

New York Independent Assessor (NYIA)

Process Overview for Initial Assessments 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 DE)
- 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 DE)



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Introduction & Overview



Introduction

The **New York Independent Assessor (NYIA) program** was established for New York State Medicaid consumers to conduct the Community Health Assessment (CHA) to determine eligibility for CBLTSS and MLTC Plan enrollment options.

NYIA Nurse Assessors conduct assessments of these individuals using the Community Health Assessment (CHA) located in the UAS-NY to determine whether they qualify for these services.

Independent Practitioners (physicians, nurse practitioners, physician assistants, and specialist assistants) conduct clinical appointments and issue Practitioner's Orders (PO) for personal care and CDPAS for individuals who have been assessed as being qualified for these services.

The CHA and PO are used by Local Departments of Social Services (LDSS) and Medicaid Managed Care Organizations (MMCO) to develop the individual's plan of care and make determinations regarding the services the individual may receive.



Overview

- This presentation provides an overview of how Fee for Service (FFS) individuals, Mainstream/HARP/SNP Plans, and New York Independent Assessor (NYIA) staff will interact to initiate and complete an Initial Assessment and Clinical Appointment for Community Based Long Term Services and Supports (CBLTSS).
- The process described in this presentation includes individuals who seek to receive CBLTSS and are currently enrolled in a Mainstream/HARP/SNP or are eligible to be enrolled in a Managed Long Term Care (MLTC) Plan.
- Immediate Need/Expedited Initial Assessments will also be described, which consist of either LDSS submitting an Immediate Need Assessment Request form, or a Mainstream/HARP/SNP submitting an Expedited Assessment Request. Both the LDSS and the Mainstream/HARP/SNP will need to place a 3-way call with the individual to NYIA to initiate an Immediate Need/ Expedited Assessment.
- LDSS may request an Immediate Need Assessment even for individuals who are in the process of determining their Medicaid eligibility. Individuals who independently contact NYIA and are not enrolled in Medicaid will be referred to their LDSS to determine their Medicaid eligibility.



Who goes through Initial Assessments with NYIA?

The NYIA Initial Assessment and Clinical Appointment process is for:

- Mainstream/HARP/SNP plan enrollees seeking CBLTSS (new population)
- FFS individuals seeking CBLTSS and/or MLTC Plan enrollment (current CFEEC population)



Role of Mainstream/HARP/SNP Plans

Mainstream/HARP/SNP plans serve a key role in connecting their members to services by:

- Referring individuals to NYIA for assessments
- Completing the Expedited/Immediate Needs Assessment Form and submitting to NYIA, as applicable
- Developing plans of care for their members who meet CBLTSS eligibility criteria
- Maintaining current UAS-NY case list and enrollment records
- Supporting individuals who are ineligible for CBLTSS to access appropriate services



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Role of Local Departments of Social Services

The LDSS serves a key role in connecting individuals to CBLTSS who are not currently enrolled in a Mainstream/HARP/SNP or MLTC plan by:

- Referring individuals to NYIA for assessments
- Identifying Immediate Need cases and submitting expedited referrals to NYIA
- Developing plans of care for individuals who meet CBLTSS eligibility criteria and seek services through an LDSS
- Maintaining current UAS-NY records as appropriate and maintaining current UAS-NY case list and enrollment records
- Supporting individuals who are ineligible for CBLTSS to access appropriate services
- Facilitating enrollment into an MLTC plan when appropriate



