

LCED – ICF/MR Level of Care Eligibility Determination (LCED) Form for HCBS Waiver

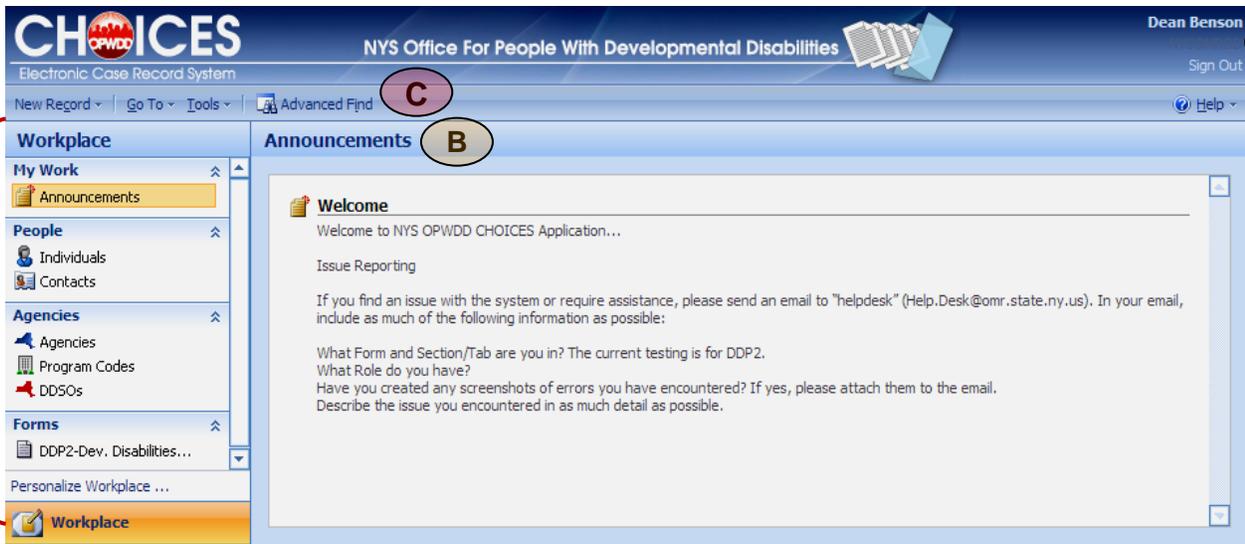
Participants

LCED is required for all participants in the HCBS waiver. The LCED form is used for the initial determination and annual redetermination (i.e., reevaluation) of an individual’s eligibility to receive HCBS waiver services.

This form can only be completed by one of the following: a designated Qualified Reviewer; a qualified person at a voluntary agency, Service Coordinator (MSC Coordinator), Service Coordinator Supervisor (MSC Supervisor), or a DDSO Director or the Director’s designee.

- CHOICES has been developed to automate the process of completing and transmitting forms and generating certain reports.
- The workflow is *Individual* driven; so, it is recommended that work begin on any form by selecting the Individual first and then selecting the necessary form or report to view. (Shown later in document).
- In CHOICES, there is NO delete function. If a mistake is made on a form before saving or submitting, just close and nothing is saved. Once a form is saved, a new form will need to be completed with the correct information.

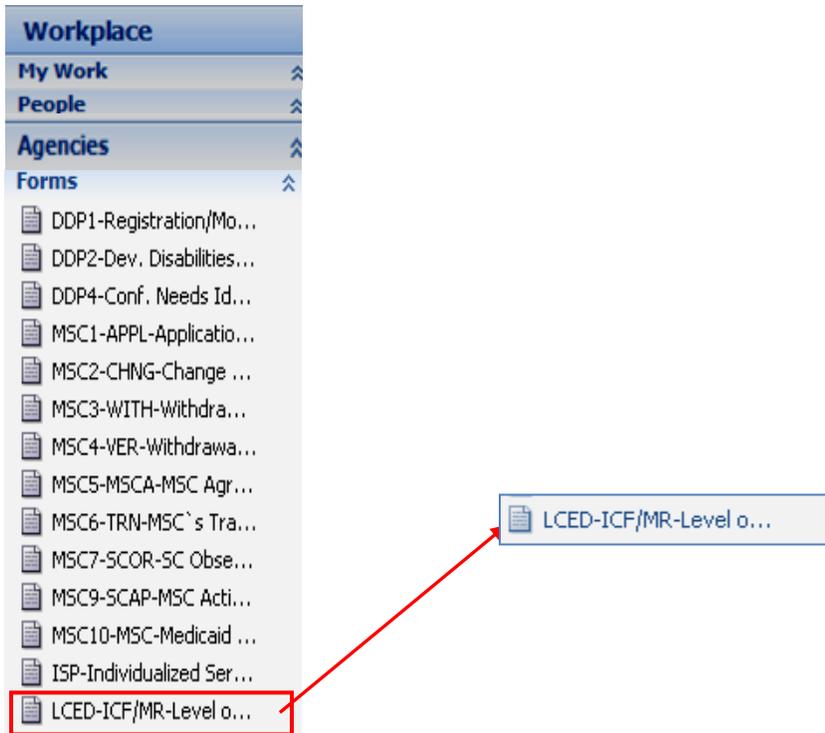
Upon logging into CHOICES, the default is to “Announcements,” which notes System messages, explains new features or gives helpful information. Depending on your role, only certain items may be available.



- A** The Workplace Menu or navigation column is how to move around inside the application.
- B** The content pane displays the folder you have highlighted in the Workplace Menu.
- C** The Toolbar which duplicates all the actions available under the Workplace Menu
- D** Display of the user signed on to the system and the **Sign Out** Area.

Location of Forms

- 1) On the left side, under **Workplace**, is the **Forms** section which is the **central** filing location. Click on the link to see the full list of forms in progress or completed and their current status.



The content pane will display any active or inactive saved forms:

The screenshot shows the content pane for 'LCED-ICF/MR-Level of Care Eligibility Determination'. The 'View' dropdown menu is set to 'Active LCED - Level of Care Eligibility Determination'. The table below displays a list of records with columns for Name, TABS Id, Agency, DSO, Is this initial LCED?, Created On, and Form Status.

Name	TABS Id	Agency	DSO	Is this initial LCED?	Created On	Form Status
LCED for AAMIR, LAMAR	78184	0233 - BROOME	BROOME DSO	Yes	6/28/2011	Submitted
LCED for AARONSON, RISHA	355627	0233 - BROOME	BROOME DSO	No	6/27/2011	Saved
LCED for AGATTI, EKATERINI	24374	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for ALCOCK, DRE Q	35821	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Saved
LCED for ALCOCK, DRE Q	35821	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Saved
LCED for AL-GARIDI, SHOSHONE	107566	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for ALLENDE, WILBT	19138	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for ALUQDAH, IZAM	323969	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for ALVEAR, HARIEL	157791	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Saved
LCED for ALVEAR, HARIEL	157791	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for ANDRO, CLEVE X	66207	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Saved
LCED for ANTMAN, MICHAEL	148036	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Saved
LCED for ANTONUCCI, EDY	22629	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for ARCESE, SHAQUAWN	68729	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Saved
LCED for ARTAVANIS, MARTONE	52375	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted
LCED for BERRY, DARRYL	363220	0233 - BROOME	BROOME DSO	Yes	6/27/2011	Submitted

The **View** above is set to **Active LCED**.

Use the dropdown arrow to highlight **Inactive** to view any forms that have been submitted to the DDSO Coordinator for review. **Inactive** forms cannot be changed.

LCED-ICF/MR-Level of Care Eligibility Determination

Search for records View: Inactive LCED - Level of Care Eligibility Determination

New More Actions

<input checked="" type="checkbox"/>	Name	TABS Id	Agency	DDSO	Created On	Form Status	ICF/MR Level of Care Decision
<input checked="" type="checkbox"/>	LCED for BALOWITZ,ALDA	82150	0233 - BROOME	BROOME DDSO	6/29/2011	Completed	ICF/MR Level of Care Approved

2) All forms are also filed under the **Individual** for whom they were created.

