



Department
of Health

New York Independent Assessor

**Process Overview for Initial Assessments
Communication, Notices, Reports & UAS-NY Data
Exchange for Medicaid Managed Care Organizations**

Webinar Logistics

- All participants will remain muted throughout the presentation.
- Questions during the presentation should be submitted through the Q&A function.
- The presentation portion of the webinar is being recorded and will be posted along with the slides on the Department of Health's (Department) Independent Assessor (IA) webpage.
- A question-and-answer period will be held at the end of the presentation. Panelists will be able to unmute themselves and ask questions.
- Questions will be answered as time permits. All questions, including those we are unable to answer during the webinar, will be included in FAQ documents.
- Answers provided to questions submitted during the webinar will be based on current information, and thus may not constitute a complete or final answer. FAQ documents will be posted on the Department's IA webpage.
- Additional questions may be submitted after the presentation to independent.assessor@health.ny.gov.

Operational Series Training Topics

- Process Overview of Initial Assessments for Medicaid Managed Care Organizations
- **Process Overview for Initial Assessment Communication, Notices, Reports (includes UAS Data Exchange)**
- NYIA IRP & Assessment Variance Process
- Fair Hearing Roles & Responsibility
- Process Overview of Reassessments for Medicaid Managed Care Organizations
- Process Overview for Reassessment Communication, Notices, Reports (includes UAS Data Exchange)

Agenda

Introduction & Overview

Initial Assessment Outcome Notice

File Process

Process Road Map – Plan Completes POC

UAS-NY Reports

UAS-NY Data Exchange (optional)

Summary

Resources

Introduction & Overview

January 2022

Introduction & Overview

- The **New York Independent Assessor** (NYIA) program was established for New York State Medicaid recipients who want to receive personal care and/or Consumer Directed Personal Assistance Services (CDPAS), and other community based long term services and supports (CBLTSS).
- NYIA is responsible for sending outcome notices and generating reports for the local Department of Social Services (LDSS), the Mainstream/Health and Recovery Plan (HARP)/ Special Needs Plans (SNP) and Managed Long Term Care (MLTC) Plans.

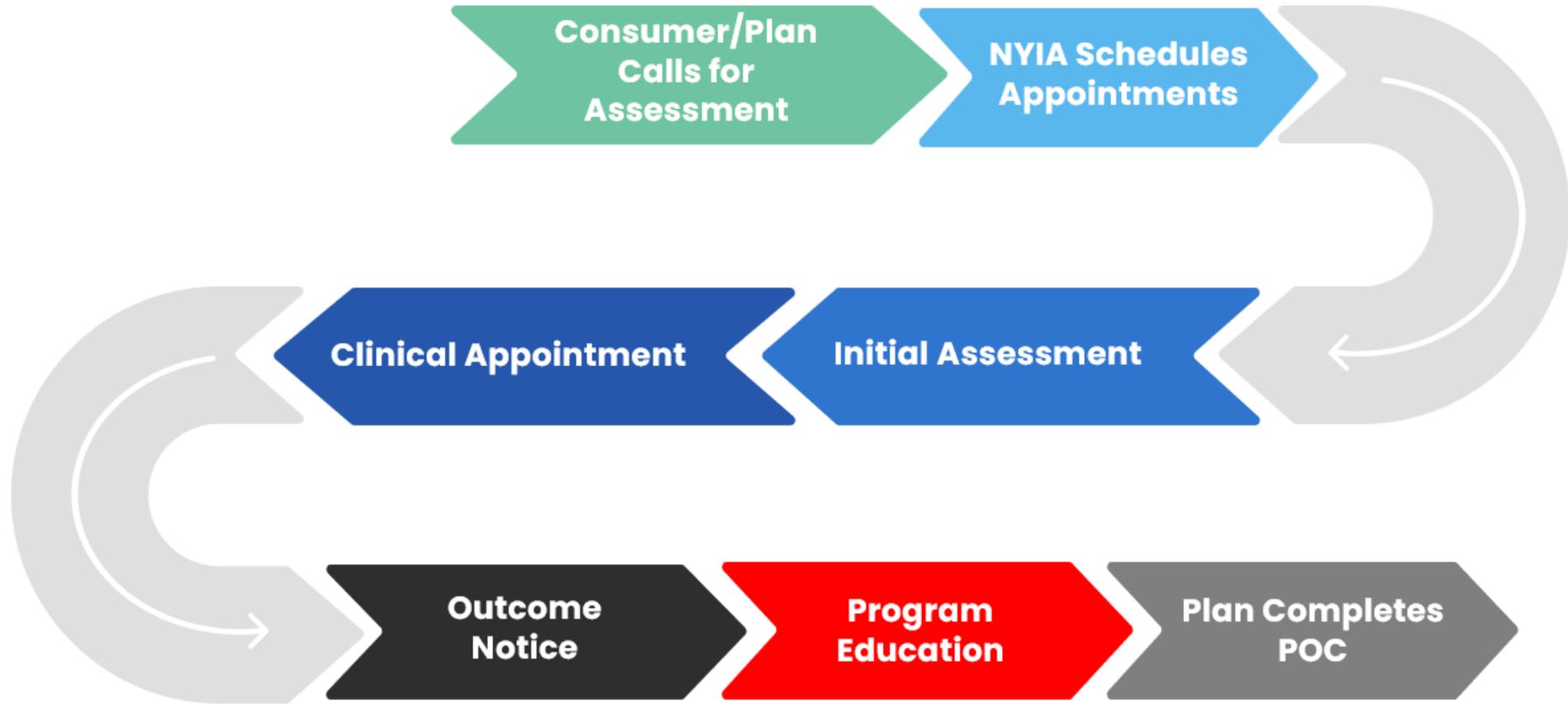
Introduction & Overview (cont.)

- This presentation provides an overview of how Medicaid Fee for Service (FFS) individuals, the Medicaid Managed Care Organizations (MMCO), and the New York Independent Assessor (NYIA) will interact to communicate the results of the Initial Assessment.
- The communication, notification, and reporting process applies to all individuals who are scheduled to go through, or have completed, the Initial Assessment process with NYIA and are not currently enrolled in an MMCO. This also applies to individuals who are in the process of determining their Medicaid eligibility.

Initial Assessment Outcome Notice

January 2022

Initial Assessment Outcome Notice



Initial Assessment Outcome Notices



Outcome Notice

- NYIA is responsible for generating and mailing notices to individuals informing them of the outcome of their Initial Assessment.
- Once the Initial Assessment and Clinical Appointment are finalized, NYIA will mail the Outcome Notice within 2-3 business days to the individual's address on file and to the Authorized Representative's address, if applicable
 - It is very important to reinforce with the individual that the LDSS/NYSOH has their most up to date address to receive timely notifications.
- Outcome notices will be generated in English as the default language.
 - They will also be available in alternate languages (Spanish, Chinese, Russian, Haitian Creole, Bengali, or Korean) based on an individual's identified preference.

Initial Assessment Outcome Notice

The NYIA Initial Assessment Outcome Notices include the following Sections:

- Introduction
 - Your Assessment Showed
 - What Happens Next
 - Questions? Call Us
 - Independent Consumer Advocacy Network (ICAN)
- All notices that deny either service or MLTC Plan eligibility will include language about Conference and Fair Hearing rights.



<Date; A-15>

<Barcode> <Letter Code>

<Name>

<In Care Of>

<Address>

<City>, <State>, <Zip>

Important Notice About Your Assessment

Dear <Member Name; B-3>

<CIN; B-16>

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on <Response Date; A-16>.

Initial Assessment – Introduction

Dear <Member Name>

We are writing about your assessment and clinical exam with the New York Independent Assessor.

Your assessment result was completed on **<Response Date>**.

