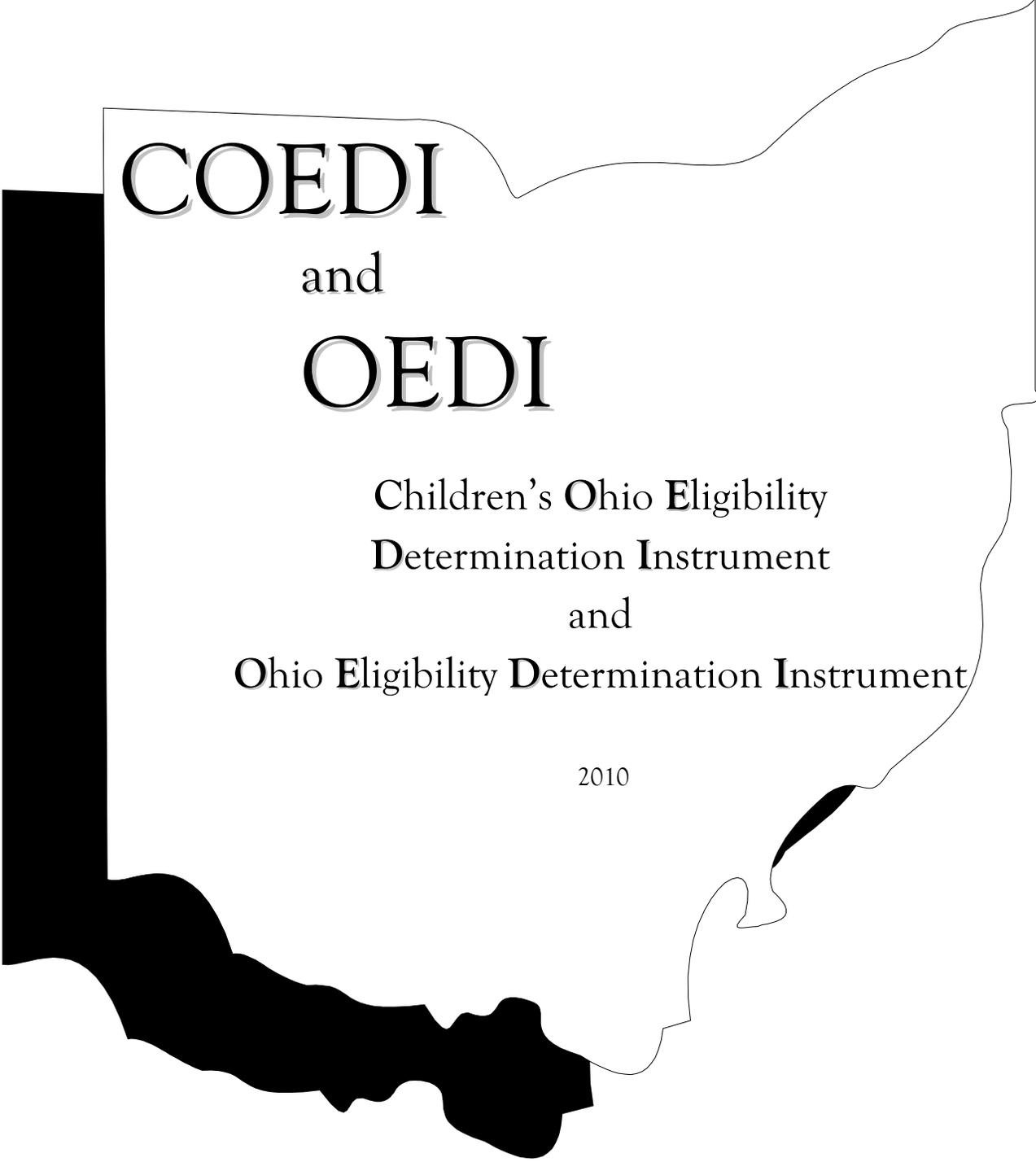


C/OEDI User's Guide and Instruments



COEDI and OEDI

Children's Ohio Eligibility
Determination Instrument
and
Ohio Eligibility Determination Instrument

2010



Department of
Developmental Disabilities

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INTRODUCTION

The COEDI and OEDI looks at the whole individual.

