

ISSUES REGARDING OPERATIONALIZING
THE FEDERAL DEFINITION
OF DEVELOPMENTAL DISABILITY

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October 3, 1983

Note: This document was prepared for and funded by the Mental Retardation and Developmental Disabilities Administration, Department of Health and Mental Hygiene, State of Maryland. This is an internal document, and does not include references or footnotes as would normally be found in a document prepared for external consumption. The bibliography at the end of the paper does, however, list some of the references from which information was drawn for this report.

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Federal Definition of "Developmental Disability":

"(7) The term 'developmental disability' means a severe, chronic disability of a person which -

"(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

"(B) is manifested before the person attains age twenty-two;

"(C) is likely to continue indefinitely;

"(D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and

"(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

Cite: Public Law 95-602 (Rehabilitation Act of 1973, As Amended 1978, also called "Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978")

Issues Regarding Operationalizing the Federal Definition

The definition of developmental disabilities as outlined in Public Law 95-602 has been described as being more a concept than a definition. Whichever term is used, it does not have sufficient specificity to be easily applied as currently written. Additionally, it does not appear that anyone has operationalized the federal definition in sufficient detail and with sufficient thoroughness to effectively state what the implications of a particular operationalization would be. Maryland is now facing the probable necessity of operationalizing the federal definition and needs to consider the issues and implications of the decisions which will need to be made. The following is a very brief review of some of the issues and their implications. The remarks are based on our review of over 20 state and federal plans and reports. This review is an ongoing process and our comments herein may need to be revised as additional material is received and reviewed.

Our review will focus on seven areas of significance: (a) the federal definition, (b) the "new" disability groups to be served in the future, (c) the "gray zone population", (d) the prevalence of developmental disabilities in the general population, (e), comprehensive evaluations, (f) the service system, and (g) HCFA's suggested definition of developmental disability.

(A) The federal definition

1. Defining substantial limitation. The single most critical issue in operationalizing the definition is defining what is meant by a substantial functional limitation in each of the seven major life activity areas. It is frequently proposed that we define 'substantial' as being so many standard deviations or a certain percentage below the age-appropriate norm for each

life activity area. The problem with this approach is that it implies that normed, accepted, standardized measures of each life activity area exist which can be applied to the different disabilities covered under the dd definition. Some federally and state funded efforts have been made in this direction, but to date, we have been unable to find anyone who has actually carried this through for all the life activity areas and established cut-off points for each test.

The most common method currently in use is a checklist approach using a table developed by Gollay (see appendix for a sample checklist and Gollay's table) and relying upon the clinical judgment of an evaluator or team of evaluators. The effect of such an approach on the existing eligible populations and its interrater reliability remains to be established. There does not appear to be any study which relates the checklist approach to the concept of standard deviations below the norm or a similar approach.

Operationally defining 'substantial limitation' will accomplish several objectives: (1) help in the determination of prevalence of the developmentally disabled in the population, (2) identify who among previously eligible categorical disability groups will cease to be eligible, and (3) enable us to establish the degree of standardization or interrater reliability achieved in the new comprehensive evaluation.

2. Manifestation before age 22. The definition allows room for interpretation as to what is meant by manifestation before the age of 22. The interpretation will have significant impact on the eligibility of persons with degenerative disorders. The issue may be succinctly presented as follows: If one meets the substantial functional limitation criteria at the time of evaluation and the condition was present before the age of 22, did the substantial functional limitations also have to be present prior to the age of 22? If the answer is yes, that the substantial functional

limitations did need to exist, then there becomes a significant documentation problem. Alternatively, if the condition which has resulted in the present substantial functional limitation only needs to have existed prior to the age of 22, one avoids many of the documentation problems but has broadened the number of eligible individuals by an unknown but potentially significant number.