Role of Managed Long Term Care Plan

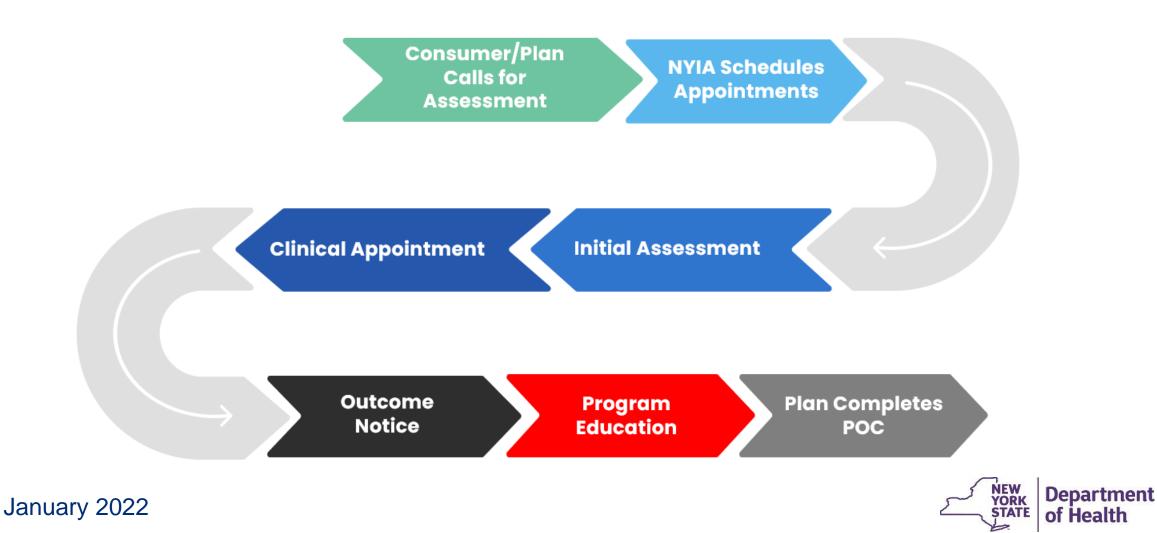
MLTC plans serve a key role in connecting individuals to CBLTSS upon enrollment in the MLTC plans by:

- Developing plans of care for individuals who meet CBLTSS eligibility criteria and are seeking services through an MLTC plan
- Facilitating enrollment into an MLTC plan when appropriate
- Maintaining current UAS-NY records as appropriate and maintaining current UAS-NY case list and enrollment records

Initial Assessment Process Roadmap



Mainstream/HARP/SNP-Initiated Initial Assessment Process



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Individual Scenario – Mainstream/HARP/SNP



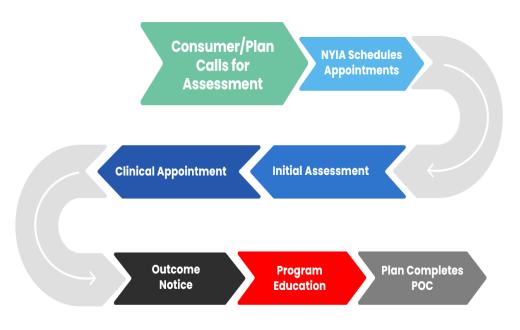
Individual Scenario – Mainstream/HARP/SNP

The process described applies to individuals who are enrolled in a Mainstream/SNP/HARP plan and are seeking CBLTSS for the first time. The individual is required to have a:

- Community Health Assessment (CHA) completed by an Independent Assessor who is a Registered Nurse
- Clinical Appointment completed by an Independent Practitioner who is an MD, DO, PA, NP, or Specialist Assistant



Individual Calls for Assessment – Mainstream/HARP/SNP



"Dolly" is an individual who is seeking CBLTSS. Dolly and/or their Mainstream/ HARP/SNP plan calls the NYIA Helpline (855-222-8350) to initiate the request during the following times for an Initial Assessment:

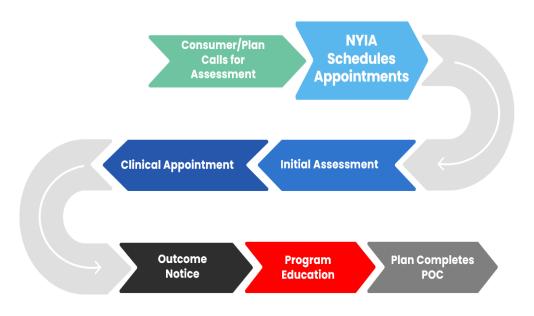
- Monday Friday: 8:30 AM to 8:00 PM
- Saturday: 10:00 AM to 6:00 PM

NOTE: Dolly must be on the call with the Mainstream/HARP/SNP to begin the process of scheduling.



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NYIA Schedules Appointment – Mainstream/HARP/SNP



During the call with the NYIA Helpline, the Customer Service Representative (CSR) will confirm if Dolly has active Medicaid.