Intent of the C/OEDI Users Guide and Instruments:

This document will assist staff in determining an individual's eligibility for County Board of Developmental Disability (DD) Programs. The two components of the eligibility determination process are:

1. The Children's Ohio Eligibility Determination Instrument and Ohio Eligibility Determination Instrument (C/OEDI)
2. The Children's Form for Eligibility Determination and Form for Eligibility Determination (C/FED)

DEVELOPMENTAL DISABILITY DEFINITION

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 Ohio Department of Developmental Disabilities (DODD) and County Boards of DD.

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:
 - (a) 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;
 - (c) 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, as appropriate for their age: 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 an individual's current functional abilities. It is designed to be a user-friendly, common sense document that the rater, the individual, guardian, and advocate can readily understand. The COEDI or Children's Ohio Eligibility Determination Instrument determines eligibility for services for individuals 6-15 years old. The OEDI or Ohio Eligibility Determination Instrument is used to determine eligibility for individuals 16 years old and over.

The C/OEDI is divided into life activity areas listed in the definition of developmental disability contained in ORC 5126.01. DODD authorizes select staff of County Boards of DD to administer the C/OEDI to determine whether an individual has substantial functional limitations in at least three of the six* life activity areas listed within the definition. *(OEDI has seven)

Each of the seven areas (six for COEDI) contains 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 rater is required to score a **YES**, **NO** or **NA** (when the instrument allows). A conclusion is made in accordance with DODD criteria as to whether an individual has a Substantial Functional Limitation (SFL) within each area.

The rater is not required to use all four sources for every item. The less certain the rater is regarding an individual's ability to perform a skill, the greater the need to pursue a number of sources, especially if the overall eligibility outcome is questionable.

Any assessment or other documentation that the rater uses must be current within one year. The C/OEDI is not valid if the rater uses old information in making decisions about the individual's current abilities. Please 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

- There are SIX Life Activity Areas (OEDI HAS SEVEN)
- Each area contains at least ONE item
- Each item contains at least ONE sub-item

FLOW CHART OF ELIGIBILITY PROCESS

Request for Services



Send out “Eligibility for County Boards of Developmental Disabilities” flyer along with other county-specific applicant information materials.



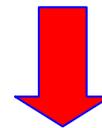
Obtain verification of qualifying diagnosis (Pages 11-12) – Start C/FED

YES



Determine if Questions 1, 3, and 4 received a “yes” response (Pages 11-12)

NO



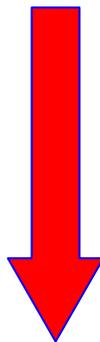
Individual is ineligible based on absence of qualifying diagnosis

YES

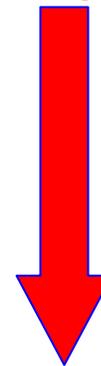


Complete a C/OEDI assessment within 45 days (Page 14)

NO



Not Eligible

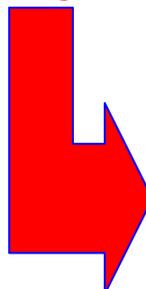


Eligible



Send letter of eligibility and next steps – Complete C/FED

Not Eligible



Send letter of ineligibility, due process, information & referral and complete C/FED

DIRECTIONS FOR COMPLETION COEDI AND OEDI DOCUMENTS

- ➡ The interviewer will always use the “C/OEDI Users Guide and Instruments” when completing the process.
- ➡ “C/OEDI Users Guide and Instruments” includes further clarifying questions that can be used if the interviewer needs assistance.
- ➡ The format allows the interviewer 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 interviewer may administer the C/OEDI in any order.
- ➡ The interviewer must include a short comment or statement after each item on the answer sheet. The interviewer should feel free to use quotes/statements given by the interviewee and/or informant. Examples include:
 - (Individual) states “I can do that by myself.”
 - Parent states (individual) “has no concept of safety and is monitored at all times”.
 - If an individual is independent in certain areas, interviewer should state “independent”.
 - If an individual is not independent, interviewer should be sure to include why.
 - Review recorded and collateral information, contact additional informants if needed.
- ➡ The interviewer uses the “C/OEDI Users 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 14).

