



**Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) –  
Level of Care Eligibility Determination (LCED)  
Form Effective (01/28/2020)  
Questions and Answers  
(Published 01/28/2020)**

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**Purpose:**

The Intermediate Care Facilities for Individuals with Intellectual Disabilities ICF/IID Level of Care Eligibility Determination (ICF/IID LCED) and annual redetermination form is a Medicaid required form for the Home and Community Based Services (HCBS) waiver, the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD), Intellectual and Developmental Disabilities Health Home (I/DD HH) services, Community First Choice Option (CFCO) services and for other services and programs that require an ICF/IID LCED. On January 28, 2020, OPWDD issued a revised format for the LCED which incorporates the clarifications and streamlining associated with Administrative Memorandum (ADM), 20-ADM-02 , *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.*

This document is a compilation of questions with clarifying answers associated with the updated LCED form.

If there are any additional questions regarding the service or this document, agencies can contact the Office for People With Developmental Disabilities (OPWDD) at [peoplefirstwaiver@opwdd.ny.gov](mailto:peoplefirstwaiver@opwdd.ny.gov)

## LCED Questions and Answers

#	Topic	Question	Answer
1.	Redeterminations	When completing a LCED redetermination what needs to be completed to make the form valid?	The first time the LCED form is used for a redetermination, the Intellectual and Developmental Disabilities Health Home (I/DD HH) Care Manager, should complete the first page (it is not necessary to include the dates of the pre-evaluation, since this is a redetermination), complete the person's name and the Client Identification Number (CIN) at the top of the second page, and then the Qualified Intellectual Disability Professional (QIDP) (or physician if the person resides in a Community Residence (CR)) sign the first line of the multi-line box at the bottom of the second page.
2.	Waiver Enrollment	Does a new Initial LCED need to be completed if an individual chooses to enroll in the HCBS Waiver after 1 year (365 days) of when the Initial LCED was completed for that individual to enroll in an I/DD Health Home?	<p>If the LCED has been redetermined annually for an individual to maintain enrollment in an I/DD Health Home, a new Initial LCED is <b>not</b> required.</p> <p>If at any point, an LCED has not been maintained annually, a new Initial LCED would be required for enrollment in the HCBS Waiver, comprehensive Care Coordination or other State Plan services.</p>
2.	Signatures	For an initial LCED, what signatures are required?	For an initial LCED, signatures are required by the person completing the form at the DDRO, the physician or nurse practitioner reviewing the evaluations, and the DDRO Director/designee.

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			<p><u>Note:</u> the signature requirement is different for the initial LCED than for the redetermination. See additional information below.</p>
3.	Signatures	For a redetermination, what signatures are required?	<p>OPWDD issued an ADM in December 2009, which allowed a QIDP who is familiar with the person’s functional level to sign the LCED in place of the physician/physician’s assistant/nurse practitioner on the LCED for annual redeterminations for all individuals, except residents of Community Residences (CR). Community Residences are subject to section 671.4 which requires in regulation the signature of a physician or physician’s assistant/nurse practitioner.</p>
4.	Signatures	What signature on the initial LCED is used to determine the redetermination date?	<p>For redeterminations, the QIDP’s (or physician, physician’s assistant, or nurse practitioner’s) signature must be within 365 days of the effective date – the effective date of the LCED determination as indicated in the field “ICF/IID Level of Care Approved Effective (mm/dd/yy)” which is completed by the DDRO Director/designee.</p> <p>Subsequent redeterminations must be reviewed and signed within 365 days from the last review date.</p>
5.	Signatures	For redeterminations, where does the QIDP sign?	<p>Once the front of the form is completed, the person’s identifying information is completed on the second page, and the QIPD signs the document in the box labeled “Signature and Title of Qualified Person Completing the Form” and dates the signature. This date becomes the effective date for the LCED. Subsequent</p>