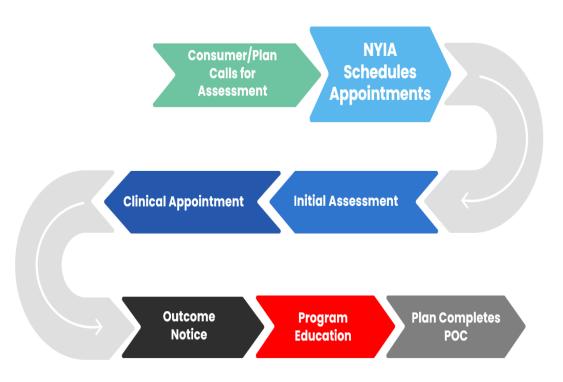
- If Dolly does not have active Medicaid, they will be referred to their LDSS to apply for Medicaid or to request an Immediate Need Assessment (if they are qualified).
- If Dolly has an active Medicaid plan, the CSR will continue the call and begin the scheduling process.

NOTE: The plan is expected to maintain timely and accurate enrollment records in the UAS-NY platform prior to the assessments being scheduled to ensure they have access to assessment results.



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NYIA Schedules Appointment - Mainstream/HARP/SNP



January 2022

To request an Expedited Assessment, the plan must complete an Expedited/Immediate Need Assessment Request form via secure URL, then place a 3-way call to the individual, Dolly, and the NYIA Operational Support Unit (OSU) at 855-665-6942.

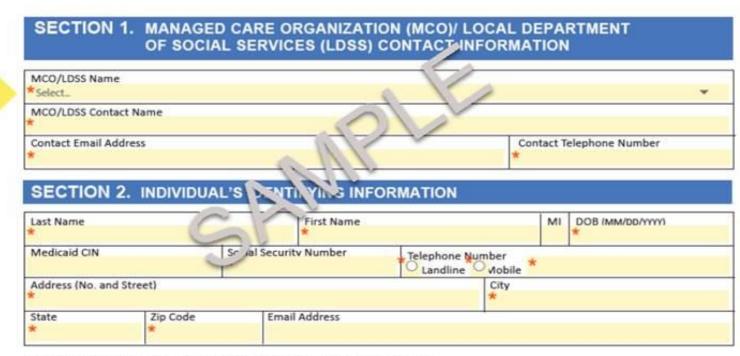
- The OSU Coordinator will confirm receipt of the Expedited/Immediate Need Assessment Request form (NOTE: The plan must complete the form prior to calling the OSU).
- Upon receipt of the form, the OSU Coordinator will schedule both the Initial Assessment and the Clinical Assessment to be completed within six calendar days of the call.



NYIA Schedules Appointment - Expedited



Expedited/Immediate Need Assessment Request Form



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NYIA Schedules Appointment - Expedited

AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Last Name	First Name			MI	Relationship to Individual Select	
Address (No. and Street)		City		State		Zip Code
Candline Mobile			Email Address	2		

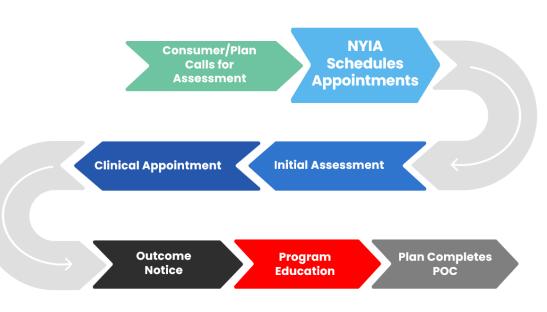
A legally authorized representative for the purpose of sharing health in, "rmr" on is defined as "a person or agency authorized by state, tribal, military or other applicable law, court order of onser" to act on behalf of a person for the release of medical information."

SECTION 3. EXPEDITED/IMMEDIATE NER ASSAMINT REQUEST INFORMATION

Date Supporting Documents/Informa MCO/LDSS to Support Expedited/Imr (MM/DD/YYYY)		01/04/2022		
Assessment Request Type * Initial Assessment * Reassessment	Name (please pri Signature			
Change in Condition	Date (MM/DD/YYYY)			



NYIA Schedules Appointment – Mainstream/HARP/SNP



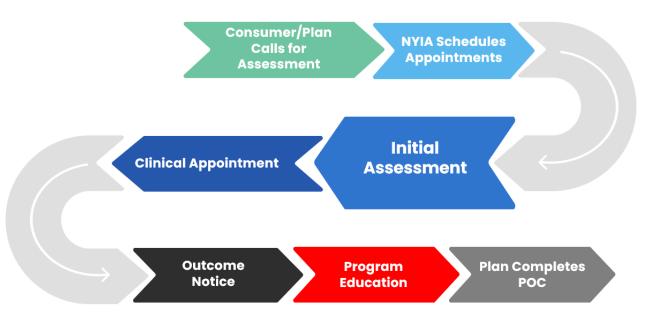
Upon confirmation of Dolly's Medicaid enrollment and determining if it is an Initial Assessment or an Immediate Need assessment, the CSR or OSU Coordinator will schedule:

- The Community Health Assessment, which will be conducted by a Nurse Assessor
- The Clinical Appointment to be conducted by MD, DO, NP, PA, or Specialist Assistant who will complete a Practitioner's Order (PO) to authorize CBLTSS for the individual

Dolly may choose either Zoom video or in-person meeting modality.



Initial Assessment – Mainstream/HARP/SNP



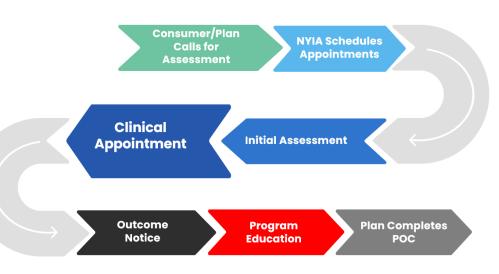
One or two days prior to the scheduled assessment appointment, the Nurse Assessor will call Dolly to prepare them for the appointment. This may include:

- Preparing Dolly to use Zoom (for video appointments)
- Reminding Dolly to have their Medicaid card, medications, etc. readily available

The Nurse Assessor will complete and finalize the assessment in the UAS-NY.



Clinical Appointment – Mainstream/HARP/SNP



January 2022

A Clinical Appointment is conducted by an Independent Practitioner who is an MD, DO, NP, PA, or a Specialist Assistant licensed in New York State.

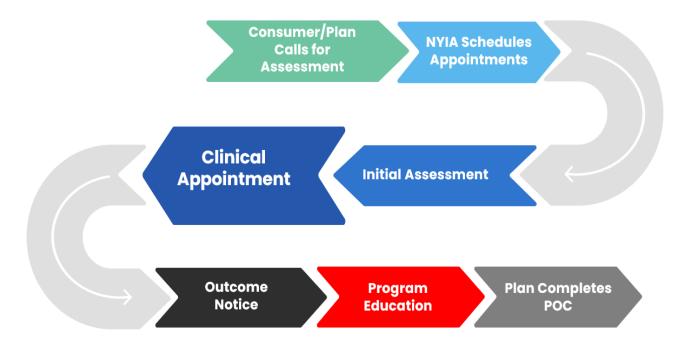
The Clinical Appointment will consist of:

- Examining Dolly, and conferring with any other providers, if necessary
- Reviewing the CHA in the UAS-NY
- Determining if Dolly is self-directing or has an appropriate self-directing caregiver
- Determining if Dolly can safely receive CBLTSS at home or in the community, based on their medical stability

NOTE: The practitioner must not have a current relationship with Dolly.



Clinical Appointment – Mainstream/HARP/SNP

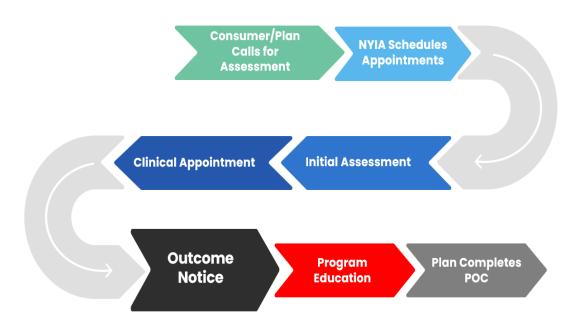


At the completion of the Clinical Appointment, the Independent Practitioner will complete the PO indicating whether Dolly is medically stable to receive CBLTSS safely in their home or community and upload the completed PO form to the UAS-NY.



