Developmental Disabilities.

(E) Sarah Jian Lopez Waiver—A set of services, not including residential services, for children under the age of eighteen (18) living with their parents, who are not Medicaid eligible, who have mental retardation and/or a developmental disability who have been determined to otherwise require the level of care provided in an ICF/MR.

(2) The division's utilization review process as set forth in 9 CSR 45-2.017 shall be applied to all individuals prior to participation in new services or programs.

(3) Individuals otherwise eligible for services through the Comprehensive or Community Support Medicaid Waiver and who are determined to meet emergency criteria as described in 9 CSR 45-2.017(1)(E) and who require out-of-home residential services or for whom out-of-home residential care is imminent without in-home services, shall

receive priority consideration in participating in a waiver.

(A) Participation in the Community Support Waiver shall be considered first, for individuals meeting emergency criteria whose needs can be met with in-home services. Individuals who meet emergency criteria shall be approved to participate in the Community Support Waiver when the regional center determines the needs of the individual can be appropriately met by that waiver.

(B) The requested services shall be directly related to preventing the person from entering a Medicaid institution or enabling the person to leave a Medicaid institution.

(C) Division treatment professionals shall determine the following:

- 1. If the individual's service/support needs can be met in the community;
2. If the individual is eligible for the waiver; and
3. If the individual chooses waiver services over institutional services.

(4) Individuals who are otherwise eligible for services through the Comprehensive and Community Support Waivers, who do not meet emergency criteria and have not been enrolled, shall be placed on a waiting list. Individuals on the waiting list shall be served according to the prioritization of need (PON) score, as set forth in 9 CSR 45-2.017, as funding becomes available.

(A) When two (2) or more individuals have the same PON score, the individual(s) who has been on the waiting list the longest time shall be given priority.

(5) Children under the age of eighteen (18) assessed by a regional center as meeting basic eligibility criteria for participation in the Sarah Jian Lopez Medicaid Waiver shall be served from the waiting list as turnover occurs based on prioritized need. Determining prioritized need shall include reviewing the following:

- (A) PON score(s);
(B) Frequency of need for waiver services;
(C) Family ability to otherwise meet needs;
(D) Any emergency need (9 CSR 45-2.017); and
(E) Access to other resources to meet needs.

(6) Individuals who are not Medicaid eligible shall be placed on a waiting list for community services. Individuals on the waiting list shall be served according to the PON score as funding becomes available.

(7) Waiver Participant Turnover.

(A) Funds available due to participants leaving (turnover) the Comprehensive or Community Support Waiver shall first be used for individuals served in that waiver who have increased needs. When these needs are met, funds that become available from turnover may be used to enroll new individuals in the waiver.

(B) When turnover occurs in an existing living arrangement, the regional center shall determine if an individual in the region, district, or state meeting emergency criteria or with the highest PON score would be appropriately served in the arrangement and chooses this living arrangement (including location); and if the agency providing supports is able to provide the supports to the person.

1. If the arrangement is not appropriate or acceptable to an individual meeting emergency criteria or with the highest PON score, the regional center shall determine if the living arrangement is acceptable and appropriate for an individual with the next highest utilization review (UR) score on the waiting list. If it is not, the regional center may request approval for another person on the waiting list in the region or district to participate in the waiver according to prioritized need, who is agreeable to the living arrangement and is a compatible household member for current residents.

AUTHORITY: sections 630.050 and 633.110.2, RSMo 2000.* Emergency rule filed Oct. 1, 2004, effective Oct. 15, 2004, expired April 15, 2005. Original rule filed March 31, 2006, effective Nov. 30, 2006.

*Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 633.110, RSMo 1980, amended 1996.

9 CSR 45-2.017 Utilization Review Process

PURPOSE: This rule formally establishes a statewide utilization review process to: ensure individuals eligible for division services with similar needs are treated consistently and fairly throughout the state; ensure each individual's annual plan accurately reflects the individual's needs; ensure levels of service are defined and documented within the outcomes of each individual's plan; prioritize need for services; and ensure accountability of public funds.

(1) Definitions.

(A) Authorization—Approval notice to a provider that a specific amount of service at a specific rate may be provided to an individual.

(B) Budget—The total cost of services and



supports recommended or approved to meet an individual's needs identified in a plan.

(C) Department—Department of Mental Health.

(D) Division—Division of Mental Retardation and Developmental Disabilities.

(E) Emergency criteria consists of one (1) or more of the following:

1. The individual is in immediate need of life-sustaining services (food and shelter, or protection from harm) and there is no alternative to division funding or provision of those services;

2. The individual needs immediate services in order to protect another person or persons from imminent physical harm;

3. The individual is residing in a public institution such as an intermediate care facility for persons who have mental retardation (ICF/MR) and has been assessed as able to live in a less restrictive arrangement in the community, the individual wants to live in the community, and appropriate services and supports can be arranged through the waiver;

4. The individual had been receiving significant services through division funded programs and services, is evaluated to still need the significant level of services, but is no longer eligible for the program or services due to age or other criteria;

5. The individual is in the care and custody of the Department of Social Services, Children's Division, which has a formal agreement in place with a division regional center to fund the costs of waiver services for the specific individual;

6. The individual is under age eighteen (18) and requires coordinated services through several agencies to avoid court action; or

7. The individual is subject to ongoing or pending legal action that requires immediate delivery of services.

(F) Plan—An annual plan of care identifying all support needs an individual with a developmental disability has and how the needs shall be met.