DIAGNOSIS GUIDELINES

Acceptable diagnoses made by a **qualified professional*** include **BUT ARE NOT LIMITED TO:**

AIDS, Amputation, Aphasia/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 (specify type: e.g., Auditory Decoding, Dyscalculia, Agraphia, Dyslexia), Lesh-Nyhan, Lung Disease, Mental Retardation (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, Tuberos Sclerosis, Usher's Syndrome, or, other degenerative or neurological conditions often associated with a developmental disability.

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 2008 Ohio Department of Education's Operating Standards for Ohio Educational Agencies Serving Children with Disabilities section pertaining to Hearing and Visual Impairments is below:

In the area of hearing a documented deficit shall be determined by:

OAC 3301-51-06 (J):

(1) An average pure tone hearing loss of fifty decibels or greater, according to the "American Speech-Language-Hearing Association (ASHA) Guidelines for the Audiologic Assessment of Children From Birth to Five Years of Age" (2004) for children from birth to five years of age or according to the "American Speech-Language-Hearing Association (ASHA) Guidelines for Manual Pure-Tone Threshold Audiometry" (2005) for children six through twenty-one years of age, for the frequencies five hundred, one thousand, and two thousand hertz in the better ear;

(2) An average pure tone hearing loss of twenty-five decibels or greater (ASHA) for the frequencies five-hundred, one-thousand, and two-thousand Hertz in the better ear, which has an adverse effect upon the child's educational performance related to documented evidence of:

- (a) A more severe hearing loss during the developmental years than is currently measured;
- (b) A history of chronic medical problems that have resulted in fluctuating hearing, presently or in the past; or
- (c) A delay in diagnosis, provision of amplification, and/or initiation of special programming; or

(3) A hearing loss in excess of twenty-five decibels (ASHA) for the frequencies one-thousand Hertz through eight-thousand Hertz in the better ear, resulting in such poor auditory discrimination that it has an adverse effect upon the child's educational performance.

In the area of vision a documented deficit shall be determined by:

OAC 3301-51-01 (B)(10)(d)(xiii):

“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. Visual impairment for any child means:

(a) A visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction; or

(b) A physical eye condition that affects visual functioning to the extent that special education placement, materials and/or services are required in an educational setting.

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 phrase “Rule Out” (e.g., Rule out mild mental retardation”).

An individual with a sole diagnosis of mental illness does not have a qualifying disability, and is not eligible for a county board program. If, however, an individual has a qualifying disability (Cerebral Palsy, Mental Retardation, Traumatic Brain Injury, etc.) in addition to the mental illness, then he or she meets the requirement of this part of the C/FED.

See pages 9-10 for a list of mental health diagnoses that, on their own, do not qualify for county board services.

Terms/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, the following: 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.

***Qualified professional refers to persons 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.**

DSM-IV Classification: Diagnosis Solely Related to Mental Illness

(For Item #3 on the FED/CFED)

