

Individual Information Form (IIF)

2007 INSTRUCTIONS

The Ohio Department of Mental Retardation and Developmental Disabilities

A NOTE TO IIF COORDINATORS

As the IIF Coordinator for your county board, you have an important responsibility in assuring that all IIF data is reported completely, accurately, and on time. The role of the IIF Coordinator varies from county to county. You may provide technical assistance to staff who know individuals best and who complete online records or enter data into a local system. If you use this approach, it will be important to make sure that all staff understand the IIF process and know how to complete information accurately and consistently. It is possible that in your county you review records and collect information from staff, then complete the online records or enter data into local system yourself. If you use this approach, it will be important to make sure that the documents and discussions you rely on are accurate and reliable. Whichever approach you use, you are the key person in making sure that all information is accurate and complete. The Superintendent of your county board is then required to sign a document certifying that the reported data is accurate. ***It is important that you and/or your Superintendent review your county board's Current Year Projection - ADM/501 Eligible Report (located in the online IIF system under "Reports" – choose "Current", then under Report Groups choose, "Current Year Projection" and "ADM/501 Eligible", choose your county and hit "Go") to compare it to your current year IIF report to ensure the accuracy of your numbers.***

When ODMRDD has questions about your county's IIF data, they will contact the IIF Coordinator. ODMRDD maintains a master listing of IIF Coordinators statewide.

Should the IIF Coordinator for your county change, please notify ODMRDD by e-mail at IIF.support@odmrdd.state.oh.us.

ADM certification week is always the first full week of October for each reporting year. Please do not hesitate to contact us with any questions or problems. As always, thank you for the hard work you do to produce this important information.

IIF GENERAL INSTRUCTIONS

Individual Information Forms (IIF) represent the only census we have for the MRDD community service system. ODMRDD uses this information every day to respond to requests for information, to study the way people use services today, and to plan for better services tomorrow.

County boards will submit all IIF information electronically. Boards may transmit entire files via xml or enter data directly via the internet. Please update each individual's status for the [week of October 1-5, 2007](#). Then use either your local data system or the internet to report individual information.

REQUIRED FIELDS

There are several fields within the IIF that are "required" fields. However, there are different reasons for some field requirements. Use the following list as a guide for required fields.

1. **Required for ADM** – this field is one that is required for your county's ADM count. An individual must be enrolled in either a service or program (during the first full week of October) to be considered eligible for the ADM count.
2. **Required for Record** – this field is required in order to open a new record for an individual. If you do not have the information required for one of these fields (first name, last name, social security number, birth date), please contact IIF.support@odmrdd.state.oh.us and a shell record will be opened for you. Once the shell record is opened, you will be able to enter the remaining IIF information.
3. **Required for xml** – this field is required for county boards who submit IIF data via xml upload. All fields that are "required for xml" must be completely filled in or you will receive an error report during the upload process. These fields include first name, last name, social security number, birth date, and residence county.

IIF MONITORING BY THE ACCREDITATION OFFICE

The Accreditation Office at ODMRDD monitors compliance with ORC 5126.12 through a review of the data submitted by county boards via the IIF process. The review is focused on a sample of individuals reported by the county board to be involved with programs and services as indicated on the IIF. The team requests evidence to verify the accuracy of reporting (e.g., case notes, billing forms, enrollment documents, etc.) during a specific time period. Changes and updates are taken into consideration when the data as originally reported is no longer valid.

ADDING IIF'S FOR NEWLY ENROLLED INDIVIDUALS

(NOTE: Some county boards create an IIF record when the individual applies for MRDD services. Some wait until eligibility has been determined).

1. Use the **NEW** function to create a blank record.
2. After you input the required information (name, birth date, social security number) the online application will create a unique identifying number for the individual. ***If you do not have all of the required information available to you (name, birth date, social security number), contact ODMRDD IIF.support@odmrdd.state.oh.us or call 614.466.1904. ODMRDD will verify the individual, assign an ODMRDD number and create a "shell" record for the person. You will then be able to use the **UPDATE** function to complete the record.***
3. Use the **UPDATE** function to enter the required information on the screen.
4. Use the **SUMMARY** function to review the record.

