

Level of Care

Assessment Manual



Level of Care

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The LOC Assessment

The purpose of the Level of Care (LOC) assessment is to determine whether or not a person has a developmental disabilities level of care.

Establishing the level of care a person may need is necessary for:

- Admission to an intermediate care facility (ICF) for individuals with intellectual disabilities (IID),
- Or enrollment in a home and community based services (HCBS) waiver.

The LOC assessment is not intended to be a comprehensive assessment; rather, it gathers relevant information related to functional eligibility. It serves as a foundation for comprehensive assessment and service planning.

Other parts of the LOC tool provide data related to federal and state outcomes.



LOC Personnel

Qualifications

An evaluator is a person who coordinates or performs evaluations and assessments to make a recommendation to DODD as to whether or not a person meets the criteria for the developmental disabilities level of care.

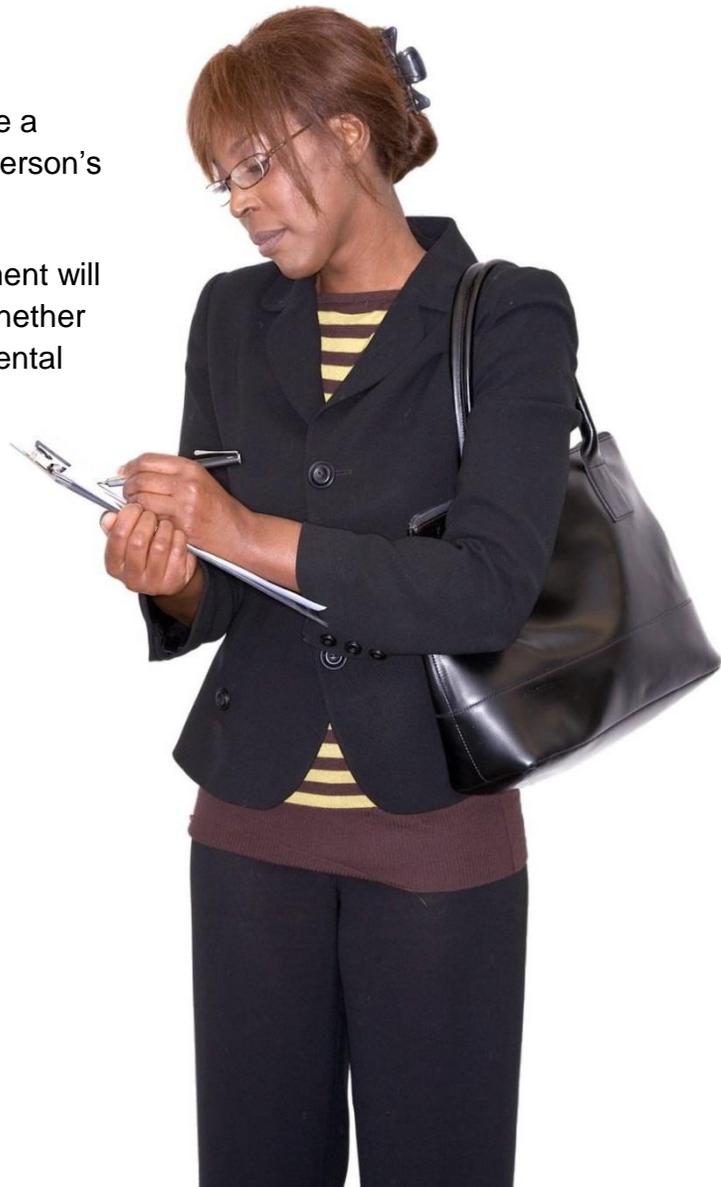
An evaluator must complete department-approved training prior to completing LOC assessments and recommending a level of care for any person.

Only the following personnel may be trained as an evaluator:

- A person employed by or under contract with a county board of developmental disabilities
- A person employed by an intermediate care facility
- Or a person designated by the department

An evaluator conducting an assessment will make a recommendation to the department regarding a person's level of care needs.

A qualified professional employed by the department will make a final level of care determination stating whether or not a person meets the criteria for a developmental disabilities level of care.



Criteria

A person is determined to have (or require) a developmental disabilities level of care when the criteria specified below are met. The criteria are listed by age.

For individuals **birth through age nine**, the criteria for a developmental disabilities level of care are met when:

- The individual has a substantial developmental delay or specific congenital or acquired condition other than an impairment caused solely by mental illness, and
- In the absence of individually planned supports, the individual has a high probability of having substantial functional limitations in at least three major life areas later in life.

For individuals **age ten and above**, the criteria for developmental disabilities level of care is met when all of the following are identified:

- The individual has been diagnosed with a severe, chronic disability that:
 - Is attributable to a mental or physical impairment or combination of physical and mental impairments, other than an impairment caused solely by mental illness
 - Is manifested before the individual is age twenty-two and
 - Is likely to continue indefinitely
- The condition described results in substantial functional limitations in three or more of the following areas of major life activities, as determined through use of the standardized level of care assessment instrument approved by the Ohio Department of Medicaid:
 - Self-care
 - Receptive and expressive communication
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency
- The condition described reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that is of lifelong or extended duration that are individually planned and coordinated.

Diagnosis

For initial level of care determinations, evaluators must submit a clinician's verification of the presence of a substantial developmental delay or congenital condition for individuals from birth through age nine, or the presence of a severe, chronic disability for individuals age ten and older.

Documentation must be current within one year.

Only documentation from a clinician qualified to diagnose the specific condition may be accepted as follows:

- A physician licensed under Chapter 4731 of the Revised Code or another state to practice medicine and surgery or osteopathic medicine and surgery
- A psychiatrist licensed under Chapter 4731 of the Revised Code or licensed in another state to practice psychiatry
- A psychologist who is licensed under Chapter 3319 or Chapter 4732 of the Revised Code or another state as a psychologist or school psychologist
- A professional qualified to use diagnostic instruments/procedures to establish presence of developmental delay for children birth through age five



The clinician's verification form will include any one or more of the following, as applicable:

- The results of medical evaluation performed by a licensed physician which includes the origin of the condition(s) leading to a developmental disability, diagnoses, and dates of onset
- The results of psychological evaluation completed by a licensed psychologist or school psychologist which includes the most current diagnoses as specified in the "Diagnostic and Statistical Manual of Mental Disorders" (Fifth Edition) axes I,II,III
- The results from an evaluation completed by a professional qualified to use diagnostic procedures to establish presence of developmental delay for children birth through age five

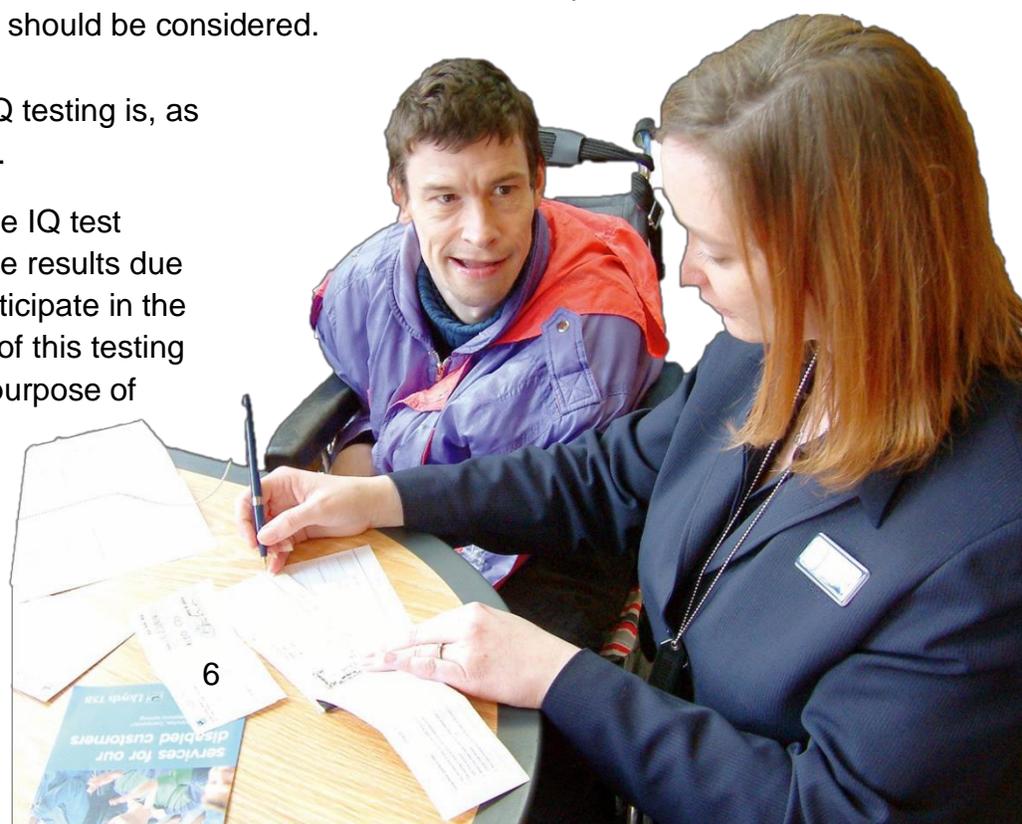
DODD will notify the person assessed and the evaluator if documentation is incomplete and/or additional documentation is required.