Create a New Form

To create a new LCED go to **Workplace**, under **People**, click the “**Individuals**” link:

Workplace		Individuals			
My Work		Search for records			
Announcements		More Actions			
Reports		<input type="checkbox"/> Full Name TABS ID Date Of Birth			
People		<input checked="" type="checkbox"/> AAA,AA 200066 2/2/1942			
Individuals		<input checked="" type="checkbox"/> ABDUL,PAULA C 201078 3/12/1955			
Contacts		<input checked="" type="checkbox"/> ABIGAIL,ABRAHAM 201126 1/1/1973			
Agencies		<input checked="" type="checkbox"/> ACORN,MOLLY 199811 7/12/1976			
Agencies		<input checked="" type="checkbox"/> Adams, Fester R 209078 6/16/1965			
Program Codes					
DDSOs					

The Individuals section displays everyone that is known to TABS.

In the Individuals section, you can search by name in either the area where it states **Search for records** or by clicking the first letter of the last name at the bottom of the screen.

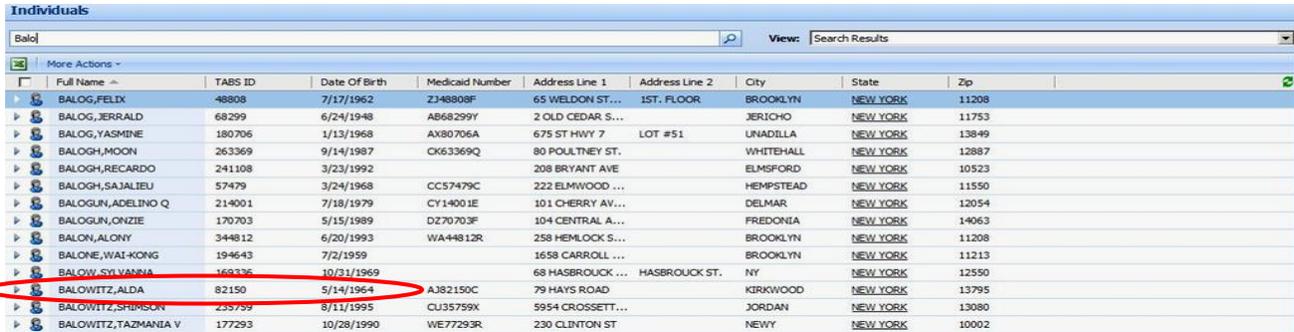
Workplace		Individuals							
My Work		Search for records <input type="text"/>							
Announcements		View: Active Individuals							
Reports		More Actions							
People		<input type="checkbox"/> Full Name TABS ID Date Of Birth Medicaid Number Address Line 1 Address Line 2 City							
Individuals		<input checked="" type="checkbox"/> AAA,AA 200066 2/2/1942 AB12222C 801 CYPRESS ST. ROME							
Contacts		<input checked="" type="checkbox"/> ABDUL,PAULA C 201078 3/12/1955							
Agencies		<input checked="" type="checkbox"/> ABIGAIL,ABRAHAM 201126 1/1/1973							
Agencies		<input checked="" type="checkbox"/> ACORN,MOLLY 199811 7/12/1976 272 E. 91st STR... BROOKLYN							
Program Codes		<input checked="" type="checkbox"/> Adams, Fester R 209078 6/16/1965 XM90823Q							
DDSOs									
Personalize Workplace ...		1 of 50 selected. Page 1							
Workplace		All # A B C D E F G H I J K L M N O P Q R S T U V W X Y Z							



In this example, we want to look for Alda Balowitz. So, we'll enter her last name in the Search for records section. Then, click the **Start Search** button .

A list matching our search displays.

To start an LCED for Alda Balowitz, **double-click** that name from the list.

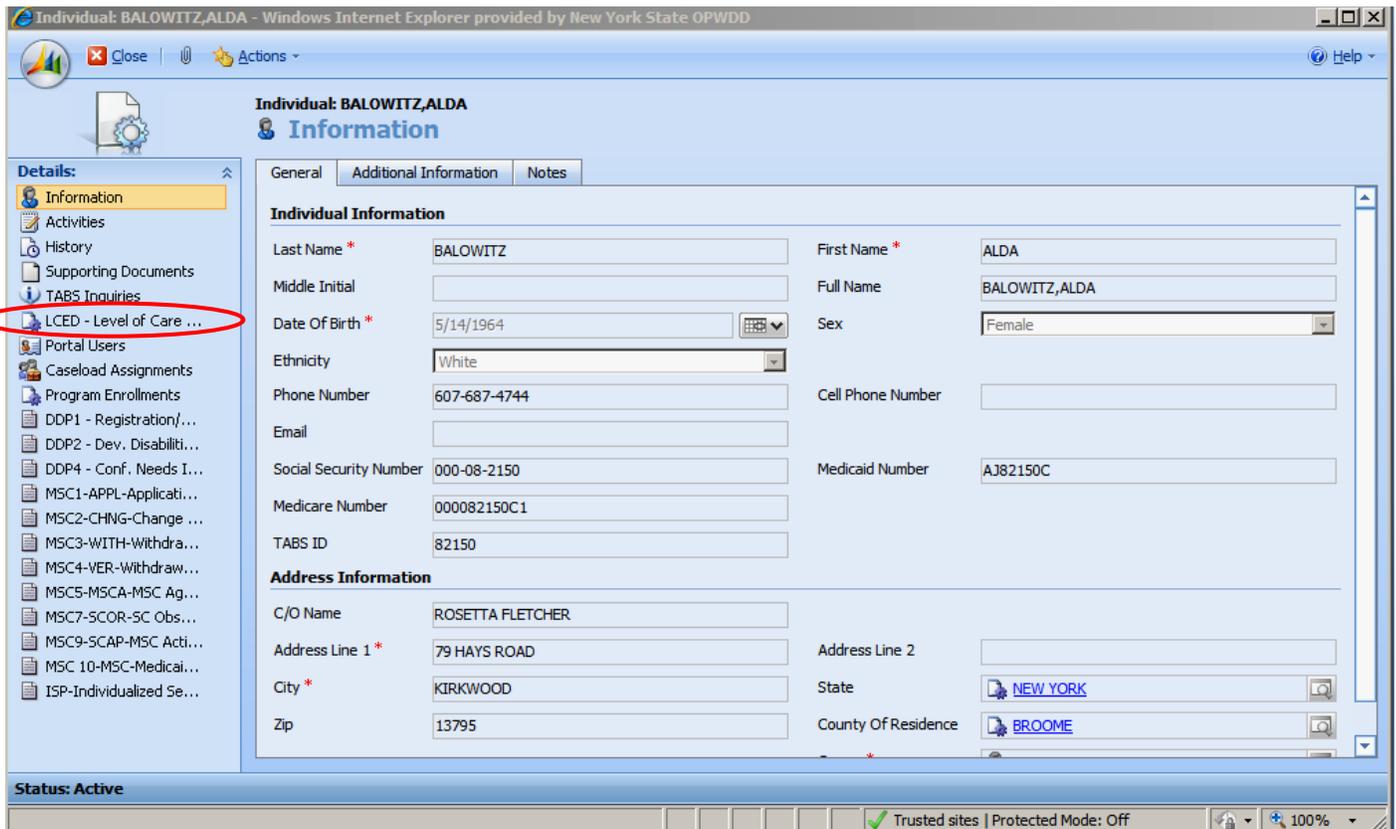


Full Name	TABS ID	Date Of Birth	Medicaid Number	Address Line 1	Address Line 2	City	State	Zip
BALOG, FELIX	48808	7/17/1962	Z348808F	65 WELDON ST...	1ST. FLOOR	BROOKLYN	NEW YORK	11208
BALOG, JERRALD	68299	6/24/1948	AB68299Y	2 OLD CEDAR S...		JERICO	NEW YORK	11753
BALOG, YASMINE	180706	1/13/1968	AX80706A	675 ST HWY 7	LOT #51	UNADILLA	NEW YORK	13849
BALOGH, MOON	263369	9/14/1987	CK63369Q	80 POULTNEY ST.		WHITEHALL	NEW YORK	12887
BALOGH, RECARDO	241108	3/23/1992		208 BRYANT AVE		ELMSFORD	NEW YORK	10523
BALOGH, SAJALIEU	57479	3/24/1968	CC57479C	222 ELMWOOD ...		HEMPSTEAD	NEW YORK	11550
BALOGUN, ADELINO Q	214001	7/18/1979	CY14001E	101 CHERRY AV...		DELMAR	NEW YORK	12054
BALOGUN, ONZIE	170703	5/15/1989	DZ70703F	104 CENTRAL A...		FREDONIA	NEW YORK	14063
BALON, ALONY	344812	6/20/1993	WA44812R	258 HEMLOCK S...		BROOKLYN	NEW YORK	11208
BALONE, WAI-KONG	194643	7/2/1959		1658 CARROLL ...		BROOKLYN	NEW YORK	11213
BALOW, SYLVANIA	169336	10/31/1969		68 HASBROUCK ...	HASBROUCK ST.	NY	NEW YORK	12550
BALOWITZ, ALDA	82150	5/14/1964	A382150C	79 HAYS ROAD		KIRKWOOD	NEW YORK	13795
BALOWITZ, SHIMSON	235759	8/11/1995	CU35759X	5954 CROSSETT ...		JORDAN	NEW YORK	13080
BALOWITZ, TAZMANIA V	177293	10/28/1990	WE77293R	230 CLINTON ST		NEWY	NEW YORK	10002

A screen appears with her information pulled directly from TABS.