The assessment helps us find out which Medicaid community based long term services and supports (CBLTSS) you may need. These services include personal care or Consumer Directed Personal Assistant Services (CDPAS). You must be eligible for Medicaid health benefits and have certain care needs to get these services.

The Introduction section informs the individual the reason for the notice and the following information:

- The date that their assessment result was completed. This is the date that the CHA and CA are finalized.
- A brief explanation of the reasons for the assessment.
- A statement on Medicaid eligibility to be able to receive State benefits.

Initial Assessment – Your Assessment Showed

- The language in the **Your assessment showed** section varies depending on the population and the outcome of the initial assessment:
 - Personal care, CDPAS and other CBLTSS eligibility
 - MLTC Plan Enrollment eligibility, if applicable
 - Dual
 - Non-dual
 - Clinical Assessment Outcome, if appropriate
- Populations included in the Initial assessment process include:
 - FFS (Dual and Non-dual) seeking personal care and/or CDPAS and/or enrollment into a MLTC Plan
 - Mainstream/HARP/SNP individuals seeking personal care and/or CDPAS services only

Initial Assessment – Your Assessment Showed - CBLTSS Eligibility

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS.

OR

Your assessment showed:

You **may be eligible** for Medicaid community based long term services and supports (CBLTSS).

- In the **Your assessment showed** section, an individual will be informed if they are eligible for CBLTSS, including personal care and CDPAS.
- This language will be included, if it is determined that service cannot be rendered safely in the community.

Initial Assessment – Your Assessment Showed – MLTC Plan Enrollment Eligibility

Your assessment showed:

You may qualify to receive long term services and supports through a Managed Long Term Care (MLTC) Plan. The MLTC Plan you choose will discuss your plan of care with you. We can help you choose a plan or connect you with your LDSS if you choose not to join a plan at this time.

This language is included when the FFS individual meets the MLTC Plan enrollment criteria listed below. MLTC Plans are still required to determine that the individual meets other Plan enrollment criteria.

- Dual eligible, age 18 through 20, in need of community-based long-term care services for over 120 days and assessed as nursing home eligible.
- Non-dual eligible age 18 and older assessed as nursing home eligible and in need of community-based long-term care services for over 120 days.

Initial Assessment – Your Assessment Showed – MLTC Plan Enrollment Eligibility

Your Assessment Showed:

You **may be eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS. However, you do not qualify to enroll in a Managed Long Term Care (MLTC) plan at this time.

You do not need any of the services listed below for more than 120 days. To get long term services and supports in an MLTC plan, you must require **one of these** services for more than 120 days:

- Nursing services in the home
- Home health aide services
- Private duty nursing
- Personal care services in the home
- Adult day health care
- Consumer Directed Personal Assistance Services (CDPAS)
- Therapies in the home (physical, occupational, respiratory and speech pathology)

- This language is included when a FFS individual does not meet the 120 days requirement to receive CBLTSS through a MLTC Plan.
- However, this does **NOT** mean that they are ineligible for personal care and/or CDPAS or other CBLTSS.

January 2022

Initial Assessment – Your Assessment Showed – MLTC Plan Enrollment Eligibility

Your Assessment Showed:

You have regular Medicaid and you do not need the level of care required for people with your health coverage to get these services in an MLTC plan. To get long term services and supports in an MLTC plan, you must require both nursing home level of care and **one or more** of the services below for more than 120 days:

- Nursing services in the home
- Home health aide
- Private duty nursing
- Personal care services in the home
- Adult day health care
- Consumer Directed Personal Assistance Services (CDPAS)
- Therapies in the home (physical, occupational, respiratory or speech pathology)

- This language is included when a FFS individual does not meet the MLTC Plan eligibility requirement.
- However, this does **NOT** mean that they are ineligible for CBLTSS.

Initial Assessment – Your Assessment Showed - Clinical Assessment Outcome

Your assessment showed:

Your clinical exam showed your health condition is not stable enough to get personal care and/or CDPAS at home.

- This language is only included if the individual's clinical exam found, and Practitioner's Order identified, that their health condition is NOT stable to receive personal care and/or CDPAS at home.

Example: Your Assessment Showed – FFS

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS).

However, your clinical exam showed your health condition is not stable enough to **get** personal care and/or CDPAS at home.

You may qualify to receive long term services and supports through a Managed Long Term Care (MLTC) plan. The MLTC plan you choose will discuss your plan of care with you. We can help you choose a plan or connect you with your LDSS if you choose not to join a plan at this time.

- The notice informs the individual that they are eligible for CBLTSS
- This language is added to the notice **ONLY** if the results of the clinical appointment determine that the individual is not stable to receive services in their home.
- The MLTC language is included for this population.

Example: Your Assessment Showed – Mainstream/HARP/SNP

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS).

However, your clinical exam showed your health condition is not stable enough to get personal care and/or CDPAS at home.

- This language informs them of their eligibility for CBLTSS.
- This language is added to the notice **ONLY** if the results of the clinical appointment determine that the individual is not stable to receive services in their home.

January 2022

Initial Assessment – FFS

Your assessment showed:

You **may be eligible** for Medicaid community based long term services and supports (CBLTSS). However, you do not qualify to enroll in a Managed Long Term Care (MLTC) plan at this time.

You do not need any of the services listed below for more than 120 days. To get long term services and supports in an MLTC plan, you must require **one of these** services for more than 120 days:

- Nursing services in the home
- Home health aide services
- Private duty nursing
- Personal care services in the home
- Adult day health care
- Consumer Directed Personal Assistance Services (CDPAS)
- Therapies in the home (physical, occupational, respiratory and speech pathology)

- This language is included when a FFS individual does not meet the MLTC Plan eligibility requirement of “in need of community-based long-term care services for over 120 days”
- However, this does **NOT** mean that they are ineligible for CBLTSS.

Initial Assessment – What Happens Next

FFS

What happens next:

Call us to learn about the long term services and supports options that are available to you. You can call us at **1-855-222-8350**.

Mainstream/HARP/SNP

What happens next:

You can call your Plan to discuss next steps. Your Plan will review your assessment results. They will work with you to evaluate your needs and develop your plan of care.

One of our counselors can provide you with your Plan's phone number.

Initial Assessment – Questions?

Questions? Call Us.

If you have any questions about this letter, please call us. You can call us at **1-855-222-8350** (TTY: 1888-329-1541). We can help you in any language.

Thank you,
New York Independent Assessor

All NYIA Initial Assessment notices include the "Questions? Call Us." language.

- NYIA is responsible for answering any questions regarding the outcome notices and providing the referrals to the correct entity, including MLTC Plan options.

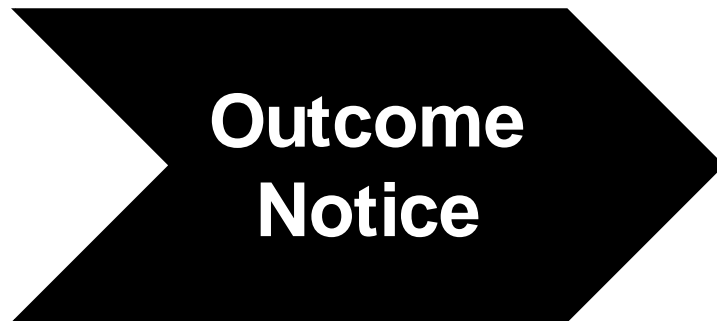
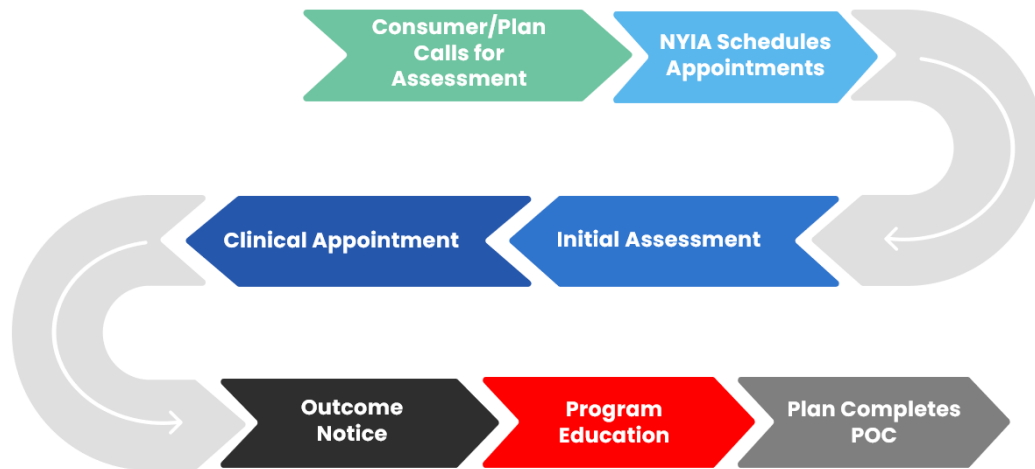
Initial Assessment – ICAN

Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal options. To learn more about ICAN, go to www.icannys.org, or call 1-844-614-8800. TTY: 711. All services are free.

- Information about The Independent Consumer Advocacy Network will be included in all NYIA Initial Assessment Outcome Notices.

Initial Assessment – Scenario #1



January 2022

Dolly is a Dual FFS Medicaid individual and has requested to be enrolled in an MLTC Plan. NYIA schedules both of their CHA and Clinical assessment via in person.

- The outcome of Dolly's Initial Assessment (CHA and CA) determined that they are:
 - Eligible for CBLTSS
 - PO Indicates health condition is stable to receive personal care and/or CDPAS at home
 - Meets the MLTC Plan enrollment criteria
- Upon finalization of the Initial Assessment (CHA and CA), NYIA will issue an Initial Assessment Outcome Notice to Dolly within 2-3 business days.

Scenario #1 - Introduction

- Dolly receives an Initial Assessment Outcome notice.



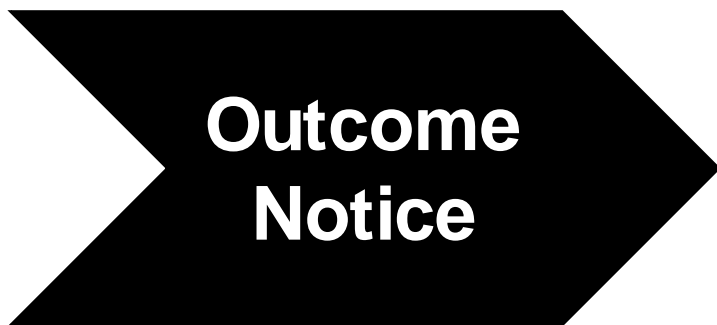
**Outcome
Notice**

Dear Dolly,

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on May 15, 2022.

The assessment helps us find out which Medicaid community based long term services and supports (CBLTSS) you may need. These services include personal care or Consumer Directed Personal Assistant Services (CDPAS). You must be eligible for Medicaid health benefits and have certain care needs to get these services.

Scenario #1 – Your Assessment Showed



- The outcome of Dolly's Initial Assessment (CHA and CA) determined that Dolly is:
 - Eligible for CBLTSS
 - PO Indicates health condition is stable to receive personal care and/or CDPAS at home
 - Meets the MLTC Plan enrollment criteria

Your assessment showed:

You are **eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS.

You may qualify to receive long term services and supports through a Managed Long Term Care (MLTC) Plan. The MLTC Plan you choose will discuss your plan of care with you. We can help you choose a plan or connect you with your LDSS if you choose not to join a Plan at this time.

Scenario #1 – What Happens Next



**Outcome
Notice**

**Program
Education**

- Dolly is referred to call NYIA in the **What happens next** section. This is based on determination that Dolly met the MLTC Plan enrollment criteria.
- NYIA is responsible for providing program education, including the MLTC Plans available in Dolly's service area.

What happens next:

Call us to learn about the long term services and supports options that are available to you. You can call us at **1-855-222-8350**.

Scenario #1 – Questions? & ICAN

Outcome Notice

- All Initial Assessment Outcome Notices include the **Questions? Call Us & ICAN** sections. This provides Dolly reference numbers, if needed.

Questions? Call Us.

If you have any questions about this letter, please call us. You can call us at **1-855-222-8350** (TTY: 1888-329-1541). We can help you in any language.

Thank you,

New York Independent Assessor

Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal

Scenario #1 – Plan of Care



**Program
Education**

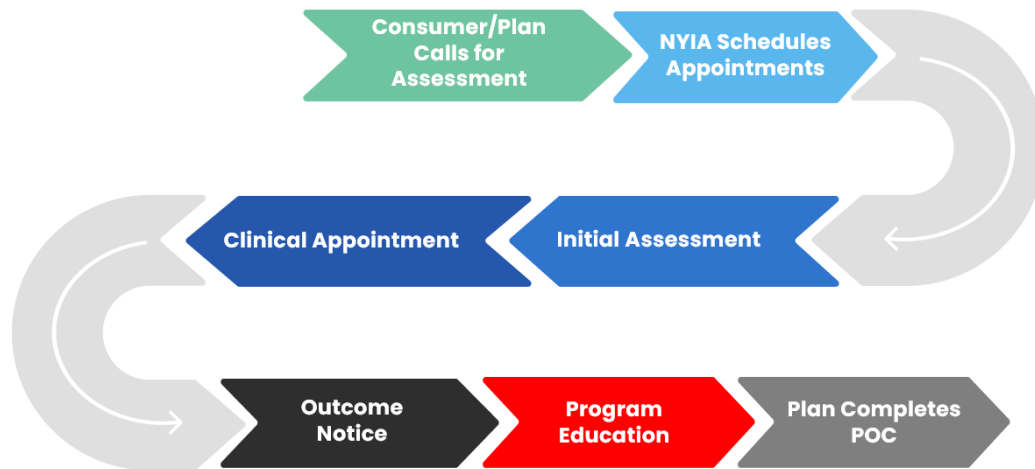


**Plan
Completes
POC**

- Dolly contacts the NYIA for MLTC Plan enrollment options and decides that they want to enroll into a MLTC Plan.
- Dolly will be referred to the MLTC Plan of their choice.
- The MLTC Plan of choice will follow their current process to develop the plan of care.

Note: There is no impact on current auto assignment process from FFS to MLTC Medicaid Plan, also known as Partial Capitation.

Initial Assessment – Scenario #2



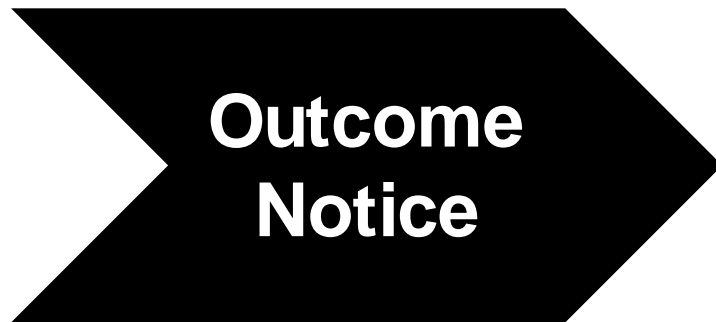
Outcome Notice

Fred is enrolled in a MMC Plan and is seeking PCS. NYIA schedules both of their CHA and Clinical assessment via in person.

- The outcome of Fred’s Initial Assessment (CHA and CA) determined that they are:
 - Eligible for CBLTSS
 - PO Indicates health condition is stable to receive personal care and/or CDPAS at home
- Upon finalization of the Initial Assessment (CHA and CA), NYIA will issue an Initial Assessment Outcome Notice to Fred within 2-3 business days.

