

The Ohio Department of Developmental Disabilities

CHILDREN'S OHIO ELIGIBILITY DETERMINATION INSTRUMENT AND OHIO ELIGIBILITY DETERMINATION INSTRUMENT (C/OEDI)

User Guide

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Introduction

This document will assist staff in determining a person's eligibility for county board of developmental disability programs. The two components of the eligibility determination process are

1. The Children's Ohio Eligibility Determination Instrument (COEDI) or the Ohio Eligibility Determination Instrument (OEDI)
2. The Children's Form for Eligibility Determination (CFED) or the Form for Eligibility Determination (FED)

What is a Developmental Disability?

The definition of the term "developmental disability" is in Ohio Revised Code 5126.01. This definition is used to determine eligibility for services from the county boards of developmental disabilities.

Ohio Revised Code (ORC) 5126.01

Developmental disability means a severe, chronic disability that is characterized by all of the following

1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in Division (A) of Section 5122.01 of the Revised Code
2. It is manifested before age 22
3. It is likely to continue indefinitely
4. It results in one of the following
 - In the case of a person under age 3, at least one developmental delay or an established risk;
 - (b) In the case of a person at least 3 but under age 6, at least two developmental delays or an established risk
 - In the case of a person age 6 or older, a substantial functional limitation in at least three of the following areas of major life activity, Self-Care, Receptive and Expressive language, Learning, Mobility, Self-Direction, Capacity for Independent Living, and, if the person is at least age 16, Economic Self-Sufficiency
5. It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment or provision of services for an extended period of time that is individually planned and coordinated for the person

Children’s Ohio Eligibility Determination Instrument and Ohio Eligibility Determination Instrument (C/OEDI)

The C/OEDI is a tool to record information about a person’s current functional abilities. It is designed to be a user-friendly, common sense document that the evaluator, the person, guardian, and advocate can easily understand. The COEDI, Children's Ohio Eligibility Determination Instrument, determines eligibility for services for children, beginning at age 6 through 15 years old. The OEDI, or Ohio Eligibility Determination Instrument, is used to determine eligibility for people 16 years old and older.

The C/OEDI is divided into life activity areas listed in the definition of developmental disability contained in ORC 5126.01. DODD authorizes county board staff to administer the C/OEDI to determine whether a person has substantial functional limitations in at least three of the six life activity areas listed within the definition. The OEDI has seven life activity areas.

Each of the seven areas—six for COEDI—contain at least one item. Each item is an ability statement about the particular life activity area. Each item is further divided into at least one sub-item for which the evaluator is required to score a yes, no, or N/A (when the instrument allows). A conclusion is made in accordance with DODD criteria as to whether a person has a substantial functional limitation (SFL) within each area.

There are four sources the evaluator will use to make their conclusions during the assessment: the applicant, the informant or person's supports, documentation, and observation. The evaluator is not required to use all four sources for every item. If the overall eligibility outcome is questionable or the evaluator is uncertain about a person’s ability to perform a task, the evaluator should pursue more sources.

Any assessment or other documentation that the evaluator uses in assessing functional abilities must be current within one year. The C/OEDI is not valid if the evaluator uses old information to make decisions about the person’s current abilities. Note that this requirement for information within one year differs from the Form for Eligibility Determination (C/FED). The reason for this difference is that one’s abilities, unlike diagnoses, change over time.