Confirm that the Individual displayed is the correct person by reviewing the pre-populated fields.

On the left side of the screen under **Details**, click **LCED-Level of Care...** link.



Individual: BALOWITZ, ALDA - Windows Internet Explorer provided by New York State OPWDD

Individual: BALOWITZ, ALDA
Information

Details:

- Information
- Activities
- History
- Supporting Documents
- TABS Inquiries
- LCED - Level of Care ...**
- Portal Users
- Caseload Assignments
- Program Enrollments
- DDP1 - Registration/...
- DDP2 - Dev. Disabiliti...
- DDP4 - Conf. Needs I...
- MSC1-APPL-Applicati...
- MSC2-CHNG-Change ...
- MSC3-WITH-Withdra...
- MSC4-VER-Withdraw...
- MSC5-MSCA-MSC Ag...
- MSC7-SCOR-SC Obs...
- MSC9-SCAP-MSC Acti...
- MSC 10-MSC-Medical...
- ISP-Individualized Se...

General | Additional Information | Notes

Individual Information

Last Name * BALOWITZ | First Name * ALDA
Middle Initial | Full Name BALOWITZ, ALDA
Date Of Birth * 5/14/1964 | Sex Female
Ethnicity White
Phone Number 607-687-4744 | Cell Phone Number
Email
Social Security Number 000-08-2150 | Medicaid Number A382150C
Medicare Number 000082150C1
TABS ID 82150

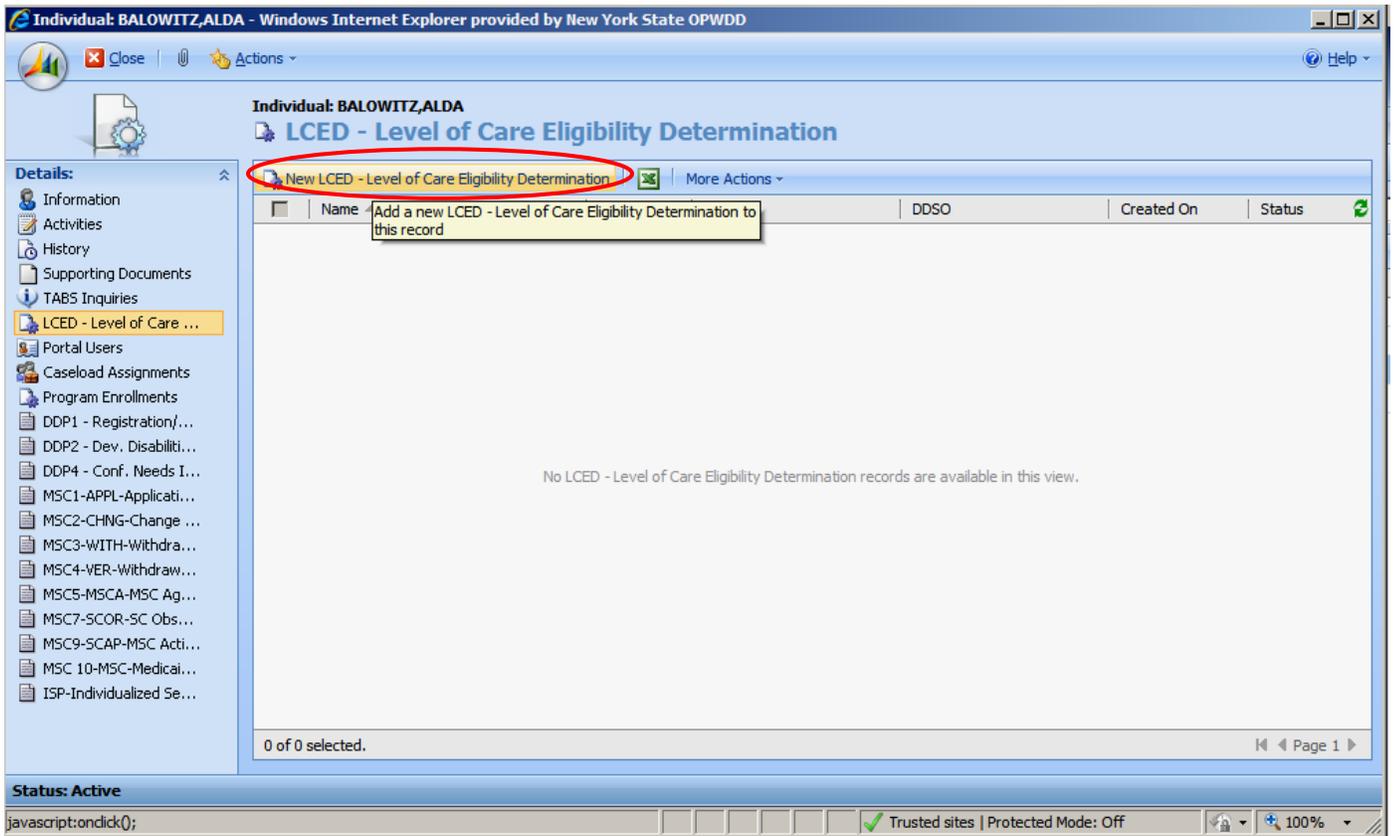
Address Information

C/O Name ROSETTA FLETCHER
Address Line 1 * 79 HAYS ROAD | Address Line 2
City * KIRKWOOD | State NEW YORK
Zip 13795 | County Of Residence BROOME

Status: Active

Trusted sites | Protected Mode: Off | 100%

To create an initial LCED, click the **New –LCED – Level of Care Eligibility Determination** link.



Completing the Form

Upon opening, the **General** tab is displayed.

The screenshot shows a web browser window titled "LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA - Windows Internet Explorer provided by New York State 0". The browser's address bar and menu bar are visible. The main content area displays the "Information" section of the form, with the "General" tab selected. The form fields are as follows:

Individual Information	
Individual	BALOWITZ,ALDA
TABS ID	82150
First Name	ALDA
Last Name	BALOWITZ
Middle Initial	
Date of Birth	5/14/1964
Street 1	79 HAYS ROAD
Street 2	
City	KIRKWOOD
State	NEW YORK
Zip Code	13795
Responsible Medicaid District	Broome
Medicaid Number	AJ82150C
620 Eligibility	
621 Eligibility	
Dates of Pre-enrollment Evaluations	
Physical	6/29/2011
Social	6/29/2011
Psychological	6/29/2011

At the bottom of the form, the status is "Active". The browser's status bar at the bottom indicates "Unknown Zone (Mixed) | Protected Mode: Off" and a zoom level of "100%".

620 and 621 Eligibility pre-populates from TABS

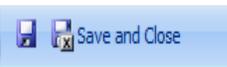
Dates of Pre-enrollment Evaluations:

Cannot be future dates

Physical and Social are required for initial LCED

None of these dates are required for redetermination

To activate the details section, the Service Coordinator can click save



or save and close.