3. Age related life activity areas. The definition calls for substantial functional limitation in three or more of seven life activity areas. The area of economic self-sufficiency may not be a relevant life activity for those under the age of 18 nor over the age of 65. Similarly, capacity for independent living may be less relevant for those under the age of 18, and would appear to certainly not be relevant for those who have not reached adolescence. It appears clear that the definition will need to be adjusted for age appropriate functioning. Some of the life activity areas appear not to be applicable for the very young and/or the very old. These adjustments must be determined and provided to the professionals who will be conducting the evaluations of the potentially developmentally disabled individuals. It is important to note that, for the younger population, the validity of assessment becomes increasingly problematic as our ability to predict the probability of a substantial functional limitation continuing indefinitely weakens without a history of response to habilitation efforts.

(B) The 'new' disability groups to be served in the future

The earlier categorical definition focused primarily upon the four disability categories of mental retardation, cerebral palsy, epilepsy, and autism. The category of other neurological impairments, while in the definition, was frequently neglected, along with the developmentally disabled

individuals in this category. In moving to a functional definition these 'new' individuals become eligible for consideration as developmentally disabled if they meet the criteria set in the federal definition (substantial functional limitation, age of onset, etc.). The chart in the appendix includes some of the conditions that may result in the individual with the disability being classified as developmentally disabled according to the federal definition, and indicates the likelihood that each of the disabilities would 'qualify' as a developmental disability according to the federal definition.

We can readily see that a considerable number of disorders may provide individuals with developmental disabilities. While the list of these disorders is long, indications at the present time are that the number of individuals in these categories is small. Current prevalence estimates encompassing only the four categories of mental retardation, cerebral palsy, epilepsy, and autism would be increased to a greater or lesser degree, depending on the number of persons in the 'new' population who meet the criteria of the federal definition as being developmentally disabled.

Some of these 'new' disability groups will require services which are somewhat different in content than the current services offered. For example, some individuals have a more substantial medical habilitative service need. In any case, providers will need to be developed or existing providers brought under the MRDDA service system umbrella.

Particularly problematic is the disability group labeled 'chronically mentally ill.' Many of these individuals would meet the criteria of the federal definition but are currently deemed to be the responsibility of the Mental Hygiene Administration. Unless clarifying language is developed for the proposed statute, there will be a dual responsibility for this disability group (see also section G on the HCFA definition).

(C) The 'Gray Zone Population'

We assume that those currently receiving services, even if they would not presently meet the dd definition, are still to continue receiving services in the future. There remains, however, the issue of those individuals who need habilitative services in order to live in substantial independence (with ongoing support services), but may not meet the definitional criteria of a substantial limitation in three life activity areas. The best example would be persons who are diagnosed as mildly mentally retarded. They may be substantially functionally limited in one or two life activity areas (such as economic self-sufficiency), and be partially functionally limited in several other areas and thus not qualify as developmentally disabled. However, with certain basic services these individuals might be able to be gainfully employed and live in substantial independence. Without these basic services they might become a burden on their families and the community and be at increasing risk of institutionalization as they would not meet service system eligibility criteria. However, given depressed function due to a lack of services and increased stress in general, and given the political pressure that these newly disenfranchised persons might generate, there is probably sufficient reason to consider their situation with great care. This 'gray zone population', with both substantial and partial functional limitations but not developmentally disabled according to the federal definition, should be considered in any decisions concerning the federal definition and its application in Maryland.

(D) Prevalence

The next significant question for which sound information is not available is: How many people are developmentally disabled? This issue of prevalence has been addressed by many states and by several federal studies. Those studies that we have reviewed to date have major methodological flaws.

These methodological flaws all begin with the lack of an operationalized definition (except in the case of one state: West Virginia) and end with figures which may or may not relate to those which would actually be obtained through a comprehensive evaluation of individuals using an operationalized definition. The figures which we have appear to relate as much to service utilization patterns and service availability as they do to the criteria of the definition. Thus, what we do have are prevalence estimates rather than true prevalence data. In fact, we sometimes find confidence intervals such that the total population which is actually developmentally disabled may vary by a factor of two.

While startling at first glance, this may not be as major an impediment as it might seem to utilization of the federal definition. When one begins to carefully review the prevalence figures for other categorical disabilities such as mental retardation, one finds that these are equally estimated figures and that there are very few studies of prevalence of any of the categorical disabilities which do not feature numerous methodological problems. If accurate prevalence figures are to be sought in Maryland an operationalized definition is a prerequisite.