CHANGING INFORMATION FOR INDIVIDUALS ALREADY ENROLLED

1. Use the **SEARCH** function to identify the individual's record.
2. Review the record for completeness and accuracy, with particular attention to any missing data.
3. Make changes by entering the correct information.
4. ***Update IIF data routinely, whenever individual information changes, to reduce the burden of a larger single update each October.***

TRANSFERRING INDIVIDUALS

Please refer to the **IIF Transfer Document** that can be found under the Resources page in the IIF Application for step-by-step instructions regarding the transfer of individuals IIF records to another county.

Go back to the **MAIN** page, click "**Transfer**" from the list along the top of the page to access the transfer screen. A "Status Legend" is provided to assist you. If you have additional questions, contact IIF.support@odmrdd.state.oh.us for assistance.

WHEN AN INDIVIDUAL'S SERVICES ARE TERMINATED BY ONE COUNTY AND ANOTHER COUNTY BEGINS PROVIDING SERVICES, IT IS ESSENTIAL THAT DATES ARE REPORTED ACCURATELY AND IN A TIMELY MANNER BY BOTH COUNTY BOARDS TO FACILITATE THE TRANSFER OF THE INDIVIDUAL'S RECORD.

SUPERINTENDENT SIGNATURE DOCUMENT

**Certification of Average Daily Membership
SUPERINTENDENT SIGNATURE DOCUMENT**

I understand that certification of the average daily membership (ADM) for programs and services operated by the county board as reported in data fields of the Individual Information forms (IIF) via the ODMRDD web application is required due to the impact regarding the following for my county;

- *Calculation for the Medicaid Eligibility Rate (MER) for Medicaid Administrative claiming (MAC);
- *Adult portion of the ADM is used in the Tax Equity formula;
- * Total ADM used for Family Support Subsidy.

I certify that this information is a complete and accurate representation of eligible individuals receiving services and supports from my county board of mental retardation and developmental disabilities during the week of October 1, 2007 – October 5, 2007.

County Board of MRDD: _____

Superintendent Signature: _____

Print Name: _____

Date: _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

**IIF COORDINATOR (QMPA)
DIVISION OF COMMUNITY SERVICES
OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
35 E CHESTNUT STREET
5TH FLOOR
COLUMBUS OHIO 43215**

Screen: INDIVIDUAL

Field	Field Name	Action	Tips	Important Note(s)
1	First Name	Enter the individual's legal first name.	<p>If the individual's name is entered incorrectly, replace it with the correct spelling.</p> <p>Do not include nicknames or abbreviations.</p>	<p><u>ODMRDD WILL NOT ASSIGN AN INDIVIDUAL (ODMRDD) NUMBER WITHOUT THIS INFORMATION.</u></p> <p><i>If you do not have this information, contact IIF.support@odmrdd.state.oh.us ODMRDD will create a "shell" record for you, which is a new IIF with the new individual's first name, last name, social security number and date of birth. After the new record is opened for you, ODMRDD will let you know and then you will be able to return to the record to complete the remainder of the individual's information.</i></p> <p>Required for record. Required for xml.</p>
2	Middle Name	Enter the individual's legal middle name.	<p>If the individual's name is entered incorrectly, replace it with the correct spelling.</p> <p>Do not use abbreviations.</p>	<p>If the individual does not have/use a middle name, leave this field blank</p>
3	Last Name	Enter the individual's legal last name.	<p>If the individual's name is entered incorrectly, replace it with the correct spelling.</p> <p>Do not use abbreviations.</p>	<p><u>ODMRDD WILL NOT ASSIGN AN INDIVIDUAL (ODMRDD) NUMBER WITHOUT THIS INFORMATION.</u></p> <p><i>If you do not have this information, contact IIF.support@odmrdd.state.oh.us ODMRDD will create a "shell" record for you, which is a new IIF with the new individual's first name, last name, social security number and date of birth. After the new record is opened for you, ODMRDD will let you know and then you will be able to return to the record to complete the remainder of the individual's information.</i></p> <p>Required for record. Required for xml.</p>
4	Generation	Enter an item such as Jr or III	<p>Jr Sr I II</p>	<p>If the individual does not have/use a generation abbreviation, choose the "-No Generation Selected-" default from the drop down list.</p>

