



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 individuals under 18, extraordinary care includes assistance with needs above and beyond what a child at 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).

Medicaid Member Name:		DOB:
Member Medicaid Number:		
Member's Waiver Type:	Check one: <input type="checkbox"/> CCC+ <input type="checkbox"/> FIS or CL	
Member's MCO or CSB:		
Name and relationship of the person Medicaid member wishes to hire:		

Section 1: Employer of Record/Agency

*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 their spouse to be the paid attendant.

EOR/Agency Name:	
EOR Relationship to Medicaid Member:	
*Not applicable for ADPA	

Section 2: Extraordinary Care Needs:

Check all that apply:

<p><input type="checkbox"/> Unable to hire or maintain staff (describe):</p> <p>*Date of last attempt to hire: _____</p> <p>*Attach ads, interview notes or proof of attempts to hire.</p>
<p><input type="checkbox"/> Special behavioral needs (documented in the record)</p> <p>_____The Medicaid member has a current Behavior Support Plan (BSP) completed by a Board-Certified Behavior Analyst (BCBA), Licensed Behavior Analyst or Positive Behavior Support Facilitator.</p> <p>_____The Medicaid member does not currently have a BSP, but referral(s) have been made to the following agencies:</p> <p>_____</p>
<p><input type="checkbox"/> Special medical needs (documented in the record)</p> <p>a. Please list any special medical needs the Medicaid Member has:</p> <p>_____</p> <p>b. Please list all unskilled medical needs performed by the Attendant:</p> <p>_____</p> <p>*Note: attendants may not perform skilled tasks unless delegated by a R.N. (please attach protocol)</p>
<p><input type="checkbox"/> Language is a factor in service delivery (documented in the record)</p> <p>a. The following language is spoken/understood by the Medicaid Member receiving Waiver Services</p> <p>b. _____</p> <p>*Note: communication needs do not qualify as language being a factor in service delivery.</p>

Section 3: Supplemental Questions:

Aside from attendant care, what supports, services or activities has the Medicaid member used in the last 6 months?

How will hiring an 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 no, please explain.

Self-referral means the LRI has chosen to hire themselves rather than seek care from a non-LRI. How has the team ensured self-referral was not a factor in hiring the LRI?

LRI Extraordinary Care Form

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 self-referral was not a factor in hiring an LRI.

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 assist with ADLs as documented in the plan of care.

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

EOR/Agency Name:	
EOR/Agency Address:	
EOR/Agency Phone number/email:	

EOR/Agency representative signature:	Date:
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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.

LRI Extraordinary Care Form

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.

LRI/Personal Attendant Name:	
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LRI/Personal Attendant Signature:	Date:
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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 self-referral was not a factor in hiring an LRI to provide care.

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

Service Facilitator Name:	
Service Facilitator Email and phone:	
Service Facilitator Signature:	Date:
<input type="checkbox"/> Decline to sign: *Include an attachment explaining alternative supports that will be offered to the Member.	

Care Coordinator/Support Coordinator Name:	
Care Coordinator/Support Coordinator email and phone	
Care Coordinator/Support Coordinator Signature:	Date:
<input type="checkbox"/> Decline to sign: *Include an attachment explaining alternative supports that will be offered to the Member	

*LRIs may not provide paid attendant funded through Early Periodic Screening Diagnosis and Treatment (EPSDT). *If the Medicaid member is over 18 (unless a spouse of the LRI), extraordinary care criteria is **not** required.

LRI Extraordinary Care Form

Instructions to complete the LRI Extraordinary Care Form

The form is to be completed by the EOR or agency representative with the LRI and member. If using the CD option, the form is provided to the SF. The SF or agency then provides the form to the MCO Care Coordinator or CSB Case Manager, if approved by all parties the form is then submitted for service authorization review.

Section 1: Employer of Record (EOR)/Agency

If the member is using the CD option, the EOR name and relationship to individual is entered into this section. If using agency directed option, the agency is identified (the relationship to the individual 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. Copies of proof of attempts to hire a non LRI must be attached.

- “Special behavioral 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 individual to overcome the barrier behaviors.

- “Special medical 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. 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.

-Language being a factor in service delivery includes members for whom English is a second language and this is documented in the record that an attendant who speaks the same language as the individual 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, the unsigned EC form must be sent to DMAS.

*A completed and signed Extraordinary Care Form must be submitted to cdlri@dmas.virginia.gov for the LRI to be enrolled with the fiscal agent.