

Institutional Levels of Care: Children's Long-Term Support Programs in Wisconsin



WISCONSIN DEPARTMENT
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Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care: Developmental Disabilities (DD)

A child with an ICF/IID–Developmental Disability (DD) Level of Care has a permanent cognitive disability or related condition, substantial functional limitations, and a need for active treatment. This level of care criteria is based upon the child having needs similar to people placed in an intermediate care facility for children with intellectual disabilities (ICF/IID). *The intensity and frequency of interventions for the child’s functional limitations must be so substantial that the child is at risk for institutionalization within an ICF/IID without them.*¹

A child may be assigned this level of care if the child meets **all three** of the criteria listed below for Developmental Disability:

1. The child has a diagnosis of a **Cognitive Disability or a related condition**.
2. The child demonstrates **Substantial Functional Limitations in three or more** of the following areas: self-care, understanding and use of language, learning, social competency/self-direction, mobility, and capacity for independent living (money management and food preparation) that are expected to last a year or longer.
3. The child has the **Need for Active Treatment**.

Criterion 1: Cognitive Disability or Related Condition

The child has a diagnosis of Cognitive Disability (i.e., Intellectual Disability) or a related condition.

The following diagnostic categories are considered diagnoses similar to Cognitive Disability or Intellectual Disability for purposes of Criterion 1:

Autism Spectrum Disorders
Cerebral Palsy
Down Syndrome
Fetal Alcohol Syndrome/Effects

Brain Injury or Brain Damage
Developmental Delay
Endocrine Disorders
Genetic or Chromosomal Disorders

¹ The definition of ICF/IID was amended in 2020 to align with the Federal definition.

Metabolic Disorders
Rett's Syndrome
Spina Bifida

Prader Willi Syndrome
Seizure Disorders
Tuberous Sclerosis

Any other condition other than mental illness that impairs general intellectual functioning or adaptive behavior and requires treatment or services similar to persons with other Intellectual Disabilities.

*The Cognitive Disability or related condition Criterion must be met before considering Criterion 2: Substantial Functional Limitations. If Criterion 1: Cognitive Disability or Related Condition is not met, the reviewer **must stop here**. They may consider levels of care other than ICF/IID (DD), if appropriate.*

Criterion 2: Substantial Functional Limitations

The child demonstrates substantial functional limitations **when compared to the child's age group** that are expected to last **at least 12 months** from the date of review. These limitations must be the direct result of the child's cognitive disability or similar diagnosis from Criterion 1: Cognitive Disability or Related Condition and place the child at risk of institutionalization in an ICF/IID without extensive and consistent adult intervention to assist the child in overcoming the limitations.

The areas of **Substantial Functional Limitations** include learning, understanding and use of language, social competency/self-direction, mobility, activities of daily living, and capacity for independent living. The child needs limitations in **three** of the following **six** areas to meet the ICF/IID LOC.

Learning: Substantial learning impairments can be measured by one of the following:

- A 30% (25% if the child is under 1 year of age) or greater delay in aggregate intellectual functioning based on valid, standardized and norm-referenced measures or other valid demonstrations of learning limitations compared to their age group.
- A score of at least 2 (1.5 if the child is under one year of age) standard deviations below the mean on valid, standardized and norm/criterion-referenced measures of aggregate intellectual functioning.

Communication: A substantial functional limitation in communication is defined as:

- A 30% (25% if under 1 year of age) or greater delay, or
- A score of at least 2 (1.5 if under child is under 1 year of age) standard deviations below the mean on norm/criterion-referenced measures of BOTH expressive and receptive communication functioning.

Social Competency/Self-Direction: Social Competency and Self Direction consists of:

- Self-awareness (aware of how one's actions affect others).
- Social awareness (understanding of and appropriate reaction to others).
- Self-management (ability to regulate oneself emotionally with others/environment).

- Relationship management (being able to initiate and reciprocate in relationships).
- Responsible decision making (having the skills to make good choices).

Mobility/Transfers:

- **Mobility:** Mobility is the ability to move between locations in the living environment. This includes the home, school, and community. Mobility includes walking, crawling, or using equipment to get around.
- **Transfers:** The physical ability to move between surfaces (for example, from bed to wheelchair, walker or standing position). This excludes transfers into the bathtub/shower and on/off the toilet; those are captured in bathing and toileting.

Capacity for Independent Living:

- **Meal preparation:** The ability to make simple meals for oneself. Examples include soup, frozen dinner, macaroni and cheese, sandwich, or a bowl of cereal.
- **Money Management:** The ability to manage one's own basic financial matters. Examples include making purchases at a store, writing a check, using a credit card, and paying bills.

Activities of Daily Living: One of the following requirements must be met:

- For children under 5 years of age, such a degree of deficit must be evidenced in at least **one** of the following activities of daily living:
 - Bathing or Grooming
 - Dressing or Toileting
 - Eating
- For children 5 years of age or older, such a degree of deficit must be evidenced in at least **two** of the following activities of daily living categories:
 - Bathing or Grooming
 - Dressing or Toileting
 - Eating

Definitions of the Activity of Daily Living Categories

Bathing: The ability to shower, bathe or take sponge baths to maintain adequate hygiene. For older children (over 12 years of age), this also includes the ability to get in and out of the bathtub, turn faucets on and off, regulate water temperature, and wash and dry correctly.

Grooming: The ability to brush teeth and wash their hands and face.

Dressing: The ability to dress as necessary.

Eating: The ability to eat and drink by finger feeding or the use of routine or adaptive utensils. The ability to swallow sufficiently. This does not include cooking food or preparing it for consumption (e.g., cutting food into bite size pieces).

Toileting: The ability to use a toilet or urinal, transfer on/off a toilet, change menstrual pads, and pull pants up/down.

Activities in Daily Living–Substantial Functional Limitations

A substantial functional limitation is a child's inability to perform daily functions without extensive, hands-on assistance significantly beyond the age at which peers typically require such assistance.

In order to be considered a substantial functional limitation, it must:

- Be the direct result of the child's disability.
- Be exhibited most of the time.
- Result in the child needing extensive, hands-on adult intervention beyond what peers typically need at that age in order to avoid institutionalization.