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Outcome Notice – Mainstream/HARP/SNP



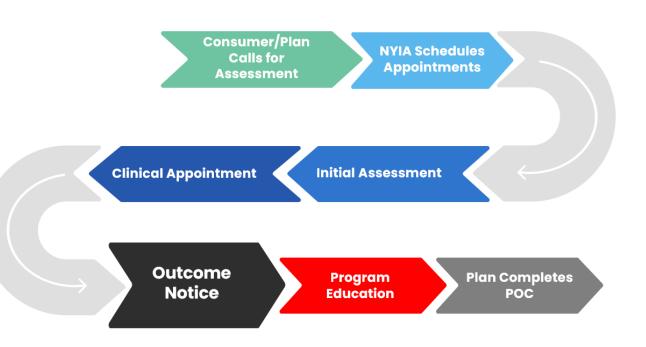
Once both the Initial Assessment and Clinical Appointment are completed, Dolly will receive a written notice from NYIA informing them of the outcome of the assessment and clinical exam.

The outcome notice will advise Dolly of their eligibility for CBLTSS, and if consumer can receive services safely in the community.

If it was determined that Dolly was not able to receive services safely in the community, the written notice will so indicate and will include information about their right to a Fair Hearing.



Outcome Notice – Mainstream/HARP/SNP



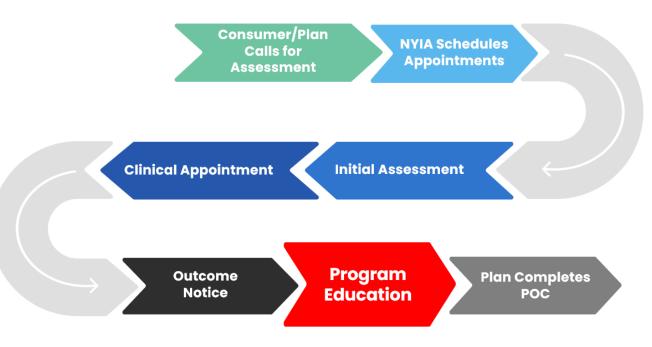
CHA and PO outcomes are available to the Mainstream/HARP/SNP via either the UAS-NY Data Exchange or UAS-NY reports.

NOTE: This process has not changed.



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Program Education – Mainstream/HARP/SNP



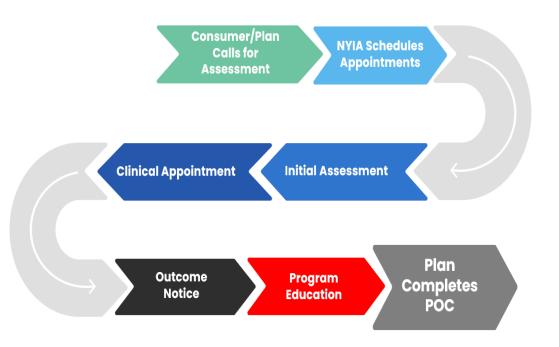
Key messaging in the outcome notice encourages Dolly to call NYIA Helpline to learn more about any plan options.

- Non-Dual: The plan selected by Dolly will discuss their plan of care with them.
- Dual: Dolly must choose an MLTC plan within the next 120 days or they will be automatically assigned to one.



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Plan Completes Plan of Care (POC) – Mainstream/HARP/SNP



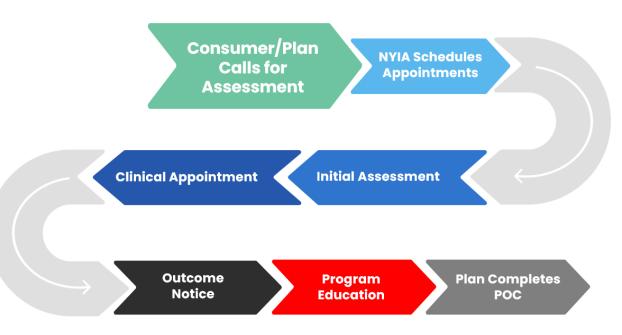
The plan selected by Dolly will use the CHA and PO posted on UAS-NY to develop their POC with them.



Individual Scenario – MLTC Plan Enrollment



Individual Calls for Assessment – MLTC Plan Enrollment



Fred is interested in receiving CBLTSS. They and/or LDSS calls the NYIA Helpline (855-222-8350) to initiate the request during the following times for an Initial Assessment:

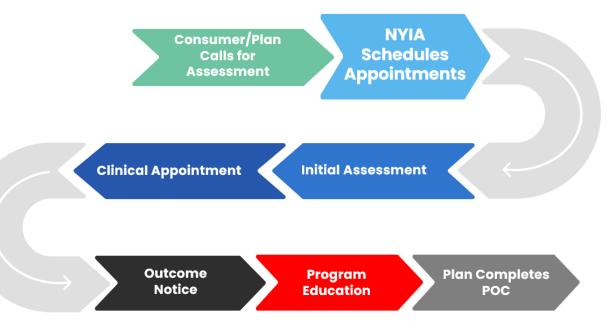
- Monday Friday: 8:30 AM to 8:00 PM
- Saturday: 10:00 AM to 6:00 PM

NOTE: Fred must be on the call with the LDSS to begin the process of scheduling.