Eligibility Criteria Tab

The screenshot shows a web application window titled "LCED - Level of Care Eligibility Determination: New - Windows Internet Explorer provided by New York State OPWDD". The main content area is titled "LCED - Level of Care Eligibility Determination: New" and has a sub-tab "Information". Below this, there are four tabs: "General", "Eligibility Criteria", "Authorizations", and "Notes". The "Eligibility Criteria" tab is selected and contains the following sections:

- 1. Diagnosis**
 - A. Mental Retardation
 - B. Epilepsy
 - C. Autism
 - D. Neurological Impairment
 - E. Cerebral Palsy
 - F. Familial Dysautonomia
 - G. Other
- 2. Disability Manifested Prior to Age 22**
- 3. Severe Behavior Problem**
Frequency
- 4. Health Care Need**
 - A. Medical condition which requires daily individualized attention from health care staff
 - B. Self injurious behavior which necessitates monitoring and treatment
 - C. Individual has deficits in self-care skills
 - 1. Extremely limited self-help skills, requires total assistance with self-care tasks
 - 2. Demonstrates some self-help skills, requires assistance/training in performing self-care tasks
- 5. Adaptive Behavior Deficit**

The status bar at the bottom indicates "Status: New" and "Unknown Zone (Mixed) | Protected Mode: Off".

1. Diagnosis

- At least one is required. User may select more than one
- If user selects Other, input in textbox is required

2. Disability Manifested Prior to Age 22

- User selects yes or no

3. Severe Behavior Problem

- User must select a value for "Severe Behavior Problem"
- If user selects Yes, then user must make a frequency selection
- If user selects No, then user should not make a frequency selection (Note that this is the ONLY dropdown that can be a blank in this form).
- User cannot select No for "Severe Behavior Problem" and have a frequency selected

LCED - Level of Care Eligibility Determination: New - Windows Internet Explorer provided by New York State OPWDD

Save and Close Submit Form Help

LCED - Level of Care Eligibility Determination: New
Information

Details: Information, Activities, History, Supporting Documents

General	Eligibility Criteria	Authorizations	Notes
2. Disability Manifested Prior to Age 22		No	
3. Severe Behavior Problem		Yes	
Frequency		Occurred in past 12 r	
4. Health Care Need		Yes	
A. Medical condition which requires daily individualized attention from health care staff		Yes	
B. Self injurious behavior which necessitates monitoring and treatment		Yes	
C. Individual has deficits in self-care skills		Yes	
1. Extremely limited self-help skills, requires total assistance with self-care tasks		No	
2. Demonstrates some self-help skills, requires assistance/training in performing self-care tasks		Yes	
5. Adaptive Behavior Deficit			
A. Communication			
1. Individual has extremely limited expressive or receptive language skills			
2. Individual has some expressive or receptive language but requires assistance to communicate needs			
B. Learning			

Status: New

Unknown Zone (Mixed) | Protected Mode: Off | 100%

4. Health Care Need

- User must choose Yes or No for “Health Care Need”
- User must select Yes or No for A, B, and C (No blanks allowed)
- User may choose Yes for more than one condition (A, B, and/or C)
- User cannot select No for “Health Care Need” and with a condition (A, B, and/or C) as Yes
- If user chooses Yes for “Health Care Need,” then a condition (A, B, and/or C) must be Yes
- If user chooses Yes for condition C, then either 1 or 2 must be Yes
- If user chooses No for condition C, then both 1 and 2 must be No
- Both C 1 and C2 cannot be Yes and cannot be blank
- If either 1 or 2 under condition C is Yes, then C must be Yes
- If both 1 and 2 under condition C are No, then C must be No

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA - Windows Internet Explorer provided by New York State 0

Save and Close Submit Form View PDF Help

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

Details: Information Activities History Supporting Documents

General Eligibility Criteria Authorizations Notes

assistance/training in performing self-care tasks

5. Adaptive Behavior Deficit Yes

A. Communication No

1. Individual has extremely limited expressive or receptive language skills No

2. Individual has some expressive or receptive language but requires assistance to communicate needs No

B. Learning Yes

1. I.Q. score cannot be determined using standardized test measures (certified untestable) No

2. I.Q. score of less than 50 No

3. Over 21 years of age, person's reading and computational skills are at first grade level or below No

4. I.Q. score of 50-69 No

5. Over 21 years of age, person's reading and computational skills are at third grade level or below Yes

C. Mobility No

1. Individual is non-ambulatory and totally dependent on staff for moving from one place to another No

Status: Active

Unknown Zone (Mixed) Protected Mode: Off 100%

5. Adaptive Behavior Deficit

- If user selects Yes for “Adaptive Behavior Deficit”, then at least one of A-E must be Yes
- A-E cannot be blank; either Yes or No must be selected
- If A-E are all selected as No, then “Adaptive Behavior Deficit” must be No

A. Communication

- Yes should be selected for “Communication” if 1 or 2 is Yes
- If 1 or 2 are set to No, then Yes cannot be selected for “Communication”
- Both 1 and 2 cannot be set to Yes and cannot be blank

B. Learning

- “Learning” cannot be blank (must be either Yes or No)
- “Learning” should be Yes if 1, 2, 3, 4, or 5 is Yes
- 1-5 must have a Yes or No answer (no blanks allowed)
- Only one of the IQ questions (1, 2, or 4) can be Yes
- Only one of the over 21 age questions (3 or 5) can be Yes
- “Learning” can be Yes if one of the IQ questions (1, 2, or 4) is Yes or if one of the over-21-age questions (3 or 5) is Yes
- “Learning” can be Yes if one of the IQ questions (1, 2, or 4) is Yes with either over-21-age question (3 or 5) set to Yes

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA - Windows Internet Explorer provided by New York State 0

Save and Close Submit Form View PDF Help

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

Details: Information Activities History Supporting Documents

General Eligibility Criteria Authorizations Notes

computational skills are at third grade level or below

C. Mobility No

1. Individual is non-ambulatory and totally dependent on staff for moving from one place to another No

2. Individual has some mobility skills but needs staff assistance and training No

D. Capacity for Independent Living Yes

1. Individual is completely dependent on others for all household activities No

2. Individual needs assistance or training to perform tasks to be contributing member of household Yes

E. Self-Direction Yes

1. Individual exhibits weekly challenging behaviors requiring individualized programming Yes

2. Individual is completely dependent on others for management of his/her personal affairs No

3. Individual exhibits monthly challenging behaviors requiring individualized programming No

4. Individual needs assistance or training for management of his/her personal affairs Yes

Status: Active

Unknown Zone (Mixed) Protected Mode: Off 100%

C. Mobility

- “Mobility” cannot be blank (must be either Yes or No)
- 1 and 2 under “Mobility” cannot be blank (must be either Yes or No)
- Yes must be selected for “Mobility” if 1 or 2 is Yes
- Either 1 or 2 can be Yes; not both
- If No is selected for “Mobility”, then 1 and 2 must be No

D. Capacity for Independent Living

- “Capacity for Independent Living” cannot be blank (must be either Yes or No)
- 1 and 2 cannot be blank (must be either Yes or No)
- Yes must be selected for “Capacity for Independent Living” if 1 or 2 is Yes
- Either 1 or 2 can be Yes; not both
- If No is selected for “Capacity for Independent Living”, then 1 and 2 must be No

E. Self Direction

- “Self Direction” cannot be blank (must be either Yes or No)
- 1-4 cannot be blank (must be either Yes or No)
- The following are valid Yes combinations:
 - E1
 - E2
 - E3
 - E4

- E1 and E2
- E1 and E4
- E2 and E3
- E3 and E4

Authorizations Tab

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA - Windows Internet Explorer provided by New York State O

Save and Close Submit Form View PDF Help

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

Details: Information Activities History Supporting Documents

General Eligibility Criteria Authorizations Notes

Submission Information

Agency * 0233 - BROOME DDSO * BROOME DDSO

Is this initial LCED in CHOICES? * Yes Show Form in CHOICES Portal No Yes

Qualified Reviewer Signature

Qualified Reviewer Signing this Form * train128_train128 Qualified Reviewer's E-Signature

Title of Qualified Reviewer * MSC Supervisor

Physician Signature

Has Physician Signed Paper Form Date Physician Signed

Name of Physician

DDSO Approvals

Has the OPWDD process for DD Eligibility been completed by the DDSO?