(E) Comprehensive Evaluation

A further area of consideration is evaluation. We currently determine whether or not someone is a 'mentally retarded individual' via a comprehensive evaluation. Current comprehensive evaluations combine a set of clinical observations, interview findings, and standardized tests to determine conformance to the AAMD definition of mental retardation. While there is significant room for clinical judgment in this process, there is also substantial professional experience and a number of standardized tests which are perceived as critical to the establishment of a diagnosis of mental

retardation. This same background of professional experience and, in particular, standardized tests, is rare for many of the other disabilities that may now result in an individual being classified as dd. An even smaller number of professionals are experienced in purely functional assessments.

Since both the professional experience and the standardized tests are not currently in place for operationalizing the federal definition, many states have gone to the checklist approach (see earlier), which relies primarily upon clinical judgment. A wide latitude for interpretation is provided, and given that there is no directly related body of professional experience one can anticipate that the latitude will be exercised. At issue herein is the need to develop an appropriate mix of standardized tests, interviews, and observational approaches for comprehensive evaluations utilizing the federal definition.

(F) The Service System

We need to consider as well the impact of functional definitions on the service system. Funds are currently allocated to MR and NRDD programs. What new allocation process is going to be arrived at for the future? Service providers are now typically categorical as to their target populations. Are we going to require that service providers move to purely functional criteria for admission? If we begin to mix categorical populations, we must consider the probable effects of this action. Many individuals who are not cognitively impaired object to placement in programs with individuals who are cognitively impaired. The effects of deviancy and stigma juxtaposition also need to be reviewed within this context.

(G) Health Care Financing Administration (HCFA)

The Health Care Financing Administration (HCFA) has proposed a number of changes in the federal definition in their definition of developmental

disabilities. Among these changes is the reintroduction of categorical definitions by citing cerebral palsy, epilepsy, and autism or "any other condition, other than mental illness, found to be closely related to mental retardation ...". This explicit statement excludes mental illness. Additionally, it would exclude many of the other 'new disability groups' by the requirement that "... this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons or requires treatment or services similar to those required for these persons." The intent of this aspect of the HCFA definition appears to be to exclude the utilization of ICF/MR funding for the chronically mentally ill and those with 'medical' conditions such as severe, chronic heart disease.

Beyond this the HCFA definition dropped economic self-sufficiency from its list of major life activities while keeping the requirement of substantial functional limitations in three or more areas. The effect of this is to produce a more stringent criteria set for eligibility. Gollay's definition of economic self-sufficiency is "maintaining oneself on a regular job that provides adequate financial support for person" (see table in the appendix). Most persons meeting the substantial impairment criteria in two other life activity areas would also meet this criterion. The net effect is, therefore, to require that the individuals have an additional area of substantial functional limitation (see appendix).

Within the life activity area HCFA also changed the wording of 'receptive and expressive language' to 'understanding and use of language.' This is not a substantive change but may reduce the specificity with which the definition is operationalized. 'Receptive and expressive language' is an accepted professional term with generally agreed upon meanings, while

'understanding and use of language' could be subject to broader interpretation.

The last change in the HCFA definition is to drop the section which reflects the person's need for services provided in the usual interdisciplinary, individually planned format found in the MR service system. HCFA states that this was dropped as " ... service needs are a product of these factors [the categorical functional criteria], rather than an additional criterion." Gollay has indicated that the intent of this criterion in the federal definition is to reinforce the pervasiveness and complexity of severe developmental disabilities. Thus, it is not clear that deleting this criterion would have any substantive effect on eligibility. This criterion does, however, in our opinion, make the intent of the definition clearer and more specific as it deals with the results of the disability from a service need standpoint.

Finally, we should note that while the HCFA definition clearly excludes persons who have mental illness as their only disability, it would not necessarily exclude those who have other conditions covered in the definition together with a mental illness. There is an explicit statement to this effect indicating that: "this definition would not preclude individuals who are mentally ill and also have a condition indicated in the definition ... if the individuals meet the other criteria of the proposed definition."

