

Validating Intellectual Disability/Related Condition

Intellectual Disability diagnosis requires intellectual impairment and deficits in adaptive functioning with onset prior to the age of 18.

Related condition-severe, chronic disability closely related to intellectual disability which results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability that requires similar supports. The condition must have manifested prior to the age of 22.

Preferred documentation to support onset of ID/RC

- Psychological evaluation with diagnosis based on IQ testing and adaptive behavior assessment.
- Individualized Education Plan (IEP) that contains records of IQ score and assessment of adaptive functioning.
- Psychological assessment submitted during the course of guardianship proceedings;
- Medical/tx records that provide evaluation and diagnosis of the related condition and impairments related to the condition.

In the absence of the items listed above, additional documentation may be used to provide support for ID/RC.

- Treatment records in which provide review of psychological evaluations (when the evaluation itself cannot be provided) and key information from the assessment such as when the testing was done, who it was conducted by, tests and scores obtained, diagnosis given.
- Onset of ID/RC may be supported through a comprehensive developmental history (records or information from parent/guardian, other close relative who can provide first person account of individuals developmental history) that contains specific information about the onset of any medical conditions or injuries that resulted in intellectual impairment, information about the nature of those impairments (delays or regression in key developmental milestones such as speech, gross and fine motor skills, learning, etc).
- Assessment and documentation that rules out other factors or conditions that may have contributed to diminished cognitive and adaptive functioning such as severe mental illness, chronic substance abuse, or medical conditions. This can be accomplished by documentation in which the trained professional indicates that these conditions are not present, or if documentation of ID/RC exists prior to the onset of the other conditions, or can demonstrate that the impairments are more consistent with ID/RC than other factors.

The following items are not sufficient to determine ID/RC on their own, but may be used in conjunction with other information to provide support for the presence of the condition.

- Records or reports of special education without specification of the classification of special education services that were received. Individuals may be in special education related to medical issues, behavioral health issues, specific learning disorders, etc., and it does not necessarily imply intellectual impairment.
- Failure to complete school/poor grades
- Lack of vocational history or difficulty maintaining employment

- No history of living independently, or difficulty maintaining independent housing
- Social security disability determination (without documentation that identifies reason for disability that meets criteria of ID/RC)

The following items in the individual's records may indicate that impairments are not associated with ID/RC.

- Records of medical event or injury that occurred after age 18 (ID) or 22 (RC) that are documented to have (or likely would have) caused impairments in intellectual and adaptive functioning, particularly if there is indication in the individual's history that these deficits were not present or not as severe prior to the event.
- Adaptive functioning deficits are specifically related only to physical limitations or related to symptoms of a diagnosed mental illness (such as related to depression, anxiety, psychosis, etc), or occurring in conjunction with or following significant substance use.

Documentation should include:

- Attempts of efforts to obtain previous documentation that are not included in evaluation and why they could not be obtained, etc.
- Specific description of the individual's psychosocial history (social, cognitive, vocational, educational, psychiatric, medical history)
- Specific description of the individual's adaptive functioning deficits and types of support needed (type of supports needed, frequency and intensity of supports)
- Previous types of supports and services the individual has received
- Treatment records that demonstrate evaluation and support for any diagnosis provided.