(G) Prioritization of need (PON)—Process that assigns a score to the level of need for an individual for a specific service need that is wait listed so that persons with the greatest need for services and supports are served first when funding is available.

(H) Responsible party—The parent(s) of a minor child, spouse, court appointed guardian, public administrator or any other person who has legal authority to make decisions for a person served by the division.

(I) Senate Bill 40 County Developmental Disability Boards (SB40 Board)—County boards established pursuant to section 205.970, RSMo, to provide services with

voter approved tax levies to residents of that county who are handicapped persons as defined in sections 178.900 and 205.968, RSMo.

(J) Service/Support—Informal and formal means of meeting needs identified in the plan of care.

(K) Utilization Review Committee (URC)—A formal committee established at each regional center to review proposed plans and budgets and make recommendations before services are approved and authorized.

(2) Each regional center director shall appoint a URC. URC members shall be regional center staff representing: a) quality assurance; b) community resource specialist; c) business office; d) service coordination; and/or e) administration. Membership may also include a parent or guardian representative and a SB40 Board representative. A minimum of three (3) members shall be present in order for the URC to conduct official business.

(A) The URC shall meet a minimum of once per week.

(B) The URC shall review the following personal plans:

1. All initial plans/budgets with funds;

2. Amended plans that increase the total plan/budget by adding a new service or increasing the dollar amount of a specific service; and

3. Plans at the discretion of the local URC.

(C) To ensure documentation in the personal plan and budget supports the service need, the URC shall use the Utilization Review Checklist, included herein, to review each plan and budget.

(D) Other plan and budget reviews shall continue to be completed by the service coordinator and/or service coordination supervisor, as directed by the regional center director.

(E) The URC shall evaluate need and assign a PON score for service needs that cannot immediately be funded.

(3) Two (2) months prior to the proposed plan and budget implementation, the service coordinator shall meet with the individual, the individual's family, and as appropriate the individual's responsible party to prepare a plan and budget with justification for the individual's support needs.

(A) The initial plan and budget shall be agreed to and the plan shall be signed by the individual or responsible party. The service coordinator and the individual or responsible party shall receive a copy of the plan and

budget prior to submission of the plan and budget to the URC.

(4) One (1) month prior to the proposed plan and budget implementation, the service coordinator shall submit the signed plan to the URC.

(A) If plan and budget submission to the URC shall otherwise be delayed due to the inability of the service coordinator to obtain the signature of the individual or responsible party, then the plan and budget shall be forwarded to the URC without the signature and a copy of the plan and budget shall be mailed to the individual or responsible party.

(5) The URC shall review the plan and budget within six (6) working days of receipt.

(A) If no additional information is required, the URC shall send a recommendation to the regional center director or designee to approve or disapprove the plan and budget. If more information is needed to review the plan or changes are necessary in the budget or service authorization associated with a plan, that information shall be requested from the service coordinator, who has ten (10) working days to respond to the URC.

(B) The URC shall submit the completed recommendation form, included herein, to the regional center director or designee to approve or disapprove the plan and budget no later than six (6) working days following receipt of all needed information.

(6) The regional center director or designee shall approve, amend, or disapprove the URC recommendation within five (5) working days of receipt.

(7) Upon final action by the regional center director or designee to approve, amend or disapprove a plan and budget, a copy of the final decision letter and the completed plan and budget shall be provided within ten (10) days of the decision to the individual and/or responsible party, service coordinator and provider(s) by regular mail, fax or hand delivery. If the regional center director or designee disapproves a plan and budget, the regional center director or designee shall include in the final decision letter the reasons for the disapproval or amendment.

(8) The individual or responsible party may appeal the final decision, in writing or verbally, to the regional center director within thirty (30) days from the date of the final decision letter.



(A) If necessary, appropriate staff shall assist the individual or responsible party in making the appeal.

(B) The regional center director or designee may meet with the individual or responsible party and any staff to obtain any newly discovered information relevant to the final decision and to hear any comments or objections related to the final decision.

(C) Within ten (10) working days after receiving the appeal, the regional center director or designee shall notify the individual or responsible party in writing of his/her final decision.

(9) When the final decision, as set forth in section (8) above, results in any individual being denied service(s) based on a determination the individual is not eligible for the service(s) or adversely affects a waiver service for an individual, the individual and/or responsible party may appeal in accordance with the procedures set forth in 9 CSR 45-2.020(3)(C) and (5).