ICF/MR Level of Care Decision ICF/MR Level of Care Approved Effective

Date of Waiver

Status: Active

Unknown Zone (Mixed) | Protected Mode: Off 100%

- **Submission Information**
 - “Agency” is user’s agency
 - “DDSO”
 - User’s DDSO if user is state staff
 - If user is Agency staff, then user must select DDSO
 - “Show Form in CHOICES Portal” default is No. User must select Yes for form to be seen through Portal
- **Qualified Reviewer Signature**
 - “Person Completing This Form” is defaulted in as “Qualified Reviewing Signing this Form”. User can look-up and select someone else.
 - “Title of Qualified Reviewer” is entered by “Person Completing This Form.” This is a required field.
 - “Qualified Reviewer’s E-signature” is filled in by the system when qualified reviewer e-signs this form

- **Physician Signature**
 - This section is filled out by the DDSO Director or designee

- **DDSO Approvals**
 - For initial, if user selects “No” for “Has the OPWDD process for DD Eligibility been completed by the DDSO?” displays a pop-up: “You can save this form and come back when DD Eligibility has been completed.”.
 - ICF/MR Level of Care Approved Effective Date cannot be before physician signed date.
 - If no DDSO approval, then “Date of Waiver Enrollment” field is disabled. “Date of Waiver Enrollment” cannot precede physician signature date. Date of Waiver can be a future date.

Note: OPWDD requirements do not include a field for agency supervisors to sign. The current paper form does not have a signature line for the agency. If agencies want their supervisors to sign, then they can print out the PDF form and sign it- like current paper form process.

View PDF

Click on “View PDF” to open and review the form.

STATE OF NEW YORK OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES			
Name of Individual: BALOWITZ,ALDA			
Address: 79 HAYS ROAD KIRKWOOD, NY 13795		D.O.B. 05/14/1964	Status 620/ 621 Netherlands
Responsible Medicaid District: Broome		Medicaid No (CIN) A132130C	TABS ID 82130
Dates of Pre-enrollment Evaluations	Physical 06/29/11	Social 06/29/11	Psychological 06/29/11
<i>This information must be kept confidential by recipient</i> CLIENT ELIGIBILITY DETERMINATION CRITERIA			
1. DIAGNOSIS A. Mental Retardation <input type="checkbox"/> C. Autism <input checked="" type="checkbox"/> E. Cerebral Palsy <input type="checkbox"/> G. Other (specify)			
B. Epilepsy <input type="checkbox"/> D. Neurological Impairment <input type="checkbox"/> F. Familial Dysautonomia <input type="checkbox"/>			
2. DISABILITY MANIFESTED PRIOR TO AGE 22 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3. SEVERE BEHAVIOR PROBLEM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> A. Daily <input type="checkbox"/> B. Weekly <input type="checkbox"/> C. Monthly <input type="checkbox"/> D. Occurred in past 12 months <input checked="" type="checkbox"/>	
4. HEALTH CARE NEED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
A. Individual has a medical condition which requires daily individualized attention from health care staff			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
B. Individual displays self-injurious behavior which necessitates monitoring and treatment			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
C. Individual has deficits in self-care skills			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
1. Extremely limited self-help skills, requires total assistance with self-care tasks			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. Demonstrates some self-help skills, but requires assistance and training in performing self-care tasks			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. ADAPTIVE BEHAVIOR DEFICIT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
A. COMMUNICATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
1. Individual has extremely limited expressive or receptive language skills			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

To Print the form do so from the PDF.

Using the PDF toolbar at the top of the page click on the print icon.

To close the PDF, click ‘X’ in the top right-hand corner:

Signature Form screen displays.

When ready for submission to the DDSO Director, the Service Coordinator or the MSC Supervisor clicks the submit button and the signature form appears.

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

General Eligibility Criteria Authorizations Notes

Qualified Reviewer Signing this Form * train128.train128

Title of Qualified Reviewer * MSC Supervisor

Physician Signature

Has Physician Signed Paper Form

Name of Physician

DDSO Approvals

Has the CPWDD process for DD Eligibility been completed by the DDSO?

ICF/MR Level of Care Decision

ICF/MR Level of Care Approved Effective

Date of Waiver Enrollment

DDSO Director (or designee)

DDSO Director (or designee) Electronic Signature

Person Completing this form train128.train128

Status: Active

Please read the informational paragraph then click the box noting – “By checking this box...” (this process is the same for all forms).

Signature Form

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By re-entering your network password and checking the box to agree to the terms and conditions herein, and clicking the submit button, you are authenticating that you are, in fact, the user associated with the user-ID below. Any document electronically signed after this authentication will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

By checking this box you agree to the above.

Please enter your password to sign this form electronically.

Individual Name: BALOWITZ,ALDA

Service Coordinator: train128 train128

Enter Password:

Submit Reset Close

https://nysomrdd.choices- Trusted sites | Protected Mode: Off

After checking the check box, the Service Coordinator enters their password and clicks the submit button.

To complete a Redetermination of an initial LCED not in CHOICES

Follow instructions starting on page 5 and create a new LCED. Enter data within the tabs entitled General and Eligibility Criteria.

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA - Windows Internet Explorer provided by New York State OPWDD

Save and Close Submit Form View PDF Help

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

Details: Information Activities History Supporting Documents

General Eligibility Criteria Authorizations Reviews Notes

Individual Information

Individual	BALOWITZ,ALDA	TABS ID	82150
First Name	ALDA	Last Name	BALOWITZ
Middle Initial		Date of Birth	5/14/1964
Street 1	79 HAYS ROAD	Street 2	
City	KIRKWOOD	State	NEW YORK
Zip Code	13795	Responsible Medicaid District	Broome
Medicaid Number	AJ82150C	621 Eligibility	
620 Eligibility			

Dates of Pre-enrollment Evaluations

Physical	6/29/2011	Social	6/29/2011	Psychological	6/29/2011
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Status: Active

Unknown Zone (Mixed) | Protected Mode: Off | 100%

Select, 'No,' within the Authorizations Tab to indicate that this is not an initial LCED.

LCED - Level of Care Eligibility Determination: New - Windows Internet Explorer provided by New York State OPWDD

Save and Close Submit Form Help

LCED - Level of Care Eligibility Determination: New

Information

Details: Information Activities History Supporting Documents

General Eligibility Criteria Authorizations Reviews Notes

Submission Information

Agency *	0233 - BROOME	DDSO *	BROOME DDSO
Is this initial LCED in CHOICES? *	No	Show Form in CHOICES Portal	<input checked="" type="radio"/> No <input type="radio"/> Yes

Qualified Reviewer Signature

Date Qualified Reviewer Signed (prior LCED) *	7/1/2011
---	----------

Physician Signature

Has Physician Signed Paper Form	<input type="checkbox"/>	Date Physician Signed *	7/1/2011
Name of Physician			

DDSO Approvals

Has the OPWDD process for DD Eligibility been completed by the DDSO? *	Yes		
ICF/MR Level of Care Decision *	ICF/MR Level of Care Approved	ICF/MR Level of Care Approved Effective *	6/30/2011
Date of Waiver Enrollment *	6/29/2011		

Status: New

Done

Unknown Zone (Mixed) | Protected Mode: Off | 100%

Within the Authorizations Tab only the date signed by a qualified reviewer, physician and DDSO Director/designee are required and not the name of the physician, qualified reviewer or the DDSO Director or designee.

LCED - Level of Care Eligibility Determination: New

Information

General | Eligibility Criteria | Authorizations | Reviews | Notes

Qualified Reviewer Signature

Date Qualified Reviewer Signed (prior LCED) * 7/1/2011

Physician Signature

Has Physician Signed Paper Form Date Physician Signed * 7/1/2011

Name of Physician

DDSO Approvals

Has the OPWDD process for DD Eligibility been completed by the DDSO? * Yes

ICF/MR Level of Care Decision * ICF/MR Level of Care Approved ICF/MR Level of Care Approved Effective * 6/30/2011

Date of Waiver Enrollment * 6/29/2011

Date Signed by DDSO Director (or designee) * 7/1/2011

Person Completing this form train128 train128

Status: New

When viewing or printing the PDF for the redetermination when the initial LCED is not in CHOICES, the signature lines for qualified reviewer, physician, and DDSO Director will display: **Redetermination Based on Prior LCED not in CHOICES**

STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

HCBS Form 02.02.97(5/2010, 3/2011)
Form URAC-2(4-86)

Name of Individual: BALOWITZ,ALDA Medicaid No (CIN): A382130C

Signature of Qualified Person Completing the Form: **Redetermination Based on Prior LCED not in CHOICES** Review Date: 07/06/11

Signature of Review Physician: **Redetermination Based on Prior LCED not in CHOICES** Review Date: 07/05/11

