

Wisconsin Department of Health Services

Children's Long-Term Support
Functional Screen (CLTS FS) Online Course

Module 3: Diagnoses



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Wisconsin Department of Health Services

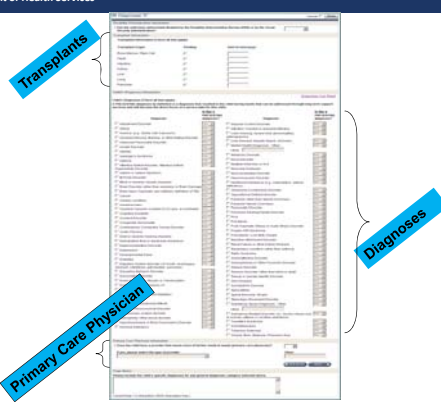


Module 3: Diagnoses

- 3.1 Has the Child Been Determined Disabled by the Disability Determination Bureau (DDB) or by the Social Security Administration?
- 3.2 Transplant Information
- 3.3 Whose Diagnosis Is Accepted?
- 3.4 Child's Diagnoses Must Be Current
- 3.5 Required Documentation of Mental Health Diagnoses
- 3.6 Other Diagnostic Considerations
- 3.7 Diagnoses Cue Sheet
- 3.8 Is This a PRESENTING Diagnosis?
- 3.9 Primary Care Physician Information

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Transplants

Diagnoses

Primary Care Physician

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Diagnoses [?] Cancel [Reset]

Disability Determination Information

☒ Has the child been determined disabled by the Disability Determination Bureau (DDB) or by the Social Security Administration? []

Transplant Information

Transplant Information (Check all that apply):

Transplant Organ	Pending	Had On (mm/yyyy)
Bone Marrow / Stem Cell	☐	
Heart	☐	
Intestine	☐	
Kidney	☐	
Liver	☐	
Lung	☐	
Pancreas	☐	

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Child's Diagnoses Information [Diagnoses List 2/2014]

Child's Diagnoses (Check all that apply):
A PRESENTING diagnosis by definition is a diagnosis that resulted in the child having needs that can be addressed through long term support services and will become the direct focus of a service plan for this child.

Diagnosis	Is this a PRESENTING diagnosis?	Diagnosis	Is this a PRESENTING diagnosis?
☐ Adjustment Disorder	Yes	☐ Impulse Control Disorder	Yes
☐ Allergy	Yes	☐ Infection - Current or recurrent infection	Yes
☐ Anemia (e.g., Sickle Cell, Fanconi's)	Yes	☐ Limb missing, severe limb abnormalities, arthrogryposis	Yes
☐ Anorexia Nervosa, Bulimia or other Eating Disorder	Yes	☐ Liver Disease (hepatic failure, cirrhosis)	Yes
☐ Antisocial Personality Disorder	Yes	☐ Mental Health Diagnosis - Other	Yes
☐ Anxiety Disorder	Yes	☐ Other: []	Yes
☐ Arthritis	Yes	☐ Metabolic Disorder	Yes
☐ Asperger's Syndrome	Yes	☐ Mood Disorder	Yes
☐ Asthma	Yes	☐ Multiple Sclerosis or ALS	Yes
☐ Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder	Yes	☐ Muscular Dystrophy	Yes
☐ Autism or Autism Spectrum Disorder	Yes	☐ Musculoskeletal Disorder	Yes
☐ Bipolar Disorder	Yes	☐ Neurovascular Disorder	Yes
☐ Blind or severely visually impaired	Yes	☐ Nutritional Imbalance (e.g., malnutrition, vitamin deficiency)	Yes
☐ Brain Disorder (other than tumors) or Brain Damage	Yes	☐ Obsessive Compulsive Disorder	Yes
☐ Brain Injury-Traumatic (per statutory definition of TBI)	Yes	☐ Oppositional Defiant Disorder	Yes
☐ Cancer	Yes	☐ Paralysis Other than Spinal Cord Injury	Yes
☐ Cardiac condition	Yes	☐ Paralysis-Spinal Cord Injury	Yes
☐ Cerebral Palsy	Yes	☐ Personality Disorder	Yes

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Primary Care Physician Information

Does the child have a provider that meets most of his/her medical needs (primary care physician)? []

If yes, please select the type of provider: [] Other: []

Diagnosis Notes

Please include the child's specific diagnoses for any general diagnostic category selected above. []

Current Size = 0 characters (4000 characters max.)