In addition, the child must:

- Require this assistance consistently.
- Require this assistance for at least **12 months**.
- Require this assistance to complete the function across all settings, including home, school and community.

A child has a substantial functional limitation in an activity of daily living category (e.g., Bathing, Grooming, etc.) if the child exhibits at least **one** of the specific limitations listed under that category for the child's particular age group.

Note: Not all activity of daily living categories apply to every age group due to developmental milestones of typically developing children.

Examples of children who would **meet** Substantial Functional Limitations (within each allowable developmental domain–Multiple domains needed for this LOC):

Learning

- A 12-year-old child with Down Syndrome and a full scale IQ of 56.
This child has a diagnosis similar to a Cognitive Disability and a substantial impairment in learning, based on an IQ of 56 on the Wechsler Intelligence Scale for Children–Fifth Edition (WISC-V), a valid, standardized and norm referenced measure of aggregate intellectual functioning, and therefore meets a substantial learning impairment.
- A 2-year-old child diagnosed with global developmental delays who has a 30% delay in cognitive development based on valid, norm referenced Birth-3 testing. *This child has a diagnosis similar to a Cognitive Disability and has a measured substantial impairment in learning.*

Communication

An 8-year-old child who completed the Clinical Evaluation of Language Fundamentals (CELF-V) last year with a score of 3.0 standard deviations below the norm in expressive language and 2.5 standard deviations below the norm in receptive language skills.

Social Competency

- A 15-year-old child is unable to make any decisions about their own interests or activities without direction from others.
- An 11-year-old child cannot control their temper in disagreements.

Activities of Daily Living

- An 18-month-old child is unable to sit independently and must be bathed using an adaptive bath chair.
- A 6-year-old child is consistently incontinent during the day and needs physical assistance with getting on and off the toilet.

*The Cognitive Disability (or related condition) **and** the Substantial Functional Limitations Criteria must be met before considering Criterion 3: Active Treatment. If Criterion 2: Substantial Functional Limitations is not met, the reviewer **must stop here** but may consider levels of care other than ICF/IID if appropriate.*

Criterion 3: Active Treatment

The child must be in need of active treatment with services that an ICF/IID facility would provide according to federal law. To meet this criterion, a child must require a continuous active treatment program including consistent training, therapies, and related services designed to address the child's substantial functional limitations and help them:

- Acquire skills and behaviors necessary to function with as much self-determination as possible; and
- Prevent deceleration, regression, or loss of optimal functional status.

For treatment to be categorized as active, it must be needed on a continuous basis throughout the child's daily routines in home, school, and community. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision.

In summary, the child must need or be receiving planned and coordinated assistance that is individualized, intensive, interdisciplinary, implemented across different environments, of extended duration, and relevant to the developmental stages associated with the child's age.

If Criteria 1, 2, and 3 above are all met, the child meets the ICF/IID (Developmental Disabilities) level of care.

Select Diagnoses:

Children under age 6 with [select diagnoses](#) as determined by the DHS, will meet an institutional level of care on the Functional Screen and be functionally eligible for the CLTS Programs.

Children under the age of 6 with these select diagnoses may not display the measurable deficits required for their designated age cohorts under the ADL and IADL sections of the Functional Screen. As such, these select diagnoses, determined by DHS, are those that definitively meet an Institutional Level of Care based on data, prognosis, and diagnostic characteristics.

The entirety of the Functional Screen must still be completed for children with a select diagnosis regardless of age. Annual re-screens must still occur as required by program policy.

Psychiatric Hospital Level of Care: Mental Health

The child with a Psychiatric Hospital–Mental Health Level of Care has a long-term, severe mental health condition diagnosed by a licensed psychologist or psychiatrist, Licensed Clinical Social Worker, or Licensed Professional Counselor (including Licensed Marriage and Family Therapist). In addition, this child demonstrates persistent behaviors that are dangerous to themselves or others and requires ongoing therapeutic support in order to live in the community. *The intensity and frequency of the required ongoing therapeutic support must be so substantial that without it the child is at risk of inpatient psychiatric hospitalization.*

A child may be assigned this level of care if the child meets **all four** of the criteria listed below for Severe Emotional Disturbance. The criteria are:

1. The child has a **Diagnosis** of a mental health condition.
2. The child’s mental health diagnosis or related symptoms are expected to persist for a specific **Duration** of time.
3. The child is in need of **Involvement with Service Systems** related to mental health support.
4. The child exhibits **Severe Symptomology or Dangerous Behaviors** that require interventions at a specific intensity and frequency, and without this direct, community-based intervention, the child is at risk for institutionalization within a psychiatric hospital.

Criterion 1: Diagnosis

The child has a diagnosis that meets **all** of the following:

- Is currently diagnosed with at least one of the specific diagnoses listed below by a physician, licensed psychologist, psychiatrist, licensed clinical social worker, or licensed professional counselor (including licensed marriage and family therapist) for whom diagnosing that particular mental health disorder is within the scope of their training and practice.
- The mental health diagnosis must be made through a process of standardized testing using a norm-referenced tool, or a thorough assessment of the child’s symptoms based upon professionally accepted diagnostic standards and methods.
- The diagnosis resulted in the child having needs that must be addressed through long-term support services and are the direct focus of a home and community-based treatment plan.

The following diagnostic categories under the classification system in the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* are considered:

Acute Stress Disorder	Bipolar Disorder
Anti-Social Personality Disorder	Body Dysmorphic Disorder
Anxiety Disorders	Conduct Disorder
Attention-Deficit Disorders	Depersonalization Disorder
Autism Spectrum Disorders (299.00)	Depression

Disruptive Behavior Disorders
Dissociative Disorders
Dysthymic Disorders
Eating Disorders
Hypochondriasis
Impulse-Control Disorder
Mood Disorders
Obsessive-Compulsive Disorder
Oppositional Defiant Disorder
Personality Disorders
Post-Traumatic Stress Disorder
Psychotic Disorders

Reactive Attachment Disorder
Schizophrenia
Sexual and Gender Identity Disorders
Somatoform Disorders
Stereotypic Movement Disorder
Substance-Related Disorders including Alcohol Abuse (not including caffeine or nicotine addictions)
Substance-Related Disorders including Alcohol Abuse (not including caffeine or nicotine addictions)
Tourette's Syndrome

For example, children who would **meet** Criterion 1: Diagnosis:

- A child diagnosed with Bipolar Disorder by a psychiatrist following a thorough psychiatric assessment that resulted in a comprehensive mental health focused treatment plan.
- A child diagnosed with Autism Spectrum Disorder by their psychiatrist. Their doctor administered the Autism Diagnostic Observation Scale (ADOS) and the Childhood Autism Ratings Scale (CARS). The doctor states that they need 35 hours per week of intensive in-home treatment services for children with Autism.