This notice will specify what additional documentation is needed and will indicate that the person, or someone on his or her behalf, has fifteen days from the date of the notification to submit additional documentation or the level of care determination will be denied.

A diagnosis of intellectual disabilities must include full scale IQ measures from a clinician qualified to administer these tests. If the individual has multiple test results, only the most recent testing should be considered.

It is irrelevant how old the IQ testing is, as long as it is the most recent.

If the clinician conducting the IQ test expresses concern about the results due to the person's ability to participate in the testing process, the results of this testing should not be used for the purpose of determining level of care.



The following examples are **not** considered diagnoses for level of care determinations:



A teacher, social worker, or therapist diagnosis of suspicion of a specific diagnosis

For example, when a child has had an autism screening by a school district in a special education program, this does not constitute a diagnosis for the purpose of level of care.

Terms or labels used by school districts for classifying educational placements

Terms such as developmentally handicapped, learning disabled, emotional disturbance, multi-handicapped, multiple disabilities, orthopedically handicapped, other impairments, several behavioral handicapped, severe behavioral disability, or slow learner do not constitute diagnoses for the purpose of level of care.



Provisional diagnoses by a physician or psychologist

Should a physician suspect a diagnosis that cannot officially be diagnosed until a child is older, the provisional diagnosis cannot be considered for the purpose of level of care.

Historical diagnoses

For example, an individual was previously diagnosed with ADHD. However, he has exhibited no symptoms of the condition and has taken no medication related to the diagnosis of ADHD for the past year. The previous diagnosis of ADHD cannot be considered for the purpose of level of care.

Frequency of Assessment

An assessment to determine whether or not a person meets the criteria for a developmental disabilities level of care is required prior to enrollment in an HCBS waiver or prior to admission to an ICF.

Enrolling in HCBS

Assessments completed for the purpose of enrolling in an HCBS waiver must be completed within ninety days of the proposed enrollment date, unless the person participating in services is enrolling in a waiver from another waiver or from another ICF and has had a level of care determination within the last twelve months, with no significant change in condition.

Admission to ICF

Assessments completed for the purpose of admission to an ICF must be completed prior to admission, unless the person is seeking emergency admission. Assessments for those seeking emergency admission to an ICF must be submitted no later than seven days after the date of admission.

Annual Re-determination

LOC redeterminations are required within 12 months of the previous LOC effective date and may be completed 90 in advance of the LOC due date.

Change in Condition

If a person has not experienced a significant change in condition, a recommendation will be submitted to the department, in a format prescribed by the department, to continue the individual's current level of care.

All recommendations to continue a current level of care must be submitted at least fifteen days in advance of their re-determination date and can be submitted up to ninety days in advance.

If a person has experienced a significant change in their physical or mental condition or functional abilities since the previous LOC determination, then the evaluator must submit a clinician's verification form and complete a new assessment.

A re-determination must be completed immediately whenever a significant change of condition is identified.

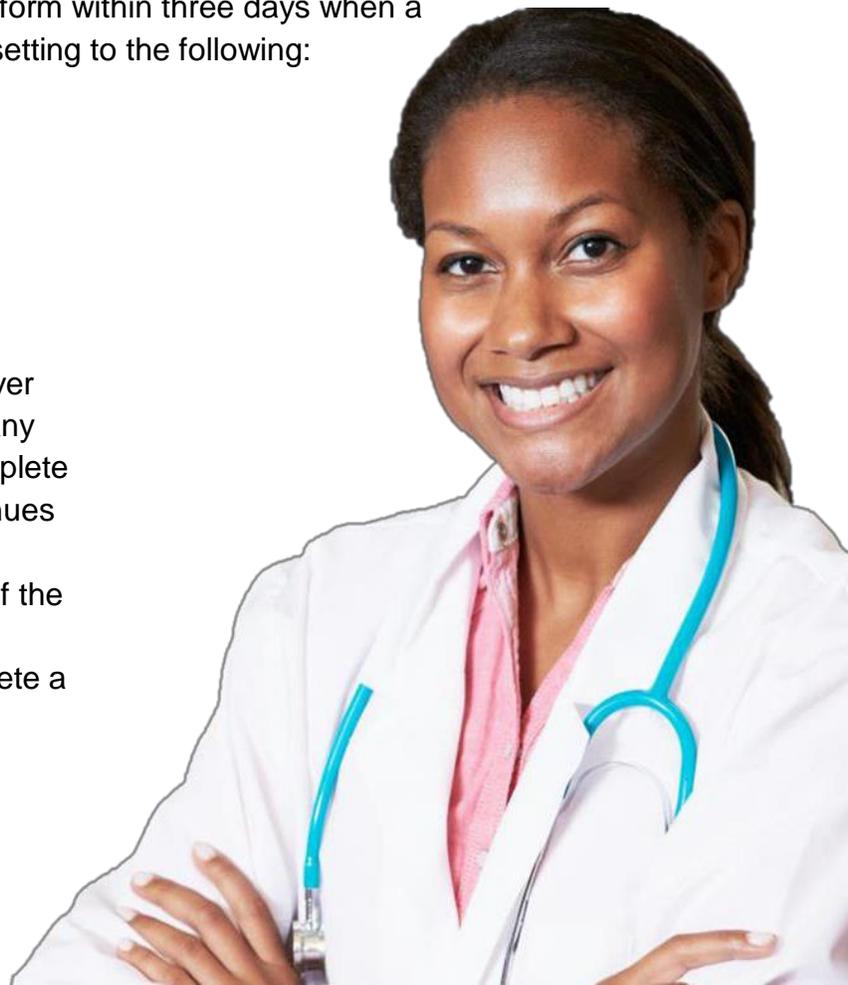
Change in Status

Notification of Individual Change in Status (NICS)

DODD must be notified through an NICS form within three days when a person transfers from waiver and/or ICF setting to the following:

- Hospital
- Nursing Facility
- Jail/Prison
- Another Institutional setting
- Another ICF or waiver

When a person returns to a previous waiver setting or intermediate care facility from any of these settings, the evaluator must complete an NICS and attest that the person continues to meet the criteria for level of care. If a significant change is noted upon review of the person's level of care, the evaluator must submit a new verification form and complete a new assessment.



Assessment Protocol

A face-to-face assessment of the person seeking enrollment in an HCBS waiver or admission into an ICF is required.

The person being assessed may choose to have others participate during the face-to-face interview process.