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NYIA Schedules Appointment – MLTC Plan Enrollment

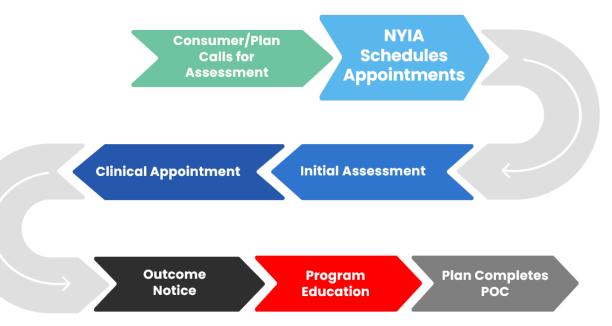


During the call with the NYIA Helpline, the Customer Service Representative (CSR) will confirm if Fred has active Medicaid.

- If Fred does not have active Medicaid, they will be referred to their LDSS to apply for Medicaid or check on the status of their Medicaid application.
- If Fred has active Medicaid, the CSR will continue the call and begin the scheduling process.



NYIA Schedules Appointment – MLTC Plan Enrollment



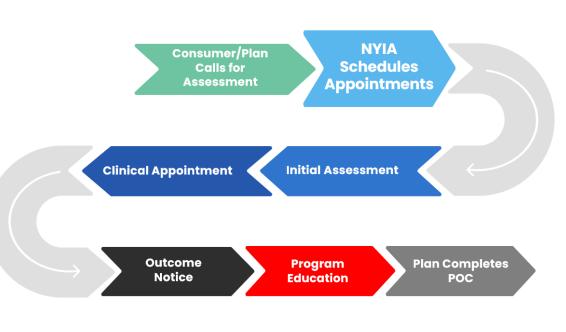
January 2022

To request an Immediate Needs Assessment, the LDSS must complete an Expedited/Immediate Need Assessment Request form via secure URL, then place a 3-way call with Fred and the NYIA Operational Support Unit (OSU) at 855-665-6942.

- The OSU Coordinator will confirm receipt of the Expedited/Immediate Need Assessment Request form (NOTE: LDSS must complete the form prior to calling the OSU).
- Upon receipt of the form, the OSU Coordinator will schedule both the Initial Assessment and the Clinical Assessment to be completed within six calendar days of the call.



NYIA Schedules Appointment – MLTC Plan Enrollment



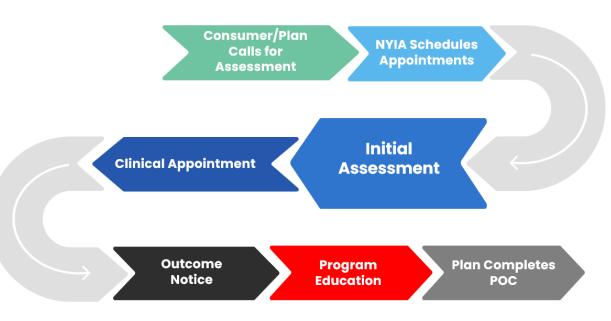
Upon confirmation of Fred's Medicaid enrollment and determining if it is an Initial Assessment or an Immediate Needs Assessment, the CSR or OSU Coordinator will schedule:

- The Community Health Assessment, which will be conducted by a Nurse Assessor
- The Clinical Appointment to be conducted by MD, DO, NP, PA, or Specialist Assistant who will complete a Practitioner's Order (PO) to authorize CBLTSS

Fred may choose either Zoom video or in-person meeting modality.