Scenario #2 - Introduction

- Fred receives an Initial Assessment Outcome notice.

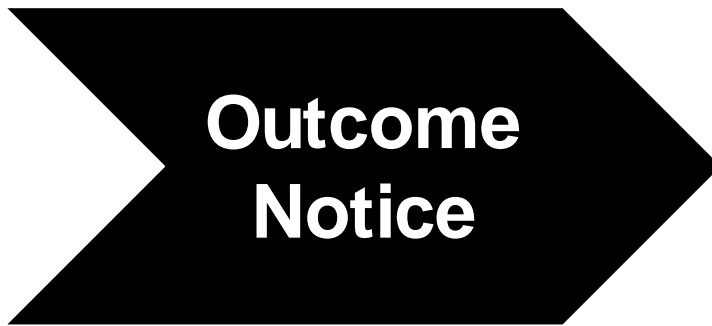


Dear Fred,

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on May 15, 2022.

The assessment helps us find out which Medicaid community based long term services and supports (CBLTSS) you may need. These services include personal care or Consumer Directed Personal Assistant Services (CDPAS). You must be eligible for Medicaid health benefits and have certain care needs to get these services.

Scenario #2 – Your Assessment Showed



- The outcome of Fred's Initial Assessment (CHA and CA) determined that Fred is:
 - Eligible for CBLTSS
 - PO Indicates health condition is stable to receive personal care and/or CDPAS at home

Your assessment showed:

You are **eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS.

Scenario #2 – What Happens Next



**Outcome
Notice**

**Program
Education**

- Fred is asked to call their MMC Plan in the **What happens next** section.
- NYIA is available if needed to provide Fred their MMC Plan's phone number.

What happens next:

You should call your Plan to share your assessment results. Your Plan will review them and work with you to evaluate your needs and develop your plan of care. One of our counselors can provide you with your Plan's phone number.

Scenario #2 – Questions? & ICAN

Outcome Notice

- All Initial Assessment Outcome Notices include the **Questions? Call Us & ICAN** sections. This provides Fred reference numbers, if needed.

Questions? Call Us.

If you have any questions about this letter, please call us. You can call us at **1-855-222-8350** (TTY: 1888-329-1541). We can help you in any language.

Thank you,

New York Independent Assessor

Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal

Scenario #2 – Plan of Care



**Program
Education**

- Fred contacts NYIA to get their MMC Plan's phone number.
- NYIA provides Fred with the number.



**Plan
Completes
POC**

- Fred contacts their MMC Plan and informs them that their Initial Assessment was completed.
- The MMC Plan will follow their current process to develop the plan of care.

File Process

January 2022

Scheduled Appointment File

NYIA posts files to designated folders for each plan on their Secure File Transfer Portal (SFTP) server, also known as MOVEit.

NYIA will be generating a new text file to share with Mainstream/HARP/SNP Plans. The file will be generated on a weekly basis and contain data on upcoming Initial Assessments that are scheduled during the next 30 calendar days for individuals enrolled in Mainstream/HARP/SNP Plans. This file will contain the following information:

- Name
- SSN (if it is available)
- CIN (if it exists)
- Appointment type:
- Reason for the appointment
- Date of the appointment
- NYIA appointment number (for reference/tracking)

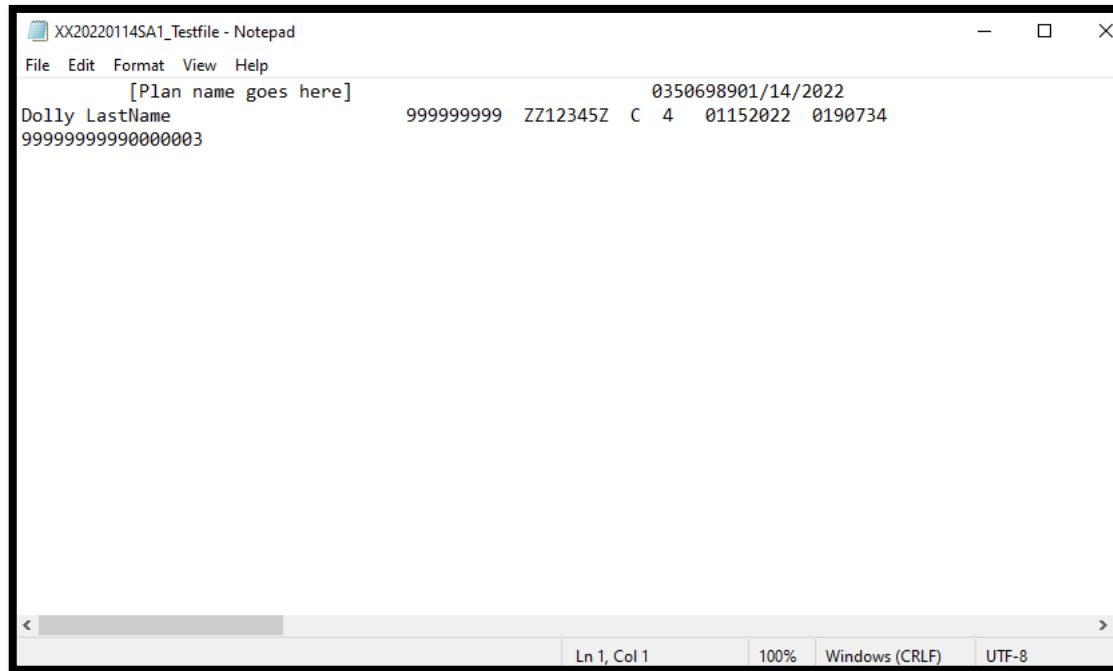
NOTE: For MLTC Plans, they will not receive files with initial assessment data.

Scheduled Appointment File

- The weekly appointment scheduled file will use the following naming convention: XXyyyymmddSA#.TXT (e.g., KP20220114SA1.TXT)
- This weekly file will be posted on NYIA s Secure File Transfer Portal (SFTP) site, also known to Plans as MOVEit. . Plans will retrieve this file from a designated folder on MOVEit.
 - MOVEit URL: <https://edi.maximus.com>.
- Contact your NYIA Plan liaison to request access or login information.

Note: Additional information on file layout and testing process will be coming through via NYIA Plan liaisons.

Accessing Scheduled Appointment File



```
XX20220114SA1_Testfile - Notepad
File Edit Format View Help
[Plan name goes here] 0350698901/14/2022
Dolly LastName 999999999 ZZ12345Z C 4 01152022 0190734
9999999990000003
Ln 1, Col 1 100% Windows (CRLF) UTF-8
```

- Plans currently have access to MOVEit and will follow the existing process to continue receiving files from NYIA.

Process Road Map – Plan Completes POC

January 2022

MMCO Roles and Responsibilities

Once an individual has received their NYIA Initial Assessment Notice and NYIA provided program education, NYIA will refer the individual to their current Plan, their plan of choice, or the LDSS. The LDSS and MMCO Plans are responsible for the following:

- Adding individuals to the UAS-NY Organizational Case List
- Developing the Plan of Care
- Adding UAS-NY Enrollment records

Notes:

- MLTC Plans are still responsible for submitting the enrollment to NY Medicaid Choice if the individual requests to enroll. (NYIA has no impact on the current MLTC enrollment process.)
- Plan of Care development may include additional outreach to the individual such as conducting an in-home visit with the individual to evaluate their home environment or a review of their informal supports.