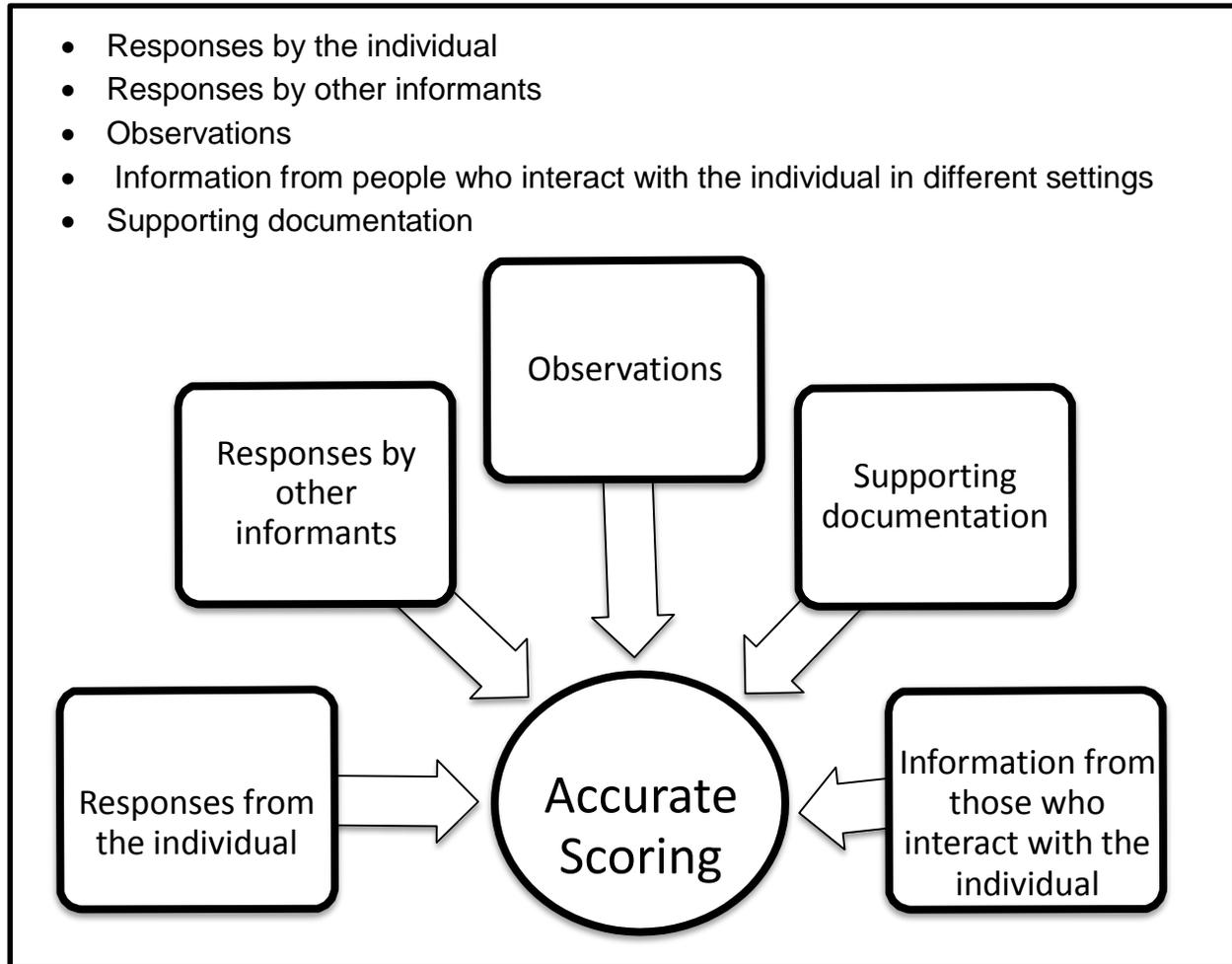
The interview must be person-centered. The evaluator should ask open-ended questions that focus on abilities and encourage the person to describe how he or she completes various tasks.



Scoring the Assessment

In order to obtain the most accurate picture of the person's abilities, the evaluator should consider information obtained from all sources, which may include the following:

- Responses by the individual
- Responses by other informants
- Observations
- Information from people who interact with the individual in different settings
- Supporting documentation



The evaluator may find it difficult to determine the most appropriate response to questions in the assessment if:

- There are inaccurate or inconsistent reports
- There are variations in descriptions received from different people
- The person being evaluated demonstrates fluctuating abilities

When an evaluator is *uncertain* as to which response is the most appropriate for scoring, then the score that represents the higher need should be selected.

The questions do not have to be asked in the order they appear on the form.

The evaluator will select the answer that most accurately describes the person's typical ability *within the past year*.

Responses must reflect the person's ability to perform a specific task rather than his or her willingness or opportunity to do so. The person's cultural experiences and personal preferences must also be considered.

Example A) Marc may have the ability to independently complete hygiene tasks, but he chooses not to do so on a regular basis. In this case, the responses for hygiene-related tasks should reflect Marc's ability to do so independently.

Example B) Tonya is able to describe the steps necessary to make her grocery list and to purchase items in the store, but she has never had the opportunity to do so without assistance. The response to this item should reflect Tonya's independent ability.



General Rating Information

The evaluator must consider the level of independence demonstrated by the person while completing tasks. Rating definitions are as follows:

Independently

An individual completes the task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance.

Safely - Completes a task without unusual risk of injury to self or others.

Consistently - Completes the task without assistance the majority of the time, in a variety of settings. An individual who requires only occasional assistance in particular circumstances could still be considered independent with a task.

Without undue effort - The individual exerts no more effort to complete the task than a person without disabilities.

A reasonable amount of time - The individual is able to complete the task quickly enough so that no interference with daily routines or schedules occurs. An individual may take longer to complete a task than a person without a disability, but s/he would still be considered independent if the amount of time does not cause problems in other aspects of the individual's life.

With no assistance – No assistance is needed from other persons to complete the task in most circumstances.

Independently with use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

Devices/equipment for initial prompting or reminders may include visual aids such as calendars, alarms, picture schedules, etc.

With prompts to initiate or assistance to set-up from another person

This response should be marked when the presence of another person is required ONLY for the initiation of the tasks. After the initial verbal/gestural prompt or once set-up is complete, the individual is able to complete the task with no further assistance.

General Rating Information, continued

With the assistance of another person to complete the task

The individual requires the presence of another person throughout the task to ensure safe, thorough, or timely completion. The other person may be providing continual supervision, verbal or gestural cueing, or physical assistance.

The activity must be performed by another person on the individual's behalf

The individual does not actively participate in the task in any way.

Major Life Activities

Self-Care Evaluation

The evaluator must consider how well the individual is able to cleanse his or her body using any method. This includes washing/rinsing hair, but does not include transferring in/out of the tub or shower or how well the individual cleanses himself or herself during the toileting process.

Cleansing body

Recommended approach and clarifying questions:

Tell me how you get ready for your day.

Is there anything unsafe about how you do it now?

Does anyone help you with bathing/showering?

What kind of help is provided?

Are you left alone in the bathroom while you are bathing/showering?

Have you needed help washing to prevent skin problems (ulcers, rashes, etc.)?

Potential scoring

0	=	Independently
1	=	Independently with use of grab bars, bath chair, modified tub/shower, picture schedule, long-handled sponge, etc.
2	=	Verbal or gestural cueing to initiate by another person, water is started by another person, soap is placed on washcloth, etc.
4	=	Another person must remain in the bathroom for supervision, verbal/gestural cueing throughout the task is required, physical assistance to wash some areas is required, etc.
6	=	The individual must be completely washed by another person



Oral hygiene

The evaluator must consider how well the individual completes oral hygiene tasks such as tooth-brushing and denture care, but does not include flossing.

Recommended approach and clarifying questions

Tell me how you brush your teeth.
Does someone help get your toothbrush ready for you?
Do you have many problems with cavities or other mouth infections which may be related to hygiene?

0	=	Independently
1	=	Independently with use of adaptive toothbrush, etc.
2	=	Verbal or gestural cueing to initiate by another person, toothpaste put on the toothbrush, mouthwash is poured, etc.
4	=	Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to brush some areas is required, etc.
6	=	The individual's teeth must be brushed by another person



Hair care

The evaluator must consider how the individual cares for his/her hair once it is washed (brushing, styling, etc.).

Recommended approach and clarifying questions:

Tell me how you style your hair.
Do you brush your own hair or does someone help you?
Does anyone remind you to brush your hair?

0	=	Independently
1	=	Independently with use adaptive brush, etc.
2	=	Verbal or gestural cueing to initiate by another person, etc.
4	=	Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to brush/style some areas is required, etc.
6	=	The individual's hair must be brushed/styled by another person
8	=	The individual has no hair



Grooming

The evaluator must consider how the individual keeps his/her fingernails and toenails clean and trimmed. Painting or otherwise accessorizing nails is not considered.

