# Support Home Plan

The Support Home Plan provides long term care support and services to individuals who may need ongoing assistance for a happy, hopeful and productive life.

## Living with a Disability

Living with a disability is a unique experience; one that cannot be fully understood until it is experienced. Disability is a natural part of the human experience that does not diminish the right of the individual to enjoy the opportunity to live in and contribute to the mainstream of American society.

Disability encompasses a wide range of experiences. A disability can begin anytime during one’s life span: at conception, during pregnancy, at birth, during childhood or adulthood, or as the result of aging. It may affect one or more areas of a person’s functions—mobility, personal, care, communication, or learning. A disability can be hidden, as with dyslexia, or obvious, as with a spinal cord injury or Down syndrome. It may be mild or severe, or it may be progressive, chronic, or intermittent, as in the beginning stages of multiple sclerosis.

There are many different types of disability: physical, cognitive, psychiatric, behavioral, or sensory. However, it is not the “diagnosis” that makes a condition a disability. People with disabilities do not need to have their disability removed or fixed to be whole and contributing members of society. Often, whether a person with a disability participates in, and contributes to, society is determined by that individual’s access to society’s goods and services and the availability of individualized, “individual-controlled” services and supports. For a person with a disability, services and supports must include health promotion, primary and specialized health care, transportation, assistive technology (devices that help the disabled person to function), personal assistance, and peer support. (Excerpt from Healthy Iowans 2010, Chapter 4)

## Apply

You may request Level 2 assistance by contacting:

#### County Social Services at 855-266-1257 [WWW.CountySocialServices.org](http://WWW.CountySocialServices.org)

#### LifeLong Links at 866-468-7887 [WWW.LifeLongLinks.org](http://WWW.LifeLongLinks.org)

Or you may go into any County Social Service Office or Designated Mental Health Center.

## Eligibility Criteria

1. Must be in the United States legally and be a resident of the CSS Region.
2. Must have a verified disability associated with a mental illness, developmental disability, or brain injury. (see diagnostic definitions at the end of this plan)
3. Must have income less than 150% of federal poverty guidelines and cash resources less than $12,000 for an individual or $13,000 for a family.
4. Must be at least 18 years of age.
5. Complete a standardized functional assessment within 90 days that supports the need for services of the type and frequency identified in the individual’s plan.

## Intake

The County Social Services office is the only place to complete enrollment into the Support Home. To apply for the Support Home an individual must complete an application for assistance and sign the necessary releases of information to obtain primary source verification of the existence of a mental illness, intellectual disabilities, developmental disability or brain injury. A Service Coordinator will schedule an intake interview within 10 days of receiving the application to assess service and support needs and to complete the following enrollment process:

1. Review application to see that it is complete.
2. Request third party verification of information provided if needed.
3. Complete a brief assessment of needs and request (Level 1 & 2).
4. Request releases to verify the existence of a covered disability and to coordinate the necessary referrals.
5. Provide information on the Plan, services available and other community resource.
6. Assess the ability of the individual to independently access their service needs and recommend the most appropriate level of service coordination i.e. Case Management, Service Coordinator, family, provider, or self.
7. When the Service Coordinator refers an individual to another agency, he/she should follow up within 2-5 days to ensure that the individual connected with the appropriate resources.
8. If eligible for the Support Home the Service Coordinator will enter the individual into the MIS system and schedule an eligibility review with Coordinator of Disability Services.
9. An eligibility notice of decision will be mailed within 10 working days after compiling all the need intake information.

## Referral

County Social Services may refer support home applications for individuals with Medicaid to a Medicaid Case Management Agency to assist with the enrollment process. The individual will receive a Notice of Decision that the application is pending enrollment in Medicaid Case Management to assist with assessment of needs and development of service plan. Medicaid Case Management is an entitled service for Medicaid eligible individuals that meet level of care.

County Social Services may refer Disability Program applications for individuals with or without Medicaid to a Service Coordinator or to a Health Home to assist with assessment of needs and development of service plan.

