



Department of Health

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TRANSMITTAL: 23 OHIP/ADM-03

TO: Commissioners of Social Services

DIVISION: Office of Health Insurance Programs

DATE: July 12, 2023

SUBJECT: PCS/CDPAS Initial Assessment Process - PACE Direct Eligibility Assessments

SUGGESTED DISTRIBUTION:

Director of Social Services
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Home Care Staff
Fair Hearing Staff
Local Professional Director

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ATTACHMENTS:

None

FILING REFERENCES

Previous Ref. ADMs/INFs	Releases Cancelled	Dept. Regs. Law	Soc. Serv. & Other	Manual Ref	Misc.
None	None	None	None	None	None

I. PURPOSE

The purpose of this Office of Health Insurance Programs Administrative Directive (OHIP/ADM) is to provide Local Departments of Social Services (LDSS) with information and guidance regarding the PACE Direct Eligibility assessment process.

II. BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) approved a revised Appendix P of the model contract for the Program of All-inclusive Care for the Elderly (PACE). Appendix P implements the PACE Direct Eligibility assessment process ("Direct Eligibility"). The New York State Department of Health (Department) has established Direct Eligibility as an alternative process for assessing an individual's managed long term care (MLTC) eligibility to enroll in a PACE plan who might otherwise be admitted to a nursing home. Direct Eligibility allows the PACE plan to conduct initial assessments and enroll individuals quickly, supporting the goal of increasing PACE enrollments as an integrated care plan option for Dual Eligible individuals (i.e., individuals with both Medicare and Medicaid coverages).

The Direct Eligibility process provides a dual eligible individual a choice to either contact the New York Independent Assessor Program for an initial assessment or contact a PACE plan directly for an assessment to determine enrollment eligibility for that PACE plan only.

To be eligible for PACE, the individual must:

- Be at least 55 years of age and
- Qualify for nursing home level of care and
- Reside in the service area of a PACE program

III. PROGRAM IMPLICATIONS & REQUIRED ACTIONS

For individuals who choose to have the PACE plan conduct their initial assessment, are found to be eligible for enrollment and are enrolled, the individual's Direct Eligibility Community Health Assessment (CHA) will be reviewed by the New York Independent Assessor Program. This Verification Review process includes the following steps:

- The New York Independent Assessor Program conducts a quality assurance review of the Direct Eligibility assessment
- If the Direct Eligibility assessment does not meet the quality assurance review standards, the New York Independent Assessor Program conducts an Independent Review Assessment (i.e., another CHA)
- If the results of the Independent Review Assessment show the individual is not eligible for PACE, an involuntary disenrollment is initiated

For individuals where the Direct Eligibility assessment meets the quality assurance review standards or the New York Independent Assessor program conducted Independent Review Assessment shows they are eligible for PACE, the individual will remain enrolled in the PACE plan.

For individuals where the Direct Eligibility assessment does not meet the quality assurance review standards AND the New York Independent Assessor Program conducted Independent Review Assessment shows they are NOT eligible for PACE, the individual will be involuntarily

disenrolled from the PACE plan and they will be directed to the LDSS for long term care services. Individuals involuntarily disenrolled may request a fair hearing.

The PACE plan will follow the existing involuntary disenrollment safe discharge procedures. The PACE plan must provide the individual's current plan of care (POC) to the LDSS. The LDSS may receive personal care referrals from the PACE plan to continue personal care for individuals who are involuntary disenrolled from PACE to fee-for-service Medicaid. The LDSS should continue to follow the current PACE POC during the period in which a new initial assessment process is completed by the New York Independent Assessor Program and the POC is updated.

Individuals who are involuntarily disenrolled because the New York Independent Assessor Program's Independent Review Assessment showed they were not eligible for PACE will not be required to have another CHA conducted if they contact the New York Independent Assessor Program within 45 days of the disenrollment effective date to schedule a clinical appointment. They will only be required to have a clinical appointment resulting in a practitioner order to complete the New York Independent Assessor Program initial assessment process.

If an individual contacts the LDSS for personal care or consumer directed personal care services and an LDSS report indicates the PACE Direct Eligibility involuntary disenrollment reason, the LDSS should notify the individual to contact the New York Independent Assessor Program within 45 days to have a clinical appointment to complete the initial assessment process. If they contact the New York Independent Assessor Program after 45 days, the individual will be required to complete the entire initial assessment process, including another CHA.

IV. SYSTEMS IMPLICATIONS

The LDSS will be notified of individuals that have been involuntary disenrolled due to the Direct Eligibility review process via the New York Medicaid Choice (NYMC) monthly disenrollment report. The report has been updated to include a new reason, "PACE Direct Eligibility enrollment was found invalid". There is no change to the existing report delivery process, i.e., NYMC will continue to upload the report to each district's mailbox in MOVEit, NYMC's protected email system.

The LDSS should review the report each month to determine whether any disenrollment occurred for this reason and note it for intake staff that may interact with the individual seeking services from the LDSS.

V. EFFECTIVE DATE

This ADM is effective immediately.