Kentucky Medically Frail Medical Condition Guide v5 for Providers

Supplement to the “Kentucky Medically Frail Provider Attestation” Form

This Guide is a reference to Medicaid Providers and Clinicians as they complete the “Kentucky Medically Frail Provider Attestation” form for determination of possible medically frail members.

PLEASE NOTE: In several instances, the Guide requires that the provider who is completing the attestation document information about how a diagnosis is being managed for the Member. For example:

- If a member has substance use disorder, the provider must document the setting of treatment (e.g. inpatient, hospital based care), whether the member has experienced an overdose, or is participating in a recovery program.
- If a member is diagnosed with Major Depressive Disorder (category B11), the provider must document whether the patient is being treated with anti-depressant medication, and list the names of all such current medications.
- If a member is diagnosed with Diabetes, the provider must document whether the patient has experienced complications such as neuropathy, renal complications, or retinopathy.

Multiple behavioral health or physical health diagnoses listed require information regarding medications used in the member’s treatment to accurately determine whether the individual is medically frail. The Provider or Clinician may include additional details or answer questions regarding each condition as directed in “Section IV Additional Commentary” of the Attestation form.

This list is intended to be comprehensive, but a Member may still have other significant conditions not listed here, which may qualify as medically frail. For those conditions and circumstances, please provide details regarding the condition in the “Section IV Additional Commentary” section of the Attestation form. Include diagnosis, treatment, hospitalization, disability, prognosis, and impact to ADLs.

Medical Condition Groupings: the following categories correspond to the “Kentucky Medically Frail Provider Attestation” form, Section IV Medical Conditions A. through N.

A. Substance Use Disorders (excluding tobacco and cannabis)

Provide details to include type(s) of drugs abused (except for tobacco and cannabis), treatment plans including inpatient, any overdose, current counseling, recovery/abstinence date, and impact to the ADLs described in Section III of the provider attestation. Include details in Section IV of Attestation.

A1  Member has had at least one inpatient or residential Substance Use Disorder (SUD) treatment episode, at least one Intensive Outpatient Program (IOP) service, or a partial hospitalization service for SUD treatment within the last 6 months.
A2  Member has had at least one drug overdose requiring medical care within the last 6 months
A3  Member is participating in a voluntary substance use disorder recovery program within the last 6 months. Please indicate name and location of program, length of time in program, and status in Section IV.
A4  Member has met criteria for substance use disorder within the last 6 months, but has not had a residential SUD stay, Intensive Outpatient Program (IOP), or partial hospitalization
AND
Member does not participate in any voluntary substance abuse recovery program
AND
Member has not had an overdose requiring medical treatment in last 6 months

B. Mental Disorders

Provide details to include diagnosis of severe mental illness (SMI), date of diagnosis, current treatment, Rx, hospitalization, and impact to ADLs.

B1  Serious suicidal act with clear expectation of death in the last six months, OR
B2  Persistent danger of severely hurting self or others (e.g. recurrent violence), in the last six months OR
B3  Gross impairment in communication (e.g. largely incoherent or mute), OR
B4  Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death; frequently violent; manic excitement), in the last six months OR
B5  Inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends), in the last six months OR
B6  Serious impairment in communication or judgment (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation), OR
B7  Behavior is considerably influenced by delusions or hallucinations
B8  Major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school), in the last six months OR
B9  Bipolar disorder, severe, OR
B10 Dementia, requiring hospitalization (for dementia) in the last 12 months, OR
B11 Major Depressive Disorder (MDD), severe with recurrent psychotic symptoms, and taking two (2) or more antidepressants, OR
B12 Mental disorders due to physiological conditions, requiring hospitalization in the last 12 months due to the mental disorder, OR
B13 Severe psychotic disorders, taking two (2) or more antipsychotics, OR
B14 Schizophrenia
B15 Bipolar disorder, moderate, OR
B16 Dementia, requiring hospitalization in the last 24 months due to dementia, OR
B17 Developmental disorder: delayed speech and language, OR
B18 Intellectual Disabilities, including autism and Rett’s, OR
B19 Major Depressive Disorder (MDD), severe, recurrent, and taking at least one antidepressant, OR
B20 Mental disorders due to physiological conditions, requiring hospitalization in the last 24 months due to the mental disorder, OR
B21 Post-traumatic stress disorder (PTSD), chronic
B22 Cyclothymic disorder, OR
B23 Dysthymic disorder, OR
B24 Mental disorders due to physiological conditions, not requiring hospitalization, OR
B25 Post-traumatic stress disorder (PTSD), unspecified or acute in the last 12 months

