COLORADO
Department of Health Care Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

Children's Habilitation Residential Program Waiver Serious Emotional Disturbances Attestation Form

November 2024

This form is required for individuals using the Serious Emotional Disturbances (SED) eligibility criteria to enroll into the Home and Community Based Services (HCBS) Children's Habilitation Residential Program (CHRP) waiver. This form must be completed and signed by the individual's treating licensed mental health professional and submitted to their local Case Management Agency along with supporting clinical documentation.

Applicant Information		
First Name:	Last Name:	M.I.:
Date of Birth:	Medicaid State ID: (if applicable)	

Treating Licensed Mental Health Professional Section	
Practice Name:	
Practice Address:	Phone:
Person Completing this Form:	Title:
Date Completed:	

Select all that apply:

☐ I am currently treating the member named above

☐ I am a licensed mental health professional in good standing with the Colorado Department of Regulatory Agencies.

☐ Diagnosing mental health disorders is within the scope of my practice under State law;

or

☐ I am acting under the supervision of a licensed practitioner in good standing with the Colorado Department of Regulatory Agencies, who has the ability to diagnose within their scope of practice under State law.

Diagnoses

☐ The individual has been diagnosed through the current Diagnostic and Statistical Manual (DSM) of Mental Disorders; the DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood; or the International Classification of Diseases of the following diagnosis(es), not to include substance-related disorders, or primary conditions or problems classified in the DSM as other conditions that may be a focus of clinical attention.

List current diagnosis(es) with corresponding date of original diagnosis, if known:

Functional Needs *(select all that apply)*

☐ The above diagnosis(es) have caused functional impairments, which interfere with the individual's functioning in family, social relationships, school or community.

Aged 6 and Older ☐ The above diagnosis(es) has caused the individual to experience an emotional disturbance within the past 12 months on a continuous or intermittent basis.	Date of Onset:
Aged 5 and Younger ☐ The above diagnosis(es) have caused the individual to experience an emotional disturbance within the past 3 months, on a continuous or intermittent basis.	Date of Onset:

Risk Factors *(select all that apply)*

☐ The individual is currently in an out-of-home placement, including a psychiatric hospital.
- Any reference to out-of-home placement includes Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Program (QRTP), Residential Child Care Facility (RCCF), licensed foster care home either in state or out of state, or hospitalization.

☐ The individual has been in an out-of-home placement, including a psychiatric hospital, within the past six months.

☐ The individual has applied for an out-of-home placement, including placement in a psychiatric hospital, within the past six months.

☐ The individual currently is multi-system involved (i.e. two or more systems) and needs complex services/supports to remain successful in the community.
- Multi-system involved means two or more child systems including: child welfare, juvenile, justice, Office of Addiction Services and Supports (OASAS) clinics or residential treatment facilities or institutions, Office of Mental Health clinics or residential facilities or institutions, Office for People With Developmental Disabilities (OPWDD) services or residential facilities or institutions, or having an established Individualized Education Program (IEP) through the school district.

☐ Without the HCBS-CHRP waiver, the individual is at risk of institutionalization (i.e. hospitalization).

Clinical Documentation
List the written, clinical documentation being provided to support this determination:
Additional comments:

Attestation
☐ I attest that the information provided above is accurate and true to the best of my knowledge.
Treating Licensed Mental Health Professional Name:
Treating Licensed Mental Health Medical Professional Signature:
Signature Date:

Case Manager Decision Tree for CHRP SED Level of Care and Target Criteria (TC)

Has the Serious Emotional Disturbances (SED) Attestation form been received with supporting documentation?

☐ Yes (continue)
☐ No (not eligible)

Level of Care

The ULTC 100.2 Score indicates that individuals meet a score of two (2) in at least two (2) activities of daily living (ADL) or at least one (1) Supervision-Memory/Cognition or Supervision-Behavior where the reason for the deficits/need for supports are due to the mental health condition/diagnosis(es) identified by the SED Attestation form.

☐ Yes (continue)
☐ No (not eligible)

Does the individual have a documented mental health condition(s) or diagnosis(es) from a treating, licensed mental health professional, not including substance-related disorders or primary conditions or problems classified in the Diagnostic and Statistical Manual (DSM) of Mental Disorders as other conditions that may be a focus of clinical attention, as documented on the SED Attestation form?

☐ Yes (continue)
☐ No (not eligible)

Functional Needs: If both are marked, then proceed to Risk Factors. If only one (1) or none are marked, the individual is not eligible.

☐ Impaired functioning attributed to the individual's mental health condition

and

☐ Documented emotional disturbance based on age criteria, 12 or 3 months prior to application.

Risk Factors: If both are marked, then TC is met, and the individual is eligible. If only one (1) or none are marked, the individual is not eligible.

☐ The treating Mental Health Professional has indicated that the individual meets at least one of the four (4) risk factors.

☐ The treating Mental Health Professional has indicated that the individual meets risk factor five (5) and has provided written clinical documentation supports this.