

INSTRUCTIONS

The Licensed Practitioner of the Healing Arts (LPHA) form is part of the enrollment application for HCBS for a Medicaid (or Medicaid eligible) member <21 years of age. To obtain HCBS, an eligibility determination is necessary. The HCBS Level of Care (LOC) Eligibility Determination is comprised of meeting three (3) factors: Target Population, Risk Factors, and Functional Criteria. Each of the three (3) factors require collection of supporting documentation and materials by the Health Home Care Manager (HHCM) or Child and Youth Evaluation Service (C-YES).

The LPHA attestation form is the required document to meet the Risk Factor for three of the Target Populations of Serious Emotional Disturbance (SED), Medically Fragile (MF) and Developmental Disability who are Medically Fragile (DD/MF). Functional Criteria will be completed by the HHCM or C-YES and be considered as part of the LOC determination prior to the Medicaid (or Medicaid eligible) member receiving HCBS services.

This Attestation form is to be filled-out by a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY State law. The LPHA must attest that the member meets the target and risk eligibility requirements to receive HCBS. The LPHA must determine in writing **by the completion of this attestation** that the child, in the absence of HCBS, is at risk of institutionalization (i.e. hospitalization). The form should be completed by an allowable LPHA who has diagnosed or is actively treating the child. If the member is not receiving services already from an appropriate LPHA who is directly aware of the complex needs of the member, then it is the responsibility of the HHCM or C-YES to refer the member to an approved LPHA to assess the needs of the child in order to complete the attestation form.

With consent, the HHCM or C-YES can provide supporting care management documentation for Target and Risk Factors to the LPHA for review to verify the child meets the target population, assess their risk based on required risk factors for the target population, and complete this attestation form to support Target and Risk factors that contribute to the member's HCBS Level of Care (LOC) to determine HCBS eligibility. This form is to be completed annually (365 days).

- Section A- MUST be completed.**
- The LPHA must complete ONE of the following sections B, C, or D. The Medicaid (or Medicaid eligible) member should be identified in ONE of the following Target populations, Serious Emotional Disturbance (SED), Medically Fragile (MF), or Developmentally Disabled (DD), which correspond to Sections B, C, or D respectively. Risk will be identified within each of Sections B, C, or D based on the Target population identified.**
- Section E MUST be completed for ALL target populations.**

Section A

Demographics

Child/Youth First Name

Middle Initial

Last Name

Date of Birth

Biological Sex

Gender Expression

CIN# (if available)

Male Female

Preferred Language

Current/Primary Address

Section B

Serious Emotional Disturbance (SED) Target Criteria

1. Ages 0 to their 21st birthday

- Child/youth is currently between the ages of 0 to their 21st birthday

AND

2. Child/youth meets any one of the DSM diagnoses below as determined by the appropriately qualified LPHA

- Serious Emotional Disturbance (SED) – the member has at least one of the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses 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
- Disruptive, Impulse-Control, and Conduct Disorders
- Personality Disorders
- Paraphilic Disorders
- Gender Dysphoria
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Medication-Induced Movement Disorders
- Attention Deficit/Hyperactivity Disorders
- Tic Disorders

Diagnoses Name and Code

#

Diagnoses Category

AND

- The Medicaid member has experienced serious emotional disturbance over the past 12 months on a continuous or intermittent basis, as determined by a the LPHA.

Serious emotional disturbance means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) 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:

- ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- 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); or
- social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
- 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 and value systems; decision-making ability); or
- ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

Section B, continued

Serious Emotional Disturbance (SED) Risk Factors

The child meets one of the following factors 1–4 AND MUST also meet factor 5.

- 1. The child is currently in an out-of-home placement, including psychiatric hospital, or
- 2. The child has been in an out-of-home placement, including psychiatric hospital within the past six months, or
- 3. The child has applied for an out-of-home placement, including placement in psychiatric hospital within the past six months, or
- 4. The child currently is multi-system involved (i.e., two or more systems) and needs complex services/supports to remain successful in the community,

AND

- 5. The child must be SED as determined by a licensed practitioner of the healing arts (LPHA) who has the ability to diagnose within his/her scope of practice under the state law. The LPHA signing this form has determined that the child (in the absence of HCBS) is at risk of institutionalization (i.e., hospitalization or nursing facility placement).

Definition of Terms:

Out-of-home placement: (Risk Factor #1–3): RRSY, RTF, RTC, or other congregate care setting, such as SUD residential treatment facilities, group residences, institutions in the OCFS system or hospitalization.

Applied for out-of-home placement (Risk Factor #3): Any child who has been approved and placed on a waitlist for an out-of-home placement as defined below or a psychiatric hospital; or a child who has had one or more presentations at a CPEP or ER to be assessed for admission (“applied for”) to the hospital (medical or psychiatric) due to an acute need.

