Meeting the Needs of Students with Other Health Disabilities

A Resource Manual for Minnesota Educators

(Updated 2019)

Minnesota Low Incidence Projects

Serving Learners with Low Incidence Disabilities

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This Minnesota Low Incidence Projects publication has been written to assist individuals responsible for educating students with other health disabilities. Funding for this manual is made possible with a grant from the Minnesota Department of Education. The source of the funds is federal award Special Education – Program to States, CFDA 84.027A. Permission is granted to duplicate this publication for nonprofit educational uses. To download the most updated version, visit http://www.mnlowincidenceprojects.org.

Acknowledgements

The Other Health Disabilities Resource Manual for Minnesota educators, initially created in 2002, has been updated multiple times over the years, including a 2013 update by the MN Department of Education and this current 2019 update by the MN Low Incidence Projects (Deb Williamson, Statewide OHD Specialist 2014-18 and current Statewide OHD Specialist, Tami Childs). Many thanks to the dedicated educators and agency representatives who have contributed their time and expertise in first creating and later updating this publication.

About This Manual

The 2019 update of the Other Health Disabilities Manual for Minnesota Educators is a secondary resource for Minnesota teachers, school psychologists, school health specialists, related services staff, administrators, and others who serve students with chronic or acute health conditions. Current interpretation of Minnesota Statutes and Rules provide the framework for this manual, with the intent of assisting educators and administrators in identifying and serving students eligible for special education services under the Other Health Disabilities category in the state of Minnesota. This manual will be updated annually with the Frequently Asked Questions (Part 11) updated more frequently if needed.

Quick Resources

The primary legal references for OHD in Minnesota are Minnesota Rule 3525.1335; Minnesota Statute 125A.02, and amended Minnesota Statute 125A.08. More information is included in this updated manual regarding these

related legal requirements and implications for identifying and serving students with OHD.

Resources and information specific to Other Health Disabilities can be found on the Minnesota Low Incidence Projects website (www.mnlowincidenceprojects.org) at and the Minnesota Department of Education website (https://education.mn.gov/MDE/dse/sped/cat/ohd/info/). It should be noted that posted materials are not guaranteed to be compliant in all aspects of legal requirements. The MN Department of Education and the MN Low Incidence Projects suggest that if questions arise, clarification be obtained from your district legal counsel.

Please contact the Statewide OHD Specialist for additional resources or technical assistance; contact information can be found on the MN Department of Education website and the MN Low Incidence Projects website.

MEETING THE NEEDS OF STUDENTS WITH OTHER HEALTH DISABILITIES

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Part 1: Introduction:
Other Health Disabilities in the Educational Setting

Introduction

As many as 43% of students in the United States are affected by chronic illness, according to current prevalence data. It is likely that a number of children with long term chronic or acute health conditions (or with related lasting effects) may be present in any given classroom. Specialists in the field now recognize that our policies and guidelines designed for students with disabilities may often be insufficient in meeting unique learning needs exhibited by students with chronic or acute health conditions.

Other Health Disabilities (OHD) is a complex categorical area of special education in Minnesota whose child count numbers have grown dramatically in the past 15 years as a reflection of changing definitions, criteria and interpretation. Historically, this category was created to identify and serve students with chronic or acute health conditions that may be either congenital or acquired, and which impacts their ability to learn and function in the school setting.

Since the Minnesota ruling in 2001 to include Attention Deficit/ Hyperactivity Disorder (AD/HD) under the special education category of OHD, there has been a significant increase in Minnesota OHD child count over the years. More recently, there has also been a gradual perceptual shift in the educational and medical communities in their collective view of what constitutes a chronic or acute health condition, and whether some medically diagnosed mental health and other neurobiological conditions should be considered for special education eligibility under the category of OHD. This changing landscape has raised some important questions for educators on how to best serve these unique students who often have complex symptoms and related educational needs.

Defining Other Health Disabilities

Sec. 300.8 of the Individuals with Disabilities Education Act (IDEA) defines Other Health Impairment as "having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

- Is due to chronic or acute health problems such as asthma, attention deficit

disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome, and other neurobiological disorders; and

- ❖ Adversely affects a child's educational performance

Minnesota Administrative Rules 3525.1335 defines other health disability as "having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance."

History of Special Education Law and OHD

In the early twentieth century, formal public education for students with chronic or acute health conditions was limited. Few hospitals had teachers and few public schools had healthcare providers. Minnesota developed a plan for educational services to be provided to students who were physically or other health impaired in the late 1950s, with school services typically provided in self-contained centralized programs.

In 1975, Congress passed Public Law 94-142, the Education for the Handicapped Act (EHA). The law mandated that all children ages three to 21 receive a free and appropriate public education in the least restrictive environment. As a result, children with disabilities began to transition from separate programs to their home school districts. This was later followed by passage of the Education of the Handicapped Act Amendments of 1990, in which Public Law 101-476 defined "orthopedic impairment" and "other health impaired."

The Office of Special Education Programs (OSEP) ruled in 1991 that Attention-Deficit Disorder (ADD) and Attention-Deficit/Hyperactivity Disorder (AD/HD) are medical conditions that may require special education instruction and services. On November 19, 2001, Volume 26 of State Register 657 revised Minnesota Rule 3525.1335 to include ADD and AD/HD (now referenced as AD/HD) under Minnesota OHD criteria.

Statewide Professional Support for Educators

Special educators who had expertise and knowledge in the areas of Physically Impaired and OHD formed a collaborative group in the late 1970s with the

purpose of sharing information and resources to support students with physical and chronic or acute health conditions. Originally known as the Minnesota Physical and Other Health Impairments (POHI) Network, they merged with the Council for Exceptional Children's (CEC) Division of Physically Impaired (PI) in 1992 and kept the organizational title of MN POHI Network. When the Minnesota Legislature changed the name of the special education category from Other Health Impaired to Other Health Disabilities, the POHI Network became the Professional Statewide Physical/Health Disabilities Network (later named Community of Practice).

Past and current members of the MN P/HD Community of Practice continue to primarily be Physical/Health Disabilities (P/HD) teachers whose licensure aligns with the special education category of Physically Impaired (PI). Although P/HD teachers have historically also worked with students who have chronic or acute health conditions, this staffing pattern has been influenced in recent years by the changed OHD definition, which resulted in both an expanding range of diagnoses and increased child count. In response to these changes, a professional statewide OHD Community of Practice was created in 2018 with membership reflective of the changing profile of OHD and includes representation from various school professionals including special educators, school psychologists, health specialists, and school administrators.

Who is the OHD Specialist?

Unlike most other categorical areas of special education in Minnesota, there is not currently an OHD teacher licensure aligned with the OHD category. However, an OHD specialist is defined as an educator who is knowledgeable in the area of OHD and has received some degree of professional development or certification in OHD, such as the online Hamline University OHD Certificate. Services provided by an OHD specialist may include evaluation activities, direct services, and/or indirect consultation services to the student. These services are determined by the student's educational team. OHD specialists may also be a resource for local school or district staff for broader support and consultation.

Changing Trends in OHD

The number of students who qualify under the special education category of OHD in Minnesota has grown annually since 1990-91 when OHD child count data was

first collected and has resulted in a significant growth curve. Several considerations have likely contributed to this continuing trend. As rates of survival and life expectancy continue to rise in infants and students with chronic or acute health conditions, the health care and educational service needs of these students similarly increase.

Additionally, in 1991 the Office of Special Education and Rehabilitative Services (OSERS) accepted Attention-Deficit Disorder and Attention-Deficit/Hyperactivity Disorder as chronic health conditions. Now jointly defined by the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5) as Attention-Deficit/Hyperactivity Disorder (AD/HD), it's inclusion in the OHD criteria has significantly increased the OHD child count.

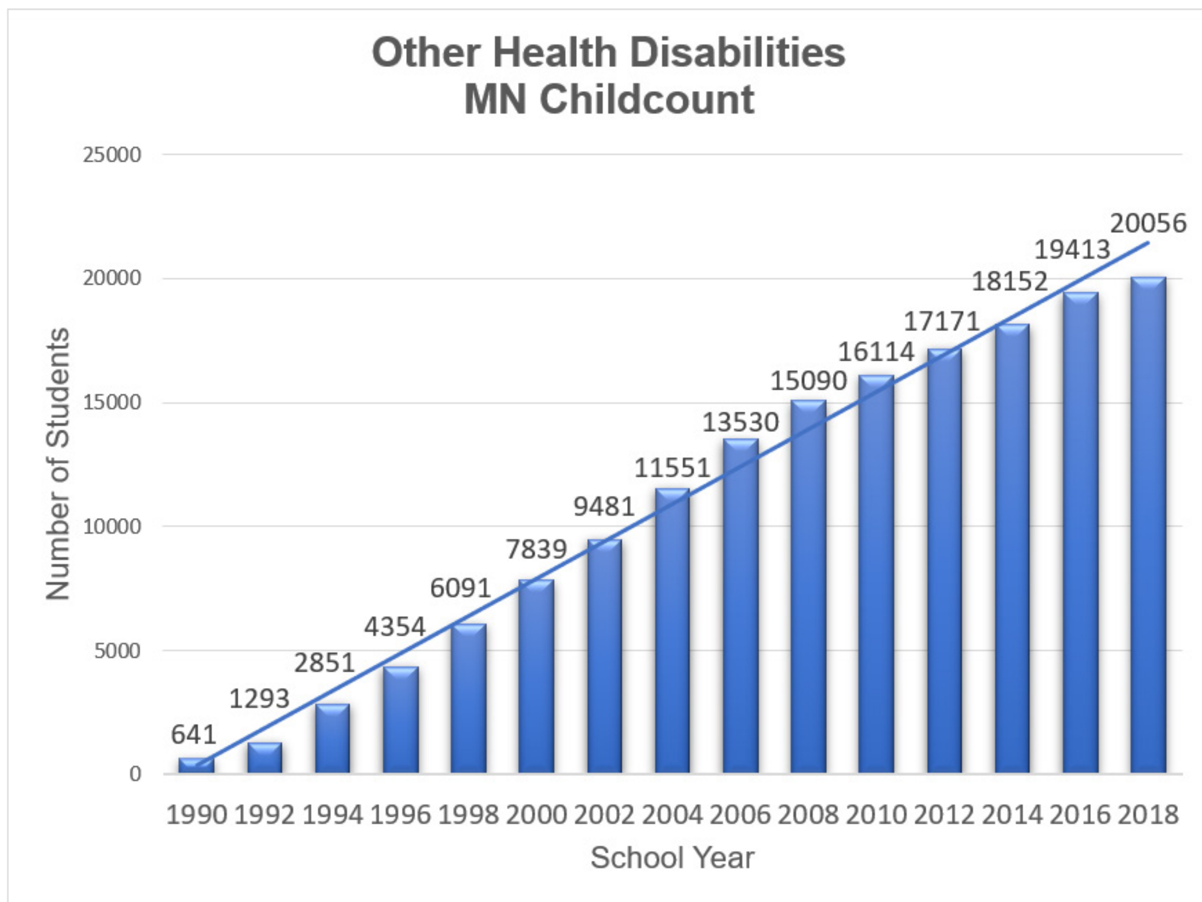

Figure 1 above shows OHD trends in Minnesota. The data is taken from unduplicated child count information provided by the MN Department of Education.

