



NEW YORK
STATE OF
OPPORTUNITY™

**Department
of Health**

**Request for Information (RFI)
For
Uniform Tasking Tool (UTT) Solutions**

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TABLE OF CONTENTS

TABLE OF CONTENTS 2

1.0 Calendar of Events 2

2.0 Purpose of the Request for Information (RFI) 2

3.0 Introductory Background..... 3

4.0 Current Environment..... 4

 4.1 Context of Tasking Tool Process 4

 4.2 Community Health Assessment (CHA) 4

 4.3 Roles and Responsibilities..... 5

5.0 Desired Environment 6

6.0 Questions for Vendors 7

7.0 Response Content..... 8

 7.1 Cover Letter..... 8

 7.2 Company Information 8

 7.3 RFI Responses/Electronic Submissions 8

8.0 General Terms 9

 8.1 Reimbursement 9

 8.2 Freedom of Information Law (“FOIL”) 9

 8.3 NYSDOH’s Reserved Rights 9

1.0 Calendar of Events

RFI (UNIFORM TASKING TOOL (UTT) SOLUTIONS	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Information	5/6/21
Deadline for Submission of Responses	Responses Due On Or Before 6/3/21
Anticipated Demonstration Dates	7/19/21-7/23/21 as scheduled with NYSDOH

2.0 Purpose of the Request for Information (RFI)

Consistent with the recommendations of the Medicaid Redesign Team II (MRT II) convened by Governor Cuomo in 2020, Section 21 of Part MM of Chapter 56 of the Laws of 2020 authorized the implementation of a uniform task-based assessment tool, or uniform tasking tool (UTT) solution, for use by Managed Care Organizations (MCO), including Managed Long-Term Care (MLTC) plans, and Local Departments of Social Services (LDSS) to help standardize service utilization as part of an approved plan of care. This includes the hours of personal care services (PCS) and consumer directed personal assistance services (CDPAS) and other available community-based long-term care services.

Through this Request for Information (RFI), the New York State Department of Health (NYSDOH) seeks to solicit information from vendors and interested parties regarding commonly used and industry-accepted tasking tool solutions and/or algorithms that use or are capable of using outputs from the interRAI Community Health Assessment (CHA) to help inform the plan of care that will be developed by an MCO or LDSS to meet a member's needs.

The NYSDOH is New York's single state agency for Medicaid. In FY22, total Medicaid spending is expected to be \$77 billion. New York's Medicaid program provides coverage for home- and community-based services, including PCS and personal assistant services under a consumer-directed program, in order to serve individuals in the community. In FY22, Medicaid spending on these services is expected to be \$13.6 billion. Approximately 200,000 Medicaid members receive either PCS or personal care services through the consumer-directed program through either the Medicaid Fee-For-Service (FFS) program or an MCO.

The NYSDOH is releasing this RFI for the following purposes:

- Identify the options or different types of commonly used and industry-accepted tasking tool solutions and/or algorithms available in the market.
- Understand the advantages or disadvantages of these available tasking tool solutions and/or algorithms.
- Identify the requirements and timelines related to the implementation of different types of tasking tool solutions and/or algorithms.

Input from all interested parties is welcome, but the NYSDOH is especially interested in receiving feedback from those who have an established tasking tool solution and/or algorithm that uses or is capable of using outputs from the interRAI CHA to help inform a member's plan of care, including but not limited to the number of hours of PCS and CDPAS that the member needs.

3.0 Introductory Background

The NYSDOH is seeking information related to a uniform tasking tool solution and/or algorithm that could be used by each MCO and LDSS to help ensure consistency in plans of care for Medicaid members who have the same or similar levels of need.