January 2022

Search for an Individual Record in the UAS-NY

UAS-NY Search Reports Tools Help Logout

STATEWIDE SEARCH

Last Name *

First Name or Initial *

Middle Name or Initial

Medicare Beneficiary ID (MBI)

Date of Birth *

Social Security Number *

Medicaid ID *

Sort First: Desc Asc

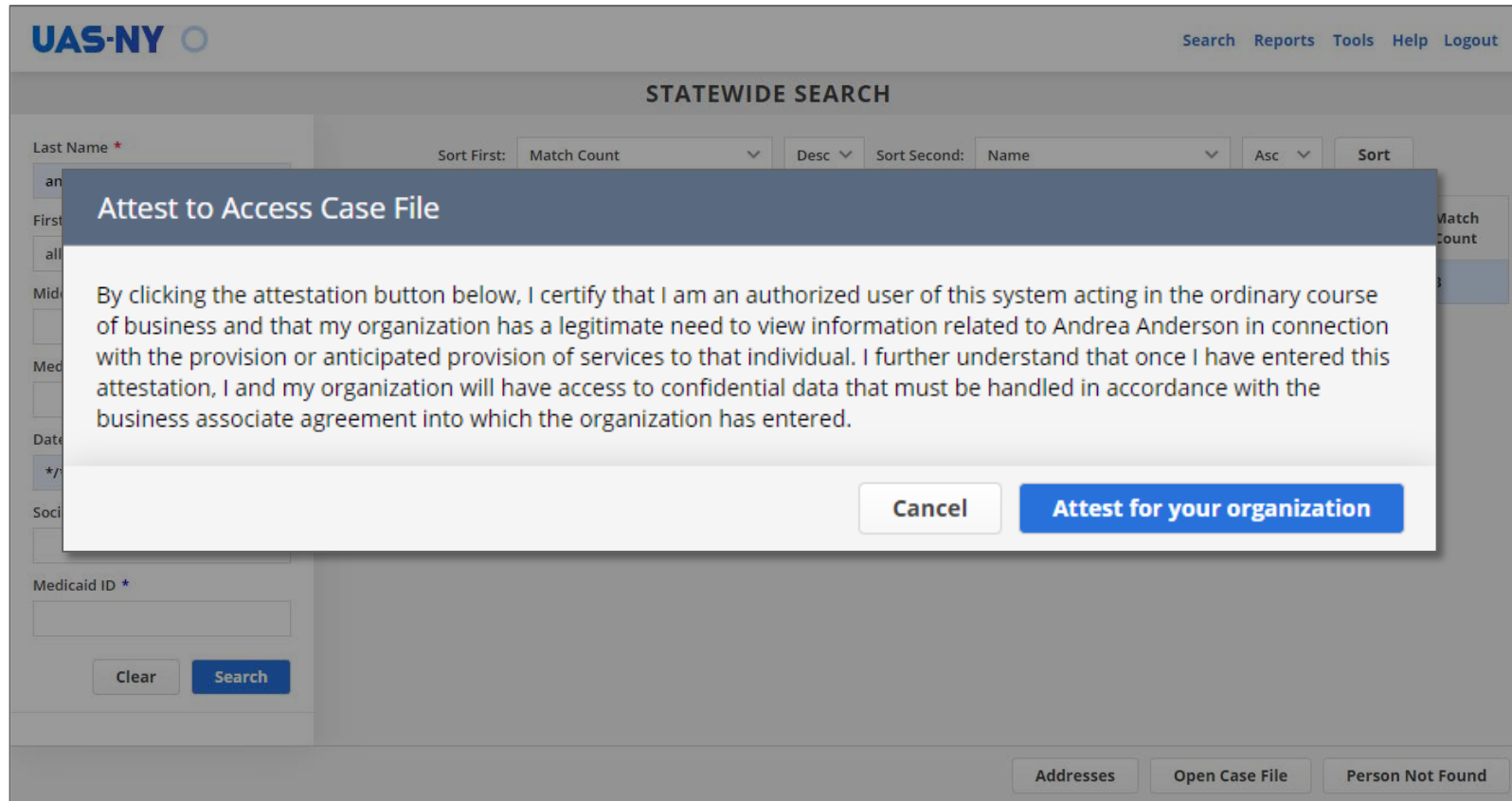
Name	Date of Birth	Last 4 SSN	Medicaid ID	Medicare Beneficiary ID (MBI)	County	City	Zip	Close Date	Match Count
Anderson, Allen A.	03/13/1950				Albany				3

Consent Prompts

The screenshot shows the UAS-NY STATEWIDE SEARCH interface. The search criteria include Last Name (anderson), First Name or Initial (allen), Middle Name or Initial, Medicare Beneficiary ID (MBI), Date of Birth (* */1950), Social Security Number (*), and Medicaid ID (*). The search results table shows a match count of 3. Two consent prompts are overlaid on the search results:

- Applied for Medicaid:** Has this person filled out an application for Medicaid benefits (DOH-4220B)? By clicking "yes", I certify that I have verified that an application is pending for Andrea Anderson. Buttons: Cancel, No, Yes.
- Authorization for the Release of Health Information:** Has this person signed the following Authorization for Release of Health Information? * DOH Form 5032. Buttons: Cancel, No, Yes.

Attestation to Access Case File



The screenshot shows the UAS-NY Statewide Search interface. A modal window titled "Attest to Access Case File" is overlaid on the search results. The modal contains the following text:

By clicking the attestation button below, I certify that I am an authorized user of this system acting in the ordinary course of business and that my organization has a legitimate need to view information related to Andrea Anderson in connection with the provision or anticipated provision of services to that individual. I further understand that once I have entered this attestation, I and my organization will have access to confidential data that must be handled in accordance with the business associate agreement into which the organization has entered.

At the bottom of the modal, there are two buttons: "Cancel" and "Attest for your organization".

The background interface includes the UAS-NY logo, navigation links (Search, Reports, Tools, Help, Logout), and search filters (Last Name, Sort First: Match Count, Desc, Sort Second: Name, Asc, Sort). A search bar with "Clear" and "Search" buttons is visible at the bottom left. At the bottom right, there are buttons for "Addresses", "Open Case File", and "Person Not Found".

To review the NYIA completed CHA and PO, the MMCO must attest to the legitimate business need to access the individual's UAS-NY case file.

January 2022

Develop Plan of Care

UAS-NY

ALLEN ANDERSON

+ Add Refresh Delete Check Missing Share Edit PO Check Consistency CC FS

Allen Anderson

- Identification Info
- Addresses
- Enrollments
- Assessments
 - 12/17/2021 Community Health
 - Reference Date
 - Community Health Assessment
 - Medications
 - Disease Diagnoses
 - Sign/Finalize
 - Assessment Outcomes
 - Eligibility Criteria
 - Practitioner Order**
 - Independent Review Panel
 - Review/Consult

Practitioner Order (PO)

Please note: Only Independent Assessor staff can edit the record. Other organizations can view the record.

Practitioner Name: Milton Bradley MD

Practitioner License Number: 123456

Date of medical exam: 01/22/2022

Is individual's condition stable?

- No selection
- No
- Yes

Practitioner Order [Download](#)

- MMCO must utilize the NYIA Community Health Assessment (CHA) and Practitioner's Order (PO) to develop Plan of Care as appropriate
- MMCO must follow the current process to develop the Plan of Care and offer to the individual
- Note: If POC requires 12+ hours of care, MMCO must follow the Independent Review Panel process

Remove Individual from UAS-NY Case List

The screenshot shows the UAS-NY 'SEARCH CASE LIST' interface. On the left, there are search filters: 'Search by: Last Name' with a value of 'anderson', 'Search by: Date of Birth' with a value of '*/*/1950', and 'Search Filter: Open'. The search results table is as follows:

Last Name	First Name and MI	Date of Birth	Last 4 SSN	Medicaid ID	Medicaid Elig.	City	County	Last Assmt Date	Next RA Due Date	Enrollments	Close Date
Anderson	Allen A	03/13/1950			Yes	Albany		03/15/2021	03/15/2022	MLTC-MAP	

A purple text box is overlaid on the table with the following text: "If the individual does not enroll with the MLTC Plan, or services are not authorized under the Mainstream/HARP/SNP, the MMCO **must** remove the individual from their UAS-NY Organization Case List." A purple arrow points to the "Remove from Case List" button located at the bottom right of the table.

