

DHHS is sending you this packet of information because you may qualify for “medically frail” status. In this envelope please find:

**MEDICALLY FRAIL NOTICE OF REFERRAL FORM**

The Medically Frail Notice of Referral Form gives general information about what “medically frail determinations” are, and the benefits you would receive if you are determined to be medically frail. If you would like to apply, we encourage you to work with your health plan to get copies of your medical records. DHHS will need a copy of your medical records to make a medically frail determination for you. Your health plan’s contact information is on the referral form.

**HOW TO APPLY:**

**PROVIDER ATTESTATION FORM**

Your healthcare provider can fill out the Provider Attestation Form with information about your health condition and send it to DHHS. The form must be signed by your healthcare provider. This information and your submitted medical records will be reviewed by the DHHS clinical team. Some examples of healthcare providers who can fill out the form are medical doctors, nurse practitioners, or psychiatrists.

**OR**

**CHRONICALLY HOMELESS ATTESTATION FORM**

If you are homeless, you can ask your shelter to complete the Chronically Homeless Attestation Form and send it to DHHS. The form must be signed by the shelter worker. This information will be reviewed by the DHHS clinical team.

**MEDICALLY FRAIL COVER PAGE**

Please include the Medically Frail Cover Page with any medically frail information you submit to DHHS.

**Submitting this application is NOT a requirement for basic Medicaid eligibility. If you feel you are medically frail you can submit the forms and medical records to DHHS by website, e-mail, or mail.**

The website address is: <https://dhhs.ne.gov/pages/accessnebraska.aspx>

The e-mail address is: [dhhs.andicenter@nebraska.gov](mailto:dhhs.andicenter@nebraska.gov)

The mailing address is:

Nebraska DHHS

ATTN: Heritage Health Adult Medically Frail Determinations PO Box 95026

Lincoln, NE 68509

**OR**

**If you need any help with this process, please contact your health plan.**

Nebraska Total Care: 1-844-385-2192

Healthy Blue: 1-833-388-1405

United Health Care: 1-800-641-1902

**Additional forms and information relating to medically frail determinations are available at:**

<https://dhhs.ne.gov/Pages/Medically-Frail.aspx>.