



Children's Health Home of Upstate New York
Family Driven Care Management Services

Serious Emotional Disturbance (SED) Verification Form

Name: _____ Date of Birth: _____ Medicaid CIN: _____

Select at least one DSM Qualifying Mental Health Category*:	Current Diagnosis (ICD-10):
<input type="checkbox"/> Anxiety Disorders	
<input type="checkbox"/> Bipolar and Related Disorders	
<input type="checkbox"/> Depressive Disorders	
<input type="checkbox"/> Disruptive, Impulse-Control, and Conduct Disorders	
<input type="checkbox"/> Dissociative Disorders	
<input type="checkbox"/> Obsessive-Compulsive and Related Disorders	
<input type="checkbox"/> Feeding and Eating Disorders	
<input type="checkbox"/> Gender Dysphoria	
<input type="checkbox"/> Paraphilic Disorders	
<input type="checkbox"/> Personality Disorders	
<input type="checkbox"/> Schizophrenia Spectrum and Other Psychotic Disorders	
<input type="checkbox"/> Somatic Symptom and Related Disorders	
<input type="checkbox"/> Trauma- and Stressor-Related Disorders	
<input type="checkbox"/> ADHD	
<input type="checkbox"/> Elimination Disorders	
<input type="checkbox"/> Sleep Wake Disorders	
<input type="checkbox"/> Sexual Dysfunctions	
<input type="checkbox"/> Medication Induced Movement Disorders	
<input type="checkbox"/> Tic Disorder	

**Any diagnosis in these categories can be used when evaluating a child for SED. However, any diagnosis that is secondary to another medical condition is excluded.*

Functional Limitation(s) within the last 12 months, on a continuous or intermittent basis: (Select all that apply & severity, must have at least 2 moderate or 1 severe to qualify)	Moderate	Severe
<input type="checkbox"/> Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries)		
<input type="checkbox"/> 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)		
<input type="checkbox"/> 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)		
<input type="checkbox"/> 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)		
<input type="checkbox"/> Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school)		

- I hereby attest, to be a treating and/or assessing Licensed Practitioner of the Healing Arts (LPHA) that has determined the child/youth above meets the clinical standards for Serious Emotional Disturbance (SED).

Name of Licensed Practitioner: _____

Organization/Practice Name: _____

NPI/License #: _____

Licensed Practitioner Signature: _____

Date: _____

Additional Comments (if needed):