Client: | 1) Enter Client Name, Number, Admission and End Dates
2) Choose appropriate target group by checking population group in left hand column and mark any corresponding descriptions in the right hand column – when Or is used one category must be met, when And is used all must be met
3) Review Diagnostic categories and indicate specific diagnosis in left hand column – this diagnosis should be the same as found on the diagnostic reporting form
4) Re-Assessment is required at least annually, first year end date will be pro-rated to coincide with month/date of admission
5) Staff member completing form – sign on the back

Record Number:
Admission Date:
End Date:

<table>
<thead>
<tr>
<th>CMSED</th>
<th>Child Mental Health Seriously Emotionally Disturbed with out of home placement</th>
</tr>
</thead>
</table>
| Child, under the age of 18, with atypical development (up to age 5) or Serious Emotional Disturbance (SED) as evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9 **AND**
Functional impairment that seriously interferes with or limits his/her role or functioning in family, school, or community activities **AND**
Placed out of the home or at risk of out-of-home placement, as evidenced by any of the following:
- Utilizing or having utilized acute crisis intervention services or intensive wraparound services in order to maintain community placement within the past year;
- Having had 3 or more psychiatric hospitalizations or at least 1 hospitalization of 60 continuous days within the past year;
- Having had DSS substantiated abuse, neglect or dependency within the past year;
- Having been expelled from 2 or more daycare or pre-kindergarten situations within the past year;
- Having been adjudicated or convicted of a felony or 2 or more Class A1 misdemeanors in juvenile or adult court or placed in a youth development center, prison, juvenile detention center, or jail within the past year;
- Situation exacerbated by special needs, (e.g., physical disability that substantially interferes with functioning)

<table>
<thead>
<tr>
<th>CMMED</th>
<th>Child Mental Health Seriously Emotionally Disturbed</th>
</tr>
</thead>
</table>
| Child, over the age of 3 and under the age of 18, with atypical development (up to age 5) or Serious Emotional Disturbance (SED) by the presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9; **AND**
Functional impairment that seriously interferes with or limits his/her role or functioning in family, school, or community activities

<table>
<thead>
<tr>
<th>CMDEF</th>
<th>Child Mental Health Deaf or Hard of Hearing</th>
</tr>
</thead>
</table>
| Child, over the age of 3 and under the age of 18, who is assessed as deaf or as needing specialized mental health services due to social, linguistic or cultural needs associated with individual or familial deafness or hearing loss; **AND**
The presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9; |
| CMAO  
Child Mental Health Assessment Only | Child, ages 3 though 17 years, who:  
• are seeking or needing services for a Mental Health problem or symptom, **AND**  
• have completed a current LME Screening/Triage/Referral (STR) process, **AND**  
• have received a current LME STR triage determination of "Urgent" or "Routine", **AND**  
• have been referred by the LME STR to the provider for assessment, **AND**  
• have been determined by the provider not to be eligible for any other MH, DD, or SA Target Population, **AND**  
• have been determined by the provider not to be eligible for Medicaid services.  

The purpose of the Assessment Only target population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.  

• **ICD-9 Diagnosis Ranges** - any valid ICD-9. |

| CMPAT  
Child Mental Health Homeless (PATH) | Child, over the age of 3 and under the age of 18 and has Serious Emotional Disturbance (SED), and has an ICD-9 Diagnosis(es) and is:  
Homeless, as defined by:  
(1) Lacks a fixed, regular, adequate night-time residence;  
**OR**  
(2) Has a primary night-time residence that is:  
   (a) temporary shelter;  
   or  
   (b) temporary residence for individuals who would otherwise be institutionalized;  
   or  
   (c) place not designed/used as a regular sleeping accommodations for human beings;  
**OR**  

At imminent risk of homelessness as defined by:  
(1) due to be evicted or discharged from a stay of 30 days or less from a treatment facility  
**AND**  
(2) who lacks resources to obtain and/or maintain housing. |
| CMCS  
| Child Mental Health  
| Crisis Services  

**Child under the age of 18 who:**
- Are seeking or needed services for a current Mental Health Problem or symptom **AND**
- Who is not eligible for Medicaid **AND**
- Who have completed a current screening/Triage/Referral Interview and have received an “Emergent” triage determination.

**OR**
Are currently enrolled in an eligible Child Mental Health Target Population and are in need of crisis or emergency services beyond the capacity of the designated First Responder provider.