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3.1 Has the Child Been Determined Disabled...

Disability Determination Information

Has the child been determined disabled by the Disability Determination Bureau (DDB) or by the Social Security Administration?

- “Yes” if in the past 12 months the child was:
 - Eligible for the Katie Beckett Program in Wisconsin or
 - Receiving Supplemental Security Income (SSI) or Social Security due to his or her disability in any state or
 - Enrolled in a Wisconsin state-funded CLTS Waiver.
- All others, answer “No.”

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3.2 Transplanted Organ

Transplant Information

Transplant Information (Check all that apply)

Transplant Organ	Pending	Had On (mm/yyyy)
Bone Marrow / Stem Cell	☐	
Heart	☐	
Intestine	☐	
Kidney	☐	
Liver	☐	
Lung	☐	
Pancreas	☐	

- Pending with the next 12 months.
 - United Network of Organ Sharing (UNOS) List.
 - If not within a year of the screen date, then don't list. Use notes.
- List all pending and current (dates).

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3.3 Whose Diagnosis Is Accepted?

- Qualified professionals.
- Mental health diagnoses are unique.
- When was diagnosis?
- Who made diagnosis?
- Parent report is okay but parents don't make diagnoses.



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3.3 Whose Diagnosis Is Accepted?

- Not school or Birth-3 records.
- Birth-3 exception for Developmental Delay only.
- If you suspect parent is overstating or unsure of diagnoses, then get verification.
- Don't interpret diagnoses from symptoms.



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Example of People Who Are Qualified to Diagnose

A diagnosis of Failure to Thrive can be accepted from:

- ☒ A. Pediatrician
- ☐ B. Birth-3 Therapist
- ☐ C. Visiting Nurse
- ☐ D. Parent

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Example of People Who Are Qualified to Diagnose

A diagnosis of Developmental Delay can be accepted from:

- ☒ A. Pediatrician
- ☒ B. Birth-3 Therapist
- ☐ C. Visiting Nurse
- ☐ D. Parent

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3.4 Child's Diagnoses Must Be Current

- Any diagnosis made within the past year
- Some diagnoses improve — may not apply to child anymore

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3.4 Child's Diagnoses Must Be Current, Continued

- Not sure? Check with family or medical professionals.
- Remove Old Diagnoses checked on the CLTS FS.
- CLTS FS is not a medical file to track historical diagnoses.

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Examples of Current Diagnoses

- Cancer
 - Child diagnosed four months ago
 - Child still on chemotherapy
 - Sixteen-year-old who had leukemia when she was three years old; been in remission since seven years old
- Parent tells you (supported in medical records) that child had ADHD and now finally the doctors realize he has **Bipolar Disorder**.
- Infection, bedsore, allergy.

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 **3.5 Required Documentation of Mental Health Diagnoses**

Ph.D., M.D., Licensed Clinical Social Worker or Licensed Professional Counselor for whom diagnosing a mental health disorder is appropriate to their specialization and within the scope of their training and practice

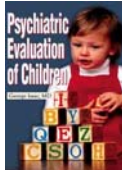


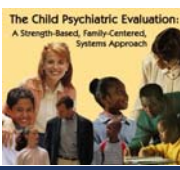
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 **3.5 Required Documentation of Mental Health Diagnoses, Continued**

- Diagnosis was made through a process using standardized testing, another norm-referenced tool or a thorough professional assessment of the child's symptoms.
- Written or verbal.





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 **Five Axes of Psychiatric Diagnoses**

- Axis I: All psychiatric diagnoses (except for the personality disorders and mental retardation, which are reported on Axis II). If there is more than one diagnosis, the primary diagnosis is mentioned first.
- Axis II: Developmental diagnoses and diagnoses first diagnosed in infancy or childhood. Diagnoses recorded on Axis II include intellectual disability and personality disorders.
- Axis III: Physical diseases. All physical diseases are mentioned here, whether the disease symptoms are related to the psychiatric disorders.