Unique Considerations for the Student with OHD

Children with chronic or acute health conditions face a variety of physical effects, for example, pain, nausea and fatigue, which may affect their learning and their concentration. Medications and treatments can impact memory and comprehension. Frequent medical appointments or hospitalizations can result in absences from school and distance them from connecting socially. Physical changes, such as loss of hair or burn scars, may cause students to worry about peer reactions. Missing school and social activities, facing pain, being teased, and being unsure of the future can significantly impact their social emotional well-being.

Some health conditions may be hidden to the eye, such as respiratory disorders, hematologic conditions or heart disease. However, symptoms or manifestations of the health condition can present as fatigue, lack of endurance or strength, or gaps in learning as a result of chronic absenteeism, missed instruction during the day, or medication side effects. A student may also present with difficulty following directions, completing work, maintaining focused attention, and organizing materials.

Social and cultural differences in families vary. While mainstream cultures may choose treatment by a licensed physician, others may choose practices that are more traditional to their native cultures. Language and dialects may be misunderstood. Poverty may cause lack of proper nutrition, adequate housing and effective health care. Medical appointments, treatments and hospitalizations are often expensive. Some families do not have health insurance while others reach limits on insurance reimbursements.

Although some students may be able to maintain their educational performance and adequate achievement scores while receiving homebound services, school provides opportunities to learn interactively, socialize with peers, experience success and develop increased independence. School participation for a student with a chronic medical illness can be as critical for social survival as medical treatment is for physical survival. Teachers can identify obstacles to school attendance, such as classes on the third floor of a building and intervene to minimize their impact on students. Collaboration with the family and the medical team is essential.

Factors such as the frequency of illness, parental level of education and student ability to participate in physical activities at school impact school attendance. Additional factors, such as the student's response to the health condition, attitudes of significant adults, and the types and availability of school resources can affect school attendance as well.

When students with chronic or acute health disabilities have periods of time when they are not able to attend a traditional school setting, the IEP team must determine appropriate instructional programming/services to ensure the student is receiving a free appropriate public education (FAPE). The team should consider the provision of services on an individual basis. Teams should not be limited to considering homebound instruction or online services.

When the student is at home, the IEP team may determine that a homebound instructor will bring assignments from school and help the student complete those assignments. When the student is in the hospital, tutoring or school services may be provided, following the student's Individualized Education Program (IEP) and sharing a summary of progress with the school. Parents are encouraged to engage in conversations with their local school district staff and community agencies to learn more about available resources.

Part 2: Minnesota State Criteria: Other Health Disabilities

This section includes both the MN Rule 3525.1335 for Other Health Disabilities (adopted 2008) and MN Statute section §125A.08 (adopted 2016) that modifies the existing MN Rule. Chart 1 at the end of this section summarizes the changes to the existing rule.

Minnesota Rule 3525.1335 Other Health Disabilities.

Subpart 1. **Definition.** "Other health disability" means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance.

Subp. 2. **Criteria.** The team shall determine that a pupil is eligible and in need of special education instruction and services if the pupil meets the criteria in items A and B.

A. There is:

(1) written and signed documentation by a licensed physician[1] of a medically diagnosed chronic or acute health condition; or

(2) in the case of a diagnosis of Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder (ADD or AD/HD), there is written and signed documentation of a medical diagnosis by a licensed physician, an advanced practice nurse, or a licensed psychologist[2]. The diagnosis of ADD or AD/HD must include appropriate documentation using DSM criteria that items A to E have been met. DSM criteria documentation must be provided by either a licensed physician or a mental health or medical professional licensed to diagnose the condition.

[1] The spectrum of licensed health care providers who can provide written documentation of a student's medically diagnosed health condition required for potential OHD eligibility was expanded to "a licensed physician or a licensed health care provider acting within the score of the provider's practice" based on 2016 Minnesota Statutes, section §125A.08(except in the case of a diagnosis of AD/HD - See Subp.2A (2)).

[2] Note that the 2016 amended statute does not alter previously stated diagnostic sources for students with Attention Deficit/Hyperactivity Disorder, Subp. 2A (2).

For initial evaluation, all documentation must be dated within the previous 12 months.

B. In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented by three or more of the following:

(1) excessive absenteeism linked to the health condition, for example, hospitalizations, medical treatments, surgeries, or illnesses;

(2) specialized health care procedures that are necessary during the school day;

(3) medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;

(4) limited physical strength resulting in decreased capacity to perform school activities;

(5) limited endurance resulting in decreased stamina and decreased ability to maintain performance;

(6) heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy;

(7) impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or

(8) impaired ability to follow directions or initiate and complete a task

Subpart 3. **Evaluation**. The health condition results in a pattern of unsatisfactory educational progress as determined by a comprehensive evaluation documenting the required components of subpart 2, items A and B. The eligibility findings must be supported by current or existing data from items A to E:

A. An individually administered, nationally normed standardized evaluation of the pupil's academic performance;

B. Documented, systematic interviews **conducted by a licensed special education teacher** with classroom teachers and the pupil's parent or

guardian;

C. One or more documented, systematic observations in the classroom or learning environment **by a licensed special education teacher**;
D. A review of the pupil's health history, including the verification of a medical diagnosis of a health condition; and
E. Records review.

The evaluation findings may also include data from: an individually administered, nationally normed test of intellectual ability; an interview with the pupil; information from the school nurse or other individuals knowledgeable about the health condition of the pupil; standardized, nationally normed behavior rating scales; gross and fine motor and sensory motor measures; communication measures; functional skills checklists; and environmental, socio-cultural, and ethnic information reviews.

Statutory Authority: MS s 14.389; 120.17; L 1999 c 123 s 19,20; L 2014 c 312 art 17 s 12

History: 16 SR 1543; L 1998 c 397 art 11 s 3; 26 SR 657; 39 SR 1168

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Minnesota Statute 125A.08 Individualized Education Programs

Included in Subpart b(1)

Before a school district evaluation team makes a determination of other health disability under Minnesota Rules, part 3525.1335, subparts 1 and 2, item A, subitem (1), the evaluation team must seek written documentation of the student's medically diagnosed chronic or acute health condition signed by a licensed physician or a licensed health care provider acting within the scope of the provider's practice.

Current Interpretation of Other Health Disabilities Criteria

Minnesota Statutes, section §125A.08 was amended in 2016 to expand the spectrum of licensed health care providers who could provide written documentation of a student's medically diagnosed chronic or acute health condition required for potential eligibility under the Other Health Disabilities category (except in the case of a diagnosis of AD/HD - See Subp.2A (2)). This expanded spectrum now includes licensed health care providers whose scope of

practice includes diagnosing patients (for example, advanced practice registered nurses (APRNs) and physician assistants (PAs)). When considering other health care providers, districts should consider whether the provider's professional scope of practice includes the ability to provide documentation of a medically diagnosed chronic or acute health condition.

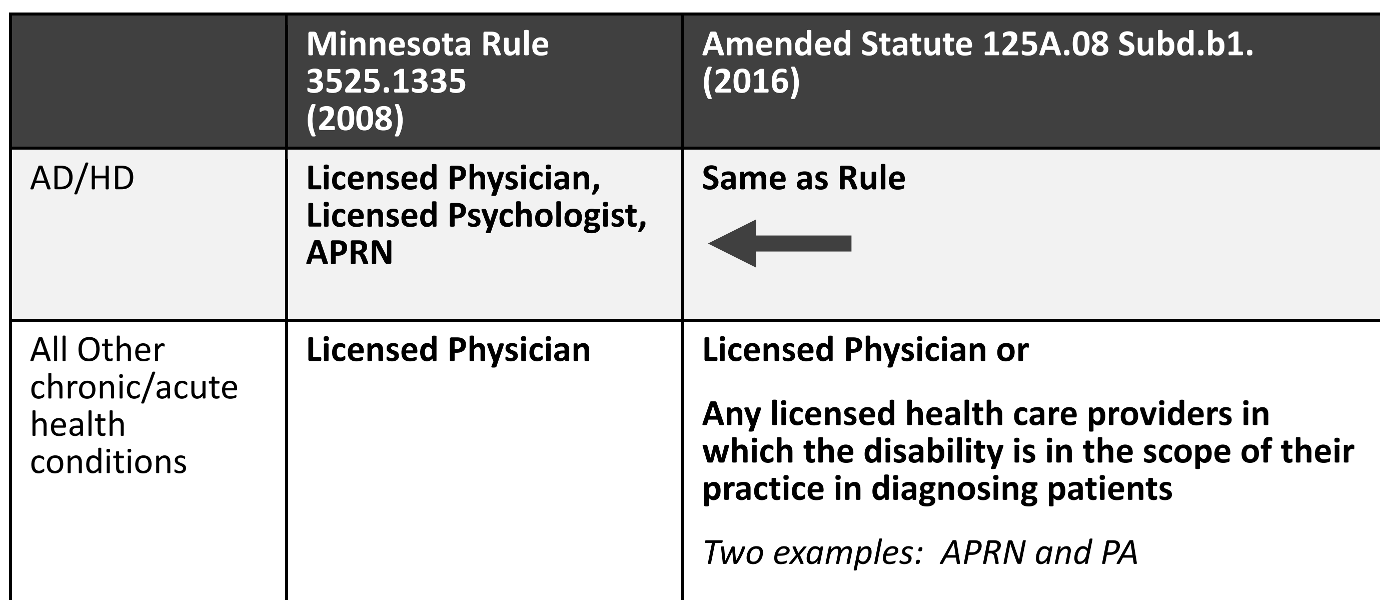
However, it is important to note that MN Rule 3525.1335, Subp. 2A (1) has not yet adopted this change in state law. During the period of time before a rule is updated to reflect a new or amended statute, it is recognized that statute supersedes rule. Therefore, schools should follow the amended statute regarding acceptable diagnostic sources.

In the case of AD/HD, the 2016 amended statute does not alter previously stated diagnostic sources for students with Attention Deficit/Hyperactivity Disorder, Subp. 2A (2). As before, a licensed physician, an advanced practice nurse, or a licensed psychologist are the only diagnosticians who can provide written and signed documentation of a medical diagnosis of AD/HD.

For more information on determining OHD eligibility and evaluation, refer to PART 4: Student Evaluation and Eligibility of this manual.

Note: a fillable version of the Other Health Disabilities Criteria Checklist can be found in the Appendices of this manual; or on the websites of the MN Low Incidence Projects or the MN Department of Education.

Chart 1: Current OHD Rule and Amended Statute Clarification



	Minnesota Rule 3525.1335 (2008)	**Amended Statute 125A.08 Subd.b1. (2016)**
AD/HD	**Licensed Physician, Licensed Psychologist, APRN**	**Same as Rule**
All Other chronic/acute health conditions	**Licensed Physician**	**Licensed Physician or** **Any licensed health care providers in which the disability is in the scope of their practice in diagnosing patients** *Two examples: APRN and PA*

Part 3:
Related Laws and Regulations

To best understand the provision of services at a local level, it is important to first understand the federal and state education laws and regulations that guide all services in the schools.

