

# **WE WILL BEGIN SHORTLY**

**NOTE: YOU MUST HAVE YOUR NAME ON YOUR SCREEN. SCREENS WITH ONLY A PHONE NUMBER WILL BE REMOVED FROM THE SESSION.**



Department  
of Health

# Minimum Needs Requirements: MMCPs

New York State Department of Health

August 2025

# WEBINAR LOGISTICS

- Phone numbers must be associated with an attendee in the participant list.
- Participants will remain muted throughout the presentation.
- Questions can be submitted through the Q&A function **at the end of the presentation** and will be answered as time permits.
- The slides and recording will be shared after the webinar.

# MINIMUM NEEDS REQUIREMENTS - AGENDA

- Introduction to Policy Changes
- Initial Assessments and Reassessments
- Alzheimer's and Dementia Documentation
- Legacy and the UAS-NY
- Outcome Notices and Reports
- Appendix: Outcome Notice Updates

# LEGAL BASIS FOR MINIMUM NEEDS

- Chapter 56 of the Laws of 2020 amended Social Services Law §§ [365-a](#) and [365-f](#)
- Public Health Law [§ 4403-f](#)
- 18 NYCRR § [505.14](#)
- 18 NYCRR § [505.28](#)

# NEW MINIMUM NEEDS REQUIREMENTS

Beginning September 1, 2025, changes will be implemented to the criteria used for assessment:

- For individuals initially seeking Personal Care Services and Consumer Directed Personal Assistance Services (PCS/CDPAS); or
- For individuals initially seeking enrollment into a Medicaid Advantage Plus (MAP) or Managed Long Term Care Partial Capitation (MLTCP) plan.

# NEW MINIMUM NEEDS REQUIREMENTS

These individuals must be assessed using the Community Health Assessment (CHA) to determine if they meet the new ***minimum needs requirements*** as follows:

- Needing at least limited assistance with physical maneuvering with more than two activities of daily living (ADLs); or
- Individuals with a Dementia or Alzheimer's diagnosis and needing at least supervision with more than one ADL.

# NEW MINIMUM NEEDS REQUIREMENTS

Minimum Needs Requirements will apply to **initial assessments** and **subsequent reassessments** for individuals **initially** seeking Personal Care Services and Consumer Directed Personal Assistance Services (PCS/CDPAS), and individuals **initially** seeking enrollment into a MAP or MLTCP plan.

# ALZHEIMER'S DISEASE OR DEMENTIA – MIN NEEDS REQUIREMENTS

- Individuals seeking to qualify using the criteria of having a diagnosis of Alzheimer's disease or Dementia must provide a completed **Alzheimer's Disease or Dementia Form (DOH-5821)** as proof of the diagnosis.
  - The **DOH-5821** must be completed by one of the licensed health care professionals listed on the form.
  - The diagnosis **must be made by a physician (M.D. or D.O.)**. The physician does not need to be a NYS Medicaid Provider.
  - The **DOH-5821** must be provided for **each assessment** where the condition is present unless otherwise directed by the Department.
  - The **DOH-5821** must be retained in the individuals file and the date of documentation of the diagnosis must be retained in the individual's case notes and in the UAS-NY "Section H: Disease Diagnoses".

# NEW MINIMUM NEEDS REQUIREMENTS - LEGACY STATUS

Individuals assessed and authorized for PCS/CDPAS prior to September 1, 2025 and continuously enrolled in MLTC **will not** be subject to the Minimum Needs Requirements.

- These individuals will be granted **Legacy Status**

# WHAT IS LEGACY STATUS?

There are 2 types of Legacy Status:

## 1. Service Legacy

- Assigned to individuals receiving or authorized for PCS/CDPAS or enrolled in a MLTC plan, including PACE, prior to September 1, 2025.
- Service Legacy individuals will be assessed and reassessed using PCS/CDPAS Service Legacy Criteria.

## 2. Plan Legacy

- Assigned to individuals enrolled in MLTC, including PACE, prior to September 1, 2025.
- Plan Legacy individuals will be reassessed using MLTC Plan Legacy Criteria, **if they remain continuously enrolled in any MLTC plan.**

# MLTC PLAN LEGACY STATUS

- MLTC Plan Legacy can be lost if the individual disenrolls from their MLTC plan and does not transfer to another plan to remain continuously enrolled in MLTC.
- The **MMCP is not responsible** for updating MLTC Plan Legacy Status.

# HOW DO YOU KNOW IF AN INDIVIDUAL HAS LEGACY STATUS?

- Legacy Status will be indicated in the Uniform Assessment System for New York State (UAS-NY)
- Policies also outline specific criteria LDSS/Plans must use to indicate Legacy Status

# MINIMUM NEEDS & NYIAP

- The New York Independent Assessor Program (NYIAP) is responsible for initial assessments for adults seeking PCS/CDPAS or MLTC enrollment and will apply minimum needs criteria beginning September 1, 2025.
- NYIAP schedules and completes the Community Health Assessment (CHA) and Practitioner's Order and at the conclusion of both appointments, issues an outcome notice to the individual.
  - **Outcome notices and reporting have been updated to incorporate the Minimum Needs changes.**

# NYIAP INITIAL ASSESSMENTS

- NYIAP will continue to perform the initial assessment for adults, the MMCP will still be responsible for the assessment of children (aged 0-17 years).
- NYIAP will issue eligibility outcome notices, which include fair hearing language, to all assessed adults.
- Individuals who meet the Minimum Needs Requirements will be instructed to reach out to their MMCP to request PCS/CDPAS.
- NYIAP does not create the plan of care. The MMCP will use the assessment outcomes to determine the amount, duration, and frequency of services.
- NYIAP performs Variance Reviews when there is disagreement on the outcome, and Independent Review for individuals seeking more than 12 hours per day of PCS or CDPAS.
- NYIAP will send daily reports which include individuals with an expedited request.

