

**Child Health Plus (CHPlus) Medically Fragile  
Home and Community Based Services (MF HCBS)  
Decision Support Model: Ages 6 - 19  
HCBS Eligibility Determination Worksheet**

The HCBS Eligibility Determination is a decision tree model, therefore the steps must be completed in order. The information, justification, and documentation needed must be obtained and meet the requirements outlined per each step to move on in the assessment process, otherwise the child/youth is not eligible for HCBS.

**Section A – Demographic**

Today's Date \_\_\_\_\_

Child/youths Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

Organization/Provider: \_\_\_\_\_

**Section B – Target Population and Risk Factors**

**Step 1:**

1. Documentation of Diagnosis/Condition - medical condition that is physically disabling, causing several functional limitations for at least a year, or is likely to be fatal, as defined by Social Security Income/Social Security Disability or NYS Disability Review (Appendix A). **Criteria Met: Yes ☐ NO ☐**

2. Completion of the following forms to demonstrate diagnosis/condition is impacting the child's/youth's daily functioning.
  - a. Medical Condition - "Childhood Medical Disability Report" DOH-5151
  - b. School Based Observation - "Questionnaire of School Performance" DOH-5152
  - c. Caregiver Observations - "Description of Child's Activities"- DOH-5153

**Criteria Met: Yes ☐ NO ☐**

**Step 2:**

1. Documentation of risk of institution and need for complex supports related to the child's condition. **Criteria Met: Yes ☐ NO ☐**

**Section C: Identifying Functional Criteria for Level of Care**

**Step 3:**

1. Utilize the Rating Sheet below, determine the rating (0, 1, 2, 3) for each item to determine the child/youth's functioning.

2. The “Basic Design for Rating Needs” key listed should be followed when rating the items, along with the support of the CANS-NY Reference Guides ages 0-5 and 6-21 (February 2023).
3. Check the box by the rating number assessed as the “Level of need” and “Appropriate action” of the child/youth.

**Basic design for rating Needs**

Rating	Level of need	Appropriate action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/ additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/intensive action required

#### **Step 4: Justification and Supportive Information**

1. In the narrative description box, all ratings of “2” and “3” must indicate the information obtained to support the rating and the unique needs of the child/youth to develop a service plan.

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**Please complete one rating sheet per child/youth.**

Rate each item using the action level rating for needs, then identify the criterion met by checking the appropriate boxes. Use the Criteria Threshold formula to determine whether the criteria for Medically Fragile HCBS is met and check 'Yes' or 'No'.

<b>Medically Fragile 6-19 years old HCBS Functional Algorithm</b>	
<p>A child meets "medically fragile" if he/she meets:</p> <ul style="list-style-type: none"> <li>At least one "3" on Criterion 1 <b>OR</b></li> <li>At least <b>TWO</b> "2" or "3" on Criterion 2</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>At least a "2" or "3" on Criterion 3</li> </ul> <p>(such that in the absence of well-trained caregiver or medical personnel that this child's care due to physical disability would be provided in a skilled alternate setting, i.e., hospital, nursing home)</p>	
<b>Criterion 1.</b>	
<u>Medical Health Module (88)</u> <ul style="list-style-type: none"> <li>Life Threatening    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Chronicity        0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Intensity of Treatment    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>	<u>Self-Care Activities of Daily Living Module (89)</u> <ul style="list-style-type: none"> <li>Positioning    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Transferrin    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>
<b>Criterion 2.</b>	
<u>Medical Health Module (88)</u> <ul style="list-style-type: none"> <li>Life Threatening    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Chronicity        0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Intensity of Treatment    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>	<u>Self-Care Activities of Daily Living Module (89)</u> <ul style="list-style-type: none"> <li>Eating    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Toileting    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Mobility    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Positioning    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>Transferring    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> </ul>
<b>Criterion 3.</b>	
<u>Medical Health Module (88)</u> <p>Impairment in Functioning    0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>	
<b>Criteria Met: Yes <input type="checkbox"/>    NO <input type="checkbox"/></b>	

**Section C, Step 4: Justification and Supportive Information.**

For any item above rated as actionable (2 or 3), please describe the unique circumstances or areas of support needed for the child/youth.

**All Criteria for Medically Fragile HCBS has been met and the child/youth is eligible:**

**Yes** ☐ **NO** ☐

Name of the Assessor: \_\_\_\_\_

Signature of the Assessor: \_\_\_\_\_

**Appendix A**  
**Social Security Income/Social Security Disability**  
**or NYS Disability Review**

Such medical conditions may include, but not limited to, low birth weight and failure to thrive, musculoskeletal disorders, special senses and speech, respiratory disorders, cardiovascular system, digestive, system, genitourinary disorders, hematological disorders, skin disorders, endocrine disorders, congenital disorders that affect multiple body systems, neurological disorders, mental disorders, cancer (malignant neoplastic diseases) and immune system disorders. Refer to [Listing of Impairments - Child Listings \(Part B\) \(ssa.gov\)](https://www.ssa.gov/childlistings/partB) for additional information.