The Design of the C/OEDI

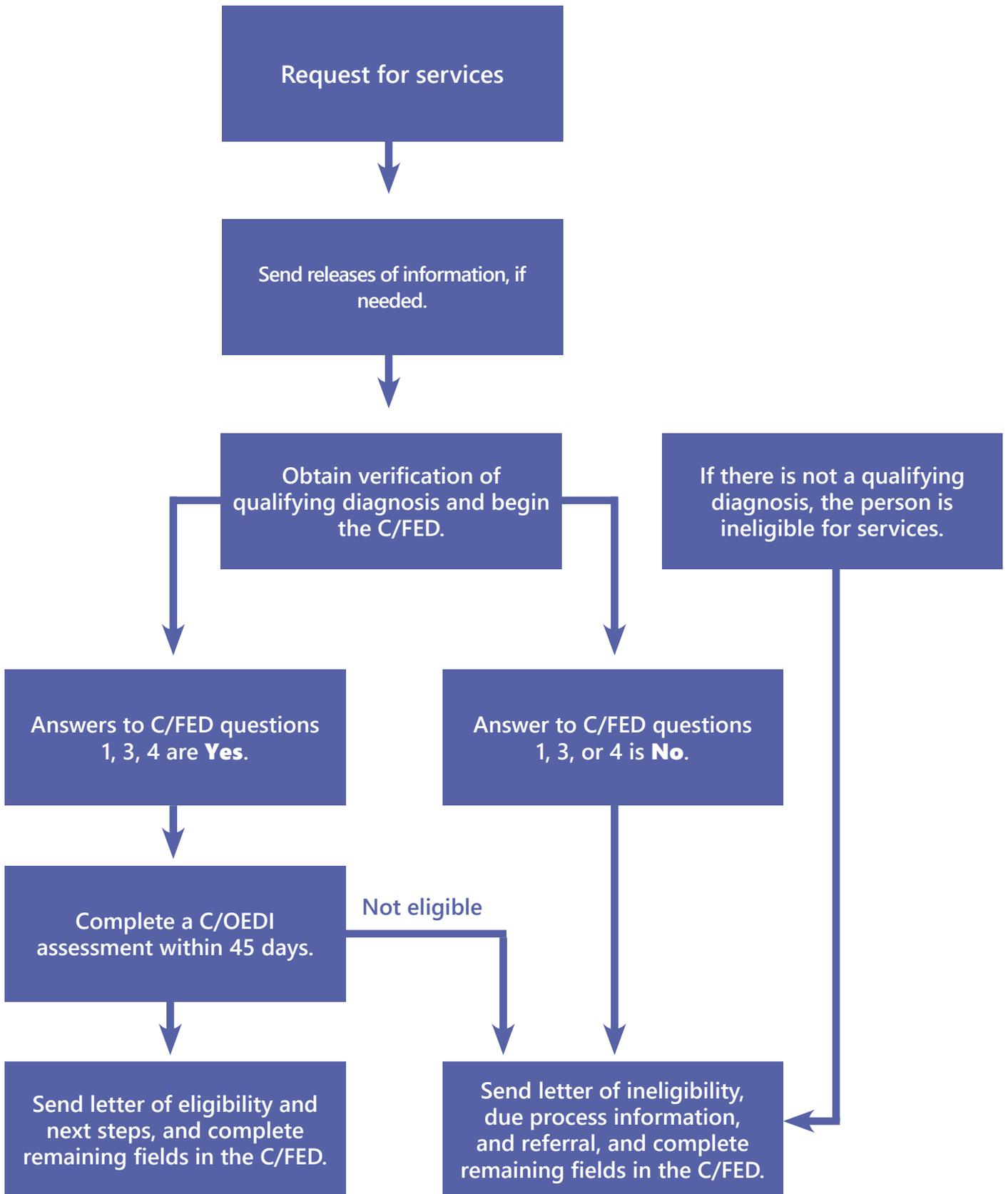
COEDI has **six** Life Activity Areas

OEDI has **seven** Life Activity Areas

Each area contains at least **one** item

Each item contains at least **one** sub-item

Flow Chart of Eligibility Process



Completing C/OEDI Documents

The evaluator uses the guide to C/OEDI Life Activities when completing the interview and process. It includes clarifying questions that can be used if the evaluator needs assistance.

The format allows the evaluator the option to handwrite all responses to interview questions or to use the electronic format.

In order to save time and assess eligibility more efficiently, the evaluator may administer the C/OEDI in any order.

The evaluator must include a short comment or statement after each item on the answer sheet. The evaluator should feel free to use quotes and statements given by the person or informants. Examples include

- Person states "I can do that by myself"
- Parent states that the person "has no concept of safety and is monitored at all times"
- If a person is independent in certain areas, evaluator should state "independent"
- If a person is not independent, evaluator should include why
- Review recorded and collateral information, contact additional informants, if needed

The evaluator uses the C/OEDI User Guide and Instruments when conducting the interview. All responses are included on the answer sheet, then on the score sheet. The C/FED then will be completed.

See Administration of the C/OEDI (Page 10).