FUNCTIONAL AREA	DEFINITION	COMPONENT SKILL AREAS	SUBSTANTIAL LIMITATION	PARTIAL LIMITATION
SELF-CARE	Daily activities that enable a person to meet basic life needs for food, hygiene, appearance, and health	<p><u>Eating</u> - drinking, mealtime manners, use of utensils, mastication and swallowing</p> <p><u>Hygiene</u> - toileting, washing and bathing, toothbrushing</p> <p><u>Grooming</u> - dressing, undressing, hair and nail care, overall appearance, care of clothing and selection</p> <p><u>Personal Health</u> - to take proper medication at proper time, to regulate dietary intake</p>	<p>Activities in two or more of the component skill areas must be performed at an age appropriate level:</p> <ul style="list-style-type: none"> by another person and/or with a maximum of human assistance and/or on a continuing or regular basis and/or with a maximum and regular supervision and/or with such difficulty as to take an unusually protracted amount of time 	<p>Limited in only one area and/or activities in two or more of the component skill areas are performed at an age appropriate level:</p> <ul style="list-style-type: none"> with occasional or minimum human assistance and/or with mechanical aids or devices and/or in a somewhat longer time period than expected
RECEPTIVE/EXPRESSIVE	Communication involving both verbal and non-verbal behavior enabling the individual both to understand others and to express ideas/information to others	<p><u>Receptive</u> (auditory and visual): understanding through listening, auditory comprehension, by reading, comprehending other forms of communication (e.g., sign language, reading)</p> <p><u>Expressive</u> (auditory and visual): use of oral or sign language or other intelligible gestures or sounds, use of mechanisms (such as letter boards or typewriters) for expression and communication with others, voice control</p>	<p><u>Receptive</u>: unable to take in or process verbal and/or non-verbal information, or does so at an age appropriate level only:</p> <ul style="list-style-type: none"> with a maximum of human assistance and/or on a continuing or regular basis <p><u>Expressive</u>: unable to express self (verbally or non-verbally) in a manner that can be understood by others or able to express self at an age appropriate level only:</p> <ul style="list-style-type: none"> with a maximum of human assistance on a continuing or regular basis and/or with such difficulty that an unusually protracted time is required and/or if able to be understood only by a small group of people 	<p><u>Receptive</u>: reduced ability to take in and process verbal and/or non-verbal information or does so at an age appropriate level with:</p> <ul style="list-style-type: none"> some human assistance and/or through mechanical aids or devices <p><u>Expressive</u>: able to express self verbally and/or non-verbally at an age appropriate level with:</p> <ul style="list-style-type: none"> occasional or minimum human assistance and/or some slowness and/or some reduction in ability of others to understand and/or the use of special mechanical aids or devices and/or generally understood gestures
LEARNING	General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations.	<p><u>Cognition</u> - ability to understand information, recognition</p> <p><u>Retention</u> - memory, knowledge</p> <p><u>Reasoning</u> - ability to generalize, to conceptualize, to see relationships among pieces of information, to use abstract concepts</p> <p><u>Pre-Academic Skills</u> - shape and color recognition, right and left spatial relations</p> <p><u>Academic Skills</u> - reading, writing, quantitative activities skills</p>	<p>Cognition, retention and reasoning are impaired such that the person is unable, or is extremely limited in ability, even with specialized intervention, to acquire new knowledge or transfer knowledge and skills to new situations. Specifically only able to perform, at substantially below age appropriate levels pre-academic and academic tasks</p>	<p>Cognition, retention and reasoning such that, with specialized intervention, the person is able to acquire knowledge and transfer knowledge and skills to new situations. Likely to perform somewhat below age appropriate levels in pre-academic and academic skills areas.</p>