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			annual reviews can be signed below this signature.
6.	Signatures	Is a physician's signature (or physician's assistant (PA) or nurse practitioner (NP)), required for individual's residing in Individualized Residential Alternatives (IRAs) or Family Care settings?	For redeterminations the QIDP may sign for people living in IRAs, Family Care, or non-certified settings.
7.	Signatures	Why must a physician (or PA or NP) sign the LCED for an individual residing in a CR, If the QIDP is allowed to sign the LCED for an individual who resides in an IRA?	The 671 regulations cover a class of residences specifically Community Residences (CRs). This is a specific classification and does not include IRAs and Family Care. For those residing in residences that are classified as CRs, a physician's signature is still required on the redetermination.
8.	Signatures	The QIDP is required to sign the redetermination within 365 days of the previous form. Does that mean in the same month where the 365 <sup>th</sup> day falls?	The LCED is a federally required document for Medicaid services which must be signed within 365 days of the previous review date.
9.	Signatures	Does the I/DD HH Care Manager need to sign the LCED form?	I/DD HH Care Managers are responsible for assisting individuals with completing redeterminations. If the I/DD HH Care Manager qualifies as a QIDP, they may sign the redetermination form. In that instance, the Care Manager will sign the box near the top of the second page (Signature of Qualified Person Completing the Form), or for future redetermination, the Care Manager can sign in the box under the "Annual ICF/IID Level of Care Eligibility (LCED)

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			Redetermination” section at the bottom of the second page.
10.	Billing Documentation	Is completing the LCED redetermination considered a I/DD HH Care Management billable service?	Please refer to section 9.1 of the I/DD HH Provider Policy Guidance and Manual for information on I/DD HH Care Management billable services.
11.	Vendor Change	In the event of a vendor change, does the “new” agency need to complete a new LCED? If the agency needs to obtain a new LCED – what is the time frame?	<p>When a person transitions to a new agency, the “new” agency does not need to complete a new LCED. An annual LCED redetermination is required within 365 days of the initial LCED, and this documentation should be maintained in the Care Management record. Moving forward, agencies must maintain copies of LCEDs when they receive updated Care Plans. LCEDs will also be available electronically through the CHOICES web-based system.</p> <p>If a person switches I/DD HH vendors, the prior I/DD HH vendor must continue to provide the LCED forms upon request if habilitation providers are audited.</p>
12.	Eligibility and Age	How long does provisional eligibility last, and at what age must a child have a diagnosis?	<p>A determination of “Provisionally Eligible” can extend through age seven (7) and ends when the child achieves the age of eight (8) years. By the age of eight (8), the child must meet the “regular” eligibility criteria which requires a named condition, the likelihood of expected continuation of the developmental disability condition and associated deficits, and substantial adaptive deficits as delineated in OPWDD’s eligibility policy.</p> <p>Provisional eligibility is predicated on the likelihood of a developmental disability, but allows for those situations where a</p>

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			<p>named condition has not yet been diagnosed but the clinical presentation and adaptive limitations are all indicative of a developmental disorder or condition.</p> <p>The threshold for demonstrating substantial adaptive deficits is also different, in that OPWDD will allow for one area of functional skills to be substantially impaired, to meet the definition of “substantial handicap” for young children (consistent with the language for Early Intervention (EI) services).</p>
13.	Evaluations	Is there an acceptable substitution document to a psychological evaluation for the initial Waiver enrollment?	An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist. A Multidisciplinary Core Evaluation that does not include these standardized measures or does not include the participation of a school psychologist or licensed psychologist would not be acceptable.
14.	Evaluation Dates	What dates are used for the pre-admissions or pre-enrollment dates on the LCED?	<p>The dates for the pre-enrollment evaluations should be indicated on the form for the initial determination.</p> <p>A person must have a current (within the past 365 days) medical, social/developmental evaluation, and psychological evaluation for the <u>initial</u> LCED. A current medical evaluation or social/developmental evaluation is an evaluation that has been completed within twelve (12) months prior to the submission of the initial LCED to the DDRO. For psychological evaluations,</p>

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			<p>an updated evaluation is not needed if there has not been a significant change in functioning, and if there is sufficient information in the individual's record to complete the diagnosis and adaptive behavior deficit/learning portions of the LCED form.</p>
15.	Evaluation Dates	Should the most recent evaluation dates be included on the first page for the redetermination?	<p>Evaluation dates are only required for the initial determination. If a I/DD HH chooses to include the most recent evaluation dates, it is acceptable. However, "pre-enrollment" should be crossed out with a single line and initialed with the date. The new evaluation dates should also be entered, initialed and dated.</p>
16.	Evaluation Dates	How frequently are evaluations needed once the initial LCED is completed?	<p>Once the initial LCED has been completed and eligibility for HCBS Waiver, Comprehensive Care Coordination and other State Plan Services has been established, there is no ongoing schedule for subsequent evaluations. The need for new or updated evaluations depends on the needs and circumstances of the person, and is not based on a predetermined schedule. Providers should not interrupt services or require and update to an evaluation when there is no clinical indication that such an update is needed.</p> <p>The need for additional evaluations is determined on an individual basis. More frequent evaluations may be indicated if there is a significant change in any area of the person's functioning. For children who are provisionally eligible for HCBS Waiver, updated evaluations may be warranted based on clinical need.</p>

