

TYPES OF SUPPORTING DOCUMENTATION NEEDED TO DETERMINE AT-RISK LOC (PART B)

Diagnosis & Services

- Documentation which outlines the child's severe, chronic medical diagnosis/diagnoses (i.e. medical records).
 - Does it show the diagnosis/diagnoses has lasted for at least 6 months and expected to last at least 12 months?
- Documentation outlining any skilled services needed and the frequency such as ventilator or NIPPV, tracheostomy care, oxygen administration, dialysis, tube feedings, etc. (i.e. medical records, nursing orders)
- Documentation to support the child requires intensive therapy services (i.e. Physical, Occupational, and/or Speech) and the frequency in which these therapies are needed/provided (i.e. therapy notes).

Functional Assessment

- Documentation showing the child has a substantial functional limitation in learning based on a valid, standardized and *norm-referenced measure of aggregate intellectual functioning.
- Documentation the child has a substantial limitation in receptive language as determined by a *norm-referenced assessment in the last 12 months.
- Documentation the child has a substantial functional limitation in expressive language as determined by a *norm-referenced assessment in the last 12 months.

**Examples of norm-referenced assessments include but are not limited to: Vineland, ABAS-II, Wechsler Scale of Intelligence, IQ Test, GRE, SAT, Peabody Picture Vocabulary Test, etc.*

All other functional assessment areas will be determined through observation and interviewing (i.e. bathing and eating; dressing, grooming, and toileting; and mobility).

ID or DD Determination

- Documentation the child has been determined disabled by the Disability Determination Bureau (DDB) or Social Security Administration (SSA).
- Full-Scale IQ test/ Psychological Evaluations (including from school).
- Assessments indicating diagnosis of Developmental disability from School IEPs, Clinical or other medical assessments.