



Office for People With Developmental Disabilities

LCED Form User Guide

Level of Care Eligibility Determination (LCED) Form for HCBS Waiver Participants

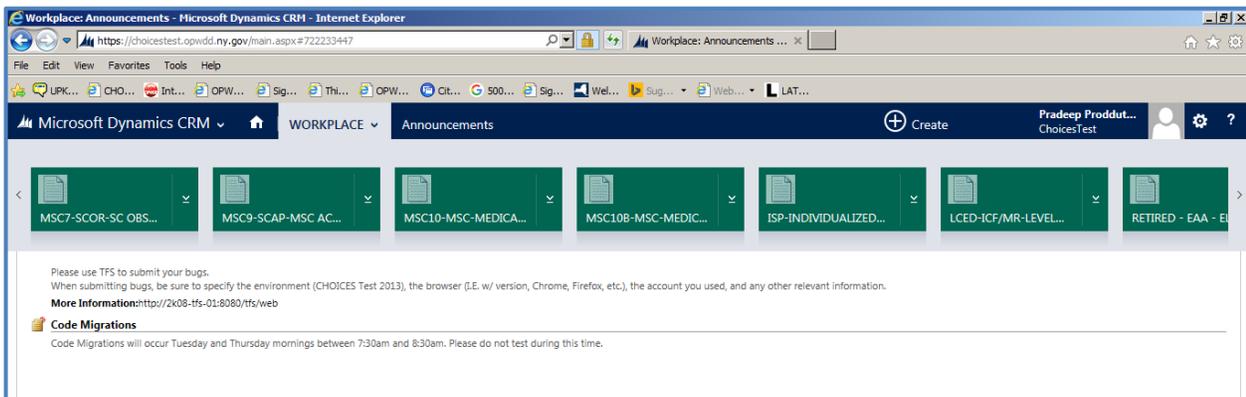
LCED is required for all participants in the HCBS waiver. The LCED form is used for the initial determination and annual redetermination (i.e., reevaluation) of an individual's eligibility to receive HCBS waiver services.

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.

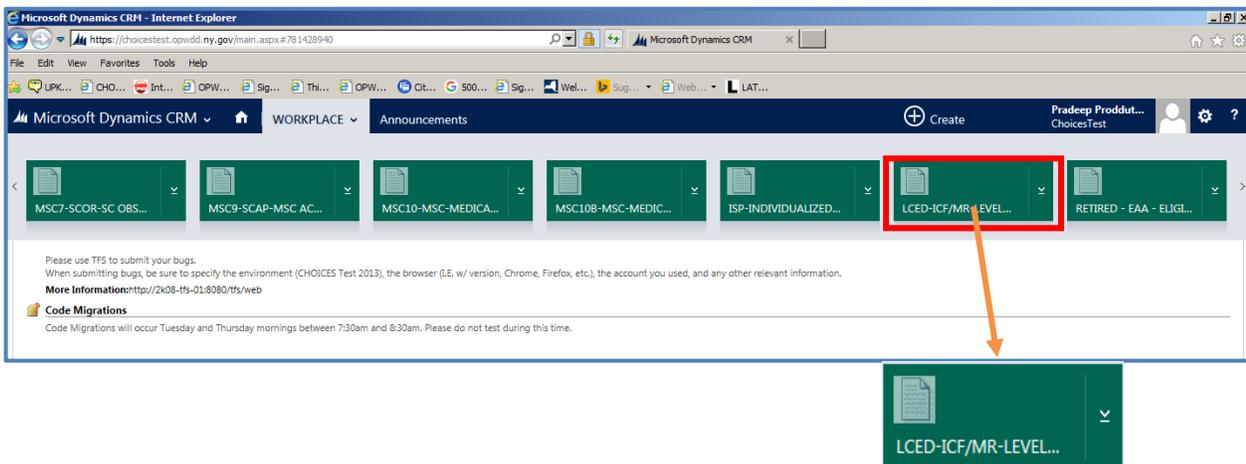
Location of the LCED

The LCED can be found in two places, under Workplace and on the Individual's record. We will begin at the LCED section under Workplace.

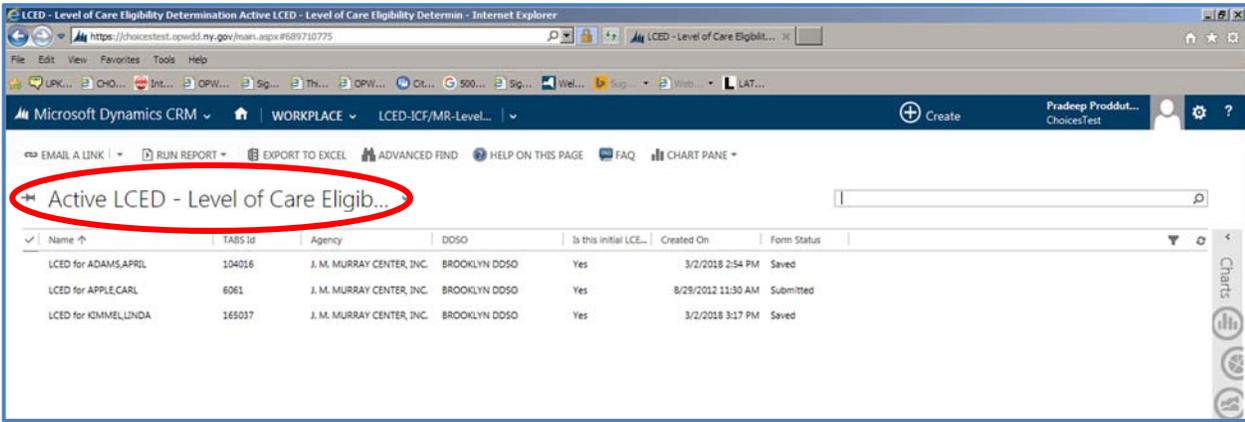
Hover over Workplace tile to display the sections.



Scroll over the list of section tiles till you see the LCED tile, click on the LCED tile to move to that section.

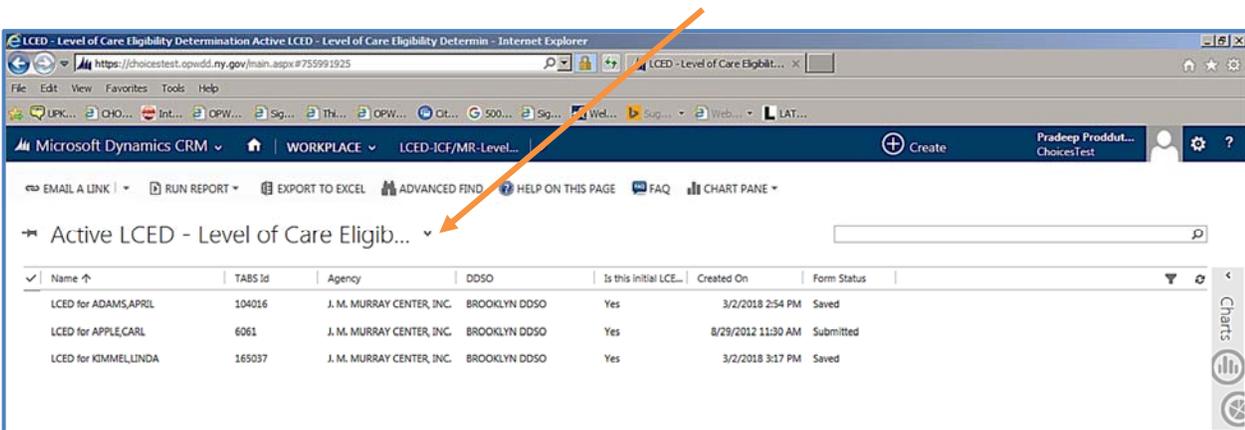


The LCED section will display according to the selected VIEW. The view in this graphic is set to Active.

