

**Policy & Enterprise Solutions**

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**ADMINISTRATIVE MEMORANDUM #2011-01**

TO: Executive Directors of Voluntary Provider Agencies  
Executive Directors of MSC Vendors  
DDSO Directors

FROM: Suzanne Zafonte Sennett, Deputy Commissioner  
Division of Policy and Enterprise Solutions 

SUBJECT: Revised ICF/MR Level of Care Eligibility Determination Form (LCED)

DATE: April 29, 2011

**Suggested Distribution:**

DDSO Medicaid Service Coordination Service Coordinators and Supervisors  
DDSO Home and Community Based Services (HCBS) Waiver Coordinators  
MSC Service Coordinators and Supervisors  
Residential Supervisors

**Applicability:**

This information is applicable for all individuals enrolled in OPWDD's Home and Community Based Services (HCBS) waiver or seeking to enroll in OPWDD's HCBS waiver.

The information in the attached materials is effective as of the date of this ADM. However, providers may phase in the use of the revised LCED form and instructions the next time the annual redetermination of the LCED is due for each HCBS waiver enrolled individual. It is also permissible to utilize electronic versions of this material in accordance with all applicable requirements including requirements related to electronic signatures.

**Purpose:**

The purpose of this memorandum is to issue revised ICF/MR level of care eligibility determination (LCED) and annual redetermination form and instructions for determining and redetermining level of care for HCBS waiver participants. This reissued ICF/MR LCED Form and Instructions supersedes the prior form and instructions outlined in The Key to Individualized Services, The

Home and Community Based Waiver (OMRDD, 1997). This reissued material incorporates the clarifications and streamlining associated with Administrative Memorandum # 2009-05 "ICF/MR Level of Care Eligibility Determination Form (LCED) Qualified Mental Retardation Professional (QMRP) authorized to sign annual LCED forms" issued on December 14, 2009. Thus, this ADM (#2011-01) supersedes ADM #2009-05.

## **LCED Form and Process Clarifications:**

### **Completion of the Initial LCED:**

- The completion of the initial LCED form continues to require the signature of a review physician as well as the DDSO Director (or designee) in order to be considered effective.
- For individuals seeking OPWDD HCBS waiver services, the initial ICF/MR LCED process is the last step of the OPWDD DDSO developmental disability eligibility determination which is completed in accordance with OPWDD eligibility guidelines.
- HCBS waiver enrollment and billing for HCBS waiver services cannot precede the effective date of the LCED determination as indicated in the field "ICF/MR Level of Care Approved Effective (mm/dd/yy)" which is completed by the DDSO Director or designee.
- The effective date of the initial LCED can precede the signature date of the DDSO Director or DDSO Director's designee but it can be no earlier than the date the physician reviewed/signed the LCED Form. The effective date of the initial LCED cannot precede the date the person was determined to have a developmental disability under OPWDD's DD eligibility guidelines.

### **Level of Care Redetermination:**

- A qualified person (e.g., a Qualified Mental Retardation Professional (QMRP) as defined in 42 CFR 483.430(a) or listed in the guidance memorandum dated March 2, 2010 which clarifies ADM #2009-05) is able to review the information on the form and, if there are no changes that impact the person's level of care, to complete the ICF/MR Level of Care Eligibility Redetermination section on the same form as the last redetermination. The redetermination must be completed and signed annually, i.e. within 365 days of the previous authorization (i.e. effective) date.

**Willowbrook class members:**

- These changes do not alter or modify OPWDD's obligations on behalf of Willowbrook class members.

Questions on this change may be directed to Patricia Downes, in OPWDD's Waiver Management Unit, at 518-474-5647.

Cc: Provider Associations  
Mr. Kiyonaga  
Ms. Gentile  
Ms. DeSanto  
Ms. McBain  
Ms. Moeser  
Ms. Haneman  
Ms. Downes

Attachments: ICR/MR Level of Care Eligibility Determinations (LCED) Form  
Instructions for the Completion of the ICF/MR Level of Care Eligibility  
Determination (LCED) Form for HCBS Waiver Participants