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**Legally Responsible Individuals (LRI) Extraordinary Care Justification Form**

The purpose of this form is to determine extraordinary care needs for a Medicaid member under 18 or spouse receiving Consumer Directed (CD) or Agency Directed (AD) Personal Assistance/Attendant (PA) Care under the Commonwealth Coordinated Care Plus (CCC+), Family and Individual Supports (FIS) or Community Living (CL) waivers. This form is to be completed collaboratively by the Employer of Record (EOR) or agency with the LRI and member.

**Extraordinary Care** is defined as care above and beyond what the parent/spouse would provide due to their role as a legally responsible individual. For members under 18, extraordinary care includes assistance with needs above and beyond what a child of the same age without a disability would require.

**Legally Responsible Individual** (LRI) is defined as the spouse or parent, stepparent, or legal guardian of a Medicaid member under 18.

**Employer of Record (EOR)** The person who performs the function of the employer in the consumer- directed model (not applicable for agency-directed services).

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| Medicaid Member Name: |  |
| Medicaid Member’s Primary Address: |  |
| Member’s Waiver Type: | Check one:  CCC+  FIS or CL |
| Member’s MCO or CSB (if applicable): |  |
| Name and relationship of the person Medicaid member wishes to hire: |  |

**Section 1: Employer of Record/Agency**  (Not applicable for Agency-Directed Personal Assistance)

\*When choosing the CD option and an LRI is hired to provide paid support, the (EOR) must not be another LRI or stepparent. This does not apply to adults hiring a spouse to be the paid attendant.

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| EOR/Agency Name: |  |
| EOR Relationship to Medicaid Member: |  |

**Section 2: Extraordinary Care Needs:**

Check all that apply:

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| Unable to hire or maintain staff (describe):  \*Date of last attempt to hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Behavioral support needs (documented in the record)  \_\_\_\_\_The Member has a current Behavior Support Plan (BSP) completed by a Board-Certified Behavior Analyst (BCBA), Licensed Behavior Analyst or Positive Behavior Support Facilitator.  \_\_\_\_\_\_The Member does not currently have a BSP, but referral(s) have been made to the following agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medical support needs (documented in the record)   1. Please list any medical support needs the Medicaid Member has:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please list all unskilled medical needs performed by the Aide/Attendant:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Note: Aide/Attendants may not be paid by Medicaid to perform skilled tasks unless delegated by an R.N. (please attach protocol). |
| Language is a factor in service delivery (documented in the record)   * 1. The following language is spoken/understood by the Medicaid Member receiving Waiver Services   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 3: Supplemental Questions:**

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| Aside from attendant care, what supports, services or activities has the Medicaid member used in the last 6 months? |
| How will hiring a LRI assist the Medicaid member to access the community and become more independent? |
| Has the Medicaid member ever received waiver-funded attendant care from an aide who is not a family member? If not, please explain. |
| How is hiring an LRI in the best interest of the Medicaid member? |
| Please explain how the Medicaid member was included in the decision to hire an LRI to provide care: |

**Section 4: Attestations**

*The information above is correct to the best of my knowledge and I attest that the Medicaid member meets extraordinary care criteria, this decision is being made with the Medicaid member’s consent and hiring an LRI is in the best interest of the member.*

*As the EOR or agency representative, I understand that the paid attendant, even if legally responsible for the Medicaid member, is my employee. It is my responsibility to ensure the employee follows the Plan of Care/Plan for Supports while being compensated as an employee of a Medicaid funded service.*

*I understand that the LRI can only work up to 40 hours/week to provide assistance with ADLs as documented in the plan of care.*

*If EOR, I confirm that I reside within 50 miles of the Medicaid member.*

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| **EOR/Agency Name:** |  |
| **EOR/Agency Address:** |  |
| **EOR/Agency Phone Number/Email:** |  |

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| **EOR/Agency Representative Signature: Date:** |

*As an LRI, I understand the difference between my role as a paid attendant and my legal responsibility to the Medicaid member.*

*I understand as a paid attendant that I am an employee of the EOR compensated through Medicaid. While acting as attendant, I must provide care as documented in the Plan of Care/Plan for Supports.*

*As an LRI, I understand that I may not provide more than 40 hours/week paid care regardless of the number of Medicaid members I support.*