Tasking Tool Overview

For the purposes of this RFI, the NYSDOH defines a task-based assessment tool, or tasking tool, as typically listing instrumental activities of daily living (IADL) (e.g., light cleaning, shopping, and simple meal preparation) as well as activities of daily living (ADL) (e.g., bathing, dressing, and toileting). A tasking tool may also indicate the level of assistance a member requires for each IADL's or ADL's performance, the amount of time needed to perform each task, and the daily or weekly frequency for each task.¹ Adhering to the recommendation from MRT II, the UTT solution will also help determine how a member's needs for assistance with ADLs can be met by telehealth and other available alternatives, including informal supports, consistent with state regulations and other applicable requirements.

Uniform Tasking Tool Project Goals

The goal of the UTT is to provide MCOs and LDSSs, or such other organizations as authorized by the NYSDOH, with a tasking tool solution and/or algorithm that uses a standardized methodology to help determine the amount of PCS or CDPAS a member requires. The NYSDOH envisions the UTT solution will use data from a member's interRAI CHA, which is hosted on the NYSDOH Uniform Assessment System for New York (UAS-NY). The CHA will be completed by the MCO or the LDSS and, starting in Summer 2021, an Independent Assessor (IA) contracted by the NYSDOH, or such other organization as authorized by the NYSDOH. The UTT should also capture other relevant information (e.g., informal supports) to help determine the number of recommended PCS or CDPAS hours to be authorized and incorporated into a member's plan of care.

¹ MLTC Policy 16.07: Guidance on Task-based Assessment Tools for Personal Care Services and Consumer Directed Personal Assistance Services. (November 17, 2016). Retrieved from https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/docs/16-07.pdf

4.0 Current Environment

4.1 Context of Tasking Tool Process

Tasking tools are used on completed CHAs retrieved from the UAS-NY. The MCO or LDSS uses CHA data, along with other information as needed, in the tasking tool to determine an hourly recommendation for PCS and CDPAS. The tasking tool recommendation is then used in the creation of a plan of care, which is the basis for the provision of services to the member.

Figure 1

Context of Tasking Tool Process		
Source	Steps	Progression
UAS-NY	<ul style="list-style-type: none"> CHA is completed in the UAS-NY 	
MCO or LDSS	<ul style="list-style-type: none"> MCO or LDSS incorporates CHA data, and any additional data as needed, into the tasking tool PCS and/or CDPAS service hour recommendation is -estimated 	
MCO or LDSS	<ul style="list-style-type: none"> MCO or LDSS uses the tasking tool service hour recommendation as an input to develop the plan of care 	
Caregiver	<ul style="list-style-type: none"> Caregiver delivers services based on the plan of care 	

4.2 Community Health Assessment (CHA)

The UAS-NY web-based secure software application, owned and operated by the NYSDOH, contains a suite of electronic assessment instruments, including the CHA. The CHA and the related Functional and Mental Health Supplements (where applicable) constitute a comprehensive assessment that is conducted by a licensed registered nurse (RN) and utilized by health care professionals for eligibility and care planning. Based on research and development conducted by interRAI, the CHA is composed of the following:

- Community Health Assessment:** Enables an assessor to review multiple domains of function, health, social support, and service use as well as medications, diseases, and other health-related information for an individual.
- Functional Supplement:** Captures additional data related to health, function, and formal/informal supports.
- Mental Health Supplement:** Captures additional information related to mental health service history, mental state, and social relations.

Responses to the CHA measure a member's objective performance and capacity in a variety of areas. Once completed, the CHA is used to generate assessment outcomes for a member, and the CHA and its generated outcomes enable assessors to have a complete picture of the member at a given point in time. The comprehensive nature of the CHA supports the development of a person-centered plan of care by the MCO or LDSS that facilitates the member receiving the right care at the right time. The CHA is not intended to serve as an open-ended electronic health record that is subject to ongoing updates.

