

SUPPLEMENTAL MEDICAL ASSESSMENT FOR ICF/ID LEVEL OF CARE

This assessment will be completed when there is an indication (“yes” on question #5 on the Inventory of Individual Needs) of a medical condition that will significantly affect the functional level/capabilities of a child who would otherwise not meet ICF/ID level of care.

Supportive documentation should be maintained with this assessment.

Child’s Name: _____ MID#: _____ Date: _____

DEFINITION: Medical condition for purposes of this assessment refers to any chronic or recurrent medical condition, which requires CONTINUED medical treatment or follow-up and has a significant impact on the individual’s functioning. These medical conditions and interventions must be documented within the individual’s records. Do not include acute, self-limited illness, such as pneumonia, unless there is an established history of frequent recurrences. Do NOT include static non-limiting condition such as acne.

DIAGNOSIS (mark all that apply):

<input type="checkbox"/>	Cardiovascular/Circulatory Condition - (heart and related blood vessels peripheral to tissues) Specify:
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<input type="checkbox"/>	Gastrointestinal Condition - (spleen, liver, pancreas, esophagus, stomach, bowel) Specify:
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<input type="checkbox"/>	Respiratory Conditions - (airway, lungs, thorax) Specify:
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<input type="checkbox"/>	Neurological Condition - (brain, cranial nerves, peripheral nervous system, sympathetic nervous system, sensory system) Specify:
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<input type="checkbox"/>	Genitourinary Condition - (reproductive tract, kidneys, bladder) Specify:
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<input type="checkbox"/>	Skin Condition - (skin, hair, scalp, nails) Specify:
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<input type="checkbox"/>	Endocrine Condition - (pituitary and adrenal glands) Specify:
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<input type="checkbox"/>	Musculoskeletal Condition - (bones, muscles, joints, connective tissue) Specify:
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<input type="checkbox"/>	Contagious or Communicable Condition - (has or is a carrier of) Specify:
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<input type="checkbox"/>	Allergic Condition - (has know allergy to drugs or other substance) Specify:
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	Hearing Condition - (indicate highest level of hearing WITH hearing aid if used)
	<input type="checkbox"/> Cannot hear amplified speech <input type="checkbox"/> Can hear speech if amplified <input type="checkbox"/> Frequent difficulty hearing loud (unamplified) speech <input type="checkbox"/> Frequent difficulty hearing normal speech <input type="checkbox"/> No testing completed or testing inconclusive

	Vision Condition (Indicate highest level of vision WITH corrective device if used)
	<input type="checkbox"/> Total Blindness <input type="checkbox"/> Light perception <input type="checkbox"/> Legally blind even with correction <input type="checkbox"/> Functional vision impaired with correction but not legally blind <input type="checkbox"/> Normal vision with correction <input type="checkbox"/> No testing completed or testing inconclusive

	Seizure Condition (Indicate seizure type and frequency WITH medication if taken)	
	<u>TYPE</u> <input type="checkbox"/> Generalized Clonic-Tonic <input type="checkbox"/> Absence <input type="checkbox"/> Akinetic <input type="checkbox"/> Partial <input type="checkbox"/> Myoclonic <input type="checkbox"/> Status Epilepticus	<u>FREQUENCY</u> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 1-6 per year <input type="checkbox"/> Documented History/Under Control

SPECIAL CARE FOR CHRONIC OR RECURRENT MEDICAL CONDITIONS OR DIETARY PROBLEMS:

Mark all special treatment, equipment, and other aids that the child needs but is not receiving.

Special Treatment/Testing Needs:			
	Sterile Dressings		Dialysis
	Diabetic Test		Injections
	Medications other than by injection		Infection Control Precautions
	Chemotherapy/Radiation		Monitoring of Body Systems (B/P, pulse, diet, I&O)
	Other:		

Elimination Needs:			
	Ostomy Equipment		Catheter
	Enemas		Supplies (Ex: diapers, bed pads, etc.)
	Other:		

Respiratory Needs:			
	Apnea Monitor		Tracheostomy Care
	Suction Equipment		Oxygen
	Respiratory Therapy		Respirator
	Other:		

Eating Needs:			
	Special Eating Utensils, Plate guard		Special Diet
	Nasal/Gastric or Tube Feeding		Intravenous Nutrition or Other Parenteral Equipment
	Other:		

Mobility Needs:			
	Prosthetic Device Belt		Specially Fitted Wheelchair
	Electric W/C		Manual W/C
	Lifting Devices		Braces/Splints/Casts/Orthopedic Shoes/Gait
	Walker/Crutches/Cane		
	Other:		

Adaptive Positioning Needs:			
	Special Bed or Chair		Decubitus (Skin) Care and Equipment
	Special Bath/Shower		Positioning Devices
	Other:		

Other Requirements:			
	Hearing Aid		Vision Aid
	Dental Prosthetics		Specialized Dental Care Program
	Head Protective Device (helmet)		
	Other:		

Administration of Medications:	
	Does not perform this, even when assisted; the task must be done for the individual
	Requires hands on assistance to initiate/complete the task
	Able to complete the task with verbal prompts, cue by touch or materials set-up or other modifications
	Following specific training can independently take current medications accurately (know what to take and takes at correct time)
	Can take new medications accurately with standard instruction and orientation, does not require specific training even for changes

Endurance: (based on individuals endurance, not structured routine)	
	Requires prolonged bed rest; i.e., all day or most of day
	Sedentary - tolerates only short periods of time out of bed
	Tolerates light activity for partial days
	Can engage in activity for full days with some periods of rest

Support Level Needed For Medical Conditions:	
	Extremely high support level; requires full time one on one medical care to maintain bodily functions, suctioning, tube feedings, apnea monitor, ventilator dependent, person may be unable to respond and is receiving total care
	High support level; condition requires close supervision or care to assist with medical condition and requires nursing plan of care/service objectives. Activities include positioning, monitoring skin integrity, tube feedings, etc.
	Low support level; condition requires some extra supervision or care for medical condition
	Condition can be managed with generic medical services

Indicate if the child meets the following medical criteria

	The ability of the individual to function at his/her normal functioning level is decreased during frequent exacerbations of the medical condition.
	The functioning level of the individual is lower than the cognitive level would indicate because of the physical or medical condition.
	Caregivers in medical settings do not have the expertise to meet the individual's non-medical developmental needs.
	The aggregate of the developmental and medical needs would indicate a higher level of care than either one alone.

Person completing Assessment: _____

Signature of person completing Assessment: _____