This section to be completed by the DDSO for initial LCED only

Has the OPWDD process for DD Eligibility been completed by the DDSO? YES NO

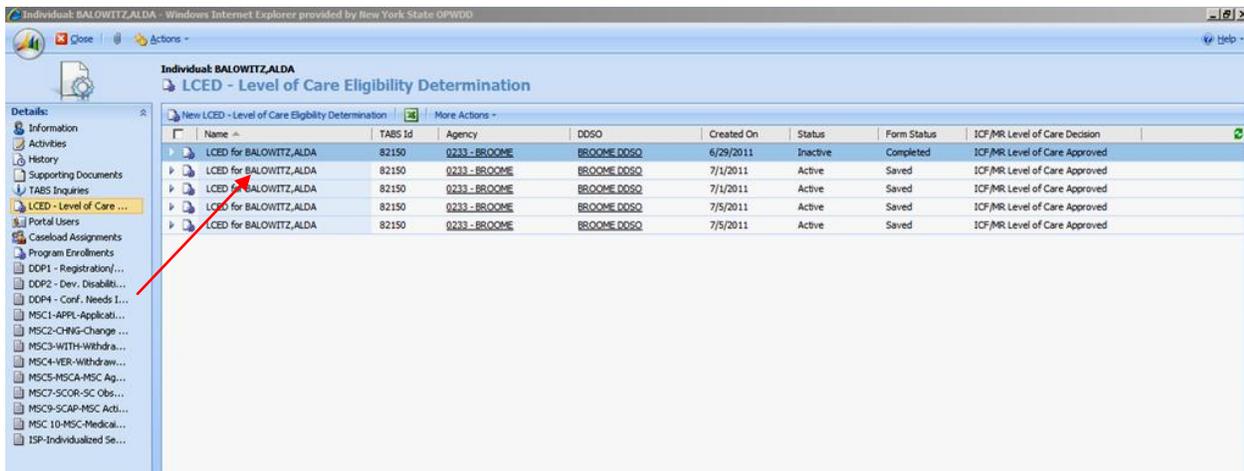
ICF/MR Level of Care Approved Effective (mm/dd/yy) 07/06/11 ICF/MR Level of care NOT Approved

Date of Waiver Enrollment: (mm/dd/yy) 07/06/11

Signature of DDSO Director (or Designee): **Redetermination Based on Prior LCED not in CHOICES** Date: 07/06/11

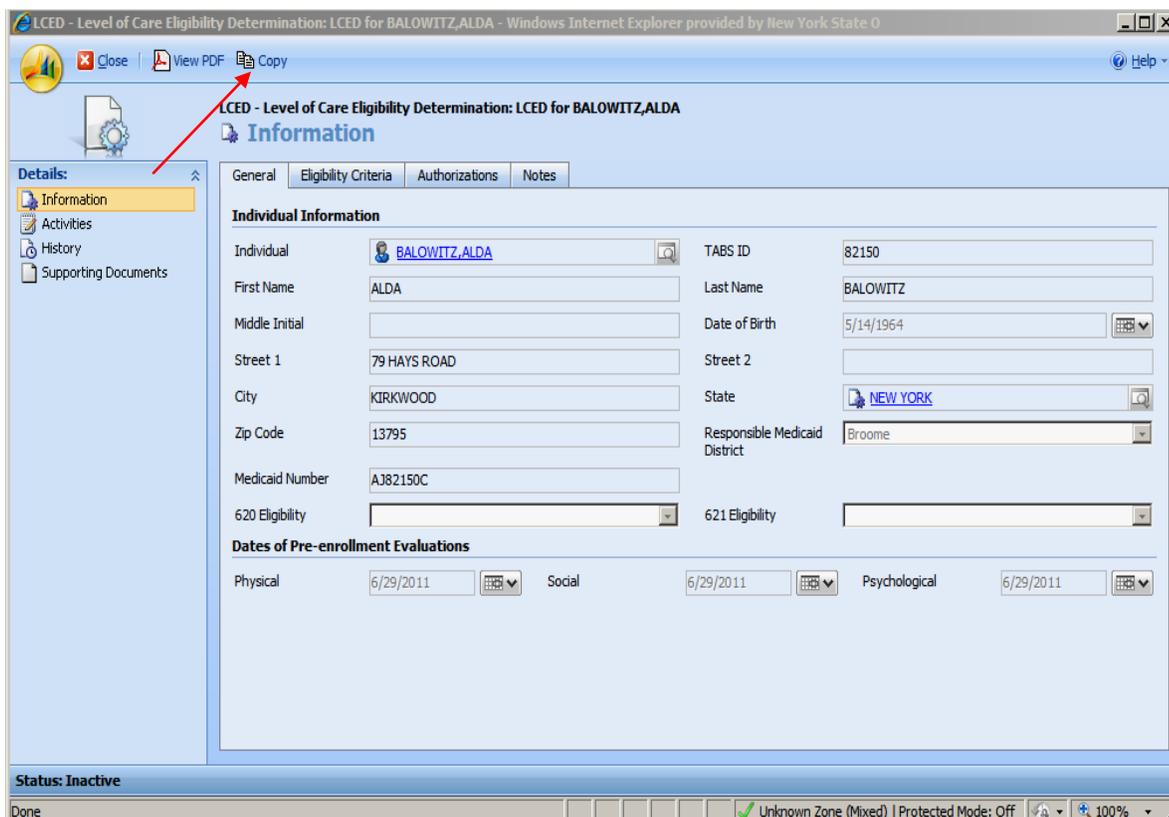
To complete a Redetermination (Initial Redetermination or Redetermination of a Redetermination)

After the LCED is reviewed and approved by the DDSO Director or designee, the approved form appears in the queue for the individual within the folder entitled LCED. You can only copy an Approved form that has a status of inactive and a form status of completed.



Name	TABS Id	Agency	DDSO	Created On	Status	Form Status	ICF/MR Level of Care Decision
LCED for BALOWITZ,ALDA	82150	0233 - BROOME	BROOME DDSO	6/29/2011	Inactive	Completed	ICF/MR Level of Care Approved
LCED for BALOWITZ,ALDA	82150	0233 - BROOME	BROOME DDSO	7/1/2011	Active	Saved	ICF/MR Level of Care Approved
LCED for BALOWITZ,ALDA	82150	0233 - BROOME	BROOME DDSO	7/1/2011	Active	Saved	ICF/MR Level of Care Approved
LCED for BALOWITZ,ALDA	82150	0233 - BROOME	BROOME DDSO	7/5/2011	Active	Saved	ICF/MR Level of Care Approved
LCED for BALOWITZ,ALDA	82150	0233 - BROOME	BROOME DDSO	7/5/2011	Active	Saved	ICF/MR Level of Care Approved

Double click on the LCED form that has been approved



LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

General Eligibility Criteria Authorizations Notes

Individual Information

Individual	BALOWITZ,ALDA	TABS ID	82150
First Name	ALDA	Last Name	BALOWITZ
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City	KIRKWOOD	State	NEW YORK
Zip Code	13795	Responsible Medicaid District	Broome
Medicaid Number	AJ82150C		
620 Eligibility		621 Eligibility	