C. Cancer

C1 Malignant neoplasm, currently undergoing chemotherapy or radiation therapy, or requiring surgery, OR
C2 Stage 3-4 (distal) malignancy, active systemic cancer
C3 Malignant neoplasm, not undergoing chemotherapy or radiation therapy, not requiring surgery in last 6 months, OR
C4 Stage 2 cancer
C5 Stage 1, excluding basal and squamous cell cancers

D. Cardiac and Circulatory System

D1 Atherosclerosis, with cardiac surgery in the past 12 months, OR
D2 Coarctation of Aorta (unoperated), OR
D3 Pulmonary embolism, OR
D4 Severe disorders of veins, lymphatic vessels, arteries, arterioles and capillaries, treated with at least one anticoagulant, OR
D5 Two or more Rx, including diuretic and at least one ace inhibitor, ARB, or beta blocker, due to one or more of the following conditions:
   o Cardiac arrest, heart failure, OR
   o Chronic ischemic heart disease, OR
   o Congestive heart failure (CHF), OR
   o Dilated cardiomyopathy, OR
Ischemic cardiomyopathy, OR

D6 Unstable Angina

For members with any of the following diagnoses D7-D43, provide Rx in details for anticoagulant, antiarrhythmic, beta blocker, or CA channel blocker:

D7 Aortic or tricuspid valve insufficiency or stenosis, OR
D8 Atrial (A Fib) ventricular fibrillation, OR
D9 Angina, OR
D10 Arrhythmia, OR
D11 Atherosclerotic heart disease of coronary artery w angina pectoris, OR
D12 Atrial flutter, unspecified, OR
D13 AV Block – all types, OR
D14 Cardiomyopathy, OR
D15 Cerebral ischemic incident, trans-ischemic attack with no residuals, no impairment, OR
D16 Chordae tendineae rupture, OR
D17 Chronic total occlusion of coronary artery, OR
D18 Coronary artery dissection, OR
D19 Endocarditis, OR
D20 Fascicular blocks – bi, tri, all types, OR
D21 Left bundle branch block, OR
D22 Long QT syndrome, OR
D23 Mitral valve disorder, stenosis, OR
D24 Myocarditis or Pericarditis, OR
D25 Papillary muscle rupture, OR
D26 Pulmonary valve disorders, stenosis, OR
D27 Right bundle branch block, OR
D28 Severe disorders of veins, lymphatic vessels, arteries, arterioles and capillaries, OR
D29 Sick Sinus Syndrome (SSS), OR
D30 Takotsubo syndrome, OR
D31 Thrombosis, OR
D32 Ventricular or paroxysmal tachycardia, flutter
D33 Aneurysm, OR
D34 Atherosclerosis without cardiac surgery in the past 12 months, OR
D35 Chronic ischemic heart disease, unspecified, OR
D36 Coronary artery aneurysm, OR
D37 Paroxysmal atrial fibrillation, OR
D38 Pericardial effusion (noninflammatory), OR
D39 Pericardium disease, unspecified, OR
D40 Pre-excitation syndrome, OR
D41 Silent myocardial ischemia, OR
D42 Supraventricular tachycardia, OR
D43 Unspecified atrial fibrillation

