



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
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Developmental Disability and Delay Determinations

Frequently Asked Questions (FAQs) April 2020

Where can the most recent regulations be found?

The most recent regulations can be found at [10 CCR 2505-10 8.600.4](#) and [10 CCR 2505-10 8.607.2](#) on the Secretary of State Website. These regulations should be used for any Developmental Disability or Developmental Delay denial.

What should be done when there is a co-occurring mental health diagnosis and the Adaptive Functioning Assessment does not state the cause of a low score?

The Community Centered Board (CCB) that is making the determination should work with the family and individual to obtain additional documentation stating the cause of the low adaptive score. This information can be provided by the professional that conducted the adaptive assessment or by collateral information. The CCB can also reach out to their local Regional Accountable Entity (RAE) if they require further assistance with mental and behavioral health services and supports.

Does the presence of a mental health diagnosis automatically disqualify an individual from having a Developmental Disability or Developmental Delay?

No. The presence of a mental health diagnosis or condition does not automatically result in a denial of a Developmental Disability or Developmental Delay. Additional documentation should be obtained to determine if the mental health diagnosis or condition is the sole contributing factor to the individuals low adaptive functioning.

When an individual has a co-occurring mental health diagnosis, is a high or average IQ score evidence that the mental health diagnosis is the sole contributing factor to the individuals low adaptive functioning?

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No. Individuals with intellectual or developmental disabilities may also have additional psychiatric diagnoses and are considered to have dual disabilities. When an individual exhibits such impairments, it is important to assess whether the low test scores indicating significant intellectual or adaptive behavior deficits are solely due to these sensory, physical, or emotional disabilities, or whether these are contributing factors to already existing intellectual and adaptive impairments.

The first step would be to obtain evaluation reports and assessments to look for the psychologist's or qualified professional's clinical assessment as to what the "true" score representing general intellectual or adaptive functioning might be. Usually, psychologists include clinical judgments and provide statements about how the person responded to the testing situation and whether test performance was compromised by any physical, attention, behavioral or psychological factors. Also, they will often assess whether obtained scores were considered representative of his or her general abilities and valid and consistent with other performance measures and test results.

What are examples of neurological conditions that can be utilized in conjunction with a low adaptive score for a Developmental Disability or Developmental Delay Determination?

Per regulation [8.600.4](#) Definitions, a Developmental Disability is a disability that is attributable to an intellectual and developmental disability or related conditions which include Prader-Willi syndrome, cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual and developmental disability. Unless otherwise specifically stated, the federal definition of "developmental disability" found 42 U.S.C. § 15002, et seq., shall not apply.

There are at least 600 identified neurological conditions that may or may not be associated with significant intellectual or adaptive behavior impairments. The same neurological condition will vary in the way a person experiences the symptoms and disabilities and there are many instances where the same neurological condition may cause significant intellectual or adaptive skill impairments in some individuals but not in others. In regulation, "other neurological conditions" can mean a wide range of conditions and diagnosis, the important factor is that there is documentation that the condition or diagnosis has resulted in a low IQ and/or Adaptive behavior.

Examples of Categories of Neurological Conditions

1. Inherited degenerative diseases caused by faulty genes, such as Huntington's disease or Rett syndrome.
2. Chromosomal abnormalities such as Down syndrome, Fragile X, and Prader-Willi syndrome.
3. Metabolic diseases due to a single gene defect which causes the body to be unable to metabolize a particular substance, such as PKU or Galactosemia.



4. Problems with the development or malformations of the nervous system, such as Spina Bifida or hydrocephalus.
5. Infections of the nervous system such as meningitis, rubella or polio. Auto-immune diseases such as Multiple Sclerosis and Rheumatoid Arthritis.
6. Toxic and nutritional disorders such as Fetal Alcohol Syndrome (FAS), drug or lead poisoning.
7. Seizure disorders that are either: primary, secondary or reactive seizures.
8. Perinatal trauma such as asphyxia leading to brain injury, cerebral palsy, or
9. Postnatal trauma and injuries such as closed head injury or spinal cord injuries.
10. Cancer and tumors of the nervous system such as tuberous sclerosis, Sturge-Weber Syndrome. and brain tumors
11. Diseases of the blood vessels that supply the brain, such as stroke

Examples of Neurological Conditions That are Most Commonly Associated with Impairments in Intellectual Functioning or Adaptive Behavior

Angelman Syndrome (AS)
Autism Spectrum Disorders (ASD)
Cerebral Palsy (CP)
Down Syndrome
Epilepsy or Seizure Disorders
Fetal Alcohol Spectrum Disorder (FASD)
Fragile X Syndrome (FXS)
Phenylketonuria (PKU)
Prader-Willi Syndrome (PWS)
Traumatic Brain Injury (TBI)
Williams Syndrome

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