Recommended approach and clarifying questions:

Tell me how you take care of your nails.
Does anyone need to remind you to do this?
Does anyone help you do this?

0	=	Independently
1	=	Independently with use of specialized nail clippers, nail brush, files, etc.
2	=	Verbal or gestural cueing to initiate by another person, nail brush or other supplies are provided to the individual, etc.
4	=	Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to wash, cut and/or file some nails is required, etc.
6	=	Another person must care for the individual's nails.
8	=	Not applicable



Shaving

The evaluator must consider how the individual completes any/all aspects of shaving.

Recommended approach and clarifying questions:

Do you prefer to shave?
Tell me how you shave.
Do you need reminders to shave?
What type of razor do you prefer?
Do you cut yourself when shaving?

0	=	Independently
1	=	Independently with use of assistive devices
2	=	Verbal or gestural cueing to initiate by another person, another person prepares/cleans razor, etc.
4	=	Another person be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to shave some areas is required, etc.
6	=	The individual must be shaved by another person
8	=	The individual does not shave



Deodorant

The evaluator must consider how the individual applies deodorant.

Recommended approach and clarifying questions:

Do you choose to use deodorant?
Does anyone remind you to do so?
What kind of help do you need?

0	=	Independently
1	=	Independently with use of assistive devices to open container, etc.
2	=	Verbal or gestural cueing to initiate by another person, etc.
4	=	Another person must be present for supervision, verbal/gestural cueing throughout the task is required, etc.
6	=	Deodorant is applied by another person
8	=	The individual chooses not to use deodorant



Toileting / menstruation

The evaluator must consider how the individual completes activities related to toileting/elimination. For women, the evaluator must also consider how the individual cares for her menstrual needs.

Recommended approach and clarifying questions:

Do you ever have toileting accidents?
Where do accidents usually occur?
When do accidents usually occur (time of day, only if sick, etc.)?
Do you need any help in the restroom?
Tell me how you take care of your catheter/colostomy, etc.?
Is your skin ever irritated from not cleaning yourself well?

0	=	Independently
1	=	Independently with use of alarms for reminders, reachers, etc.
2	=	Verbal or gestural cueing to initiate by another person, urinal is available at the bedside, toilet chair is kept near the bed, grab bars are present near the commode, a raised toilet seat is required, etc.
4	=	Another person must remain in the bathroom for supervision, verbal/gestural cueing is required to ensure thorough cleaning, physical assistance with only menstrual care is required, etc.
6	=	Another person must complete hygiene tasks related to toileting or must care for the individual's colostomy, catheter, etc.



The evaluator must consider the individual's ability to dress/undress, not his or her style of clothing. Questions should not be based on the style of clothes the individual chooses to wear. For example, if the individual only wears elastic-waist pants or slip-on shoes, the evaluator should consider his or her ability to dress with these items.

Recommended approach and clarifying questions:

Tell me how you get dressed each day.

Is there any type of clothing you need help with every day?

Is there anything that makes you feel unsafe the way it's done now?

0	=	Independently
1	=	Independently with the use of button hooks, shoe horns, etc.
2	=	Verbal or gestural cueing to initiate by another person, clothing is laid out by another person to ensure each piece of clothing is worn (not to direct style/matching), etc.
4	=	Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance with some items is consistently required (fastening bra, tying shoes), etc.
6	=	The individual must be completely dressed by another person



Eating

The evaluator must consider how the individual is able to get food into his mouth and chew/swallow, or how well the individual cares for a feeding tube.

Responses should be based upon the individual's typical ability. If he requires assistance only with certain foods that are rarely eaten (steak, hard boiled eggs, etc.) but is otherwise independent, the evaluator should select "independent" as the response. The individual's choice of food or nutritional value of food consumed is not to be considered.

Recommended approach and clarifying questions:

Tell me about a typical meal.
Are there certain foods that you have trouble eating? How often do you have this item at meals?
Do you ever need someone to help feed you?

0	=	Independently
1	=	Independently with use of built-up utensils, specialized cups, adaptive plates, etc.
2	=	Verbal or gestural cueing to initiate by another person, all food item must be cut into manageable sizes or otherwise have the texture modified to prevent choking, etc.
4	=	Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to scoop or to bring food/drink to one's mouth is required, etc.
6	=	The individual must be fed by another person, either orally or through enteral feedings



Receptive and Expressive Language

Observation of the individual's ability to respond to questions throughout the face-to-face interview must be considered.

0	=	Independently
1	=	Independently with use of a communication device, picture schedule, icons, tablet, etc.
4	=	Another person must be present to interpret for the individual in most settings or to assist with expressive language.
6	=	Another person must communicate to unfamiliar people on the individual's behalf.

Observation of the individual's ability to follow the conversation or to follow directions during the face-to-face interview must be considered.

0	=	Independently
1	=	Independently with use of a communication device, picture schedule, icons, tablet, etc.
4	=	Another person must be present to interpret for the individual in most settings or to assist with receptive language.
6	=	Another person must communicate with unfamiliar people on the individual's behalf.



Mobility

Movement

The evaluator must consider how the individual moves between locations via ambulation or use of devices. Observation of the individual's mobility during the interview must be considered.

Recommended approach and clarifying questions:

How do you move around your home?
Do you fall frequently?
Do you fall in certain places (various floor surfaces, stairs, curbs etc.)?
Do you need someone to help you walk around?

0	=	Independently
1	=	Independently with use of a manual wheelchair, power wheelchair, scooter, walker, cane, etc. in most settings in and around the individual's home.
2	=	With intermittent assistance of another person, such as for assistance with stairs, navigating curbs, or traveling on uneven surfaces.
6	=	Another person must be present to provide stand-by assistance for most mobility, physical assistance with or without a gait belt, maneuvering wheelchair, etc.



Positioning

The evaluator shall consider how well the individual is able to adjust his/her position while sitting or lying down in order to prevent pressure sores. The evaluator shall consider if the person was observed adjusting position during the interview.

Recommended approach or clarifying questions:

Do you ever have sore areas on your skin from staying in one place or position too long?

0	=	Independently
1	=	Independently with use of grab bars, trapeze bars, bed rails, etc.
2	=	Verbal or gestural cueing is provided by another person to encourage the individual to lie down, recline, or otherwise adjust position to prevent pressure sores.
4	=	Another person must provide physical assistance for the individual to adjust position in bed or while seated.
6	=	Another person must reposition the individual.

Transferring

The evaluator shall consider how well the individual is able to get from various surfaces, such as the bed, a chair, the tub, to standing positions, and vice-versa.

Recommended approach and clarifying questions:

Tell me how you get in/out of bed.

Do you need any help getting in/out of your chair?

Do you ever fall trying to get in/out of your bed/chair?

Do you ever fall when you try to stand up after sitting/lying down?

0	=	Independently
1	=	Independently with use of grab bars, trapeze bars, bed rails, etc.
2	=	Verbal or gestural cueing is provided by another person to transfer safely, another person must lock wheelchair brakes, etc.
4	=	Another person must consistently provide physical assistance for the individual to transfer in/out of bed, in/out of a chair, or to stand up from a seated or lying position
6	=	The individual requires a mechanical lift with one or more persons to transfer safely.

Travel

The evaluator should consider how the individual travels throughout his or her community.

Recommended approach and clarifying questions:

Tell me how you get to places around your house.

What kind of help do you need when walking around your neighborhood?

Tell me how you know if it's safe to cross the street.

0	=	Independently
1	=	Independently with use of scooter, only where crosswalks are equipped for hearing impaired, with guide dog, with cane, etc.
2	=	Verbal or gestural cueing is provided by another person to attend to safety signals, guiding individual to safe crossings, etc.
4	=	Another person must consistently provide verbal or gestural cueing or physical assistance for the individual to safely navigate in all community settings.



Self-Direction

Daily routine

The evaluator should consider the individual's ability to self-direct his or her daily routine and interactions with others.

For individuals ages ten to fifteen, the evaluator will score an (8) for "not applicable."

If the individual is not given the opportunity to make daily decisions, the evaluator should explore whether the individual has the interest or ability to do so.

