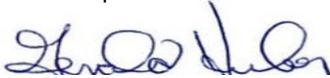




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## MEMORANDUM

**TO:** Medicaid Service Coordination Vendors  
Voluntary Provider Agencies  
Developmental Disabilities State Operations Office Directors  
Developmental Disabilities Regional Office Directors  
DDRO MSC Coordinators  
Provider Association Representatives

**FROM:** Gerald Huber   
Deputy Commissioner  
Division of Person Centered Supports

Jill A. Pettinger, Psy.D.   
Assistant Deputy Commissioner  
Statewide Services

**DATE:** October 10, 2014

**SUBJECT:** Social Evaluations for Initial Level of Care Eligibility Determination for HCBS Waiver Enrollment

The purpose of this memorandum is to provide guidance and clarification as to the required elements of a Social Evaluation for purposes of completing the Initial Level of Care Eligibility Determination (LCED) for Home and Community Based Services (HCBS) Waiver enrollment; and to identify who is qualified to perform such an evaluation.

Included with this memorandum is an outline which identifies the required elements of a Social Evaluation. In order to be considered a Social Evaluation for purposes of completing the Initial LCED these elements must be present in the evaluation.

A properly written Individualized Service Plan (ISP) or Preliminary ISP (PISP) may qualify as a Social Evaluation if it contains all of the required elements of a social evaluation and contains all information necessary to complete the corresponding sections of the initial LCED form.

Service coordinators and MSC Supervisors who meet the regular MSC educational and experiential requirements are qualified to perform the social evaluation. Other professionals such as a Qualified Intellectual Disability Professional (QIDP), Social Worker (LMSW or LCSW), Psychologist, or a person with a Master Degree in Psychology, and who are familiar with the person, are also qualified to perform the Social Evaluation.

### Executive Office

● 44 Holland Avenue, Albany, NY 12229-0001, TEL: 518-473-1997 FAX: 518-473-1271  
● 25 Beaver Street, 3<sup>rd</sup> Floor, New York, NY 10004, TEL: 646-766-3468 FAX: 646-766-3473  
● 101 West Liberty Street, Rome, NY 13440, TEL: 315-336-2300 x246 FAX: 315-571-7118  
● 500 A Balltown Road, Schenectady, NY 12304 TEL: 518-381-2110 FAX: 518-381-2190  
TTY: 866-933-4889, [www.opwdd.ny.gov](http://www.opwdd.ny.gov)

MEMORANDUM

Social Evaluations for Initial Level of Care Eligibility Determination for  
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Further information and instructions for completing the Initial Level of Care Eligibility Determination may be found on OPWDDD's website using the following link:

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/service\\_coordination/msc\\_forms](http://www.opwdd.ny.gov/opwdd_services_supports/service_coordination/msc_forms)

Questions regarding HCBS Waiver Enrollment and LCED completion may be directed to your local HCBS Waiver Liaison: <http://www.opwdd.ny.gov/node/2113> or to the OPWDD Waiver Unit: [peoplefirstwaiver@opwdd.ny.gov](mailto:peoplefirstwaiver@opwdd.ny.gov)

Questions regarding Medicaid Service Coordination may be directed to your local MSC Liaison: <http://www.opwdd.ny.gov/node/534> or to: Anne Swartwout, Statewide MSC Coordinator at [anne.swartwout@opwdd.ny.gov](mailto:anne.swartwout@opwdd.ny.gov)

GH/JAP/kma

Enclosure

cc: Kate Bishop  
Anne Swartwout  
Angie Francis  
Tricia Downes

ENCLOSURE

MEMORANDUM

Social Evaluations for Initial Level of Care Eligibility Determination for

HCBS Waiver Enrollment

October 10, 2014

## ***Social Evaluation Outline***

### ***Overview***

Family History -

#### ***I. Affective Development:***

Interests/personal goals -

Values -

Emotional Expression -

Motivation level/Ability to self-direct -

Ability to empathize -

Other -

***Strengths:***

***Needs:***

***Recommendations:***

#### ***II. Speech and Language Development:***

Listening Skills -

Appropriate Communication Skills -

Other -

***Strengths:***

***Needs:***

***Recommendations:***

#### ***III. Social Development:***

Interpersonal Skills -

Guardianship and Advocate information -

Legal Status (CPL, Vol, Invol., Non-Objecting) -

Cultural and Ethnic background -

Family relationships -

Other -

***Strengths:***

***Needs:***

***Recommendations:***

***Signature of qualified person completing the Social Evaluation:***