

WISCONSIN MEDICAID
KATIE BECKETT DISABILITY EVALUATION FORM

INSTRUCTIONS: Type or print clearly. Read the entire form before signing below. This form is intended to evaluate a member's disability and functioning level. Detailed [instructions](#) can be found in the Program Operations Manual System (POMS) on the Social Security Administration website.

MEMBER INFORMATION

Name – Member (First, Middle, Last)

Social Security Number

Date of Birth

Level of Determination:

- Initial
 Recertification
 Appeal

Is this child engaging in Substantial Gainful Activity?

- Yes No

Filing date: _____

SECTION I – SUMMARY

A. Impairments

List all established impairments considered in reaching a finding. Also, list any conditions or impairments recorded in the case but not established. State clearly which impairments were actually established and which were not. A list of impairments can be found on the [Listing of Impairments – Childhood Listings \(Part B\)](#) page of the Social Security Administration website.

B. Disposition

Check the box that best describes your findings of the child's disposition in this case. **Complete this section last.**

1. Not Severe—No medically determinable impairments **or** the impairment or combination of impairments is a slight abnormality or a combination of slight abnormalities that result in no more than minimal functional limitations. (Explain below.)

2. Meets Listing _____. Cite **complete** listing and subsection(s), including any applicable Part B criteria for 112.00.

3. Medically Equals Listing _____. Cite **complete** listing and subsection(s), including any applicable Part B criteria for 112.00 and explain below.

4. Functionally Equals the Listing—The child's medically determinable impairment or combination of impairments result in marked limitations in two domains or an extreme limitation in one domain (Explained in Section III), **or** the impairment or combination of impairments is one of the examples cited in POMS DI 25225.060 (20 C.F.R. 416.926a[m]), example # _____. (Explained in Section III.)

5. Impairment or Combination of Impairments is Severe, But Does Not Meet, Medically Equal, or Functionally Equal the Listings—Explained in Sections IIA and B and, if applicable, III.

6. Does Not Meet the Duration Requirement—The child's medically determinable impairment(s) is or was of listing-level severity, but is not expected to be, or was not, of listing-level severity for 12 continuous months, and is not expected to result in death. (Explained in Sections IIA and B and, if applicable, III.)

7. Other (Specify) _____. (Explained in Section III.)

C. Assessment of Functioning Throughout Sequential Evaluation

- I affirm, by signing below, that when I evaluated the child's functioning in deciding:**

- If there is a **severe impairment(s)**
- If the impairment(s) **meets or medically equals a listing** (if the listing includes functioning in its criteria)
- If the impairment(s) **functionally equals the listings**

I considered the following factors and evidence.

FACTORS:

1. How the child's functioning compares to that of children the same age who do not have impairments; that is, what the child is able to do, not able to do, or is limited or restricted in doing
2. Combined effects of multiple impairments and the interactive and cumulative effects of impairments on the child's activities, considering that any activity may involve the integrated use of many abilities:
 - A single limitation may be the result of one or more impairments.
 - A single impairment may have effects in more than one domain.
3. How well the child performs activities with respect to:
 - Starting, continuing, and completing activities independently (range of activities, prompting needed, pace of performance, effort needed, and how long the child is able to sustain activities).
 - Extra help needed (for example, personal, equipment, medications).
 - Adaptations (for example, assistive devices, appliances).
 - Structured or supportive settings (for example, home, regular, or special classroom), including comparison of functioning in and outside of setting, ongoing signs or symptoms despite setting, amount of support needed to function within regular setting.
4. The child's functioning in unusual settings (for example, one-to-one, a consultive evaluation) vs. routine settings (for example, home, childcare, school)
5. Early intervention and school programs (for example, school records, comprehensive testing, individualized educational plans, class placement, special education services, accommodations, attendance, participation)
6. Impact of chronic illness, as seen by episodes of exacerbation and remission, and how it interferes with the child's activities over time
7. Effects of treatment, including adverse and beneficial effects of medications and other treatments, and if they interfere with the child's day-to-day functioning

EVIDENCE:

For all dispositions, wherever appropriate, I have explained:

- How I considered the medical, early intervention, school/pre-school, parent/caregiver, and other relevant evidence that supports my findings.
- How I evaluated physical and mental symptoms.
- How I resolved any material inconsistencies.
- How I weighed medical opinion evidence, including when material inconsistencies in the file could not be resolved.

I have considered and explained test results in the context of all the other evidence.

The consultant with overall responsibility for the findings in this form must complete the first signature line (DI 25230.OOIB4). If any additional consultants provided input to these findings, they must also sign in the following fields.

These findings complete the medical portion of the disability determination.