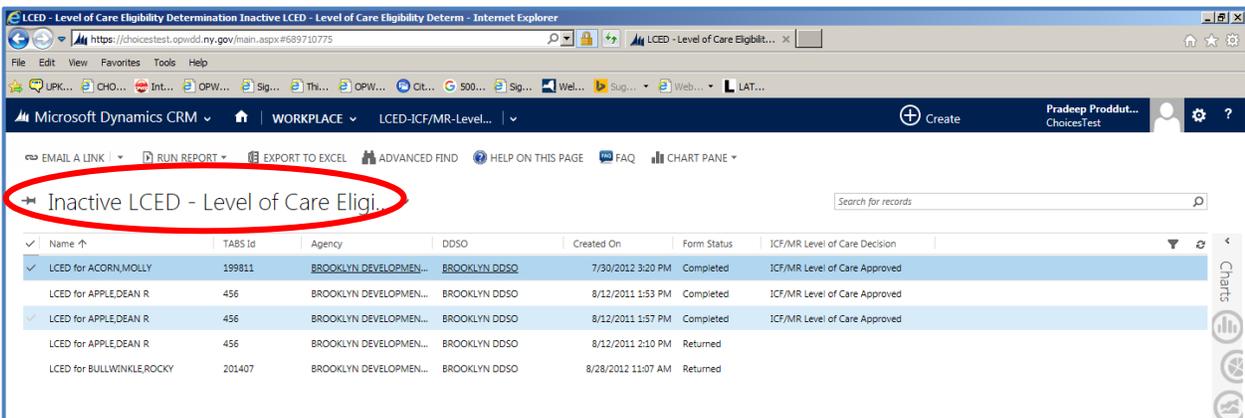


To change the list view

Click on the dropdown arrow next to Active LCED- Level of Care Eligib... to select the Inactive LCED.



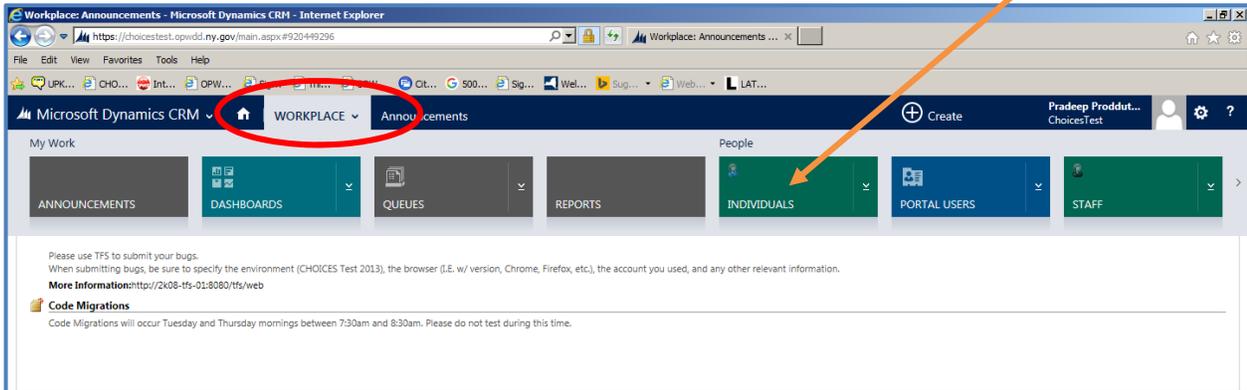
Inactive LCED – Level of Care Eligibility Determination will be displayed with the list of the records.



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

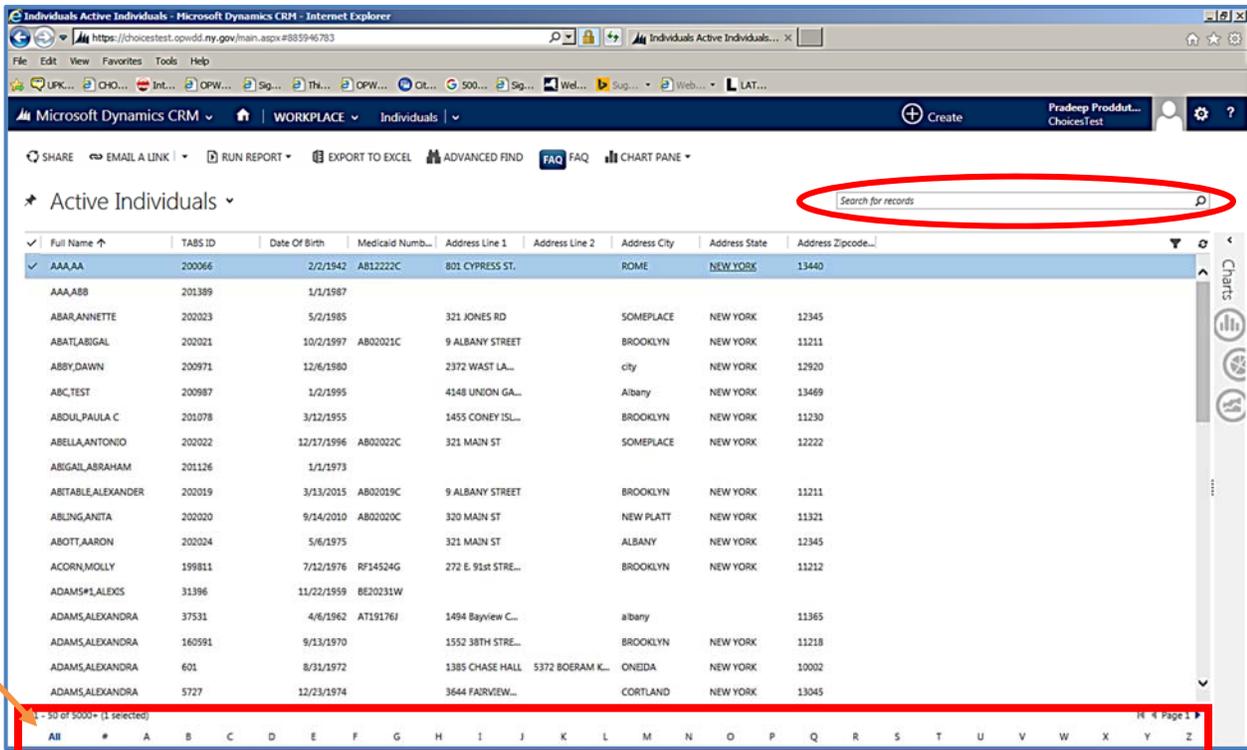
Create a New Form

To create a new LCED, on the Microsoft Dynamics CRM line, hover over **Workplace**, to display the sub-sections, scroll to and then click the **"Individuals"** tile:



A list of all individuals being served by the agency will display.

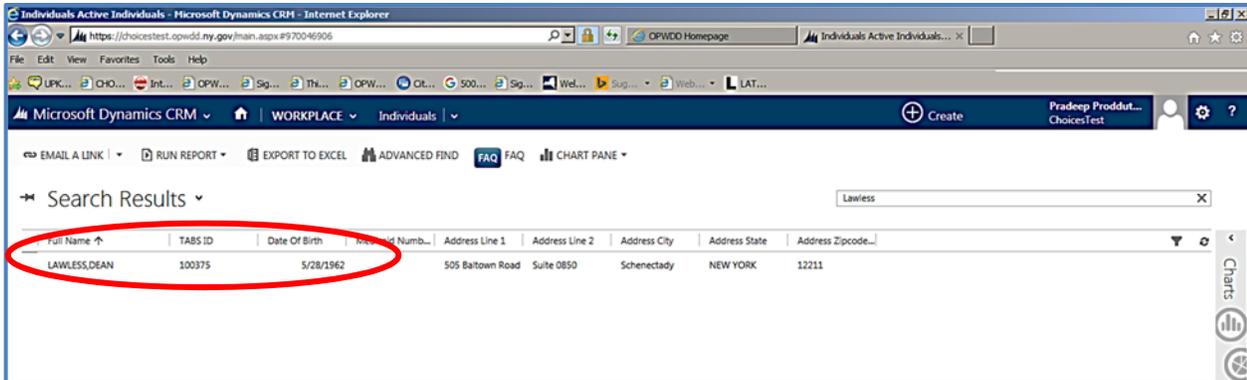
In the Individuals section, you can search by name via the, **Search for records**, box or by clicking the first letter of the last name at the bottom of the screen.