FUNCTIONAL AREA	DEFINITION	COMPONENT SKILL AREAS	SUBSTANTIAL LIMITATION	PARTIAL LIMITATION
MOBILITY	Motor development and ability to use fine and gross motor skills	<u>Movement</u> - capability to move self from one place to another, ambulation, crawling, walking, use of stairs, use of assistive devices	Unable to perform mobility skills or two out of four activities can be performed at an age appropriate level only:	Limited in only one area and/or can perform other activities at an age appropriate level:
		<u>Gross Motor Control</u> - ability to control gross motor functions, balance, posture, reaching, sitting, standing, rolling, transfer	<ul style="list-style-type: none"> • with maximum human assistance and/or • on a regular or continuing basis and/or • with such difficulty that an unusually protracted time is required and/or 	<ul style="list-style-type: none"> • with occasional or minimum of human assistance and/or • with mechanical aids or devices and/or • in a somewhat longer time period than expected and/or
		<u>Fine Motor Control</u> - visual motor, perceptual motor, manual dexterity, precision movements, eye-hand, grasping, ability to make fine motor movements and sensori-motor connections	<ul style="list-style-type: none"> • if a barrier - free environment is required 	<ul style="list-style-type: none"> • if a barrier-reduced environment exists
		<u>Coordination</u> - eye-hand, perceptual-motor, body-motor		
SELF DIRECTION	Management and taking control over one's social and personal life. Ability to make decisions affecting and protecting one's own interest	<u>Emotional Development</u> - self-esteem; self-concept; attitude; ability to cope with fear, anxiety, frustration; emotional stability	Unable, at an age appropriate level, to initiate and/or maintain personal relationships, to behave socially in an acceptable manner, or to exercise judgments, or can only do so with:	Limited in ability at an age appropriate level, to initiate and/or maintain personal relationships, behave socially in an acceptable manner or exercise judgments, requiring:
		<u>Interpersonal/Family Relations</u> - socialization, interaction, social maturity, social awareness, response to others, affect, cooperation, participation	<ul style="list-style-type: none"> • maximum supervision on a regular basis and/or • maximum human assistance particularly in performing tasks basic to a person's ability to protect their own rights 	<ul style="list-style-type: none"> • occasional or minimal supervision and/or • occasional or minimal human assistance or counseling, in areas of judgment or social/personal behavior
		<u>Initiative</u> - self-management responsibility, decision-making, motivation, achievement, orientation		
		<u>Orientation</u> - awareness, attention span, distract-ability		
CAPACITY FOR INDEPENDENT LIVING	Maintaining a full and varied life in one's own home and community (not including basic activities covered in other functional areas)	<u>Using Community Resources:</u> Using public transportation, travels around neighborhood, shopping, uses telephone, car, etc.	Activities in one or more of the 3 areas can be performed at an age appropriate level only:	Able to perform tasks in an age appropriate fashion
		<u>Household Management:</u> Food Management (basic nutrition, preparation), housekeeping, care and selection of clothing, basic home repairs	<ul style="list-style-type: none"> • if performed by another person and/or • with maximum human assistance on a regular basis and/or 	<ul style="list-style-type: none"> • with occasional or minimal human assistance and/or • with occasional or minimal supervision and/or • with mechanical aids or devices and/or
		<u>Personal and Family Roles and Responsibilities:</u> Management of time, management of money, maintenance of family and sex roles	<ul style="list-style-type: none"> • if continuing supervision is provided and/or • with such difficulty as to take an unusually protracted amount of time and/or • if barrier-free environment exists 	<ul style="list-style-type: none"> • a barrier-reduced environment exists and/or • in a somewhat longer time period than expected

FUNCTIONAL AREA	DEFINITION	COMPONENT SKILL AREAS	SUBSTANTIAL LIMITATION	PARTIAL LIMITATION
ECONOMIC SELF-SUFFICIENCY	Maintaining oneself on a regular job that provides adequate financial support for person.	<p><u>Work adjustment:</u> ability to function on the job; inter-personal relationships; time management and promptness;</p> <p>• <u>Pre-vocational/vocational skills:</u> ability to perform necessary physical and/or mental tasks required of job;</p> <p><u>Job finding:</u> ability to locate an appropriate job; interview skills; presentation of self;</p> <p><u>Earning capacity:</u> ability to locate and maintain a job that provides regular and adequate income.</p>	Activities in one or more of the four areas cannot be performed adequately such that individual is fully dependent (or for children is likely to be dependent) upon external (public and private) sources of money as a result of limited ability to find and keep adequate employment.	Activities in one or more of the four areas performed such that some degree of external support is needed to supplement earnings from a job.