E. Digestive System

E1 Alcoholic liver disease with ascites, OR
E2 Barrett’s esophagus with high grade dysplasia
E3 Esophageal varices, OR
E4 Hepatic failure, OR
E5 Hepatitis: Type B or Type C, viral, with at least one antiretroviral Rx; symptomatic, OR
E6 Liver Cirrhosis, fibrosis, OR
E7 Toxic liver disease with chronic active hepatitis, OR
E8 Ascites, OR
E9 Autoimmune hepatitis, OR
E10 Barrett’s esophagus with low grade dysplasia, OR
E11 Chronic pancreatitis. Provide details regarding symptoms, Rx, any surgery, and date of diagnosis, OR
E12 Crohn’s Disease, symptomatic, with one or more Rx. Provide details regarding symptoms, Rx, any surgery, and date of diagnosis, OR
E13 Granulomatous hepatitis, OR
E14 Hepatitis Type C with no antiretroviral Rx, symptomatic. Provide details regarding symptoms, date of diagnosis, treatment plan, and if liver function impairment, OR
E15 Liver abscess, OR
E16 Phlebitis of portal vein, OR
E17 Ulcerative Colitis, symptomatic, with one of more Rx. Provide details regarding symptoms, Rx, any surgery, and date of diagnosis
E18 Colitis, noninfective gastroenteritis, OR
E19 Crohn’s Disease, asymptomatic, no complications, OR
E20 Hepatitis, with no retroviral Rx, asymptomatic, OR
E21 Hepatitis Type A, D, and E, OR
E22 Inflammatory liver disease, OR
E23 Nonalcoholic steatohepatitis (NASH), OR
E24 Ulcerative Colitis, asymptomatic, no complications
F. Endocrine System

F1  Amyloidosis, OR
F2  Barth Syndrome, OR
F3  Cushing’s Syndrome (primary endocrinopathy), OR
F4  Diabetes Mellitus Type I or Diabetes Type II with **two or more complications** to include: poor control w/ HbA1C > 8, peripheral neuropathy, renal complications, retinopathy, amputation, insulin pump, heart disease, or stroke, OR
F5  Disorders of purine and pyrimidine metabolism, eg: Lesch-Nyhan Syndrome, OR
F6  Lipid storage diseases, OR
F7  Nephrogenic Diabetes Insipidus, OR
F8  Severe protein calorie malnutrition, OR
F9  Smith-Lemli-Opitz Syndrome
F10 Cushing’s Syndrome (drug induced), OR
F11 Diabetes Mellitus Type I or Diabetes Type II with **one complication** to include: HbA1C > 8%, peripheral neuropathy, renal complications, retinopathy, amputation, insulin pump, heart disease, or stroke
F12 Diabetes Mellitus Type I or Diabetes Type II with no complications, HbA1C < 6.5%

G. Genitourinary System

G1  Chronic kidney disease or ESRD, dialysis dependent, OR
G2  Chronic renal tubulo-interstitial disease, OR
G3  Glomerular diseases with nephrotic syndromes, OR
G4  Polycystic kidney with impaired renal function
G5  Chronic kidney disease, stage 2 – 4, not on dialysis
G6  Chronic kidney disease, stage 1

H. Hematological Disorder

H1  A.I.D.S., OR
H2  Aplastic anemia, OR
H3  Blood clotting disorders, OR
H4  Bone marrow failure syndromes, OR
H5  Coagulation Defect or deficiency, OR
H6  Erythroblastopenia, OR
H7  Hemophilia, OR
H8  Hereditary hemolytic anemias, OR
H9  Human Immunodeficiency Virus (HIV), OR
H10 Nezelof’s syndrome, OR
H11 Sarcoidosis, OR
H12 Sickle cell disorder, OR
H13 Tay Sachs, OR
H14 Thalassemia, OR
H15 Thrombophilia
H16 Activated Protein C Resistance

I. Infectious Disease

I1 Meningitis, if current, or if recovered but with residuals, disability, or neurological deficits, OR
I2 Protozoal Diseases, if current or active, OR
I3 Leprosy (Hansen’s Disease)
I4 Meningitis, if recovered and no residuals or neurological deficit, OR
I5 Protozoal Diseases, recovered, no residuals

J. Musculoskeletal System

J1 Algnéurodystrophy, OR
J2 Ankylosing Spondylitis, OR
J3 Osteomalacia, OR
J4 Osteonecrosis, OR
J5 Osteoporosis with current pathological fracture, history of fracture
J6 Osteoporosis with no history of fracture

