

## **Complex Trauma Eligibility Determination Form**

Children's Eligibility for Health Home Care Management services on the basis of Complex Trauma is based on three criteria. All three must be present in order for a child to be determined eligible. In addition to eligibility, the child must separately be determined *appropriate* for Health Home Care Management in accordance with current DOH guidance.

| Child Name: | DOB:         | Medicaid#: |
|-------------|--------------|------------|
| CMA:        | Health Home: | Date:      |

## I. Complex Trauma Exposure

Based on the Complex Trauma Exposure Assessment (CTEA), has the child been exposed to <u>multiple interpersonal</u> traumatic events, or at least one chronic interpersonal trauma lasting 18 months\* or more? Yes No

<sup>\*</sup> For young children (ages 0-5) a determination of "chronic" exposure can be made for periods less than 18 months

| <b>Exposure Category</b>   | Present? Y/N | Chronic? Y/N | Comments (onset, duration, description) |
|----------------------------|--------------|--------------|---|
| Psychological Maltreatment |              |              |   |
| (emotional abuse/neglect)  |              |              |   |
| Neglect                    |              |              |   |
| Displacement               |              |              |   |
| Attachment Disruption      |              |              |   |
| Sex Abuse                  |              |              |   |
| Sex Assault                |              |              |   |
| Trafficking/Commercial     |              |              |   |
| Sexual Exploitation        |              |              |   |
| Physical Abuse             |              |              |   |
| Domestic Violence          |              |              |   |
| Physical Assault/          |              |              |   |
| Interpersonal Violence     |              |              |   |
| Community Violence         |              |              |   |
| War / Political Violence   |              |              |   |
| Stalking / Kidnapping      |              |              |   |
| Bullying                   |              |              |   |
| Other                      |              |              |   |

## II. Functional Impairments

Based on the use of validated assessment instruments in accordance with the process developed by DOH, and based on at least one face-to-face interview, is the child experiencing <u>functional impairments in at least two of the following categories, or acute impairment in at least one category?</u>

Yes No

| Impairment Category               | Present?<br>Y/N | Acute?<br>Y/N | Instrument /<br>Method | Comments (onset, duration, description) |
|-----------------------------------|-----------------|---------------|------------------------|---|
| Physiology / Neurodevelopment     |                 |               |                        |   |
| Emotional Response                |                 |               |                        |   |
| Cognitive Processes               |                 |               |                        |   |
| Dissociation                      |                 |               |                        |   |
| Impulse Control / Self-Regulation |                 |               |                        |   |
| Self-Image                        |                 |               |                        |   |
| Relationships with Others         |                 |               |                        |   |

| iii. Links between Traumatic Exposur  | •                                    | •                                 |                       |
|---|--------------------------------------|-----------------------------------|-----------------------|
| <ul> <li>In your professional opinion, are the<br/>Trauma Exposure described in Sect</li> </ul> | •                                    | Section II resulting from,<br>Yes | or linked to, the     |
| <ul> <li>Are these Functional Impairments</li> </ul>  |                                      |                                   |                       |
| as the result of some other diagno  |                                      | Yes                               | No                    |
| *As long as complex trauma is present,  | •                                    | ler or diagnosis does not         | disqualify the child. |
| Comments:   |                                      |                                   |                       |
|   |                                      |                                   |                       |
|   |                                      |                                   |                       |
|   |                                      |                                   |                       |
|   |                                      |                                   |                       |
|   |                                      |                                   |                       |
| IV. Eligibility Determination As a licensed professional acting with                            | in my scape of practice. I find that | t the child referenced he         | roin                  |
| As a licensea projessional acting with<br>□ IS  | in my scope of practice, i fina that | t the chila rejerencea ne         | rem                   |
| □ IS NOT  |                                      |                                   |                       |
| experiencing Complex Trauma in acco<br>purposes.  | rdance with the definition approv    | ed by CMS for Health Ho           | ome eligibility       |
| , <b>,</b>  |                                      |                                   |                       |
| Print Name:   | Credential:                          | License #:                        |                       |
| Signature:  |                                      | Date:                             |                       |
| Attachments:  |                                      |                                   |                       |
| <ul> <li>Referral Cover Sheet</li> </ul>  |                                      |                                   |                       |
| <ul> <li>Medical Consent</li> </ul>   |                                      |                                   |                       |

- - Trauma Exposure Assessment
  - Functional Impairment Assessment Materials (list)
  - Collateral / Background Materials Provided (list)