Add UAS Enrollment Record

UAS-NY Search Reports Tools Help Logout

ALLEN ANDERSON

+ Add Refresh Delete Check Missing

Allen Anderson

- Identification Info
- Addresses
- Enrollments **09/08/2021**
- Assessments

PROGRAM/PLAN

? Enrolling Organization MUSIMUS Health Services, Inc

? Assessing Organization MUSIMUS Health Services, Inc

Enrollment Details

Correct this enrollment by adjusting the Admit/Enroll Date, the program/plan product (Name) in which the member is enrolled, and/or the date required for reassessment (RA) if other than the calculated date.

? Admit/Enroll Date 09/08/2021

? Name MLTC-MAP - Medicaid Advantage

? Manual Next RA Due Date

? Calculated Next RA Due Date 09/08/2022

The MMCO **must** enter an Enrollment into the individual's case file in the UAS-NY if the individual accepts the Plan of Care.

Note: The NYIA reassessment process depends on accurate enrollment information in the UAS-NY.

Disenrollment and Removal from Case List

UAS-NY Search Reports Tools Help Logout

ALLEN ANDERSON

+ Add Refresh Delete Check Missing

Allen Anderson

- Identification Info
- Addresses
- Enrollments
 - 09/08/2021
- Assessments

Disenroll and Remove Record from Case List

You are closing this enrollment and removing the member from your organization's case list.

? Discharge/Disenroll Date

? Discharge/Disenroll Reason

- No selection
- Closed - Death
- Closed - Permanent NH/other institutional placement
- Closed - Permanent move out of state
- No longer eligible for Medicaid
- Hospitalized more than 30 days (or # of days consistent with program rules for discharge or disenrollment)
- Dissatisfied with quality of service
- Dissatisfied with quantity of service
- Did not like to be locked into provider network
- Did not like following approval process to obtain services
- Did not want to pay amount owed to plan or program provider
- Moved outside of existing provider service area
- Absent from the plan's service area for 30 consecutive days (or number of days consistent with program rules; i.e. PACE w/o NYS DOH approval, Medicaid Plus 90 days, Partially Capitated 60 days)

A disenrollment in the UAS-NY should be entered when:

- An individual is disenrolled from MLTC Plan

OR

- Enrolled in Mainstream/HARP/SNP but is no longer receiving CBLTSS

The Disenrollment functionality also removes the individual from the Organizational Case List.

Importance of Enrollments and the Organization Case List

- NYIA will rely on the enrollment record as it appears in the UAS-NY to determine who needs to be scheduled for reassessment.
- If an MMCO does not add the enrollment:
 - the MMCO will not receive the NYIA assessment in their Data Exchange (initial or reassessment), and
 - the individual will not be reassessed.
- Maintaining the Organization Case List is both mandatory by policy and critical for smooth operations between the NYIA and the MMCO.
 - UAS-NY.19.2 *Organization Case List Management Policy for the UAS-NY*

UAS-NY Reports

January 2022

UAS-NY Reports

Reports accessible within the UAS-NY will continue to be available to assist you with:

- Plan of Care development
- UAS-NY Enrollment Management
- Organizational Case List Management

UAS-NY Comprehensive Assessment Report

UAS-NY

Search Reports Tools Help Logout

Assessment
Comprehensive Assessment
Assessment Comments
Assessment Missing
Assessment Comparison
Diseases
Medications/Allergies
CAPs
Scales
Personal Health Summary
Assessment Outcomes

Uniform Assessment System - New York
Comprehensive Community Health Assessment Report

Anderson, Allen Date of Birth: 03/13/1950 Medicaid ID: AA21345A

Assessment Date: 02/03/2020

Community Health Assessment

Section Reference Date
Assessment Reference Date: 02/03/2020
Type of Assessment: Community Health Assessment
Organization which conducted this assessment: Albany County Department of Social Services
Organization for which this assessment is being performed: Albany County Department of Social Services

Section I: Health Conditions

Tobacco, Alcohol and Substance Abuse

Smokes tobacco daily:	Yes
Smokes safely:	No
Chews tobacco daily:	No
Alcohol - Highest number of drinks in any single sitting in LAST 14 DAYS:	5 or more

Presence of behavioral indicators of potential substance-related addiction in LAST 90 days

Felt the need to or was told by others to cut down on drinking or drug use; or others were concerned about person's substance abuse:	Yes
Has been bothered by criticism from others about drinking or drug use:	Yes
Has reported feelings of guilt about drinking or drug use:	No
Had to have a drink or use drugs first thing in the morning, e.g. to steady nerves or as an "eye opener":	No
Feels social environment encourages or facilitates abuse of drugs or alcohol:	No

Full Community Health Assessment in PDF format

UAS-NY Enrollment Report

UAS-NY Search Reports Tools Help Logout

AGGREGATE REPORTS

Report Selection

- No Selection
- No Selection
- Address Quality
- Aggregate CAPs Summary
- Aggregate Diseases
- Aggregate Medications
- Assessment Completion Review
- Assessments Finalized
- Assessments Not Finalized
- Enrollment**
- Missing Assessment
- Missing Dis-Enrollments
- Missing Enrollments
- Monthly Profile by RUG Category
- Monthly Profile by RUG Group
- Organization Case List Report
- Plan Member Enrollment Comparison Aggregate
- Plan Member Enrollment Comparison Listing
- Reassessment Due
- Sync History

	B	C	D	E	H	I	
	Date of Birth	Medicaid Number(s)	Program/Plan	Admit/Enroll Date	Reporting Period Parameter	Program/Plan Parameter	Enrolling Or
1	1/1/2000	11111111	MLTC-MAP	11/29/2021	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
2	3/13/1950	11111111	MLTC-MAP	9/8/2021	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
3	1/1/1950	11111111	MLTC-PCP	5/11/2021	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
4	12/2/1950	11111111	MLTC-MAP	12/18/2020	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
5	12/2/1942	11111111	MLTC-MAP	12/23/2020	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
6	1/18/1966	11111111	MLTC-PCP	1/1/2018	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
7	1/18/1966	11111111	MLTC-PCP	1/1/2018	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
8	1/1/1975	11111111	MLTC-MAP	2/11/2021	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
9	1/1/1975	11111111	MLTC-PCP	9/1/2021	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
10	7/15/2010	11111111	MLTC-PCP	6/1/2015	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
11	6/1/2015	11111111	MLTC-PCP	9/4/2020	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
12	9/1/2000	11111111	MLTC-PCP	5/1/2020	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
13	1/15/1990	11111111	MLTC-PCP	10/1/2017	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
14	9/10/1950	11111111	MLTC-MAP	9/1/2020	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
15	10/24/1961	11111111	MLTC-MAP	11/30/2019	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
16	10/24/1961	11111111	MLTC-FIDA	12/30/2019	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
17	1/1/2014	11111111	MLTC-PCP	3/1/2019	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
18	2/1/1979	11111111	MLTC-MAP	2/2/2021	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
19	11/1/1955	11111111	MLTC-PCP	2/1/2020	01/01/2022 through 01/31/2022	All Plans/Programs	Epladeplan
20							
21							
22							
23							
24							
25							

EnrollmentReport-1642097533248

Shows all case files with an attestation and an active enrollment in the UAS-NY for your organization.