309.9	Adjustment Disorders Unspecified	296.00	Unspecified
309.24	With Anxiety	296.89	Bipolar II Disorder
309.0	With Depressed Mood	301.83	Borderline Personality Disorder
309.3	With Disturbance of Conduct	298.8	Brief Psychotic Disorder
309.28	With Mixed Anxiety and Depressed	307.51	Bulimia Nervosa
309.4	Mood	307.45	Circadian Rhythm Sleep Disorder
	With Mixed Disturbance of Emotions &	307.9	Communication Disorder NOS
300.22	Conduct	312.8	Conduct Disorder
294.0	Agoraphobia Without History of Panic Disorder	300.11	Conversion Disorder
	Amnesic Disorder Due to...	301.13	Cyclothymic Disorder
	(Indicate the General Medical Condition)	293.0	Delirium Due to... (Indicate the General Medical Condition)
294.8	Amnesic Disorder NOS		Delirium NOS
307.1	Anorexia Nervosa	780.09	Delusional Disorder
301.7	Antisocial Personality Disorder	297.1	Dementia Due to Creutzfeldt-Jakob Disease
300.00	Anxiety Disorder NOS	290.10	Dementia Due to Parkinson's disease
301.82	Avoidant Personality Disorder	294.1	Dementia Due to Pick's Disease
296.80	Bipolar Disorder NOS	290.10	Dementia of the Alzheimer's Type, with Early Onset
	Bipolar I Disorder, Most Recent Episode	290.10	Uncomplicated
296.56	Depressed	290.11	With Delirium
296.55	In Full Remission	290.12	With Delusions
296.51	In Partial Remission	290.13	With Depressed Mood
296.52	Mild		Dementia of the Alzheimer's Type With Late Onset
296.53	Moderate	290.0	Uncomplicated
296.54	Severe Without Psychotic Features	290.3	With Delirium
296.50	Severe With Psychotic Features	290.20	With Delusions
296.40	Unspecified	290.21	With Depressed Mood
	Bipolar I Disorder, Most Recent	301.6	Dependent Personality Disorder
	Episode Hypomanic	300.6	Depersonalization Disorder
296.46	Bipolar I Disorder, Most Recent	311.	Depressive Disorder NOS
296.45	Episode Manic	300.12	Dissociative Amnesia
296.41	In Full Remission	300.15	Dissociative Disorder NOS
296.42	In Partial Remission	300.13	Dissociative Fugue
296.43	Mild	300.14	Dissociative Identity Disorder
296.44	Moderate	302.76	Dyspareunia (Not Due to a General Medical Condition)
296.40	Severe Without Psychotic Features		Dyssomnia NOS
	Severe With Psychotic Features	307.47	Dysthymic Disorder
	Unspecified	300.4	Eating Disorder NOS
296.66	Bipolar I Disorder, Most Recent	307.50	Encopresis, Without Constipation & Overflow
296.65	Episode Mixed	307.7	Incontinence
296.61	In Full Remission		Enuresis (Not Due to a General Medical Condition)
296.62	In Partial Remission	307.6	Exhibitionism
296.63	Mild	302.4	Factitious Disorder
296.64	Moderate		With Combined Psychological & Physical Signs & Symptoms
296.60	Severe Without Psychotic Features	300.19	With Predominantly Physical Signs & symptoms
296.60	Severe With Psychotic Features	300.16	With Predominantly Psychological Signs & Symptoms
296.7	Unspecified		Factitious Disorder NOS
	Bipolar I Disorder, Most Recent Episode	300.19	Female Orgasmic Disorder
	Unspecified	302.73	Female Sexual Arousal Disorder
296.06	Bipolar I Disorder, Single Manic Episode	302.72	Fetishism
296.05	In Full Remission	302.81	Frotteurism
296.01	In Partial Remission	302.89	
296.02	Mild		
296.03	Moderate		
296.04	Severe Without Psychotic Features		
	Severe With Psychotic Features		