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973, with amendments in 1986, is a civil rights law protecting the rights of individuals of all ages with disabilities participating in programs that receive federal financial assistance from the U.S. Department of Education. Section 504 defines a person with a disability as "any person who has a physical or mental impairment which substantially limits one or more of the major life activities, has a record of such impairment, or is regarded as having such impairment" [34 C.F.R. 104.3(j) (1)]. Students whose disability does not adversely affect their educational performance but substantially limits one or more major life activities may be eligible for accommodations under Section 504. This definition is broader than IDEA, which defines specific qualifying conditions. The U.S. Department of Education has not defined the term "substantial limitation", allowing local educational agencies to develop their own definitions.

Some students with disabilities may not meet eligibility guidelines under IDEA but are qualified for supports under Section 504. There may also be students who have a disability according to both definitions but do not require special education services. For example, some students with chronic or acute health conditions may be qualified under both definitions, but if they do not require special education services, they may only require special accommodations under Section 504.

The Office for Civil Rights (OCR), U.S. Department of Education, is the enforcing agency for Section 504 in the education setting. OCR conducts compliance reviews and investigates complaints. Section 504 includes administrative complaint procedures, which can help to avoid costly court actions. Like IDEA, Section 504 requires identification, evaluation, provision of appropriate services, notification of parents, an individualized accommodation plan (Section 504 plan), and procedural safeguards. These activities must be performed in accordance

with Section 504 regulations, which have some requirements that differ from those of IDEA.

For more information, refer to the MN Department of Education Compliance Manual on Section 504 of the Rehabilitation Act of 1973.

The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA), originally passed in 1990 and reauthorized in 2010, is a civil rights law protecting the rights of individuals of all ages with disabilities participating in public and private programs, unlike Section 504 of the Rehabilitation Act, which only applies to public programs. The definition of a person with a disability is the same for ADA and Section 504 of the Rehabilitation Act. Educators should be aware of the need for reasonable accommodations for students in all community, vocational, and post-secondary settings.

Individuals with Disabilities Education Act (IDEA 2004)

IDEA is the federal law that outlines the provision of special education services for children with disabilities; it was most recently revised in 2004 and should be revised every 5 years. This law mandates school districts to provide a free and appropriate public education to all children (FAPE), including the provision of special education and related services to children with disabilities. It also defines the requirements for identifying children suspected of having a disability, and the process of implementing special education services. The federal education laws and regulations provide the basis for our state education laws and regulations. State laws and regulations cannot be more restrictive than federal laws.

The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law administered by the Family Policy Compliance Office in the U.S. Department of Education and protects the rights of the student and family regarding confidentiality of health and educational information. FERPA applies to all educational agencies and institutions (for example, public schools) that receive funding under any program administered by the department. Non-public schools at the elementary and secondary levels generally do not receive such funding and

are, therefore, not subject to FERPA. The Act allows the parent and/or eligible student the right to inspect and review the student's education records; to request an amendment of the records to ensure that they are accurate, not misleading, or otherwise in violation of the student's privacy or other rights; and to know who, besides the parents and authorized school personnel, has access to this information.

Educators need to obtain signed parent and/or legal guardian permission for exchange of information with any outside agency, such as medical facilities, physicians, therapists, and county agencies. Permission needs to be renewed yearly, and the parents have the right to rescind this permission at any time. FERPA allows disclosure of information to other school officials within the agency or institution, including teachers, who have been determined to have legitimate educational interests.

Health Information and Portability and Accountability Act of 1996 (HIPAA)

HIPAA allows covered health care providers to disclose information about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.

The HIPAA Privacy Rule provides protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

Minnesota Administrative Rules

An administrative rule is a general statement adopted by an agency to make a statute it enforces or administers more specific, or to govern the agency's organization or procedure. Minnesota has a number of Rules that govern how we provide educational services to students.

Regular Education: "Regular education program" means the program in which the pupil would be enrolled if the pupil did not have disabilities. (M.R.3525.0210Subp. 38.)

Special Education: "Special education" means any specially designed instruction and related services to meet the unique cognitive, academic, communicative, social and emotional, motor ability, vocational, sensory, physical, or behavioral and functional needs of a pupil as stated in the IEP. (M.R. 3525.0210 Subp. 42.)

Assistive Technology

P.L. 108-364 Assistive Technology Act of 1998 (amended in 2004) affirms that technology is a valuable tool that can be used to improve the lives of individuals with disabilities and has taken on an increasingly important role in all aspects of society. The Act recognizes the substantial progress that has been made in the development of AT devices in recent years, supports statewide technology programs and initiatives, and strengthens the capacity of each state to address the assistive technology needs of individuals with disabilities. States are required to conduct the following activities: Support public awareness programs; promote interagency coordination; provide technical assistance and training; and provide outreach and support to community-based organizations that provide assistive technology devices, adaptations, or services.

Definition of an AT Device: IDEA defines an assistive technology device as 'any item, piece of equipment, or product system, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted or the replacement of such device.' (IDEA 2004, Sec 300.5)

Definition of AT Service: Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

- ❖ The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- ❖ Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- ❖ Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child. (IDEA 2004, Sec 300.6)

Part 4:
Student Evaluation and Eligibility

Required Components of an Evaluation

States receiving IDEA funds, such as Minnesota, must ensure that school districts locate, identify, and evaluate students who are suspected of having disabilities as defined by the IDEA and who need special education and related services. (34 C.F.R. § 300.111)

Subp. 3 Evaluation of Minnesota OHD Criteria 3525.1335 states:

> "The health condition results in a pattern of unsatisfactory educational progress as determined by a comprehensive evaluation documenting the required components of subpart 2, items A and B. The eligibility findings must be supported by current or existing data from items A to E…"

Required items include an individually administered, nationally normed standardized evaluation of the student's academic performance; documented systematic interviews conducted by a licensed special education teacher; one or more documented systematic observations in the classroom or learning environment by a licensed special education teacher; a review of the student's health history; and a records review.

Interpretation of this Rule requirement is that an evaluation team must conduct all listed activities in Subpart 3 as part of the initial student evaluation when the student is suspected of having a chronic or acute health disability that adversely affects his or her educational performance. It is not required that the student demonstrate educational need in every item (Subp. 3, items A to E). For example, average standardized achievement scores do not disqualify a student from eligibility. Rather, the team must collectively *consider* all data resulting from these activities when making a determination of eligibility.

When conducting a reevaluation to determine continuing eligibility, some procedures and requirements vary from the initial evaluation process. For more information, refer to the document entitled, *Q & A: Reevaluations under Part B of the Individuals with Disabilities Education Act (IDEA)*, found on the MN Department of Education website at:
http://education.state.mn.us/MDE/dse/sped/caqa/IEP/

Referral Process

A referral as part of the initial evaluation process for students suspected of having a disability is addressed in Minnesota Rule. Referrals can come from a variety of sources, including parents, school personnel, students or others. A multidisciplinary team reviews the referral and determines next steps. Considerations include implementation of pre-referral strategies, determining eligibility for a Section 504 plan or, determining the need for a special education evaluation. Parent(s)/Guardian(s) and the student are integral participants in this process.

A referral should include health information (i.e. vision, hearing, health condition, medication) along with prereferral intervention strategies data. Many students will have a diagnosed medical condition signed by a qualified provider in their school file. However, this is not a requirement to initiate a special education evaluation. In addition to having a medical condition, there should be some evidence of concerns related to the medical diagnosis regarding the student's academic performance.

Members of an Evaluation Team

Although there is currently no specific teacher licensure in the area of Other Health Disabilities in Minnesota, it is strongly recommended that the evaluation team include a school OHD specialist who is knowledgeable and has had training in the area of Other Health Disabilities.

Other members of a multidisciplinary evaluation team may include (but are not limited to) the following individuals, depending upon the presenting areas of educational need:

- Special education teacher
- School nurse
- School psychologist
- Developmental adapted physical education (DAPE) teacher
- General education teacher
- Therapist (occupational therapist, physical therapist, speech/language therapist)
- Other appropriate related service providers

Choosing the Correct Evaluation Tools

There are a variety of school evaluation tools available that are helpful in identifying the educational needs of the student with a chronic or acute health condition. The student's age, current functioning, and presenting areas of need must be considered when selecting evaluation tools. An evaluation of school performance may include intellectual or ability tests, which measure cognitive abilities, and are most often conducted by school psychologists in the school setting. Achievement tests, which measure a student's academic performance, and school function assessments, which assess a student's ability to adapt and adequately function in typical environments, are most often conducted by special education teachers and/or related services personnel. Adaptive behavior scales can be completed by school psychologists or special educators. Informal checklists, observation and interview tools were developed in past years specific to evaluating students with chronic or acute health disabilities. These informal tools may be helpful in determining a student's current level of functioning but are not to be considered formal standardized measures. More information regarding these tools can be found at:
http://mnlowincidenceprojects.org/Projects/ohd/index.html

Utilizing Evaluation Data from Other Agencies

If a student has been recently evaluated in a medical, therapeutic or school setting, this information should be considered in terms of relevance to the educational programming of the student. Information from the medical community such as results from clinic visits, hospitalizations, neuropsychological evaluations, rehabilitation therapy reports, etc., may be integrated into the school evaluation if the information is felt to be of value in identifying the student's educational needs, as well as accommodations and IEP goals that will follow.

School personnel will be required to obtain a release of information from the parent/guardian before they are allowed to access confidential information from other agencies. Collaboration, sharing of information and careful planning between medical/therapy providers, the school, and the family is critical in assuring a comprehensive and meaningful evaluation of the student.

Expanded Spectrum of Diagnosticians

Minnesota Statutes, section §125A.08 was amended in 2016 to expand the spectrum of licensed health care providers who could provide written documentation of a student's medically diagnosed chronic or acute health condition required for potential eligibility under the Other Health Disabilities category. This expanded spectrum now includes licensed health care providers whose scope of practice includes diagnosing patients. Two examples include advanced practice registered nurses (APRNs) and physician assistants (PAs). When considering other health care providers, districts should consider whether the provider's professional scope of practice includes the ability to provide documentation of a medically diagnosed chronic or acute health condition.

However, it is important to note that MN Rule 3525.1335, Subp. 2A (1) has not yet adopted this change (statute 125A.08) in state law. During the period of time before a rule is updated to reflect a new or amended statute, it is recognized that statute supersedes or takes precedence over rule. Therefore, schools should follow amended statute language regarding acceptable diagnostic sources.

Also note that the 2016 amended statute does not alter previously stated diagnostic sources for students with Attention Deficit/Hyperactivity Disorder, Subp. 2A (2). As before, a licensed physician, an advanced practice nurse, or a licensed psychologist are the only diagnosticians who can provide written and signed documentation of a medical diagnosis of AD/HD. Refer to Chart 1 in Section 2 of this manual for a summary of the OHD current rule and statute clarification.

Authority: MN Rule 3525.1335, Subpart 2; Minn. Stat. § 125A.08

Documenting the Chronic or Acute Health Condition

Minnesota Rule 3525.1335, Other Health Disabilities does not require that a local education agency (LEA) use or send a specific form for medical documentation of a chronic or acute health condition, including AD/HD. Districts must ensure that a diagnosis includes written and signed documentation of a medically diagnosed chronic or acute health condition or AD/HD from a health care provider operating within their professional scope of practice. If an LEA decides to develop or use a form for the purpose of obtaining required medical documentation, consider including the following topics.

- Activity limitations or restrictions
- Implications for school attendance (e.g., projected absences due to hospitalizations, surgeries, etc.)
- Medications or specialized health care procedures necessary during the school day
- Medications that may adversely affect school performance

OHD Eligibility

A comprehensive evaluation should focus on the student's identified educational needs, not just on the health condition. Two students with the same health condition can present with very different symptoms, needs and strengths.

