

Other Health Disabilities



Legislation 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. (3525.1335 OTHER HEALTH DISABILITIES)



Determining OHD Eligibility



**TIMMY HAS ADHD
AND NEEDS AN IEP**

- **A medical diagnosis alone is insufficient to determine eligibility for special education services.**
- **Students with medical diagnoses should not automatically be considered eligible for OHD. Teams are advised to focus on the student's presenting problems in conjunction with a comprehensive evaluation to determine the eligibility.**
- **Students with some medical diagnoses may demonstrate educational needs that may lead teams to consider eligibility in categories (Developmental Cognitive Disorder - cognitive, Physical Health Disability - physical, Emotional Behavior Disorder - behavioral, Learning Disability – severe academic, Speech & Language - communications).**
- **Teams must establish and document a link between the chronic or acute health condition and its adverse effect on a pupil's educational performance in order for a student to be determined eligible in OHD.**

Considerations



There are *no* specific requirements for pre-referral *formal* interventions; however, the OHD manual references pre-referral intervention strategies. Document the strategies utilized and their effectiveness in the “Background Information” section of the Evaluation Report. This would be considered “existing data”.

A health condition/diagnosis does not automatically = IEP; consider a 504 Plan if the student’s needs can be met through accommodations.

ADHD does not automatically mean OHD; it matters how it manifests. The student might qualify SLD or EBD instead.

Sometimes a chronic or acute health condition could be a result of a previous head injury which could indicate a need for a TBI assessment rather than an OHD assessment.



OHD Criteria, Part A: Diagnosis

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 of a medically diagnosed chronic or acute health condition; or Professionals now include 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 inquire whether the provider's professional scope of practice includes the ability to provide documentation of a medically diagnosed chronic or acute health condition.

(2) in the case of a diagnosis of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD or ADHD), there is written and signed documentation of a medical diagnosis by a licensed physician, an advanced practice nurse, or a licensed psychologist. The diagnosis of ADD or ADHD 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.

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

Documentation of an Acute or Chronic 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. Districts must ensure that a diagnosis includes written and signed documentation of a medically diagnosed chronic or acute health condition from a healthcare provider operating within their professional scope of practice.

A medical documentation form is found in SpED Forms in the Other Forms and Logs Section and is labeled “Medical Documentation”.



***Remember:* Anytime you are requesting documentation of a health condition, you must include a signed “Authorization for Release of Information” form with the request. It is found in the**

Other Forms and Logs Section of the signed “Authorization for Release of Information” form.

Documentation of ADHD



The diagnosis of AD/HD must include “appropriate documentation using DSM criteria that items A to E have been met” (Minn. R. 3525.1335). However, Minnesota 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 DSM that have been met. The only requirement is that ‘appropriate documentation’ must be provided.

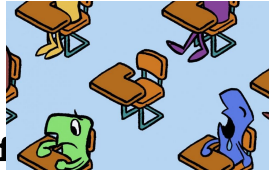
Current interpretation of appropriate documentation could include the following:

- **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.**
- **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. This checklist is found in SpED Forms in the Referral and Evaluation Section and is labeled “Medical Documentation: AD/HD”.**

The type of presentation (combined, predominantly inattentive, predominantly hyperactive/impulsive) is a required component of an AD/HD diagnosis and should be listed as such since, as part of 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.

OHD Criteria, Part B: Adverse Effects

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:



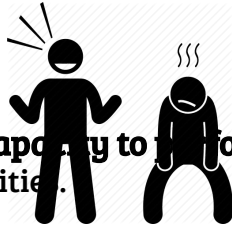
(1) excessive absenteeism linked to the health condition, hospitalizations, medical treatments, surgeries, or illnesses; consistent or intermittent absences that interfere with academic progress and participation in school activities. Absences must be the result of hospitalizations, medical treatments, surgeries, or illnesses. Examples: hospitalizations, medical treatments, surgeries, or illnesses.



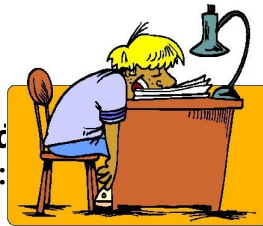
(2) specialized health care procedures that are necessary during the school day; medically related services necessary during the school day prescribed by the student's licensed physician. These procedures require training for the individual who performs them. Examples: catheterization, gastric tube feeding, postural drainage, tracheostomy care, oxygen administration, ostomy care, and the administration of medications: oral, inhaled, injected, or IV.



(3) medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;
Examples: seizure medication, radiation, chemotherapy.



(4) limited physical strength resulting in decreased capacity to perform school activities; lack of durability, energy, or vigor that results in decreased capacity to perform school activities.



(5) limited endurance resulting in decreased stamina and effort caused by a lack of resilience or stamina. Example: inability to maintain performance; the inability to maintain effort throughout school day.



(6) heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy; inability to maintain awareness, vigilance, mindfulness, or attentiveness. This may be caused by external stimuli in the environment or an internal inability to maintain focus. Example: prioritizing environmental stimuli, maintaining focus, sustaining effort or accuracy.

