



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:
 - Cardiac arrest, heart failure, OR
 - Chronic ischemic heart disease, OR
 - Congestive heart failure (CHF), OR
 - 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 (AFib) 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** Algneurodystrophy, 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** Extrapyrmidal 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