
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 experience

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.



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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>