(A) An individual and/or responsible party participating in a Division Medicaid Waiver program has appeal rights through both the Department of Mental Health and the Department of Social Services. Those individuals may appeal to Department of Social Services before, during or after exhausting the Department of Mental Health appeal process. Once the appeal process through Department of Social Services begins, appeal rights through the Department of Mental Health cease. Individuals appealing to the Department of Social Services must do so in writing within ninety (90) days of written notice of the adverse action to request an appeal hearing. Requests for appeal to the Department of Social Services should be sent to: Division of Medical Services, Recipient Services Unit, PO Box 6500, Jefferson City, MO 65102-6500, or call Recipient Services Unit at 1 (800) 392-2161.

(10) If an individual and/or responsible party timely files an appeal of a final decision, services currently being provided under an existing plan of care will not be suspended, reduced or terminated pending a hearing decision unless the individual or legal representative requests in writing that services be suspended, reduced or terminated.

(A) The individual and/or responsible party may be responsible for repayment of any federal or state funds expended for services while the appeal is pending if the hearing decision upholds the director's decision.

(11) The service coordinator shall provide guidance to the individual, family, and the

responsible party about any alternative resources potentially available to support needs that are not approved through the URC process.

(12) New services/supports shall not begin before the plan and budget are approved through the URC, except in an emergency situation approved by the regional center director or designee.

(13) Budgets are determined by the total cost of all services and supports paid through the billing system of the department. Services and supports paid for outside of the department billing system are excluded.

(A) When multiple family members are receiving division services, this shall be noted. All of the budgets shall be considered together in the utilization review process in order to have a comprehensive picture of all services/supports going into a single home so the necessary level of services can be determined. This does not require each family member's plan be on the same plan year, but does require all of the current supports in the home be considered.

(B) Applicable Medicaid State Plan services shall be accessed first when the individual is Medicaid eligible and the services will meet the individual's needs.

(14) Once a budget is approved through the utilization review process, any request for additional funds shall be added to the approved budget (the total cost of all services/supports—including department, SB40 Board Waiver and non-waiver match, and Medicaid Waiver match dollars) to determine the new utilization review level. The additional request may not be considered in isolation of other services/supports the individual and family are receiving.

(15) A review of a single service should not delay the implementation of other services in the plan.

(16) The URC shall complete the priority of need form, included herein, and shall assign a score for each service request in one (1) or more of the following six (6) categories of need: emergency; health and safety; family support; daily living supports; inclusion and/or recreational supports; and long-term planning.

(A) The URC shall consider a service/support for inclusion on a prioritized waiting list if the service/support meets each of the following criteria:

1. Need for the service/support is documented in the person centered plan as neces-

sary for the individual's health, safety, and/or independence and alternative funding or programs are not available to meet the need; and

2. Need for the service/support is specifically related to the person's disability (i.e., not something that would be needed regardless of the person's disability).

(B) Individuals evaluated with needs meeting emergency criteria receive highest priority in receiving funding for services.



DEPARTMENT OF MENTAL HEALTH – Utilization Review Checklist

| | |
|--|------------------------------|
| REGIONAL CENTER: _____ | DATE OF REVIEW: _____ |
| Consumer Name: _____ | Case #: _____ |
| UR TOTAL \$ _____ 1 ST year _____ Annual _____ Last year URL \$ _____ | |
| Additional Information: _____ | |
| _____ | |

PLANNING

| | |
|-----|--|
| ___ | Does the plan document the need for each service/support? |
| ___ | Are clear outcomes identified for each service/support? |
| ___ | What alternative solutions including technological, adaptive equipment, community resources have been explored to achieve identified outcomes? |
| ___ | Have needs been prioritized by the person/family? |
| ___ | How long has this level of support been in place? |
| ___ | Has progress toward the stated outcomes been documented? |
| ___ | If the person is Medicaid eligible, have applicable state plan services been accessed when they will meet the needs? (For persons under age 21, this includes all OT, PT, and speech therapies, most adaptive equipment, diapers, and personal care that meet the state plan definition. For adults, this includes personal care provided through Department of Health and Senior Services.) If not, why? |
| ___ | For children, are any services/supports requested the responsibility of the local school district? (The Division cannot supplant services/supports that should be provided by local school districts. The plan should note therapies the child is receiving at school, including frequency, intensity, and duration.) |
| ___ | For children, if additional therapies are educationally necessary, have they been pursued through the IEP process? |

