

## Updated Guidance Licensed Practitioner of the Healing Arts (LPHA) Attestation

Effective immediately, per the July 13, 2022 [Children's Waiver Renewal Announcement](#), the LPHA Attestation form (DOH 5275) is **no longer required** for the Target Populations of Medically Fragile (MF) or Developmental Disability who are Medically Fragile (DD/MF).

Since diagnosis and conditions associated with Medically Fragile and Developmental Disability are deemed chronic and persistent across life course or “*has continued or can be expected to continue indefinitely*”, the **initial and annual** LPHA review is not necessary. The Target Population required information, the OPWDD Intermediate Care Facility- Level of Care Eligibility Determination (ICF-LCED), and the CANS-NY functional criteria, are enough to determine eligibility for Home and Community Based Services (HCBS) Level of Care (LOC) criteria.

The LPHA form for the Target Population of Serious Emotional Disturbance (SED) is still required, outside of COVID-19 exceptions\*, for both the initial and annual re-assessment for HCBS LOC Eligibility Determination. Children/youth with a SED determination have been identified as having a diagnosable mental health disorder that results in an impairment that substantially impacts the child/youth's functioning. Children/youth with SED can receive treatment and supports to work towards recovery and overall improvement in functioning. The LPHA form is needed for the annual recertification of LOC to demonstrate the child/youth continues to meet the required clinical and risk factors to receive HCBS.

\* Please see the previous guidance during COVID-19 no.3 [Changes to Licensed Practitioner of the Healing Arts \(LPHA\) Attestation Form \(ny.gov\)](#)

### **Unified Assessment System (UAS) Changes:**

Currently, the UAS is not updated to track the LPHA change from the Children's Waiver Renewal. Therefore, the following direction **must** be followed to ensure children are found eligible for HCBS.

For the Target Populations of MF and DD/MF under the “**Risk Factors**” section of the HCBS LOC UAS assessment: (Example of UAS screen shot below)

1. Select “**YES**” for “*You have obtained a signed LPHA attestation form, DOH-5275. See the help for appropriate time period.*”
2. Enter the Date **the assessment is being conducted** for “*If yes to LPHA form, provide the signature date. See the help for more information.*”

The UAS will be updated during the next release to accommodate this Children's Waiver change.

### **LPHA Form 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: 1) Target Population, 2) Risk Factors, and 3) 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). For additional information on the HCBS Children’s Waiver and the LOC Eligibility Determination process, please refer the [Children’s HCBS Provider Manual](#). For more information regarding the SED LPHA form, guidance, and instructions, please refer to [Eligibility \(ny.gov\)](#).

Please refer all questions to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

**UAS Screen Shot Examples:**

1. Target Population - MF

**Medically Fragile**

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**? Target Population**

Child is Medically Fragile as defined in the help file 
 No selection  
 Yes

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**Risk Factors**

**? You have obtained a signed LPHA attestation form, DOH-5275. See the help for appropriate time period.** 
 No selection  
 No  
 Yes

**? If yes to LPHA form, provide the signature date. See the help for more information.**

2. Target Population – DD/MF

**Developmental Disability and Medically Fragile**

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**? Target Population**

Child is Medically Fragile and has Developmental Disability as defined in the help file 
 No selection  
 Yes

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**Risk Factors**

**? You have obtained a signed LPHA attestation form, DOH-5275. See the help for appropriate time period.** 
 No selection  
 No  
 Yes

**? If yes to LPHA form, provide the signature date. See the help for more information.**