Criterion 1: Diagnosis must be met before considering Criterion 2: Duration. If Criterion 1: Diagnosis is not met, the reviewer **must stop here**, but may consider levels of care other than Psychiatric Hospital if appropriate.

Criterion 2: Duration

The child has the required clinical mental health diagnosis from Criterion 1: Diagnosis and that diagnosis or the related symptoms must meet **both** of the following:

- The diagnosis or symptoms have persisted for at least **six months**.
- The diagnosis or symptoms are expected to persist for **one year** or longer. The diagnosing professional must satisfactorily explain the reasons for expecting the diagnosis or symptoms to persist.

For example, a child who would **meet** Criterion 2: Duration:

A child has a long history of mental health symptoms and has been receiving support from a psychologist for over a year with the reasonable expectation of requiring continued care for many years. This child was diagnosed with an Anxiety Disorder two months ago. Although the diagnosis is relatively new, the child demonstrated symptoms for over six months.

*The Diagnosis **and** the Duration Criteria must be met before considering Criterion 3: Involvement with Service Systems. If Criterion 2: Duration is not met, the reviewer **must stop here**, but may consider levels of care other than Psychiatric Hospital if appropriate.*

Criteria 3: Involvement With Service Systems

The child must meet **one** of the following:

- The child must currently receive or require services in connection with their mental health diagnosis (or symptoms) from at least **two** of the following four Service Systems.
- The child must currently receive or require services in connection with their mental health diagnosis (or symptoms) from only **one** of the following four Service Systems, if the intensity of that service already is or is expected to be **three hours or more per week**.

Definition of *require*: *Require* is based on a professional's recommendation that a specific service is essential to address the child's mental health need(s). The recommendation must have been made within the past year and cannot be based solely on parental desire for services. Most children who *require* these services will be receiving them, but on occasion a parent or child cannot or will not participate in recommended services or the services are not available. If the parent or child hasn't accessed recommended services for over 12 months, then this recommendation is no longer valid.

Service Systems

- **Mental Health Services**— These services include psychotherapy, psychiatric hospitalization, community-based day treatment programs and intensive in-home treatment for children with Autism Spectrum Disorders.

The use of psychiatric medications is not considered a mental health service. However, a visit to a psychiatrist on a regular basis for the prescription and monitoring of these medications is considered a mental health service.

Programs dedicated solely to substance abuse treatment are excluded as this type of program is captured below.

- **Criminal Justice System**— Includes Juvenile and Adult Justice Systems.
- **Formal/Informal Service Plan for In-School Supports**
 - Child has an Individualized Educational Plan (IEP) specifically for Emotional/Behavioral Disability (EBD) programming. This is defined as special educational support that specifically addresses emotional and behavioral concerns of the student.
 - Child has an Individualized Educational Plan (IEP) for special education support programming that contains an active Behavioral Intervention Plan (BIP). **Active** is defined as interventions are implemented at least **three** times per week.
 - Child requires informal supports on a regular basis for Mental Health Behaviors in the school setting.
- **Substance Abuse Services**— Includes day treatment and outpatient services.

Note: The Children’s Functional Screen asks about a child’s need for “clinical case management and service coordination across systems.” This item relates to the Comprehensive Community Services benefit, for which the Children’s Functional Screen calculates eligibility. It is **not relevant** to the institutional level of care determination for psychiatric hospital.

For example, children who would **meet** Criterion 3: Involvement with Service Systems:

- A child has an IEP at school for support in the Emotional/Behavioral Disability program and the support they receive is more than three hours per week. *Although they only receive support from one service system, that one service provides more than three hours a week of support.*
- A child not currently receiving any services has a current recommendation from a clinical psychologist to receive intensive in-home treatment for children with Autism Spectrum Disorders that will be more than three hours a week once it begins. *This child meets the criteria by requiring a service based on a doctor’s recommendation within the past year at more than three hours a week, even though they are not currently receiving the service.*
- A child receives psychological therapy once a week and has a BIP in their IEP at school that is implemented daily for about 15 minutes each day. *They receive services from two of the eligible service systems.*
- A child whose psychologist recently recommended inpatient care or day treatment, but the family’s private health insurance does not cover the cost of care so they must decline services. *They meet the criteria by requiring a service based on a doctor’s recommendation within the past year for more than three hours a week, even though they are not currently receiving the service.*

*The Diagnosis, Duration, **and** Involvement with Service Systems Criteria must be met before considering Criterion 4: Severe Symptomology or Dangerous Behaviors. If Criterion 3: Involvement with Service Systems is not met, the reviewer **must stop here**, but may consider levels of care other than Psychiatric Hospital if appropriate.*

Criterion 4: Severe Symptomology or Dangerous Behaviors

The child must meet at least **ONE** of the seven Standards (I-VII) described below at the required definition, intensity, duration, and frequency of the behavior and required interventions.

Severe Symptomology (Standards I-IV)

Standard I: Psychotic Symptoms (A and B)

Psychotic Symptoms are defined as delusions, hallucinations, and/or loss of contact with reality.

- A. Child must currently have or have had psychotic symptoms at least once in the past three months or at least twice in the past year.

- B. Because of psychotic symptoms, child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

Standard II: Suicidality (A and B)

Suicidality is defined as a serious suicide attempt or significant suicidal ideation or plan.

- A. Child must have attempted suicide once in the past twelve months or had significant suicidal ideation or plan in the past twelve months.
- B. Because of suicidality, child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

Standard III: Violence (A and B)

Violence is defined as acts that endanger the lives of others and cause victim(s) to require inpatient admission to a hospital. Additional definitions include the use of a weapon against another person (e.g., gun, knife, chains, or baseball bat), acts of arson (purposeful fire setting) or bomb threats.