Considering OHD eligibility for chronic or acute health conditions such as a heart condition, epilepsy, and diabetes can often be perceived as a straightforward process for an evaluation team. However, determining categorical eligibility for a student with a mental health and/or a dual diagnosis that may include AD/HD can present multiple and often complex variables. Also, given the traditional approach in aligning mental health diagnoses with the Emotional/Behavioral Disorders (E/BD) category, there may be differences of opinion on the part of the evaluation team members regarding what special education category would best address the student's educational needs.

> "Eligibility under the IDEA for a student with AD/HD is not limited to the Other Health Disabilities category. For example, students with AD/HD can be eligible for services under the Specific Learning Disability (SLD) or Emotional/Behavioral Disorders (EBD) categories if they meet the criteria applicable to those categories set forth in the IDEA regulations."
>
> (Students with AD/HD and Section 504: A Resource Guide. 2016)

Eligibility is a team decision and is driven by the intent to reflect the primary (and sometimes complex/intertwined) educational needs of the student. Careful discussion and review of the student evaluation results will provide the team with direction in identifying the most appropriate category, as well as developing an individual education plan (IEP) that incorporates the services and supports from educators who have expertise and knowledge about chronic or acute health disabilities and mental health disorders.

The steps of the evaluation include verifying the following information.

- ❖ There is written and signed documentation of a medically diagnosed chronic or acute health condition by a physician or licensed health care provider acting within the scope of their practice.
- ❖ For an initial evaluation, all medical documentation is dated within the previous 12 months.

Linking Health Condition and Educational Performance

Students with chronic health conditions may experience related academic difficulties. Although they may have typical intelligence, many underachieve when compared with peers without chronic health conditions. Impact on academic achievement and general school performance can be a result of any number of factors, such as sporadic or chronic absenteeism due to symptoms or frequent medical clinic visits or hospitalizations. Missed instructional time due to specialized health care procedures can also result in gaps in learning. Medication side effects can alter a student's ability to stay alert and focus on subject matter, as well as adversely affect learning and functioning as they relate to comprehension, memory, and attention.

Some chronic or acute health conditions can result in heightened or diminished alertness, which can negatively impact the ability to process information, maintain focus, and complete work. Organizational and independent work skills, initiating tasks, and following directions may also be impaired. In addition to impacting cognitive functioning, a student's physical strength or endurance can be affected, resulting in decreased functional capacity in school and at home.

Not all students with a health condition will require special education services. To be eligible for special education services, the disabling condition must adversely affect the student's educational performance and must require specially designed instruction in order for the student to make progress in the general education setting.

Evaluation Summary Report

The evaluation summary report must document the way the health condition negatively affects the student's educational performance. Include:

- ❖ The health condition,
- ❖ Each criterion,
- ❖ The effect of the criterion on the student's educational performance and

- Compare that performance to the student's peers.

The examples below show one way to document the effects of a health condition on a student's educational performance. For each criterion, the documentation should reference the health condition, state the condition's effect on the student and provide data of the comparison between the student and his or her peers. The following examples are aligned with OHD criteria Subp. 2B (1-8)/OHD Eligibility Criteria Checklist Part B (in Appendices).

- Jamal's leukemia causes frequent absences from school: He has missed 36 percent of the last 80 days in the hospital or at home due to chemotherapy and the need to be isolated from infections. During those absences, Jamal has missed significant instruction time in all subject areas. Classmates have missed an average 4 percent of the last 80 days.
- Alicia's health condition requires two specialized treatments each day while at school. Her trips to and from the health office and the treatments take 15-20 minutes each time. The teacher reports that Alicia has difficulty completing classroom assignments in class. When she takes the assignments home, she is missing the teacher's help. Her classmates are able to finish classroom assignments in class.
- Owen's health condition requires specific medications that can affect his short-term memory as well as auditory and visual processing speed. As a result, he has difficulty learning and retaining new information taught in algebra, following verbal directions in a time-efficient manner, and absorbing meaning from written text. During an observation, he took 15 minutes to read and answer three math questions. The three control students took three, six and seven minutes for the same three questions.
- Moua's health condition causes limited strength and results in difficulty handling books and writing implements. His peers hold and use these materials easily. This difficulty has resulted in Moua falling behind his peers in regard to task initiation and completion.
- Abdi's health condition results in limited endurance and stamina. He often needs to stop his work and rest in class or go to the health office for a nap. As a result, he has completed two of 15 writing assignments. His classmates have completed an average of 13 of 15.
- Leticia's seizure disorder makes it difficult for her to maintain focus. During an observation in history class, she had three or more absence seizures in one hour. Her attention can suddenly alter for a few seconds and she stares ahead. The three occasions that the observer noted were when Leticia did not respond to the teacher calling her name, to her pencil dropping on the floor and to the bell signaling the end of class. In comparison, her classmates responded when the teacher called on them and when the bell rang. Two students turned when Leticia dropped her pencil. The absence

seizures interfere with her ability to hear verbal directions and instructional content, which has a direct impact on her academic performance.

- Noah's health condition interferes with his ability to organize and manage his materials. Over the last two months (40 days), he misplaced 39 of 46 homework assignments, was unable to find his pencil 36 of 40 days and forgot his library book two of eight days. In contrast, two control classmates misplaced four and six of 46 homework assignments, were unable to find their pencils two and nine of 40 days and forgot their library books two and no days.
- Sergei's health condition interferes with his ability to complete activity-based classroom projects within the required time. Two of six science projects were on time. Eighty percent of his classmates turned their classroom projects in by the due date.

General Guidelines for OHD Eligibility

- While a medical diagnosis is required for OHD, the diagnosis alone is insufficient to establish eligibility for special education services under the OHD category.
- Conduct a comprehensive evaluation, not "an OHD evaluation." If a team looks at the obvious data only, the student may miss critical services.
- OHD requires a documented link between the health condition and the student's educational performance.
- Consider the requirements for eligibility in all categorical areas at the beginning of the comprehensive evaluation. Some students appear to be eligible for multiple categories. A student with a number of similar characteristics requires careful evaluation to ensure appropriate placement.

Alternatives to Special Education

Sometimes lack of educational progress is not due to the chronic or acute health condition or may be only one factor. The evaluation team should demonstrate due diligence in identifying all areas of educational need and related diagnoses, learning and environmental considerations.

Some students do not require special instruction and related services. They remain in general education where they can receive appropriate supports including accommodations, an Individualized Health Plan (IHP), an Emergency Care Plan (ECP) and other local education agency supports available to all students.

A student with a physical or mental condition that "substantially limits" a major life activity may be eligible for a Section 504 plan. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working and self-care. (Section 504 of the Rehabilitation Act, 1973)

Reevaluation

A reevaluation is required for each student in special education at least once every three years. Reevaluations can occur more frequently based upon the needs of a student or upon parental request.

The reevaluation team reviews the existing evaluation data about the student. An updated diagnosis of the health condition is not required. However, if the student's educational performance or health status has changed significantly, it may be appropriate to communicate with the family as well as the diagnostician or the student's physician (assuming a release of information has been signed).

For more information on reevaluation guidelines, visit the Compliance and Assistance Q& A page on the Minnesota Department of Education website:

Q&A: Reevaluations under Part B of the Individuals with Disabilities Education Act (5/9/17)

Part 5:
Attention-Deficit/Hyperactivity Disorder (AD/HD)

Overview

AD/HD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with AD/HD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active. Depending on the severity and the extent to which AD/HD symptoms impact a student's educational performance, school support may be needed.

Determining if a child has an attention deficit disorder (AD/HD) is not the role of school personnel. Rather, mental health professionals use the American Psychiatric Association's Diagnostic and Statistical Manual, Fifth edition (DSM-5) to diagnose AD/HD. The DSM-5 lists the diagnostic criteria for AD/HD and is included in the Appendices of this manual. A summary of symptoms is listed below.

Symptoms of Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork or chores
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
- Often loses things necessary for tasks or activities
- Often distracted by extraneous stimuli
- Often forgetful in daily activities

Symptoms of Hyperactivity and Impulsivity

- Often fidgets with objects, taps hands or feet, or squirms in seat

- ❖ Often leaves seat in situations when remaining seated is expected
- ❖ Often runs about or climbs in situations where it is inappropriate
- ❖ Often unable to play or engage in leisure activities quietly
- ❖ Often "on the go," acting as if "driven by a motor"
- ❖ Often talks excessively
- ❖ Often blurts out an answer before a question is completed
- ❖ Often has difficulty waiting his or her turn
- ❖ Often interrupts or intrudes on others

Students diagnosed with AD/HD can often be successful in the general education setting when provided with appropriate accommodations, strategies and supports founded on current evidence-based practices. A student whose diagnosis of AD/HD substantially limits a major life activity may be eligible for a Section 504 plan which can include accommodations for the school setting. Some students with AD/HD may require special education services to succeed in school.

Educational Options

Those students whose AD/HD adversely affects their educational performance may qualify for special education under the Individuals with Disabilities Education Act (IDEA). To qualify under IDEA, a student must meet eligibility criteria in one of thirteen specific disability categories. Under IDEA, a student with a disability is entitled to a free appropriate public education (FAPE) and an individualized education program, including individual goals, objectives, related services, accommodations and modifications.

Students that do not qualify for services under IDEA may qualify under Section 504 of the Rehabilitation Act. To qualify under Section 504, a student must have a physical or mental impairment that substantially limits one or more major life activities (for example learning, breathing, thinking, concentrating, walking, bodily functions). Under Section 504, a student is entitled to equal opportunity, and may qualify for a Section 504 plan that provides regular or special education and related aids and services.

A student with a health condition who does not require special instruction and related services can receive, as appropriate, a wide range of supports in the general education classroom, including accommodations, individualized health plans (IHP), emergency care plans (ECP) and local education agency supports.

AD/HD Diagnosis for OHD Categorical Area

In the case of AD/HD, part of the OHD eligibility requires written and signed documentation of a medical diagnosis by a licensed physician, an advanced practice nurse or a licensed psychologist. The diagnosis must include documentation that criteria of the current Diagnostic and Statistical Manual are met. (Minn. R. 3525.1335 and Minn. Stat. 125A.02) All other eligibility criteria for OHD apply to the AD/HD health condition. In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented by three or more of the criteria described in Minnesota Rule 3525.1335. For initial evaluation, all documentation must be dated within the previous 12 months.

Eligibility & Medical Documentation:

Students with Attention Deficit/Hyperactivity Disorder

In 2008, the Minnesota Legislature added the following sentence to Minnesota Statutes, section 125A.02:

> … a licensed physician, an advanced practice nurse, or a licensed psychologist is qualified to make a diagnosis and determination of attention deficit disorder or Attention-Deficit/Hyperactivity Disorder for purposes of identifying a child with a disability. (Minn. Stat. ch. 125A.02, 2011)

The statute language above continues to reflect current mandated requirements when considering OHD eligibility for a student with AD/HD, as the expanded spectrum of health care providers referenced in Minn. Stat. § 125A.08 does not apply to the eligibility process for students with a diagnosis of AD/HD.

