



Serious Emotional Disturbance (SED) Verification for Children's Health Home

Child's Name: _____ DOB: _____ Medicaid #: _____

MH Clinician Name: _____ Agency/Clinic: _____

Serious Emotional Disturbance (SED) is defined as a child/adolescent (under the age of 21) who has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) 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; Gender Dysphoria; Disruptive, Impulse-Control, and Conduct Disorders; Personality Disorders; Paraphilic Disorders; ADHD & use of specific MH services in past 3 years);

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:

Current SED Diagnosis: _____

Functional Limitation(s): Mild: Moderate: Severe: N/A:

Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries) _____

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) _____

Social relationships (e.g. establishing & maintaining friendships; interpersonal interactions w/peers, neighbors & other adults; social skills; compliance w/social norms; play & appropriate use of leisure time) _____

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 & value systems; decision-making ability) _____

Ability to learn (e.g. school achievement & attendance; receptive & expressive language; relationships w/teachers; behavior in school) _____

Narrative (brief explanation of limitations above): _____

Licensed Clinician Signature: _____ Date: _____