- A. Child must have committed violence at least once in the past three months or at least twice in the past year.
- B. Because of commission of violence, the child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

Standard IV: Anorexia/Bulimia (A and B)

Anorexia/Bulimia is defined as life threatening effects of serious eating disorders as determined by physician. The child must have malnutrition, electrolyte imbalances, or body weight/development below 20th percentile due to the eating disorder.

- A. Child must have exhibited anorexia/bulimia at least once in the past three months or at least twice in the past year.
- B. Because of anorexia/bulimia, child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

For example, children who would **meet** Criterion 4: Severe Symptomology or Dangerous Behaviors requirements through one of Standards I-IV:

- A child pulled a knife on a peer in the school cafeteria last month. No one was seriously hurt. Child is receiving therapeutic services on a regular basis to address issues of aggression and violence. *Symptom is current and meets definition of Violence because of use of a weapon. Child is involved in on-going community intervention to avoid hospitalization.*
- A child reveals the suicide pact they made with a friend four months ago. The pact spelled out exactly how they were going to kill themselves the next time something went wrong. Child is under a suicide watch both at home and at school. *Plan was made within the last twelve months and meets definition of Suicidality. Child is receiving care in the community to avoid hospitalization.*

Dangerous Behaviors (Standards V-VII)

The four Dangerous Behaviors categories are:

1. High-Risk Behaviors
2. Self-Injurious Behaviors
3. Aggressive and Offensive Behaviors
4. Lack of Behavioral Controls

Applicable behaviors for Standards V through VII are defined below.

High-Risk Behaviors

- **Running Away:** Impulsive flight to unsafe locations or flight without regard for safety.
- **Substance Abuse:** Misuse of prescription medications or use of illegal drugs, alcohol or inhalants: substances that can be inhaled from an aerosol can, a cloth, a cotton ball, a plastic bag or balloon and will cause a mind-altering effect within 2-5 minutes of inhaling. (This does not include use of tobacco.)
- **Dangerous Sexual Contact:** The child is a victim of sexual behavior; intercourse, oral sex, or other genital contact, even if the child willingly engages in the activity. This includes contact with substantially older sexual partners, or strangers, or people met via the Internet.

The three behaviors above must occur *at least*:

- **Once a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, or environmental restraints whenever the behavior occurs; **or**
- **Once a month** and require very intense intervention such as police involvement or emergency medical treatment whenever the behavior occurs.

Self-Injurious Behaviors

- **Self-Cutting, Burning or Strangulating:** Repetitive and intentional cutting open of one’s skin with a sharp object or burning of one’s skin with a lighter, candle, or stove; strangulation involving the production of unconsciousness or near unconsciousness. (Does not include piercing or tattooing.)
- **Severe Self-Biting:** Repeated, intentional and severe biting of child’s own body parts in attempt to rupture skin. (Does not include biting nails, cuticles, or lips without intent to injure.)
- **Tearing at or out Body Parts:** Repeated, intentional and severe picking or tearing at body parts in a manner that is likely to cause severe injury. (Does not include picking at a scab or scratches until a body part bleeds, or hair pulling.)
- **Inserting Harmful Objects into Body Orifices:** Repeated and intentional insertion into body orifices of harmful objects that can tear or puncture the skin.

The four behaviors above must occur at least **once a month** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, environmental modifications, or emergency medical treatment whenever the behavior occurs.

- **Head-banging:** Repeated, intentional and severe banging one’s head against hard surfaces. Head-banging must occur at least **four days a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, environmental modifications or emergency medical treatment whenever the behavior occurs.

Aggressive or Offensive Behavior Toward Others

- **Serious Threats of Violence:** Threats to seriously harm or kill one or more people that are repeated, direct and perceived by witnesses to be true threats of violence. (Does not include relatively common expressions of anger such as a child who feels they have too much homework saying, “I hate school. I want to kill my teacher.”)
- **Sexually Inappropriate Behavior:** Sexual behaviors, including sexual activities, comments or gestures that are not welcomed by others or sexual molestation or abuse of others. Examples are: aggressive attempts to undress, sexually touch, or have intercourse with others.
- **Abuse or Torture of Animals:** Abusing an animal to find power/joy/fulfillment through torture of a victim they know cannot defend itself.

The three behaviors above must occur **at least:**

- **Once a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, or environmental modifications whenever the behavior occurs; **or**
 - **Once a month** and require very intense intervention such as police involvement whenever the behavior occurs.
- **Hitting, Biting or Kicking:** Pattern of physically aggressive behaviors not explained by age or lack of maturity that results in serious harm to others.
 - **Masturbating in Public:** Masturbation deliberately done in public places.
 - **Inappropriate elimination: Urine, feces, or other bodily fluids (including spit or menstruation):** Intentional urination or spreading of feces onto inappropriate places such as on the floor, walls, or furniture.

The four behaviors above must occur at least **four days a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, environmental modifications, police involvement or emergency medical treatment whenever the behavior occurs.

Lack of Behavioral Controls

- **Destruction of Property/Vandalism:** Intentional destruction of property of others including breaking windows, slashing tires, spray painting a wall with graffiti, or destroying a computer system using a virus.

- **Theft or Burglary:** Taking the property of another without permission, with or without lawful entry. (Does not include taking property from the child's own home.)

The two behaviors above must occur at least **four days a week** and require interventions such as constant "within arm's reach" supervision, environmental restraints or police involvement whenever the behavior occurs.

Standard V: Multiple Dangerous Behaviors (A and B and C)

- Child must exhibit a defined behavior in at least **two** of the four behavior categories consistently during the past **six months** and must reasonably be expected to engage in the behaviors during the next **six months**.
- The behaviors must occur at the specified frequency and require interventions as outlined in the behavior definitions.
- The behaviors must be related to the child's mental health diagnosis and be of a nature that would result in psychiatric hospitalization without direct, daily, community-based intervention from others.