302.85	Gender Identity Disorder	312.31	Pathological Gambling
302.6	in Adolescents or Adults	302.2	Pedophilia
302.6	in Children	301.9	Personality Disorder NOS
300.02	Gender Identity Disorder NOS	309.81	Posttraumatic Stress Disorder
301.50	Generalized Anxiety Disorder	302.75	Premature Ejaculation
307.44	Histrionic Personality Disorder	307.44	Primary Hypersomnia
	Hypersomnia related to...(Indicate the Axis I or	307.42	Primary Insomnia
	or	298.9	Psychotic Disorder NOS
302.71	Hypoactive Sexual Desire Disorder	312.33	Pyromania
300.7	Hypochondriasis	313.89	Reactive Attachment Disorder of Infancy or
313.82	Identity Problem		Early Childhood
312.30	Impulse-control Disorder NOS	295.70	Schizoaffective Disorder
307.42	Insomnia Related to...(Indicate the Axis I or Axis...	301.20	Schizoid Personality Disorder
			Schizophrenia
312.34	II Disorder)	295.20	Catatonic Type
312.32	Intermittent Explosive Disorder	295.10	Disorganized Type
	Kleptomania	295.30	Paranoid Type
296.36	Major Depressive Disorder, Recurrent	295.60	Residual Type
296.35	In Full Remission	295.90	Undifferentiated Type
296.31	In Partial Remission	295.40	Schizophreniform Disorder
296.32	Mild	301.22	Schizotypal Personality Disorder
296.33	Moderate	313.23	Selective Mutism
296.34	Severe Without Psychotic Features	309.21	Separation Anxiety Disorder
296.30	Severe With Psychotic Features	302.79	Sexual Aversion Disorder
	Unspecified	302.90	Sexual Disorder NOS
296.26	Major Depressive Disorder, Single Episode	302.70	Sexual Dysfunction NOS
296.25	In Full Remission	302.83	Sexual Masochism
296.21	In Partial Remission	302.84	Sexual Sadism
296.22	Mild	297.30	Shared Psychotic Disorder
296.23	Moderate	307.46	Sleep Terror Disorder
296.24	Severe Without Psychotic Features	307.46	Sleepwalking Disorder
296.20	Severe With Psychotic Features	300.23	Social Phobia
302.72	Unspecified	300.81	Somatization Disorder
302.74	Male Erectile Disorder	300.81	Somatoform Disorder NOS
296.90	Male Orgasmic Disorder	300.29	Specific Phobia
301.81	Mood Disorder NOS	302.3	Transvestic Fetishism
307.47	Narcissistic Personality Disorder	312.39	Trichotillomania
300.3	Nightmare Disorder	300.81	Undifferentiated Somatoform Disorder
301.4	Obsessive-Compulsive Disorder	300.9	Unspecified Mental Disorder (nonpsychotic)
313.81	Obsessive-Compulsive Personality Disorder	306.51	Vaginismus (Not Due to a General Medical
307.80	Oppositional Defiant Disorder		Condition)
	Pain Disorder	290.40	Vascular Dementia
300.21	Associated with Psychological Factors	290.41	Uncomplicated
300.01	Panic Disorder	290.42	With Delirium
301.0	With Agoraphobia	290.43	With Delusions
302.9	Without Agoraphobia	302.82	With Depressed Mood
307.47	Paranoid Personality Disorder		Voyeurism
	Paraphilia NOS		
	Parasomnia NOS		

FORM FOR ELIGIBILITY DETERMINATION

The C/FED, a one-page document, is a screening tool 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 individual has substantial functional limitations in at least three life activity areas.

The elements of the C/FED include:

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

Ohio Department of Developmental Disabilities
Children’s Form for Eligibility Determination (CFED)

Applicant Information

Name	Age	DOB	SS#
Home Address (city/state/zip)			Home Phone (include area code)
Date of Application	Initial Determination: _____		Redetermination: _____

- YES NO 1. Does the individual reside in the county where application for services has been made? If **NO, STOP!** The person is not eligible in this county.
2. List all of the person’s disabilities and the source of diagnosis (documentation need not be current).

Disability	Source (e.g., Psych Report, Dr. Gibb, 5/31/95)

- YES NO 3. Does the person have qualifying physical or mental impairments other than a sole diagnosis of mental illness? If **NO, STOP!** The person is not eligible.
- YES NO 4. Is the person’s disability likely to continue indefinitely? If **NO, STOP!** The person is not eligible.
5. Completion of the OEDI showed substantial functional limitations in the following areas: (x all applicable):
- MOBILITY SELF CARE SELF DIRECTION CAPACITY FOR INDEPENDENT LIVING
 LEARNING RECEPTIVE AND EXPRESSIVE LANGUAGE
- YES NO 6. Does the person have at least **THREE** areas of substantial functional limitation (SFL)? If **NO, STOP!** The person is not eligible. Notify individual of eligibility decision and appeal procedure in writing.