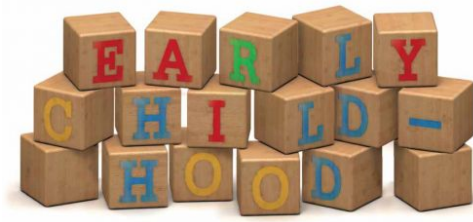


(7) impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or



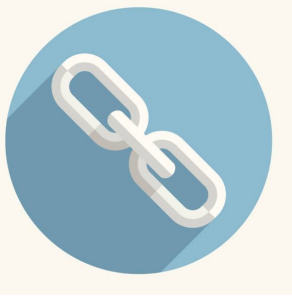
(8) impaired ability to follow directions or initiate and complete a task.

ECSE OHD Criteria Crossover



Rule Interpretation for Pupils Prior Kindergarten:

1. **Excessive absenteeism:** Child is frequently absent from child care or other natural environments.
2. **Specialized health care procedures during 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:** 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.
5. **Limited endurance resulting in decrease stamina and decreased ability to maintain performance:** Interpreted as written
6. **Heightened or diminished alertness resulting in impaired abilities** (ex. prioritizing environmental stimuli, maintaining focus, sustaining effort or accuracy): Interpreted as written
- 7 **Impaired ability to manage and organize materials and complete classroom assignments with 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 a task:** Interpreted as written.



Linking Adverse Effects to Health Condition

Must link adverse effects to actual health condition.

MDE's OHD website has Information Sheets on many health conditions including the conditions' implications within the school setting to assist with linking the adverse effect to the health condition. The list does not include all health conditions.

<https://education.mn.gov/MDE/dse/sped/cat/ohd/info/>

OHD Criteria, Part C: 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;
Low academic performance on a standardized test is not required for a student to qualify...the environment is often free of distractions, untimed, and scripted, which may be significantly different from the student's day to day learning environment. 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...
- 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; and
- E.** records review.



ECSE OHD Criteria Crossover

OHD evaluation procedures for children prior to kindergarten entrance:

- A. An individually administered, nationally normed standardized evaluation of the pupil's developmental performance.**
- B. Documented, systematic interviews conducted by a licensed special education teacher with the pupil's parent or guardian and child care provider, if appropriate.**
- C. One or more documented, systematic observations in the (1) home or (2) child care or other learning environment in which the child participated 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.**

Unsatisfactory Educational Progress



Inadequate Academic Progress: Inadequate progress in comparison to peers as measured by these outcomes and which are directly linked to the chronic/acute health condition:

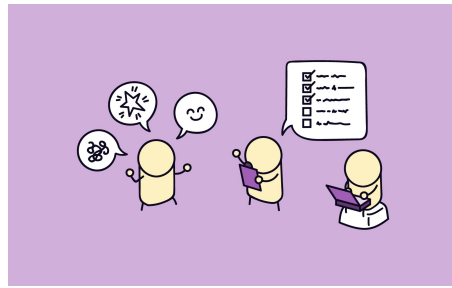
- **Grades, test scores, and daily work: Academic work is consistently in the poor-to-failing range.**
- **Poor work completion: Failure to consistently complete work in a timely manner and results in poor-to-failing academic performance.**
- **Decrease or change in work output: There is a documented and consistent decrease or change in the amount of work produced that results in poor-to-failing academic performance.**
- **Decrease or change in independent functioning or organizational skills: There is a documented and consistent decrease in student's independent functioning or organizational skills that results in poor-to-failing academic performance.**

Sources for Evaluation Data

This matrix may be used to collect data when considering the Other Health Disabilities categorical area. The rows hold the eight OHD criteria. The columns indicate where data might be found for each criterion.

Criteria	Academic Evaluation	Interviews	Observations	Health History	Record Review	Diagnosis
Absence linked to health condition		X		X	X	X
Specialized health care procedures needed during school day		X	X	X	X	X
Medications that adversely affect learning		X	X	X	X	X
Limited physical strength		X	X	X	X	X
Limited endurance	X	X	X	X	X	X
Heightened or diminished alertness	X	X	X	X	X	X
Organization, assignment completion	X	X	X	X	X	X
Directions followed, tasks initiated and completed	X	X	X		X	X
Purpose of data	Academic skills	Day-to-day educational strengths and needs	Snapshot of strengths and needs in educational environment	Physician's data on student's health	Educational achievement, behavior, absences	Diagnostician, date and data on student's health

Observation(s)



Systematic observations should focus on Criteria B: Adverse effects

-Peer comparison-- random sampling

-Ability to complete education tasks within routine timelines-- duration of attention, latency of initiating tasks, how much completed work (percent)

-Likely will need to conduct an on/off task observation with randomized peer comparison. It is recommended that the on/off task observation is at least 10-15 minutes and during most challenging times and meaningful for potential IEP goal (baseline)

-Also consider latency (if student struggles to transition, initiate tasks), duration (if student struggles to sustain attention, persevere), frequency (off task behavior e.g. looking up from work compared to peers, redirections from teacher, blurt outs, how many jobs completed vs peers and expectations), intensity rating (how interfering are the behaviors to the functioning of the student? To the functioning of the class?)