FINANCIAL Where applicable:

| | |
|-----|--|
| ___ | Are prescriptions or recommendations for therapies, equipment, etc., attached? |
| ___ | Are denial letters from insurance companies or other primary funding sources attached? |
| ___ | Are bids attached? |
| ___ | Is the budget page completed, including frequency and rates? Is the math correct? |
| ___ | Were there services last year that were authorized and not invoiced? If not, why? |
| ___ | Did last year's authorizations/expenditures match the approved budget? |
| ___ | Are cost projections reasonable based on ongoing service needs? |
| ___ | Is the proposed solution the most cost effective, if not why? |



| | |
|--------------------------|---|
| <input type="checkbox"/> | Is the MRDD funding source noted? (i.e. Choices) |
| <input type="checkbox"/> | Are all expenditures within the program/service cap? (ABA \$5,000; Environmental Accessibility Adaptations Home Modifications \$5,000; Choices \$3,600, etc.) |
| <input type="checkbox"/> | Are there contracts with providers who are receiving over \$3000 per year? |
| <input type="checkbox"/> | If there is a request for adaptive equipment, does the plan identify the specific equipment/supplies needed and the justification for each? (It is not acceptable to approve "up to" the cap for a program service without justification.) |
| <input type="checkbox"/> | Is there a redirection of funds involved? (Do health and safety needs justify redirection?) |
| <input type="checkbox"/> | Has the person applied for Medicaid? If ineligible, why? _____ |

MISSOURI VALUES

| | |
|--------------------------|---|
| <input type="checkbox"/> | Is the service a NEED rather than a WANT ? To determine the difference, ask the question "What would happen without the service?" "Needs" meet health, safety, and independence requirements (as appropriate to the individual) that cannot be met by any alternative funding or program source. (Is this for maintenance of independent living, prevention from moving to a more restrictive setting, proactive prevention of a potentially abusive situation, etc.?) |
| <input type="checkbox"/> | Does the service facilitate a typical lifestyle and not foster dependence on the system? |
| <input type="checkbox"/> | Is the amount of support based on the level of need? |
| <input type="checkbox"/> | Have natural supports or other ways to meet the need been explored first? |
| <input type="checkbox"/> | Is the service/support something that families do not typically provide? |
| <input type="checkbox"/> | Would Missouri taxpayers agree service/support should be purchased with state tax dollars? |

RESIDENTIAL

| | |
|--------------------------|--|
| <input type="checkbox"/> | Is this a single person ISL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the following information in the plan: Other options tried? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain outcome of those options. If No, explain why other options were not tried.) |
| <input type="checkbox"/> | Is the Administration fee limited to 15% or \$500 maximum? |
| <input type="checkbox"/> | Are room and board costs within the financial means of the individuals living in the home? |
| <input type="checkbox"/> | Is the level of overnight support justified in the plan? |
| <input type="checkbox"/> | Are the hours of paid support (for example, ISL, Day Hab, Employment) limited to 24 hours per day? |
| <input type="checkbox"/> | Are there other issues of concern? |

| | | | |
|---------------------|------|---|------|
| Service Coordinator | Date | Utilization Review Committee Representative | Date |
| Revised 04/17/06 | | | |



DEPARTMENT OF MENTAL HEALTH Utilization Review Committee Recommendations

| | | | |
|---|--------|-----------|----------------------|
| Consumer Name: _____ SC Name: _____ | | | |
| ID Number: _____ | | | |
| Plan Year: _____ | Annual | Amendment | Date Reviewed: _____ |
| <i>Recommendations are as follows:</i> | | | Members of UR Team: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Information due: |
| | | | |
| <i>Action Taken: (Response due to UR Committee by date noted above)</i> | | | |
| | | | |
| <i>Date of Second Review: _____ UR Committee Recommendation to Action Taken:</i> | | | |
| | | | |
| Committee Members _____ | | | |
| | | | |
| <i>Summary of Recommendations:</i> | | | |
| This plan needs to be reviewed in ____ months. This plan does not require annual utilization review. ____ | | | |
| Approve as Submitted _____ | | | |
| Approve with Modifications _____ | | | |
| Do Not Approve _____ | | | |
| Identify Services Recommended for Wait List: _____ | | | |
| U.R. Committee Chair or Designee _____ Date _____ Annual Budget \$ _____ | | | |
| UR Recommendations Approved Yes ____ No ____ Modified ____ | | | |
| Center Director/designee _____ Date: _____ | | | |
| Comments: | | | |
| | | | |

Revised 04/17/06



DEPARTMENT OF MENTAL HEALTH Prioritization of Need for Services/Supports

Residential

In-Home Support

| | |
|-----------------------------------|------------------------------------|
| Consumer Name: _____ | Case #: _____ |
| Service Coordinator: _____ | Date Placed on Waiting List: _____ |
| Service #1 Category/Points: _____ | |
| Service #2 Category/Points: _____ | |
| Service #3 Category/Points: _____ | |
| Additional Information: | |
| Date Scored: _____ | URC Representative: _____ |

In order to be on the prioritized waiting list for services/supports, the service/support *must be*:

- Identified as a need in a person-centered plan;
- Specifically related to the individual's disability (i.e., not something that would be needed regardless of the individual's disability); and
- Unavailable through natural support systems or other funding sources.

First, read through the categories, then:

- Pick the category that best describes each service need of the individual.
- Only one category can be selected per service. Prioritize this decision based on the service/support (*not* by person).
- Once a category has been selected, only compile the points for the selected category for each service.
- When the category points are tallied, transfer category letter and the total points to the top of this page.
- If Emergency or Health and Safety category is chosen the person-centered plan must reflect what safeguard and/or emergency measures have been put in place to address the concerns.