For example, children who would **meet** Criterion 4: Severe Symptomology or Dangerous Behaviors requirements through Standard V:

- A 14-year-old child has a long history of **torturing animals**. Currently they abuse the family dog at least once a week by kicking it across the room while laughing. They require constant "within arm's reach" supervision when they are around the dog to stop the behavior and keep the animal safe. They are also actively engaging in **vandalism** within the community several times a week and are involved in an intense three hours/week in-home therapy program to address these specific issues. There is no indication that these behaviors will subside within the next six months. *They exhibit two behaviors that meet the required definitions at the required duration, frequency, and intensity.*
- Over the past six months, a child engages in **cutting behavior** that requires emergency medical intervention when it occurs at least once a month. In addition, they have been **running away** from home once or twice a month and the police are called to find them. All involved support systems believe these are long-term concerns. In order to maintain their safety, they are under a 24-hour watch and there is a community emergency crisis plan in place. *They exhibit two behaviors that meet the required definitions at the required duration, frequency, and intensity.*

Standard VI: Dangerous Behavior and Substantial Social Competency Impairment (A and B)

- Dangerous Behavior
 - Child must exhibit a defined behavior in at least **one** of the four behavior categories consistently during the past **six months** and must reasonably be expected to engage in the behaviors during the next **six months**.

- The behaviors must occur at the specified frequency and require the interventions as outlined in the behavior definitions.
- The behaviors must be related to the child's mental health diagnosis and must be of a nature and severity that could result in psychiatric hospitalization without direct, daily, community-based intervention from others.

And

B. Substantial Social Competency Impairment

- The child must either demonstrate a substantial functional limitation in social competency by consistently exhibiting at least **one** of the characteristics within the child's age group identified in [Module 6.16](#).

Or

- The child must demonstrate at least **one** of the following two School and/or Work issues:
 - The child has behavioral or emotional problems resulting in failing the majority of their academic classes, truancy from school, expulsion or suspension, or an inability to conform to school or work schedule for most of the day, occurring consistently over the past six months. (Does not include children who are home-schooled.).
 - The child currently needs in-school supports for emotional and/or behavioral problems as evident by an Individualized Educational Plan (IEP) for Emotional or Behavioral Disability (EBD) programming or an active Behavioral Intervention Plan (BIP). See Criterion 3: Involvement with Service Systems for additional instruction.

For example, children who would **meet** Criterion 4: Severe Symptomology or Dangerous Behaviors requirements through Standard VI:

- Over the past year, a 9-year-old child has **kicked** and **hit** their peers on the school playground multiple times a week. This behavior is being addressed through close supervision during recess and weekly therapy for their Conduct Disorder. Due to this behavior, they do not participate in group activities and truly prefer to spend time alone. *Their behavior meets the definition, duration, frequency, and intensity as set forth in Standard V and they demonstrate a deficit in social competency.*
- A 16-year-old child made **serious threats of violence** towards others on a monthly basis for the past six months. Police involvement occurs whenever these threats are made but there has been little change in behavior. The only approach that works is to severely limit their access to other children. As a result of this behavior as well as other mental health concerns, they are on a limited school day schedule and only attends two hours a day in a one on one classroom setting. They have an IEP that supports this limited schedule. *Their behavior meets the definition, duration, frequency, and intensity set forth in Standard V and they demonstrate an inability to conform to school or work schedule more than 50% of the time.*

Standard VII: Rare and Extreme Circumstances **and** Dangerous Behavior **or** Substantial Social Competency Impairment (Not Applicable for Children Under 6 Years of Age) (A and B; or A and C)

A. Rare and Extreme Circumstances

The child, six-years-old or older, must meet **one** of the following three specific Rare and Extreme Circumstances:

- Extreme disruptive behaviors when the child is in structured settings that have been demonstrated **daily** for the past **six months** and that require **constant** (every few minutes) redirection from an adult. Disruptive behaviors may include sliding around a room in a chair, screaming out inappropriate words or phrases, or sitting in the center of a room and refusing to move.
- Severe nightmares or night terrors at least **four times a week** for the past **six months**. These nightmares or night terrors are characterized by repeated episodes of intense anxiety.
- Being unable to complete routine events (e.g., hygiene tasks, leaving the house, walking on certain pavements, or sharing community equipment with others) throughout the day, **every day**, for the past **six months** due to an obsession. An obsession is a thought, fear, idea, image, or words that a child cannot get out of their mind. It does not include self-stimulating or compulsive behaviors. The child experiencing the obsession must be aware of it but be unable to control their thought patterns.

And

Either B. Exhibit a Dangerous Behavior

- Child must exhibit a defined behavior in at least **one** of the four behavior categories consistently during the past **six months** and must reasonably be expected to engage in the behaviors during the next **six months**.
- The behaviors must occur at the specified frequency and require the interventions as outlined in the behavior definitions.
- The behaviors must be related to the child's mental health diagnosis and must be of a nature and severity that could result in psychiatric hospitalization without direct, daily, community-based intervention from others.

OR

C. Have a Substantial Social Competency Impairment

- The child must demonstrate a substantial functional limitation in social competency by consistently exhibiting at least **one** of the characteristics within or below the child's age group identified in [Module 6.16](#).

For example, children who would **meet** Criterion 4: Severe Symptomology or Dangerous Behaviors requirements through Standard VII:

- A 7-year-old child was recently adopted from Russia and has a diagnosis of Reaction Attachment Disorder. They isolate themselves from peers and play primarily alone. They are also having night terrors every night. *They have one of the rare and extreme mental health circumstances and a deficit in social competency.*
- A 16-year-old child with Obsessive Compulsive Disorder has severe obsessions regarding germs and washes their hands repeatedly throughout the day. They receive homebound instruction since their obsession over germs restricts them to the home. They haven't left home for over a year except for some psychiatric sessions which were very traumatic. Due to their restricted lifestyle, they have not developed self-confidence in social interactions. *They meet one of the rare and extreme mental health circumstances and a deficit in social competency.*

If Criteria 1, 2, 3, and 4 above are all met, the child meets the Psychiatric Hospital (Mental Health) level of care.
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Nursing Home Level of Care: Physical Disabilities

The child with a Nursing Home–Physical Disabilities (PD) Level of Care has a long-term medical or physical condition which significantly diminishes their functional capacity and interferes with the ability to perform age-appropriate activities of daily living at home and in the community. This child requires an extraordinary degree of daily assistance from others to meet their everyday and special medical needs. The special medical needs warrant skilled nursing interventions that require specialized training and monitoring significantly beyond what is routinely provided to children. *The intensity and frequency of required skilled nursing interventions must be so substantial that without daily intervention, the child is at risk for institutionalization within a nursing home.*

A child may be assigned this level of care if the child meets **both** of the criteria listed below for Physical Disability. The criteria are:

1. The child has a **Diagnosis** of a medical/physical condition resulting in needs requiring long term care services; and
2. The child requires **Skilled Nursing Interventions and/or has Substantial Functional Limitations** requiring hands-on assistance from others throughout their day.