As before, there must be signed documentation of a medical diagnosis by a physician, advanced practice registered nurse (APRN), or licensed psychologist (LP). The diagnosis of AD/HD must include appropriate documentation using DSM criteria that items A to E have been met. DSM criteria documentation must be provided by either a licensed physician or mental health or medical professional licensed to diagnose the condition. In summary, appropriate documentation of each of the following is required.

- ❖ signed documentation of a medical diagnosis (by a physician, APRN, or LP)
- ❖ appropriate documentation using DSM criteria that items A to E have been

met (by a physician or mental health, medical provider licensed to diagnose AD/HD)

DSM Documentation Requirements for OHD Eligibility

MN Rule 3525.1335 Other Health Disabilities refers to the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. Although previous versions of DSM documentation are sufficient in determining continued eligibility for students with AD/HD who were previously qualified under the OHD category, schools should only accept diagnostic documentation based on current DSM-5 criteria for newly referred students.

The diagnosis of Attention Deficit/Hyperactivity Disorder must include "appropriate documentation using DSM criteria that items A to E have been met" (MN Rule 3525.1335). However, MN Rule 3525.1335 does not explicitly require the provider to identify the items and accompanying symptoms for items A (1) or A (2) in the current version of the DSM that have been met. The only requirement is that 'appropriate documentation' must be provided.

Evaluation teams should note the following guidelines when requesting DSM documentation from an acceptable source:

- The health care provider states as part of the written documentation that items A-E in the current DSM have been met, either in narrative form or a checklist from the provider's office; or
- The health care provider completes a checklist that the district has provided, which indicates that items A-E in the current DSM have been met.

In the event that the health care provider does not specify which DSM items under A (1) or A (2) have been met, the school district may ask the provider to include this information, indicating that this would be helpful in planning for the student's educational needs in the school setting. However, providing this level of detail is not required of the provider.

DSM- Type of Presentation

The type of presentation (combined, predominantly inattentive, predominantly hyperactive/impulsive) is a required component of an AD/HD diagnosis. For DSM diagnostic requirements and coding purposes, the provider must specify the type of presentation, as well as current severity and remission status. The presentation

type also has significant implications for educational programming and should always be part of the provider's written documentation.

More on Diagnosticians and AD/HD

A licensed physician or Doctor of Medicine (MD) is defined as a medical practitioner who is licensed to diagnose and treat conditions and ailments, including prescribing and administering prescription medications.

A licensed psychologist (LP) is defined as a mental or behavioral health professional who is licensed by the Minnesota Board of Psychology to practice independently without supervision; and who may observe, evaluate, interpret or modify human behavior by application of psychological principles. An LP can diagnose and treat mental and emotional disorder or disability, including AD/HD for purposes of meeting OHD eligibility requirements. A school psychologist who is not a licensed psychologist (LP) cannot diagnose AD/HD for the purpose of meeting OHD requirements. (M.S. 148.89)

An advanced practice registered nurse (APRN) such as a Clinical Nurse Specialist (CNS) or Certified Nurse Practitioner (CNP) is defined as a licensed health care provider who practices independently without supervision within a scope that includes, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing and administering prescription medications, and ordering therapeutic devices. (M.S. 148.171)

Health Care Provider	Acronym
Doctor of Medicine	MD
Licensed Psychologist	LP
Advanced Practice Registered Nurse	APRN

Considering 'Other Specified', 'Unspecified', and 'Provisional' AD/HD for OHD Eligibility Purposes

Since the diagnosis of AD/HD for Minnesota eligibility under the category of OHD must include documentation that DSM-5 criteria in items A to E have been met, current interpretation is that the medical diagnoses of Other Specified AD/HD and Unspecified AD/HD do not meet OHD eligibility requirements, since both categories specifically state that they "…do not meet the full criteria for attention-deficit/hyperactivity disorder or any of the disorders in the neurodevelopmental disorders diagnostic class."

Other Specified Attention-Deficit/Hyperactivity Disorder

314.01 (F90.8)

This category applies to presentations in which symptoms characteristic of attention-deficit/hyperactivity disorder that cause clinically significant distress or impairment in social, occupational or other important areas of functioning predominate but do not meet the full criteria for Attention Deficit/Hyperactivity Disorder or any of the disorders in the neurodevelopmental disorders diagnostic class. The other specified attention-deficit /hyperactivity disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for AD/HD or any specific neurodevelopmental disorders. This is done by recording “other specified attention-deficit hyperactivity disorder” followed by the specific reason (e.g., “with insufficient inattention symptoms”).

Unspecified Attention-Deficit/Hyperactivity Disorder

314.01 (F90.9)

This category applies to presentations in which symptoms characteristic of attention-deficit/hyperactivity disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of function predominate but do not meet the full criteria for attention-deficit/hyperactivity disorder or any of the disorders in the neurodevelopmental disorders diagnostic class. The unspecified AD/HD disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for AD/HD or for a specific neurodevelopmental disorder and includes presentations in which there is insufficient information to make a more specific diagnosis.

Provisional Diagnosis

The DSM-5 states that “the specifier ‘provisional’ can be used when there is a strong presumption that the full criteria will ultimately be met for a disorder but not enough information is available to make a firm diagnosis. The clinician can indicate the diagnostic uncertainty by recording ‘provisional’ following the diagnosis.”

Given this definition, the current interpretation is that a provisional diagnosis would be insufficient for the purpose of establishing that DSM-V criteria has been

met for special education eligibility, which requires a firm diagnosis. However, the evaluation team should continue to communicate closely with the student's family and medical practitioner to determine if and when a firm diagnosis is forthcoming.

Medications

Some students with AD/HD are prescribed medications to minimize inattention, impulsivity, and other related symptoms. Under state and federal law, a school district may not require that a parent/guardian medicate their student with a stimulant or psychotropic medication in order to:

- attend school;
- be evaluated for special education services;
- receive special education services; or
- be readmitted to school after a suspension.

It is up to each parent, after consulting with health care, education, or other professional providers, to determine if their child should be provided with stimulant medication. (Minn. Stat. ch. 125A.091 subd. 3A, 2012)

Part 6:
Services and Supports in the Educational Setting

Overview

Service delivery models are determined at the local level. However, the general framework and definition of special education services is defined by Minnesota Rule:

- ❖ **Direct:** Defined as special education services provided by a teacher or related services professional when the services are related to instruction, including cooperative teaching. (M.R. 3525.0210 subp. 14)
- ❖ **Indirect:** Defined as special education services which include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials or equipment; and direct contact with the pupil to monitor and observe. Indirect services may be provided by a teacher or related services professional to another regular education teacher, special education teacher, related services professional, paraprofessional, support staff, parents, and public and nonpublic agencies to the extent that the services are written in the pupil's IEP or IFSP. (M.R. 3525.0210 subp. 27)

Direct Service

The IEP team will determine the provision of direct services to a student who has qualified for special education services under the OHD category. Direct service is provided when there is clear instructional need that is directly related to the chronic or acute health condition.

When providing direct services, the OHD specialist, special education teacher or related services professional should always consider a collaborative instructional model whenever possible, involving other classroom staff in the instructional process. This level of partnership is critical, whether it involves instruction in core academic content, organizational strategies, work completion, or self-advocacy.

The team is required to identify services and providers during the initial and annual IEP meetings and provide documentation on the IEP that clarifies when direct services begin and end, as well as providing rationale for this timeline. Some factors that may influence this timeline include the need for staff in-service training, and the customized pace and support for student skill attainment.

Indirect Service

A teacher or related services professional may provide indirect services to:

- ❖ A regular education teacher
- ❖ A special education teacher
- ❖ A related services professional
- ❖ A paraprofessional
- ❖ Support staff
- ❖ Parents, and
- ❖ Public and nonpublic agencies

Those services may include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials, or equipment; and direct contact with the pupil to monitor and observe. Districts are legally mandated to provide the services listed on the IEP.

Related Services

In order to receive related services, a student must have an educational need for related services in school to enable that student to benefit from special education. Examples of related services within the school setting include, but are not limited to, school health services and school nurse services, speech/language services, social work services, psychological services, physical and occupational therapy, and medical services for diagnostic or evaluation purposes.

Evidence-Based Practices

Evidence-based practices incorporate what is known through current research and is complemented by the experience and knowledge of the practitioner, with the goal of achieving desired outcomes for the student within the educational program. Using evidence-based practices requires the educator to stay current with research in the field and can include any of the following methods or activities: Active participation in graduate level studies; subscribing to and reading professional journals; participating in study groups and/or discussions with other professionals in the field; and membership in professional organizations or communities of practice. Evidence-based practices also suggest

that educators continuously evaluate their current practices with regard to the use of curriculum, evaluation tools, learning and instruction; and work closely with their regional representative on the Statewide OHD Community of Practice.

Writing the IEP

Goals and Objectives

IEP goals and objectives must be based on identified educational needs that were linked to the medical diagnosis in the evaluation report. Areas of need often extend beyond the academic domain and are critical to the development of independence in the educational environment. Some examples may include:

- Organization and planning
- Independent work completion
- Self-advocacy skills
- Disability awareness

Accommodations and Modifications

For students qualifying for special education services under the OHD category, accommodations and/or modifications are a critical component of the IEP. Careful team consideration and advisement from a special educator knowledgeable in the student's areas of need is required. A clear understanding of the student's needs as related to the chronic or acute health disability is a necessary first step.

Specifically, an ***accommodation*** includes:

- Supplementary aids and services to be provided to the student
- Classroom and testing accommodations
- Supports for school personnel to address the needs of the student with disabilities
- Individual accommodations with state or district student testing

Some examples of an accommodation may include:

- Individualized Health Plan
- Emergency evacuation plan
- Modified school schedule

- Accommodations to address auditory or visual distractions
- Testing accommodations
- Extended assignment due dates
- Alternate response or assignment formats
- Additional adult support
- Access to adaptive equipment and assistive technology
- Alternate instructional setting (home, hospital)

A ***modification*** is often defined as a change in what is taught to or expected from the student. Adapting or modifying the content, methodology, and/or delivery of instruction is an essential component of special education and should be carefully considered by the educational team before implementation, particularly if the student's educational needs are complex. For this reason, educators who work with students with chronic or acute health conditions should seek out specialized staff development in how best to customize curriculum, materials and/or instruction, allowing them to meet the unique needs of the students they serve.

Some examples of a modification may include:

- Modified curriculum content
- Modified content for classroom assignments and tests
- Modified grading
- Modified course requirements
- Modified district and state testing requirements

Statewide Assessment for Students with Disabilities

Passage of the Every Student Succeeds Act (ESSA 2015), which preserves much of the structure of the previous No Child Left Behind (NCLB) Act, expands the context for setting goals for student achievement within the federal framework using a variety of measures, including methods to encourage growth through improvement or recognition in our schools. Statewide testing continues to be an important and necessary method for measuring student performance and continues to be a mandate for Minnesota schools. Students with disabilities are an important part of this endeavor and will continue to participate in statewide assessments or appropriate alternate assessments. An alternate assessment is designed exclusively for use with students who receive special education services and is a way for states to measure the achievement of these students based on

alternate achievement standards. For more information on statewide testing and accommodations, refer to the Minnesota Department of Education website, or contact your local district office.

Homebound School Services

Some students with chronic or acute health conditions may miss school for short, prolonged, or sporadic periods of time. To be considered homebound, the student needs to be medically confined to the home by a physician. The IEP would then be updated to determine the student's current instructional needs. The enrolling district is responsible for providing educational services and support as documented on an IEP, including direct and indirect special education services and accommodations. The special education services would continue to be provided by qualified school staff and within the school district's boundaries (including the student's home, hospital, or other setting). It is important to remember that a homebound student is still considered as being "in school".

