May 6, 2013

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower, 14th Floor
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgerson:

I am writing on behalf of LeadingAge New York's Managed Long-Term Care (MLTC), Long-Term Home Health Care Program (LTHHCP), Adult Day Health Care (ADHC), and Assisted Living Program (ALP) members to request **a minimum 90-day delay** in implementation of the new Uniform Assessment System for New York (UAS-NY).

LeadingAge NY is in a unique position to advocate for this delay on behalf of the full spectrum of home and community based services (HCBS), given that we work with the entire continuum of providers and plans. There is unanimous agreement among our MLTC and HCBS members that a delay in the UAS-NY is absolutely necessary. While this association and our members support the concept of the UAS-NY and the need to standardize and enhance the client assessment process, the industry is not adequately prepared at this time to manage this transition.

The fundamental issue is that while UAS-NY implementation has been on the Department's drawing board for several years, providers are only now just beginning to gain real experience and exposure to the actual tool and the associated procedures. The most critical deadline looming for providers is the July 1, 2013 MLTC implementation. In order to make this effective July 1st, MLTC plans will need to begin using the UAS-NY by **late May, only a few weeks from now**. To emphasize, with less than a month to go, these plans are only now being afforded the opportunity to work with the actual tool and understand the new processes. To complicate this even further, MLTCs are likely to work with Certified Home Health Agencies to conduct assessments, and these agencies themselves may not have been engaged to date in transition activities.

For the typical MLTC plan, now on the front lines of the first wave of UAS-NY implementation, there are fundamental logistical issues of purchasing equipment, purchasing new software and broadband wireless cards, obtaining Healthcare Commerce System (HCS) accounts, training staff and ensuring that any of its patient assessment contractors are doing the same. All of this is occurring at a time when these plans are grappling with the massive expansion of MLTC enrollments. Likewise they are trying to build networks, develop new working arrangements with "downstream" providers and in many cases attempting to prepare for dual capitation. **Implementing the UAS-NY for MLTC at this moment in time adds a level of complexity and confusion that is counterproductive to achieving many of goals**

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the Department has established in terms of both managed care implementation and the successful transition to the UAS-NY.

We are also concerned that the Department has yet to work out all of the 'bugs' in the UAS-NY submission system. For example, the off-line application of the tool will be critical in those areas where assessors may not have internet access. It is our understanding that this application is still being worked on and will not be available until late May.

With this general framework in mind, LeadingAge NY has identified the following list of concerns, shared in one form or another by the full range of HCBS providers and MLTC plans:

1. ***Training and Staffing:*** The current compressed timeframe within which providers and plans must prepare for the transition means that excessive numbers of field staff would need to be pulled from client care duties to be trained on new systems. It is not simply a matter of learning how to complete the UAS-NY. The training also involves learning new procedures, mastering new hardware, understanding cyber security and HIPAA safeguards and navigating the HCS. The vast majority of future UAS-NY assessors currently do not have HCS accounts, and obtaining account access alone is a 2 to 4 week process in the best of circumstances. We are hearing that there are currently significant delays in the processing of these requests, given the increased volume. Both the MLTC plans and HCBS providers simply lack the capacity to pull staff off of their field duties and still adequately serve their clients.

2. ***Competency in Patient Assessment:*** Although the UAS-NY has been in development for many years, the practical reality is that the personnel who will need to be working with the tool in the field are only now being given an opportunity to develop expertise. Again, due to the compressed time frame, providers and plans are being asked to 'go live' with the tool with no practical opportunity to perform their own internal testing and quality assurance of systems and procedures. In reality, field staff will be learning the tool in real time and in real patient care situations; this does not bode well for the possibility of a good initial outcome.

   Also, in the complex and fluid environment within which all HCBS providers and MLTC plans now operate, there will be a learning curve, as assessors from different service lines and disciplines learn the new tool. Inevitably, there will be disconnects between providers with varying levels of competencies and investments in the new process.

3. ***Other Unresolved Policy and Implementation Issues:*** It is disconcerting that on the eve of broad-based implementation, many providers seem to have more questions than answers regarding the UAS-NY.

   Among the policy questions are how the UAS-NY will:

   - be used to determine Medicaid payment rates;
   - crosswalk with the SAAM during the transition;
   - crosswalk with other assessment instruments like the DMS-1 and OASIS-C; and
   - function in a dually capitated environment such as PACE, MAP and the FIDA demonstration.

Other implementation issues we have identified include:

- Are there barriers to obtaining HCS access for personnel that live outside NY?
- What happens when internet access is unavailable to a provider?
- How will change of status assessments be conducted on a timely basis when the client may not be seen that frequently?
- Will there be a hotline available to assessors to obtain real time answers to their questions while they are out in the field?
- How will the associated major investments in new hardware, software, and staff training be covered in an environment in which the MLTC plans are deeply concerned with rate adequacy, and HCBS providers are simply struggling to stay afloat?

Given all of the impending challenges and unresolved issues identified above, LeadingAge NY respectfully requests that the entire implementation timeline for UAS-NY (i.e., the MLTC phase and all subsequent phases) be moved back by a minimum of 90 days, starting with the July 1st date. If some of the basic logistical challenges (e.g., HCS access, deployment of the off-line UAS-NY application, completion of training for plans and downstream providers, and establishment of a "hotline" for assessors) cannot be resolved within 90 days, then a longer extension should be provided.

The Department, MLTC plans and the HCBS community share a vested interest in making this transition successful. Our obvious concern is that the uncertainty among plans and providers coupled with the very real logistical barriers still to be overcome will conspire to undermine the entire process. LeadingAge NY, on behalf of our members, sincerely wants this transition to occur as smoothly as possible for all involved. It is in this spirit that we submit this request for a delay, and ask for an opportunity to work more closely with the Department to resolve the many outstanding issues and ensure that this new assessment process will be implemented successfully.

Sincerely,

Daniel J. Heim
Executive Vice President

cc: Mark Kissinger
Rebecca Corso
K. John Russell