The Service Coordinator or Case Manager may refer the applicant to another program outside of the Plan that is more appropriate for the individual’s needs.

## Medicaid Services

The Iowa Medicaid Enterprise manages and funds the following services that must be accessed if eligible to remain eligible for Mental Health & Disability Services covered by County Social Services:

#### Home and Community Based Waiver Services for Individuals with Intellectual disability (HCBS/ID Waiver)

The HCBS/ID Waiver provides services for individuals with a primary diagnosis of intellectual disability who require the level of care available in an intermediate care facility for the mentally retarded.

Individuals can choose to live at home or in assisted living arrangements. This program encourages total community integration. Services provided under the intellectual disability waiver are: adult day care, individual-directed attendant care, day habilitation, home and vehicle modifications, home health aide, interim medical monitoring and treatment, nursing, personal emergency response, prevocational service, respite, supported community living, residential-based supported community living, supported employment, and transportation.

#### Consumer Choices Option

The Consumer Choices Option is an option that is available under the HCBS/ID waiver. This option gives the individual control over a targeted amount of Medicaid dollars. The individual uses these dollars to develop a budget plan to meet his/her needs by directly hiring employees and/or purchasing other goods and services. The Consumer Choices Option offers more choice, control and flexibility over an individual’s services, as well as more responsibility.

Additional help is available if an individual chooses this option. The individual will choose an Independent Support Broker who will help him/her in developing a budget and help recruit employees. The individual will also work with a Financial Management Service that will manage the budget and pay workers on the individual’s behalf.

If an individual feels the Consumer Choices Option is right for him/her, the Case Manager/services worker can provide help with accessing this option.

More information can also be found at the website:

**www.ime.state.ia.us/HCBS/HCBSConsumerOptions.html**

#### Medicaid Case Management

Case Management services are covered when provided by Case Management provider organizations certified eligible to participate in the Medicaid program. Persons eligible for Case Management services must have a primary diagnosis of intellectual disability, developmental disability, or chronic mental illness. Case Management services are not available to persons residing in an ICF/ID.

#### Integrated Health Home and Habilitation Services

Habilitation services are designed to assist members who have functional deficits typically seen in persons with a chronic mental illness. These home and community based services assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Services available through the program include: Case Management, home-based habilitation, day habilitation, prevocational services and supported employment.

Since the implementation of the Integrated Health Home (IHH), individuals must enroll in IHH to receive Habilitation Services.

#### Intermediate Care Facilities for Intellectual Disability (ICF/ID)

Medicaid covers care and services in an ICF/ID setting if prescribed and certified by the attending physician and supported by an interdisciplinary evaluation. The individual served must be mentally retarded or otherwise developmentally disabled, be substantially handicapped, and be able to benefit from an active treatment program.

*This includes services provided by the State Resource Centers at Woodward and Glenwood.* Institutional care providing active treatment and psychological, medical, pharmacy, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavior, vocational, educational, residential, community, and recreational services and supports.

#### Brain Injury Waiver

The brain injury waiver serves individuals who are under 65 years of age and have a diagnosis of brain injury. To be eligible, an individual must require the level of care provided in a nursing facility or an intermediate care facility for the mentally retarded.

The services available under the brain injury waiver are: adult day care, behavioral programming, Case Management, consumer-directed attendant care, family counseling and training, home and vehicle modifications, interim medical monitoring and treatment, personal emergency response system, prevocational services, respite, specialized medical equipment, supported community living, supported employment, and transportation.

## Standardized Assessments Program

Service Coordinators will ensure that individuals are receiving the optimal level/site of care for their assessed needs and that this is reimbursable under the Plan. Services for individuals with mental health needs must be medically necessary as defined by IAC 441-79.9(2).

The Standardized Assessment Program will use evidence based assessment tools approved by DHS to perform functional assessments to guide the determination of the most appropriate type and frequency of service.