If a student attends school for a part of a day or a part of a week, school services and homebound services can be concurrent. If the student is on a 504 or IEP and requires specialized transportation as determined by the school team, the district provides the student's transportation and is responsible for the cost.

Nonacademic Services

The Minnesota Supreme Court ruled in October 2010 that IDEA regulations 34 C.F.R. sections 300.320(a)(4)(ii), 300.107, and 300.117 establishes that the extracurricular and nonacademic activities that may be included in an IEP are not limited to those activities required to educate the disabled child. The plain language of the regulations further established that a disabled student's IEP team is the appropriate entity to determine what activities are appropriate for inclusion in the student's IEP. (Independent School District No. 12, Centennial vs. Minnesota Department of Education, 2010)

The 2006 version of IDEA states the following about nonacademic and extracurricular services and activities:

- ❖ The State must ensure the following:

  Each public agency must take steps, including the provision of supplementary aids and services determined appropriate and necessary by

the child's IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities an equal opportunity for participation in those services and activities. (34 C.F.R. 300.107, IDEA, 2006)

- ❖ IDEA 2006 further states:

  In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in Sec. 300.107, each public agency must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child. The public agency must ensure that each child with a disability has the supplementary aids and services determined by the child's IEP Team to be appropriate and necessary for the child to participate in nonacademic settings. (34 C.F.R. 300.117, IDEA, 2006)

Transitions between Environments

All students experience transitions, such as transitioning to a new class at the beginning of the school year. Students with chronic or acute health conditions may experience additional transitions from hospital to home, home to school, from secondary school to a job or higher education, or exit from special education.

Hospital to Home

When a student leaves a hospital or rehabilitation center to return home, transition includes leaving the hospital, adjusting to the health condition and returning to both home and school. If the child has received a new diagnosis, there may be unfamiliar procedures and limitations. Procedures performed efficiently at the hospital may be the responsibility of a parent who is still learning. Going back to school with medical equipment and a different appearance can be unsettling for the student.

Hospitals develop discharge plans for the student and family. Plans often help the student adjust to the injury or diagnosis, help families identify community resources and provide information to the school for an individualized health plan and possibly an individualized emergency evacuation plan.

Home to School

Returning to school is an important part of adjusting to the health condition. Students may worry about all the instruction that they have missed, feel that they will not fit in and worry that their friends have forgotten them. They may look different because of their health conditions or injuries and fear ridicule. To address some of these concerns, it is strongly recommended that the school:

- ❖ Meet with the family, the student and a hospital discharge contact before the student leaves the hospital
- ❖ Ask the student how much information about the health condition he or she wants to share (or share by someone else on their behalf) with classmates and teachers
- ❖ Consider homebound service and shortened-day attendance if appropriate; and
- ❖ Discuss missed schoolwork, and future adjustments to workload expectations

Exit from Special Education

A student with a disability may be exited from special education only under the following four conditions:

- ❖ If, after the completion of a special education evaluation, it is determined that the student is no longer a student with a disability;
- ❖ Upon a student's graduation from high school with a regular high school diploma;
- ❖ Upon the student exceeding the maximum age for receiving special education services; or
- ❖ If a parent revokes consent to all special education services

Part 7:
School Health Services

Overview

The right of students with OHD to attend their local schools is protected by IDEA 2004 and Section 504 of the Rehabilitation Act of 1973. Health care professionals in the schools protect their safety and comfort.

“School health services” and “school nurse services” are designed to enable a child with a disability to receive a free appropriate public education (FAPE) as documented in IDEA. School nurse services are provided by a licensed school nurse (LSN). School health services may be provided by either a licensed school nurse or other qualified person. (U.S. Department of Education, 2006)

Licensed school nurses or public health nurses (PHNs) are vital members of evaluation and IEP teams. They can identify and describe health conditions as they relate to the needs of individual students, and support both the student and team members in documenting and providing related services and supports.

Licensed School Nurse (LSN)

The following are responsibilities of the licensed school nurse:

- Provide or supervise specialized health care procedures, such as gastrostomy tube feedings, urinary catheterization and medication management;
- Ensure that care is given while a student is at school and school functions to prevent injury;
- Delegate, train and supervise unlicensed assistive personnel in providing health-related services;
- Manage the medication regime by planning, training, supervising and monitoring medication administration during school hours;
- Conduct education and skills training for staff;
- Explain how medications may impact a student’s learning, development and educational performance;
- Teach students about their health conditions to develop self-care skills;
- Serve as a bridge between the health care and education systems;

- Assist parent or guardian and student in identifying and accessing community resources; and
- Influence the development of policies surrounding chronic disease management, safety and emergency response. (NASN 2012)

Individualized Health Plans

Individualized Healthcare Plan (IHP)

An individualized healthcare plan contains medical information, health needs (such as giving medication during the school day), creates solutions to potential health issues that can occur in a school environment, develops plans for emergency medical situations and includes goals for the student. A licensed school nurse implements and evaluates the plan in collaboration with the student, parents, healthcare provider(s) and school staff. Refer to the IHP in the adaptations or related services section of the IEP. A school team may choose to attach the IHD to the IEP as a description of necessary services. The IHP is a dynamic plan that changes as the needs of the student change.

Emergency Care Plan (ECP)

An Emergency Care Plan (ECP) is a plan for a student with known health conditions that may result in a medical emergency that could result in injury, harm or death. The plan includes medical orders to avert the emergency and steps to follow that are specific to the student.

Part 8:
Early Childhood Special Education (ECSE) and OHD

Overview

The following chart may be useful when evaluating a pupil prior to kindergarten for OHD eligibility. It is also possible for children in this age group to qualify under the educational category of Developmental Delay (DD). An ECSE teacher should be part of the evaluation team. Some special education teachers are not licensed to work with children prior to kindergarten age.

Sub-Part 2B/ or OHD Criteria Checklist Part B	MINN R. 3525.1335 (2008)	Interpretation for Pupils Prior to Kindergarten	Yes/No
1	Excessive absenteeism linked to the health condition	Child is frequently absent from childcare or other natural environments	
2	Specialized health care procedures that are necessary during the school day	Child receives specialized health care procedures during hours that older children are typically at school	
3	Medications that adversely affect learning and functioning in terms of comprehension, memory, attention fatigue	Interpreted as written	
4	Limited physical strength resulting in decreased capacity to perform school activities	Limited physical strength resulting in decreased capacity to perform developmentally appropriate tasks	

Sub-Part 2B/ or OHD Criteria Checklist Part B	MINN R. 3525.1335 (2008)	Interpretation for Pupils Prior to Kindergarten	Yes/No
5	Limited endurance resulting in decreased stamina and decreased ability to maintain performance;	Interpreted as written	
6	Heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy	Interpreted as written	
7	Impaired ability to manage and organize materials and complete classroom assignments within routine timelines	Impaired ability to manage and organize materials used in developmentally appropriate activities and complete developmentally appropriate tasks within routine timelines	
8	Impaired ability to follow directions or initiate and complete a task	Interpreted as written	

OHD evaluation procedures for children prior to kindergarten entrance should include:

- ❖ An individually administered, nationally normed standardized evaluation of the pupil's developmental performance such as the Battelle Developmental

Inventory or the Bailey Scales of Infant Development.

- Documented, systematic interviews conducted by a licensed special education teacher with the pupil's parent or guardian and child care provider, if appropriate;
- One or more documented, systematic observations of the child in the (1) home or (2) child care setting or other learning environment in which the child participated by a licensed special education teacher;
- A review of the pupil's health history, including written and signed documentation of a medically diagnosed chronic or acute health condition by a physician or licensed health care provider acting within the scope of their professional practice, and
- Records review

Part 9:
Serving the Transition-Aged Student

Overview

Minnesota Statute 125A.08 b(1) defines transition planning as the process that is initiated during grade nine which provides the framework for planning the transition from secondary school services to postsecondary education and training, employment, and community living. This process should include a current evaluation and IEP which reflects current transition needs, as well as appropriate services and supports required to achieve those goals.

Preparing students with chronic or acute health conditions for the transition to adulthood offers a unique set of questions and issues to consider, which may include aspects related to financial support, post-secondary training and learning, employment, residential options, transportation and social-recreational and leisure opportunities.

Talking and thinking about post-secondary activities (with reasonable considerations related to the age of the child) can begin at a young age. Some students attend IEP meetings from the time they begin receiving special education services. It is now a common expectation to provide instruction and support to students that will allow them to later participate in a student-led IEP meeting.

Identifying Secondary Transition Needs Through Evaluation

To appropriately evaluate and plan for a student's transition to post-secondary settings, additional IEP team members or invited guests may be necessary and could include vocational education staff members and other community agency representatives. When addressing the transition needs of a student with a chronic or acute health disability such agency representatives may include a county social worker, vocational rehabilitation services counselor, community rehabilitation /therapy staff, or community-based vocational staff.

Discussion will often focus on transition needs unique to future adult environments, and may include:

- ❖ Accommodations in vocational, community, or college settings

- ❖ Driver's assessment and training
- ❖ Qualifying for and setting up personal care attendant (PCA) services, if needed
- ❖ Applying for community support services, such as:
- ❖ waivered services
- ❖ MN Health Care programs
- ❖ Supplemental Security Income (SSI)
- ❖ Subsidized housing

Secondary transition evaluation results must be documented within the evaluation report. Current transition needs and goals, as well as instructional and related services identified by the evaluation team must be considered for inclusion in the IEP and documented accordingly. The IEP must include at least one goal related to current education and post-secondary education. Some of these services and supports are explored in more detail below.

Post-Secondary/College Disability Services

Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act of 1990 (ADA) state that: No otherwise qualified individual...shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Because of this legal requirement, all post-secondary institutions which receive federal funding has at least one designated staff member who helps with modifications and accommodations for students with disabilities.

Modifications and accommodations for students with disabilities may include:

- ❖ Removal of architectural barriers
- ❖ Scribes for students
- ❖ Allowing extra time to complete exams
- ❖ Taking exams in a separate, quiet room
- ❖ Permitting exams to be individually proctored, read orally, dictated, or typed
- ❖ Permitting the use of computer software programs or other assistive technological devices to assist in test taking and study skills

Not all colleges and universities use the term Disability Services, but all institutions of higher education which receive federal funding are required to offer supports for students with disabilities.

Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is coordinated through the Social Security Administration, and pays monthly checks to the elderly, the blind, and people with disabilities who meet income guidelines. SSI recipients often qualify for Medicaid and other supports as well.

A disability is defined as having a physical or mental impairment that is expected to last at least a year or result in long term care. Children, as well as adults, can qualify for and receive benefits as a result of a disability if they meet criteria. Financial support may vary depending upon family income, net value, etc. To get benefits from the Social Security Administration, you must live in the United States as a U.S. citizen or other legal resident. Contact your local Social Security branch office or visit www.ssa.gov

MN Vocational Rehabilitation Services (VRS)

High school students with disabilities that affect their ability to plan and prepare for work may apply for transition services through the Vocational Rehabilitation Services (VRS) program. Services might include interest and ability testing, informational interviewing or career exploration services. Other services may include paying for materials and equipment, assistive technology, job placement support, and job-seeking skills training.