Recommended approach and clarifying questions:

<p>Tell me about your typical routine/day. Does that routine work for you? Is there anything you would like to change?</p> <p>If _____ didn't plan your day, what would you do all day?</p> <p>What do you like to do for fun? Are you able to do that as often as you like? If not, why not?</p>

0	=	Independently
2	=	The individual requires assistance of another person to decide what to do in new or unfamiliar situations only. The individual may be able to make choices about daily routines at home, but not when starting a new school, when on vacation, when in a new work setting, etc.
4	=	The individual frequently requires assistance from another person to make decisions or establish routines even at home or in familiar settings. This may include reminders of what activity/task comes next, planning what to eat, when to eat, activities to do, etc.
6	=	The individual does not routinely make decisions about daily routines and relies upon others to plan his/her day.
8	=	Not applicable (to be scored only for individuals ages ten to fifteen)

Getting help

The evaluator should consider the individual's ability to seek and obtain required assistance in a variety of settings for a variety of needs. For example, consider if the individual is able to independently request assistance in stores, if she or he is able to seek assistance from emergency personnel when needed, or if she or he is able to identify others to talk to when angry, sad, etc.

Recommended approach and clarifying questions:

Tell me when you have asked for help from others.

What would you do if you needed assistance finding something in a store?

Describe an emergency situation and ask how the individual would respond.

0	=	Independently
1	=	The individual is able to request assistance using picture schedules, icons, communication devices, tablets, gestures, etc. in a manner that can be understood by unfamiliar people.
2	=	The individual will request assistance if prompted or encouraged by another person to do so.
4	=	The individual relies on others to recognize cues in order to meet needs or to request assistance on the individual's behalf.



Avoiding danger

The evaluator must consider the level of support an individual needs to avoid dangers throughout a typical day. When answering the question, the age of the individual must be considered. For individuals ages ten and eleven, responses are based upon their ability to be left alone for at least two hours in one area of the home. For individuals ages twelve to fifteen, responses are based upon their ability to remain home alone for two hours. For individuals ages sixteen and above, consider their ability to be left alone for over two hours.

Recommended approach and clarifying questions:

Do you ever spend time alone in your room or alone at home?

What do you do when you are alone?

Within the last year, have you broken any rules when left alone?

Does someone stay with you at night? Why?

0	=	Independently – the person can be left alone without any supervision (Under age 12 – able to be left alone for at least 2 hours with a responsible adult in another area of the house Ages 12-15 able to remain alone for at least two hours)
1	=	Independently with use of an emergency response system, remote monitoring, monitors, etc.
2	=	Another person checks in on the individual once daily for less than half the individual’s waking hours. *This response may not be selected for individuals under the age of sixteen.
4	=	The individual requires supervision for at least half of his/her waking hours, including in the home and in the community. *This response may not be selected for individuals under the age of sixteen.
6	=	Individuals ages ten to eleven require the presence of another person in the same room (does not include using the restroom). For individuals twelve to fifteen, this response is selected if the individual is unable to spend at least two hours at home alone. For individuals ages 16 and above this response is selected if the individual is unable to spend any time in the home without the presence of another person.
10	=	With the presence of another person throughout the day and night.

Predicting consequences

The evaluator must consider whether the individual is able to contemplate the consequences of his behavior to make choices that are unlikely to result in harm to self or others.

Recommended approach and clarifying questions:

Within the past year, have you hurt yourself?

Within the past year, have you hurt anyone else?

If yes to either question, talk about how/why the incident occurred?

Ask what the individual may have done differently?

0	=	Independently
1	=	The individual is able to make choices in familiar, routine environments that are unlikely to result in harm, such as the family home, school, day program, homes of family/friends, etc.
2	=	The individual requires supervision only in public settings to avoid harm to self or others.
4	=	The individual requires supervision at home, school, day program, homes of family/friends, or other familiar environments to prevent harm. Do not consider time when supervision is inherent in the activity, such as during school hours or adult day programs, unless the individual's level of supervision is greater than what is required for his peers in order prevent harm to self or others.
6	=	The individual requires the presence of more than one person when in the community or during unfamiliar situations.

The evaluator must consider the frequency of support needed within the past year to either prevent the following behaviors from occurring or to intervene if they do occur:

Self-injury

May include head-banging, cutting, burning, biting, scratching, hitting, hair-pulling, pinching or kicking oneself, throwing oneself to the floor, injuring self with objects, or otherwise causing injury to self

Injury to others

May include hitting, biting, kicking or otherwise causing physical harm to other people

Property destruction

May include intentional damage to the individual's property or the property of others, such as punching holes in walls, throwing objects, or otherwise deliberately damaging property

Wandering

May include impulsive flight to unsafe locations or leaving designated areas with no apparent awareness of likely dangers

Sexual offending

May include public indecency, public masturbation, sexual contact/conduct with others without their consent, or any other sexual offense for which the individual was arrested or incarcerated

Remember to consider the average frequency over the past year.

For example, if Khalid exhibited wandering behaviors three to four times per week only over a two-month period of time after being introduced to a new medication, the evaluator should rate the frequency of Khalid's wandering as "less than monthly."

If Khalid is presently wandering weekly, the response should be "at least weekly."

Capacity for Independent Living

The evaluator should consider the individual's ability to identify ALL the specified items. If the individual is able to only independently identify clothing needs, but not grocery or household items, the evaluator should rate the overall level of support needed to identify all required purchases.

The evaluator will rate the item based upon the individual's ability to complete the task, rather than his or her opportunity to do so.

For example, individuals residing with family or in some facilities may have limited opportunity to purchase the specified items but have either done so in the past, or are able to describe how they would identify needed items.

Shopping

Recommended approach and clarifying questions:

How do you know what food you need?
How do you know if you need new clothes?
How do you know what/how much you need to purchase?

0	=	Independently
1	=	Independently with use of icons, checklists, charts, or other aids/devices
2	=	Verbal or gestural cueing to check resources on-hand to prepare for upcoming shopping trips
4	=	Another person helps the individual identify how much of the item is on-hand and how much needs to be purchased
6	=	Another person monitors the individual's resources, creates shopping lists, or otherwise plans all purchases.
8	=	Not applicable (Only for individuals under the age of sixteen)

The evaluator must consider how the individual obtains the needed items identified in item #1. This item does not require that the individual be able to travel to all locations independently or to access transportation to the locations.

Recommended approach and clarifying questions:

How do you get your shopping done?
How do you get your food?
How do you get new clothes when you need them?
How do you get more things for your house (paper products, towels, cleaning supplies, linens, etc.)?

0	=	Independently
1	=	Independently with use of icons, checklists, charts, or other aids/devices
2	=	Verbal or gestural cueing to select all needed items from the stores
4	=	Another person creates a shopping list (written, pictures, electronic, etc.) or physically assists the individual with selecting needed items from stores.
6	=	Another person purchases items for the individual.
8	=	Not applicable (Only for individuals under the age of sixteen)



Cooking

The evaluator must consider the individual's ability to prepare or cook food for himself or herself. This may include frozen meals, pre-packaged food items, sandwiches, microwave meals, etc. The nutritional value of the chosen food should not be considered.

For individuals under the age of sixteen, the evaluator will rate the item based upon the individual's ability to prepare a snack, rather than an entire meal.

Recommended approach and clarifying questions:

Tell me what you might eat for breakfast, lunch, and dinner.

Tell me how you get your meals each day.

Do you use the stove, oven, or microwave?

0	=	Independently
1	=	Independently with use of picture recipes, note cards, adaptive cooking aids, etc.
2	=	Verbal or gestural cueing by another person to begin meal preparation or to assist with gathering needed items.
4	=	Another person must remain present for supervision or to provide prompting throughout the task.
6	=	Meals are prepared by others for the individual.



Chores

The evaluator must consider the individual's ability to maintain cleanliness of the living environment, not whether the individual chooses to maintain a clean home.

Essential household tasks include keeping dishes clean, cleaning urine/feces from bathroom surfaces, ensuring dust/debris in the home does not create a safety concern for the individual due to respiratory issues, allergies, risk of falls, etc. The evaluator must take into account the culture and preferences of the individual when rating this item.