### Medical Necessity

The services must be medically necessary as defined in IAC 441-79.9(2):

1. Be consistent with the diagnosis and treatment of the individual’s condition.
2. Be in accordance with standards of good medical practice.
3. Be required to meet the medical need of the individual and be for reasons other than the convenience of the individual or the individual’s practitioner or caregiver.
4. Be the least costly type of service that would reasonably meet the medical need of the individual.
5. Be eligible for federal financial participation unless specifically covered by state law or rule.
6. Be within the scope of the licensure of the provider.
7. Be provided with the full knowledge and consent of the individual or someone acting in the individual’s behalf unless otherwise required by law or court order or in emergencies.
8. Be supplied by a provider who is eligible to participate in the Medicaid program. The provider must use the billing procedures and documentation requirements described in 441-Chapters 78 and 80.

## Service Monitoring

Service Coordinators will regularly review services authorized, services used and an individual’s current needs to ensure only medically necessary services continue. Individual service plans must be reviewed annually at a minimum and as put forth in the Standardized Assessment Program. The CEO at any time may call for a service plan review. This review may be a review of the Service Coordinator and provider’s records or may be a review with team members including the individual served.

## Non-Medicaid Support Home Services

### Level of Care

Each level of care has a progressively intense array of services to meet the behavioral needs of enrollees. Each higher level of care identifies additional services to the total from all lower levels of care. The levels are used as guide to monitor ongoing need, identify significant changes to functional assessment and track progress on increased independence.

The assessment scores will be used in combination with social history, service history, clinical assessment, and interdisciplinary team recommendations to formulate a level of care determination that is then used to develop a service plan consistent with level of need. CSS will make a level of care determination to comply with the physician ordered treatment under Iowa Code Chapter 229.

### Level 2: Low Intensity Community Based Services

#### Support Home (Health Home)

A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.

#### Service Coordination/ Case Management

Case Management for activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute Case Management as defined by the Mental Health and Mental Retardation Commission.

#### Assessment and evaluation

The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual’s situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.

#### Transportation

Transportation services may be provided for individuals: to conduct business errands or essential shopping, to receive medical services not reimbursed through medical transportation, to travel to and from work or day programs, to reduce social isolation.

A unit of service is either per mile or per trip. Transportation may not be reimbursed simultaneously with supported community living service.

The following providers may provide transportation: Community action agencies, regional transit agencies, nursing facilities, area agencies on aging or providers subcontracting with area agencies on aging or with letters of approval from the area agencies on aging stating the organization is qualified to provide transportation services.

#### Mileage Reimbursement

For individuals to conduct business errands or essential shopping, to receive medical services not reimbursed through Medicaid, to go to and from work, recreation, education or day programs, and to reduce social isolation.

#### Protective Payee Services

This service manages Social Security benefits as directed by SSA. The Social Security Administration makes designation of a representative payee.

**Limits: Private payee agencies must deny an individual before accessing County Social Services Payee Services. Individuals must be at risk for exploitation or homelessness.** Individuals will pay a portion based on the established sliding-fee-scale not to exceed SSA guidelines. This service will be subject to budget and staff limitations.

#### Home Health Aide Services

Home health aide services are unskilled medical services that provide direct personal care. Service may include: observation and reporting of a person’s physical or emotional needs, helping with a person’s bath, shampoo, or oral hygiene, helping with toileting, helping with ambulation, helping a person in and out of bed, and reestablishing activities of daily living.

**Limits:** This service will be subject to budget limitations.

#### Chore Service

Chore services include window and door maintenance including hanging screens, replacing windowpanes and washing windows, minor repairs to walls, floors, stairs, railings and handles, heavy cleaning which includes attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting and trash removal, and yard work such as moving lawns, raking leaves and shoveling walks.

**Limits:** Must be a matter of health and safety and the individual’s ability to preserve their place or residence. This service will be subject to budget limitations.

#### Emergency Shelter

Shelter for a homeless individual without suitable alternatives; i.e. motel, residential, advance on rent or deposit. Ongoing rent assistance for individuals with a validated pending disability claim.