Individuals 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, an individual living in Summit County is not eligible to receive services from Portage County. For adults requesting services, residency is based upon where the individual lives. For children through age 17, residency is based on where the parents or legal guardians live. An individual 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 individual lives. If an individual 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 individual is eligible, the county board will notify the individual that qualifying for services is based on becoming a resident of that county. Individuals in foster placement are considered residents of the county in which the guardians live.

2. List all of the individual’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 individual. The county board may want to request updated or additional documentation to verify a diagnosis. Also, indicate who made the diagnosis. Individuals with a diagnosis of mental retardation 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 need not be recent, nor does the documentation of those diagnoses have to be current. For example, a physician's report written thirty years ago stating that an individual has cerebral palsy may be the only available source and, therefore, would suffice. However, in the case of an old diagnosis of mental retardation, the rater 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 mental retardation to be considered.

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

Individuals with a sole diagnosis of mental illness are not eligible for County Board of DD Programs. Preceding this section is a list of diagnoses from the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV). This list, agreed to by the Ohio Department of Mental Health, identifies sole diagnoses of mental illness. The rater should continue with the eligibility determination if the individual has a dual diagnosis (e.g., schizophrenia and cerebral palsy).

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

There must be recorded evidence indicating that the individual had some degree of limitation caused by any presenting disability prior to age 22. An individual with a diagnosis of epilepsy might not satisfy this requirement if that disability did not result in limitations prior to age 22. On the other hand, an individual 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 individual's lack of a work history; the individual never moved out of their parent's house; or the individual never attended school or attended special education classes.

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

The condition should have a reasonable likelihood of continuing throughout life. If the disability is "curable" then this would result in a **NO**. For example, an individual 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 individual receives **YES** responses to questions 1, 3, & 4, the rater then complete the C/OEDI. A **NO** response to any of the questions will deem the individual 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, individuals in nursing homes may not have written collateral material on file, or individuals may not have access to school or medical records. It is then the responsibility of the rater to search for information on the individual. If the preponderance of evidence supports the disability occurring during the developmental years, for example, this would suffice as background information. The rater may have to review old letters, or call family members to corroborate information. The rater must make his or her best effort to establish the documentation needed.

COLLATERAL RESOURCE INFORMATION

1. Social History

- ➡ Birth-related physician/hospital records
- ➡ Other birth-related information
- ➡ Documentation derived from family (e.g., baby books, videotapes, etc.)

2. Medical History

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

3. Information from Children's Services (if applicable)

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

1. School Information

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

2. Previous psychological evaluations from any other source (e.g., hospitals, BVR, practitioners)

- ➡ Purpose(s) of evaluation
- ➡ Qualifications of examiner

3. Juvenile/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/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/evaluation techniques

ADMINISTRATION OF THE C/OEDI

Planning

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

- Collect and review any available documentation that describes the individual’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 individual.
- Administer the C/OEDI in an interview with the individual and informants.
- Be prepared to schedule time to observe the individual in different situations to determine functional abilities if interviews or review of documentation did not provide enough information.
- This may be a rather stressful situation for the individual so be sure to set the individual at ease prior to beginning the interview.

Documenting Relevant Information: It is the responsibility of the rater to document accurately the individual’s current functional abilities. The rater then compares the descriptions of the individual’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. If an individual answers YES or NO to the question, “Can you dress in 30 minutes?” the rater documents the response as the individual’s evaluation or opinion. The rater should ask the individual or informant to describe the individual’s abilities related to the sub-item before making a **YES** or **NO** conclusion. For example, in completing sub-item **A.** for **MOBILITY**, the rater might ask the individual/informant to describe how they move around and get from one floor to another in a two-story building, including how long it takes, if they need help, etc. The rater then compares this descriptive information, along with any information obtained from written documentation or direct observations, to the sub-item and reaches a conclusion of **YES** or **NO**.