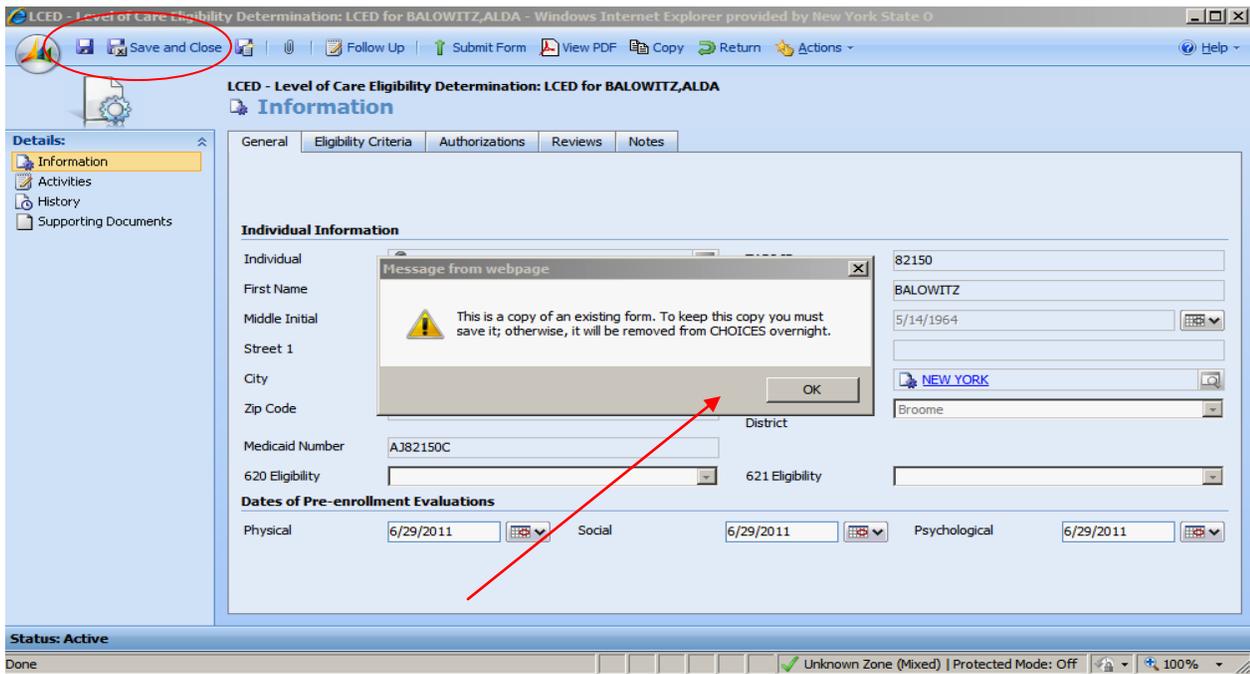
Dates of Pre-enrollment Evaluations

Physical	6/29/2011	Social	6/29/2011	Psychological	6/29/2011
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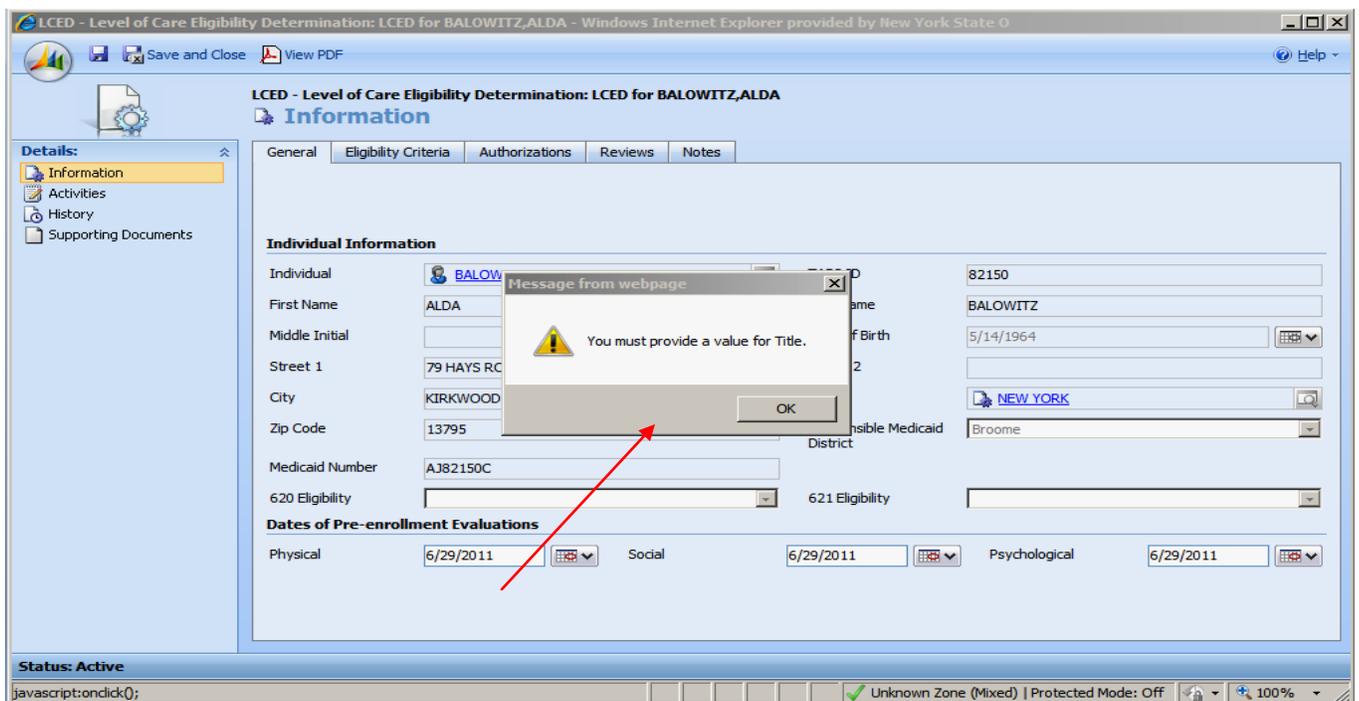
Status: Inactive

Click on copy to create a copy of the form.

The following message appears. Click Ok and then Click on Save or Save and Close.



After clicking save you will be prompted to provide your title within the Reviews Tab, Please note that the Reviews Tab does not exist within the initial LCED. Click ok and enter your title.



The Review Tabs opens. Type in your title within the Title field.

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA - Windows Internet Explorer provided by New York State 0

Save and Close | View PDF | Help

LCED - Level of Care Eligibility Determination: LCED for BALOWITZ,ALDA

Information

Details:

- Information
- Activities
- History
- Supporting Documents

General | Eligibility Criteria | Authorizations | Reviews | Notes

LCED Reviews

Based upon my knowledge of the individual and a review of the most recent psychological evaluation, psychosocial history, medical history, and the information outlined in the initial/most recent LCED, I certify that there has been no significant change that impacts the individual's eligibility for ICF/MR Level of Care.

Qualified Reviewer Signing this Form * Title *

Note: If an individual no longer meets the ICF/MR level of care, the DDSO must immediately be contacted for further action.

Review Signatures

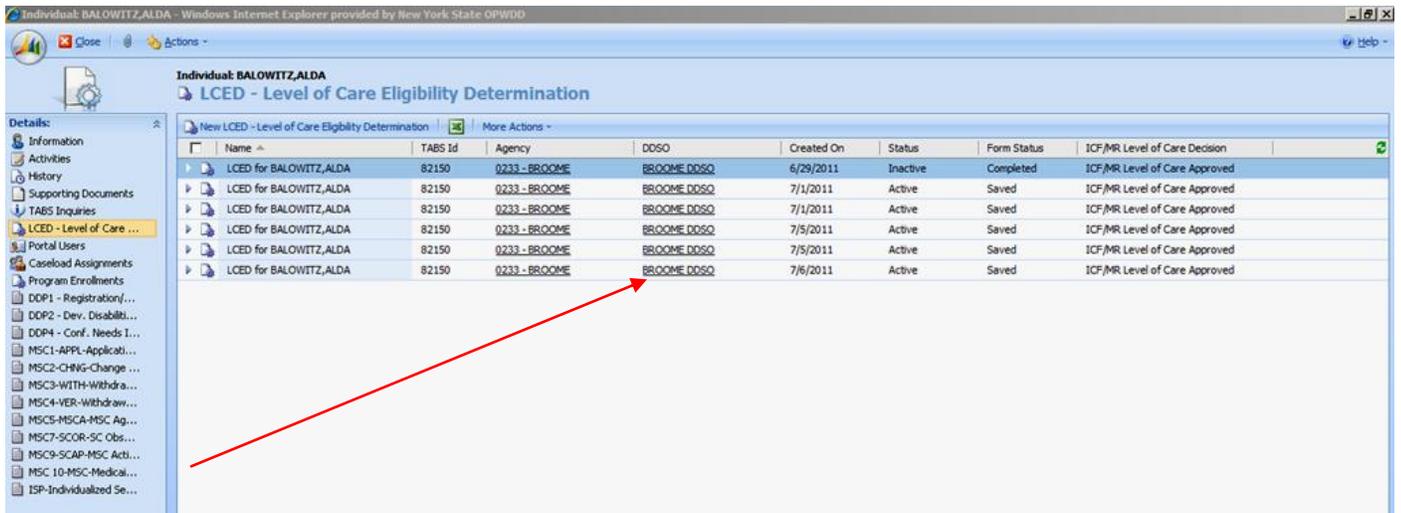
Status: Active

Done | Unknown Zone (Mixed) | Protected Mode: Off | 100%

Note: If an individual no longer meets the ICF/MR level of care, the DDSO must immediately be contacted for further action.

