LCED Form
User Guide
A. Level of Care Eligibility Determination (LCED) Form for HCBS Waiver Participants

LCED is required for all participants in the HCBS waiver and/or Care Coordination. 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 and/or Care Coordination. Requirements and instructions for completing the LCED can be found on OPWDD’s Website: ADM #2020-02 Revised Intermediate Care Facilities for Individuals with Intellectual Disabilities ICF/IDD Level of Care Eligibility Determination (LCED) | Office for People With Developmental Disabilities (ny.gov).

Redeterminations must be completed by a designated Qualified Reviewer. Only a voluntary agency user with a role of CCO Level 2 or CCO Supervisor can complete the LCED Form. Initial LCEDs are completed by OPWDD staff. OPWDD staff will share the initial LCED with the CCO Agency using the share function in CHOICES.

Please note, these instructions do not apply to the LCED for those residing in an Intermediate Care Facility (ICF). For those residing in an ICF a separate LCED form with separate requirements is used and is not completed in the CHOICES system.
B. Location of the LCED

The LCED can be found in two places, under Workplace and on the Individual’s record.

To find it in the workplace, Click the Workplace arrow (circled in red) to display the sections and then click on LCED-ICF/IID Level…

The LCED section will display according to the selected VIEW. The view in this graphic is set to Active.
To get to the LCED under an individual, click on the arrow to the right of **Workplace**, to display the sub-sections, scroll to and then click the “**Individuals**” tile:

A list of all individuals will display. In the Individuals section, you can search for the individual by Last Name, First Name or the TABS ID in the search field.
In this example, we want to look for Ori Fakler and enter her last name in the Search field box. Click the Start Search button or press enter. A list matching our search displays. Click on the name to open the person record.

Individual Information displays for Fakler, Ori and you are in the General section of her record.
Click on the arrow located next to the person’s name to display the sections of the person’s record. Then click on LCED – Level of Care… to open that screen.

The LCED section of the person’s record opens. Any previously completed LCEDs will show.
C. To Complete a Redetermination when an Initial LCED or Redetermination is in CHOICES

Open the most recent LCED with a form status of “Completed” and then clicking on the name of the LCED that you want to open.

When the LCED opens, click on Copy.

A new LCED will open with the following message:

This is a copy of an existing form. To keep this copy you must save it; otherwise, it will be removed from CHOICES overnight.

Click Ok and then click “Save” to save this copy.

Review the LCED and make any changes necessary (see instructions starting on page 9, Completing the LCED). When finished reviewing go to the Authorizations Section.
C1. Authorizations

Submission Information
- “Agency” is user’s agency and is pre-populated.
- The user must select the DDSO that is associated with the program code that the individual is enrolled. Note that if the DDSO is not available scroll to the bottom of the list and click on “Look Up More Records.”
- Is this initial LCED? For Agency users, this will automatically be populated as “No” and is locked.

All other sections under Authorization are locked. Scroll to Reviews.

C2. Reviews
This section only appears for Redeterminations.
- Qualified Reviewer Signing this form, is required and will default to the person completing the form.
- Enter Title

You can select a different reviewer, by clicking on the search icon:

When you click submit the following message will display. Once you click Ok, an email will be sent to the user selected.
**C3. Submit Form**

To submit the form, click **Submit Form**.

You may find this under the ellipses as well:

Read the informational paragraph, click the box noting – “**By checking this box...**”, enter your password and then click Submit button.
D. To Complete a Redetermination when an LCED has not been completed in CHOICES

You will need to have a copy of a paper current LCED to complete various sections of the LCED in CHOICES.

Click Add New LCED.

A new LCED form will open, and the Individual's information will pre-populate, and those fields will not be available for editing.

Enter the information in the Date of Pre-enrollment Evaluations and Eligibility Criteria and then complete as you would normally per section F.
E. To Complete an LCED Redetermination for an individual not yet enrolled in a CCO program code

When the DDRO completes the Initial LCED OPWDD staff will share it with the CCO Agency using the share function in CHOICES. If the annual redetermination is due prior to enrollment in the CCO program code, the CCO user (Level II and Supervisor role) will need to go to the LCED section in CHOICES to complete the redetermination.

In that section, you will need to change the view to Inactive LCED’s. Do this by clicking on the down arrow next and selecting “Inactive LCED – Level of Care Eligibility Determination”

Once the correct view is chosen, you will need to filter to find the individual’s LCED. Click on the filter button on the left-hand side at the end of the columns

After clicking this button, it will turn white and down arrows will appear next to each column heading. Click the down arrow next to TABS Id and then select “Custom Filter…” from the drop down.
The Custom Filter box will appear, click on the arrow next to Select Operator and choose “Equals,” then type in the TABS ID of the individual.

The shared LCED for that individual will appear, click on the name and then copy the LCED and complete as you would normally per section F.

The LCED date will be transmitted to TABS to allow for CCO enrollment. The redetermination completed by the CCO will appear under the individual's record when they are enrolled into that CCO's program code.
F. Completing the LCED

Dates of Pre-enrollment Evaluations section

Note that the physical, social, and psychological evaluations 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 but enter that information if known.

