



## Policy & Enterprise Solutions

Gary Lind, Deputy Commissioner

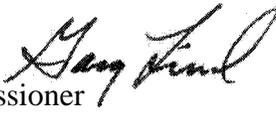
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### ADMINISTRATIVE MEMORANDUM #2009-05

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

**FROM:** Gary Lind, Deputy Commissioner   
Division of Policy and Enterprise Solutions

**SUBJECT:** ICF/MR Level of Care Eligibility Determination Form (LCED)  
Qualified Mental Retardation Professional (QMRP) authorized to sign annual  
LCED forms

**DATE:** December 14, 2009

#### 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 OMRDD's Home and Community Based Services (HCBS) waiver except individuals residing in Community Residences.

#### Background:

The purpose of this memorandum is to notify you of an **optional** change in the requirements related to the review and signatures on the ICF/MR level of care eligibility determination (LCED) annual redetermination forms for HCBS waiver participants. This optional change is made possible as a result of OMRDD's recent HCBS waiver renewal.

**Optional Change:** Effective immediately, a Qualified Mental Retardation Professional (QMRP) who is familiar with the HCBS waiver participant's functional level may review and sign the annual LCED redetermination form in place of a physician (or physician's assistant or nurse practitioner if so authorized by a physician) for all individuals enrolled in the HCBS waiver except residents of Community Residences. Community Residences are subject to OMRDD regulation 14

NYCRR Section 671.4(b)(1)(ii), which requires the signature of a physician or physician's assistant/nurse practitioner on the LCED.

Notes:

**Redetermination only:** This optional change is applicable only for LCED redeterminations. This change is not applicable for the initial LCED which must continue to be reviewed, signed, and dated by a physician.

**QMRP:** See 42 CFR 483 for the definition of QMRP. Also defined in 14 NYCRR Section 690.99 (See "Professional, qualified). The QMRP signing in place of the physician/physician's assistant or nurse practitioner, should sign on the line designated for the QMRP's Signature (at the bottom of the form).

**Required Medical Evaluations:** 14 NYCRR Section 633.10 (a)(2)(iii) requires the annual evaluation of a person's need for a medical examination or specific medical services by a physician or registered physician's assistant for all individuals residing in an OMRDD certified residential facility (e.g., IRA, CR, Family Care).

**Willowbrook class members:** This change does not alter or modify OMRDD's obligations on behalf of Willowbrook class members.

OMRDD is in the process of clarifying and updating the instructions for annual completion of the ICF/MR Level of Care Eligibility Form for HCBS waiver participants. Once this process is completed, the revised instructions and form will be distributed to HCBS waiver and MSC providers. In the meantime, except for the optional change indicated above, the form and directions outlined in The Key to Individualized Services, The Home and Community Based Services Waiver (OMRDD, 1997) remain in effect.

Questions on this optional change may be directed to OMRDD's Waiver Management Bureau at (518) 474-5647.

cc: Provider Associations  
Ms. Broderick  
Ms. Gentile  
Mr. Moran  
Mr. Whitehead