

Medicaid Disability Manual

3. Considerations in Determining Disability for Children

(a) Basic considerations. All relevant evidence in the case record is considered. The evidence in the case record may include information from medical sources, such as the child's pediatrician, other physicians, psychologist, or qualified speech-language pathologist; other medical sources such as physical, occupational, and rehabilitation therapists; and non-medical sources such as the child's parents, teachers, and other people who know the child.

(1) Medical evidence

(i) **General.** Medical evidence of the child's impairment(s) must describe signs, laboratory findings, or both. Only after we establish the claimant has an MDI based on objective medical evidence from an AMS, can we then evaluate the extent to which symptoms may affect the claimant's ability to function independently, appropriately, and effectively in an age-appropriate manner for a child under age 18. Symptoms cannot establish the existence of an MDI. The medical evidence may include, but is not limited to, formal testing that provides information about the child's development or functioning in terms of standard deviations, percentiles, percentages of delay, or age or grade equivalents. It may also include opinions from medical sources about the nature and severity of the child's impairment.

(ii) Test scores. All of the relevant information in the case record will be considered. Consideration should not be given to any single piece of evidence in isolation. Therefore, test scores alone should not be relied on when deciding whether the child is disabled. See Section 6. (e) (3) for more information about how test scores are considered.

(iii) Medical sources. Medical sources should report their findings and observations on clinical examination and the results of any formal testing. A medical source's report should note and resolve any material inconsistencies between formal test results, other medical findings, and the child's usual functioning. Whenever possible and appropriate, the interpretation of findings by the medical source should reflect consideration of information from the child's parents or other people who know the child, including teachers and therapists. When a medical source has accepted and relied on such information to reach a diagnosis, this information may be considered a clinical sign.

(2) Information from other people. Every child is unique, so the effects of the child's impairment(s) on his/her functioning may be very different from the effects that the same impairment(s) might have on another child. Therefore, whenever possible and appropriate, attempts will be made to get information from people who can tell what the effects of the child's impairment(s) is on his/her activities and how the child functions on a day-to-day basis. These other people may include, but are not limited to:

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- (i) The child's parents and other caregivers. The child's parents and other caregivers can be important sources of information because they usually see the child every day. In addition to the child's parents, other caregivers may include a childcare provider who takes care of the child while his/her parent(s) works or an adult who looks after the child in a before-or after-school program.
 - (ii) Early intervention and preschool programs. If the child has been identified for early intervention services (in the home or elsewhere) because of his/her impairment(s), or if the child attends a preschool program (e.g., Headstart or a public school kindergarten for children with special needs), these programs are also important sources of information about the child's functioning. Reports should be requested from the agency and individuals who provide the child with services or from the child's teachers about how the child typically functions when compared to other children the same age who do not have impairments.
 - (iii) School. If the child goes to school, information should be requested from his/her teachers and other school personnel about how the child is functioning there on a day-to-day basis compared to other children the same age who do not have impairments. A request should be made for any reports that the school may have that show the results of formal testing or that describe any special education instruction or services, including home-based instruction, or any accommodations provided in a regular classroom.
- (b) Factors to be considered when evaluating the effects of the child's impairment(s) on his/her functioning.
- (1) General. The child's functioning must be considered when deciding whether his/her impairment(s) is "severe" and when deciding whether his/her impairment(s) functionally equals the listings. The child's functioning must also be considered when deciding whether his/her impairment(s) meets or medically equals a listing if the listing being considered includes functioning among its criteria.
 - (2) Factors to be considered when evaluating the child's functioning. The child's limitations in functioning must result from his/her medically determinable impairment(s). The information obtained from the child's medical and non-medical sources can help in understanding how the child's impairment(s) affects his/her functioning. **Once the existence of an MDI has been established**, any factors that are relevant to how the child functions will be considered when evaluating the child's impairment or combination of impairments. For example, the child's symptoms (such as pain, fatigue, decreased energy, or anxiety) may limit his/her functioning. Some other factors that may be considered when evaluating the child's functioning are explained in paragraphs (b) (3) - (b) (9) of this section.