Diagnoses Guidelines

Acceptable diagnoses made by a qualified professional* include, but are not limited to

AIDS, Amputation, Aphasia or Dysphasia, Asperger's Disorder, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Autism, Cancer, Cerebral Palsy, Circulatory Conditions, Clubfoot, Cystic Fibrosis, Down Syndrome, Epilepsy or Seizure Disorder, Fetal Alcohol Spectrum Disorders (FASD), Hemiparesis, Hemophilia, Huntington's, Hydrocephalus, Juvenile Arthritis, Learning Disability, Lesh-Nyhan, Lung Disease, Developmental Disability (specify level), Muscular Dystrophy, Nonverbal Learning Disability, Osteogenesis Imperfecta, Pervasive Developmental Disorder, Prader-Willi, Rett's Syndrome, Severe Cardiac Conditions, Sickle Cell Anemia, Speech-Language Disorders (Aphasia, Dysphasia, Dysfluency, Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder and Stuttering), Spina Bifida, Spinal Cord Injury, Stroke, Tourette's Syndrome, Traumatic Brain Injury, Tuberous Sclerosis, Usher's Syndrome, or other degenerative or neurological conditions often associated with a developmental disability.

*Qualified professional refers to people who are specially trained and licensed by their respective state of residence and practice to examine patients, conduct or refer for diagnostic testing, diagnose health conditions, treat illnesses, diseases and conditions, and prescribe as applicable.

Hearing and vision impairments are qualifying disabilities if the impairment equals or exceeds the standards established by the current Ohio Department of Education's Operating Standards for Ohio Educational Agencies Serving Children with Disabilities. The 2014 Ohio Department of Education's Operating Standards for Ohio Educational Agencies Serving Children with Disabilities section pertaining to hearing and visual impairments is on the next page:

Deficit of Hearing as Determined by OAC 3301-51-01 (B)(10)(d)(vi)

"Hearing impairment" means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this rule.

Deficit of Vision as Determined by OAC 3301-51-01 (B)(10)(d)(xiii)

1. Visual impairment, including blindness, means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.
2. The term "visual impairment" does not include a disorder in one or more of the basic psychological processes, such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Unacceptable terms include, but are not limited to

Borderline Intellectual Functioning; Borderline Mental Retardation; Central Auditory Processing Disorder; Correctable Myopia; Mental Retardation, by history; Mild Hearing Loss; Sensory Integration Disorder; and any diagnosis that includes the phrases "Rule Out" or "history of" (e.g., "Rule out mild mental retardation").

A person with a sole diagnosis of mental illness does not have a qualifying disability and is not eligible for county board programs. However, if a person has a qualifying disability in addition to mental illness, then he or she meets the requirement of the C/FED form.

Terms or labels used by school districts under the auspices of the Ohio Department of Education for classifying educational placement(s) when presented alone are not sufficient to serve as evidence of a qualifying disability or the absence of a qualifying disability for the purposes of proceeding with eligibility determination. Such terms may include, but are not limited to

Cognitive Disability; Developmentally Handicapped; Developmental Delay; Learning Disabled; Emotional Disturbance; Multi-Handicapped; Multiple Disabilities; Orthopedically Handicapped; Other Health Impairments; Severe Behavioral Handicapped; Severe Behavioral Disability; Slow Learner; or Traumatic Brain Injury.

Diagnostic and Statistical Manual of Mental Disorders Fifth Edition

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, also known as DSM V, is a tool to help the evaluator answer question two of the Children's Form for Eligibility Determination, also called the C/FED, which is discussed in the following section.

Form for Eligibility Determination

The C/FED, or Children's Form for Eligibility Determination, a one-page document, is a screening tool used to evaluate basic eligibility criteria based on the definition of developmental disability. If the answer is **YES** for Questions 1, 3, and 4, the C/OEDI is administered to determine if the person has substantial functional limitations in at least three life activity areas.

The elements of the C/FED include

1. Does the person reside or plan to reside in the county where application for service is being made? If NO, stop. The person is not eligible for services from this county unless the Children's Services board maintains custody.

Persons must be residents of the county in which they apply for services in order to be eligible to receive services from that county. For example, a person living in Summit County is not eligible to receive services from Portage County. For adults requesting services, residency is based upon where the person lives. For children through age 17, residency is based on where the parents or legal guardians live. A person living in one county could be determined eligible for services from another county board if the two county boards have entered into some type of agreement, but making that eligibility determination is the responsibility of the county in which the person lives. If a person who is not currently eligible for county board services is moving to another county, or into Ohio from another state, and wants to establish his or her eligibility, the receiving county board must make an eligibility determination upon request. If the person is eligible, the county board will notify the person that qualifying for services is based on becoming a resident of that county. Persons in foster placement are considered residents of the county in which the placing child protective services agency is located.