			III IV V VI	
5	Gender	Select male or female		
6	Social Security Number (SSN)	Enter the individual's 9-digit social security number.		<p><u>ODMRDD WILL NOT ASSIGN AN INDIVIDUAL (ODMRDD) NUMBER WITHOUT THIS INFORMATION.</u></p> <p><i>If you do not have this information, contact IIF.support@odmrdd.state.oh.us ODMRDD will create a "shell" record for you, which is a new IIF with the new individual's first name, last name, social security number and date of birth. After the new record is opened for you, ODMRDD will let you know and then you will be able to return to the record to complete the remainder of the individual's information.</i></p> <p><i>Do not use any other identification number.</i></p> <p>Required for record. Required for xml.</p>
7	Medicaid Number	Enter the individual's 12-digit Medicaid Recipient Billing Number.	Enter the number found on the individual's current Medicaid card.	<p>If the individual does not have a Medicaid number, leave this field blank.</p> <p>Medicaid numbers may not be removed once entered. They are kept for historical purposes. Medicaid numbers may be updated. If you need assistance with the removal of a Medicaid number, contact IIF.support@odmrdd.state.oh.us.</p>
8	Date of Birth	Enter the individual's date of birth.	Use the calendar to select the individual's date of birth or enter in MM/DD/YYYY format.	<p><u>ODMRDD WILL NOT ASSIGN AN INDIVIDUAL (ODMRDD) NUMBER WITHOUT THIS INFORMATION.</u></p> <p><i>If you do not have this information, contact IIF.support@odmrdd.state.oh.us ODMRDD will create a "shell" record for you, which is a new IIF with the new individual's first name, last name, social security number and date of birth. After the new record is opened for you, ODMRDD will let you know and then you will be able to return to the record to complete the</i></p>

				<i>remainder of the individual's information.</i> Required for record. Required for xml.
9	Date of Death	If the individual is deceased, enter the date of death.	Enter date the individual died, as indicated on death certificate. Use the calendar to select the individual's date of death or enter in MM/DD/YYYY format.	If the individual is not deceased, leave this field blank. <i>When date of death is entered, the "Termination Date", field #27 will automatically populate with this date.</i>
10	Residence County	Select the county in which the individual lives.	Choose the county code from the drop-down list.	<i>Even if the person receives services in another county, choose the county where the individual lives.</i> Required for xml.
11	County Board Note	Insert text.	Insert text information in this field if applicable.	For County Board use.

Screen: ADDRESS

Field	Field Name	Action	Definitions	Important Note(s)
12	Current Living Arrangement	Select the individual's current living arrangement from the drop-down list.	<p>1-Living in Home Owned or Leased by Individual – The individual lives in a non-licensed home that the individual rents, leases or owns or that is owned, leased or rented by an unrelated roommate who is not the individual's primary service provider.</p> <p>2- Living With Family – The individual lives with parents, legal guardian or relatives.</p> <p>3-Foster Care Placement – For children to age 21 – child lives with a provider licensed by ODJFS to provide foster care. For adults ages 22+ - adult lives in the home of an unrelated person who is also the individual's primary service provider.</p> <p>4-ODMRDD Licensed Facility – The individual lives in an ODMRDD licensed facility that is not a nursing facility.</p> <p>5-Nursing Facility – The individual lives in a licensed nursing facility.</p> <p>6-Other – Living arrangements that do not fit one of the above categories, including county home, criminal justice facility, or temporary emergency shelter.</p> <p>7-Other Licensed Facility – The individual lives in a licensed facility that is NOT licensed by ODMRDD and is not a nursing facility such as a mental health facility.</p>	<p><i>Young children should not be reported as "living in home owned or leased by individual".</i></p> <p><i>If the child lives with family in the family home, choose category #2, "Living With Family".</i></p> <p><i>If the child lives with family in the family home but is in the hospital or in another temporary situation during the first full week of October of the reporting year, choose category #2, "Living With Family".</i></p> <p>Required for ADM.</p>
13	ODMRDD Licensed Facility	If the individual's current living arrangement is an	Facility numbers can be found in the current issue of the <u>FACILITY LISTING BY COUNTY/INDEX TO RESIDENTIAL FACILITIES, DATED</u>	Only complete this field if category #4 (in "Current Living Arrangement" field) was selected and the licensed facility was