Conflicting Information: Raters may find that after interviewing the individual 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 rater will be faced with situations where there is conflicting information about the individual’s current abilities. Reports from the individual and knowledgeable informants may not agree; observations made by the rater may be inconsistent with data contained in the documentation, etc. The rater must record the conclusions that they think most validly reflect the individual’s current ability based upon the preponderance of evidence. The rater then explains the reasoning used to reach that conclusion.

Assembling Administration Materials: It is helpful for the rater 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. \$2.00 in change (5 pennies, 4 nickels, 5 dimes, 5 quarters).
3. Two watches (one sweep-hand and one digital).

ASSISTANCE

To score **YES** on any sub-item, the individual must accomplish the activity independently. If the caregiver initiates the task via verbal direction, (i.e., “Did you brush your teeth?” “It’s time to clean your room”) a **YES** should be scored. 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 rater 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 individual as compared to a typical person. 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.

CROSS-REFERENCING

All areas except Self-Direction permit raters to score **YES** for abilities that the individual possesses but does not consistently demonstrate. For example, an individual who has recently 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 rater 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 an individual 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 rater must make sure the individual understands the implications of his or her choice.

If an individual 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.

USE OF ASSISTIVE DEVICES

Before reaching a conclusion, the rater must determine whether an individual needs to use any assistive devices to complete a given task. Some types of assistance are allowed, while others are not.

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 rater. 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 individual who cuts all of his food himself with the exception of tough meats. A reasonable interpretation of that sub-item is that the individual can cut almost all of his own food consistently. The rater should probably score **YES** on that item.

The rater must compare an individual's abilities to those of a typical person without a disability in the community, not a person with a disability in a sheltered work environment. Even though individuals may do well compared to workers in a sheltered work environment, they might still receive a **NO**.

FEAST

In addition to the item-specific guidelines detailed in the C/OEDI, the rater 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 individuals. For example, some individuals 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 rater 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 individual's overall ability to accomplish a task consistently over a long period of time, the rater should consider the individual unable to accomplish that task. For example, if seizures result in tardiness, require the individual to lie down afterwards, or prevent him or her from reaching a minimum production rate, the rater 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 typical person 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 an individual 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 individual eat meals independently, he or she might still receive a **NO** for that sub-item because of the excessive spillage.

Safety refers to the applicant's ability to perform activities without unusual risk of injury to themselves or others. For example, individuals 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 individual 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, the rater should score a **NO** for that item or sub-item.

For eligibility determination, an individual 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 of DD serve **eligible individuals**. If an individual has “significant change in condition or functioning”, it is appropriate to reconsider the individual’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 an individual’s life becomes more stable and functioning improves.
- When an individual no longer takes medication, or begins taking medication.
- When an individual 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 an individual turns 21, or prior to transition to adult services.
- At the request of a team, individual, family, guardian, or other professional.
- When an individual demonstrates through their actions or in assessments that they are no longer substantially limited in three functional areas.
- When an individual moves from one county to another. The individual’s eligibility status may be re-determined at this time. The individual 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 an individual 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 of DD have access to the state database and should look for an individual’s previous or “active” case anywhere in Ohio. Individuals or their caretakers may contact the last county of residence and ask for a copy of the C/FED, the Score Sheet, and a copy of qualifying diagnosis used on the C/FED form. Individuals 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 of DD services?

SSA’s 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)

An individual who has been determined ineligible for county board of DD 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 Boards of DD records used to determine eligibility.

When informing an individual that he or she is not eligible for county board of DD programs/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 individual'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 individual to discuss the decision with the staff person who completed the instrument.

The OEDI and COEDI instruments are on the following pages. The Answer Sheets follow the same order as the instruments. You will use the C/OEDI Score Sheets to record your answers. The outcome of the eligibility assessment is then transferred to the Form for Eligibility Determination (C/FED). You may assess for these Life Areas in any order.