For individuals under the age of sixteen, the evaluator will consider their ability to participate in household tasks that would be appropriate for children of similar ages without disabilities.

Recommended approach and clarifying questions:

Tell me how you take care of your house.

What household chores do you complete?

Does anyone help you take care of your home?

0	=	Independently (The individual may make arrangements for someone else to clean the home if he has the resources to do so.)
1	=	Independently with use of adaptive devices, calendars, picture schedules or electronic reminders
2	=	Verbal or gestural cueing to initiate most cleaning tasks
4	=	Another person is needed to assist with set-up, such as gathering needed supplies, sorting clothes, running dish water, etc. or to physically assist the individual with completing the task.
6	=	Another person completes all household chores

Community

The evaluator must consider how the individual connects to community resources such as the county department of Job and Family Services, food pantries, case manager(s), mental health providers, physicians, etc.

Recommended approach and clarifying questions:

Tell me how you contact people when you need something.
Tell me how you contact people in your community.
Does someone help you make calls or use the computer to reach out to other people?

0	=	Independently
1	=	Independently with calendars, alarms, or other assistive devices to set-up appointments.
2	=	Verbal or gestural cueing by another person to contact community resources, when necessary.
4	=	Another person helps the individual contact community resources, when needed.
6	=	Another person monitors the individual's resources, creates shopping lists, or otherwise plans all purchases.



Travel

The evaluator must consider how the individual travels around the community. For individuals under the age of sixteen, the evaluator must consider how well the individual accesses neighborhood resources that are appropriate for the individual's age and environment, such as local parks, library, etc.

Recommended approach and clarifying questions:

How do you get to places around your community, like work, school, library, stores, appointments, etc.?

Do you need any help getting rides to places?

Tell me how you schedule rides/transportation.

0	=	Independently
1	=	Independently with calendars, picture schedules, adaptive bus schedules, phones programmed with contact numbers, etc.
2	=	Another person prompts to initiate the scheduling
4	=	Another person schedules transportation, but the individual is able to travel independently from one location to another
6	=	Presence of another person is required throughout travel or to provide transportation



Laundry

The evaluator must consider how the individual ensures that clothing is clean.

Recommended approach and clarifying questions:

How do you take care of your clothing?
Do you have a washer and dryer at home?
Tell me how you use the laundry machines.

0	=	Independently - The individual may choose to use laundry facilities at home or in the community or may use a laundry service.
1	=	Independently with settings labeled on machine or other adaptive devices.
2	=	Verbal or gestural cueing by another person to begin laundry, visual laundry schedules/calendars, phone reminders, etc.
4	=	Presence of another person is needed for sorting, measuring detergent, operating washer/dryer settings, supervision at laundry facility to ensure health and welfare, folding and/or hanging clothes.
6	=	Another person must launder clothes or arrange for them to be laundered.
8	=	Not applicable (N/A for individuals under age 16)



Economic Proficiency

Employment

The evaluator must consider the individual's ability to maintain competitive employment or self-employment. The individual's current work status or choice of employment setting should not be considered.

Competitive employment means full-time or part-time work in an integrated work setting in which payment is at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons without disabilities.

Self-employment means the individual operates a business of his or her own.

Recommended approach and clarifying questions:

What type of work have you done in the past?

What type of volunteer work have you done?

What type of work would you like to try?

Do you think you would need help finding a job or learning a new job?

0	=	Independently
1	=	Independently with reasonable accommodations or adaptations made to the work environment
2	=	Intermittent or periodic contact by another person via phone or visits to the work place to identify and/or resolve issues related to employment
4	=	Requires the presence of another person throughout the entire work day to provide assistance with personal care or other health-related needs at the worksite or to provide physical assistance with tasks due to physical limitations of the individual
6	=	The individual is not able to maintain competitive community employment or self-employment
8	=	Not applicable (Only for individuals under the age of sixteen)

Securing money

The evaluator must consider whether the individual is aware of the need to secure money and how to retrieve it when needed. Assistance with transportation to banking facilities should not be considered.

Recommended approach and clarifying questions:

How do you keep your money safe?

When you need money for something, how do you get it?

Do you have any concerns about keeping your money safe?

Does someone carry your money for you when you go out to make purchases?

0	=	Independently
2	=	Verbal or gestural cueing by another person to keep money in a secure location, such as a bank, lockbox, secret location, or to carry money safely on his person when making purchases, such as in a pocket, wallet, or purse that is kept with the individual.
6	=	Another person handles all money on behalf of the individual.
8	=	Not applicable (Only for individuals under the age of sixteen)



Purchasing

The evaluator must consider the individual's ability to identify the cost of items, the amount of money needed for purchases, and the amount of change to be received, if applicable. The individual's choices related to how he or she spends money are not to be considered. Assistance needed with transportation to locations should not be considered.

Recommended approach and clarifying questions:

Tell me about the things you like to buy.

Do you shop at stores or online?

How do you usually pay for things?

Does someone else help you pay for purchases?

0	=	Independently
2	=	Verbal or gestural cueing by another person when making purchases to ensure the correct amount of money is offered for the item and/or the individual receives change
6	=	Another person handles the individual's money
8	=	Not applicable (Only for individuals under the age of sixteen)

Learning/Cognition

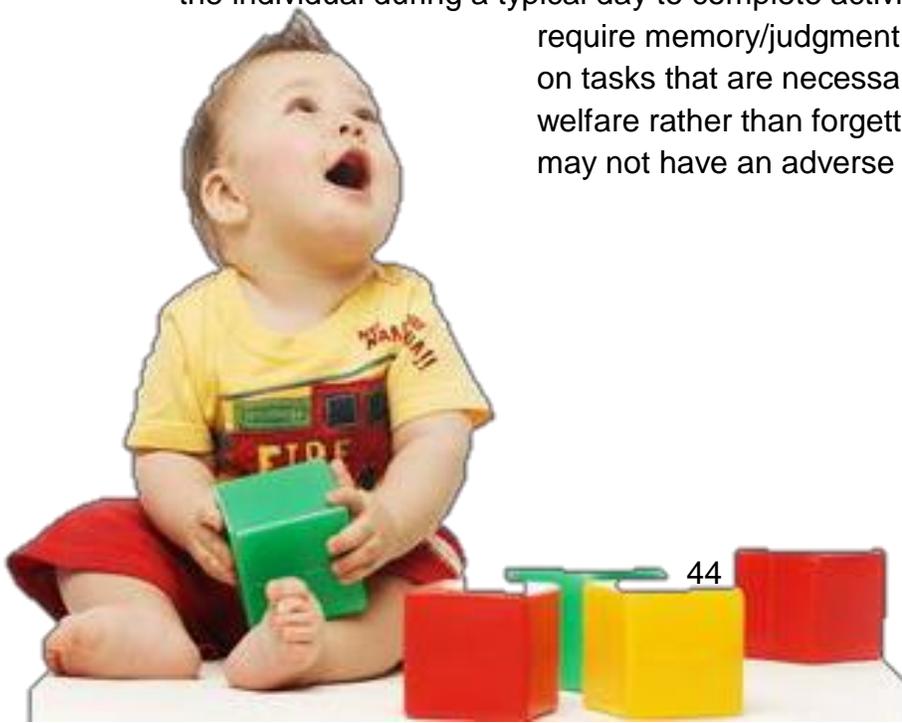
Individuals for whom a clinician has verified an intellectual disability will be determined to have a substantial functional limitation in this area with no further assessment or interview required.

The diagnosis of an intellectual disability may only be accepted by a clinician who is qualified to make this determination and only if the determination is based upon the administration of a norm-referenced, individually administered test of intellectual ability, such as the Wechsler Scales, Stanford Binet, or Kaufmann Assessment for children from birth to two years of age.

Individuals ages ten through fifteen, who have not already been determined through the assessment process to have substantial functional limitations in at least three major life areas, must be assessed by a qualified clinician using one of the tools above in order to determine if limitation exists in this area.

For individuals ages sixteen and above, the evaluator may determine the presence of a limitation by the individual's response to item #2 below, if no assessment of intellectual functioning has been completed.