	Number	ODMRDD licensed facility, enter the 7-digit number of the licensed facility were the individual lives.	<u>8/13/07.</u> Go back to the MAIN page, click “Resources” from the list along the top of the page to find the Index.	licensed by ODMRDD. If another category was selected, leave this field blank. <i>Only enter a facility number in this field for facilities licensed by the Ohio Department of Mental Retardation. “The Licensed Facility Name” in field #14 will automatically pre-populate and will be visible the next time this record is opened.</i> If the facility is licensed by ODMRDD but is not listed in the Index, call 614.466.6670 for the facility number. If the facility is licensed by another agency and is not listed in the Index, enter the name in the “Licensed Facility Name” field and leave this field blank.
14	Licensed Facility Name	Enter the name of the licensed facility.	If the individual lives in a licensed facility that is <u>NOT LICENSED BY ODMRDD</u> , enter the name of the facility.	<i>Complete this field if category #7 (in “Current Living Arrangement” field) was selected and the licensed facility was licensed by an entity OTHER THAN ODMRDD.</i> <i>If the licensed facility was licensed by ODMRDD, after the facility number is entered in field #14, the “Licensed Facility Name” will automatically populate and will be visible next time you open this record.</i> If another category was selected, leave this field blank.
15	Address	Enter the full address where the individual currently lives.	For a child under 18, unless the child is living in a facility, the child’s address is the same address as the <u>CUSTODIAL</u> parent.	
16	City	Enter the city where the individual currently lives.	For a child under 18, unless the child is living in a facility, the child’s city is the same city as the <u>CUSTODIAL</u> parent.	
17	State	Enter the state where the individual currently lives.	For a child under 18, unless the child is living in a facility, the child’s state is the same state as the <u>CUSTODIAL</u> parent.	
18	Zip Code	Enter the zip code where the individual currently lives.	For a child under 18, unless the child is living in a facility, the child’s zip code is the same zip code as the <u>CUSTODIAL</u> parent.	

Screen: PROGRAM

Field	Field Name	Action	Definitions	Important Note(s)
19	Site Number	Assign numbers between 0 and 99 to enable you to sort data.	This field is for county board use. If you wish to identify data, you may assign numbers for sorting purposes.	If your organization chooses not to use site numbers, leave this field blank.
20	School District	Enter the 4-digit school district number of residence.	Select the school district in which the parent resides or as assigned by the Probate Court.	<p><i>This field is only for school-aged individuals ages 3-21.</i></p> <p>If the individual is an infant/toddler (0-2) or an adult (22 or older), leave this field blank.</p> <p><i>If the parent's current residence is not known, select the last known district where the parent resided or the district where the parent resided when the child's special education placement was made.</i></p> <p><i>If the Probate Court determined the child's school district, choose the appropriate number from the list.</i></p> <p><i>Tip: To keep the screen you are working in active, you can open a new window by going to "File" and selecting "New", then in that window select "Main", then "Resources", then "School Dist". After you've found the school district you need you can simply close this window and return to the original screen you were working in.</i></p>
21	Race	Select the individual's race from the drop-down list.	<ul style="list-style-type: none"> 1-Indian/Alaskan 2-Asian/Pacific 3-Caucasian 4-African American 5-Hispanic 6-Other 7-Unknown 	
22	Religion	Select the individual's religion from the drop-down list.	<ul style="list-style-type: none"> 1-Protestant 2-Catholic 3-Jewish 4-Other 5-Unknown 	If your organization chooses not to ask the individual's religion or the individual chooses not to share religion information, choose the "-No Religion Selected-" default from the drop down list.
23	Review Date	Enter the IIF review	Use the calendar to select the date that this record	PLEASE UPDATE THE INFORMATION IN

		date.	was reviewed or enter in MM/DD/YYYY format.	<p><u>THE IIF FREQUENTLY. ENSURE THAT THE INFORMATION IS ACCURATE DURING THE OCTOBER 1 – 5, 2007 REPORTING PERIOD.</u></p> <p><u>TO PRESERVE THE INTEGRITY OF THE DATA, DO NOT ACCESS THE IIF OR UPDATE ANY IIF INFORMATION DURING THE WEEK AFTER THE IIF PROCESSING PERIOD (DO NOT ACCESS IIF DURING THE WEEK OF OCTOBER 6-13, 2007).</u></p>
24	Initial Enrollment Date	Enter the date the individual was initially enrolled.	Use the calendar to select the date that individual was enrolled in their first service/program at any county board or enter in MM/DD/YYYY format.	<p><i>Original enrollment date in any county board service or any county board program in Ohio.</i></p> <p><i>This is the date that the individual was FIRST enrolled in the MRDD system.</i></p> <p>Required for ADM.</p>
25	Supported Living Services	Select yes or no.	<p>Select YES if the individual received supported living services <i>funded exclusively by the county board's Community MRDD Residential Services Fund (state and local funds only)</i> between July 1, 2006 and June 30, 2007 (this is the fiscal year).</p> <p>Select NO if the individual did NOT receive supported living services at any time during this period.</p>	<p><i>Mark "yes" even if the individual switched from IO to SL (or SL to IO) between July 1, 2006 and June 30, 2007 (this is the fiscal year) as long as the supported living services were funded exclusively by the county board's Community MRDD Residential Services Fund (state and local funds only).</i></p> <p><i>Select NO if the individual received supported living services funded by a Medicaid waiver only.</i></p> <p>Required for ADM.</p>
26	Onset Age	Enter the age of onset of the individual's developmental disability if it occurred between the ages of 18-22.		<p>If you do not know the age of onset, leave this field blank.</p>

