Uniform Assessment System for New York



UAS-NY

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Office of Health Insurance Programs Division of Long Term Care

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# **CHANGES IMPLEMENTED WITH VERSION 7**

On Friday evening, march 20, 2015, the UAS-NY Online Application will be upgraded to version 7. The following is a summary of the changes instituted with this system upgrade.

# Case List Display

The Case List display page was modified to reflect the following changes:

Last Name	First Name and MI	Date of Birth	Last 4 SSN	Medicaid ID	Medicaid Elig.	City	County	Last Assmt Date	Finalized	Next RA Due Date	Program	Close Date
Russell	John M	09/01/1950	4321		Pending	EAST GREENBUSH	Rensselaer	06/20/2014	Yes	12/20/2014	Multi	

• The column called "Program" will be renamed to Enrollment.

The data displayed will be specific to the organization under which the user is logged in; if no enrollment exists, no data will display.

- The column called "Last Assessment" will display the most recent signed assessment performed for the organization under which the user is logged in; if no assessment exists, no data will display.
- The column called "Finalized" will be removed.

The updated Case List display is presented below.

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
Person	Any	01/01/1950	7878	345G	Yes	ALTAMONT	Albany			PCP	

### **Consumer Demographic Data**

When a user adds or updates a Medicaid ID in an existing consumer record, the system will perform a background check for a matching number (if entered entirely). If a matching Medicaid ID is present, the user will be prompted to contact the UAS-NY Support Desk to resolve a potential duplicate consumer record.

## **Navigation Panel Ordering**

The nodes available in the Navigation Panel were reordered to more accurately reflect the order in which the nodes should be completed.

Old Version	New Version
<ul> <li>Assessments</li> <li>O6/20/2014</li> <li>Reference Date</li> <li>Assessment Outcomes</li> <li>Sign/Finalize</li> <li>Review/Consult</li> <li>Community Assessment</li> <li>Medications</li> <li>Disease Diagnoses</li> </ul>	<ul> <li>Assessments</li> <li>02/19/2014</li> <li>Reference Date</li> <li>Community Assessment</li> <li>Medications</li> <li>Disease Diagnoses</li> <li>Sign/Finalize</li> <li>Assessment Outcomes</li> <li>Review/Consult</li> </ul>

### **Program/Plan Node Changes**

The Program/Plan Node will be changed as noted below.

- The name of the node on the navigation panel will be changed to "Enrollment".
- When creating an enrollment entry, the selections for programs/plans will be limited to those which are valid for the user's organization type. For example:
  - LHCSA's will not be allowed to create enrollment entries;
  - MLTC organizations will only be able to select PACE, MAP, Partial Capitation, and FIDA.
- The Assessing Organization in an enrollment entry will reflect the organization that most recently signed an assessment performed for the organization.
- Enrollment entries that have been discharged/disenrolled for more than two years will not display.
- The ability to delete Enrollment entries will be restricted to roles UAS-35 and UAS-45.
- In the Enrollment entry, the "Admit/Enroll Program/Plan" label will be changed to "Name".
- In the Enrollment entry, the "Program/Plan Provider" label will be changed to "Enrolling Organization".

# Next Reassessment (RA) Due Calculation

The Next RA Due Date will be calculated *per organization*; if no previous assessment for that organization has been performed for the organization, then the most recent finalized assessment, regardless of organization, will be used.

This change will be reflected in the following locations:

- **Enrollment Entries**: The next RA due date will be calculated for the enrolling organization and the product identified in the enrollment entry. The RA due date will be based on the assessment date of the assessment performed for the enrolling organization.
- **Case List Display**: The next RA due date displayed on the case list display will be per the user's organization and product identified in the enrollment entry.

This will impact the ability for a non-enrolling organization to run the "Next RA Due" Aggregate Report. This report will include those consumers for which the non-enrolling organization conducted an assessment.

# **Assessment Changes**

To more accurately correlate each assessment to a specific provider, the process to "add an assessment" to the consumer's record has changed.

- When users add an assessment to a consumer's record, the user will be prompted to identify the organization for which they are conducting the assessment. This may be the user's own organization, or it may be another organization. The organization selection list will consist of:
  - any organization authorized to create an enrollment entry and who has attested to access the consumer record.
  - any local district of social services organization correlated to the county of any active address entry.

If the organization is not on the list, the user can select "Organization Not Listed" and update the selection at a later time. A valid organization must be selected in order to sign the assessment.

The "organization for which this assessment is being performed" will be displayed in the Assessment Reference Date node. If an organization was selected in error or was not identified, a user will be able to update the information in this node.

• Copying forward assessment data will copy forward data from the previous assessment performed for the same organization. Organizations will not be permitted to copy forward data from an assessment conducted by another organization.

This same rule will apply when copying forward Functional Supplement and Mental Health Supplement data.

• Assessments that have been signed more than three years will not display in the navigation panel.

#### **Assessment Outcomes Signature Ease of Use**

The signature area of the Assessment Outcomes node has been modified. The signature area is now consistent in structure and format for the assessment.

The "check missing" button will not be available when the Assessment Outcomes node is selected and active.

## Additional Requirements to Sign an Assessment

In order to sign as assessment, the validation routine will be augmented to check for these additional items:

- Disease entries will be required to have a valid ICD code. While disease entries may still be typed-in, they must be correlated to a valid ICD code before the assessment can be signed.
- Disease entries may not have "No Selection" as a response.
- A valid "Assessing For" organization must be identified.

#### **Aggregate Reports**

The aggregate reports have been updated to reflect only data from assessments conducted for the user's organization. In addition, two new aggregate reports have been created.

#### **Missing Dis-Enrollments**

This report will enable organizations to identify individuals in their case list who appear to be enrolled simultaneously in more than one program or plan by different organizations, thereby implying that they have missed a disenrollment.

The report will identify all individuals for whom:

- the organization has an existing, active enrollment (i.e. an enrollment start date and no enrollment end date or enrollment end date in the future) **AND**
- who also have an active enrollment for another organization with a later start date AND
- the other enrollment entry indicates the **same** program/plan (i.e. product).

The report will include all consumers in the organization's case list that meet the criteria and will be sub-grouped by product.

#### **Missing Assessments for Organization Enrollees**

This report will enable organizations to identify individuals in their case list whose assessments have been missed.

The report will identify all individuals for whom:

- the organization has an existing, active enrollment (i.e. an enrollment start date and no enrollment end date) **AND**
- no assessment has been associated for their organization within six months preceding the current date of the report.

The report period will be six months prior to the date specified by the user. The report will display all individuals within the past six months for whom an assessment has not been conducted.

The report will limit the start date for the report to 2 years prior to the current date.

## **UPHN Data Exchange**

The UPHN Data Exchange will transmit only those assessments that were performed for the organization. Participating organizations may continue to manually flag assessments for exchange that have been performed for *any* organization.

# **Compatibility with Offline**

In conjunction with the upgrade of the UAS-NY online system, a new version of the UAS-NY Offline Application (v7) will be made available. After the online upgrade on March 20, v7 of the Offline Application will be required in order to synchronize offline data.

The previous version of the UAS-NY Offline Application (v6.30) will **no longer** be compatible.

While users may continue to work offline using their previously installed version of the Offline Application (v6.30) after the online upgrade, they will not be able to perform a synchronization until they upgrade to version 7 of the Offline Application.

Please go to 8500 of the UAS-NY Training Environment for instructions on this upgrade.