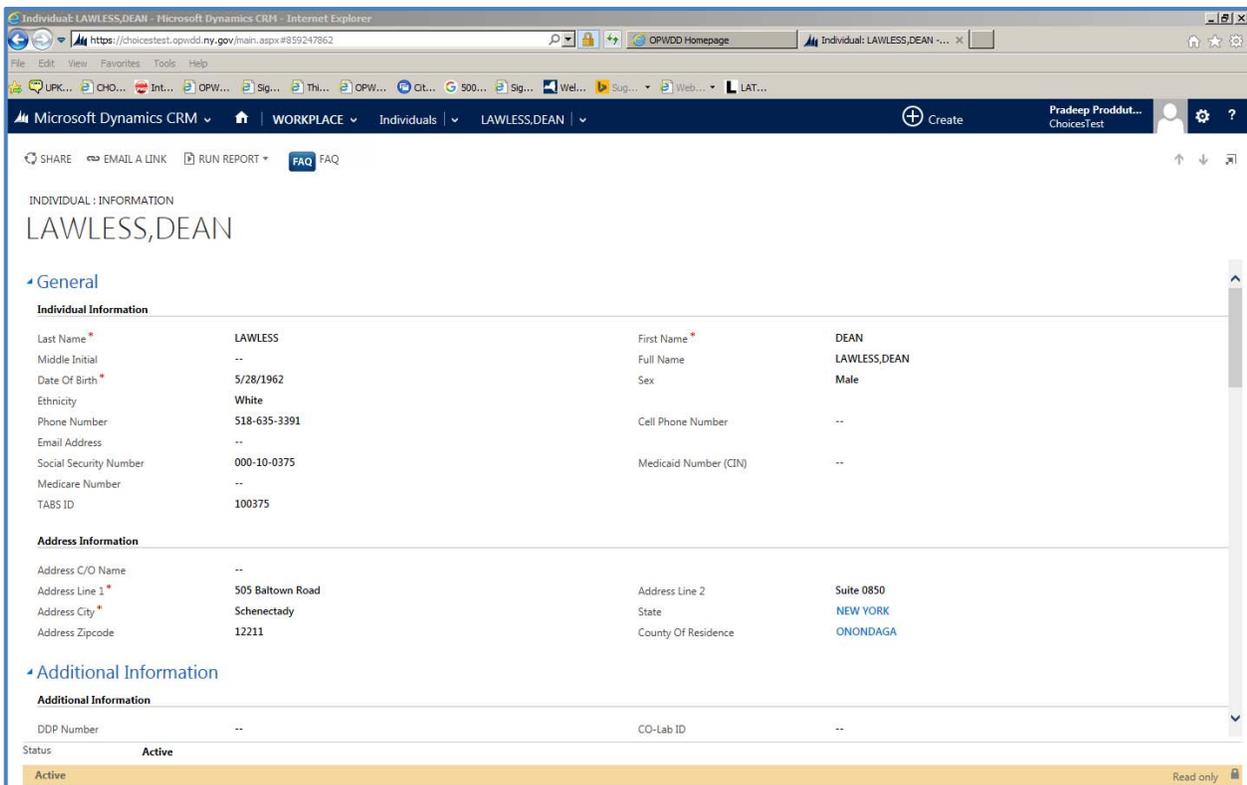
In this example, we want to look for Dean Lawless. So, we'll enter his last name in the Search for records section. Then, click the **Start Search** button .

A list matching our search displays.

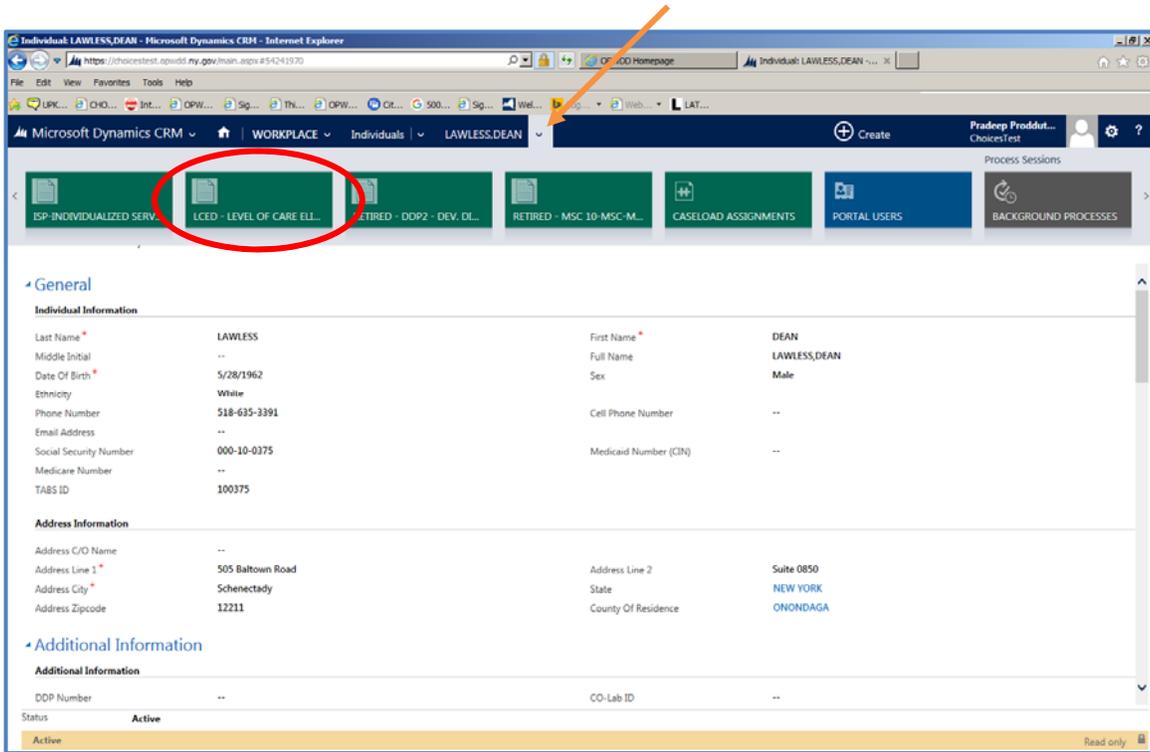
To start an LCED for Dean, **click** on the name to open the person record.



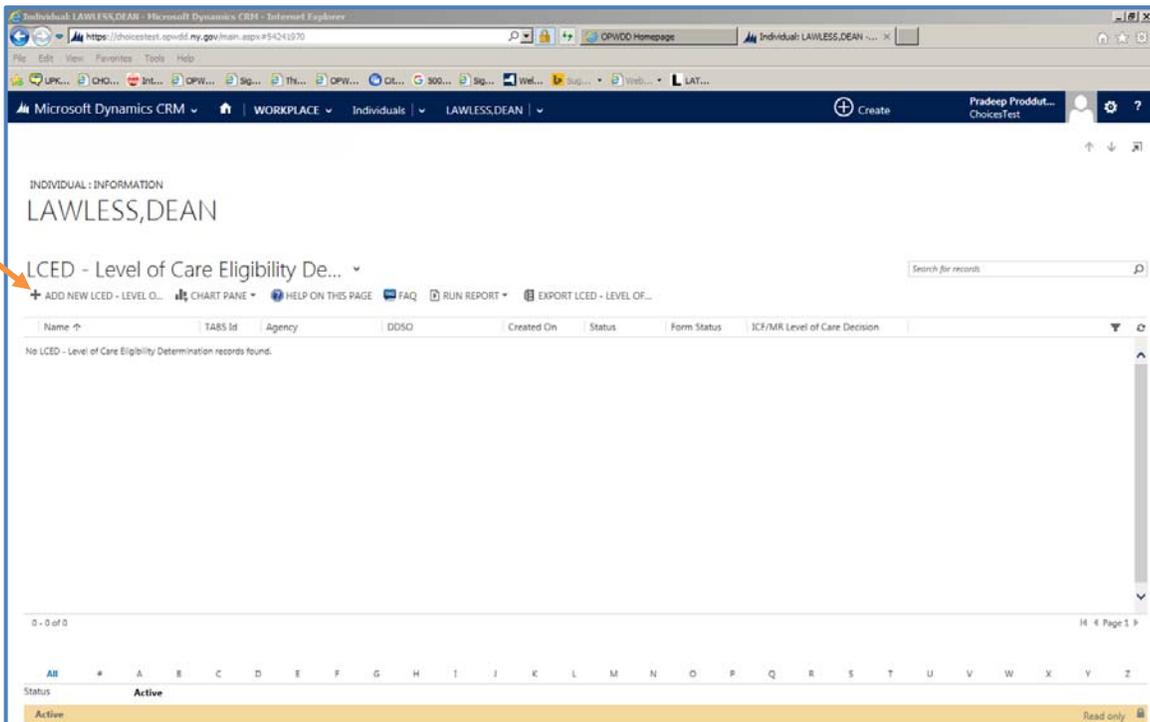
A person record displays for Lawless,Dean and you are in the General section of the record.