Screen: ADM

27	Termination Date	Enter date ALL county board services were terminated.	If the individual no longer receives ANY services from the county, use the calendar to select the date that individual terminated all services at the or enter in MM/DD/YYYY format.	<p><i>This does not terminate the individual from the ODMRDD system, only from your county. The individual will retain their assigned ODMRDD number for life.</i></p>
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28	Grandfathered	This field will automatically populate itself with "No".	<p>Yes-if the initial enrollment date (see field #24) is June 30, 1991 or earlier, the field <i>should</i> be populated with the answer "yes". The individual is automatically eligible for services. <u>BECAUSE THIS FIELD AUTOMATICALLY POPULATES WITH THE ANSWER "NO" YOU MUST CONTACT ODMRDD AT If.support@odmrdd.state.oh.us WITH PROOF OF GRANDFATHERING STATUS (FED FORM, OR DOCUMENTATION FROM A DEVELOPMENTAL CENTER) TO REQUEST THE ANSWER BE CHANGED TO "YES".</u></p> <p>No-if the initial enrollment date is July 1, 1991 or beyond, the field should be populated with the answer "no". The individual is NOT automatically eligible for services.</p>	<p><i>According to Ohio Revised Code, if the individual was eligible for services and was receiving services from any County Board on or prior to July 1, 1991, the individual shall continue to be eligible for those services in those programs as long as they are in need of services.</i></p> <p><u>IF THE INDIVIDUAL IS NOT GRANDFATHERED, YOU MUST INDICATE THAT A CHILD 0-5 IS "AT RISK" , THAT A CHILD 0-3 HAS A "DEVELOPMENTAL DELAY" OR COMPLETE AN OEDI OR A COEDI ON THIS INDIVIDUAL TO DETERMINE ELIGIBILITY.</u></p>
29	Program/ Service Enrollment Date	Enter the date that the individual enrolled in the county board service or program in which he/she is PRESENTLY enrolled.	Enter the date that the individual enrolled in their current county board service/program in MM/DD/YYYY format.	<p><i>This is the date that the individual was enrolled in the service/program they are currently enrolled in. If the individual is in multiple services/programs, you may choose any of them. Historically, this field was used to indicate "program" only. You may still use this field for that purpose. The update to this field simply allows individuals who do not participate in ANY county board programs but do receive county board services to indicate an enrollment date.</i></p> <p>If the individual was NOT enrolled in any county board program October 1, 2007 – October 5, 2007 (even if they were in programs before or after), leave this field blank.</p> <p>Required for ADM.</p>