2. List all of the person's disabilities and the sources of diagnoses. (Documentation need not be current)

It is important to document all of the presenting physical or mental impairments of the person. The county board may want to request updated or additional documentation to verify a diagnosis. Also, indicate who made the diagnosis. People with a diagnosis of developmental or intellectual disability must be diagnosed by a professional who is licensed or certified to administer psychological tests. This is generally a psychologist or school psychologist. However, a psychiatrist or licensed professional clinical counselor sometimes makes this determination.

Diagnoses do not need to be recent, nor does the documentation. For example, a physician's report written thirty years ago stating that an person has cerebral palsy may be the only available source and, therefore, would suffice. However, in the case of an old diagnosis of developmental or intellectual disability, the evaluator may need to inquire further to determine the accuracy of that diagnosis and whether more current information disputes the diagnosis. If so, a new evaluation may be requested. The applicant is not required to have any degree of intellectual disability to be considered eligible for county board services.

3. Does the person have physical or mental impairments other than a sole diagnosis of mental illness? If NO, stop. The person is not eligible.

People with a sole diagnosis of mental illness are not eligible for county board programs. The evaluator should continue with the eligibility determination if the person has a dual diagnosis (e.g., schizophrenia and cerebral palsy).

4a. Did the person's disability or disabilities manifest before age 22? If NO, stop. The person is not eligible. (Only applicable on FED)

There must be recorded evidence indicating that the person had some degree of limitation caused by any presenting disability. A person who was not given a diagnosis of Tourette's syndrome until after their 22nd birthday might satisfy this requirement if a preponderance of the evidence shows that the disability affected their life prior to that date. Evidence of limitations could include: the person lacks a work history; the person has never moved out of their parents' house; or the person has never attended school or required educational supports specified through an Individualized Education Plan (IEP).

4b. Is the person's disability likely to continue indefinitely? If NO, stop. The person is not eligible.

The condition should have a reasonable likelihood of continuing throughout life. If the disability is "curable", acute, short-term, etc., then this would result in a NO. For example, a person who sustains a broken leg in a car accident and is incapacitated for several months but will recover eventually would receive a NO on this item.

If the person receives YES responses to questions 1, 3, and 4, the evaluator must then complete the C/OEDI. A NO response to any of the questions will deem the person ineligible; it is not necessary to complete the C/OEDI. In some cases, it may be difficult, if not impossible, to find and collect written documentation. For example, people in nursing homes may not have written collateral material on file, or persons may not have access to school or medical records. It is then the responsibility of the evaluator to search for information on the person. If the preponderance of evidence supports the disability occurring during the developmental years, for example, this would suffice as background information. The evaluator may have to review old letters or call family members to corroborate information. The evaluator must make his or her best effort to establish the documentation needed.

Collateral Resource Information

1. Social History

- Birth-related physician or hospital records
- Other birth-related information
- Documentation derived from family, such as baby books or videotapes

2. Medical History

- Information on all serious injuries or illnesses
- Information related to head trauma or brain injury
- Physician or hospital records

3. Information from Children Services (if applicable)

- Previous placement(s) and duration(s)
- History of abuse or neglect

4. School Information

- Multi-factored evaluations
- Continuous history of educational placements
- School attendance records

5. Previous psychological evaluations from any other source (e.g., hospitals, OOD or vocational rehabilitation, practitioners)

- Purpose(s) of evaluation
- Qualifications of examiner

3. Juvenile or Adult Court Information

4. Mental Health History

- Previous residential placement(s) and their duration(s)
- All prior psychiatric hospitalizations
- Historic and current medication regimen(s)
- Consistency of diagnosis over time
- Consistency of treatment with diagnosis

Note: Information must be complete (i.e., include all pages). Documentation of diagnoses must be original or source documentation (i.e., no referential diagnoses). Diagnoses must be made by a health professional qualified to make the diagnosis. Diagnoses must be based on appropriate assessment and evaluation techniques.

Administration of the C/OEDI

Planning

To make sure that the C/OEDI is administered as fairly and accurately as possible the evaluator should

- Collect and review any available documentation that describes the person's functional abilities in the six (COEDI) or seven (OEDI) life activity areas. This documentation must be current within the last year.
- If necessary, involve the informants who know the person.
- Administer the C/OEDI in an interview with the person and informants.
- Be prepared to schedule time to observe the person in different situations to determine functional abilities if interviews or review of documentation did not provide enough information.
- This may be a stressful situation for the person, so be sure to make the person comfortable before starting the interview.