-Focus on areas most related to disability and student

-After the observation, ask the teacher and document if the child's behavior observed was "typical" of that child in that situation



Ideas for Observations Related to OHD

Specialized health care procedures: observe time(s) of day, for how long, time to transition, what they are missing in classroom, process for re-entering class, etc.

Medications adversely affect: observe manifestation of any known side effects of medication (e.g. fatigue in afternoon (head on desk), nausea after lunch (complaints of pain or requests to see nurse), memory interference (following directions, reviewing previously taught content, learning new skills), etc.)

Limited physical strength: observe manipulation of materials in the classroom, participation in physical education, activity during recess, etc.

Limited endurance: observe attention and/or regulation in am versus pm, beginning of activity versus end, participation in PE/recess, etc.

***Heightened or diminished alertness:** observe hyperactivity and/or inattention, on/off task time sampling, frequency of looking up from activity versus table mates, frequency of getting up out of seat, etc.

***Organization, assignment completion:** observe work space compared to peers, time when transitioning between activities and accessing materials, planning out thinking prior to writing or completing worksheet, percentage of work completed or amount produced, etc.

***Directions followed, tasks initiated and completed:** time between teacher direction and initiation, how many steps followed out of those given, time taken to complete task, etc.

* Often for ADHD ALWAYS IN COMPARISON TO PEERS THIS IS NOT A COMPREHENSIVE LIST ONE OR MORE OBSERVATION

THE “OHD Team”



- **There is no licensure for OHD in Minnesota. However, In District 206 we now have an OHD Specialist. The OHD Specialist is often someone that holds the Physical Health Disabilities License because of the close relationship between Physical Impairments and Other Health Disabilities. The teacher holding that license is someone who has had to study the etiology of medical conditions.**
- **Who is on the team? Parents, Student, Special Education Teacher, Other Health Disabilities Specialist (if there is one - the answer is YES in District 206), Speech Language Pathologist, DAPE Teacher, Physical Therapist, Occupational Therapist, Teacher of Visually Impaired, Deaf Hard of Hearing Teacher, Licensed School Nurse**

When to involve the specialist and when it isn't necessary

Anything else I have missed. If there is a blaring gap, make a new slide and put anything you want me to integrate into slides. I will follow up and put the information in the appropriate places. Thanks.

The OHD Team



If you are considering OHD for a student, it is strongly recommended to reach out to Sarah Golden so that you can meet. From there, she can help determine who all the players on the team should be, as these teams can get large and complex.

It is recommended to involve the OHD Specialist anytime you are made aware of a medical condition that has an impact on educational performance. The OHD Specialist can work through the finer details of the criteria and research the medical condition to see which criteria it may fall under, specifically in Physical Impairments and Other Health Disabilities.

You DO NOT need to involve the OHD Specialist for ADD/ADHD medical diagnoses.

Reevaluation

-Reevaluation can be conducted more frequently than once every three years if health condition results in significant changes to needs.

-An updated of diagnosis not required.

-Obtain updated Release of Information to gather any new or existing medical data.

-Reference adverse effects, same or different, changed? Don't need to still have three.

-When applicable, reference absences and reasons why, with input from school nurse.

-OHD students have a higher likelihood for TBI's, ask about any hospitalizations, ER visits, or significant injuries since last evaluation



*I CAN'T REMEMBER MY
MEMORY VERSE, BUT I
THINK IT WAS FROM
THE BOOK OF
REEVALUATION...*

Mental health disorders and OHD



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

-Need to consider all relevant categories, which might include OHD; however, EBD needs to be considered first.

-An OHD evaluation would be appropriate for a dual diagnosis which includes ADHD (i.e., anxiety and ADHD) with ADHD being primary, or at least manifests as primary in the school setting.

-Anxiety falls under the E of EBD, rarely anxiety might manifest as ADHD-like symptoms so OHD may be considered, e.g. anxiety symptoms are not visible at school (e.g. worry, nervousness, tense) rather as inattention and work skill deficits. Rating scales for EBD areas might not result in clinically significant scores across settings.

Clarifications From District

- Goals must reflect functional skills and relate to criteria (e.g. organizational skills and work skills most commonly for ADHD)
- Don't forget to consider a DAPE assessment if appropriate to diagnosis.
- Have nurse and OHD specialist attend all IEP meetings for diagnoses other than ADHD (Epilepsy, Diabetes, etc...).
- Genetic syndromes may fall under PI or DCD, even if diagnosis adversely affects OHD areas.
- Don't forget to consider Assistive Technology-high tech and low tech.
- Consider TBI vs. OHD vs. PI.
- If accommodations are needed, but not specialized instruction, consider a **504 PLAN**.