A service can only be prioritized or listed under one category, however, there can be more than one service in any category.

| Points | CATEGORY: E Emergency (12 points) See 9 CSR 45-2.017(1)(E) |
|--------|--|
| | <p>12 pts. This service/support is necessary due to the individual's emergency situation. An emergency situation is described as one of the following:</p> <ol style="list-style-type: none"> 1) The individual is in immediate need of life-sustaining services (food, shelter, protection from harm) and there is no alternative to Division funding or provision of those services. 2) The individual needs immediate services to protect another person(s) from imminent physical harm. 3) The individual currently resides in a public institution and has been assessed as able to live in a less restrictive arrangement in the community, the individual wants to live in the community, and appropriate services and supports can be arranged through the waiver. (Olmstead) 4) The individual is aging out of the Lopez Waiver and still requires substantial waiver services. (Does not include consumers that would be more appropriately served in the Physically Disabled Waiver) 5) The individual is in the care and custody of DSS Children's Division, which has a formal agreement in place with a division regional center to fund costs of waiver services for the specific individual. 6) The individual is under age 18 and requires coordinated services through several agencies to avoid court action. (System of Care) |



| | |
|--------|--|
| | 7) The individual is subject to ongoing or pending legal action and requires immediate delivery of services. |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| Points | CATEGORY: H Health and Safety (5 to 12 points) |
| _____ | 5 pts. The service/support is necessary to ensure the health and safety of the individual or others, i.e., not providing the service/support will place the individual or others at risk of illness, injury, or harm. In order to be categorized as a health and safety need, the degree of risk must be greater than 50% chance without intervention. |
| _____ | Add 1 point (+1 pt.) if degree of risk is imminent—definite and immediate. |
| _____ | Add 2 points (+2 pt.) if individual has no permanent residence. |
| _____ | Add points (maximum of 4) based on Physical/Behavioral Support Checklists. (pg. 3) |
| _____ | Cumulative points for Category Health and Safety. (Not to exceed 12) |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |

| | |
|--------|--|
| Points | CATEGORY: F Family Support (4 to 11 points) |
| _____ | 4 pts. The service/support is necessary to help the family care for their family member in their home or family support is not available. |
| _____ | Add points (maximum of 4) based on Physical/Behavioral Support Checklists. (pg. 4) |
| _____ | Add points (maximum of 3) for other family circumstances. Mark as many as applicable to get a full picture of the family need, however, can only add 3 points. |
| _____ | + 3 pts. Death of primary caregiver. |
| _____ | + 3 pts. Primary caregiver has a terminal diagnosis. |
| _____ | + 2 pts. Primary caregiver has other chronic health conditions that significantly impact his/her ability to provide needed supports for the person. |
| _____ | + 2 pts. Primary caregiver over age 75. |
| _____ | + 1 pt. Primary caregiver over age 65. |
| _____ | + 1 pt. Single parent family. |
| _____ | + 1 pt. Recent (within past 6 mos.) divorce or separation. |
| _____ | + 1 pt. More than one family member eligible for MRDD services. |
| _____ | + 1 pt. At least 3 children under the age of 10 living in the home. |
| _____ | + 1 pt. Recent (within past 6 mos.) unplanned loss of employment. |
| _____ | +1 pt. Primary caregiver at risk of job loss to provide care for the person in the home. |
| _____ | Cumulative points for Category Family Support. (Not to exceed 11) |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |



| | |
|--------|---|
| Points | CATEGORY: D Daily Living Supports (4 to 6 points) |
| _____ | 4 pts. The service/support is necessary to help the individual perform activities of daily living, e.g., communication, mobility, self-care, etc. <u>or</u> to assist an individual with independent living or developing the skills necessary to do so. Examples include personal assistance, supported employment, habilitation training, therapy services (including Applied Behavior Analysis), specialized medical equipment and supplies, and environmental accessibility adaptations. |
| _____ | Add points if the individual currently lives independently (i.e., is not receiving residential services, including ISL) and is at risk of moving to a more restrictive setting or of losing a degree of independence without the service/support requested. + 2 pts. Immediate (within 30 days). + 1 pt. Prospective (likely within 1 year). |
| _____ | Cumulative points for Category Daily Living Supports. (Not to exceed 6) |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |

| | |
|--------|---|
| Points | CATEGORY: I Inclusion and/or Recreational Supports (In-Home Supports Only) |
| _____ | 2 pts. Service/support is necessary to address barriers that might keep the person individual from fully participating in his/her community and/or recreational activities. |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |

There are no other contributors to Category Inclusion and/or Recreational Supports.