1. The evaluator will respond according to whether standardized testing completed by a qualified clinician indicates the presence of an intellectual disability.
2. The evaluator should consider the level of supervision and support required by the individual during a typical day to complete activities within the home that require memory/judgment. Emphasis should be placed on tasks that are necessary to ensure health and welfare rather than forgetting day-to-day activities that may not have an adverse impact.



The evaluator may consider tasks such as:

- Remembering to eat meals, taking medication, turning off stove/oven or other appliances that may create a safety hazard, etc.
- Decision-making or judgment that could negatively impact health and welfare, such as knowing to whom to allow access to the home.

0	=	Independently
1	=	With use of assistive technology, such as emergency response systems or remote monitoring, or using phone, e-mail, or other device to request assistance if needed.
2	=	Requires another person to physically visit the individual's home or to initiate contact via phone or other means every day.
4	=	The individual requires supervision at home, school, day program, homes of family/friends, or other familiar environments to prevent harm. Do not consider time when supervision is inherent in the activity, such as during school hours or adult day programs, unless the individual's level of supervision is greater than what is required for his peers in order to prevent harm to self or others.
6	=	Another person must be present for all of the individual's waking hours; the individual has no unsupervised time while awake.
8	=	Not applicable (to be used for individuals under age 16)
10	=	Another person must be present 24 hours a day to prevent harm to the individual as a result of issues related to memory, decision-making, or judgment.

Health-Related Supports

Taking Routine Medications

The evaluator should consider the level of support required by the individual, if any, to take routine medication. This may include prescribed medications and/or routine over-the-counter medications administered orally, topically, via injections, or by other means.

Assistance may include support with self-administration for individuals who are able to direct care, but who have physical limitations that require physical support of another person. It may also include verbal prompting by another person to take medication at required times or to take the correct dosage.

Other Health-Related Procedures

The evaluator should consider the level of support the individual requires with any/all of the following procedures, regardless of whether that support is provided by paid or unpaid caregivers.

Procedure Definitions

Suctioning

The removal of mucus and fluids from the nose, mouth, or back of the throat using a bulb syringe or catheter (thin flexible tube). Someone may require suctioning when mucus or fluids cannot be coughed up and could possibly block air passages.

A symptom indicating that suctioning is needed

- A “gurgling” sound of secretions
- Difficulty breathing
- Blue or gray color around eyes, mouth, fingernails, or toenails
- A “rattling” in a child’s chest or back that can be felt
- Anxiety or restlessness in a child who might also cry and cannot be comforted
- Increase in breathing rate or heart rate
- Flared nostrils (open wider when breathing in)
- Retracting (chest or neck skin pulls in with each breath)

Tracheostomy

A small opening (stoma), surgically created in the skin leading into the windpipe (trachea), through which a small plastic tube (trach) is placed to help a person breathe. The trach provides an airway that bypasses the nose, mouth, and throat.

Tracheostomy Care

Friction caused by rubbing of the trach tube and exposure to secretions can irritate the skin around the stoma. Daily care of the trach site is needed to prevent infection and skin breakdown in the area under the tracheostomy tube and ties. Care should be done at least once a day, and more often if needed. Those with a new tracheostomy or on ventilators may need trach care more often. Tracheostomy dressings are used if there is drainage from the tracheostomy site or irritation from the tube rubbing the skin.

Ventilator / Respirator

Machines that support breathing, ventilators or respirators work to

- Get oxygen into the lungs
- Remove carbon dioxide from the body
- Help people breathe easier
- Breathe for people who have lost all ability to breathe on their own

Some people may need to use ventilators long term or for the rest of their lives. In these cases, the machines can be used outside of the hospital—in long-term care facilities or at home. A ventilator may be needed if a disease or condition has impaired a person's breathing. For example, someone may be able to breathe independently; however, it can be hard work for him/her resulting in fatigue causing shortness of breath and discomfort. A ventilator can help ease the work of breathing. There are also people who can't breathe on their own, making a ventilator absolutely necessary at all times.

A ventilator uses pressure to blow air, or a mixture of gases like oxygen and air, into the lungs. This pressure is known as positive pressure. Usually the person can exhale without assistance, but if assistance is needed with exhalation, the ventilator can do this, too. A ventilator can be set to "breathe" a specific number of times a minute. It can also be calibrated so that a person can initiate, or trigger, the machine to blow air into his or her lungs. If the person fails to trigger it within a pre-set amount of time, the ventilator will automatically cycle in order to keep the person breathing.

Home Infusion Therapy

A therapy that allows patients to receive vital fluids and medications without the inconvenience or cost of a hospital visit. When administering home infusion therapy, a team of infusion specialty nurses combines their assessment skills, technical expertise, and community health experience in treating patients with cancer, AIDS, nutritional defects, leukemia, heart disease, hemophilia, MS, infections, and other health problems.

Advantages of Home Infusion Therapy

- Offers the patient/family the freedom to recover in their home
- Offers the patient/family the opportunity to participate in their plan of care
- More cost effective for some insurance companies

Common Types of Infusion Therapy services offered include, but are not limited to:

- Hydration Therapy – IV fluids
- Chemotherapy – agents used in treatment of cancers
- Anti-Infective Therapy – antibiotic therapy
- Anti-Coagulation Therapy – ‘blood thinning’ medications
- Blood Component Therapy – Whole Blood/RBCs/Plasma/Platelets/Cryoprecipitate
- IVIG Therapy - Intravenous immunoglobulin therapy
- Inotropic Therapy – IV therapy to treat congestive heart failure
- Pain Management
- Steroid Therapy
- TPN Therapy – Total Parenteral Nutrition therapy

Total Parenteral Nutrition (TPN)

When patients cannot use their gastrointestinal (GI) tracts for nutrition, parenteral nutrition may be used to maintain or improve their nutritional status. This form of intravenous therapy provides all the nutrients that are delivered to the patient. The treatment may be temporary or long-term.

TPN is used for patients who cannot or should not get their nutrition through eating. TPN may include a combination of sugar and carbohydrates (for energy), proteins (for muscle strength), lipids (fat), electrolytes, and trace elements. The solution may contain all or some of these substances, depending on the patient's condition.

Patients receiving parenteral nutrition need to be monitored closely to ensure that the therapy is providing adequate amounts of fluids, minerals, and other nutrients that are needed. Laboratory testing will take place on a regular basis to monitor the patient's status.

TPN must be administered via a central line catheter. Because the central venous catheter needs to remain in place for a long time, rigorous sterile technique must be used during insertion and maintenance. The TPN line should not be used for any other purpose. External tubing should be changed every 24 hours beginning with the first bag of the day. Dressings should be kept sterile and are usually changed every 48 hours using strict sterile guidelines.

Decubitus Care

A decubitus ulcer is a pressure sore, or what is commonly called a "bed sore." It can range from a very mild pink coloration of the skin, which disappears in a few hours after pressure on the area is relieved, to a very deep wound extending to and sometimes through a bone into internal organs. These ulcers, as well as other wound types, are classified in stages according to their severity.

The usual mechanism of forming a decubitus ulcer is pressure; however, it can also occur from friction caused by rubbing against surfaces such as a bed sheet, cast, brace, etc., or from prolonged exposure to cold. Any area of tissue that lies over a bone is more susceptible to decubitus ulcer development. These areas include the spine, coccyx or tailbone, hips, heels, and elbows, to name a few. The weight of a person's body presses on the bone, the bone then presses on the tissue and skin that cover it, and the tissue is trapped between the bone structure and bed or wheelchair surface. The tissue begins to decay from lack of blood circulation.

Treatment for a decubitus ulcer involves keeping the area clean and removing necrotic (dead) tissue, which can form a breeding ground for infection. Many procedures and products are available for this purpose. The use of antibiotics, when appropriate, is also part of the treatment. Deep wounds may require surgical removal or debridement of necrotic tissue. In some situations amputation may be necessary.

Decubitus ulcer treatment also includes removing pressure from the involved area(s) of the body. Frequent turning is mandatory to alleviate pressure on the wound and to promote healing.

Along with cleaning, removing dead tissue, and alleviating pressure, increasing nutrition for the individual is necessary to allow for proper healing of the wounds.

Peritoneal or Hemodialysis

Treatment that is administered when kidney function is compromised.