Documenting Relevant Information

It is the responsibility of the evaluator to document accurately the person's current functional abilities. The evaluator then compares the descriptions of the person's abilities from the various sources to make a determination for each item.

In completing the C/OEDI, it's important to remember that the sub-items are not meant to be used as YES or NO questions. The evaluator should ask the person or informant to describe the person's abilities related to the sub-item before making a YES or NO conclusion. For example, in completing sub-item A for Mobility, the evaluator might ask the person/informant to describe how they move around and get from one floor to another in a two-story building, including how long it takes, how the person moves around, etc. The evaluator then compares this descriptive information, along with any information obtained from written documentation or direct observations, with the sub-item and reaches a conclusion of YES or NO.

Conflicting Information

Evaluators may find that after interviewing the person and/or informants, reviewing the documentation and making direct observations, it is still not possible to make a conclusion for an item. Under these conditions the only alternative is to delay making a conclusion until enough additional information can be documented to make a valid decision. It is also likely that the evaluator will be faced with situations where there is conflicting information about the person's current abilities.

Reports from the person and knowledgeable informants may not agree; observations made by the evaluator may be inconsistent with data contained in the documentation, etc. The evaluator must record the conclusions that they think most validly reflect the person's current ability based upon the preponderance of evidence. The evaluator then explains the reasoning used to reach that conclusion.

Assembling Administration Materials

It is helpful for the evaluator to organize these materials, all of which will be used in the Learning section

1. A copy of the Reading Document (available from the DODD in Braille and Spanish, if needed)
2. \$2 in change (five pennies, four nickels, five dimes, five quarters)
3. Two watches (one sweep-hand and one digital)

Assistance

To score YES on any sub-item, the person must accomplish the activity independently. If the caregiver initiates the task via verbal direction (i.e., "Did you brush your teeth?" or "It's time to clean your room"), score YES. If necessary, cross-reference to Self-Direction. If the caregiver gives verbal assistance by breaking the task down into task analysis steps, (i.e., find your toothbrush; turn on the water; put your toothbrush under the water; put toothpaste on your toothbrush) the evaluator scores the sub-item NO.

If the caregiver gives physical assistance, (any hands-on assistance) this also results in a NO score.

Cultural Differences

The majority of items and sub-items are written in an unbiased manner in an effort to determine the functional ability of the person as compared as compared with a person without a developmental disability. The reasonableness standard must be maintained; however, the setting and the materials used by people may vary depending upon the environment or culture in which they live. Religious beliefs, age, social or gender considerations must be taken into account when tailoring the item/sub-item on the C/OEDI.

If a person can perform an activity but chooses not to, and understands the consequences of his or her decision, score YES and cross-reference to Self-Direction.

Cross-Referencing

All areas except Self-Direction permit evaluators to score YES for abilities that the person possesses but does not consistently demonstrate. For example, a person who has demonstrated the ability to bathe independently but refuses to do so because he or she really hates to bathe should receive a YES for that Self-Care sub-item. The evaluator then makes a note of this refusal on the corresponding page of C/OEDI and applies that information to the Self-Direction items if appropriate. Other examples include a person who is able to work but refuses to do so, or one who is able to do his or her own laundry but makes the choice not to. Before scoring YES for the item and cross-referencing to this area, the evaluator must make sure the person understands the implications of his or her choice.

Use of Assistive Devices

Before reaching a conclusion, the evaluator must determine whether a person needs to use any assistive devices to complete a given task.

Allowable assistive devices must be

- Reliable
- Personally Owned
- Readily Accessible

Another person can never be considered as an assistive device. A service animal, however, may be considered an assistive device. Also, for example, a swivel spoon or a cane would be acceptable assistive devices because they clearly meet all three criteria.

Reasonableness Standard

All items and sub-items in the C/OEDI have been carefully written and should be followed as closely as possible. However, the items do allow some degree of interpretation on the part of the evaluator. Implied in the assessment of all of the items in the C/OEDI are reasonable degrees of "FEAST" (Frequency, Effort, Adequacy, Safety, and Time).

Take for example an person who cuts all of his food himself with the exception of tough meats. A reasonable interpretation of that sub-item is that the person can cut almost all of his own food consistently. The evaluator should probably score YES on that item.

The evaluator must compare a person's abilities with those of a person without a disability.

FEAST

In addition to the item-specific guidelines detailed in the C/OEDI, the evaluator should keep in mind the following guidelines that apply to each of the C/OEDI items. An easy way to recall these guidelines is to remember the acronym FEAST.

