

**Child Health Plus (CHPlus) Serious Emotional Disturbance  
Home and Community Based Services (SED HCBS)  
Decision Support Model: Ages 0 - 5  
HCBS Eligibility Determination Worksheet**

The HCBS Eligibility Determination is a decision tree model, therefore the steps must be completed in order. The information, justification, and documentation needed must be obtained and meet the requirements outlined per each step to move on in the assessment process, otherwise the child/youth is not eligible for HCBS.

**Section A – Demographic**

Today's Date \_\_\_\_\_

Child/youths Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

Organization/Provider: \_\_\_\_\_

**Section B – Target Population and Risk Factors**

**Step 1:**

1. Documentation of Diagnosis/Condition –

a. Mental Health diagnosis **and**

b. Documentation from a mental health practitioner of a Serious Emotional Disturbance (SED) determination (Requirements in Appendix A)

**Criteria Met: Yes ☐ NO ☐**

**Step 2:**

1. Documentation of risk of institution and need for complex supports related to the child's condition.

**Criteria Met: Yes ☐ NO ☐**

2. The child/youth must also meet one of the following four specific risk criteria:

- a. **Current Out-of-Home Placement:** The child/youth is currently in an out-of-home placement, such as a qualified residential treatment program, crisis residence program, children's community residence, residential treatment facility or psychiatric hospital.
- b. **Recent Out-of-Home Placement:** The child/youth has been in an out-of-home placement, such as a qualified residential treatment program, crisis residence program, children's community residence, residential treatment facility, or psychiatric hospital, within the past six months.
- c. **Other Risk of Out-of-Home Placement:** The child/youth has applied for an out-of-home placement, such as placement in a qualified residential treatment program, crisis - residence, children's community residence, residential treatment facility, or psychiatric hospital or the child/youth has had multiple presentations at a Comprehensive Psychiatric Emergency Program (CPEP) or Emergency Department (ED) and has been assessed for admission for psychiatric inpatient hospitalization due to an acute need, within the past six months.

- d. **Multi-System Involvement:** The child/youth is currently receiving mental health services, as well as services from another child-serving system, to support their need for complex services/supports to remain in the community. Document multi-system involvement with supporting documentation of the involvement based upon mental health conditions/behavior. (Requirements in Appendix B)

**Criteria Met:** Yes ☐ NO ☐

3. The completion of the Licensed Practitioner of the Healing Arts (LPHA) Attestation Form by an approved practitioner who should be currently serving/treating the child/youth, which indicates through documentation that the child/youth, in the absence of HCBS, is at imminent risk of institutionalization due to their mental health needs OR is unable to return to their community due to their mental health needs without HCBS, as determined by an LPHA. (Separate Form)

**Criteria Met:** Yes ☐ NO ☐

## Section C: Identifying Functional Criteria for Level of Care

### Step 3:

1. Utilize the Rating Sheet below, determine the rating (0, 1, 2, 3) for each item to determine the child/youth's functioning.
2. The "Basic Design for Rating Needs" key listed should be followed when rating the items, along with the support of the CANS-NY Reference Guides ages 0-5 and 6-21 (February 2023).
3. Check the box by the rating number assessed as the "Level of need" and "Appropriate action" of the child/youth.

**Basic design for rating Needs**

Rating	Level of need	Appropriate action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/ additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/intensive action required

### Step 4: Justification and Supportive Information

1. In the narrative description box, all ratings of "2" and "3" must indicate the information obtained to support the rating and the unique needs of the child/youth to develop a service plan.

**Serious Emotional Disturbance Home and Community  
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Decision Support Model: Ages 0 – 5**

**Please complete one rating sheet per child/youth.**

Rate each item using the action level rating for needs, then identify the criterion met by checking the appropriate boxes. Use the Criteria Threshold formula to determine whether the criteria for Serious Emotional Disturbance HCBS is met and check 'Yes' or 'No'.

<b>Serious Emotional Disturbance (SED) 0-5 years old HCBS Functional Algorithm</b>	
<p>A child meets "SED" if he/she meets:</p> <ul style="list-style-type: none"> <li>At least <b>ONE</b> "3" on Criterion 1.1 <b>OR</b> Criterion 1.2; <b>OR</b>                At least <b>ONE</b> "2" on Criterion 1.1 <b>AND</b> at least <b>ONE</b> "2" on Criterion 1.2; <b>OR</b>                At least <b>TWO</b> "2" on Criterion 1.2</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>At least <b>ONE</b> "3" <b>OR</b> "2" on Criterion 2 items within <b>TWO</b> or more of these five domains               <ul style="list-style-type: none"> <li>Caregiver Needs and Strengths (A)</li> <li>Child Strengths (B)</li> <li>Child Needs and Functioning (C)</li> <li>Risk Behaviors (F)</li> <li>Preschool/Child Care Functioning (94)</li> </ul> </li> </ul>	
<b>Criterion 1.1</b>	
<u>Behavioral Health Module (92)</u> <ul style="list-style-type: none"> <li>Attention/Concentration 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Impulsivity 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Anger Control 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>	<u>Child Development (D)</u> <ul style="list-style-type: none"> <li>Agitation 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Sensory Reactivity 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Emotional Control 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Frustration Tolerance/Tantrumming 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Temperament 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>
<b>Criterion 1.2</b>	
<u>Trauma Symptoms Module (91)</u> <ul style="list-style-type: none"> <li>Traumatic Grief 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Re-experiencing 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Hyperarousal 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Avoidance 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Numbing 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Dissociation 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Affective or Physiological Dysregulation 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>	<u>Behavioral Health Module (92)</u> <ul style="list-style-type: none"> <li>Depression 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Anxiety 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Oppositional 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>PICA 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul> <u>Risk Behaviors (F)</u> <ul style="list-style-type: none"> <li>Self-Harm 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>