Click on the arrow located next to the person's name to display the sections of the person's record. Then scroll over the list of section tiles till you see the LCED tile. To create an initial LCED, click the **LCED – Level of Care Eligibility Determination** tile.



The LCED section of the person record opens, click, **ADD NEW LCED – LEVEL O...**



Completing the Form in CHOICES as the Initial LCED

Upon clicking the Add new LCED, new LCED window will be displayed.

Individual: LAWLESS, DEAN
LAWLESS
LCED - L
+ ADD NEW LCE
Name
No LCED - Level of C

Microsoft Dynamics CRM - Internet Explorer
WORKPLACE | LCED-ICF/MR-Level... | New LCED - Level o... | Pradeep Proddut... ChoicesTest

SAVE | SAVE & CLOSE | SAVE & NEW | NEW | HELP ON THIS PAGE | FAQ | SUBMIT FORM

LCED - LEVEL OF CARE ELIGIBILITY DETERMINATION : INFORMATION
New LCED - Level of Care Eligibility Determination

General

Individual Information

| | | | |
|-----------------|------------------|-------------------------------|------------|
| Individual | LAWLESS, DEAN | TABS ID | 100375 |
| First Name | DEAN | Last Name | LAWLESS |
| Middle Initial | -- | Date of Birth | 5/28/1962 |
| Street 1 | 505 Baltown Road | Street 2 | Suite 0850 |
| City | Schenectady | State | NEW YORK |
| Zip Code | 12211 | Responsible Medicaid District | -- |
| Medicaid Number | -- | | |
| 620 Eligibility | -- | 621 Eligibility | -- |

Dates of Pre-enrollment Evaluations

| | | |
|----------|--------|---------------|
| Physical | Social | Psychological |
| -- | -- | -- |

Eligibility Criteria

1. Diagnosis

| | | | |
|---|--|---|--------------------------|
| <input type="checkbox"/> A. Mental Retardation | <input type="checkbox"/> B. Epilepsy | <input type="checkbox"/> C. Autism | <input type="checkbox"/> |
| <input type="checkbox"/> D. Neurological Impairment | <input type="checkbox"/> E. Cerebral Palsy | <input type="checkbox"/> F. Familial Dysautonomia | <input type="checkbox"/> |
| <input type="checkbox"/> G. Other | -- | | |

Status: Active

0 - 0 of 0

All #

Status: Active

100%

U V W X Y Z

Page 1

Read only

The **General**, **Individual Information** section will pre-populate and the fields will not be available for editing.

Dates of Pre-enrollment Evaluations section

NOTE:

1. Cannot be future dates for any of the evaluation fields
2. Physical and Social are required for initial LCED
3. None of these dates are required for redetermination

Eligibility Criteria section

LCED - LEVEL OF CARE ELIGIBILITY DETERMINATION : INFORMATION

New LCED - Level of Care Eligibility Determination

Eligibility Criteria

1. Diagnosis

| | | | | | |
|----------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|
| A. Mental Retardation | <input type="checkbox"/> | B. Epilepsy | <input type="checkbox"/> | C. Autism | <input type="checkbox"/> |
| D. Neurological Impairment | <input type="checkbox"/> | E. Cerebral Palsy | <input type="checkbox"/> | F. Familial Dysautonomia | <input type="checkbox"/> |
| G. Other | -- | | | | |

2. Disability Manifested Prior to Age 22

Disability Manifested Prior to Age 22 --

3. Severe Behavior Problem

Severe Behavior Problem --

Frequency --

4. Health Care Need

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 --

Status: **Active**

Active

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).
- If User selects, No, for “Severe Behavior Problem” and a frequency is selected, upon submission an error message will display.

LCED - LEVEL OF CARE ELIGIBILITY DETERMINATION : INFORMATION

New LCED - Level of Care Eligibility Determination

4. Health Care Need

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

Adaptive Behavior Deficit --

5A. Adaptive Behavior Deficit - Communication

Communication --

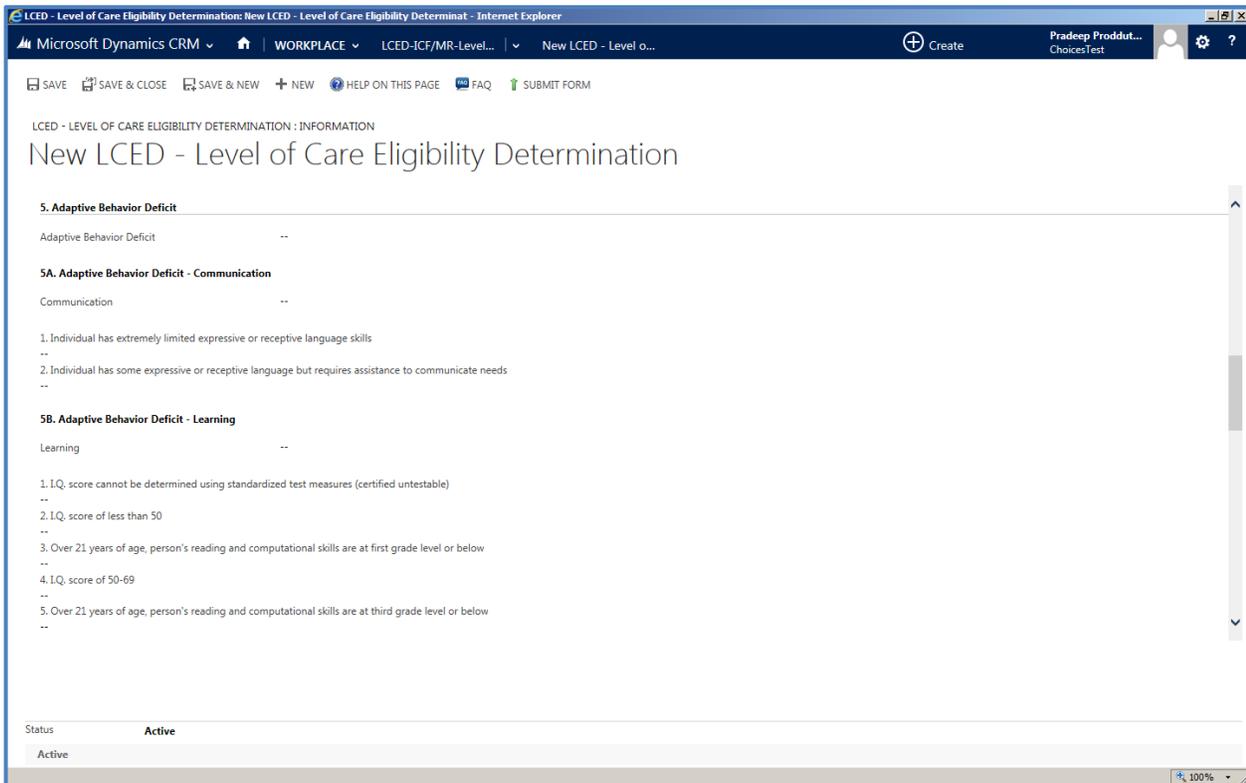
1. Individual has extremely limited expressive or receptive language skills
--