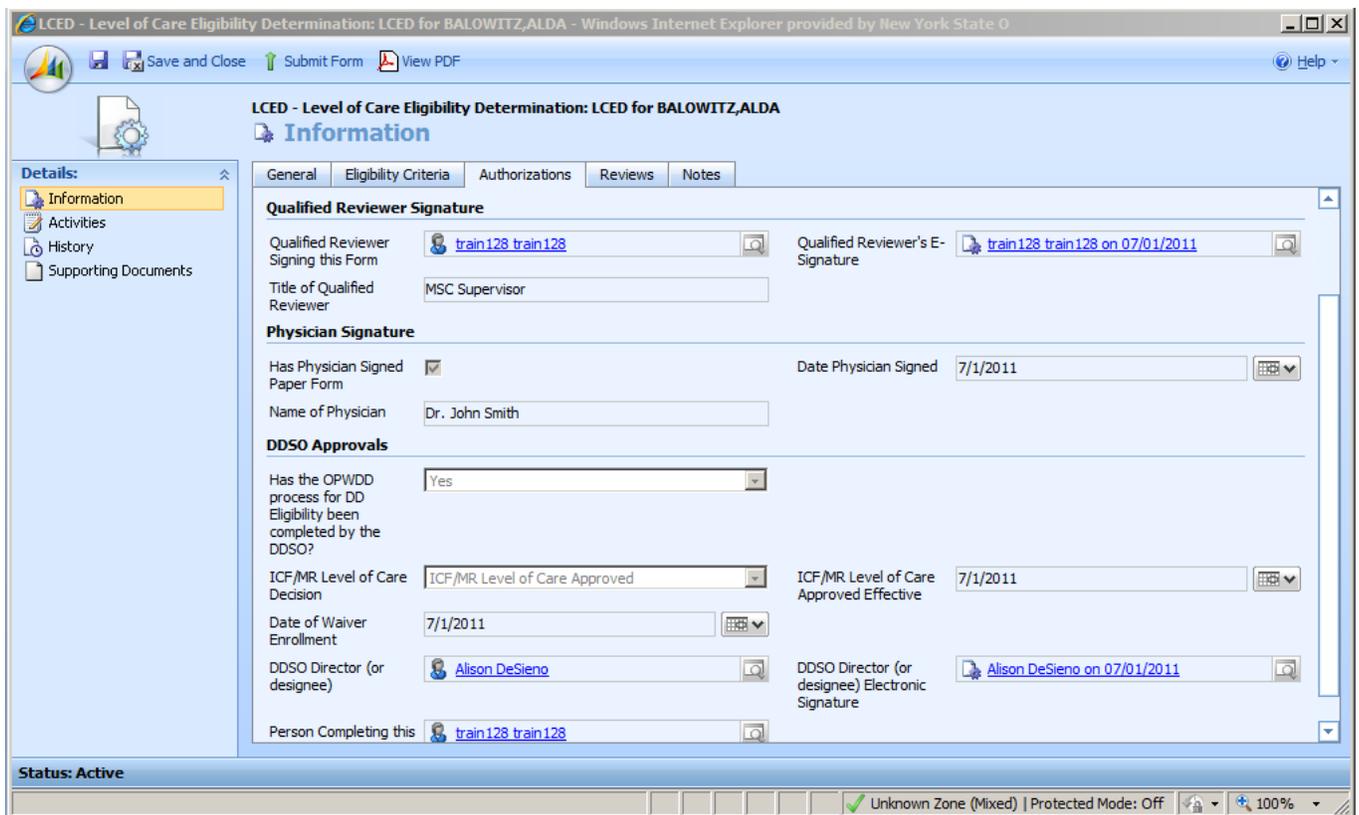
Click **Save and close**.

The screen returns to the LCED menu. You will need to refresh the screen to view the newly copied form (close and reopen the menu and this will refresh the screen).

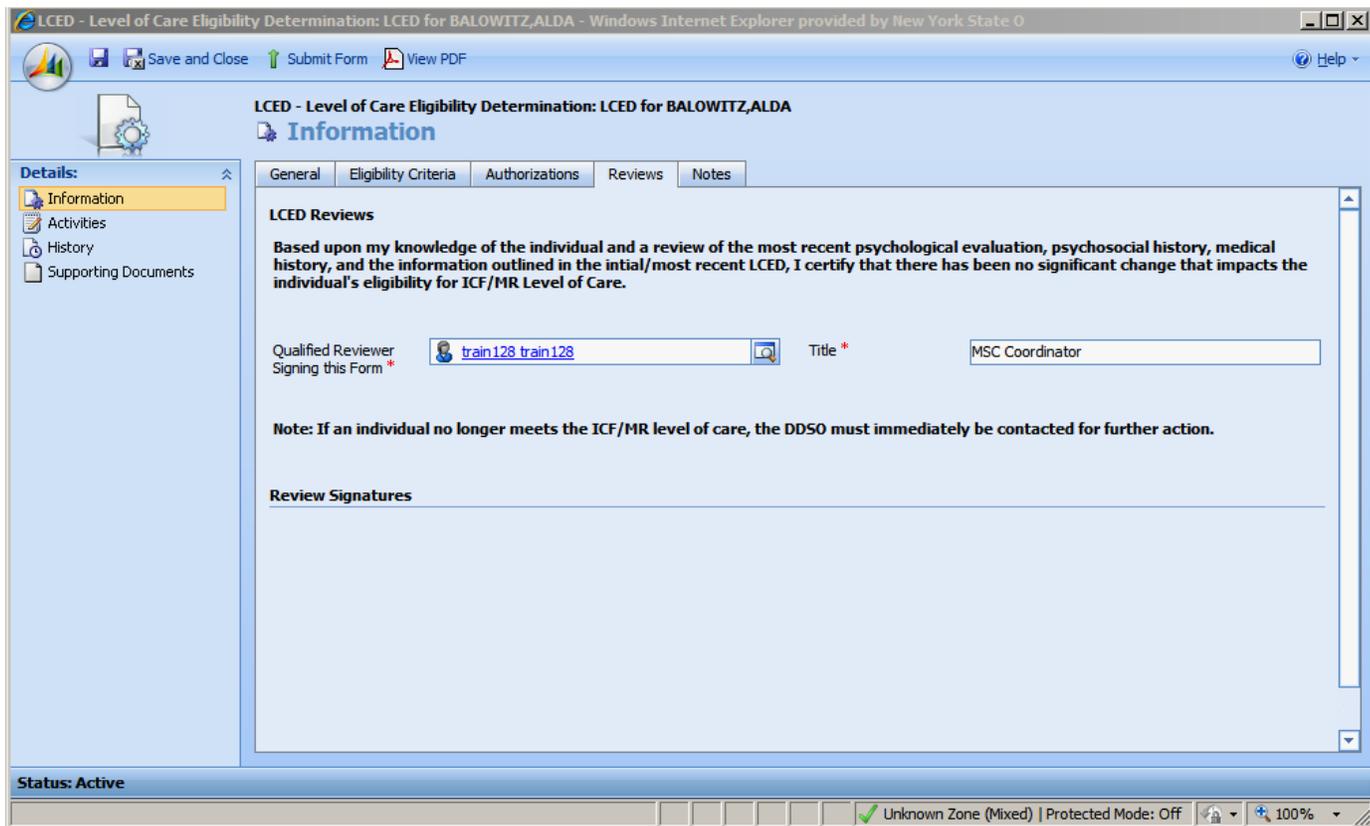


Double click on the saved form to open.

If this is a redetermination of an initial LCED in CHOICES, the following applies.



- Copy forward a completed and approved initial LCED in CHOICES
- Evaluation Dates can be changed
- Can change any info on Eligibility Criteria
- Data under Authorization tab is copied over and disabled



- “Reviews” tab is available. User defaults in as “Qualified Reviewer Signing This Form” but user is able to look up and choose someone else.
- After saving form, “Submit Form” button is available and when clicked, sends email to specified Qualified Reviewer if Qualified Reviewer is not current user.
- When Qualified Reviewer clicks on “Submit Form,” e-sign pop-up appears
- After e-signing, Qualified Reviewer signature appears in “Review Signatures” section under “Reviews” tab

If this is a redetermination of a redetermination, the following applies.

- Copy forward a completed redetermination.
- The rest is the same as a Redetermination of Initial LCED in CHOICES.