

## Verification of SED as a Single Qualifying Condition for Health Home Enrollment or Continued Enrollment

A child or adolescent (under the age of 21) has Serious Emotional Disturbance (SED) if they have a designated mental illness diagnosis in the Diagnostic and Statistical Manual (DSM) categories below as defined by the most recent version of the DSM of Mental Health Disorders AND have experienced functional limitations listed below due to emotional disturbance over the past 12 months from the date of assessment on a continuous or intermittent basis as determined by the treating or assessing Licensed Practitioner of the Healing Arts (LPHA) or Licensed Practitioner under the supervision of an LPHA. The functional limitations must have been moderate in at least two areas or severe in at least one area.

This verification form is to be filled-out by a LPHA who has the ability to diagnose within their scope of practice under New York State law (or Licensed Practitioner under the supervision of an LPHA). The form should be completed by a practitioner who is actively treating the child, or treated the child within the last 12 months, or has completed a comprehensive evaluation to verify diagnoses and determine if the child meets SED criteria.

Child's Information			
Last Name	First Name	MI	Date of birth

### Verification of Meeting Serious Emotional Disturbance Criteria

#### Diagnostic Criteria

**I verify that the child/youth has at least one primary DSM diagnosis in the following categories.**

Select at least one DSM Qualifying Mental Health Category	Current Diagnosis	Select Primary Diagnosis	Select Severity Indicator	Date of Diagnosis
Anxiety Disorders			Low    Medium    High	
Bipolar and Related Disorders			Low    Medium    High	
Depressive Disorders			Low    Medium    High	
Disruptive, Impulse-Control, and Conduct Disorders			Low    Medium    High	
Dissociative Disorders			Low    Medium    High	
Obsessive-Compulsive and Related Disorders			Low    Medium    High	
Feeding and Eating Disorders			Low    Medium    High	
Gender Dysphoria			Low    Medium    High	
Paraphilic Disorders			Low    Medium    High	
Personality Disorders			Low    Medium    High	
Schizophrenia Spectrum and Other Psychotic Disorders			Low    Medium    High	
Somatic Symptom and Related Disorders			Low    Medium    High	
Trauma- and Stressor-Related Disorders			Low    Medium    High	
Attention Deficit/Hyperactivity Disorder			Low    Medium    High	
Elimination/Sleep/Wake Disorders			Low    Medium    High	
Sexual Dysfunctions			Low    Medium    High	
Medication Induced Movement Disorders/Tic Disorders			Low    Medium    High	

**Additional Requirements for ADHD**

**If ADHD is the only SED Diagnosis, the child must have used at least one of the following services within the last 3 years: Psychiatric Inpatient, Residential Treatment Facility, Day Treatment, Community Residence, Mental Health HCBS & OCFS B2H Waiver, and/or OMH Targeted Case Management**

Select Service(s) Used	Dates	Documentation of Service Use Attached
Psychiatric inpatient Residential Treatment Facility Day treatment Community residence Mental Health HCBS & OCFS B2H Waiver OMH Targeted Case Management		

**Functional Criteria**

**I verify that the child/youth has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis.  
The functional limitations have been moderate in at least two of the following areas or severe in at least one of the following areas:**

<b>Moderate</b>	<b>Severe</b>	
		Ability to care for self (e.g., personal hygiene; obtaining and eating food; dressing; avoiding injuries); or  Family life (e.g., capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or  Social relationships (e.g., establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or  Self-direction/self-control (e.g., ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or  Ability to learn (e.g., school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

Documentation of Functional Limitations attached (psychosocial, psychological, psychiatric, education documentation, etc.)

