

**Serious Emotional Disturbance (SED) Attestation INSTRUCTIONS**

The Licensed Practitioner of the Healing Arts (LPHA) Attestation form is part of the enrollment application for the Children's Waiver Home and Community Based Services (HCBS) for a Medicaid (or Medicaid eligible) member <21 years of age. To obtain HCBS, an eligibility determination is necessary. The HCBS Level of Care (LOC) Eligibility Determination is comprised of meeting three (3) factors: Target Population, Risk Factors, and Functional Criteria. Each of the three (3) factors require collection of supporting documentation and materials by the Health Home Care Manager (HHCM) or Child and Youth Evaluation Service (C-YES).

The LPHA attestation form is the required document to meet the Risk Factor for the Target Populations of Serious Emotional Disturbance (SED), Medically Fragile (MF), and Developmental Disability who are Medically Fragile (DD/MF). Functional Criteria documentation will be completed by the HHCM or C-YES and be considered as part of the LOC determination prior to the Medicaid (or Medicaid eligible) member receiving HCBS.

Dear Provider:

The goal of HCBS is to provide community-based services to children/youth to prevent institutional level of care such as nursing homes, hospitalization, residential placement, or for HCBS to be in place to assist the child/youth to return to their community from an institutional level of care. This Attestation form is to be filled-out by a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY State law **OR** to be filled-out by a Licensed Practitioner who is under the supervision of a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY State law as outlined on the last page under Appendix A of this form. The LPHA must attest that the member meets the Target and Risk eligibility requirements as outlined in the sections below to receive HCBS. The LPHA must determine in writing by the completion of this Attestation that the child/youth, in the absence of HCBS, is at risk of institutionalization (i.e. hospitalization) OR unable to return back to their community.

This Attestation should be completed by an allowable LPHA who has diagnosed or is actively treating/serving the child/youth. If the member is not already receiving services from an appropriate LPHA who is directly aware of the complex needs of the member, then it is the responsibility of the care manager (HHCM or C-YES) to refer the member to an approved LPHA to assess the needs of the child in order to complete the Attestation form. With consent, the HHCM or C-YES can provide supporting care management documentation for Target and Risk Factors to the LPHA, which may include IEP, RTF or RTC discharge paperwork, hospital discharge paperwork/plan, school reports, and/or diagnosis from another provider. The LPHA will review care management materials, verify the child meets the Target Population, assess their risk based on required Risk Factors for the Target Population, and complete this Attestation form to support Target and Risk factors that contribute to the member's HCBS LOC to determine HCBS eligibility.

PLEASE NOTE: In order to comply with conflict-free care management requirements, the attesting LPHA cannot be a supervisor/director or leadership position associated with oversight of the HHCM program or C-YES (for additional guidance, please refer to the Health Home Conflict Free Care Management Policy).

- 1. Section A - MUST be completed**
- 2. Section B - This document is specific for the Serious Emotional Disturbance (SED) target population only. (There are separate forms for Medically Fragile (MF) and Developmental Disability who are Medically Fragile (DD/ MF))**
- 3. Section C - MUST be completed for the SED population**

**Section A - Please Complete**

**Demographics**

Child/Youth First Name	Middle Initial	Last Name	
Date of Birth	Biological Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Expression	CIN# (if available)
Preferred Language	Current/Primary Address		

## Section B

### Serious Emotional Disturbance (SED) Target Criteria

1. Ages 0 to their 21st birthday

- Child/youth is currently between the ages of 0 to their 21st birthday

#### AND

2. Child/youth meets any one of the DSM diagnoses below as determined by the appropriately qualified LPHA

- Serious Emotional Disturbance (SED) – the member has at least one of the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses categories

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

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Diagnoses Name and Code

#

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Diagnoses Category

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#### AND

- The Medicaid member has experienced serious emotional disturbance over the past 12 months on a continuous or intermittent basis, as determined by a the LPHA.

Serious emotional disturbance means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) AND has experienced functional limitations due to emotional disturbance over the past 12 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:

- 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).

## Section B, continued

### Serious Emotional Disturbance (SED) Risk Factors

The child/youth meets one of the following factors 1–4 AND MUST also meet factor 5.

- 1. The child/youth is currently in an out-of-home placement, including psychiatric hospital, or
- 2. The child/youth has been in an out-of-home placement, including psychiatric hospital within the past six months, or
- 3. The child/youth has applied for an out-of-home placement, including placement in psychiatric hospital, within the past six months, or
- 4. The child/youth currently is multi-system involved (i.e., two or more systems) and needs complex services/supports to remain successful in the community,

#### AND

- 5. The child/youth must be SED as determined by a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY state law **OR** to be filled-out by a Licensed Practitioner who is under the supervision of a LPHA who has the ability to diagnose within their scope of practice under NY State law. The LPHA or Licensed Practitioner under the supervision of a LPHA, signing this form has determined that the child/youth (in the absence of HCBS) is at risk of institutionalization (i.e. hospitalization or nursing facility placement).