**Limits:** Individual must exhaust alternative community resources i.e. Community Action, Salvation Army, Veteran’s Affairs.

#### Emergency Food and Clothing

Credit provided through a retailer to provide emergency food and clothing for an individual in need.

**Limits:** Individual must exhaust alternative community resources i.e. food stamps, food pantry.

#### Emergency Utility Assistance

Temporary assistance with utilities to prevent disconnect of essential services.

**Limits:** Individual must exhaust alternative community resources i.e. Community Action, Salvation Army, Veteran’s Affairs.

#### Diagnostic Evaluation

Screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

#### Drop-In Center, Clubhouse and /or Peer Support Services

Self-directed peer support program to enable individuals to live and work in a community setting.

#### Conference and Continuing Education Stipends

County Social Services will annually budget a limited number of stipends to assist individuals wishing to attend conferences or continuing education programs to increase self-advocacy, health management, and peer support training.

#### Family Support

Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.

#### Community Support Programs

Comprehensive programs to meet individual treatment and support needs, which enable individuals with a chronic mental illness, intellectual disability, or a developmental disability to live and work in a community setting.

#### Supported Community Living (<3hrs per week)

Services and supports determined necessary to enable individuals to live and work in a community setting. Services are directed to enhancing the individual’s ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

#### Supported Employment Services

Ongoing intermittent services provided by a job coach to an individual who has been successfully placed in competitive employment. Individual must be considered at risk of loosing their job without this service.

### Level 3: High Intensity Community Based Services

#### Rent Subsidy

The rent subsidy program is available for individuals who are at risk of facility placement.

This service is designed to provide rent assistance to help individuals live successfully in their own home and community. An eligible person may receive assistance in meeting rental expense. An eligible person must participate in the payment of their rent to the extent established by the individual comprehensive plan.

#### Personal Emergency Response System / Tele-Support

The personal emergency response system allows an individual experiencing a medical emergency at home to activate electronic components that transmit a coded signal via digital equipment over telephone lines to a central monitoring station. The necessary components of a system are: An in-home medical communications transceiver, a remote, portable activator, a central monitoring station with backup systems staffed by trained attendants 24 hours per day, seven days per week, and current data files at the central monitoring station containing response protocols and personal, medical and emergency information for each individual.

Tele-support may be any application of technology that effectively saves on cost of direct support staff and increases quality of life and autonomy to the individual.

This may include providing a prepaid cell phone (track phone) to access essential needs and services to restore a previous level of independent functioning.

**Limits:** Temporary funding until available under Medicaid support services.

#### Home and Vehicle Modification

A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.

#### Nursing Services

Nursing care services are services provided by licensed agency nurses to individuals in the home that are ordered by, and included in the plan of, treatment established by the physician. The services must be reasonable and necessary to the treatment of an illness or injury. Services should be based on medical necessity of the individual and included in the Iowa Board of Nursing scope of practice guidelines.

Providers must be home health agencies certified under Medicare. Reimbursement is based on the provider’s maximum Medicare rate converted to an hour. A unit of service is one hour.

#### Adult Day Care

Adult day care services provide an organized program of supportive care in a group environment to individuals who need a degree of supervision and assistance on a regular or intermittent basis in a day care center. A unit of service is either: An extended day (8 to 12 hours), A full day (4 to 8 hours), or A half-day (1 to 4 hours).

Adult Day services include medical emergency services, rehabilitative services, personal care services, nutrition services, social work services, patient activities services, transportation services.

#### Day Habilitation

Day habilitation services are services that assist or support the individual in developing or maintaining life skills and community integration. Services must enable or enhance the individual’s intellectual functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.

The unit of service may be an hour, a half-day (1 to 4 hours), or a full day (4 to 8 hours).

The following are exclusions for this service: Services shall not be provided in the individual’s home. However, services may be provided in a residential care facility where the consumer lives. Services shall not include vocational or prevocational services and shall not involve paid work. Services shall not duplicate or replace education or related services defined in Public Law 94-142, the Education of the Handicapped Act. Services shall not be provided simultaneously with Medicaid-funded services.