VRS recommends that a high school make a referral approximately 2 years before graduation, which involves the school case manager contacting the vocational rehabilitation counselor assigned to their high school. To qualify for services, the DVR counselor will review reports from the student's physician, school, or other outside agencies. The counselor may assist the student in creating an individualized employment plan that will help the student make informed choices about their job goals, including which services will be needed and who will provide them. For more information, contact your local DVR counselor, or visit the link below and click on Youth and Young Adults: https://mn.gov/deed/job-seekers/disabilities/

Part 10:
Services and Supports in the Community Setting

There are a number of community support services which may be available to students with disabilities of all ages, depending upon specific agency or program qualifications. A few of these programs and services are described below.

Minnesota Health Care Programs

The Minnesota Department of Human Services ensures basic health care coverage for low-income Minnesotans through four major publicly subsidized health care assistance programs. Minnesota offers three primary health care programs that may help families pay for medical costs.

- Medical Assistance is Minnesota's Medicaid program for low-income families.
- MinnesotaCare is a subsidized health insurance program for Minnesota families who do not have access to affordable health care coverage.

In addition, Minnesota offers the following health care program options to cover the health care needs of children with disabilities.

- TEFRA allows some children with disabilities who live with their families to be eligible for Medical Assistance without counting parent's income.
- Home and Community Based Waiver programs allow some children with disabilities who live with their families to be eligible for Medical Assistance without counting the parent's income.
- Medical Assistance for Employed Persons with Disabilities allows working children with disabilities who are at least 16 to qualify for Medical Assistance under a higher income limit.

To request services, an application form for the appropriate program must be completed. More information can be found on the MN Department of Human Services website at https://mn.gov/dhs/or contact your local county agency.

Personal Care Assistant (PCA) Services

Personal care assistants provide services to individuals who need help with day-to-day activities to allow them to be more independent in their own home. A PCA is trained to help persons with a variety of basic daily routines. Depending upon

their circumstances, children and/or youth with disabilities and their families may benefit from and qualify for this service.

To find out more about eligibility requirements, service options, and how to schedule an assessment, families should contact their local county agency and request an initial evaluation.

Driver’s Assessment and Training

A drivers’ assessment/evaluation is designed to measure a person’s ability to safely operate a motor vehicle. If a student has a disability and has not yet learned to drive, the assessment/evaluation might be their first step in determining their potential to drive a motor vehicle safely and independently. The evaluation will involve measuring visual, cognitive and physical skills, as well as the need for adaptive equipment, and will include a behind-the-wheel assessment. After completing a drivers’ evaluation, recommendations will be given that may include drivers’ training. Individual driver’s training is based on the individual’s needs and abilities in safely and independently operating a motor vehicle.

Individuals may access Drivers’ Assessment/Evaluation and Training services through a variety of funding options, including private insurance and self-pay. Individuals who qualify for services through Vocational Rehabilitation Services may also access funds for this purpose if they qualify. For more information on available evaluation programs in your community, contact the local Department of Motor Vehicles agency.

Part 11:
Frequently Asked Questions (FAQ)

1. What is the requirement for an OHD “specialist” to be involved in the identification and planning for students with suspected Other Health Disabilities (OHD)?

   In Minnesota, there is not a teacher licensure for OHD. However, it is recommended that an educator with ‘knowledge and expertise’ in OHD be involved in the development of the evaluation plan when a student has a documented medical diagnosis of a chronic or acute health condition and there are possible related educational concerns.

   Districts must determine an appropriate representative for the evaluation team who is knowledgeable in the area of Other Health Disabilities such as an OHD consultant or OHD specialist. This educator’s role is to assist the team in determining whether the student is eligible for special education services and, if so, to participate in the development of an Individual Education Plan (IEP) as well as serve as an ongoing member of the IEP team.

   There are certain situations where it may be appropriate for the P/HD teacher to be involved with a student who meets OHD criteria due to a chronic health condition that impacts learning (e.g., cancer, rheumatoid arthritis, cystic fibrosis, etc.), as P/HD teachers have expertise and training that would enhance the support provided to the student and the school team.

2. If there is documentation of a medical diagnosis of a chronic or acute health condition, does this automatically mean that a student needs special education services and would meet the special education criteria under the OHD category?

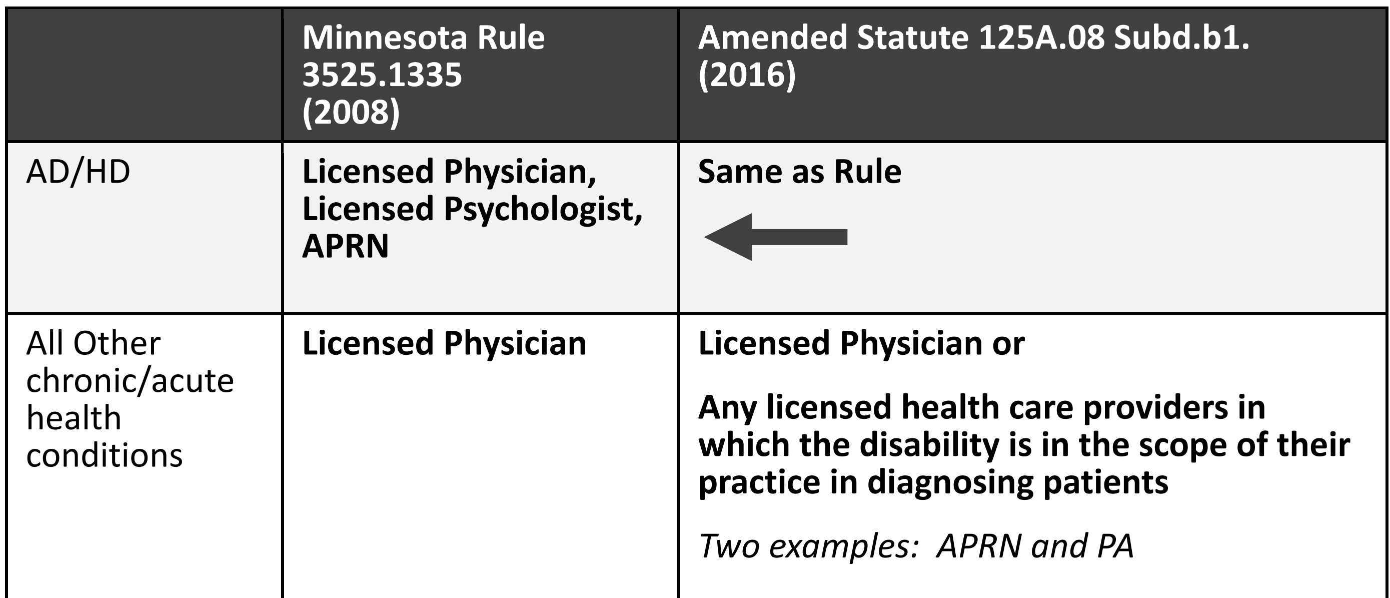
   No. A student with a medical diagnosis of a chronic or acute health condition does not necessarily meet the educational criteria for OHD or require special education services to be successful in school. The documented medical diagnosis is only one part (Part A from the OHD Eligibility Checklist) of the Other Health Disabilities criteria. The student must also meet required components under Parts B and C of the criteria to qualify for special education services.

There are some students with health conditions who may utilize accommodations, are academically successful in the school setting, and do not require special education services. These students may be most appropriately served under a Section 504 Plan, which documents the accommodations necessary for successful participation in the general education setting.

3. Which health care providers can diagnose and provide written/signed documentation of an other health disability for the purpose of meeting Part A of the MN Criteria for Other Health Disabilities?

   In addition to other requirements, Minnesota Rule (3525.1335) and Minnesota Statute (125A.08) state that written and signed documentation is needed from "a physician or licensed health care provider acting within the scope of their practice" for all chronic/acute health conditions except Attention Deficit Hyperactivity Disorder (AD/HD). For AD/HD, written and signed documentation provided by a licensed physician, an advanced nurse practitioner, or a licensed psychologist is required. See chart below for current OHD rule and statute requirements related to diagnosis.

Chart 1: Current OHD Rule and Amended Statute Clarification



	Minnesota Rule 3525.1335 (2008)	**Amended Statute 125A.08 Subd.b1. (2016)**
AD/HD	**Licensed Physician, Licensed Psychologist, APRN**	**Same as Rule**
All Other chronic/acute health conditions	**Licensed Physician**	**Licensed Physician or** **Any licensed health care providers in which the disability is in the scope of their practice in diagnosing patients** *Two examples: APRN and PA*

As shown above, APRNs and PAs are two examples of health care providers whose professional scope of practice allows them to diagnose medical conditions for the purpose of providing the necessary medical documentation required to meet Part B of the OHD Eligibility Checklist (except AD/HD). Additionally, licensed providers such as licensed

psychologists or licensed clinical social workers may provide documentation of diagnoses that are within the scope of their practice (for example, Fetal Alcohol Spectrum Disorder by a licensed psychologist). If a school team has questions regarding whether a practitioner's professional scope of practice would allow them to provide documentation of a medical diagnosis, they may contact that practitioner for clarification.

4. Should cognitive ability testing be included in the evaluation plan for a student with another health impairment?

   Cognitive or intellectual testing is not a required component in determining eligibility for Other Health Disabilities. Evaluation teams, with the guidance of a school psychologist, should determine the need for such testing on an individual basis.

5. Part C of the OHD Eligibility Checklist, when considering whether "a student's health condition results in a pattern of unsatisfactory educational progress", must all data in items (A) through (E) show unsatisfactory educational progress?

   No. While the comprehensive evaluation should include all current or existing data in Part C items (A) to (E), it is not a requirement that every item show "unsatisfactory educational progress". Rather, the team should determine, based on all data collected, whether the student's health condition results in a pattern of unsatisfactory educational progress. The student may not necessarily demonstrate needs in EACH of the five listed data sources.

   For example, low academic performance on a standardized test is not required for a student to qualify in this area. It's important to remember that when individualized achievement testing is conducted, the environment is often free of distractions, untimed, and scripted, which may be significantly different from the student's day to day learning environment. For this reason, academic testing may not provide the full picture of the student's functional academic performance. It's also important to give equal weight to teacher interviews, observational data, health history, classroom work, functional skills checklists, etc. and reflect this important information in the evaluation report.

6. At the time of a re-evaluation, does the team need to obtain updated medical documentation verifying the student's qualifying diagnosis?

When conducting a re-evaluation on a student who initially qualified for OHD, it is appropriate to rely on the initial evaluation report to verify the student's medical condition. The information from the initial evaluation report including when and who provided the diagnosis for the chronic/acute health condition should be reviewed and documented in the re-evaluation report. Districts do not need the written and signed documentation of the health condition by a licensed provider as is required for the initial evaluation. Students who have moved districts will likely not have the original medical reports in their file due to data privacy laws. It is not necessary to ask parents to obtain medical reports to verify eligibility. Rather, teams can rely existing data documented in the initial evaluation. It is, however, best practice to review updated medical information if it is available.

7. Do students with a diagnosis of Unspecified AD/HD, Other Specified AD/HD, or Provisional AD/HD meet the OHD eligibility guidelines under Part A of the OHD Eligibility Checklist?