Eligibility Criteria section

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
   - Click on the box, the yes or no prompt will appear. Choose 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 from the drop down
- 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.
### 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)
- If user chooses Yes for "Health Care Need," then at least one condition (A, B, and/or C) must be Yes
- User cannot select No for “Health Care Need” and then have a condition (A, B, and/or C) as Yes
- User may choose Yes for more than one condition (A, B, and/or C)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical condition which requires daily individualized attention from health care staff</td>
<td>Yes/No</td>
</tr>
<tr>
<td>B. Self-injurious behavior which necessitates monitoring and treatment</td>
<td>Yes/No</td>
</tr>
<tr>
<td>C. Individual has deficits in self-care skills</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Status: Active
- If user chooses Yes for condition C, then either 1 or 2 must be Yes
- Both C1 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
- If user chooses No for condition C, then both 1 and 2 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 “Adaptive Behavior Deficit” is marked as “No,” then A-E must be marked “No.”
A. Communication
- Communication cannot be blank (must be either Yes or No)
- If Communication is marked “Yes” then 1 or 2 must be marked “Yes”
- If Communication is marked “No” then 1 and 2 must be marked “No”
- 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)
- If Learning is marked “Yes” then at least one of the IQ questions (1, 2, or 4) must be Yes or one of the over-21-age questions (3 or 5) is Yes
- If Learning is marked “No” then 1, 2, 3, 4, and 5 must be marked “No”
- Both 1 and 2 cannot be set to Yes and cannot be blank
- 1-5 cannot be blank
- 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”
C. Mobility
- Mobility cannot be blank (must be either Yes or No)
- If Mobility is marked “Yes” then 1 or 2 must be marked “Yes”
- If Mobility is marked “No” then 1 and 2 must be marked “No”
- Both 1 and 2 cannot be set to Yes and cannot be blank

D. Capacity for Independent Living
- Capacity for Independent Living cannot be blank (must be either Yes or No)
- If Capacity is marked “Yes” then 1 or 2 must be marked “Yes”
- If Capacity is marked “No” then 1 and 2 must be marked “No”
- Both 1 and 2 cannot be set to Yes and cannot be blank
E. Self-Direction

- Self-Direction cannot be blank (must be either Yes or No)
- If Self-Direction is marked “No” then 1-4 must be marked “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
**F1. Authorizations**

**Submission Information**
- “Agency” is user’s agency and is pre-populated.
- The user must select the DDSO that is associated with the program code that the individual is enrolled. Note that if the DDSO is not available scroll to the bottom of the list and click on “Look Up More Records.”
- Is this initial LCED? For Agency users, this will automatically be populated as “No” and is locked.

The following sections are not required but should be completed if known.

**Qualified reviewer Signature**
Enter the date that the Qualified Reviewer Signed the Initial LCED by using the drop-down calendar.

**Physician Signature**
Only the Date Physician or Nurse Practitioner Signed can be completed. Enter the date that they signed by using the drop-down calendar.

**DDRO Approvals**
- Answer if the OPWDD process for DD Eligibility has been completed.
- The ICF/IID Level of Care Decision must be marked as Approved or Not Approved.
- Once this is marked, the ICF/IID Level of Care Approved Effective field will unlock, and the date can be added.
- Enter the date that the DDRO Director or designee signed the Initial LCED.
F2. Reviews

This section only appears for Redeterminations.

- **Qualified Reviewer Signing this form**, is required and will default to the person completing the form.
- Enter Title

You can select a different reviewer, by clicking on the search icon:

```
Qualified Reviewer Signing this Form
train150 train150
```

When you click submit the following message will display:

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Confirmation Dialog

An e-mail will be sent to the selected Qualified Reviewer. Are you sure you want to do this?

OK Cancel
```

Click Ok and an email will be sent to the user selected.
F3. Submit Form

To submit the form, click **Submit Form**.

You may find this under the ellipses as well:

Read the informational paragraph, click the box noting – “**By checking this box...**”, enter your password and then click Submit button.
G. View and Print PDF
Click on “View PDF” to open and review the form.

A separate window opens and the PDF displays.

Find the PDF toolbar and choose the print icon to print the PDF or the save icon to save the PDF in a folder.

To close the PDF, click ‘X’ in the top right-hand corner.
Note that the PDF displays the Physician Signature section as the following:

For redeterminations where the initial LCED was not completed in CHOICES, the signature lines for qualified reviewer, physician, and DDSO Director will display as follows:

| Signature of Qualified Person Completing the Form: Redetermination Based on Prior LCED not in CHOICES | Review Date |
|                                                                                                       | 03/11/2022  |
| Signature of Review Physician or Nurse Practitioner: Redetermination Based on Prior LCED not in CHOICES | Review Date |
|                                                                                                       | 03/11/2022  |

This section to be completed by the Developmental Disabilities Regional Office (DDRO) Director (or Designee) for initial LCED Determinations only

Has the OPWDD process for Developmental Disability (DD) Eligibility determination been completed by the DDRO?  

YES ☑  NO □

For LCEDs that are completed in CHOICES, the signature sections will display as follows:

| Signature of Qualified Person Completing the Form: Electronically signed by: train134 train134 | Review Date |
|                                                                                                       | 02/20/2015  |
| Signature of Review Physician or Nurse Practitioner: On File                                       | Review Date |
|                                                                                                       | 06/18/2015  |

This section to be completed by the Developmental Disabilities Regional Office (DDRO) Director (or Designee) for initial LCED Determinations only

Has the OPWDD process for Developmental Disability (DD) Eligibility determination been completed by the DDRO?  

YES ☑  NO □

☑ ICF/IID Level of Care Approved Effective (mm/dd/yyyy): 06/18/2015

☐ ICF/IID Level of Care NOT Approved

Signature of DDRO Director (or Designee): Electronically signed by: Train252 Train252  

Date: 06/18/2015
H. To Change the List View

Click on the dropdown arrow next to Active LCED- Level of Care Eligibility Determination...to select an 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.