2. Individual has some expressive or receptive language but requires assistance to communicate needs
--

Status: Active

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



5. Adaptive Behavior Deficit

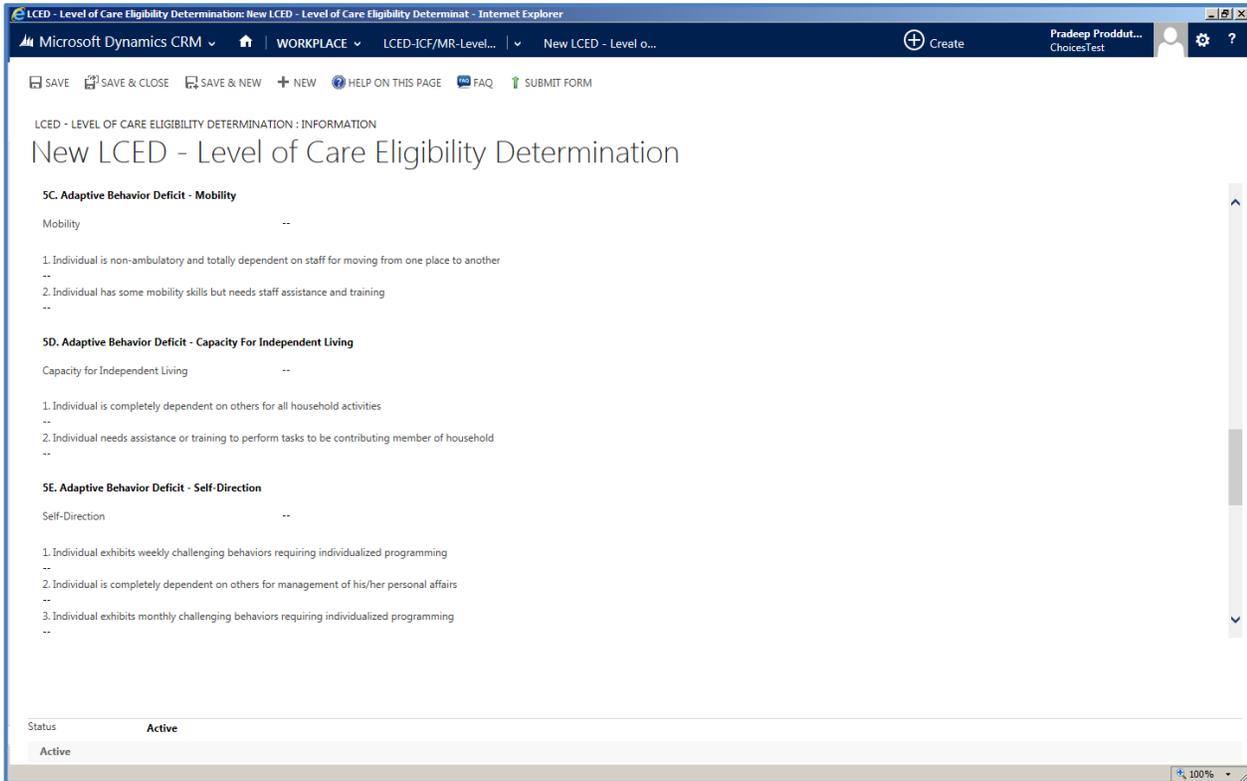
- If user selects Yes for “Adaptive Behavior Deficit”, then at least one of A-E must be Yes
- A-E cannot be blank; either Yes or No must be selected
- If A-E are all selected as No, then “Adaptive Behavior Deficit” must be No

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



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

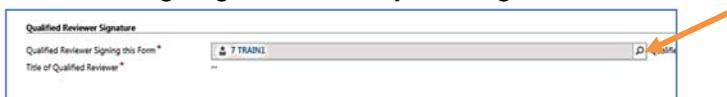
Authorizations section

- **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
- Is this initial LCED? Yes or No
 - If Yes, certain sections, Physician Signature and DDSO Approvals will not be available.
 - If No, then the user will need to have a copy of the initial LCED.

- **Qualified Reviewer Signature**

- User’s name is defaulted into two fields, “Person Completing This Form” and “Qualified Reviewing Signing this Form”. User can look-up and select someone else as the “Qualified Reviewer Signing this Form” by clicking on the search icon.

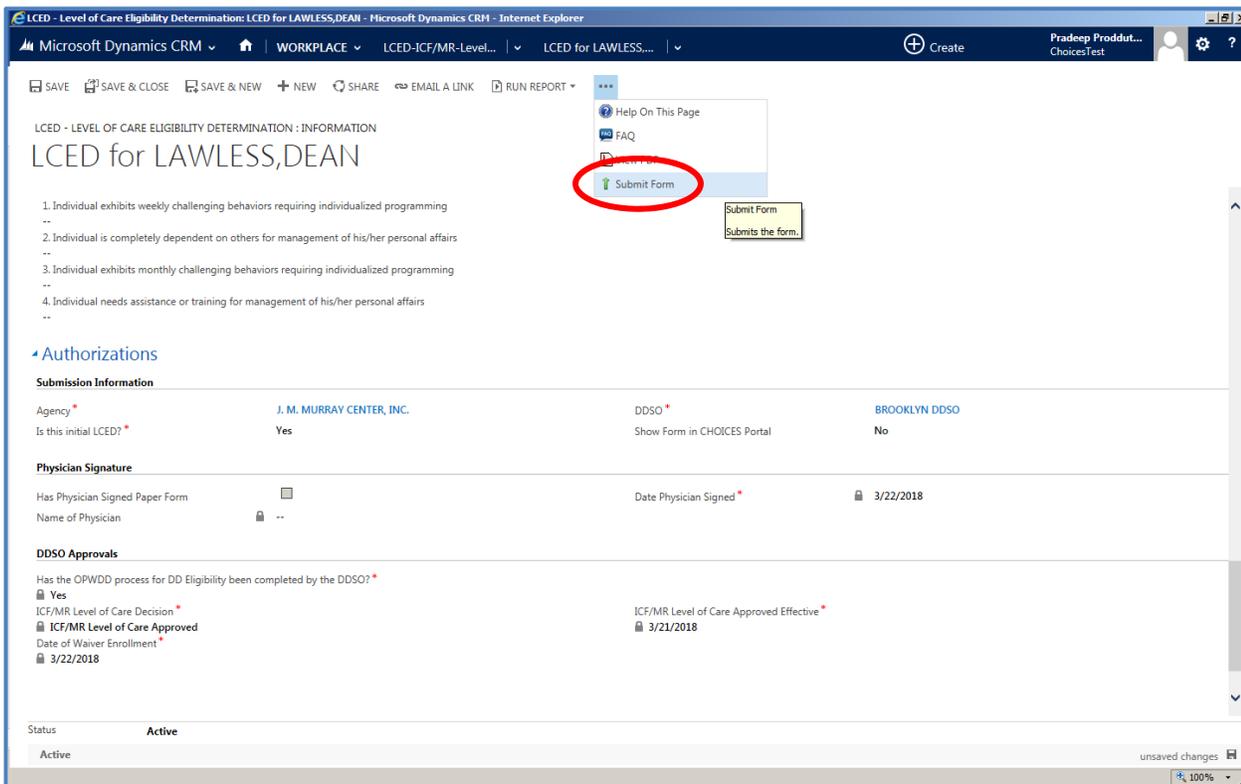


- “Title of Qualified Reviewer” is a required field.

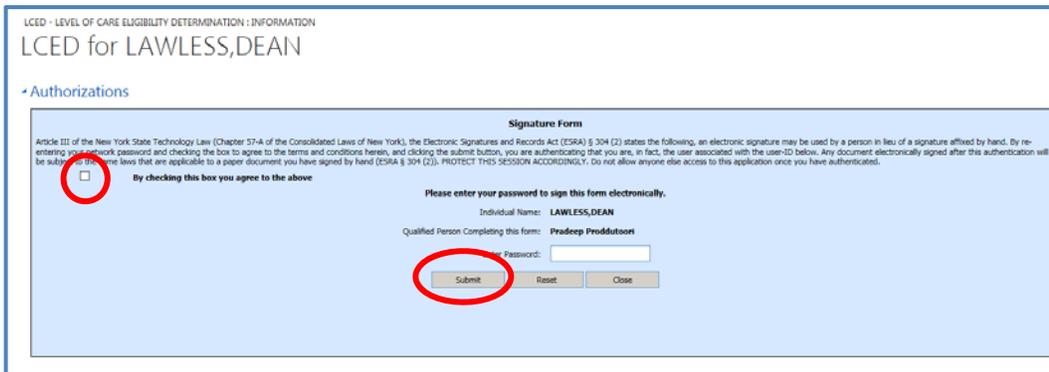
- “Qualified Reviewer’s E-signature” is required and will be completed when the Qualified Reviewer clicks “Submit Form” and checks the box and enters their password.
- **Physician Signature**
 - This section is not available to the user, it is completed by the DDSO Director or designee.
- **DDSO Approvals**
 - This section is not available to the user, it is completed by the DDSO Director or designee.