4.3 Roles and Responsibilities

Managed Care Organizations (MCO)

Managed Care Organization, or MCO, is used in this RFI to describe a health insurance plan licensed under New York State Public Health Law and authorized by the NYSDOH to coordinate the provision and quality of care for its enrolled Medicaid members under a risk-based contract. There are many different types of publicly funded managed care programs in New York State, including Mainstream Managed Care,² Partially Capitated, and Medicaid Advantage Plus,³ that serve residents in all age groups and various income levels.⁴ While the utilization of PCS and CDPAS may vary by type of MCO, all types provide coverage for these services. An MCO's authorization for PCS or CDPAS must include the amount, duration, and scope of services required by the member. A list of MCO by type, including enrollment, can be found [here](#).

Local Departments of Social Services (LDSS)

The LDSSs provide or administer the full range of publicly funded social services and cash assistance programs. For Medicaid-eligible persons, the LDSSs perform specific tasks with the oversight of the NYSDOH, including determining Medicaid eligibility for certain Medicaid applicants. Directly relevant to this RFI, LDSSs also conduct the CHA to assist in determining an individual's need for PCS or CDPAS when the individual receives such services through Medicaid FFS (i.e., the individual is not enrolled in an MCO). The authorization for PCS or CDPAS must be completed by an LDSS prior to the initiation of services.⁵

Personal Care Services (PCS)

The State defines PCS as "some or total assistance with personal hygiene, dressing and feeding, and nutritional and environmental support functions. For example, PCS include but are not limited to assistance with ADLs including eating, bathing, getting dressed, mobility, and toileting. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, as determined by the social services district, or its designee, in accordance with the regulations of the Department of Health (DOH)."⁶

Consistent with the recommendation of MRT II, as enacted by the State Fiscal Year 2021 Budget, and proposed regulations, initial authorizations for PCS will require:

- a CHA confirming that an individual needs at least limited assistance with physical maneuvering with more than two ADLs, or for individuals with a dementia or Alzheimer's diagnosis, a CHA confirming need of at least supervision with more than one ADL,⁷
- a medical examination and practitioner order, and
- an evaluation of the need and cost effectiveness of services.⁸

Consumer Directed Personal Assistance Program (CDPAP)

² Medicaid Managed Care Enrollment (January 2021). Retrieved from Medicaid Managed Care Enrollment Reports (ny.gov)

³ Managed Long Term Care (MLTC) Plan Directory. (January 2021). Retrieved from https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/plan_directory/index.htm

⁴ Department of Health Managed Care. (August 2019). Retrieved from https://www.health.ny.gov/health_care/managed_care/

⁵ New York 18 NYCRR § 505.14 – Section 505.14 Personal care services. (July 6, 2016). Retrieved from <https://regs.health.ny.gov/volume-c-title-18/9748687/section-50514-personal-care-services>

⁶ New York State Medicaid Program Personal Care Services Program Provider Manual Policy Guidelines. (2005). Retrieved from <https://www.emedny.org/ProviderManuals/PersonalCare/PDFS/PersonalCareManual-Policy.pdf>

⁷ SPA #20-0041. (September 29, 2020). Retrieved from https://www.health.ny.gov/regulations/state_plans/status/lcicare/original/docs/os_2020-09-29_spa_20-41.pdf

⁸ Summary of Express Term for Proposed Amendment to 18 NYCRR § 505.14 and 18 NYCRR § 505.28. Retrieved from https://regs.health.ny.gov/sites/default/files/proposed-regulations/Personal%20Care%20Services%20and%20Consumer%20Directed%20Personal%20Assistance%20Program_0.pdf

The Consumer Directed Personal Assistance Program (CDPAP) is a Medicaid program that provides services to chronically ill or physically disabled members who have a medical need for help with ADLs or skilled nursing services and who are self-directing or have a designated representative that directs care. The services provided can include any of the services provided by a personal care aide, home health aide, or nurse. Members in the CDPAP hire, train, supervise, and terminate the employment of persons providing the services. The current and future criteria for individual eligibility for CDPAP services are the same as for PCS.

