

Use this form as the front page when submitting Medically Frail documentation: including provider attestation form or chronically homelessness form, and/or medical documentation.

To: Medically Frail Review Team

Date: _____

Submitted:

Online at <http://dhhs.ne.gov/pages/accessnebraska.aspx>

Emailed to dhhs.medfrailreview@nebraska.gov

Mailed to Nebraska DHHS

Attention: Heritage Health Adult Medically Frail Determinations

301 Centennial Mall South, Lincoln, NE 68509

Number of Pages (including this one): _____

Submitted by: _____

(Name of submitting member or provider/facility)

Submitter's:

Phone number: _____

Email address: _____

Comments:

The information in this letter is confidential and contains protected health information. The information should be treated as confidential, private, and protected in a manner consistent with the Social Security Act and the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. This information may only be further disclosed in accordance with federal regulations found in 42 CFR 480.108-108. If you have received this communication in error, please notify the sender immediately.