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Five Axes of Psychiatric Diagnoses, Continued

- **Axis IV:** Psychological stress factors affecting the patient. This includes all stressors, past and present, that influence the patient at the time of the evaluation.
- **Axis V:** Global functioning of the patient. This gives a broad evaluation of the individual's ability to cope with his or her present life situation and can also be used as a measure of the need for hospital admission.

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Five Axes of Psychiatric Diagnoses, Continued

- **Axis I:** All psychiatric diagnoses (except for the personality disorders and intellectual disability, which are reported on Axis II). If there is more than one diagnosis, then the primary diagnosis is mentioned first.
- **Axis II:** Developmental diagnoses and diagnoses first diagnosed in infancy or childhood. Diagnoses recorded on Axis II include intellectual disability and personality disorders.

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Examples of Qualified Professionals

1. Psychiatrist or clinical psychologist diagnosing any Diagnostic and Statistical Manual (DSM) diagnosis
2. School professionals diagnosing autism
3. Birth to 3 professionals diagnosing pervasive developmental disorder not otherwise specified (PDD-NOS)
4. Clinical social worker diagnosing mood disorder

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Examples of Diagnosing Process

1. Diagnosed based on clinical history with child
2. Diagnosed based on clinical tests
3. Diagnosed based on need for medication
4. Diagnosed based on need for insurance coverage

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3.6 Other Diagnostic Considerations

- Avoid synonyms for current conditions
- Check main diagnoses, not diagnoses that are inherent in another diagnoses
- Examples:
 - *Do Not Check:*
 - Ø Cognitive disability for a child with Down syndrome
 - Ø Depression for someone with bipolar disorder
 - Ø Developmental delay for someone with Rett syndrome

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3.6 Other Diagnostic Considerations, Continued

- Multiple conditions or diagnoses.
- Check **all** diagnoses that apply.
- Examples. Child has:
 - Cerebral palsy and asthma
 - ✓ Check both
 - Spinal muscular atrophy (SMA) and allergies
 - ✓ Check both
 - Depression and a digestive system disorder
 - ✓ Check both
 - A, B, C and D
 - ✓ Check all four

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3.7 Diagnoses Cue Sheet

- Link:
www.dhs.wisconsin.gov/LTCare/FunctionalScreen/clts/fs/DxCueSheet.pdf
- How to use
 - Search function
 - Check alternative diagnosis
 - Add a note containing the actual diagnosed condition

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3.7 Diagnoses Cue Sheet, Continued

Children's Long-Term Support Functional Screen

Diagnoses Cue Sheet

This alphabetical list of diagnoses indicates which box screeners should check on the Diagnoses table of the Children's Long-Term Support Functional Screen (CLTS FS). For every diagnosis, the screener should:

- See if it is listed in the CLTS FS Diagnoses Table and check relevant box on the table. Use the Search icon to help find the condition you are seeking.
- If not on the CLTS FS Diagnoses Table, look for it in this Diagnoses Cue Sheet. If present here, check the box (es) on CLTS FS Diagnosis Table as indicated here. Also list the name of the specific condition/syndrome/diagnosis in the note section on the Diagnosis page.
- If the diagnosis is not listed in this Cue Sheet, then check Diagnoses Table "Other," and write it in.
- Do not write in a diagnosis in "Other" until after making sure it is not on this Cue Sheet.
- Do not guess which diagnoses on the CLTS FS diagnosis table to check. (See instructions.)