Initial Assessment – MLTC Plan Enrollment



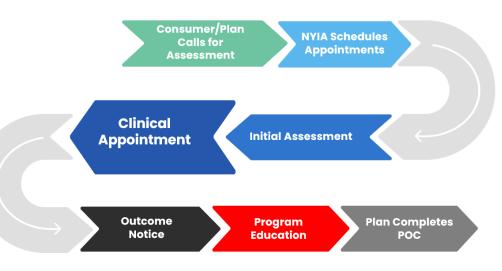
One or two days prior to the scheduled to assessment appointment, the Nurse Assessor will call Fred to prepare them for the appointment. This may include:

- Preparing Fred to use Zoom (for video appointments)
- Reminding Fred to have their Medicaid card, medications, etc. readily available

The Nurse Assessor will complete and finalize the assessment in the UAS-NY.



Clinical Appointment – MLTC Plan Enrollment



A Clinical Appointment is conducted by an Independent Practitioner who is an MD, DO, NP, PA, or a Specialist Assistant licensed in New York State.

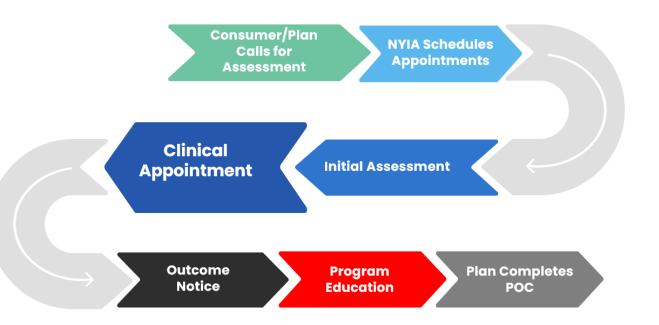
The Clinical Appointment will consist of:

- Examining Fred, and conferring with any other providers, if necessary
- Reviewing the CHA in the UAS-NY
- Determining if Fred is self-directing or has an appropriate self-directing caregiver
- Determining if Fred can safely receive CBLTSS at home, based on their medical stability

NOTE: The practitioner must not have a current relationship with Fred.



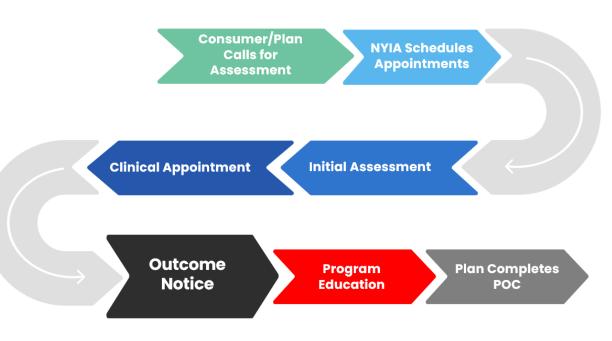
Clinical Appointment – MLTC Plan Enrollment



At the completion of the Clinical Appointment, the Independent Practitioner will complete the PO indicating if Fred is medically stable to receive CBLTSS safely in their home or community and upload the completed PO form to the UAS-NY.



Outcome Notice – MLTC Plan Enrollment



Once both the Initial Assessment and Clinical Appointment are completed, Fred will receive a written notice from NYIA informing them of the outcome of the assessment and clinical exam.

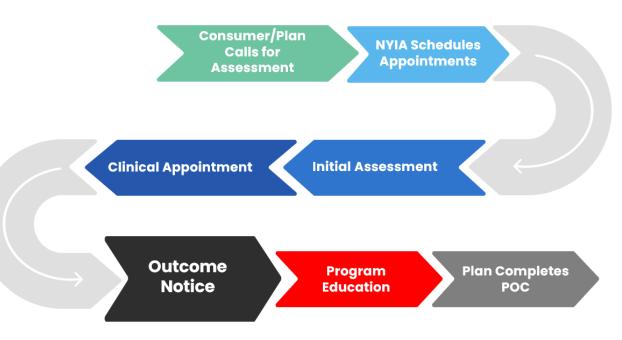
The outcome notice will advise Fred of their eligibility for CBLTSS and their MLTC plan options (if appropriate), and if they can receive services safely in the community.

If it was determined that Fred was not able to receive services safely in the community, the outcome notice will so indicate and will include information about their right to a Fair Hearing.