*By signing below, I am confirming that all other resources and services have been pursued, and no one else available to provide attendant care for the Medicaid member.*

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| **LRI/Personal Attendant Name:** |  |

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| **LRI/Personal Attendant Signature: Date:** |

*I confirm that the above information is true, to the best of my knowledge. I confirm that all available options for support have been exhausted and support the decision for the above named LRI to provide attendant care to the Medicaid member. If applicable, I have reviewed any medical protocols and/or behavior support plans.*

*I confirm that hiring an LRI to provide care is in the best interest of the member.*

*I understand my role in monitoring services and ensuring support is provided as documented in the Plan of Care. \*Service Facilitation is not applicable for agency directed services*

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| **Service Facilitator Name**: |  |
| **Service Facilitator Signature**: **Date:** | |

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| **Care Coordinator/Support Coordinator Name**: |  |
| **Care Coordinator/ Date:**  **Support Coordinator Signature**: | |

\*LRIs may not provide paid aide/attendant services funded through Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit or the Medicaid Works program.

\*If the Medicaid member is over 18 (unless a spouse of the LRI), this form regarding extraordinary care criteria is **not** required.

Instructions to complete the LRI Extraordinary Care Form

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| The form is to be completed by the Member/EOR/LRI or agency representative. If using the CD option, the form is provided to the SF. The SF or agency then provides the form to the appropriate entity: CSB Support Coordinator (if DD Waiver), MCO Care Coordinator (if CCC Plus Waiver in managed care) or CDLRI@dmas.virginia.gov (if CCC Plus Waiver in fee-for-service). After all parties have completed the form, it must be returned to the SF or agency with a copy sent to CDLRI@dmas.virginia.gov. The SF/agency should include a copy of the most recent completed form with the next service authorization request for personal assistance. |

**Section 1: Employer of Record (EOR)/Agency**

If the member is using the CD option, the EOR name and relationship to the member is entered into this section. If using agency directed option, the agency is identified (the relationship to the member may be marked “not applicable”.)

**Section 2: Extraordinary Care Needs**

To qualify for extraordinary care, at least one of the criteria must be met. If a member meets more than one criterion, each criteria met must be checked.

-Proof of inability to hire or maintain staff must be submitted by the agency or to the SF; this can include ads placed by the agency or EOR and responses, as well as any other resources used to attempt to hire staff, records to indicate high turnover of staff, or interview notes of candidates who chose not to accept the position. The agency or SF must retain this information for review by DMAS.

- “Behavioral support needs” are needs documented in the member’s record which were identified through an assessment or evaluation completed by a professional who is licensed in the commonwealth to diagnose and treat behavioral needs. For exceptional care criteria to met in this category, there must evidence that the member’s behavioral needs are so great that only an LRI can safely support them at this time. There must also be evidence that the team is seeking a professional to assist the member to overcome the barrier behaviors.

- “Medical support needs” are needs diagnosed by a medical practitioner who is licensed in the commonwealth. Medical needs that include the need for skilled tasks must be delegated by a Registered Nurse and documented in a protocol when being reimbursed through Medicaid funds. There must be justification to support that the member’s health and safety would be at risk if an Attendant other than the LRI were to provide care. Examples of skilled needs are wound care requiring the intervention or observation of a licensed nurse or MD, tube feedings, intravenous infusions, etc.

-Language being a factor in service delivery includes members for whom English is a second language or member uses sign language and this is documented in the record that an attendant who speaks the same language as the member is not available to provide care.

**Section 3: Supplemental Questions**

-Each question in this section must be answered and documented by either the EOR (CD option) or agency representative with the assistance of the member, and LRI(s).

**Section 4: Attestations**

-After completion of the form, each team member must carefully review Sections 1-3. Any discrepancies or questions must be addressed by the team including the EOR or agency, Service Facilitator (if applicable), and Care Coordinator or Support Coordinator. Each team member reviews the attestation associated with their role and signs as directed. Note: agencies may mark the service facilitation section “not applicable”. If a team member does not sign the form, exceptional care criteria has not been met and the Care Coordinator or Support Coordinator can assist the member to find alternative care.

\*A completed and signed Extraordinary Care Form must be submitted with a service authorization request for the LRI to be approved to provide personal assistance services.