30	County Board Program	Select the program in which the individual was enrolled during the first full week of October of this reporting year.	<p>1-Early Intervention – A county board early intervention program for infants and toddlers who did not turn 3 before the last day of September of the current reporting year and are not enrolled in an approved unit for preschool children, and their families, including programs that are jointly funded and/or operated with other agencies.</p> <p>2- Preschool – A county board preschool program for eligible children (ages 3-5) funded by the Department of Education, including classroom settings and home instruction.</p> <p>3-School – A county board program for eligible school-age children (ages 6-22) funded by the Department of Education, including classroom settings and itinerant services.</p> <p>4-Supported Education – A preschool or school program for children who are eligible for MRDD services and are under age 22, not operated by the county board, or a home-schooled arrangement, in which the county board provides educational or therapeutic support to the student and/or consultation to staff.</p> <p>8-Children’s Enrichment – a program for children under age 22 operated by the county board for which the county board is not receiving Department of Education or Department of MRDD funding, such as a therapeutic recreation program for children who attend school elsewhere</p> <p>10-Adult Assessment – Initial assessment of an individual’s interests and preferences that will assist in development of an individual plan for adults requesting services and supports from a county board.</p> <p>11-Adult Home Services – Non-vocational activities, including activities of daily living, recreation, professional therapies (e.g., OT, PT, Speech) that are provided <u>within an individual’s home</u> in accordance with the individual’s plan. The individual does not receive county board services in any other component of adult services.</p> <p>12-Adult Non-Vocational – A program emphasizing non-vocational activities, including activities of daily living, recreation, education, professional therapies, (e.g., OT, PT, Speech) and some vocational-like services that are provided <u>within a sheltered workshop or adult activity center</u>. Included here are programs emphasizing leisure time, nutrition, health, exercise, community awareness and other training components for individuals who cannot work and/or for individuals who prefer to participate in activities rather than work (but are not ready/old enough to “retire”).</p> <p>13-Sheltered Workshop – <u>STRUCTURED ACTIVITIES</u> such as work evaluation, work adjustment, training to enhance production, training to enhance work</p>	<p><i>If an individual is a student, under age 22 and in a school program AND is also participating in community training, select category #3 “School”. Since the child is enrolled in a school program, they are not eligible for adult services subsidy.</i></p> <p><i>Choose category #18 only for individuals who have an individual plan designed and/or supported by the county board aimed at community life with a self-directed budget who are NOT participating in any other listed county board adult program.</i></p> <p><i>If the individual was NOT enrolled in any county board program during the first full week of October of this reporting year (even if they were in programs before or after), choose the “-No County Board Program-” default from the drop down list.</i></p> <p>Required for ADM.</p>
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31	Co Ineligible	Select this button if the individual is not		

		eligible for county board services.		
32	Blank			<i>This button is used to "blank" out/undo the previous answer ("Co Ineligible").</i>
33	Other School Program	Enter the number that corresponds with the type of school that the individual is enrolled in.	1 -Private/Parochial school/Preschool. 8 -Regular Public School/Preschool Program. 10 -Head Start.	<i>This field must be completed for individuals ages 3-21 for whom #4 ("Supported Education") was selected in question #30.</i>
34	Family Support Services	Select yes or no	Select YES if the individual received any Family Support Service funding during the period between FY July 1, 2006 and June 30, 2007. Select NO if the individual did not receive any Family Support Service funding between FY July 1, 2006 and June 30, 2007.	<i>A service for families to assist in caring for family members with MRDD in their home. The support provided with FSS funds enhances the quality of life for the entire family unit, and includes; respite care; adaptive equipment; home modifications to accommodate the family member with a disability; special diets; and other services/items that are individualized to meet the needs of the family.</i> Required for ADM.
35	Service Coordination	Select the number that describes the individual's service coordination status.	1-County Board Service Coordination. The designated service coordinator is a county board employee or employee of an entity under contract with the county board to provide service coordination. 2-Non-County Board Service Coordination. The designated service coordinator is someone <u>other than</u> an employee of a county board or an entity under contract with the county board to provide service coordination. 3-No Service Coordination. Does not have a designated service coordinator.	<i>If the individual lives in an ICFMR or a Developmental Center where the QMRP is considered responsible for SSA/service coordination, but the county board has assigned a staff person to work with the QMRP, select category #1, "County Board Service & Support Administration".</i> Required for ADM.
36	Designated Service Coordinator	Select the number that indicated the person or entity with primary responsibility for the individual's service coordination.	1 -Early Intervention Specialist 3 -Health Care Professional 7 -CCG Service Coordinator (Help Me Grow) 14 -Local school district staff 15 -Public or private preschool or Head Start 16 -Parent/Guardian 17 -Advocate 18 -Local non-profit agency 19 -Local public agency 20 -County board staff person 21 -Other	
37	Developmental Delay	Select the item that indicates the child's developmental delay(s).	0 -No developmental delay (Part C eligibility due to DPMC; see directions) 1 -One developmental delay (see directions) 2 -More than one developmental delay (see	<i>Part C Eligibility: (children birth through 2): Choose designation 0, 1 or 2 to indicate how the child meets Part C eligibility per ODH policy. Designation "0"</i>