Institutionalization - admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility

#### Definition of Terms:

**Out-of-home placement: (Risk Factor #1–3):** RRSY, RTF, RTC, or other congregate care setting, such as SUD residential treatment facilities, group residences, institutions in the OCFS system or hospitalization.

**Applied for out-of-home placement (Risk Factor #3):** Any child who has been approved and placed on a wait-list for an out-of-home placement as defined below or a psychiatric hospital; or a child who has had one or more presentations at a CPEP or ER to be assessed for admission (“applied for”) to the hospital (medical or psychiatric) due to an acute need.

**Multi-system involved (Risk Factor #4):** means two or more child systems including: child welfare, juvenile justice, Department of Homeless Services, OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district. Examples of system involvement can include, but are not limited to, the following:

- **Child welfare:** child protective services, preventive services, or foster care
- **Juvenile justice:** Arrest, PINS petition, Aftercare, Probation, or Parole
- **Department of Homeless Services:** preventative services, housing assistance services, or in a shelter
- **OASAS:** in receipt of a service(s) for a diagnosed substance use need by a certified OASAS provider/program
- **OMH:** in receipt of a service(s) for a diagnosed mental health need by a licensed OMH provider/program
- **OPWDD:** in receipt of a service(s) for diagnosed developmental disability by a licensed OPWDD provider/program
- **School:** Have an established IEP or 504 Plan to address an identified disability or impairment which is impacting the child’s success in the school environment
- **Clinical Services:** clinic and treatment services for behavioral health

**Section C - Please Complete**

**Serious Emotional Disturbance (SED) LPHA Information and Signature**

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Name of LPHA \_\_\_\_\_ License No. (Ex.-ML0000022222) Credentials (Ex. - MD/PA/LCSW) \_\_\_\_\_

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Business Street Address \_\_\_\_\_ City, State, and Zip code \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Organization \_\_\_\_\_

Are you under the supervision of an LPHA? Yes \_\_\_\_\_  
If yes, provide your supervisor's name. Supervisor Name \_\_\_\_\_  
No \_\_\_\_\_

I have made this attestation based on: My own diagnosis/treatment of this child/youth  
Review of diagnosis documentation completed by another  
qualified practitioner currently treating this child/youth

Narrative (optional):

In order to comply with conflict-free care management requirements, the attesting LPHA may not be a supervisor / director or leadership position associated with oversight of the HHCM or C-YES who is completing the HCBS Eligibility Determination (for additional guidance, please refer to the Health Home Conflict Free Care Management Policy).

## APPENDIX A

### Licensed Professional of the Healing Arts (LPHA)

This Attestation form is to be filled-out by a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY State law **OR** to be filled-out by an Licensed Practitioner who is under the supervision of Licensed Practitioner of the Healing Arts who has the ability to diagnose within their scope of practice under NY State law.

#### LPHA (who has the ability to diagnose within their scope of practice under NY State law):

- a. **Psychiatrist** is an individual who is licensed and currently registered to practice medicine in New York State, who (i) is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.
- b. **Licensed Clinical Social Worker (LCSW)** is an individual who is currently licensed and registered as a Clinical Social Worker by the New York State Education Department.
- c. **Nurse Practitioner** is an individual who is currently certified and currently registered as a nurse practitioner by the New York State Education Department.
- d. **Physician** is an individual who is licensed and currently registered as a physician by the New York State Education Department
- e. **Physician Assistant** is an individual who is currently licensed and registered as a physician assistant by the New York State Education Department.
- f. **Licensed Psychologist** is an individual who is currently licensed and currently registered as a psychologists by the New York State Education Department from the New York State Education Department who possesses a doctoral degree in psychology.

#### Licensed Practitioner who is under the supervision of an LPHA:

- a. **Licensed Psychoanalyst** is an individual who is currently licensed and currently registered as a psychoanalyst by the New York State Education Department.
- b. **Licensed Marriage & Family Therapist (LMFT)** is an individual who is licensed and currently registered as a marriage and family therapist by the New York State Education Department.
- c. **Licensed Mental Health Counselor (LMHC)** is an individual who is licensed and currently registered as a mental health counselor by the New York State Education Department.
- d. **Licensed Creative Arts Therapist (LCAT)** is an individual who is licensed and currently registered as a Creative Arts Therapist by the New York State Education Department possesses a creative arts therapist permit from the New York State Education Department.
- e. **Registered Professional Nurse** is an individual who is licensed and currently registered as a registered professional nurse by the New York State Education Department.
- f. **Licensed Master Social Worker (LMSW)** is an individual who is either currently registered as a Licensed Master Social Worker (LMSW) by the New York State Education Department.