Screeners should ignore letters or numbers before or after diagnoses. You can also ignore the following adjectives appearing before or after diagnoses:

Words to Ignore:

Active	History of (check the diagnosis IF it is still current; see instructions)
Acute	Idiopathic
Adolescent	Intermittent

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3.7 Diagnoses Cue Sheet, Continued

If You See This Diagnosis	Check This on CLTS FS Diagnosis Table
Dyspraxia	Neuromuscular Disorder
Dysrhythmic Disorder	Dysrhythmic Disorder (must verify diagnosis)
Dystonia	Neuromuscular Disorder
E. Coli	Infection – Current or Recurrent Infection
Eagle Barrett Syndrome (Prune Belly)	Genitourinary System Disorder
Ear Infections	Infection – Current or Recurrent Infection
Eating Disorder	Anorexia Nervosa, Bulimia, or Other Eating Disorder (must verify diagnosis)
Ectodermal Dysplasia	Skin Disease (if severe) OR Include in Note Section, no Diagnosis checked
Eczema	Skin Disease (if severe) OR Include in Note Section, no Diagnosis checked

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 3.7 Diagnoses Cue Sheet, Continued	
If You See This Diagnosis	Check This on CLTS FS Diagnosis Table
Graft vs Host Disease (GVHD)	Immune Deficiency
Graves Disease	Immune Deficiency AND Endocrine Disorder (not Diabetes)
Gross Motor Delay	Neuromuscular Disorder
Growth Hormone Deficiency	Endocrine Disorder (not Diabetes)
Guanosine Triphosphate Cyclohydrolase I Deficiency (GTPCH)	Metabolic Disorder
Guillain-Barre Syndrome	Neuromuscular Disorder
Gum Disease	Include in Note Section, no Diagnosis checked
GVHD (Graft vs Host Disease)	Immune Deficiency
Hallermann-Streiff Syndrome	Musculoskeletal Disorder
Hallervorden-Spatz Disease	Neuromuscular Disorder
Hallux Varus	Include in Note Section, no Diagnosis checked
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 3.7 Diagnoses Cue Sheet, Continued	
If You See This Diagnosis	Check This on CLTS FS Diagnosis Table
OCD	Obsessive-Compulsive Disorder (must verify diagnosis)
Ocular Motor Dysfunction / Syndrome / Apraxia	Neuromuscular Disorder
Oculonuriculovertebral Association	Musculoskeletal Disorder
Oculocutaneous Albinism	Skin Disease
ODD	Oppositional Defiant Disorder (must verify diagnosis)
Ohtahara Syndrome	Seizure Disorder
OI (Osteogenesis Imperfecta)	Musculoskeletal Disorder
Oligodendroglioma	Cancer
Onenun Syndrome	Immune Deficiency
Omphalocele	Digestive System Disorder
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 3.7 Diagnoses Cue Sheet, Continued	
If You See This Diagnosis	Check This on CLTS FS Diagnosis Table
↓	↓
Gluten Sensitivity (GS)	Digestive System Disorder (if results in Celiac Disease) OR Allergy
↓	↓
Krabbe's Disease	Metabolic Disorder AND Cognitive Disability
↓	↓
Strabismus (Heterotropia)	Include in Note Section, no Diagnosis checked
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3.8 Is This a PRESENTING Diagnosis?

- The primary cause for the child's family to seek long-term support services.
- When you indicate which diagnoses are presenting diagnoses, the screen can better differentiate the primary concerns for the child's long-term support services.

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Examples of Presenting Diagnoses

- Child has **autism**, developmental delays, allergies, and GERD (digestive system disorder] and the family wants to be on a CLTS Waiver for intensive in-home treatment for children with autism.
- Child has **anxiety disorder**, asthma, and Asperger's syndrome and the family wants to go through the Katie Beckett Program to get Wisconsin Medicaid to help with psychiatric appointments to address the anxiety disorder.

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Examples of Presenting Diagnoses, Continued

- Child has **Down syndrome**, a cardiac condition, and leukemia (cancer) and the family wants assistance through the Family Support Program.
- Child has **OCD, ODD, and conduct disorder** and the family wants services through the Mental Health Wraparound Program.
- Child has **ADHD**, **mood disorder**, and a **cognitive disability** and the family is seeking CLTS Waiver services.

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3.9 Primary Care Physician Information

Primary Care Physician Information

Does the child have a provider that meets most of his/her medical needs (primary care physician)?

If yes, please select the type of provider: Others:

- Required
- May be used for state and local systems changes to improve children's access to primary health care

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End of Module 3:
Diagnoses