SIGNATURE – Consultant With Overall Responsibility

Print Name – Consultant

Specialty – Consultant

SIGNATURE – Additional Consultant

Print Name – Consultant

Specialty – Consultant

SIGNATURE – Additional Consultant

Print Name – Consultant

Specialty – Consultant

SECTION II – FUNCTIONAL EQUIVALENCE

Consider functional equivalence when the child’s medically determinable impairments are “severe” but do not meet or medically equal a listing. An impairment functionally equals the listings if it results in “marked and severe functional limitations,” that is, the impairments cause “marked” limitations in two domains or an “extreme” limitation in one domain. For definitions of “marked” and “extreme,” refer to page 6 of this form.

Describe and evaluate the child’s functioning in all domains. Then discuss the factors that apply in the child’s case and how you evaluated the evidence as described on page 2 of this form. Rate the limitations that result from the child’s medically determinable impairment(s).

Check **one** box for **each** domain to indicate the degree of limitation assessed.

A. Domain Evaluations		Degree of Limitation			
		No Limitation	Less Than Marked	Marked	Extreme
1.	Acquiring and Using Information				
2.	Attending and Completing Tasks				
3.	Interacting and Relating With Others				
4.	Moving About Manipulating Objects				
5.	Caring for Yourself				
6.	Health and Physical Well-Being				

B. Conclusion

Does the impairment or combination of impairments functionally equal the listings?

Yes—Marked limitation in two domains; findings explained above in Section IIA.

Marked Limitation

The impairment(s) interferes seriously with the child's ability to independently start, continue, or complete domain-related activities. Day-to-day functioning may be seriously limited when the child's impairment(s) limits only one activity or when the interactive and cumulative effects of the child's impairment(s) limit several activities:

- "More than moderate" but "less than extreme" limitation (that is, the same functioning you would expect to find on standardized testing with scores that are between two and three standard deviations below the mean)
- Up to age 3, functioning at a level that is between one-half and two-thirds of the child's chronological age when there are no standard scores from standardized tests in the case record
- At any age, a valid score that is between two and three standard deviations on a comprehensive standardized test designed to measure ability or functioning in that domain, and the child's day-to-day functioning in domain-related activities is consistent with that score

For the "Health and Physical Well-Being" domain, you may also find a "marked" limitation if the child is frequently ill or has frequent exacerbations that result in significant, documented symptoms or signs. For purposes of this domain, "frequent" means episodes of illness or exacerbations that occur on an average of three times a year, or once every four months, each lasting two weeks or more. You may also find a "marked" limitation if the child has episodes that:

- Occur more often than three times in a year or once every four months but do not last for two weeks.
- Occur less often than an average of three times a year or once every four months but last longer than two weeks if the overall effect (based on the length of the episode[s] or its frequency) is equivalent in severity.

Yes—Extreme limitation in one domain; findings explained above in Section IIA.

Extreme Limitation

The impairment(s) interferes very seriously with the child's ability to independently start, continue, or complete domain-related activities. Day-to-day functioning may be very seriously limited when the child's impairment(s) limits only one activity or when the interactive and cumulative effects of the child's impairment(s) limit several activities. "Extreme" describes the worst limitations but does not necessarily mean a total lack or loss of ability to function:

- "More than marked" limitation (that is, the same functioning you would expect to find on standardized testing with scores that are at least three standard deviations below the mean)
- Up to age 3, functioning at a level of one-half of the child's chronological age or less when there are no standard scores from standardized tests in the case record
- At any age, a valid score that is three standard deviations or more below the mean on a comprehensive standardized test designed to measure ability or functioning in that domain, and the child's day-to-day functioning in domain-related activities is consistent with that score

For the "Health and Physical Well-Being" domain, you may also find an "extreme" limitation if the child is ill or has frequent exacerbations that result in significant, documented symptoms or signs substantially in excess of the requirements for showing a "marked" limitation. However, if the child has episodes of illness or exacerbations of the impairment(s) that we would rate as "extreme" under this definition, the impairment(s) should meet or medically equal the requirements of a listing in most cases.

No—Findings explained above in Section IIA.

SECTION III – EXPLANATION OF FINDINGS

Use this section:

- To explain any functional equivalence “example” cited in disposition 4.
 - To explain disposition 7.
 - For any continued explanation of dispositions 1, 3, 5, and 6, or functional equivalence findings that do not fit into Section II.
 - To discuss any relevant factors and evidence not explained elsewhere; for example, how you weighed evidence when material inconsistencies in the file could not be resolved.
 - At the discretion of the adjudicative team to explain disposition 2, to make clear other issues particular to individual cases, and to record all of the required elements of a rationale.
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