



Licensed Medical Professional Certification of Medical Frailty Granite Advantage Health Care Program

This certification is to be completed by a licensed medical professional who is qualified to assess the beneficiary for “medical frailty”. This certification will be used to support the determination that the beneficiary is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The beneficiary **MUST** return this form along with a copy of the BFA Form 320A Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information to the Department. The forms may be sent to the Department by mail (at the address above), by fax to 603-271-5623, by submitting the forms through NH EASY, or bringing them to a local district office. The forms can be submitted through NH EASY by logging on to <https://nheasy.nh.gov>, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may submit the forms to NH EASY or bring them to their district office **only** if the licensed medical professional has certified that the beneficiary is medically frail.

“Medically frail” means a beneficiary, as defined in 42 CFR 440.315 (f), with a disabling mental disorder, chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

Part I. Beneficiary Information (please print)

Medicaid ID#: _____		
Name:		
Last	First	
Residential Street Address (if homeless write N/A):	City, State, ZIP Code:	
Date of Birth (MM/DD/YYYY):	Gender: M F	Phone #: ()

Part II. Medically Frail Condition

Please check ALL the appropriate boxes in the table that best defines the medically frail condition of the beneficiary:	
Definition	Category
Individuals with disabling mental health disorders	<input type="radio"/> Psychotic disorder <input type="radio"/> Schizophrenia <input type="radio"/> Schizoaffective disorder <input type="radio"/> Major depression <input type="radio"/> Bipolar disorder <input type="radio"/> Delusional disorder <input type="radio"/> Obsessive-compulsive disorder <input type="radio"/> Other mental health condition: specify _____

Individuals with substance use disorders	<input type="radio"/> The beneficiary has a diagnosis of substance use disorder consistent with DSM-V* criteria. *DSM-V means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
Individuals with serious and complex medical conditions	<input type="radio"/> The individual meets criteria for hospice services, OR <input type="radio"/> The individual has a serious and complex medical condition AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with a physical disability	<input type="radio"/> The individual has a physical disability AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with an intellectual or developmental disability	<input type="radio"/> The individual has an intellectual disability or a developmental disability as described below AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs) <ul style="list-style-type: none"> • Intellectual Disability means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior • Developmental Disability means a disability attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability (or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that for persons with an intellectual disability), that is manifested before the age of 22 and that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of a lifelong or extended duration and are individually planned and coordinated.

Part III. Licensed Medical Professional Certification

As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified above.

This certification is valid through (MM/DD/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (May not exceed one year)		
Provider Name (Please print):	Date:	Contact #: ()
Provider Signature: _____ NPI#: <input type="text"/>		

Please list additional provider notes including any other considerations that should be given to support the "Medical Frailty" of this individual: