

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

LEVEL OF CARE
FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED)
BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CHILD'S NAME (LAST, FIRST, MI.):		
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAID CIN #:

INSTRUCTION: Based on the following criteria, indicate whether the child, in your clinical opinion, meets the Level of Care requirements for participation in the B2H Medicaid Waiver Program. This form must be completed on an annual basis. This form is part of the Enrollment and Reauthorization Packet that must be sent to the Local Department of Social Services (LDSS) or Division of Juvenile Justice and Opportunities for Youth (DJJOY) for authorization.

1. CRITERIA

- The child is between 0 and 18 years of age at initial enrollment. For waiver re-enrollment and continued eligibility through reauthorization, participants must be under the age of 21.
- The child must be in foster care at initial enrollment. Waiver reauthorization and continued eligibility is no longer reliant on foster care status.
- The child meets the definition for Serious Emotional Disturbance (SED). Criteria listed on next page.
- The child demonstrates complex health or mental health care needs (*relies on Mental Health care, nursing care, monitoring, or prescribed medical or mental health therapy in order to maintain quality of life*). Receives (or appears to need to receive) medical or mental health therapies, care or treatments that are designed to replace or compensate for a vital functional limitation or to avert an immediate threat to life, and are expected to extend beyond 12 months.
- The child appears to be capable of being cared for in the community if provided access to, but not limited to, the following services: Health Care Integration; Skill Building; Day Habilitation; Prevocational Services; Special Needs Community Advocacy and Support; Planned Respite; Supported Employment Services; Family/Caregiver Supports and Services; Crisis Avoidance, Management and Training; Intensive In-home Supports and Services; Immediate Crisis Response Services; Crisis Respite; Adaptive and Assistive Equipment; and Accessibility Modifications.
- The child appears to have services and support needs that cannot be met by one agency/system.

In addition, the child:

- Currently resides in an institutional placement, including a hospital *as defined in subdivision 10 of section 1.03 of MHL* and has resided in such a hospital for at least 180 consecutive days **OR**
- Had resided in an institutional placement, including a hospital *as defined in subdivision 10 of section 1.03 of MHL* within the past 6 months and was hospitalized for at least 30 consecutive days **OR**
- Is eligible for institutional placement, including a hospital *as defined in subdivision 10 of section 1.03 of MHL*, which provides intermediate or long-term care and treatment **OR**
- Has applied for institutional placement, including a hospital *as defined in subdivision 10 of section 1.03 of MHL*, which provides intermediate or long-term care and treatment **OR**
- Has been determined by the Health Care Integration Agency, in the absence of the B2H Waiver Services, the child would require hospital level of care.

2. DETERMINATION

- YES**, This child is determined to meet the need for Hospital Level of Care to be eligible to receive services in this program.
- NO**, This child does NOT meet the Level of Care criteria to be eligible for services in this program (Specify).
 - Is not between ages of 0 and 18,
 - Is not in foster care at initial enrollment,
 - Does not meet the definition for Seriously Emotionally Disturbed,
 - Does not require, or is not in imminent risk of needing psychiatric inpatient services,
 - Has not demonstrated complex health or mental health needs,
 - Is not capable of being cared for in the community, if provided access to waiver services,
 - Has service and support needs that can be met by a single agency/system,
 - Cannot be served at less cost than institutional level of care.

CHILD'S NAME, (LAST, FIRST, MI.):

DATE OF BIRTH:

SEX:

Male Female

MEDICAID CIN #:

3. SIGNATURES (Include printed name, signature, professional title and date.)

1. Non-County or Non-State Individual Signature: A physician (MD or DO), registered nurse (licensed in State), licensed clinical social worker (LCSW), licensed psychologist, licensed master's social worker (LMSW), or nurse practitioner.

PRINTED NAME:	SIGNATURE: X
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TITLE:	DATE:
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2. LDSS or State Individual Signature: A physician (MD or DO), a licensed registered nurse, a licensed psychologist, LMSW, LCSW, or a nurse practitioner, or the minimum qualifications of an authorized individual with a Bachelor of Arts degree in a human services field with a minimum of five years experience serving children with SED.

PRINTED NAME:	SIGNATURE: X
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TITLE:	DATE:
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SED Criteria

A. Designated mental illness diagnoses is a DSM-IV-TR diagnosis (or ICD-9-CM equivalent) other than (i) alcohol or drug disorders, (ii) developmental disabilities, (iii) organic brain syndromes, or (iv) social conditions (V-Codes). V-Code 61-20 Parent Child problem is included for eligibility for services in clinic treatment programs servicing children with a diagnosis of emotional disturbance. ICD-9-CM categories and codes that do not have an equivalent in DSM-IV-TR are not included as designated mental illness diagnoses.

AND

B. Extended Impairment in Functioning Due to Emotional Disturbance means a child has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional problems must be moderate in at least two of the following areas or severe in at least one of the following areas:

- a. Self-care (personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- b. Family life (capacity to live in a family, family like environment or small group setting; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
- c. Social relationships (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
- d. Self-direction/self-control (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
- e. Learning ability (school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

OR

C. Current Impairment in functioning with Severe Symptoms means a child must have experienced at least one of the following within the past 30 days.

- a. Serious suicidal symptoms or other life-threatening self-destructive behaviors; or
- b. Significant psychotic symptoms (hallucinations, delusions, bizarre behaviors); or
- c. Behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or
- d. Behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.