Criterion 1: Diagnosis

The child has a diagnosis that meets **both** of the following:

- The child has a diagnosis of a medical or physical condition that results in long-term care needs. Long-term is defined by the duration of skilled nursing interventions and substantial functional limitations as detailed in Criterion 2: Skilled Nursing Interventions and/or Substantial Functional Limitations below. This applies to conditions where surgery or treatment results in recovery or remission evidenced by a reduced need for skilled nursing interventions or reduced substantial functional limitations. Conditions that improve significantly with medical interventions do not meet this criterion even if the diagnosis is a serious condition.
- The diagnosis must have resulted in the child having needs that can only be addressed through long-term support services and are the direct focus of a home and community treatment plan for the child.

*Criterion 1: Diagnosis must be met before considering Criterion 2: Skilled Nursing Intervention/Substantial Functional Limitations. If Criterion 1: Diagnosis is not met, the reviewer **must stop here**, but may consider levels of care other than Nursing Home if appropriate.*

Criterion 2: Skilled Nursing Interventions and/or Substantial Functional Limitations

The child must meet **one** of the two Standards (I-II) described below.

Standard I: Skilled Nursing Interventions and Substantial Functional Limitations

The child must demonstrate **both** a need for Skilled Nursing/Therapeutic Intervention **and two** substantial functional limitations (**A and C**, OR **B and C**):

- A. Needs and receives at least **one** Skilled Nursing Intervention listed below that must be performed **daily** and is reasonably expected to continue at least **six months**.
- B. Needs and receives at least **two** Skilled Nursing/Therapeutic Interventions listed below that must be performed at least **weekly** (or at the frequency noted below) and are both reasonably expected to continue at least **six months**.

Daily Skilled Nursing Interventions that apply to **both items A and B** above are limited to the following and do not include site care:

- **IV access:** Peripheral or central lines for fluids, medications or transfusions; use of diabetic pump. Does not include the use of a port.
- **Tracheostomy care**
- **Oxygen:** Oxygen use includes only skilled tasks such as titration, deep suctioning, and checking blood saturation levels.
- **Total Parenteral Nutrition (TPN)**
- **Tube feedings:** G-tube, J-tube, or NG-tubes
- **Dialysis:** hemodialysis or peritoneal, in home, or at clinic.
- **Respiratory treatments:** Chest PT, C-PAP, Bi-PAP, IPPB treatments. This does not include inhalers or nebulizers.
- **Wound or special skin care:** Only applies if process takes more than one hour a day.

Additional Skilled Nursing/Therapeutic Interventions that can **only** be applied for **item B** above:

- **Bowel or ostomy:** Digital stimulation, ostomy site care, changing wafer, and irrigation.
- **Urinary catheter:** Straight catheters, irrigations, instilling medications.
- **Physical, occupational, or speech therapy:** Only applies if the child is involved in **six or more** sessions per week with professional therapists.

Note: Medication administration for a reasonably stable condition, including topical or oral medication, eye drops, inhalers, nebulizers, growth hormone injections, or chemotherapy is not considered a skilled nursing intervention.

And

- C. The child exhibits **Substantial Functional Limitations** when compared to age-appropriate activities in at least **two** of the seven specific areas listed below that are reasonably expected to last at least **one year**.
- **Learning:** A 30% (25% if the child is under 1 year of age) or greater delay or a score of at least 2 (1.5 if the child is under 1 year of age) standard deviations below the mean based on valid, standardized and norm referenced or criterion-based measures of aggregate intellectual functioning.
 - **Communication:** A substantial functional limitation in communication is defined as a 30% (25% if under one year) or greater delay or a standard score of at least 2 (1.5 if under one year) standard deviations below the mean on valid, standardized and norm referenced or criterion-based measures of **both** expressive and receptive communication functioning.
 - **Self-Care:** Refer to [Module 6.7-6.11](#). This module describes the degree of deficit required in the following ADLs to meet a substantial functional limitation based on the child's age. The child must demonstrate a deficit in at least **one** of the following five areas of self-care:
 - Bathing
 - Grooming
 - Dressing
 - Toileting
 - Eating
 - **Mobility:** Refer to [Module 6.12 and 6.13](#). This module describes the degree of deficit required in mobility to meet a substantial functional limitation based on the child's age. The inability to run or to move long distances or between environments related to stamina or ease of movement is **not** a mobility deficit.
 - **Social Competency/Self Direction:** Refer to [Module 6.16](#). This module lists deficits in social skills by age groups that demonstrate a substantial functional limitation in social competency.
 - **Work:** Needs direct, hands-on assistance every day to perform their job, significantly beyond the typical assistance needed by other employees with similar duties to complete their job duties. This applies only to children over 16 years of age.
 - **Capacity for Independent Living:** Refer to [Module 6.17](#). This module describes the degree of deficit required in meal preparation or money management to meet a substantial functional limitation based on the child's age. This applies only to children over 14 years of age.

