



ADMINISTRATIVE DIRECTIVE

Transmittal:	20-ADM-02
To:	Executive Directors of Voluntary Provider Agencies Care Coordination Organization (CCO) Chief Executive Officers Developmental Disabilities Regional Office (DDRO) Directors Developmental Disabilities State Operations Office (DDSOO) Directors
Issuing OPWDD Office:	Jill A. Pettinger, Psy.D., Deputy Commissioner Division of Service Delivery - State Operations & Statewide Services Abiba Kindo, Deputy Commissioner, Division of Service Delivery - Regional Offices Kate Marlay, Deputy Commissioner, Division of Policy and Program Development
Date:	January 28, 2020
Subject:	Revised Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Level of Care Eligibility Determination (LCED) Form for Individuals Who Are Seeking To Access Or Maintain Home and Community Based Services (HCBS) Waiver, Comprehensive Care Coordination and other State Plan Services
Suggested Distribution:	DDRO HCBS Waiver Coordinators DDRO Care Coordination Support Liaisons DDRO Eligibility Coordinators I/DD HH Care Managers and Care Manager Supervisors
Contact:	People First Waiver mailbox at peoplefirstwaiver@opwdd.ny.gov
Attachments:	ICF/IID Level of Care Eligibility Determination (LCED) Form Instructions for the Completion of the ICF/IID Level of Care Eligibility Determination (LCED) Form for Home and Community Based Services (HCBS) Waiver, Comprehensive Care Coordination and other State Plan Services ICF/IID LCED Questions and Answers

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
ADM 2011-01	ADM 2011-01	42 CFR §§ 441.301(b)(1)(iii), 441.302(c)(2) and 483.430(a); 14 NYCRR §§ 633.10(a)(2)(iii), 635-10.3 and 671.4(b)(1)(ii)	MHL §§ 1.03, 13.07, 13.09(b), 43.02	Six (6) years pursuant to 18 NYCRR 504.3(a)

Purpose:

The purpose of this memorandum is to issue a revised Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Level of Care Eligibility Determination (LCED) and annual redetermination form and instructions for completing level of care requirements for individuals with an intellectual and/or developmental disability (I/DD) who are seeking to access or maintain Home and Community Based Services (HCBS) Waiver, Comprehensive Care Coordination and other State Plan Services. This revised ICF/IID LCED form and instructions supersedes the prior form and instructions outlined in the Administrative Memorandum (ADM) #2011-01.

Background:

This information is applicable for all individuals in or seeking to enroll in the Office for People With Developmental Disabilities (OPWDD) HCBS Waiver, for all individuals enrolled in or seeking to enroll in the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) program, for all individuals enrolled in or seeking to enroll in an Intellectual and Developmental Disabilities Health Home (I/DD HH), for all individuals seeking to enroll in the Community First Choice Option (CFCO), and for access to other services and programs that require an ICF/IID LCED (except for individuals residing in an Intermediate Care Facility (ICF), for these individuals utilize ICF Form 02.02.97(03-18)).

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 at the time of the next annual redetermination of the LCED. It is also permissible to utilize electronic versions of this material in accordance with all applicable requirements including requirements related to electronic signatures.

Service Documentation:**Completion of the Initial LCED:**

- The completion of the initial LCED form requires the signature of a reviewing physician or nurse practitioner as well as the Developmental Disabilities Regional Office DDRO Director (or designee) in order for an eligibility determination to be effective.
- For HCBS Waiver, Comprehensive Care Coordination and other State Plan Services, enrollment and billing for these services cannot precede the effective

date of the initial LCED as indicated in the field “ICF/IID Level of Care Approved Effective (mm/dd/yy)” which is completed by the DDRO Director (or designee).

- The effective date of the initial LCED can precede the signature date of the DDRO Director (or designee) but it can be no earlier than the date the physician or nurse practitioner 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 in accordance with OPWDD’s eligibility determination guidelines.

Level of Care Redetermination:

- A qualified person (e.g., a Qualified Intellectual Disabilities Professional (QIDP) as defined in 42 CFR 483.430(a)) can review the information on the form and, if there are no changes that impact the person’s level of care, complete the ICF/IID 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 (effective) date.

Willowbrook Class Members:

- These changes do not alter or modify OPWDD’s obligations on behalf of Willowbrook Class Members.

Records Retention (at a minimum):

The DDRO must upload the initial LCED and a copy of the pre-enrollment evaluations into the CHOICES information technology (IT) system where they will be permanently retained and can be retrieved in the event of an audit.

The annual LCED form must be retained in the individual’s Care Management record for a period of six (6) years from the date the care management service was delivered, or when the service was billed, whichever is later (i.e., there will generally be at least the six (6) most recently completed LCED forms in a person’s record).

Questions regarding this ADM may be directed to the People First Waiver mailbox at peoplefirstwaiver@opwdd.ny.gov

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