Note: An individual who is eligible for Medicaid is not eligible for the Crisis Services target population, nor is an individual who is eligible for both Medicaid and IPRS services. The Crisis Services target population is limited to only those individuals who either
- a) have no IPRS target population eligibility or
- b) have only IPRS target population eligibility, but not Medicaid eligibility

The purpose of the Crisis Target Population is to provide a mechanism to reimburse a provider for crisis or emergency services that have been provided to a non-Medicaid Child Mental Health Consumer. The consumer may or may not meet eligibility requirements for any other IPRS Target Population, but may be eligible for Medicaid.
<table>
<thead>
<tr>
<th>Diagnosis Categories – All CMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>V158-V1589</td>
</tr>
<tr>
<td>V61-V619</td>
</tr>
<tr>
<td>V623-V629 V652</td>
</tr>
<tr>
<td>V7102</td>
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<tr>
<td>293-29799</td>
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<tr>
<td>2988 – 2989</td>
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<td>300-30099</td>
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<td>30113</td>
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<td>302-3026</td>
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<td>3028-3029</td>
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<td>306-30999</td>
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<tr>
<td>3101</td>
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<tr>
<td>311-31499</td>
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<tr>
<td>9955-99559</td>
</tr>
<tr>
<td>9958-99589</td>
</tr>
<tr>
<td>CMPAT – add 7999</td>
</tr>
</tbody>
</table>

Staff Member Completing this form
Child Mental Health IPRS Eligibility Clarification

CMSED Target Population

1. **Atypical Development** – The definition for atypical development is from the North Carolina Infant-Toddler program Technical Assistance Bulletin #16 and is as follows:

   Children from birth to age three who demonstrate significantly atypical behavioral, socio-emotional, motor or sensory development such as:

   - Diagnosed hyperactivity, attention deficit disorders, autism, severe attachment disorders, and other pervasive developmental disorders, or other behavioral disorders.
   - Indicators or emotional and behavioral disorders such as:
     a. delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration;
     b. persistent failure to initiate or respond to most social interactions;
     c. fearfulness or other distress that does not respond to comforting by caregivers;
     d. indiscriminate sociability, for example, excessive familiarity with relative strangers, or
     e. self-injurious or other aggressive behavior.

   - Substantiated physical abuse, sexual abuse, or other environmental situations that raise significant concern regarding the child’s emotional well-being.

2. **In need of services from more than one child serving agency** – This indicates a need for specialized services or supports that exceed what is typical. An example of needing specialized services from school/DPI would include a child with SED who has an Individualized Education Program or 504 Plan or is attending an alternative school. An example of needing specialized services from public health or health care, would include a child who needs specialized health services for a chronic condition that interferes with daily functioning.

3. **Out of home placement** – Out of home placement may include placement in a mental health treatment facility as well as foster care or formalized placement with family members other than biological or step-parent

4. **Acute Crisis Intervention** – An acute crisis intervention involves utilization of emergency appointments, after-hours services or any mental health crisis service program such as a Facility Based Crisis Unit, Crisis Respite and inpatient hospitalization on an emergency basis. Additionally, acute crisis intervention may include a crisis that involves other agencies (such as law enforcement coming out to a home, DSS crisis response to a home/family, DJJDP crisis response to home/family) as long as the crisis is about the clinical/behavioral crisis related to the youth seeking eligibility as in the CMSED target population. As long as the crisis is related to cognitive/emotional/behavioral issues and there is imminent danger to self or other involved or instability such that the youth can no longer function at home/school/work, then it is an acute crisis. Hospitalization could be counted toward 1 state or private hospitalizations, as well as an acute crisis intervention.

5. **Intensive Wraparound Services** – Intensive wraparound services may be defined as community-based services and natural supports that are delivered in the home, school or community that are designed to maintain a child in a community setting. Examples of wraparound include services such as Community Based Support (CBS) Services, Intensive
Family Preservation Services (IFPS) or family preservation services delivered in the home, school-or community. These services may be provided by a mental health agency or other child-serving agency. Other examples of wraparound include natural supports such as use of family members or volunteer community members who provide primary caregivers with additional support and assistance in order to keep a child with a severe emotional or behavioral issue at home and in their community.

6. **Class A1 misdemeanor**- North Carolina General Statutes classify all criminal offenses and the Juvenile Code further divides the classification as either violent, serious or minor offenses. A1 misdemeanors are classified as serious offenses. Some A1 misdemeanors in North Carolina are assault on a state officer or government employee (including a teacher), assault inflicting serious injury, assault using a deadly weapon and assault on a child under 12.

7. **Sexually Aggressive Youth** - An individual who admits to having committed an act of sexual abuse or has been adjudicated for an illegal sex act and the inappropriate sexual behavior is the current focus of treatment.

8. **Co-occurring Disorder**- Having more than one disorder or condition such as a serious emotional disturbance and a developmental disability, substance abuse disorder or serious physical illness.