K. Nervous System

K1 Alzheimer’s Disease, OR
K2 Amyotrophic lateral sclerosis (ALS), OR
K3 Anencephaly and similar malformations, OR
K4 Ataxia, OR
K5 Bublar Palsy, OR
K6 Bullous Disorders, OR
K7 Cerebral infarction, with residuals, OR
K8 Cerebral palsy with neurologic impairment such as spastic plegia or hemiplegia, intellectual disability, may need durable medical equipment, OR
K9 Chiari Malformation, OR
K10 Congenital hydrocephalus, malformations of the spinal cord, or malformations of the nervous system, OR
K11 Degenerative disease of the basil ganglia, OR
K12 Demyelinating Diseases with debilitating symptoms, including multiple sclerosis, polyneuropathy, Guillain-Barre, OR
K13 Diseases of the central nervous system, includes: bacterial meningitis, polio, rabies, encephalitis, current with residuals or deficits, OR
K14 Down Syndrome, if disabled, OR
K15 Epilepsy with recurrent seizures, taking two or more anticonvulsant Rx, OR
K16 Extrapyramidal movement disorders, OR
K17 Familial Dysautonomia, OR
K18 Guillain-Barre, OR
K19 Huntington’s Disease, OR
K20 Hydrocephalus, OR
K21 Intracranial abscess, present, OR
K22 Meningioma, if symptomatic, unoperated, OR
K23 Microcephaly, OR
K24 Multiple Sclerosis, with debilitation, impaired function, OR
K25 Muscular Dystrophy, OR
K26 Myoneural junction disorder, OR
K27 Parkinson’s Disease, OR
K28 Polyneuropathies, severe with debilitation, OR
K29 Post Polio Syndrome, OR
K30 Quadriplegia, OR
K31 Spastic Paraplegia, OR
K32 Spinal Abscess, OR
K33 Spina Bifida, OR
K34 Traumatic Brain Injury (TBI), with paralysis, debilitation, residuals
K35 Cerebral infarction, with residuals, OR
K36 Cerebral palsy, functional but with some neurologic impairment, OR
K37 Down Syndrome, OR
K38 Epilepsy, moderate, taking one anticonvulsant Rx, OR
K39 Idiopathic progressive neuropathy, OR
K40 Multiple Sclerosis, symptomatic, undergoing treatment, OR
K41 Neuroleptic Syndrome, OR
K42 Polyneuropathies, moderate with some debilitation, determine cause, OR
K43  Traumatic Brain Injury (TBI), without paralysis, mild debilitation or residuals
K44  Cerebral infarction, no residuals, recovered, OR
K45  Cerebral palsy, no functional impairment issues, OR
K46  Encephalitis, recovered and no residuals, OR
K47  Epilepsy, mild, under control, OR
K48  Hereditary and idiopathic neuropathies, unspecified, OR
K49  Multiple Sclerosis, asymptomatic, no treatment, OR
K50  Polyneuropathy, mild, OR
K51  Subarachnoid hemorrhage, non-traumatic, no residuals

L. Respiratory System

L1  Bronchiectasis requiring supplemental oxygen, OR
L2  COPD requiring supplemental oxygen, OR
L3  Cystic Fibrosis, OR
L4  Diseases of the pleura, moderate or severe, requiring supplemental oxygen, OR
L5  Emphysema requiring supplemental oxygen, OR
L6  Interstitial Pulmonary Diseases, OR
L7  Other condition requiring supplemental oxygen. Please give details of condition, OR
L8  Pulmonary hypertension, primary, OR
L9  Severe lung diseases due to external agents, such as asbestos, OR
L10  Tuberculosis, active
L11  Bronchiectasis, not requiring supplemental oxygen, OR
L12  COPD, unspecified, not requiring supplemental oxygen, OR
L13  Idiopathic interstitial pulmonary disease, OR
L14  Emphysema and not requiring supplemental oxygen, OR
L15  McLeod’s syndrome, OR
L16  Severe persistent asthma
L17  Bronchitis, simple, chronic, unspecified, OR
L18  Tuberculosis, not active or arrested, OR
L19  Hypotension – idiopathic or orthostatic

M. Skin Disorder

M1  Epidermolysis bullosa acquisita, OR
M2  Systemic connective tissue disorders. Please give details of condition, and if any disability, OR
M3  Scleroderma
M4  Lupus, mild symptoms
M5  Lupus, no symptoms, no debilitation

N. Other
N1  Gangrene, OR
N2  Hospice, current for any condition, OR
N3  Transplant: pending organ transplant, other than cornea (if not blind), OR
N4  Ostomy – current
N5  Transplant: < 1-year post transplant, no complications or residual debilitation
N6  Transplant: > 1 year, no complications or residual debilitation