Submit Form

To submit the form, click the three dots (next to RUN REPORT) additional commands display, click Submit Form, the signature box appears.

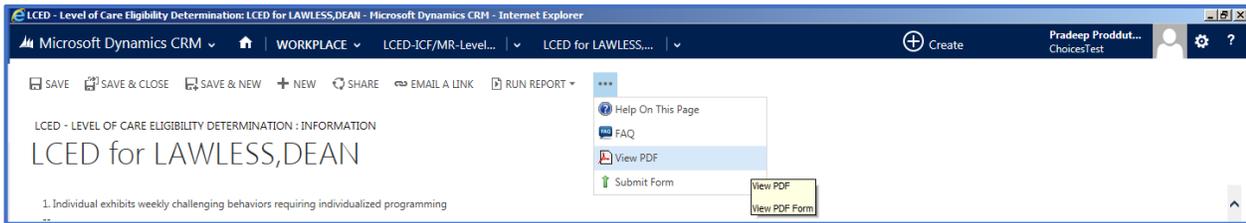


Read the informational paragraph, click the box noting – “By checking this box...”, enter your password and then click Submit button.



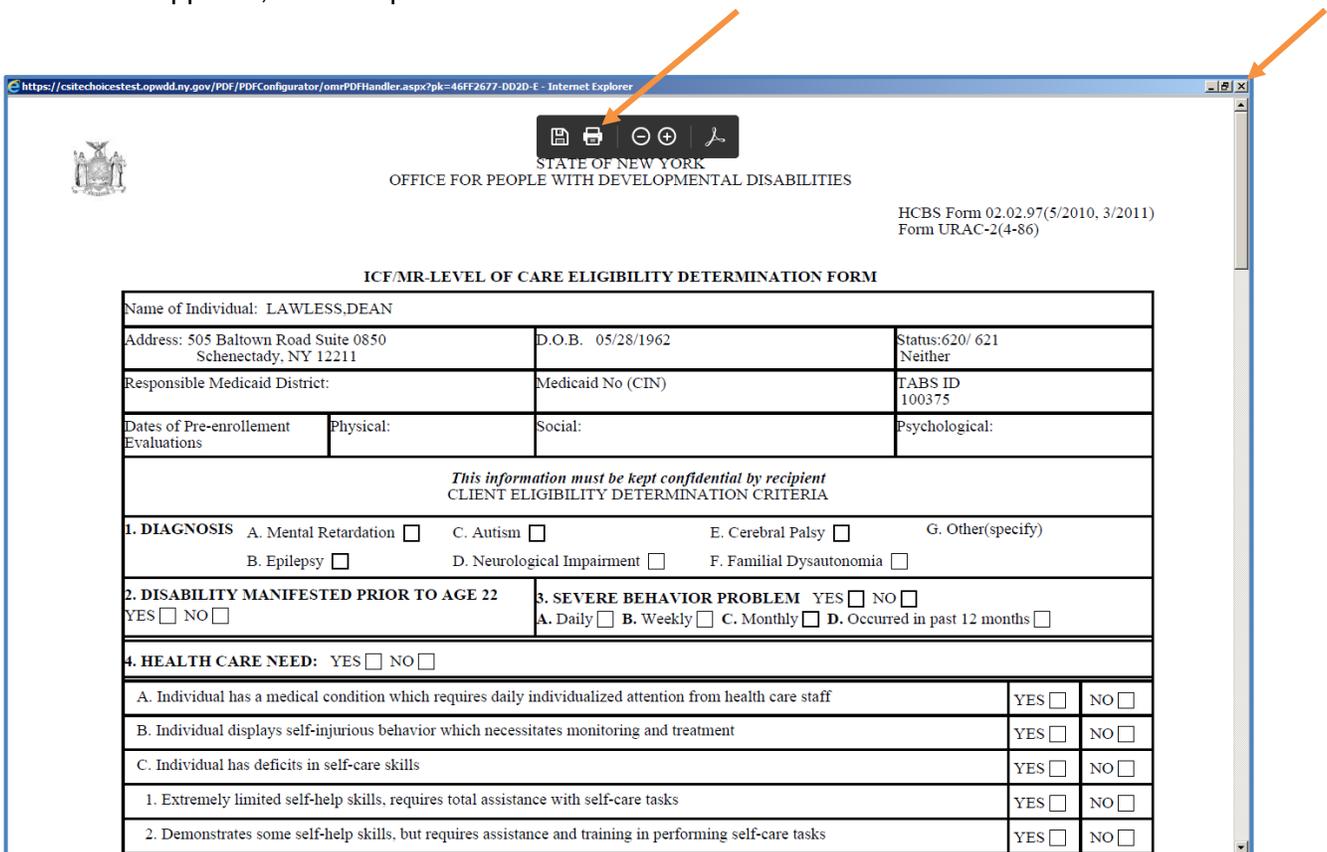
View PDF and Print PDF

Click on three dots next to RUN REPORT then click “View PDF” to open and review the form.



The PDF displays.

To display the PDF toolbar, put the cursor over the PDF document, the black box containing the PDF commands appears, click the print icon.



To close the PDF, click 'X' in the top right-hand corner.

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 sections entitled General and Eligibility Criteria.

LCED - LEVEL OF CARE ELIGIBILITY DETERMINATION : INFORMATION
LCED for LAWLESS, DEAN

General

Individual Information

| | | | |
|-----------------|------------------|-------------------------------|------------|
| Individual | LAWLESS, DEAN | TABS ID | 100375 |
| First Name | DEAN | Last Name | LAWLESS |
| Middle Initial | -- | Date of Birth | 3/28/1962 |
| Street 1 | 505 Baltown Road | Street 2 | Suite 0850 |
| City | Schenectady | State | NEW YORK |
| Zip Code | 12211 | Responsible Medicaid District | -- |
| Medicaid Number | -- | 620 Eligibility | -- |
| 620 Eligibility | -- | 621 Eligibility | -- |

Dates of Pre-enrollment Evaluations

| | | |
|-----------|-----------|---------------|
| Physical | Social | Psychological |
| 3/22/2018 | 3/22/2018 | 3/22/2018 |

Eligibility Criteria

| | | | | | |
|----------------------------|-------------------------------------|-------------------|--------------------------|--------------------------|--------------------------|
| A. Mental Retardation | <input checked="" type="checkbox"/> | B. Epilepsy | <input type="checkbox"/> | C. Autism | <input type="checkbox"/> |
| D. Neurological Impairment | <input type="checkbox"/> | E. Cerebral Palsy | <input type="checkbox"/> | F. Familial Dysautonomia | <input type="checkbox"/> |
| G. Other | <input type="checkbox"/> | | | | |

Authorizations – This section is completed differently for the redetermination.

Submission information - select, No, in the field, *Is this Initial LCED?*

- The user must have the initial LCED in order to complete the redetermination.

Qualified Reviewer Signature – this field must contain the original qualifier reviewer signed date

Physician Signature – only one field in this section is to be completed by the user, *Date Physician Signed*. This date is to be the initial LCED date the physician signed.

DDSO Approvals – each field in this section needs to be completed with the information from the initial LCED.