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			<p>It is important to distinguish between assessments that are specifically required to assist in the determination of Level of Care from other reasons why additional evaluations and assessments may be necessary. For example, continued Medicaid and Supplemental Security Income (SSI) eligibility may require updated evaluations on a more frequent basis than those required by OPWDD. There is nothing in OPWDD guidance prohibiting additional evaluations if they are required to maintain or recertify eligibility for other state or federal agency services, or if they are needed due to medical necessity.</p> <p>The 'qualified person' completing the annual LCED redetermination is expected to review the most recent evaluations when completing the redetermination, but there are no requirements as to how often these evaluations must be updated in order to maintain Waiver eligibility and complete the annual Level of Care. If at any time it appears to the qualified person completing the annual LCED redetermination that the needs and circumstances of the person being review have changed considerably, a referral for an updated evaluation(s) should be made.</p>
17.	Care Management Record	Is it necessary to maintain six (6) years of LCED's in the care management record if we are already maintaining the original	The care management record (or a similar accessible location) should contain the six (6) prior years of LCED forms to ensure the Care Manager has easy access at all times.

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		and the current LCED in the record?	
18.	Care Management Record	Is the DDRO required to return initial LCED's to the I/DD HH along with the Notice of Decision (NOD)?	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.
19.	QIDP Qualifications	Do Care Managers who do not have a four (4) year degree qualify as a QIDP?	A QIDP must have at least a bachelor's degree in one of the listed areas to be a QIDP, as defined in the federal regulation (42 CFR 483.430) available at the following link: <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/ICFMR_Glossary.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/ICFMR_Glossary.pdf</a>
20.	Renewal Dates	When is the annual redetermination due?	The annual redetermination must be completed one year (i.e. 365 days) from the anniversary date of the previous LCED.  The anniversary date of the redetermination if there has been a previous redetermination is the signature dates of the qualified person completing the LCED <u>or</u> for an initial determination, the signature date of the DDRO Director/designee.
21.	Responsible Party for LCED Completion	Who is responsible for completing the LCED?	The I/DD HH Care Manager is responsible for the timely completion of the LCED on an annual basis. OPWDD requires the LCED to be retained in the Care Management file.

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#	Topic	Question	Answer
22.	Distribution to DDRO	Should the I/DD HH Care Manager send the annual LCED redeterminations to the DDRO?	The DDRO has the ability to access the LCED redetermination electronically through CHOICES.
23.	Distribution	Should the I/DD HH Care Manager distribute the new LCED form to habilitation providers?	The annual LCED redetermination must be distributed with the Life Plan and is available electronically through CHOICES.
24.	620/621 Status	What is a 620/621 Status?	<p>For <b>Chapter 620</b> eligibility, an individual must have five years of continuous <i>inpatient</i> service provided by a State facility. This five-year period must begin on or after 01/01/69. During the period 01/01/69 through 12/31/73, Family Care constitutes <i>inpatient</i>, but not thereafter. During the same period, 01/01/69 through 12/31/73, time spent in a Private Certified School for the Mentally Retarded is considered time in a State facility, provided the individual was in a State facility <u>on</u> 01/01/69. This is not true for any later period.</p> <p>For <b>Chapter 621</b> eligibility, an individual must have five years of continuous <i>inpatient</i> service provided by a State Facility. This five-year period must begin on or after 06/29/69. For <b>Chapter 621</b> eligibility, time in Family Care <u>while on legal status</u> is considered <i>inpatient</i>. For <b>Chapter 621</b> eligibility, time spent in a Private Certified School for the Mentally Retarded does <u>not</u> count towards the five-year continuous <i>inpatient</i> service requirement.</p> <p>For both Chapter 620 and Chapter 621, <i>inpatient</i> is defined as residential without</p>

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			<p>leaving the facility/facilities for any period of 90 days or longer.</p> <p>Additional information can be found in the Benefits Resource Guide found on the OPWDD website at: <a href="https://opwdd.ny.gov/sites/default/files/documents/Benefit_Development_Resource_Guide_2016_11_03.pdf">https://opwdd.ny.gov/sites/default/files/documents/Benefit_Development_Resource_Guide_2016_11_03.pdf</a></p> <p>If a person's 620/621 eligibility status is not known, "unknown" may be written in the corresponding box on the form.</p>