Care Planners

Staff performing care planning functions at the MCOs and LDSSs are the primary users of a tasking tool. Care planners may be employees or contract staff of the MCO or LDSS. Many LDSSs contract this work to Licensed Home Care Services Agencies (LHCSA) and/or Certified Home Health Agencies (CHHA).

Licensed Home Care Services Agencies (LHCSA)

LHCSAs contract with Medicaid MCOs, CHHAs, and LDSSs to provide PCS to Medicaid beneficiaries.

Certified Home Health Agencies (CHHA)

CHHAs provide part-time, intermittent health care and support services to individuals who need intermediate and skilled health care. Services provided by CHHAs may be reimbursed by Medicare and Medicaid. Because the federal certification requires extensive supervision of aides by a nurse while allowing the aides to perform semi-skilled tasks in certain situations, CHHAs provide a higher level of home care than PCS.

5.0 Desired Environment

The NYSDOH is exploring a variety of tasking tool solutions and algorithms while considering the needs and objectives of the NYS budget initiative and related legislation (as contained in Section 21 of Part MM of Chapter 56 of the Laws of 2020) to implement a uniform tasking tool solution that will improve administrative efficiencies, simplify and streamline processes, institute better compliance controls, and promote consistent and needed access to services.

New York State envisions that the UTT solution and/or algorithm will be implemented in accordance with the following guiding principles:

- Meets the requirements of related legislation to implement a commonly used and industry-accepted uniform tasking tool.
- Is accessible to MCOs and LDSSs as well as any organizations that they contract with to create plans of care.
- Helps MCOs and LDSSs create appropriate plans of care for their members.
- Has an established approach for service level recommendations that results in a consistent recommendation for individuals with the same or similar needs.
- Complies with the Health Insurance Portability and Accountability Act (HIPAA) as well as other federal and state statutes and regulations that protect the privacy and confidentiality of the health information of Medicaid members.
- Is capable of integration with existing New York State systems.
- Helps improve the efficiency and timeliness of the care planning process.

6.0 Questions for Vendors

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of NYSDOH. The NYSDOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI.

As stated in [Section 2.0](#) of this RFI, the NYSDOH is interested in obtaining information from Respondents who have an established tasking tool solution and/or algorithm that uses assessment outputs to help inform the number of hours of PCS and CDPAS that a Medicaid member needs.

1. Does your solution have functionality that:
 - a. Is available as COTS (commercial off the shelf)?
 - b. Can be configured with end-user tools?
 - c. Requires custom application development, data integrations, and/or data ETL (extract, transform, load)?
2. Do you offer your solution commercially?
 - a. If yes, how do you license your product? (Do not include pricing information)
 - b. What are the core technical elements of your solution, including all elements needed to successfully install and operate the system?
 - c. Are there any limits to the number of users? Please explain.
 - d. Do you provide technical support? Please describe.
3. List any entities that are currently using your solution to assist in making recommendations for use in determining PCS and CDPAS hours in New York State, in other U.S. states, or in other countries.
4. Describe in detail how your solution produces a recommendation to inform the determination of service times for Personal Care Services (PCS) and Consumer Directed Personal Assistance Services (CDPAS).
 - a. Do you use an algorithm, task time-based estimates, or other solution?
 - i. If your solution uses task time-based estimates to determine service times:
 1. Describe how your estimates were developed.
 2. Describe the process for establishing the validity of your tool and provide supporting materials. Include citations for all supporting materials that were considered as well as all data sets used in the analysis.
 3. Describe how your solution estimates PCS and CDPAS task times. Include the following:
 - a. Tasks included in the tool
 - b. Data that is imported vs. data that is manually entered
 - c. How task times are estimated
 - d. How your solution considers and estimates alternative services, such as telehealth or informal supports
 - e. How task times are displayed to the user
 - b. Describe your tool's reporting and analytic capabilities.
5. Describe how your solution provides flexibility within a standardized approach to create a person-centered recommendation.
6. Describe the role your solution plays in supporting the development of a plan of care.
7. Describe the ways in which your solution:
 - a. Is compliant with the Health Insurance Portability and Accountability Act (HIPAA) with regards to the storage and transfer of Protected Health Information (PHI) to include administrative, technical, and physical safeguards
 - b. Supports information security
 - c. Reduces the opportunity for privacy loss during the transfer of PHI from the assessment system to the tasking tool solution
8. Considering the desired functionality described above, is your solution sold as a stand-alone product or does it rely on other products or product suites for it to operate?
9. Describe the key technical components of your solution.
10. Describe in detail how changes or updates to your solution are made.
11. Describe any limitations on concurrent users of your solution as well as any performance tests that have been performed to verify these capabilities.
12. Describe the key tasks, milestones, and timeframes for implementing your solution.
13. Share any feedback or additional information your organization would consider integral to New York's uniform tasking tool solution and/or algorithm.

