

Medically Fragile Form - MF

Medically Fragile (MF) INSTRUCTIONS

The Licensed Practitioner of the Healing Arts (LPHA) Attestation form is part of the enrollment application for the Children's Waiver Home and Community Based Services (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 the Target Populations of Serious Emotional Disturbance (SED), Medically Fragile (MF), and Developmental Disability who are Medically Fragile (DD/MF). Functional Criteria documentation 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.

Dear Provider:

The goal of HCBS is to provide community-based services to children/youth to prevent institutional level of care such as nursing homes, hospitalization, residential placement, or for HCBS to be in place to assist the child/youth to return to their community from an institutional level of care. 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 OR to be filled-out by a Licensed Practitioner who is under the supervision of a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY State law as outlined on the last page under Appendix A of this form. The LPHA must attest that the member meets the Target and Risk eligibility requirements as outlined in the sections below to receive HCBS. The LPHA must determine in writing by the completion of this Attestation that the child/youth, in the absence of HCBS, is at risk of institutionalization (i.e. hospitalization) OR unable to return back to their community.

This Attestation should be completed by an allowable LPHA who has diagnosed or is actively treating/serving the child/youth. If the member is not already receiving services from an appropriate LPHA who is directly aware of the complex needs of the member, then it is the responsibility of the care manager (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, which may include IEP, RTF or RTC discharge paperwork, hospital discharge paperwork/plan, school reports, and/or diagnosis from another provider. The LPHA will review care management materials, 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.

PLEASE NOTE: In order to comply with conflict-free care management requirements, the attesting LPHA cannot be a supervisor/director or leadership position associated with oversight of the HHCM program or C-YES (for additional guidance, please refer to the Health Home Conflict Free Care Management Policy).

1. **Section A - MUST be completed**
2. **Section B - This document is specific for the Medically Fragile (MF) target population only. (There are separate forms for Serious Emotionally Disturbed (SED) and Developmental Disability who are Medically Fragile (DD/MF))**
3. **Section C - MUST be completed for the MF population**

Section A - Please Complete

Demographics

Child/Youth First Name	Middle Initial	Last Name	
Date of Birth	Biological Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Expression	CIN# (if available)
Preferred Language	Current/Primary Address		

## Section B

### 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

Documentation of choice above must be provided and reviewed by the LPHA signing this attestation to ensure proper documentation and the time frame of such documentation falls within the signing of this Attestation form.

### Medically Fragile (MF) Risk Factors

- The child/youth must be MF as determined by a Licensed Practitioner of the Healing Arts (LPHA) who has the ability to diagnose within their scope of practice under NY state law OR to be filled-out by a Licensed Practitioner who is under the supervision of a LPHA who has the ability to diagnose within their scope of practice under NY state law. The LPHA or Licensed Practitioner under the supervision of a LPHA, signing this form has determined that the child/youth (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 C - Please Complete**

**Medically Fragile (MF) LPHA Information and Signature**

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Name of LPHA \_\_\_\_\_ License No. (Ex.-ML0000022222) Credentials (Ex. - MD/PA/LCSW) \_\_\_\_\_

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Business Street Address \_\_\_\_\_ City, State, and Zip code \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Organization \_\_\_\_\_

Are you under the supervision of an LPHA?  
If yes, provide your supervisor's name.

Yes

\_\_\_\_\_  
Supervisor Name

No

I have made this attestation based on:

My own diagnosis/treatment of this child/youth

Review of diagnosis documentation completed by another qualified practitioner currently treating this child/youth

Narrative (optional):

In order to comply with conflict-free care management requirements, the attesting LPHA may not be a supervisor / director or leadership position 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)**

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 **OR** to be filled-out by a Licensed Practitioner who is under the supervision of Licensed Practitioner of the Healing Arts who has the ability to diagnose within their scope of practice under NY State law.

**LPHA (who has the ability to diagnose within their scope of practice under NY State law):**

- 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 psychologists by the New York State Education Department from the New York State Education Department who possesses a doctoral degree in psychology.

**Licensed Practitioner who is under the supervision of a LPHA:**

- a. **Licensed Psychoanalyst** is an individual who is currently licensed and currently registered as a psychoanalyst by the New York State Education Department.
- b. **Licensed Marriage & Family Therapist (LMFT)** is an individual who is licensed and currently registered as a marriage and family therapist by the New York State Education Department.
- c. **Licensed Mental Health Counselor (LMHC)** is an individual who is licensed and currently registered as a mental health counselor by the New York State Education Department.
- d. **Licensed Creative Arts Therapist (LCAT)** is an individual who is licensed and currently registered as a Creative Arts Therapist by the New York State Education Department possesses a creative arts therapist permit from the New York State Education Department.
- e. **Registered Professional Nurse** is an individual who is licensed and currently registered as a registered professional nurse by the New York State Education Department.
- f. **Licensed Master Social Worker (LMSW)** is an individual who is either currently registered as a Licensed Master Social Worker (LMSW) by the New York State Education Department.