LCED - Level of Care Eligibility Determination: INFORMATION
New LCED - Level of Care Eligibility Determination

Authorizations

Submission Information

| | | | |
|------------------------|---------------------------|-----------------------------|---------------|
| Agency* | J. M. MURRAY CENTER, INC. | DDSO* | BROOKLYN DDSO |
| Is this initial LCED?* | No | Show Form in CHOICES Portal | No |

Qualified Reviewer Signature

| | |
|--|-----------|
| Date Qualified Reviewer Signed (initial LCED)* | 3/22/2018 |
|--|-----------|

Physician Signature

| | | | |
|---------------------------------|--------------------------|------------------------|-----------|
| Has Physician Signed Paper Form | <input type="checkbox"/> | Date Physician Signed* | 3/22/2018 |
| Name of Physician | -- | | |

DDSO Approvals

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

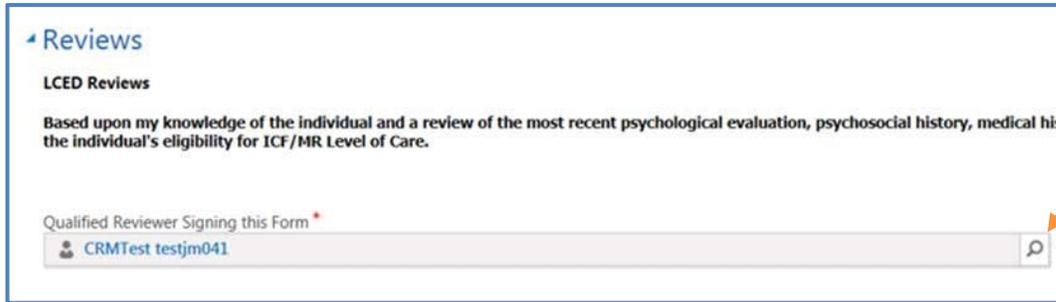
Yes

| | |
|--|-------------------------------|
| ICF/MR Level of Care Decision* | ICF/MR Level of Care Approved |
| Date of Waiver Enrollment* | 3/22/2018 |
| ICF/MR Level of Care Approved Effective* | 3/22/2018 |

Status: Active

For redetermination a new section, **Reviews**, displays.

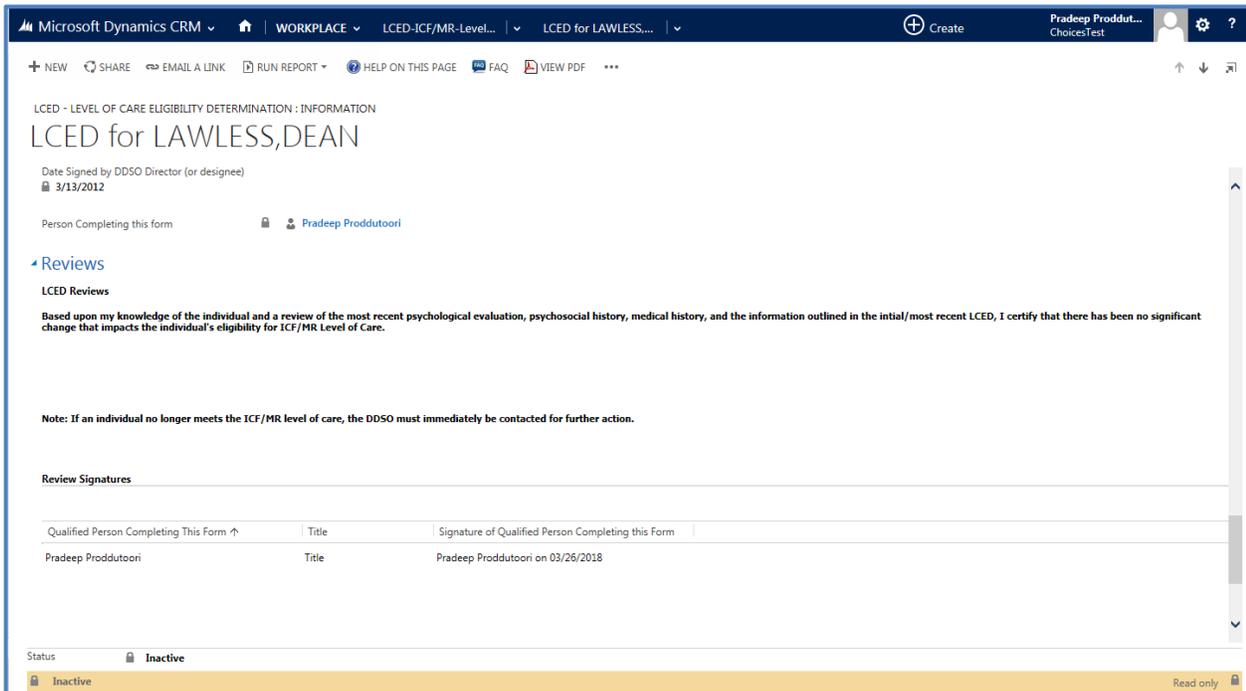
- *Qualified Reviewer Signing this form*, is required and will default to the person completing the form. The user can edit the Qualified Reviewer field via the Search.



- Complete, *Title*.

To process the redetermination, click **SUBMIT FORM**. Signature box displays, click in the box, enter password and submit.

The reviewer's electronic signature is displayed. The form is inactive and completed.



| Qualified Person Completing This Form | Title | Signature of Qualified Person Completing this Form |
|---------------------------------------|-------|--|
| Pradeep Proddutoori | Title | Pradeep Proddutoori on 03/26/2018 |

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**

https://csitechoicestest.opwdd.ny.gov/PDF/PDFConfigurator/omrPDFHandler.aspx?pk=46FF2677-DD2D-E - Internet Explorer

| | | | |
|--|--|-------------------------|--|
| Name of Individual: LAWLESS,DEAN | | Medicaid No (CIN): | |
| Signature of Qualified Person Completing the Form: Redetermination Based on Prior LCED not in CHOICES | | Review Date 03/22/18 | |
| Signature of Review Physician: Redetermination Based on Prior LCED not in CHOICES | | Review Date | |

| 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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICF/MR Level of Care Approved Effective (mm/dd/yy): 03/21/18 | | <input type="checkbox"/> ICF/MR Level of care NOT Approved | |
| Date of Waiver Enrollment: (mm/dd/yy) 03/22/18 | | | |
| Signature of DDSO Director (or Designee): Redetermination Based on Prior LCED not in CHOICES | | Date: 03/22/18 | |

Annual ICF/MR Level of Care Eligibility (LCED) Redetermination

The annual LCED redetermination must be reviewed within 365 days from the last review date or the effective date in the field "ICF/MR Level of Care Approved Effective (mm/dd/yy)" above.

By signing below, I affirm that 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 questions 1-5, that there has been no significant change that impacts this individual's eligibility for ICR/MR level of care. The LCED is redetermined to be effective for one year (i.e., 365 days) from the signature date below.

| | |
|---|-------------|
| Signature and Title of Qualified Person Completing the Form | Review Date |
|---|-------------|

Complete a Redetermination of an Initial LCED, completed and approved in CHOICES.

At the individual's record, go to the LCED section, click on the Inactive, Completed, Approved LCED to open. You can only copy an Approved form.

| Name | TABS Id | Agency | DDSO | Created On | Status | Form Status | ICF/MR Level of Care Decision |
|-----------------------|---------|------------------------|---------------|------------|----------|-------------|-------------------------------|
| LCED for LAWLESS,DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 | Inactive | Completed | ICF/MR Level of Care Approved |