January 2022

UAS-NY Missing Dis-Enrollments Report

UAS-NY Search Reports Tools Help Logout

AGGREGATE REPORTS

Report Selection

No Selection

- No Selection
- Address Quality
- Aggregate CAPs Summary
- Aggregate Diseases
- Aggregate Medications
- Assessment Completion Review
- Assessments Finalized
- Assessments Not Finalized
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- Missing Assessment
- Missing Dis-Enrollments**
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Uniform Assessment System - New York

Missing Dis-Enrollments

Organization(s):
County: All Counties (including missing)
Organization Submitting report:

Roberts, Jimmy 01/01/1975 (AA12321A)


Program Name	Enroll Date	Provider
MLTC-PCP - Partial Capitation Plan	09/01/2021	
MLTC-MAP - Medicaid Advantage Plus	02/11/2021	

Stokely, Martha 10/24/1961 (MS77777S)

Program Name	Enroll Date	Provider
MLTC-FIDA - Fully Integrated Dual Advantage for LTC	12/30/2019	
MLTC-MAP - Medicaid Advantage Plus	11/30/2019	

Displays all case files where your organization has enrolled an individual in the same program/product as another enrolling organization.

UAS-NY Missing Enrollments Report

UAS-NY 

Search Reports Tools Help Logout

AGGREGATE REPORTS

Report Selection

- No Selection
- No Selection
- Address Quality
- Aggregate CAPs Summary
- Aggregate Diseases
- Aggregate Medications
- Assessment Completion Review
- Assessments Finalized
- Assessments Not Finalized
- Enrollment
- Missing Assessment
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- Missing Enrollments**
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- Plan Member Enrollment Comparison Listing
- Reassessment Due
- Sync History

	A	B	C	D	E	F	G	H
1	Name	Date Of Birth	Medicaid Number(s)	County	Provider	Provider Parameter	County Parameter	Report Generation
2	Anderson, Andrea L	3/13/1950	11111111	Albany	Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
3	Caselister, Roberta	12/3/1943	11111111		Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
4	Dangerfield, Rodney	12/3/1940	11111111		Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
5	Gold, Allen	11/22/1958	11111111		Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
6	people, dupe	1/1/1960	11111111		Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
7	swami, smoke	1/1/2018	11111111	Albany	Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
8	Testperson, A	1/1/1960	11111111	Queens	Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
9	Testperson, C	3/1/1980	11111111	Delaware	Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
10	Testperson, L	12/1/1985	11111111	Wayne	Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
11	zzzach, Ronald	12/23/2011	11111111		Epladeplan	Epladeplan	All Counties	1/13/2022 13:20
12								
13								
14								
15								
16								
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MissingEnrollmentForOpenPeople

Displays all case files for which your organization has attested a business need to access, but for which you have not added an enrollment.

January 2022

UAS-NY Data Exchange (optional)

January 2022

UAS-NY/UPHN Lite Data Exchange

- **Definition:** The UAS-NY/UPHN Lite Data Exchange is a service designed for the secure exchange of protected health information with organizations that have been authorized and approved for such exchanges.
- The UAS-NY Data Exchange is a data feed that sends assessment data nightly to a participating organization.
- Any organization currently participating in the Data Exchange will continue to receive assessment data in the same manner through their current Data Exchange.
- The rules for the Data Exchange have been updated so organizations can receive data for NYIA conducted assessments

Existing Data Exchange Rules:

- The following conditions must be met. The organization must have:
 - Consent from the individual to access the individual's case file
 - Active attestation for the individual
 - A current enrollment record in the UAS-NY
 - The enrolling organization is named as the “Organization for which this assessment is being performed”.
 - The assessment must be signed and finalized

New Data Exchange Rules

(coding already implemented)

- The following conditions must be met. The organization must have:
 - Consent from the individual to access the individual's case file;
 - Active attestation for the individual;
 - A current enrollment entry in the UAS-NY;
 - **The “Organization which conducted this assessment” must be the NYIA;**
 - **The “Organization for which this assessment is being performed” must be the NYIA; and**
 - **The organization's enrollment must be for one of the product types handled by the NYIA:**
 - **MLTC-PCP, MLTC-MAP, MMC, HARP, SNP, Personal Care, CDPAP**

Condition 1 - Consent

The screenshot shows the UAS-NY application interface. The top navigation bar includes 'UAS-NY', 'Search', 'Reports', 'Tools', 'Help', and 'Logout'. The main form area contains fields for 'Last Name *' (anderson), 'First Name or Initial *' (allen), 'Middle Name or Initial', 'Medicare Beneficiary ID (MBI)', 'Date of Birth *' (*/*/1950), 'Social Security Number', and 'Medicaid ID *'. A 'Clear' button is located below the Medicaid ID field. Two modal pop-ups are overlaid on the form. The first pop-up, titled 'Applied for Medicaid', asks: 'Has this person filled out an application for Medicaid benefits (DOH-4220B)? By clicking "yes", I certify that I have verified that an application is pending for Andrea Anderson.' It has 'Cancel', 'No', and 'Yes' buttons. The second pop-up, titled 'Authorization for the Release of Health Information', asks: 'Has this person signed the following Authorization for Release of Health Information?' followed by '* DOH Form 5032'. It also has 'Cancel', 'No', and 'Yes' buttons. At the bottom of the form, there are buttons for 'Addresses', 'Open Case File', and 'Person Not Found'.

Organization must have consent from the individual to access the individual's case file.

Condition 2 – Active Attestation

UAS-NY ○ Search Reports Tools Help Logout

ALLEN ANDERSON

+ Add Refresh Delete Check Missing ← → 🕒

Allen Anderson

- Identification Info
- Addresses
- Enrollments
- Assessments
- Attestations**

Attestation Summary

Organization	User Name	Attest Action	Action Date	Attest Expiry
Epladeplan	Gary Gary	Attested	09/08/2021 01:23 PM	03/08/2023 01:23 PM
Epladeplan	Gary Gary	Signed	01/13/2022 09:59 AM	07/13/2023 09:59 AM

Organization must have an active attestation for the consumer.

Condition 3 – Enrollment Recorded in the UAS-NY

The screenshot shows the UAS-NY interface for user ALLEN ANDERSON. The left sidebar lists menu items: Identification Info, Addresses, Enrollments (with a sub-item for 09/08/2021), and Assessments. The main content area is divided into sections: PROGRAM/PLAN, Enrollment Details, and a list of enrollment fields. A purple callout box is overlaid on the PROGRAM/PLAN section, containing the text: "Organization must have an enrollment entry in the UAS-NY that is active the day of transmission." The enrollment details section includes instructions: "Correct this enrollment by adjusting the Admit/Enroll Date, the program/plan product (Name) in which the member is enrolled, and/or the date required for reassessment (RA) if other than the calculated date." The enrollment fields are: Admit/Enroll Date (09/08/2021), Name (MLTC-MAP - Medicaid Advantage), Manual Next RA Due Date, and Calculated Next RA Due Date.

Organization must have an enrollment entry in the UAS-NY that is active the day of transmission.

PROGRAM/PLAN

- ? Enrolling Organization
- ? Assessing Organization

Enrollment Details

Correct this enrollment by adjusting the Admit/Enroll Date, the program/plan product (Name) in which the member is enrolled, and/or the date required for reassessment (RA) if other than the calculated date.

? Admit/Enroll Date	09/08/2021
? Name	MLTC-MAP - Medicaid Advantage
? Manual Next RA Due Date	
? Calculated Next RA Due Date	

Condition 4a – Assessment Conducted By/For (no change)

The enrolling organization must be selected as the “Organization for which this assessment is being performed”. (current rule)

Assessment Reference Date

01/13/2022

Organization which conducted this assessment

Maximus Health Services, Inc.