Multi-system involved (Risk Factor #4): means two or more child systems including: child welfare, juvenile justice, Department of Homeless Services, OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district. Examples of system involvement can include, but are not limited to, the following:

- **Child welfare:** child protective services, preventive services, or foster care
- **Juvenile justice:** Arrest, PINS petition, Aftercare, Probation, or Parole
- **Department of Homeless Services:** preventative services, housing assistance services, or in a shelter
- **OASAS:** in receipt of a service(s) for a diagnosed substance use need by a certified OASAS provider/program
- **OMH:** in receipt of a service(s) for a diagnosed mental health need by a licensed OMH provider/program
- **OPWDD:** in receipt of a service(s) for diagnosed developmental disability by a licensed OPWDD provider/program
- **School:** Have an established IEP or 504 Plan to address an identified disability or impairment which is impacting the child’s success in the school environment
- **Clinical Services:** clinic and treatment services for behavioral health

Institutionalization (Risk Factor #5): admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility

Section C

Medically Fragile (MF) Target Criteria

1. Ages 0 to their 21st birthday

- Child/youth is currently between the ages of 0 to their 21st birthday

Note: MF children may optionally transition to MLTC on their 18th birthday

2. The child must have a documented physical disability

Check one:

- Current and approved SSI Certification or
 DOH--5144 or
 Completed and approved Forms: DOH-5151, DOH-5152 and DOH-5153

Medically Fragile (MF) Risk Factors

- The child must be Medically Fragile as determined by a licensed practitioner of the healing arts (LPHA) who has the ability to diagnose within his/her scope of practice under the state law. The LPHA signing this form has determined that the child (in the absence of HCBS) is at risk of institutionalization (i.e., hospitalization or nursing facility placement). The LPHA must submit written clinical documentation to support the determination.

Institutionalization - admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility

Section D

Developmental Disability who are Medically Fragile (DD/MF) Target Criteria

1. Ages 0 to their 21st birthday

Child/youth is currently between the ages of 0 to their 21st birthday

2. Child has developmental disability as defined by OPWDD which meets one of the criteria a–c as well as criteria d and e

a. Is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi-syndrome or autism, OR

b. Is attributable to any other condition of a child found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior of a child with intellectual disability OR requires treatment and services similar to those required for such children, OR

c. Is attributable to dyslexia resulting from a disability described above; and originates before such child attains age 22;

AND

d. Has continued or can be expected to continue indefinitely; and

e. Constitutes a substantial handicap to such child's ability to function normally in society.

If documentation is available from OPWDD/DDROs that the child was found DD eligible and/or meets LCED, this establishes that the child meets DD/MF Target Population.

Developmental Disability who are Medically Fragile (DD/MF) Risk Factors

The child must be Medically Fragile as determined by a licensed practitioner of the healing arts (LPHA) who has the ability to diagnose within his /her scope of practice under the state law. The LPHA signing this form has determined that the child (in the absence of HCBS) is at risk of institutionalization (i.e., hospitalization or nursing facility placement). The LPHA must submit written clinical documentation to support the determination.

Institutionalization - admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility

Section E

LPHA information and signature

Name of LPHA:

License No. (Ex.-ML0000022222)

Business Street Address:

City, State, and Zip code

Signature:

Date:

Narrative:

In order to comply with conflict-free care management requirements, the attesting LPHA may not be a supervisor / director associated with oversight of the HHCM or C-YES who is completing the HCBS Eligibility Determination (for additional guidance, please refer to the Health Home Conflict Free Care Management Policy).

Licensed Professional of the Healing Arts (LPHA)

Licensed Practitioner of the Healing Arts: An individual professional who is a Licensed Psychiatrist, Licensed Clinical Social Worker, Nurse Practitioner, Physician, Physician Assistant or Licensed Psychologist and practicing within the scope of their State license.

- a. **Psychiatrist** is an individual who is licensed and currently registered to practice medicine in New York State, who (i) is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.
- b. **Licensed Clinical Social Worker (LCSW)** is an individual who is currently licensed and registered as a Clinical Social Worker by the New York State Education Department.
- c. **Nurse Practitioner** is an individual who is currently certified and currently registered as a nurse practitioner by the New York State Education Department.
- d. **Physician** is an individual who is licensed and currently registered as a physician by the New York State Education Department.
- e. **Physician Assistant** is an individual who is currently licensed and registered as a physician assistant by the New York State Education Department.
- f. **Licensed Psychologist** is an individual who is currently licensed and currently registered as a psychologist by the New York State Education Department from the New York State Education Department and who possesses a doctoral degree in psychology.