For example, children who would **meet** Criterion 2: Skilled Nursing Interventions and/or Substantial Functional Limitations through Standard I:

- A 5-year-old child requires oxygen daily and needs frequent monitoring due to being at high risk for alterations in respiratory status. They have been on oxygen for over a year. They are unable to walk and need to be lifted in and out of the bathtub and placed on/off the toilet. Although they are very independent in other areas of self-care, it is expected they will need assistance from others in bathing, toileting and mobility for a year or longer. *They have one daily skilled nursing intervention and two substantial functional limitations (self-care and mobility) that meet the duration requirements.*

- A 15-month-old child has been tube fed since infancy and continues to require g-tube feedings six times/day. They are unable to move themselves around their environment except by rolling. Due to being g-tube dependent, they need assistance in eating: an activity of daily living. Although they continue to make steady progress, they will have deficits in mobility and eating for at least a year. *They have one daily skilled nursing intervention and two substantial functional limitations that meet the duration requirements.*
- A 10-year-old child is dependent on others for cathing several times a day and also receives six therapy sessions weekly (2 sessions of Occupational Therapy, 2 sessions of Physical Therapy and 2 sessions of Speech Therapy). By valid testing results, their receptive and expressive communication skills are both delayed by more than 30% and they need daily assistance in toileting due to incontinence. They have been cathed by others since early childhood. They have needed and received therapy since infancy. Their need for assistance in toileting and delays in communication are both expected to last a year or longer. *They have two skilled nursing/therapeutic interventions under item B above that occur at least weekly and two substantial functional limitations (communication and self-care: toileting) that meet the duration requirements.*

Standard II: Substantial Functional Limitations

The child must have substantial functional limitations requiring daily direct hands on assistance in at least **four** of the seven specific areas listed below that are reasonably expected to last for at least **one year**. There is no requirement of skilled nursing or therapeutic interventions for this Standard.

- **Learning:** A 30% (25% if the child is under 1 year of age) or greater delay or a score of at least 2 (1.5 if the child is under 1 year of age) standard deviations below the mean based on valid, standardized and norm referenced or criterion-based measures of aggregate intellectual functioning.
- **Communication:** A substantial functional limitation in communication is defined as a 30% (25% if under one year) or greater delay or a standard score of at least 2 (1.5 if under one year) standard deviations below the mean on valid, standardized and norm referenced or criterion-based measures of **both** expressive and receptive communication functioning.
- **Bathing:** Refer to [Module 6.7](#). This module describes the degree of deficit required in bathing to meet a substantial functional limitation based on the child's age.
- **Grooming or Dressing:** Refer to [Module 6.8 and 6.9](#). This module describes the degree of deficit required in grooming or dressing to meet a substantial functional limitation based on the child's age.
- **Eating:** Refer to [Module 6.10](#). This module describes the degree of deficit required in eating to meet a substantial functional limitation based on the child's age.
- **Toileting:** Refer to [Module 6.11](#). This module describes the degree of deficit required in toileting to meet a substantial functional limitation based on the child's age.
- **Mobility:** Refer to [Module 6.12](#). This module describes the degree of deficit required in mobility to meet a substantial functional limitation based on the child's age. The inability to run or to move long distances or between environments related to stamina or ease of movement is **not** a mobility deficit.

Note: Minor to moderate global delays in several of the seven areas listed above does not meet the Substantial Functional Limitation for Criterion 2: Skilled Nursing Interventions and/or Substantial Functional Limitations. A significant delay in an area not listed above, such as a behavioral concern or the inability to participate in extra-curricular activities, also does not meet the required Substantial Functional Limitation.

For example, children who would **meet** Criterion 2: Skilled Nursing Interventions and/or Substantial Functional Limitations through Standard II:

- A 13-year-old child with advanced muscular dystrophy who is unable to walk or transfer from place to place. They need hands-on assistance from others to bathe, get clothes on/off and to use the toilet. *Child demonstrates needs in four (bathing, dressing, toileting, mobility) of the seven specific areas of substantial functional limitations.*
- A 9-year-old child with Spina Bifida relies on others to complete their bowel program daily and receives physical therapy twice a week. They have a urinary catheter but can complete the associated tasks independently. They are mobile but use a walker at all times and a wheelchair for long distances. Due to a limited range of motion, they need help dressing and bathing. *Child demonstrates needs in four (bathing, dressing, toileting, mobility) of the seven areas of substantial functional limitations. Note this child did not qualify under Standard I because their skilled nursing needs do not meet the definitions and frequency requirements.*

If Criteria 1 and 2 are **both** met, the child meets the Nursing Home (Physical Disabilities) level of care.

Select Diagnoses:

Children under age 6 with [select diagnoses](#) as determined by the DHS, will meet an institutional level of care on the Functional Screen and be functionally eligible for the CLTS Programs.

Children under the age of 6 with these select diagnoses may not display the measurable deficits required for their designated age cohorts under the ADL and IADL sections of the Functional Screen. As such, these select diagnoses, determined by DHS, are those that definitively meet an Institutional Level of Care based on data, prognosis, and diagnostic characteristics.

The entirety of the Functional Screen must still be completed for children with a select diagnosis regardless of age. Annual re-screens must still occur as required by program policy.

Exceptional Circumstances Criteria

Due to the need for nursing home care under the following unique and severe conditions, if a child possesses **one** of the five listed criteria, they meet a Nursing Home (physical disability) Level of Care:

- **Terminal condition:** A verified prognosis of death within 12 months from date of review.
- **Transplant pending:** Imminent transplant within 12 months from date of review.
- **Stage IV cancer:** Diagnosis occurred no more than 12 months prior to date of review.
- **Recurrent cancer:** Recurrence occurred no more than 12 months prior to date of review.
- **Post-transplant:** Transplant occurred no more than 12 months prior to date of review.

Hospital Level of Care—Physical Disabilities

A child with a Hospital—Physical Disabilities (PD) Level of Care has needs that are typically met in an inpatient hospital setting. The child's medical needs must be chronic, persistent and expected to last at least six months from the date of review. The skilled care needs cannot be acute or of a short-term duration. *The frequency and complexity of the required skilled medical interventions must be so substantial that without these direct, continuous skilled medical interventions, the child is at risk of institutionalization within a long-term, in-patient medical hospital.*

A child may be assigned this level of care if the child meets **all three** of the criteria listed below for Physical Disability. The criteria are:

1. The child needs **Frequent and Complex Medical Care** that require the use of equipment to prevent life-threatening situations.
2. The child's complex skilled medical interventions are expected to persist for a specific **Duration** of time.
3. The child's overall health condition must require **Continuous Assessment of an Unstable and Life-Threatening Condition**.