Healthy kidneys clean blood by removing excess fluid, minerals, and wastes. They also make hormones that keep bones strong and blood healthy. When the kidneys fail, harmful wastes build up in the body, blood pressure may rise, and the body may retain excess fluid and not make enough red blood cells. When this happens, treatment is needed to replace the work of failed kidneys.

Peritoneal Dialysis (PD)

In PD, a soft tube called a catheter is used to fill the abdomen with a cleansing liquid called dialysis solution. The walls of the abdominal cavity are lined with a membrane called the peritoneum, which allows waste products and extra fluid to pass from the blood into the dialysis solution. The solution contains a sugar called dextrose that will pull wastes and extra fluid into the abdominal cavity. These wastes and fluid then leave the body when the dialysis solution is drained. The used solution, containing wastes and extra fluid, is then thrown away. The process of draining and filling is called an exchange and takes about 30 to 40 minutes. The period during which the dialysis solution stays in the abdomen is called the dwell time. A typical schedule calls for four exchanges a day, each with a dwell time of 4 to 6 hours. Different types of PD have different schedules of daily exchanges.

The main complications of peritoneal dialysis are infection, weight gain, and hernia.

Infections associated with PD

The most common problem for people receiving peritoneal dialysis is peritonitis, an infection of the lining of the abdominal cavity (peritoneum). An infection can also develop at the site where the tube (catheter) is inserted to carry the cleansing fluid into and out of your abdomen.

Weight gain associated with PD

The fluid used to clean blood in peritoneal dialysis contains sugar (dextrose). A patient may take in several hundred calories each day by absorbing some of this

fluid, known as dialysate. The extra calories can also lead to high blood sugar if the patient is diabetic.

Hernia associated with PD

A weakening of the abdominal muscles from holding fluid in the abdomen for long periods may strain abdominal muscles.

Hemodialysis

The process by which a machine filters wastes, salts, and fluid from the blood when kidneys are no longer healthy enough to do this work.

Hemodialysis is the most common way to treat advanced, permanent kidney failure. The procedure can help patients carry on an active lifestyle despite failing kidneys.

Hemodialysis requires the patient to follow a strict treatment schedule, take medications regularly and, often, make changes in diet. To allow for easy access to the bloodstream, a surgeon will create a vascular access, usually referred to as an access. It is the place on the outside of the body where blood is removed for hemodialysis and then returned. The surgical access needs time to heal before hemodialysis treatments begin.

Complications that can stem from hemodialysis or underlying kidney disease include:

- Low blood pressure (hypotension)
- Muscle cramps
- Itching
- Anemia
- Bone Diseases
- High Blood Pressure (hypertension)
- Fluid Overload
- Hyperkalemia (high potassium levels)
- Infection
- Depression

Enteral Feeding (Tube feeding)

A way to deliver nutrients through a tube if the patient cannot take food or drink through the mouth.

Patients may need tube feeding for only a short period of time, or they may need to receive nutrition this way on a temporary or permanent basis.

Depending on the condition, the patient may have a tube that leads from the:

- Nose to the stomach (nasogastric)
- Abdominal wall to the stomach (gastrostomy)
- Abdominal wall to the intestines (jejunostomy)

Tube feeding provides proper nutrition when a condition makes it difficult, unsafe, or impossible to take food through the mouth. Fluids and medicines can also be given through the tube.

Possible complications of tube feeding include:

- Diarrhea or constipation
- Abdominal cramping or bloating
- Breakdown of the skin surrounding the feeding tube
- Irritated or infected stoma (the opening made in the abdomen)
- High blood sugar (hyperglycemia)
- Higher than normal phosphate levels in the blood
- Nausea and vomiting
- Inhaling the liquid formula into the lungs (aspiration)
- Clogged or dislodged feeding tube

If the patient has gastroesophageal reflux disease (GERD), he or she may be at increased risk for vomiting or aspirating.

Frequency of Support

The evaluators should consider the frequency of support, regardless of setting. For example, therapy received in school programs, clinics, or other settings would be captured in the frequency.

Bolus

The prescribed dosage for a specified time period is administered to the patient all at once.

Advantages

- Easy to administer
- Inexpensive
- Short administration time (usually 15 minutes)

Disadvantages

- Highest risk of aspiration
- Nausea and vomiting
- Abdominal pain and distention
- Diarrhea

Intermittent

The prescribed dosage is administered to the patient in a stop-and-start series over a specified time period.

Advantages

- Flexibility in feeding schedule
- Inexpensive
- Feeding over shorter time allows patient more free time

Disadvantages

- Higher risk of aspiration
- Nausea and vomiting
- Abdominal pain and distention
- Diarrhea
- May require formula with more calories and protein

Continuous

The prescribed dosage is administered to the patient continuously over a specified time period.

Advantages

- Pump assisted
- Minimizes risk of high gastric residuals and aspiration
- Minimizes risk of metabolic abnormalities

Disadvantages

- Restricts ambulation
- Infused over 24 hours/day
- Increased cost (need pump)

The Ohio Department of Developmental Disabilities would like to thank the following partners for their expertise, their time and their commitment in working with the department on this instructional guide.

The Arc of Ohio

Disability Rights Ohio

Ohio Association of County Boards (OACB)

Ohio Provider Resource Association (OPRA)

Ohio Healthcare Association (OHCA)

Intermediate Care Facility (ICF) providers

Ohio's County Boards of Developmental Disabilities

The Ohio Department of Medicaid



**Department of
Developmental Disabilities**

Glossary

Abbreviated terms used in this text

ADHD – Attention Deficit Hyperactivity Disorder

DODD – Ohio Department of Developmental Disabilities

GERD – Gastroesophageal Reflux Disease

GI – Gastrointestinal

HCBS – Home and Community Based Services

ICF – Intermediate Care Facility

IID – Individuals with Intellectual Disabilities

LOC – Level of Care

NICS – Notification of Individual Change in Status

PD – Peritoneal Dialysis

QIDP – Qualified Intellectual Disabilities Professional

SSA – Support Services Administrator

TPN – Total Parenteral Nutrition

Appendix

Clinician Verification Form

For Ages 10 and Above.....58

For Birth through Age 9.....59

Diagnosis Verification (Ages 10 and above)

Individual: _____

DOB: _____

Please have the appropriate clinician complete the below information. It is not necessary to have both areas completed.

Please complete this section if you are a **physician** providing diagnosis verification.

1. Does the individual have a medical condition that would be defined as a severe, chronic disability?
 Yes No

Please list the person's disability: _____

2. Was the onset of the condition prior to age 22? Yes No

3. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?
 Yes No

4. Is this condition likely to continue indefinitely? Yes No

Physician's Name: _____ License #: _____

Physician's Signature: _____ Date: _____

Please complete this section if you are a **licensed psychologist** providing diagnosis verification.

1. Does the individual have an intellectual disability that would be defined as a severe, chronic disability?
 Yes No

Please list the person's disability: _____

2. Please list the instrument used to determine the presence of the disability and date administered:

Instrument: _____ Date: _____

3. Was the onset of the condition prior to age 22? Yes No

4. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?
 Yes No

5. Is this condition likely to continue indefinitely? Yes No

Licensed Psychologist's Name: _____ License #: _____

Licensed Psychologist's Signature: _____ Date: _____

Diagnosis Verification (Ages birth through age 9)

Individual: _____

DOB: _____

Please have the appropriate clinician complete the below information.

Does the child have at least one of the following:

1. A substantial developmental delay?
 Yes No

In what area(s) do delay(s) exist? _____

Instrument: _____ Date administered: _____

OR

2. A diagnosed congenital or acquired condition, other than an impairment caused solely by a mental illness?
 Yes No

List the diagnoses: _____

Is the above-mentioned condition and/or delay likely to result in substantial functional limitation in any of the following major life areas if the individual does not receive the appropriate services/supports?

- | | | |
|--|------------------------------|-----------------------------|
| Self-care (bathing, grooming, eating, toileting, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Expressive/receptive language | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Learning/cognition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobility (locomotion, positioning, transfers) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Self-direction (decision-making, judgment) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Independent living (household tasks) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Economic proficiency (money management) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of Physician or Licensed Psychologist

License number

Signature of Physician or Licensed Psychologist

Date