1. Colley, Elinor. "The Modified Definition of Developmental Disabilities: An Initial Exploration", Morgan Management Systems, Inc., March, 1979.
2. Illinois Governor's Planning Council on Developmental Disabilities, "A Report on the Implications of P.L. 95-602 for Developmental Disabilities Planning in Illinois", Springfield, Illinois, January 14, 1980.

LIKELIHOOD OF SELECTED CONDITIONS RESULTING
IN A DEVELOPMENTAL DISABILITY*

Source: Report prepared by the
Bureau of the Census

"NEW" CONDITIONS

	PHYSICAL IMPAIRMENT	MENTAL IMPAIRMENT	ONSET PRIOR TO AGE 22	INDEFINITE DURATION (CHRONIC)	3 OR MORE LIMITATIONS	MULTIPLE SERVICE NEEDS	LIKELIHOOD OF PREVIOUS INCLUSION	OVERALL OF INCLUSION UNDER 95-602
1. Arthrogryposis	A	L	A	A	M	M	L	M
2. Severe Asthma	H	L	H	M	L	L	N	L
3. Early Onset Severe Bilateral Blindness	A	L	M	A	M	M	L	L
4. Dwarfism	A	L	A	A	M	M	L	M
5. Bronchopulmonary Dysplasia	A	H	A	A	M	H	H	A
6. Cerebrovascular Accident: Stroke	M	M	H	M	M	M	M	M
7. Severe Craniofacial Disfigurement	A	M	M	H	M	H	M	M
8. Curvature of the Spine	M	L	A	H	L	L	L	L
9. Cystic Fibrosis	A	L	H	A	M	M	L	M
10. Early Onset Severe-Bilateral Deafness	A	M	A	H	M	L	L	M
11. Deaf-Blind	A	M	H	A	A	A	H	H
12. Heart Disease	H	L	A	H	L	L	L	L
13. Hemophilia	A	L	A	H	M	M	L	M
14. Huntington's Disease	H	A	A	A	A	A	H	H
15. Immunodeficiency Disorders	M	M	A	H	M	M	L	M
16. Juvenile Diabetes Mellitus	H	L	A	A	M	M	L	M
17. Juvenile Rheumatoid Arthritis	H	N	A	H	M	M	L	M
18. Limb Deficiency-Disfigurement of Extremity	H	N	M	H	M	M	L	M
19. Multiple Sclerosis	H	M	L	H	MH	MH	L	L
20. Hereditary Progressive Muscular Dystrophies	A	M	A	A	H	H	L	H
21. Osteogenesis Imperfecta	A	N	H	A	M	M	L	M
22. Post Polio Paralysis	H	N	M	H	M	M	L	M
23. Childhood and Adolescent Psychosis	N	A	A	H	H	H	L	H
24. Specific Learning Disability	L	A	A	H	M	M	L	M
25. Sickle Cell Anemia	H	M	H	H	M	M	L	M
26. Spina Bifida	H	M	A	A	H	M	M	H
27. Spinal Cord Injury	A	N	M	A	M	M	L	M
28. Spinal Muscular Atrophy	A	L	A	A	M	M	L	M
29. Systemic Lupus Erythematosus	H	M	H	H	M	M	L	M
30. Thalasemia Major	A	L	A	A	M	M	L	M
31. Tourette Syndrome	M	M	H	H	L	M	L	L
32. Tuberous Sclerosis	H	H	A	A	H	H	H	H

"OLD" CONDITIONS

A=Always
L=Low

M=Moderate
H=High

1. Mental Retardation (moderate, severe, profound)	M	A	A	A	H	H	A	H
2. Cerebral Palsy	H	M	A	H	M	M	A	MH
3. Epilepsy	M	M	M	M	L	L	H	L
4. Autism	L	A	A	H	H	H	A	H

* This is not a list of the conditions leading to a developmental disability. It omits many conditions that might result in a DD, and includes some that are unlikely to result in a DD. This list is illustrative only. Includes those resulting in MR.