#### Day Habilitation for Family Caregivers

Family training option is also available. Day habilitation services may include training families in treatment and support methodologies or in the care and use of equipment. Family training may be provided in the individual’s home. The unit of service is an hour.

#### Prevocational Services

Prevocational services are services aimed at preparing an individual for paid or unpaid employment, but which are not job task oriented. Service activities are not primarily directed at teaching specific job skills, but more at generalized habilitative goals.

These services include teaching the individual concepts necessary as job readiness skills, such as following directions, attending to tasks, task completion, problem solving, safety and mobility training.

Prevocational services are intended to have a more generalized result, as opposed to vocational training for a specific job or supported employment. Services are reflected in a habilitative plan that focuses on general habilitation rather than specific employment objectives.

Providers of prevocational services must meet the Commission on Accreditation of Rehabilitation Facilities standards for work adjustment service providers.

Prevocational services do not include services that are otherwise available to the individual through a state or local education agency or vocational rehabilitation services.

#### Enclave

Enclave provides on-site supervision from a job coach that supports a team of individuals competitively employed or performing contract work. Individual must have been in Sheltered Work or be unemployable in a competitive setting.

#### Job Development

Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual’s skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.

#### Supported Employment Services

Supported employment services are individualized services associated with obtaining and maintaining competitive paid employment in the least restrictive environment possible, provided to individuals: for whom competitive employment at or above minimum wage is unlikely, and who need intense and ongoing support to perform in a work setting because of their disability.

Individual placements are the preferred service model. Covered services address the disability-related challenges to securing and keeping a job. They may include: activities to obtain a job, such as: initial vocational and educational assessment to develop interventions, job development activities, on-site vocational assessment before employment, disability-related support for vocational training or paid internships, assistance in helping the individual learn the skills necessary for job retention.

#### Employer Supported Employment Subsidy

Direct support payment to employers who provide the necessary supervision and support to maintain an individual in a competitive job.

**Limits:** Subsidy cannot exceed 25% of the individual’s monthly gross wage.

#### Respite Services

Respite care services are services provided to the individual that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that period. The purpose of respite care is to enable the individual to remain in their current living situation.

A residential care facility or designated nursing facility may provide out-of-home respite services not to exceed 14 days.

#### Consumer-Directed Attendant Care

Consumer-directed attendant care services are service activities performed by a person to help an individual with self-care tasks that the individual would typically do independently if he/she were otherwise able. Consumer-directed attendant care services must be cost-effective and necessary to prevent institutionalization.

Individuals who request consumer-directed attendant care (CDAC) and for whom the interdisciplinary team agrees that CDAC is an appropriate service shall have CDAC included in their individualized service plan.

#### Supported Community Living (<24hrs per day)

Services and supports determined necessary to enable individuals to live and work in a community setting. Services are directed to enhancing the individual’s ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

#### Family-Life Home

Family-life home service is a program to provide a protective family living arrangement for an adult. This program provides a family home for adults who are not able or not willing to maintain themselves adequately in an independent living arrangement.

In exchange for payment, the family provides the adult with a private room, board, laundry, supervision, and personal assistance. The family offers the adult opportunities for participation in the social, cultural, educational, and other activities of the household. Payment will be limited to the State Supplemental Assistance guidelines.

### Level 4: Medically Monitored Non-Residential Services

#### Guardian/ Conservator

Activities provided as required by the court system to handle the personal business of individuals who are abandoned or have been determined victims of dependent adult abuse by DHS.

**Limits:** This service is limited to County Social Services’ capacity and annual budget allocation.

#### Psychiatric Rehabilitation

Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice. Reimbursement is limited to the current Medicaid Mental Health Carve Out Program and designated providers.

#### Assertive Community Treatment

ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.   
  
A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry provide Assertive Community Treatment services. Among the services ACT teams provide are: Case Management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours per day, 365 days per year.   
  