Organization for which this assessment is being performed

Epladeplan

Identification Info

Addresses

Enrollments

Assessments

01/13/2022 Community Health

Reference Date

Community Health Assessment

Medications

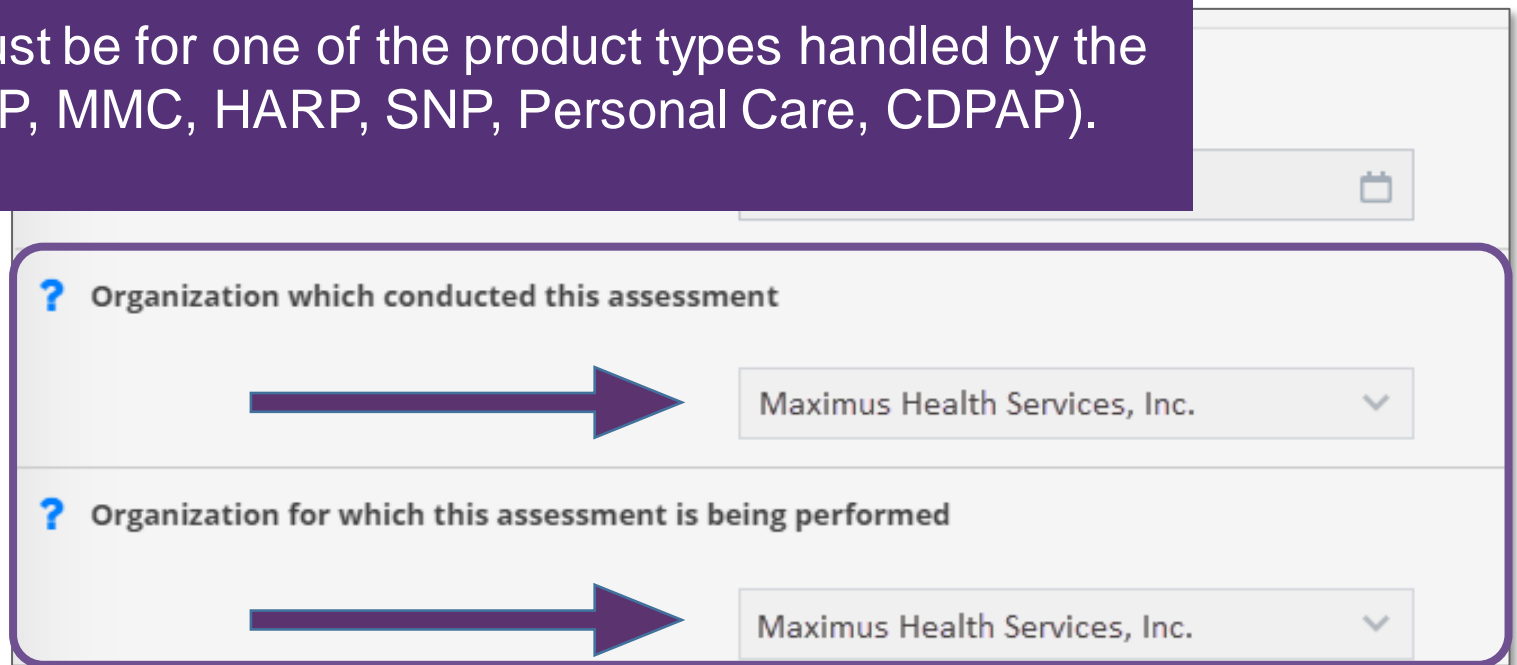
Disease Diagnoses

Sign/Finalize

January 2022

Condition 4b – Assessment Conducted By/For (new)

- “Organization which conducted this assessment” must be NYIA,
- “Organization for which this assessment is being performed” must be the NYIA, and
- Organization’s enrollment must be for one of the product types handled by the NYIA (MLTC-PCP, MLTC-MAP, MMC, HARP, SNP, Personal Care, CDPAP).



The screenshot shows a web form with two dropdown menus. The first dropdown is labeled "Organization which conducted this assessment" and the second is labeled "Organization for which this assessment is being performed". Both dropdowns are currently set to "Maximus Health Services, Inc.". A purple box with arrows points to both dropdowns, indicating that they should be set to the NYIA.

Product types handled by NYIA

The screenshot shows the UAS-NY interface for user ALLEN ANDERSON. The 'Add Enrollments' form is active, with the following details:

- Admit/Enroll Date:** 01/13/2022
- Name:** Health Plan HARP - Health and Recovery

The dropdown menu for the Name field lists the following options:

- Health Plan HARP - Health and Recovery Plan
- Health Plan MLTC-MAP - Medicaid Advantage Plus
- Health Plan MLTC-PCP - Partial Capitation Plan
- Health Plan MMC - Medicaid Managed Care
- Health Plan SNP - Special Needs Plan
- Health Plan - Personal Care
- Health Plan CDPAP - Consumer Directed Personal Assistant

Below the dropdown, the following reasons are listed:

- Did not want to pay amount owed to plan or program provider
- Moved outside of existing provider service area
- Absent from the plan's service area for 30 consecutive days (or number of days consistent with program rules; i.e. PACE w/o NYS DOH approval, Medicaid Plus 90 days, Partially Capitated 60 days)

January 2022

Condition 5 – Sign/Finalize the Assessment

UAS-NY Search Reports Tools Help Logout

ALLEN ANDERSON

+ Add Refresh Delete Check Missing Check Consistency CC FS MHS Extract ← → ↻

Allen Anderson

- Identification Info
- Addresses
- Enrollments
- Assessments
 - 01/13/2022 Community Health
 - Reference Date
 - Community Health Assessment
 - Medications
 - Disease Diagnoses
 - Sign/Finalize**
 - Assessment Outcomes
 - Review/Consult

Assessor Signature

Instructions:
Enter name (required), license number (required), and title or comment (optional), then click on [Sign/Finalize].
signed/finalized, click on [Unsign/Unfinalize] to remove current signature.

Assessor Name

Nurse License Number

Assessor Title

Assessor Comments

I am the only contributor to this assessment No selection No Yes

Assessment must be signed/finalized.

How to sign up for the Data Exchange

- Contact UAS-NY Support Desk: uasny@health.ny.gov
- Note: The set-up process to begin utilizing the Data Exchange takes a significant amount of time (usually several weeks).
 - Your Organization Case List will need to be accurate prior to initiating the Data Exchange to ensure accurate data is transmitted.
 - Your organization will need to appoint an Organization Security Coordinator (OSC), who will be responsible for the Data Exchange. This process requires notarized forms to be mailed to the Health Commerce System (HCS).
 - Your organization will need to download the UPHN Lite Client to an appropriately secure location.

The UAS-NY Support Desk and UPHN Lite teams will be happy to assist your organization through this process.

Summary

January 2022

Summary

- An outcome notice will be issued to the individual upon the completion of the Initial Assessment and Clinical Appointment. The outcome notice informs the individual:
 - If they are eligible for CBLTSS
 - If services cannot be rendered safely in the community
 - Their Plan options (if applicable)
 - Fair Hearing rights (if applicable)
- Results of the CHA and Clinical Appointment are available in UAS-NY.
- Mainstream/HARP/SNP Plans will now receive a weekly file of upcoming Initial Assessments.

Resources

January 2022

Resources

- Final Regulations can be found at:
 - [Personal Care Services 505.14](#)
 - [Consumer Directed Personal Assistance Services 505.28](#)
- DOH/NYIA will be scheduling additional webinars and trainings with MMCO front-line staff in January 2022. Information on trainings will be posted on the DOH's website at: https://www.health.ny.gov/health_care/medicaid/redesign/independent_assessor.htm
- Questions can be sent to independent.assessor@health.ny.gov

Questions and Answers

**Process Overview for Initial Assessments
Communication: Notices, Reports,
UAS Reports & UAS-NY Data
Exchange for Medicaid Managed
Care Organizations**



January 2022