TABLE B. RELATIONSHIPS AMONG LIFE ACTIVITY LIMITATIONS

LIFE ACTIVITY LIMITATIONS	LIFE ACTIVITY LIMITATIONS						
	Self-care	Expressive and Receptive Language	Learning	Mobility	Self-direction	Independent Living	Economic Self- Sufficiency
Self-care	—					X	X
Expressive and Receptive Language		—	X			X	X
Learning	X	X	—	X	X	X	X
Mobility	X			—		X	X
Self-direction					—	X	X
Independent Living						—	X
Economic Self- Sufficiency						X	—

X = Presence of life activity limitation

Example: If a person is limited in SELF-CARE, it is likely he/she will also be limited in INDEPENDENT LIVING and ECONOMIC SELF-SUFFICIENCY.

HCFA Definition

. . . Persons who have a severe chronic disability that meets all of the following conditions:

- (a) It is attributable to--
 - (1) Cerebral palsy, epilepsy, or autism; or
 - (2) Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, or requires treatment or services similar to those required for these persons.
- (b) It is manifested before the person reaches age 22.
- (c) It is likely to continue indefinitely.
- (d) It results in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) Self care.
 - (2) Understanding and use of language.
 - (3) Learning.
 - (4) Mobility.
 - (5) Self-direction.
 - (6) Capacity for independent living.

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DISTRICT _____
DEVELOPMENTAL SERVICES PROGRAM HABILITATION PLAN
CERTIFICATE OF ELIGIBILITY
P.L. 95-602

Name _____ SS # _____ Date _____

The above-named client has received an interdisciplinary evaluation and the results of the evaluation substantiate that:

- (1) The client is at risk of becoming developmentally disabled; the physician's statement is attached. ☐ YES ☐ NO
(If this is checked "Yes" it is not necessary to complete (2) through (6).)
- (2) The client has a chronic disability which is attributable to a mental or physical impairment or a combination of both; ☐ YES ☐ NO
- (3) manifested before the person attained twenty-two years of age; ☐ YES ☐ NO
- (4) will likely continue indefinitely; ☐ YES ☐ NO
- (5) will result in substantial functional limitations in three or more of the following areas of major life activity:

<input type="checkbox"/> Self-Care	<input type="checkbox"/> Receptive and	<input type="checkbox"/> Learning	<input type="checkbox"/> Mobility
<input type="checkbox"/> Eating-Drinking	<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Cognition	<input type="checkbox"/> Movement
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Receptive	<input type="checkbox"/> Retention	<input type="checkbox"/> Gross Motor Control
<input type="checkbox"/> Grooming	<input type="checkbox"/> Expressive	<input type="checkbox"/> Reasoning	<input type="checkbox"/> Fine Motor Control
		<input type="checkbox"/> Pre-Academic Skills	
		<input type="checkbox"/> Academic Skills	
<input type="checkbox"/> Self Direction	<input type="checkbox"/> Capacity for Independent	<input type="checkbox"/> Economic Self-Sufficiency	
<input type="checkbox"/> Interpersonal/Family	<input type="checkbox"/> Living	<input type="checkbox"/> Pre-Vocational/Vocational	
<input type="checkbox"/> Relations	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Skills	
<input type="checkbox"/> Initiative	<input type="checkbox"/> Money Management	<input type="checkbox"/> Job Finding	
	<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Work Adjustment	
	<input type="checkbox"/> Using Community		
	<input type="checkbox"/> Resources		

- (6) The individual's disability (does) (does not) reflect a need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are either lifelong or of an extended duration.
- (7) The client is eligible. ☐ YES ☐ No

IPC Chairperson_____
Title_____
Case Manager