**Limits:** This service is limited to available programs and their respective capacity and service area.

### Level 5: Medically Monitored Residential Services

#### Supported Community Living (24hrs per day)

Services and supports determined necessary to enable individuals to live and work in a community setting. Services are directed to enhancing the individual’s ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

#### Residential Care Facility

Room, board, supervision, care and personal assistance. Basic social and independent living skills training, health screening, leisure-time, recreational, special treatment, behavior therapy, support, transportation and transition services. Must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing care from a nurse.

### Level 6: Medically Managed Residential Services

#### Nursing Facility

Programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or DHS as licensed/certified living arrangements with an ICF, SNF or ICF/PMI license.

**Limits:** County Social Services will only reimburse Country View; a Black Hawk County owned and operated ICF, SNF, ICF/PMI and ICF/ID.

#### Inpatient Psychiatric Care at Community Hospitals

Treatment for an acute psychiatric illness and/or co-occurring condition for individuals who meet the criteria for medical necessity.

**Limits**: Reimbursement is limited to the terms of the hospital’s contract.

#### Inpatient Psychiatric Care at State Mental Health Institute

Treatment for an acute psychiatric illness for individuals who meet the criteria for medical necessity. This may include dual diagnosis treatment at Mount Pleasant.

## Covered Diagnostic Definitions

*“Persons with mental illness”* means the persons has had at any time during the preceding twelve-month period a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual’s “V” codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

*“Persons with intellectual disability”* mean a person who meets the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person’s effectiveness in meeting the standards expected for the person’s age by the person’s cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.

(Criteria from “Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV),” 1994 revision, American Psychiatric Association)

*“Persons with developmental disabilities”* means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person’s need for a combination and sequence of services which are of lifelong or extended duration.

*“Persons with brain injury”* means a person with clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person’s physical, cognitive, or behavioral functions. The person must have a diagnosis from the following list:

1. Malignant neoplasms of brain, cerebrum.
2. Malignant neoplasms of brain, frontal lobe.
3. Malignant neoplasms of brain, temporal lobe.
4. Malignant neoplasms of brain, parietal lobe.
5. Malignant neoplasms of brain, occipital lobe.
6. Malignant neoplasms of brain, ventricles.
7. Malignant neoplasms of brain, cerebellum.
8. Malignant neoplasms of brain, brain stem.
9. Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla
10. oblongata.
11. Malignant neoplasms of brain, cerebral meninges.
12. Malignant neoplasms of brain, cranial nerves.
13. Secondary malignant neoplasm of brain.
14. Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.
15. Benign neoplasm of brain and other parts of the nervous system, brain.
16. Benign neoplasm of brain and other parts of the nervous system, cranial nerves.
17. Benign neoplasm of brain and other parts of the nervous system, cerebral meninges.
18. Encephalitis, myelitis and encephalomyelitis.
19. Intracranial and intraspinal abscess.
20. Anoxic brain damage.
21. Subarachnoid hemorrhage.
22. Intracerebral hemorrhage.
23. Other and unspecified intracranial hemorrhage.
24. Occlusion and stenosis of precerebral arteries.
25. Occlusion of cerebral arteries.
26. Transient cerebral ischemia.
27. Acute, but ill-defined, cerebrovascular disease.
28. Other and ill-defined cerebrovascular diseases.
29. Fracture of vault of skull.
30. Fracture of base of skull.
31. Other and unqualified skull fractures.
32. Multiple fractures involving skull or face with other bones.
33. Concussion.
34. Cerebral laceration and contusion.
35. Subarachnoid, subdural, and extradural hemorrhage following injury.
36. Other and unspecified intracranial hemorrhage following injury.
37. Intracranial injury of other and unspecified nature.
38. Poisoning by drugs, medicinal and biological substances.
39. Toxic effects of substances.
40. Effects of external causes.
41. Drowning and nonfatal submersion.
42. Asphyxiation and strangulation.
43. Child maltreatment syndrome.
44. Adult maltreatment syndrome.

# Approved

County Social Services Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Human Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_