7.0 Response Content

The following includes the requested format and information to be provided by each Vendor. The RFI responses should be returned in electronic format, but paper submissions will also be accepted. NYSODH will accept a variety of electronic formats including MS-Word, MS-Excel, MS-PowerPoint, or PDF files.

7.1 Cover Letter

Vendors should provide a cover letter that includes the following corporate information:

- Company Name
- Contact Name
- Contact Title
- Contact Phone Number
- Contact E-mail Address
- Mailing Address

7.2 Company Information

Responses to all questions in [Section 6.0, Questions](#) should include the question identifier, the question, and the vendor response. Each question should be answered on a new page in the document/response.

7.3 RFI Responses/Electronic Submissions

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State. All responses should be limited to the information requested and submitted in the same order in which it is requested. The NYSDOH discourages overly lengthy responses. Therefore, marketing brochures, user manuals, or other materials, beyond that sufficient to present a complete and effective response, are not desired. Elaborate artwork or expensive paper is not necessary or desired. Responses should contain sufficient information to assure the NYSDOH of its accuracy. While additional data may be presented, extraneous materials will not be reviewed by the NYSDOH.

This RFI will have two components: 1) formal written Responses from Respondents, and 2) scheduled demonstrations from those Respondent's with existing tasking tool solutions and/or algorithms of the technologies described in the Respondent's written Response. Demonstrations will be scheduled in two-hour time slots. One hour will be dedicated to the demonstration of the technology and one hour will be dedicated to questions from the NYSDOH.

When scheduling the demonstration, the NYSDOH reserves the right to determine which, if any, of the Respondent firms have existing tasking tool solutions and/or algorithms.

Responses must be received by the NYSDOH no later than the Deadline for Submission of Information specified in [Section 1.0, Calendar of Events](#).

Responses may be submitted by email to OHIPcontracts@health.ny.gov with subject "as "RFI Uniform Tasking Tool (UTT) Solutions – submitted by (Responder's name)."

8.0 General Terms

8.1 Reimbursement

The NYSDOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI, including, but not limited to, attendance at potential meetings.

8.2 Freedom of Information Law (“FOIL”)

All responses may be disclosed or used by the NYSDOH to the extent permitted by law. The NYSDOH may disclose a response to any person for the purpose of assisting in evaluating the response or for any other lawful purpose. All responses will become State agency records, which will be available to the public in accordance with the Freedom of Information Law.

Any portion of the response that a Vendor believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law must be clearly and specifically designated in the response.

If the NYSDOH agrees with the proprietary claim, the designated portion of the response will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

8.3 NYSDOH’s Reserved Rights

The NYSDOH reserves the right to:

1. Reject any or all responses received in response to the RFI;
2. Withdraw the RFI at any time, at the NYSDOH’s sole discretion;
3. Seek clarifications of responses;
4. Utilize any and all ideas submitted in the responses received; and
5. Invite vendors to provide a demonstration, in compliance with NYS COVID-19 safety regulations or remotely via a virtual meeting application, of their UTT technology.