

Licensed Practitioner of the Healing Arts (LPHA) Attestation Instructions

Background

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. The Licensed Practitioner of the Healing Arts (LPHA) Form is part of the enrollment application for the HCBS Children's Waiver for a Medicaid (or Medicaid eligible) member under 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
- Functional Criteria

Each of the three (3) factors require supporting documentation and materials collected by the Health Home Care Manager (HHCM) or Child and Youth Evaluation Service (C-YES).

PLEASE NOTE CHANGE: The LPHA Attestation Form will **only** be needed during the initial HCBS/LOC Assessment and not as part of the annual reassessment, **unless there is a break in services** (Dis-enrollment and Re-enrollment). For additional information on the Children's Waiver HCBS/LOC Eligibility Determination process, please refer the [Children's HCBS Provider Manual](#).

Purpose

The LPHA Attestation Form is the required document to demonstrate that an applicant meets the criteria for Target Population and Risk Factors for Serious Emotional Disturbance (SED), Medically Fragile (MF), or Developmental Disability who are Medically Fragile (DD/MF). Completion of this Attestation form does *not* indicate approval or denial of services. Functional Criteria will be completed by the HHCM or C-YES and will be considered as part of the LOC determination prior to the Medicaid (or Medicaid eligible) member receiving HCBS services.

The LPHA must attest that the applicant meets the Target Population and Risk Factor eligibility requirements to receive HCBS. The LPHA must determine in writing **by the completion of this attestation**, that the child/youth is at risk of institutionalization (i.e. hospitalization) or unable to return back to their community in the absence of HCBS.

There are three (3) separate forms, one for each Target Population of SED, MF, and DD/MF. Sections A and C are the same on each form and section B is specific to the Target Population.

Who completes this form?

The LPHA Attestation Form is to be completed by a 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 (for a complete list of approved LPHA, see Appendix A of the form or the [Children's HCBS Provider Manual](#)). The form *should* be completed by an allowable LPHA who has diagnosed or is actively treating the child/youth.

If the child/youth 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 child/youth to an approved LPHA to assess the needs of the child/youth in order to complete the LPHA Attestation Form. With consent, the HHCM or C-YES can provide supporting care management documentation for Target Population and Risk

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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/youth meets the target population, assess their risk based on required risk factors for the target population, and complete the LPHA Attestation Form to support Target Population and Risk Factors that contribute to the member's HCBS Level of Care (LOC) to determine HCBS eligibility.

When is this form completed?

The LPHA Attestation Form is to be completed as part of the initial HCBS/LOC Eligibility Determination or when an HCBS/LOC Eligibility is conducted following a break in the child/youth receiving HCBS. This form does not need to be completed during the annual re-determination process.¹ This form does not need to be completed if a child/youth is being re-assessed following a significant life event (unless there was a break in the child/youth receiving HCBS).

What documentation should accompany this form?

Depending on the child/youth's target population, appropriate documentation should be included with the LPHA Attestation Form to verify Target Population and Risk Factors. Valid documentation should be kept in the child/youth's record – at minimum, care managers should confirm the documentation on file is valid during the annual HCBS/LOC Eligibility Re-Determination (even if the LPHA Attestation Form is not resigned).

- **SED:** Appropriate documentation that the child/youth has a qualifying mental illness diagnosis and has experienced functional limitations within the past 12 months. Many Health Homes utilize the *Serious Emotional Disturbance Verification Form* to annually document the diagnosis and functional limitation for enrollment in the Health Home Serving Children's program which would also serve for the HCBS Children's Waiver documentation of meeting the SED Target Population as well.
- **MF:** Appropriate documentation for the MF target population may be valid for several years (and therefore the documentation may not need to be renewed annually). Appropriate documentation for the MF target population includes:
 - Current and approved SSI Certification **OR**
 - DOH-5144 **OR**
 - Completed and approved DOH-5151, DOH-5152, and DOH 5153
- **DD/MF:** OPWDD/DDROs may provide documentation from that the child was found DD eligible and/or meets LCED; if available, this documentation should be included in the child/youth's record.

Conflict-Free Care Management

PLEASE NOTE: In order to comply with conflict-free care management requirements, the attesting LPHA cannot be a supervisor/director 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 With the exception of child/youth who transitioned to the Children's Waiver from one of the previous HCBS waiver and received an eligibility override (the child/youth was found ineligible under the new criteria and the State conducted a review to reverse that finding) – in this case, the LPHA Attestation Form will need to accompany an independent HCBS/LOC Eligibility Determination.