			directions)	<p><i>will be used to capture children who are Part C eligible due to a Diagnosed Physical or Mental Condition (DPMC) with a high probability of resulting in a delay. DO NOT USE THIS FIELD FOR CHILDREN "at risk" for a delay (use Field # 39 instead).</i></p> <p><i>Part B Eligibility: (children ages 3-5), Choose designation 1 or 2, following ODE requirements for Part B preschool eligibility.</i></p>
38	Substantial Functional Limitations (OEDI or COEDI)	Select yes or no for each limitation.	<p>Self Care Receptive/Expressive Language Mobility Self-Direction Capacity for Independent Living Learning</p> <p>Economic Self-Sufficiency-only for individuals 16 years old or older.</p>	<p><i>Complete these fields if the individual's eligibility was determined by an OEDI or COEDI.</i></p> <p><i>Do not complete this field if the individual was grandfathered.</i></p>
39	At Risk	Select the number that best represents the child's RISK of disability or delay.	<p>0-No identifiable delay and less than 4 risk factors but eligible through clinical opinion (age 0-2 only) 1-At risk for a delay due to 4 or more risk factors (age 0-2 only) 2-A diagnosed medical/genetic disorder ("established risk") know to result in a delay (ages 3-5)</p>	<p><i>Children birth through 2 who are Part C eligible: Use designation 1 only (child meets "at risk" definition per ODH eligibility policy).</i></p> <p><i>Children 3-5 who are NOT Part B eligible: Use designation 2.</i></p>

Screen: OTHERS

Field	Field Name	Action	Definitions	Important Note(s)
40	Other Service Provider 1	Select the number that reflects the individual's additional service provider(s).	<p>11RSC/BVR/BSVI. 14-Senior Citizens Center. 15-Public or private mental health agency. 16-Private rehabilitation service. 20-County Children Services Board. 21-Local/county health department. 22-Criminal justice system.</p>	<p><i>Complete this field if the individual is receiving services from <u>IN ADDITION TO</u> county board services.</i></p> <p>If no other provider is providing services to the individual, choose the "-No Other Service Provider 1 selected-" default from the drop down list.</p>
41	Other Service	Select the number	11RSC/BVR/BSVI.	<i>Complete this field if the individual is</i>

	Provider 2	that reflects the individual's additional service provider(s).	14 -Senior Citizens Center. 15 -Public or private mental health agency. 16 -Private rehabilitation service. 20 -County Children Services Board. 21 -Local/county health department. 22 -Criminal justice system.	<i>receiving services from <u>IN ADDITION TO county board services.</u></i> If no other provider is providing services to the individual, “–No Other Service Provider 2 selected–” default from the drop down list.
42	Primary Health Services	Select the number that reflects the individual's primary health services/provider.	0 -Other 1 -Child Family Health Services Clinic 2 -Child Health Clinic (Non-CFHS Clinic) 3 -Local private physician (MD or DO) 4 -Private physician (MD or DO) in another community 5 -Hospital, medical center, or urgent care facility 6 -Non-medical service provider 7 -None 8 -Unknown	If you do not know who the individual's primary health provider is, choose the “–No Primary Health Provider selected–” default from the drop down list.
43	Mental Retardation Level	Select the number that represents the individual's overall standardized intellectual assessment score reported on the most recent psychological report.	0 -None 1 -Mild (MI=I) 2 -Moderate (MI=II) 3 -Severe (MI=III) 4 -Profound (MI=IV)	If you do not know the individual's intellectual assessment score (level of MR), choose the “No Mental Retardation Level Selected” default from the drop down list. <u>ONLY COMPLETE FOR INDIVIDUALS AGE 6 AND OVER.</u> <i>Choose 0-None if the individual's intellectual level is over 80 (IQ) or is considered to be functioning in the “Normal” range of intellectual functioning. This choice indicates that the individual is NOT mentally retarded.</i>
44	Behavior Support Plan	Select the number that indicates the individual's behavior support status.	1-Current Plan – individual has a behavior plan that meets the criteria for “aversive” plans. 2-No Current Plan – the individual has a positive behavior plan, a plan written by the QMRP in an ICFMR and used only in that ICFMR, or does not have a behavior plan at all.	<i>The criteria for an “AVERSIVE” plan is;</i> <i>a. restraint or time-out in the plan</i> <i>b. emerging methods or technology, or any other extraordinary measures designated by the Director of ODMRDD as requiring prior approval by the Director of ODMRDD in the plan.</i> <i>If the individual lives in an ICFMR and has <u>ANY TYPE</u> of behavior support plan (positive or aversive) that is implemented only in and by the ICFMR, select #2.</i>
45	Vision	Select the number	1-No visual problem – no prescribed corrective lenses \nor any visual limitations.	<i>Choose option #1 until results of all</i>