| | |
|--------|---|
| Points | CATEGORY: L Long Term Planning: This category is either 2 pts OR 1 pt |
| _____ | 2 pts. Individual is receiving residential services from an alternative funding source (Children's Division or DMH-CPS). Current residential situation has a time limitation or age restriction and individual has no natural home in which to return or the individual is receiving residential services from DMH but needs enhanced or alternative services (Rescore service need 6 months prior to time limited funds ending) |
| _____ | OR |
| _____ | 1 pt Family has long term planning needs, e.g. knows that they want placement sometime in the future. |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |
| _____ | Outcome #: _____ Service: _____ Frequency: _____ Cost: _____ |

There are no other contributors to Category Long Term Planning



Complete both Checklists on this page as they pertain to either Category Health and Safety or Family Support:

- Check every applicable event to create a clear picture of the situation.
- A maximum of 2 points from each section can be allocated to the category, for a total of 4 points, even though more may apply.
- If there is only 1 contributing point in the Behavioral Checklist, but three or more points in the Physical Checklist, you cannot count a total of 4 points. Only 2 points per checklist.
- When the checklist points are tallied, transfer total points to appropriate category.
- Unless otherwise noted, the behavioral or physical need identified must have occurred within the last year.

| Points | BEHAVIORAL SUPPORTS CHECKLIST |
|-------------|---|
| 2pt max. | <input type="checkbox"/> +1 pt. Made threats verbally and/or physically(with reasonable threat of physical harm). <input type="checkbox"/> +1 pt. Destroyed property. <input type="checkbox"/> +1 pt. Ran away (elopement) or leaves area of safety and supervision. <input type="checkbox"/> +1 pt. Abused alcohol and/or substances. <input type="checkbox"/> +1 pt. 2 or more medications used to treat mental illness and/or for behavioral control. <input type="checkbox"/> +1 pt. Compulsive/Ritualistic behavior that significantly interferes with the person's and family's daily routines. <input type="checkbox"/> +2 pts. Harmed himself or herself. <input type="checkbox"/> +2 pts. Harmed others (includes animals). <input type="checkbox"/> +2 pts. Ingested toxic and/or non-food substances or dangerous food/liquid quantities. <input type="checkbox"/> +2 pts. Made a suicide attempt or threat. <input type="checkbox"/> +2 pts. Set fires <input type="checkbox"/> +2 pts. Been sexually aggressive. <input type="checkbox"/> +2 pts. Physical restraint used in last 6 months. <input type="checkbox"/> +2 pts. Awake overnight. |
| Points | PHYSICAL SUPPORTS CHECKLIST |
| 2pt max. | <input type="checkbox"/> +1 pt. Chronic pain. <input type="checkbox"/> +1 pt. Significant weight loss or gain (5% of body weight within last 30 days or 10% within last 6 months). <input type="checkbox"/> +1 pt. Legally blind requiring assistive measures even in familiar settings. <input type="checkbox"/> +1 pt. Legally deaf making interactive communication difficult for caregiver or requiring specialized equipment. <input type="checkbox"/> +2 pts. Frequent illnesses that interfere with the individual's and family's daily routines. <input type="checkbox"/> +2 pts. Frequent injuries and/or falls that require medical attention. <input type="checkbox"/> +2 pts. Seizures—frequent and uncontrolled and/or that required emergency hospitalization within the last year. <input type="checkbox"/> +2 pts. Suctioning, tracheotomy, oxygen therapy, ventilator. <input type="checkbox"/> +2 pts. Choking/choking precautions. <input type="checkbox"/> +2 pts. Tube feeding and/or spoon feeding by caregiver. <input type="checkbox"/> +2 pts. Incontinence; daily catheterization and/or bowel care. <input type="checkbox"/> +2 pts. Individual requires lifting for transfer that is difficult for caregiver(s). <input type="checkbox"/> +2 pts. Orthopedic conditions—scoliosis, hip dysplasia, contractures, etc. <input type="checkbox"/> +2 pts. Skin breakdowns. |

_____ Total points of both categories that can be allocated to chosen category. Not to exceed 4.



AUTHORITY: sections 630.050 and 633.110.2, RSMo 2000.* Original rule filed March 31, 2006, effective Nov. 30, 2006.

*Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 633.110, RSMo 1980, amended 1996.

9 CSR 45-2.020 Appeals Procedures for Service Eligibility Through the Division of Mental Retardation and Developmental Disabilities

PURPOSE: This rule prescribes procedures for appealing decisions on service eligibility.

(1) As used in this rule, the following terms mean:

(A) Appeals referee, shall be an impartial, neutral, trained decision maker not employed with the Division of Mental Retardation and Developmental Disabilities;

(B) Applicant, a person suspected to be mentally retarded or developmentally disabled and for whom application has been made for regional center services or the person's representative;

(C) Client, a person who receives services of the Division of Mental Retardation and Developmental Disabilities or the client's representative;

(D) Representative, shall include, but not necessarily be limited to, the applicant/client's legal guardian, parent of a minor applicant, or client and protector (as defined by 9 CSR 45-3.040); and

(E) Supervisor, a case management supervisor in a regional center or a unit director in a mental retardation facility.