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Section A	Demographic This section can be completed by HHCM, C-YES, or LPHA
Child/Youth Name	The person's legal name: Last name, first name, and middle initial
Date of Birth	The person's date of birth, in month, day, year (MM/DD/YYYY) format. (e.g. 04/03/1998)
Biological Sex	This is the sex the person was born with
Gender Expression	This is the sex the person identifies as
CIN	Client Identification Number
Preferred Language	Language the person understands
Current/Primary Address	The person's current home address Include street/avenue, apartment number, city/town, state and zip code
Section B	Serious Emotional Disturbance Target Criteria
A. Ages 0 to their 21st birthday	Child/youth is currently between the ages of 0 to their 21st birthday
B. Child/youth meets any one of the DSM diagnoses listed on the form	Serious Emotional Disturbance (SED) – the child/youth has a designated mental illness diagnosis following the categories listed on the form as defined by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) AND this diagnosis is determined to impact the members daily living functioning “over the past 12 months on a continuous or intermittent basis” in one of the 5 areas listed. *A Licensed Professional who diagnosed the member must also determine impact on functioning and indicate that member meets SED criteria. The HHCM/C-YES cannot determine this impact by reviewing clinical information/assessments. Diagnosis/functioning/SED was determined by the appropriately qualified LPHA who may be the same or different LPHA completing this Attestation Form
C. Diagnoses Name and Code	This check box is attesting to the member having at least one of the DSM diagnoses categories listed in this section. The diagnosis and code must be written out after checking the box that SED was determined.
D. Diagnoses Category	The diagnosis category *Mental health diagnosis is only valid for one year from the diagnosis date on level of care (LOC) determination.

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<p>E. SED Risk Factors</p>	<p>The check boxed listed under the SED risk factors, the LPHA needs to check <u>one</u> item 1-4 (defined below) based upon the supporting documentation obtained/reviewed AND check item 5.</p> <p>Item 5 - This check box is attesting that 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)</p> <p><i>If <u>one</u> item in #1-4 AND item 5 is not checked by the LPHA, then the member will not be eligible regardless of meeting Target and Functional Criteria.</i></p>
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Archiving

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	<p><u>Definitions of Terms:</u></p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• 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 <p>Institutionalization (Risk Factor #5): Admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility.</p>
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Section B	Medically Fragile (MF)
A. Ages 0 to their 21st birthday*	Child/youth is currently between the ages of 0 to their 21st birthday Note: MF children may choose to transition to MLTC on their 18th birthday
B. Supporting documentation of physical disability	Documents collected by HHCM or C-YES
SSI Certification	<i>For a child before the age of 18 it is every 3 years if the diagnosis may improve</i> <i>For adults it is every 3 years for diagnosis that may improve and every 7 years for long term diagnosis</i>
Disability Review Team Certificate: DOH-5144	The length of disability coverage varies from case to case. For example, the minimum is usually 12 months and the maximum can be as long as 10 years
Childhood Medical Disability Report: DOH-5151	To be completed by child's doctor
Questionnaire School Performance: DOH- 5152	To be completed by the child's teacher or administrator, if the child is enrolled
Description of Child Activities: DOH-5153	To be completed by the parent/guardian/legally authorized representative
C. Risk Factors	This check box is attesting that 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). *Institutionalization - admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility
Section B	Developmental Disability (DD) and Medically Fragile (MF)
A. Ages 0 to their 21st birthday	Child/youth is currently between the ages of 0 to their 21st birthday
B. Child/youth has Developmental Disability	This MUST be determined by OPWDD and the HHCM/C-YES would provide verification that OPWDD has made this determination. 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.

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C. Risk Factors	This check box is attesting that 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). <i>*Institutionalization - admission to a hospital (medical or psychiatric), ICF/IID, RTF or nursing facility.</i>
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Section C	LPHA information and Signature
Name:	LPHA's full name
License No.	(Ex.-ML0000022222)
Credentials	(Ex. MD, PA, LCSW)
Business St. Address	Full business address with city, state, and zip code
Signature	LPHA's signature
Date	Date with month, day, and year
Organization	Name of organization/agency with which the LPHA is employed
Supervision	If the Licensed Practitioner does not have the ability to diagnose within their scope of practice under NY State law, then the LPHA supervisor's name must be provided demonstrating that the licensed practitioner is under the supervision of a LPHA
Attestation	The attestation is based on own diagnosis OR review of diagnosis completed by another qualified professional.
Narrative (Optional)	The LPHA provides a short summary of the determination made regarding verification of target criteria and meeting of risk factors

Appendix A	Licensed Professional of the Healing Arts (LPHA)
LPHA (who has the ability to diagnose within their scope of practice under NY State law)	List of LPHA's who have the ability to diagnose within their scope of practice under NY State Law, including: Psychiatrist, Licensed Clinical Social Worker (LCSW), Nurse Practitioner, Physician, Physician Assistant, and Licensed Psychologist.
Licensed Practitioner who is under the supervision of an LPHA	List of allowable practitioners who can sign the LPHA Attestation if under the supervision of an LPHA who has the ability to diagnose within their scope of practice under NY State Law, including: Licensed Psychoanalyst, Licensed Marriage and Family Therapist (LMFT), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist (LCAT), Registered Professional Nurse, and Licensed Master Social Worker (LMSW).