

# Medicaid Expansion – Heritage Health Adult

## Provider Monthly Educational Series

### Medically Frail Determinations

Several individuals eligible for HHA have complex health conditions, undiagnosed or uncontrolled mental health disorders, or social determinants of health that may be barriers to improving their health. These beneficiaries may qualify for additional services by requesting a medically frail determination. The health plans assist beneficiaries with this process.

Beneficiaries who are determined medically frail by DHHS receive Prime benefits, which includes not only Basic benefits (a comprehensive and robust package of physical, behavioral health, and pharmacy services), but also dental, vision, and over-the-counter medications.

Diagnoses or conditions that can lead to a medically frail determination include:

- Disabling mental health disorder;
- Chronic substance abuse disorder;
- Physical, intellectual, or developmental disability with functional impairment that significantly impairs performance of one or more activities of daily living;
- Disability determination based on Social Security criteria;
- Serious and complex medical condition; or,
- Chronic homelessness, as defined by the United States Department of Housing and Urban Development.

**A request for a medically frail determination requires an attestation form from the beneficiary’s medical provider. Attestation forms are available at: <http://dhhs.ne.gov/pages/Medically-Frail.aspx>**

**The Medically Frail attestation form must:**

- **Be signed by hand and the certification box checked by the beneficiary’s healthcare provider who has diagnostic capabilities within their scope of practice;**
- **Include the beneficiary’s identifying information, especially name and date of birth; and,**
- **List the beneficiary’s documented condition(s) and diagnoses (along with ICD-10 codes), and describe the beneficiary’s ability or inability to perform activities of daily living.**

**Providers only need to complete sections of the attestation form that pertain to the beneficiary.**

In cases where the section of “Serious and Complex Conditions” in the attestation form applies to a beneficiary, medical records of the past twelve months should be submitted to substantiate this section. More information about what counts as “serious and complex” is available at:

<http://dhhs.ne.gov/Documents/Med%20Frail%20Serious%20and%20Complex%20Criteria.pdf>.



After a review of the attestation form(s) and submitted documentation, DHHS makes the medically frail determination. DHHS will notify the beneficiary of the results. If the beneficiary is denied medically frail status, the beneficiary has appeal rights.

An approved medically frail determination is effective for one or three years, depending on diagnosis. A new attestation form must be submitted at renewal. The beneficiary is given a reminder before the renewal is due.

To learn more about this topic, please visit: <http://dhhs.ne.gov/Pages/Medically-Frail.aspx>.

Please sign up to receive our expansion updates at: <http://dhhs.ne.gov/Pages/Medicaid-Expansion.aspx>.

You can also contact us at: [DHHS.MedicaidExpansionQuestions@Nebraska.gov](mailto:DHHS.MedicaidExpansionQuestions@Nebraska.gov).