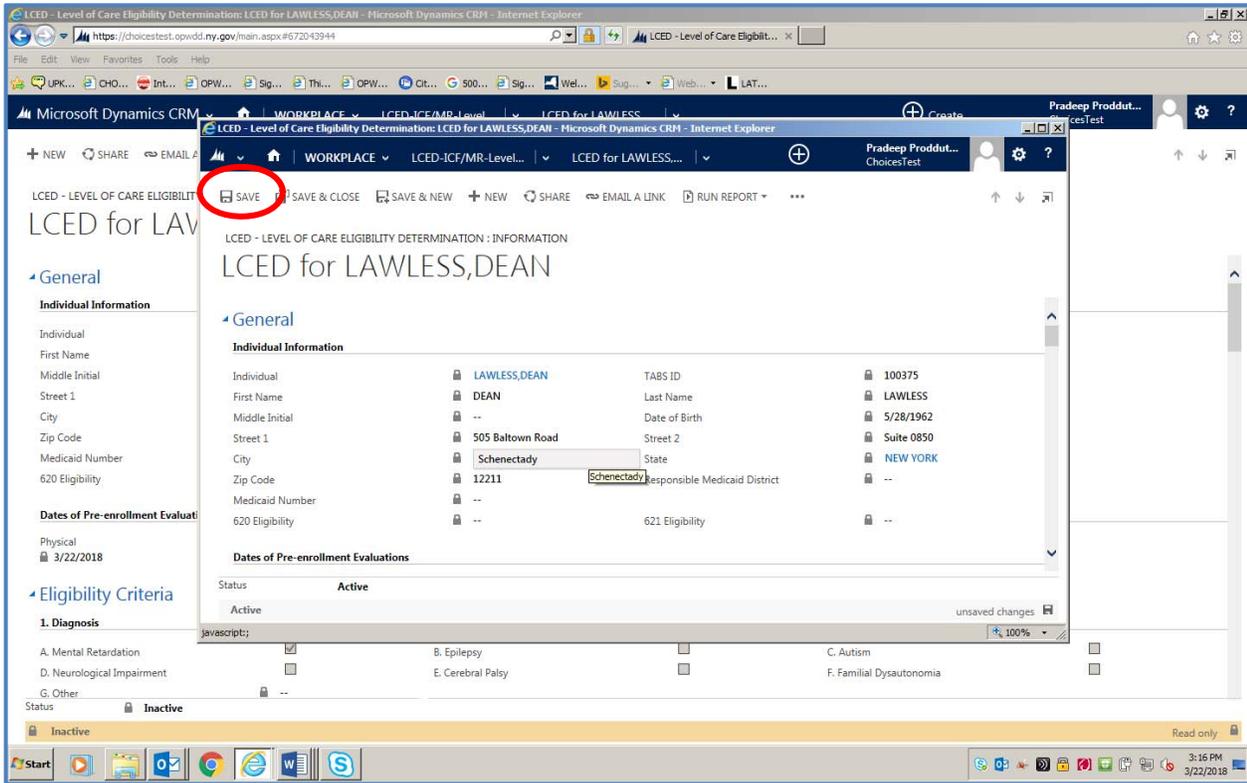
Click on three dots next to VIEW PDF then click Copy to create a copy of the form.

VIEW PDF ⋮ Copy

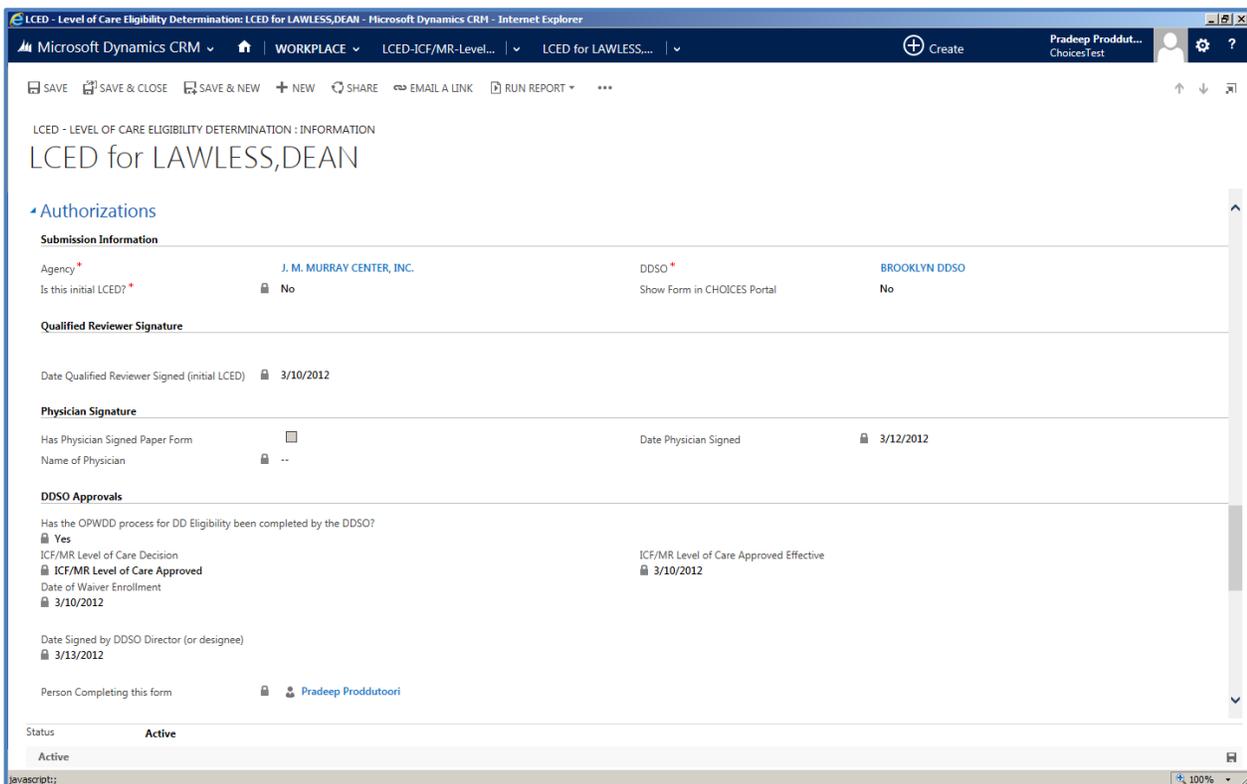
The following message appears. Click Ok button.



Once the form opens, click Save. Make any necessary edits to the redetermination.



The **Authorizations** sections automatically populates all the fields according to the original initial LCED completed in CHOICES. The user cannot edit, the fields are locked.



The Original Qualified Reviewer Signing this form will remain. The user can edit that field and the Title field.

LCED - LEVEL OF CARE ELIGIBILITY DETERMINATION: INFORMATION
LAWLESS, DEAN

Person Completing this form: CRMTest testjm042

Reviews
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 *
Pradeep Proddutoori

Title *
Director

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

Review Signatures

| Qualified Person Completing This Form | Title | Signature of Qualified Person Completing this Form |
|---------------------------------------|-------|--|
| No LCED Review records found. | | |

Status: Active

- Once the qualified reviewer signing this form is completed, the form can be submitted.
- The form will close, the form status will be inactive and completed.

| Name | TABS Id | Agency | DDSO | Created On | Status | Form Status | ICF/MR Level of Care Decision |
|------------------------|---------|------------------------|---------------|------------------|----------|----------------|-------------------------------|
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/26/2018 4:4... | Inactive | Completed | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/26/2018 4:2... | Inactive | Completed | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 4:1... | Active | Pending QMR... | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 4:1... | Active | Saved | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 4:1... | Active | Saved | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 3:3... | Active | Saved | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 3:1... | Active | Saved | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 3:0... | Active | Saved | ICF/MR Level of Care Approved |
| LCED for LAWLESS, DEAN | 100375 | J. M. MURRAY CENTER... | BROOKLYN DDSO | 3/22/2018 10... | Inactive | Completed | ICF/MR Level of Care Approved |

Complete a Redetermination of a Redetermination in CHOICES.

LCED - LEVEL OF CARE ELIGIBILITY DETERMINATION : INFORMATION
LCED for LAWLESS, DEAN

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

Authorizations

Submission Information

| | | | |
|------------------------|---------------------------|-----------------------------|---------------|
| Agency* | J. M. MURRAY CENTER, INC. | DDSO* | BROOKLYN DDSO |
| Is this initial LCED?* | No | Show Form in CHOICES Portal | No |

Qualified Reviewer Signature

Date Qualified Reviewer Signed (initial LCED) 3/10/2012

Physician Signature

| | | | |
|---------------------------------|--------------------------|-----------------------|-----------|
| Has Physician Signed Paper Form | <input type="checkbox"/> | Date Physician Signed | 3/12/2012 |
| 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 Effective |
| ICF/MR Level of Care Approved | 3/10/2012 |
| Date of Waiver Enrollment | |
| 3/10/2012 | |

Date Signed by DDSO Director (or designee)
3/13/2012

Status Inactive

Inactive Read only

To complete a redetermination of a redetermination, the following applies.

- At the Individual's record, select and open the LCED to be used.
- Copy the completed redetermination.
- General and Eligibility Criteria sections are available for editing.
- Authorizations subsections are all locked.
- The Reviews section, Qualified Reviewer Signing this Form and Title are available to edit if necessary.
- If you are the qualified reviewer, you can submit the form.
- If you put in a different reviewer than yourself, click Submit a message will display, that an email will be sent to the person named as qualified reviewer.
- The qualified reviewer will receive an email and come into CHOICES to sign and submit the form.