		that indicates the individual's current degree of visual functioning.	<p>2-Functional after correction - needs glasses or is prescribed corrective lenses and the corrected visual acuity is 20/100 or better.</p> <p>3-Visually Impaired (not correctable) – corrected acuity is between 20/100 and 20/200 or the visual fields are between 70 and 20 degrees.</p> <p>4-Legally blind – visual acuity is 20/200 or worse with correction or the visual fields are 20 degrees or less.</p>	<i>evaluations are complete and a distinct diagnosis or status is identified.</i>
46	Hearing	Select the number that indicates the individual's current level of hearing.	<p>1-No hearing problem</p> <p>2-Functional after correction –needs a hearing aid and corrected loss is less than 51db.</p> <p>3-Hearing impaired – the corrected hearing loss is greater than 51 db.</p> <p>4-Complete loss</p>	<i>Choose option #1 until results of all evaluations are complete and a distinct diagnosis or status is identified.</i>
47	Communication		<p>0- Functional with speech - Functionally communicates using speech: Able to make wants and needs known consistently through verbal expressions that can be understood by the majority of others who are familiar with that mode of communication.</p> <p>1-Functional with other modes - Functionally communicates using other modes: Able to make wants and needs known consistently through sign language, visual communication board or mechanical or electronic devices and can be understood by the majority of others who are familiar with that mode of communication.</p> <p>2-No functional communication - Does not consistently make wants and needs known using speech or another mode of communication.</p>	<i>If the individual is 18 MONTHS OLD OR YOUNGER, choose the “-No Communication Selected-” default from the drop down list.</i>
48	Ambulation	Select the number that best describes the level of assistance the individual needs, if any, to ambulate.	<p>0-Walks independently.</p> <p>1-Walks with device or physical assistance.</p> <p>2-Uses wheelchair.</p>	<i>If the individual is 18 MONTHS OLD OR YOUNGER, Choose the “-No Ambulation Selected-” default from the drop down list.</i>
49	Chronic Medical Condition	Select the item indicating whether the individual has a significant chronic medical condition that requires ongoing management.	<p>0-No significant condition requiring ongoing management.</p> <p>1-Yes- managed by the individual and/or family management.</p> <p>2-Yes - managed by county board and/or residential or other provider staff.</p>	
50	Primary Etiology	Select the number that describes the individual's primary etiological condition from the drop down list.	Please select the etiology (cause) of the individual's developmental disability.	<p><i>An etiological condition is the condition known to have “caused” or created the condition.</i></p> <p><i>Etiological condition must be based on a written diagnosis from a licensed professional.</i></p>

51	Secondary Etiology	Select the number that describes the individual's second etiological condition, if any, from the drop down list.	Please select the <i>secondary</i> etiology (cause) of the individual's developmental disability.	<i>Etiological condition must be based on a written diagnosis from a licensed professional</i>
52	ICD9 Code	Select the number that describes what the individual's condition is.	Please select the code that corresponds with the individual's diagnosed condition.	<i>International Classification of Disease-9.</i> <i>Select the number that represents the condition the individual has as a result of primary and/or secondary etiological causes.</i> <i>Use main or most prevalent condition if more than one.</i>
53	Guardianship	Select the number describing the individual's guardianship status.	0-None - Individual does not have a court appointed guardian. 1-Full - Individual has a court appointed <u>FULL</u> guardian. 2-Limited - Individual has a court appointed <u>LIMITED</u> guardian.	<i>"Full" guardian is guardian of both person and estate. For any other situation, choose "Limited" guardian.</i>
54	Court Appointed Guardian	Select the number describing the individual's court appointed guardian.	0-None - individual does not have a court appointed guardian. 1-Parent - A parent is the court appointed guardian. 2-Other family member - A family member other than the parent is the court appointed guardian. 3-APSI - Advocacy and Protective Services, Inc. is the individual's court appointed guardian. 4-Other - An entity other than 1, 2 or 3 above is the individual's court appointed guardian.	<i>Parents are naturally guardians of their children until they turn 18 or the court appoints another as guardian. Only select one of these options if the guardianship was officiated by the probate court.</i>