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Outcome Notice – MLTC Plan Enrollment



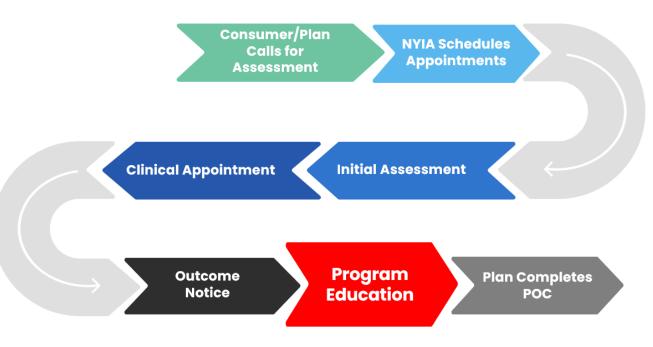
CHA and PO outcomes are available to the MLTC plan via either the UAS-NY Data Exchange or UAS-NY reports.

NOTE: This process has not changed.





Program Education – MLTC Plan Enrollment

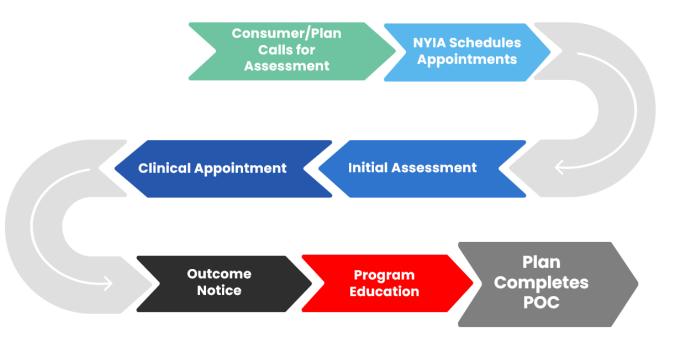


Key messaging in the outcome notice encourages Fred to call NYIA Helpline to learn more about plan options.

- Non-Dual: The plan selected by Fred will discuss the plan of care with them.
- Dual: Fred must choose an MLTC plan within the next 120 days or will be automatically assigned one.



Plan Completes Plan of Care (POC) – MLTC Plan Enrollment



The plan selected by Fred will use the CHA and PO posted on UAS-NY to develop their plan of care with them.









Summary

- The individual, LDSS, or Mainstream/HARP/SNP may contact NYIA to request an Initial Assessment for CBLTSS.
- At the completion of the Clinical Appointment, an Independent Practitioner will issue a PO indicating the individual's medical stability for CBLTSS.
- An outcome notice will be issued upon the completion of a CHA and a CA. The outcome notice informs the individual:
 - if they are eligible for CBLTSS
 - if services cannot be rendered safely in the community (if applicable)
 - their plan options (if applicable)
 - Fair Hearing rights (if applicable)



Resources & Next Steps



Next Steps

- The MMCO is responsible for developing a plan of care and authorizing services for the individual. MMCO plans do not need to complete initial in-home assessments or request M11Q or DOH-4359 from providers to initiate services.
- The individual may opt to join an MLTC plan if they qualify.
- The individual may request a Fair Hearing to contest the outcome described in written notice they received from NYIA.
- If the individual requests a Fair Hearing in response to a written notice issued by NYIA, NYIA will be represented by a Quality Assurance Nurse Specialist at the Fair Hearing.



Resources

- Final Regulations can be found at:
 - Personal Care Services 505.14
 - <u>Consumer Directed Personal Assistance Services 505.28</u>
- DOH/NYIA will be scheduling additional webinars and trainings with LDSS 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 <u>independent.assessor@health.ny.gov</u>



Questions and Answers

Process Overview of Initial Assessments for MMCOs





Appendix



Acronym	Definition
CA	Clinical Appointment
CBLTSS	Community Based Long Term Services and Supports
CDPAS	Consumer Directed Personal Assistance Services
CFEEC	Conflict Free Evaluation and Enrollment Center
CHA	Community Health Assessment
CSR	Customer Service Representative



Acronym	Definition
DO	Doctor of Osteopathic Medicine
FFS	Fee For Service
HARP	Heath And Recovery Program
LDSS	Local Department of Social Services
MD	Medical Doctor
MLTC	Managed Long Term Care



Acronym	Definition
MLTC	Managed Long Term Care Plan
MMCO	Medicaid Managed Care Organization
NP	Nurse Practitioner
NYIA	New York Independent Assessor
OSU	Operations Support Unit
PA	Physician's Assistant



Acronym	Definition
PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services
РО	Practitioner's Order
RN	Registered Nurse
SNP	Special Needs Plan
UAS-NY	Uniform Assessment System for New York