(2) Any person who is suspected to be mentally retarded or developmentally disabled shall be eligible for initial diagnostic and counseling services through the regional center.

(A) These rules are to be liberally construed in order to assure that all claims are decided on the merits of the individual's claims and in the individual's best interests. The rules regarding the time and manner in which a person may appeal shall be liberally interpreted to decide claims on the merits.

(B) Decisions as to an applicant's eligibility for services, or a client's eligibility for continued services, shall be based on an assessment of the applicant's/client's eligibility as determined by Missouri statutes. In making their determinations, staff (for example, members of the assessment team, case managers, heads of the facilities, appeals referees and the director of the Missouri Department of Mental Health (DMH)) shall consider, but need not be limited to, each of the

following factors and the appeals referee shall include in his/her written decision findings of fact and conclusions of law on each criterion considered:

1. The best interest of the client/applicant;

2. The person's level of adaptive behavior and functioning, including the effect upon the individual's ability to function at either the same or an improved level of interpersonal and functional skills if support from the DMH and contracting private providers is withdrawn or denied; and

3. Whether the client is eligible for services under the laws of Missouri.

(3) If the applicant, based upon the initial diagnostic evaluation or comprehensive evaluation, or if a client, based upon a re-evaluation, has been determined ineligible for regional center services, the applicant or client may appeal the decision on eligibility.

(A) Appropriate, effective notice of the eligibility determination shall be given to the applicant/client. This notice shall be given in writing, and verbally, when possible, on a standard DMH form within ten (10) working days of the ineligibility decision. The written notice shall include a specific statement of the factual and legal reasons for ineligibility, a statement that the applicant/client has the right to appeal that decision and the name, address and telephone number of the facility staff person to contact for further information about the decision, the appeals process, or both. In addition to the notice, the applicant/client shall receive a brochure which explains the appeals process and the appeals procedures open to the applicant/client. If there is any question about the applicant's/client's ability to understand either the form or the brochure after s/he receives his/her notice in person or by telephone, the Missouri Division of Mental Retardation and Developmental Disabilities staff person shall verbally explain the basis for the denial of eligibility and the appeals process to the applicant/client and shall assist the applicant/client in initiating an appeal and contacting Missouri Protection and Advocacy Services. Notice shall be hand-delivered or shall be sent by registered or certified United States mail, return receipt requested, and given verbally, where appropriate, at least thirty (30) days prior to the effective date of the proposed action.

(B) The applicant or client may appeal the decision, in writing or verbally, to the facility staff within thirty (30) days from the date of receiving the written notice.

1. If necessary, appropriate staff shall assist the applicant/client in making the appeal.

2. The applicant or client may present any information relevant to the appeal. The head of the facility or his/her designee shall meet with the applicant/client and any staff to attempt to resolve differences and receive information on the matter.

3. Within ten (10) working days after receiving the appeal, the head of the facility shall notify the applicant verbally, when possible, and in writing of his/her findings and decision and of the right to appeal, including notice of where and how to direct appeal.

(C) If the applicant/client disagrees with the decision of the head of the facility, the applicant/client, verbally or in writing, may notify the facility staff within thirty (30) days of the date of receipt of the decision that the applicant/client wishes to present the case to an appeals referee. If the applicant/client verbally requests an appeal to the appeals referee, facility staff shall send the person a notice via registered or certified mail, return receipt requested, verifying that the applicant/client has verbally requested an appeal. The facility staff also shall forward the verification notice to the appeals referee.

1. The referee shall be an employee of the department. The referee shall hear all appeals.

2. The appeals referee shall notify the applicant or client verbally, when possible, and in writing of the date, time and location of the hearing before the referee. Effective notice of the hearing shall be given at least thirty (30) days prior to the date of the hearing and shall contain a statement of the issues to be determined at the hearing. If any party has good cause for postponement or rescheduling, the request shall be granted. Absent good cause, the hearing shall be held no later than sixty (60) days from the date of the claimant's request for a hearing. The hearing shall be held at a location convenient for the client/applicant, usually the facility identified in the appeal.

3. The applicant/client shall have the right to representation either by an attorney or another advocate. Upon written notice that an individual is represented by an attorney/advocate, the attorney/advocate shall be provided with copies of notices, and the like. Upon request of the client/applicant or his/her attorney/advocate, copies of all documents relevant to the appeal shall be made available without charge within five (5) working days of the date of the request. An individual or his/her attorney/advocate shall have the right to inspect and copy all relevant Missouri DMH documents, including, but not



necessarily limited to, department rules and applicant/client records if release is authorized in writing by the applicant/client, including third-party client records in the custody of the department that were utilized in making the decision on eligibility.