**Criterion 2.****Caregiver Needs and Strengths (A)**

- Caregiver 1
  - Decision-Making 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Parenting Stress 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Care/Treatment Involvement 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Caregiver 2
  - Decision-Making 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Parenting Stress 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Care/Treatment Involvement 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Caregiver 3
  - Decision-Making 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Parenting Stress 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Care/Treatment Involvement 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Caregiver 4
  - Decision-Making 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Parenting Stress 0 ☐ 1 ☐ 2 ☐ 3 ☐
  - Care/Treatment Involvement 0 ☐ 1 ☐ 2 ☐ 3 ☐

**Child Strengths (B)**

- Social Relationships 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Relationship Stability 0 ☐ 1 ☐ 2 ☐ 3 ☐

**Child Needs and Functioning (C)**

- Attachment 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Living Situation 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Social Functioning 0 ☐ 1 ☐ 2 ☐ 3 ☐

**Risk Behaviors (F)**

- Aggressive Behavior 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Fire Setting 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Problematic Social Behavior 0 ☐ 1 ☐ 2 ☐ 3 ☐

**Preschool/Child Care Functioning (94)**

- Preschool/Child Care Behavior 0 ☐ 1 ☐ 2 ☐ 3 ☐
- Preschool/Child Care Attendance 0 ☐ 1 ☐ 2 ☐ 3 ☐

**Criteria Met: Yes** ☐ **NO** ☐

**Section C, Step 4: Justification and Supportive Information.**

For any item above rated as actionable (2 or 3), please describe the unique circumstances or areas of support needed for the child/youth.

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**All Criteria for Serious Emotional Disturbance HCBS has been met and the child/youth is eligible:**

**Yes** ☐ **NO** ☐

Name of the Assessor: \_\_\_\_\_

Signature of the Assessor: \_\_\_\_\_

## APPENDIX A

### Serious Emotional Disturbance (SED) Determination

Serious Emotional Disturbance (SED) is a clinical determination made by a Licensed Practitioner of the Healing Arts (LPHA). It is based on a comprehensive assessment to determine whether the child has a qualifying mental health diagnosis that is both (a) considered serious, and (b) has resulted in moderate to severe functional limitations over the past 12 months on a continuous or intermittent basis.

#### *DSM Qualifying Mental Health Categories\**

- Anxiety Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Dissociative Disorders
- Obsessive-Compulsive and Related Disorders
- Feeding and Eating Disorders
- Gender Dysphoria
- Paraphilic Disorders
- Personality Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Somatic Symptom and Related Disorders
- Trauma- and Stressor-Related Disorders
- Sleep-Wake Disorders
- Medication-Induced Movement Disorders
- ADHD
- Elimination Disorders
- Sexual Dysfunctions
- Tic Disorder

In addition, the SED determination requires that the child/youth has experienced functional limitations due to their mental health diagnosis over the past months on a continuous or intermittent basis. The functional limitations must be **moderate in at least two** of the following areas or **severe in at least one** of the following areas as determined by a licensed mental health professional:

- 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)

## **APPENDIX B**

### **Multisystem Involvement**

**Multi-System Involvement:** The child/youth is currently receiving mental health services, as well as services from another child-serving system, to support their need for complex services/supports to remain in the community.

The child/youth must be in receipt of a clinically appropriate mental health service(s) designed to reduce the risk of institutionalization from a licensed mental health professional or a mental health professional practicing under the supervision of a licensed mental health professional. This does not include Family Peer Support, Youth Peer Support, or Psychosocial Rehabilitative Services. If the child/youth is receiving more than one mental health service, this would only count as involvement with one system.

Examples of other system involvement include, but are not limited to: child welfare (e.g., Child Protective Services (CPS), foster care); juvenile justice (e.g., probation); Department of Homeless Services; substance use treatment clinics or residential treatment facilities or institutions; developmental disability services or residential facilities or institutions; or having an established school Individualized Education Plan (IEP) or 504 plan and in receipt of services through the school district. System involvement does not include systems/services that children commonly receive, such as school or primary care services.