   Since the diagnosis of AD/HD for Minnesota eligibility under the category of OHD must include documentation that DSM-5 criteria in items A to E have been met, current interpretation is that the medical diagnoses of Other Specified AD/HD and Unspecified AD/HD do not meet OHD eligibility requirements. Inherent in these diagnoses is that the full criteria for AD/HD has not been met.

   In the case of a provisional diagnosis, there is a strong presumption that the full criteria will ultimately be met for a disorder, but not enough information is available to make a firm diagnosis. The clinician can indicate the diagnostic uncertainty by recording 'provisional' following the diagnosis." Given this definition, the current interpretation is that a provisional diagnosis would be insufficient for the purpose of establishing that DSM-V criteria has been met for special education eligibility, which requires a firm diagnosis. However, the evaluation team should continue to communicate closely with the student's family and medical practitioner to determine if and when a firm diagnosis is forthcoming.

8. Should mental health diagnoses such as anxiety, depression, eating disorders, or PTSD be considered as an OHD?

   Traditionally, students with mental health diagnoses are qualified under the Emotional/Behavioral Disorders (E/BD) category due to the expertise and

knowledge of the professional licensed under this area of disability. EBD licensed teachers have had preservice training, ongoing professional development, and knowledge about mental health disorders (OHD as a category does not have associated teacher licensure).

However, determining categorical eligibility for a student with a mental health and/or a dual diagnosis that may include AD/HD can present multiple and often complex variables. There may be differences of opinion on the part of the evaluation team members regarding what special education category would best address the student's educational needs.

Eligibility is a team decision and is driven by the intent to reflect the primary (and sometimes complex/intertwined) educational needs of the student. It is important for teams to consider all categorical areas that may be appropriate at the beginning of a comprehensive evaluation. Careful discussion and review of the student evaluation results will provide the team with direction in identifying the most appropriate category, as well as developing an individual education plan (IEP) that incorporates the services and supports from educators who have expertise and knowledge about chronic or acute health disabilities and mental health disorders.

Part 12:
Regional and Statewide Resources for Educators of Students with OHD

Professional Supports and Resources

Minnesota Low Incidence Projects

www.mnlowincidenceprojects.org

This statewide program is funded through a grant from the MN Department of Education and is designed to assist school districts across the state in fulfilling federal requirements in the areas of implementation of IDEA, professional development, and insuring the availability of high quality staff in the low incidence areas of special education. This grant funding supports the statewide OHD specialist position, the MN Low Incidence Projects website, the Statewide OHD Community of Practice, the Statewide OHD Mailing List, and more. Technical assistance is offered as a major component of this Project. Low incidence areas and services supported by this grant include: Other Health Disabilities (OHD); Physically Impaired (PI); Traumatic Brain Injury (TBI); Deaf/Blind (DB); Autism Spectrum Disorders (ASD); Developmental Adapted Physical Education (DAPE); School-Based Occupational and Physical Therapy (OT/PT); and Early Hearing Detection and Intervention (EHDI).

The Minnesota Low Incidence Projects website provides many resources for educators of students with OHD and the public, including brochures, statewide manuals technical training materials, licensure information, electronic resources, information for families, and more.

Minnesota Department of Education

https://education.mn.gov/mde/index.html

The MN Department of Education provides oversight and support to all of Minnesota's public schools and services. Many resources can be found on this site, including teacher licensure information, child count data, Minnesota rules and regulations, and much more.

Regional Low Incidence Projects

These projects operate throughout the eleven educational regions of the state, providing coordination and support to educators who serve children and youth

with low incidence disabilities, and their families. For a complete listing of Regional Low Incidence Facilitators (RLIF) and contact information, refer to the main website page of the MN Low Incidence Projects.

Statewide Low Incidence Specialists

There are statewide low incidence specialists assigned to each of the low incidence special education areas. To locate information about a specific specialist, click on the Low Incidence Disability link on the main website page of the MN Low Incidence Projects.

Statewide Other Health Disabilities Community of Practice

The Statewide Other Health Disabilities Community of Practice (CoP), previously part of the Statewide P/HD Network, was established in 2018. Regional representatives meet two times a year face-to-face or remotely to gather and share resources and information pertinent to the OHD field and participate in professional development opportunities. Funding for this CoP is made possible with a grant from the MN Department of Education. CoP initiatives and workgroups include professional recruitment, post-secondary training, revisions to professional manuals, and development or revision of resource materials. Meetings are planned and facilitated by the Statewide OHD specialist. For more information on the OHD CoP or how to become a member, contact your regional low incidence facilitator or the Statewide OHD Specialist.

Statewide OHD Mailing List

The Statewide OHD Mailing List (formerly List Serve) is available to teachers, special education administrators and other interested professionals, allowing subscribers to send and share information with other members of the mailing list. Funding for this Mailing List is made possible with a grant from the MN Department of Education.

Some typical uses include requesting or sharing information about a specific issue or question, such as student services, student evaluation, disability-specific information, community resources, accommodations, etc. Other postings might include CoP meeting notices and upcoming professional development opportunities. For more information on member subscription, directions for posting messages, or mailing list protocol, visit the MN Low Incidence Disabilities website.

Low Incidence Educator Manuals

The following educator manuals can be accessed online and/or downloaded from the MN Low Incidence Projects:

OHD Manual: Meeting the Needs of Students with Other Health Disabilities*: A Resource Manual for Minnesota Educators (Revised 2013; Updated 2019)*

PI Manual: Meeting the Needs of Students with Physical Impairments: *A Resource Manual for Minnesota Educators (Revised 2011; Updated 2018)*

TBI Manual: Special Education Evaluation and Services for Students with Traumatic Brain Injury: A Resource Manual for Minnesota Educators (Rev. 2013)

Statewide 'Judy Wolff' Library

A variety of professional journals, DVDs, books, technology, and other resources available at no cost to educators and families; users are required to register before checking out materials. For more information, visit the MN Low Incidence Projects website.

State Contact

To contact the statewide specialist for Other Health Disabilities, visit the MN Low Incidence Projects website for more information at www.mnlowincidenceprojects.org

Part 13:
Other Health Disabilities (OHD) Information Sheets

All checklists shown below reside at the Minnesota Department of Education website. Download by clicking links below:

- Turner Syndrome
- Crohn's Disease
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Fetal Alcohol Syndrome
- Hydrocephalus
- Juvenile Rheumatoid Arthritis
- Lead Poisoning
- Leukemia
- Lupus
- Lyme Disease
- Metabolic Disorders
- Migraine
- Neurofibromatosis
- Organ Transplant
- Prader-Willi Syndrome
- Primary Immunodeficiency Disorder
- Sickle Cell Disease
- Sleep Disorders
- Tuberous Sclerosis
- Cardiovascular Disease
- Cancer
- Burns
- Bronchopulmonary Dysplasia
- Asthma
- Attention-Deficit/Hyperactivity Disorder (AD/HD)
- Acquired Brain Injury

Part 14: Appendices

OHD Criteria Checklist

A sample of this checklist is shown on the next page. To complete a fillable version of this checklist, click on the link below to download, and save to your computer.

OHD Criteria Checklist

DEPARTMENT OF EDUCATION

OTHER HEALTH DISABILITIES

Student Name: ______________________________DOB: ______________________________
Building: __________________________________Reviewer Name: ____________________
Date of Evaluation Report: ____________________Eligible: Yes No

Evaluation⇨ (Must meet initial criteria)

Reevaluation

Based on information in the Evaluation Report and the student file, the student must meet the requirements in A through C below.

A. Health Condition Documentation

Written and signed documentation of a medically diagnosed chronic or acute health condition by a physician or licensed health care provider acting within the scope of their practice. For initial evaluations, all documentation must be dated within the previous 12 months.
List Health Condition here: ____

OR
In the case of a diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD), written and signed documentation of a medical diagnosis by a licensed physician, an advanced practice registered nurse or licensed psychologist is required for purposes of identifying a child with a disability.(Minn. Stat. 125A.02 Subd.1.)

For an initial evaluation, documents must be dated within the past 12 months. The documentation must show the student meets DSM criteria in items A-E. DSM criteria documentation must be provided by a licensed physician, mental health or medical professional licensed to diagnose the condition.

B. Adverse Effects

In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented in at least THREE of the following areas:

Excessive absenteeism linked to the health condition (e.g., hospitalizations, medical treatments, surgeries or illnesses)
Specialized health care procedures that are necessary during the school day
Medications that adversely affect learning and functioning in terms of comprehension, memory, attention or fatigue

Limited physical strength resulting in decreased capacity to perform school activities

Limited endurance resulting in decreased stamina and decreased ability to maintain performance

Heightened or diminished alertness resulting in impaired abilities (e.g., prioritizing environmental stimuli, maintaining focus, or sustaining effort or accuracy)

Impaired ability to manage and organize materials and complete classroom assignments within routine timelines

Impaired ability to follow directions or initiate and complete a task

C. Unsatisfactory Educational Progress

The student's health condition results in a pattern of unsatisfactory educational progress as determined by a comprehensive evaluation documenting the required components of subpart 2 (A) and (B). The eligibility findings must be supported by current or existing data from items (a) to (e) below:

a. An individually administered, nationally normed standardized evaluation of the pupil's academic performance
b. Documented, systematic interviews conducted by a licensed special education teacher with classroom teachers and the pupil's parent or guardian
c. One or more documented, systematic observations in the classroom or other learning environment by a licensed special education teacher
d. A review of the pupil's health history, including the verification of a medical diagnosis of a health condition
e. Records review

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following MUST be checked.

The documentation supports the team decision.

The documentation does not support the team decision.

For complete information regarding Other Health Disabilities criteria requirements, refer to MR 3525.1335.

DSM-5 Criteria for AD/HD

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention**: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults, age 17 and over), at least 5 symptoms are required.

   (a) Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or other activities (e.g., overlooks or misses details, work is inaccurate).

   (b) Often has difficulty sustaining attention in tasks or play activities (e.g. has difficulty remaining focused during lectures, conversations, or lengthy reading).

   (c) Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).

   (d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily side-tracked.)

   (e) Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines.

   (f) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).

   (g) Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

   (h) Is often easily distracted by extraneous stimuli (for older

adolescents and adults, may include unrelated thoughts).

(i) Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. **Hyperactivity and impulsivity**: Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social academic/occupational activities:

    (a) Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults, age 17 and over), at least 5 symptoms are required.

    (b) Often fidgets with hands or feet or squirms in seat

    (c) Often leaves seat in classroom when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).

    (d) Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)

    (e) Often has difficulty playing or engaging in leisure activities quietly.

    (f) Is often “on the go”, acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficulty to keep up with).

    (g) Often talks excessively.

    (h) Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).

    (i) Often has difficulty waiting for his or her turn (e.g., while waiting in line).

    (j) Often interrupts or intrudes on others (e.g., butts info conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12.

C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Specify whether:

- 314.01 (F90.2) Combined presentation: If both Criterion A1 inattention) and Criteria A2 (hyperactivity-impulsivity) are met for the past 6 months.
- 314.00 (F90.0) Predominantly inattentive presentation. If Criterion A1 (Inattention) is met but Criterion A2 (hyperactivity) is not met for the past 6 months.
- 314.01 (F90.1) Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity/Impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.

Specify if:

- In partial remission: When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.

Specify Current severity:

- Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- Moderate: Symptoms or functional impairment between “mild” and “severe” are present.
- Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.