4. The appeals referee shall rest his/her decision solely on the evidence presented at the hearing. The referee shall not review any documents concerning the applicant's/client's eligibility that are not properly submitted on the record during the hearing. The appeals referee, in addition, shall not discuss the applicant's/client's appeal with any party other than in the context of the hearing, questioning witnesses on the record, or both. The referee shall assure that the claimant receives a full and fair hearing. After the conclusion of the hearing, the referee shall issue a written decision, including findings of fact and conclusions of law, within thirty (30) days of the close of the hearing. The decision shall be mailed to the facility and to the claimant and his/her attorney/advocate, if any, by registered or certified mail, return receipt requested. Upon request of the claimant, facility staff may be consulted by the claimant for an explanation of the decision and its implications. The decision also shall contain a brief description of further appeal rights provided by this rule. Within thirty (30) days of the decision, the referee shall have the authority to vacate or amend his/her decision at the request of the claimant or his/her attorney/advocate or the head of the facility with notice to the others for good cause shown. Any additional evidence shall be considered in the request.

5. The head of the facility shall have the burden of proof and burden of going forward to either establish that either the applicant does not meet the state's statutory criteria for services eligibility or that the client has so improved that s/he no longer would benefit from the level of services which had been previously provided.

6. During the hearing, the applicant/client or the head of the facility shall have the right to speak on behalf of self, to present witnesses, to be represented by an attorney or other advocate, to submit any additional information and to cross-examine witnesses who have appeared on behalf of the facility.

A. If the applicant or client is represented by legal counsel, the claimant or his/her counsel shall notify the head of the facility within ten (10) days from the date that counsel is retained for the hearing.

B. If the applicant or client is represented by legal counsel at the hearing, the head of the facility shall request representation from the attorney general's office. The

request for representation should be made to the attorney general's office as soon as practicable. Notice to the applicant/client and attorney that the attorney general's office will appear in the case should be made at least five (5) days before the hearing.

7. Unless otherwise provided in this rule, the hearing shall be conducted by the provisions of Chapter 536, RSMo.

8. The referee shall electronically record the hearing. The tape of the hearing shall be kept for one (1) year after the date of the hearing. The tape, or a copy of the tape, shall be available to the client/applicant or his/her attorney/advocate or the regional center director for purposes of review for further appeal to the director of the DMH.

(D) If an applicant or client disagrees with the decision of the referee, the applicant/client, his/her attorney or advocate may move to vacate or amend the decision or appeal the decision to the director of the department within thirty (30) days from the receipt of the decision by mailing an intent to appeal to the director or by giving written notice to the facility. If the claimant gives verbal notice to the facility and needs assistance with an appeal, designated facility staff shall assist.

1. The evidence which was before the referee and the recording of the hearing shall be submitted to the department director. The applicant/client or his/her attorney/advocate and the head of the facility may submit newly discovered evidence to the department director and comments on and objections to the decision of the referee within ten (10) working days of the notice of appeal to the director.

2. The department director shall consider the evidence in paragraph (3)(D)1. and make the decision based solely on this evidence.

3. The department director, within twenty (20) working days of the notice of appeal, shall notify, in writing, the applicant/client and his/her attorney/advocate, if any, and the head of the facility, of the decision. The decision of the director is final. The decision shall be mailed to the head of the facility and to the claimant and his/her attorney/advocate, if any, by registered or certified mail, return receipt requested. Upon the request of the claimant, facility staff may be consulted by the claimant for an explanation of the decision and the mechanism for further appeal. The decision also shall contain a brief written description of further appeal rights provided by this rule.

(E) Pending an administrative appeal or appeal before circuit court if the director's decision is appealed, the department shall not

reduce or terminate the applicant's or client's services or benefits. No applicant's or client's benefits or services shall be reduced or terminated until appeal procedures are exhausted.

(4) If a client disagrees with the decision made by facility staff regarding eligibility for a specified service through the division, except referral for community placement from a department mental retardation facility, the client may appeal the decision.

(A) The appeal may be presented orally or in writing to the appropriate supervisor within thirty (30) days from receipt of the oral or written notice, whichever is earlier.

1. If necessary, the appropriate staff shall assist the client in making the appeal.

2. The client may present, and the supervisor shall accept and consider, any information relevant to the appeal. The supervisor may meet with the client and any staff to discuss and resolve differences.

3. Within ten (10) working days after receiving the information presented by the client, the supervisor shall notify the client in writing and verbally of the supervisor's finding and decision and the right of the client to appeal to the head of the facility.

(B) If the client disagrees with the decision of the supervisor, the client shall be entitled to utilize the same appeal procedures to the head of the facility, the appeals referee and the department director as provided in section (3) of this rule.

(5) A client/applicant or his/her attorney/advocate may appeal the decision of the department director to circuit court as provided by Chapter 536, RSMo. For purposes of appeal, the tape of the hearing before the appeals referee shall be transcribed at the expense of the applicant/client but shall be without cost to the applicant/client who is indigent as determined by the department or the circuit court.

*AUTHORITY: section 630.050, RSMo 1994. * This rule was previously filed as 9 CSR 50-3.705. Original rule filed April 17, 1987, effective Oct. 1, 1987. Amended: Filed Jan. 15, 1993, effective Aug. 8, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980.*