Frequency ... of the functional limitation.

Effort ... needed to complete the task.

Adequacy ... of task completion.

Safety ... in completing the task.

Time ... needed to complete the task.

Frequency of the functional limitation should be considered for some people. For example, some people are able to perform an activity adequately most of the time but not all of the time. These intermittent problems may be due to complications and side effects of medications, or to the temporary debilitating effects of seizures. The evaluator must obtain accurate information on such problems (how often the seizures occur, how the person is limited during this time, etc.). Generally, if the limitations are frequent enough to interfere significantly with the person's overall ability to accomplish a task consistently over a long period of time, the evaluator should consider the person unable to accomplish that task. For example, if seizures result in tardiness, require the person to lie down afterward, or prevent him or her from reaching a minimum production rate, the evaluator should score the sub-item NO.

Effort influences rating an item or a sub-item when the effort exerted far exceeds the amount of effort a person without a disability would exert to complete the task. For example, some applicants might be able to climb a flight of stairs but are left exhausted afterward. In this case, the applicable sub-item in Mobility should be scored NO, even though the person can accomplish the task and may do so every day, because it is unusually tiring.

Adequacy refers to how well a person accomplishes a task. For example, an applicant might be able to eat a meal but spills a great deal of food in doing so. Even though the person eats meals independently, he or she might still receive a NO for that sub-item because of the excessive spillage.

Safety refers to the person's ability to perform activities without unusual risk of injury to themselves or others. For example, people who can operate a range or oven but frequently burn themselves should be scored NO for that sub-item.

Time required to complete a task or perform an activity must also be considered when scoring an item or sub-item. For example, does the person take an inordinate amount of time to bathe or to get from one place to another? If the time taken to complete the activity is unreasonable, score NO for that item or sub-item.

For eligibility determination, a person might be able to accomplish certain tasks described in the C/OEDI but still receive NO scores because he or she could not accomplish those tasks without violating the principles of FEAST.

Redetermination Guidelines

Premise: County boards serve eligible people. If a person has “significant change in condition or functioning”, it is appropriate to reconsider the person’s eligibility status.

When should county board eligibility be evaluated? At a minimum, eligibility should be determined at ages 3, 6, and 16. However, it is permissible for county boards to specify that an eligibility decision is effective for a one-year period, two-year period, etc. This is especially important for children who may be undergoing an extended diagnostic process. Eligibility may be re-determined at any time. Below are some indicators that eligibility should be re-determined

- When a person’s life becomes more stable and functioning improves
- When a person no longer takes medication or begins taking medication
- When a person no longer has a qualifying diagnosis, or there is a change in diagnosis
- When there is a change in a medical or mental health condition
- When a person turns 21 or prior to transition to adult services
- At the request of a team, person, family, guardian, or other professional
- When an person demonstrates through their actions or in assessments that they are no longer substantially limited in three functional areas
- When a person moves from one county to another. The person’s eligibility status may be redetermined at this time. The person will maintain their current eligibility status until the new county of residence re-determines eligibility
- When there is a change in rules governing eligibility
- When a person reapplies for services after voluntary termination of services

Can C/FED forms be forwarded to a new county in Ohio when someone moves?

All county boards have access to the state database and should look for a person’s previous or “active” case anywhere in Ohio. People or their support(s) may contact the last county of residence and ask for a copy of the C/FED, the answer sheet, and a copy of qualifying diagnosis used on the C/FED form.

People may want to have this information and other records with them when applying for services. The receiving county does not need releases for the above information.

Who can determine eligibility for county board services services?

Service and Support Administrators, or SSAs, are the only staff designated within Ohio Revised Code to determine eligibility for county board services. Other staff who are authorized by DODD can administer the C/OEDI, but the final eligibility decision rests with the SSA.

Complaint Resolution (formerly Due Process)

A person who has been determined ineligible for county board programs or services has the following rights

- The right to understand how the decision was made
- The right to appeal the decision
- The right to obtain copies of county board records used to determine eligibility.

When informing a person that he or she is not eligible for county board programs or services, the county board will send a letter stating the decision that includes

- A description of the eligibility process
- The reasons for denial
- A description of alternative services which are or may be available.
- Complaint resolution procedures
- The person's right to
 - Obtain legal representation
 - Question county board staff
 - Examine records
 - Offer additional evidence

The county board must provide

- A copy of the completed C/OEDI upon request.
- An opportunity for the person to discuss the decision with the staff person who completed the instrument.

