Wyoming Department of Health

Commit to your health.

BEHAVIORAL HEALTH DIVISION

Children's Mental Health Waiver

Level of Care Criteria Re-Evaluation

☐ **Stand alone re-evaluation**

☐ **Completed with CASII (see attached)**

CASII score (if available) _____

Name: _____DOB: _____Medicaid #: _____

Address: _____

Current Individual Service Plan (ISP) Dates: _____

1. **Is the child between the ages of 4 and 21 years old?** ☐ **Yes** ☐ **No**

2. **Does the child have a current version DSM Axis I or ICD diagnosis?** ☐ **Yes** ☐ **No**

   Code number(s) of primary diagnosis: _____

   Date of most recent diagnosis: _____

3. **Does the child meet Serious Emotional Disturbance (SED) Definition?** ☐ **Yes** ☐ **No**

   Persons from birth up to age 18 who current have, or at any time during the last year, had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R

   For children under age 6, pronounced emotional or behavioral symptoms including, but not limited to: severe withdrawal or symptoms of attachment disorder, autism, aggressive behavior in more than one setting

In regards to the Waiver participant *review and mark any/all that apply:*

☐ Behavior likely to lead to injury or circumstances in which they are likely to be injured (such as habitual running away and/or exposing themselves to physical and sexual abuse or danger) without control by caregiver

☐ Perceived as genuine danger by caregivers

☐ Serious damage to the home of their caregivers or fire setting which has the potential of endangering others (within past 72 hours)

☐ Child/adolescent can no longer be managed in their customary domestic setting as far as peer and family relations are concerned or school and training

☐ Certain psychiatric diagnostic procedures which require 24-hour supervision

☐ Anticipated severe side-effects of medications or treatments where there is a high probability of medical complications or severe cognitive impairments or where there exists a concomitant medical disorder, requiring 24-hour medical supervision

☐ Psychiatric symptoms in the course of treatment of a medical disorder that is being treated on an inpatient basis that interferes with the treatment of that disorder

☐ Weight loss below 85% of ideal weight that appears to be progressive and with significant medical complications

4. **Does the child/youth meet the *level of care equivalent criteria* for inpatient psychiatric hospitalization? *IF one of the items above is checked, THEN "Yes" is the appropriate answer for this question.*** ☐ **Yes** ☐ **No**

Note: The Children's Mental Health Waiver is a home and community based service waiver – not a hospital authorization program. The information in this evaluation is not used to support hospitalization.

Can the child be served in his/her home, school, and community with waiver services? ☐ **Yes** ☐ **No**

Is the child currently residing in a family and community setting? ☐ **Yes** ☐ **No**

Printed name of clinician completing this application: _____ Clinician Contact Number:_____

Signature: _____ Date: _____

If answers to all questions above are marked "YES"

The child/adolescent does meet the definition for Serious Emotional Disturbance and the level of care criteria for inpatient hospitalization and is eligible for home and community based services through the Children's Mental Health Medicaid waiver.

If answers to any questions above are marked "NO"

The child/adolescent does not meet required criteria to be eligible for home and community based services through the Children's Mental Health Medicaid waiver.