Criterion 1: Frequent and Complex Medical Care

The child must need frequent and complex skilled medical interventions that require the use of equipment to prevent life-threatening situations. The child's health status must require **both** of the following:

- A. The child requires skilled medical care multiple times during each 24-hour period.
- B. The Complex Skilled Medical Interventions includes **one** of the following items:
 - Tracheostomy care
 - Ventilator care
 - IV access: Peripheral or central lines for fluids, medications or transfusions; use of diabetic pump. Does not include the use of a port.
 - Oxygen: Includes only skilled tasks such as titration, deep suctioning or checking blood saturation levels.
 - Total Parenteral Nutrition (TPN)
 - Rehabilitation program for brain injury or coma (minimum of 15 hours per week).
 - Dialysis: Hemodialysis or peritoneal, in home or at clinic.

Note: The interventions listed above **do not** include site care, as that is not a skilled medical task. Tasks that are performed only when necessary (PRN) and are not continuously required do not meet this Criterion.

Criterion 1: Frequent and Complex Medical Care must be met before considering Criterion 2: Duration. If Criterion 1: Frequent and Complex Medical Care is not met, the reviewer **must stop here**, but may consider levels of care other than Hospital if appropriate.

Criterion 2: Duration

The child has one of the skilled medical interventions from Criterion 1: Frequent and Complex Medical Care and that intervention is expected to be required consistently for at least **six months**.

*The Frequent and Complex Medical Care **and** Duration Criteria must be met before considering the Criterion 3: Continuous Assessment of Unstable and Life-Threatening Condition. If Criterion 2: Duration is not met, the reviewer **must stop here**, but may consider levels of care other than Hospital if appropriate.*

Criterion 3: Continuous Assessment of Unstable and Life-Threatening Condition

The child's overall health condition must be unstable and present potential for complications or rapid deterioration. As a result, the child requires continuous assessment by professional nurses, parents, or others properly instructed to detect potential life-threatening situations, respond promptly and render appropriate care, and perform emergency procedures.

A child under 7 years of age or a child with substantial functional impairment in consciousness, cognition, or communication may require a greater degree of continuous assessment than a typically developing child or a child over 7 years of age.

For example, children who would **meet** a Hospital Level of Care if their skilled medical care interventions were expected to last for at least six months from the date of review:

- A child in an in-home coma recovery program or traumatic brain injury rehabilitation program for a minimum of 15 hours per week of comprehensive interdisciplinary rehabilitation treatment.
- A child who requires positive pressure ventilation 24 hours a day, seven days a week in which a machine delivers some or all breaths to the lungs. This does not include children who require continuous or intermittent positive airway pressure aides such as a C-PAP or Bi-PAP with which the child still breathes independently.
- A child requiring tracheostomy care such as suctioning the tube multiple times a day to keep it from clogging with mucus and inhibiting their ability to breathe. This **only** meets Hospital level of care if the child is either under 7 years of age or is older, but unable to communicate distress to others.
- A child with a substantial cognitive impairment and a diagnosed respiratory condition that produces excessively thick mucus that frequently compromises their ability to breathe. As a consequence, the child must receive deep suctioning multiple times a day.

*If Criteria 1, 2 and 3 above are **all** met, the child meets the Hospital (Physical Disabilities) level of care.*

Select Diagnoses:

Children under age 6 with [select diagnoses](#) as determined by the DHS, will meet an institutional level of care on the Functional Screen and be functionally eligible for the CLTS Programs.

Children under the age of 6 with these select diagnoses may not display the measurable deficits required for their designated age cohorts under the ADL and IADL sections of the Functional Screen. As such, these select diagnoses, determined by DHS, are those that definitively meet an Institutional Level of Care based on data, prognosis, and diagnostic characteristics.

The entirety of the Functional Screen must still be completed for children with a select diagnosis regardless of age. Annual re-screens must still occur as required by program policy.

Appendix A

Select Diagnosis List

Children under age 6 with [select diagnoses](#) as determined by the DHS, will meet an institutional level of care on the Functional Screen and be functionally eligible for the CLTS Programs.

Children under the age of 6 with these select diagnoses may not display the measurable deficits required for their designated age cohorts under the ADL and IADL sections of the Functional Screen. As such, these select diagnoses, determined by DHS, are those that definitively meet an Institutional Level of Care based on data, prognosis, and diagnostic characteristics.

The entirety of the Functional Screen must still be completed for children with a select diagnosis regardless of age. Annual re-screens must still occur as required by program policy.

Aicardi Syndrome	Osteogenesis Imperfecta: Type 2 or Greater
Angelman Syndrome	Pallister Killian Syndrome
Brain Injury-Traumatic: Moderate or Severe	Patau Syndrome/Trisomy 13
Cerebral Palsy: With Spastic Quadriplegia	Peroxisomal Disorders
CHARGE Syndrome	Phocomelia
Cornelia de Lange Syndrome	Pitt-Hopkins Syndrome
Cri-du-Chat Syndrome/5p Deletion	Prader-Willi Syndrome
DiGeorge Syndrome/22q11 Deletion	Rett Syndrome
Down Syndrome - Trisomy 21	Rubenstein-Taybi Syndrome
Edwards Syndrome/Trisomy 18	Schizencephaly
Fragile X Syndrome (Male)	Seizure Disorders: Infantile Spasms/West Syndrome, Lennox Gastaut, Uncontrolled Epilepsy
Hemimegalencephaly	Smith-Lemli-Opitz Syndrome
Holoprosencephaly	Smith-Magenis
Hypoxic-Ischemic Encephalopathy: Stage 2 or 3	Spinal Muscular Atrophy
Intraventricular Hemorrhage: Grade III or IV	Spinocerebellar Ataxia disorders
Kabuki Syndrome	Storage Disorders: Batten Disease, Cystinosis, Gaucher Disease Types I, II, and III, Hunter Syndrome, Hurler Syndrome, Metachromatic Leukodystrophy, Mucopolysaccharidosis (all types), Niemann-Pick Disease, Pompe Disease, Sandhoff Disease, Schindler Disease, Tay-Sachs Disease
Koolen-de Vries Syndrome	Tuberous Sclerosis
Lesch-Nyhan Syndrome	VACTERL
Lissencephaly	Wiedemann-Steiner Syndrome
Maple Syrup Urine Disease	Williams Syndrome
Muscular Dystrophy	Wolf-Hirschhorn Syndrome/4p deletion
Myelomeningocele: Spina Bifida with Myelomeningocele	