# INITIAL ASSESSMENTS – MMCP RESPONSIBILITIES

If the individual completed their NYIAP assessment and contacts the MMCP, the MMCP must:

- Locate the Service Legacy status and review the assessment outcomes, practitioner order and Section H comment to review if the Alzheimer's Disease or Dementia Form (DOH-5821) was submitted, in the UAS-NY.
  - **Note:** Most initial assessments after September 1, 2025 will fall under Minimum Needs. However, individuals who have Service Legacy but do not have a valid CHA are referred to NYIAP for initial assessment and can be authorized using Legacy Criteria.
- Complete the care plan process, develop the plan of care and Person-Centered Service Plan (PCSP), authorize services, and notify the individual using the appropriate Notice of Decision.
- If the individual's NYIAP assessment indicates they do not meet the Minimum Need Requirements the MMCP will review the results for other services and supports which the individual may be eligible for.

# REASSESSMENTS – WHICH CRITERIA IS USED?

- Reassessments continue to be the responsibility of the MMCP.
- The reassessment process begins with receipt of the Physician's Order.
- The MMCP must determine the Service Legacy status of the individual to know which requirements to apply:
  - the Legacy Criteria; or
  - Minimum Needs Requirements.

# ALZHEIMER'S DISEASE OR DEMENTIA DOCUMENTATION

- When Minimum Needs Requirements apply, it is critical to provide education about the requirements regarding the Alzheimer's Disease or Dementia Form (DOH-5821).
- To ensure the most accurate outcome, the form must be completed if the individual has an Alzheimer's Disease or Dementia diagnosis.
- The Alzheimer's Disease or Dementia Form should be submitted before or during the assessment to be considered at the outcome of the CHA.

# ALZHEIMER'S DISEASE OR DEMENTIA FORM (DOH-5821)

NEW YORK STATE DEPARTMENT OF HEALTH  
Division of Program Development and Management

## Alzheimer's Disease and Dementia Diagnosis Verification

This form is intended for patients who have a diagnosis of Alzheimer's disease and/or Dementia and are seeking personal care and/or consumer directed personal assistance services or to enroll in a Managed Long Term Care (MLTC) plan through Medicaid.

Failure to complete and present this form to the assessor at the time of the patient's Community Health Assessment (CHA) may impact the patient's eligibility to receive personal care and/or consumer directed personal assistance services or to join a MLTC plan.

### SECTION 1: PATIENT IDENTIFYING INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Medicaid CIN or Social Security Number: \_\_\_\_\_

### SECTION 2: DIAGNOSIS INFORMATION

Alzheimer's disease:  Yes  No      Dementia:  Yes  No

ICD-10 Diagnosis Codes for Above Diagnoses (Do not leave blank)

\_\_\_\_\_

### SECTION 3: DIAGNOSING PROVIDER INFORMATION (MUST BE A MD OR DO)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ NPI: \_\_\_\_\_  
Profession (MD, DO): \_\_\_\_\_ License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

### SECTION 4: PROVIDER COMPLETING FORM (MUST BE A MD, DO, NP, OR PA)

Same as diagnosing provider  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ NPI: \_\_\_\_\_  
Profession (MD, DO): \_\_\_\_\_ License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

### SECTION 5: PROVIDER ATTESTATION

By signing this form, I attest that, to the best of my knowledge, information and belief, the patient identified in Section 1 has been diagnosed with Alzheimer's disease or Dementia as outlined in Section 2 by the diagnosing provider listed in Section 3, and as documented in the patient's medical history and health records. I understand that this verification form is subject to the New York State Department of Health regulations, Parts 515, 516, 517, and 518 of Title 18 NYCRR, which permit the Department to impose monetary penalties on, or sanction and recover overpayments from, providers or prescribers of medical care, services or supplies when medical care, services or supplies are provided or ordered that are unnecessary, improper or exceed the patient's documented medical condition.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (Print): \_\_\_\_\_

### INSTRUCTIONS

Complete all items. Incomplete or missing information may impact the patient's eligibility.

#### Section 1: Patient's Identifying Information

- **Last Name.** Enter the patient's last name.
- **First Name.** Enter the patient's first name.
- **Date of Birth.** Enter the patient's date of birth.
- **Medicaid CIN or Social Security Number.** Enter the patient's Medicaid CIN, found on the patient's Medicaid Assistance ID card, or their social security number.

#### Section 2: Diagnosis Information

Check the applicable box(es) and provide the Alzheimer's disease or Dementia ICD-10 diagnosis code(s) for the patient identified in Section 1. Do not leave this section blank.

#### Section 3: Diagnosis Provider Information

Enter information for the provider that diagnosed the patient identified in Section 1 as having Alzheimer's disease or Dementia. The diagnosing provider must be a Doctor of Medicine (MD) or Doctor of Osteopathy (DO). Do not leave this section blank.

#### Section 4: Provider Completing Form

If the provider completing the form is the same as the provider in Section 3, check "Same as diagnosing provider". If the provider completing the form is not the same as the provider in Section 3, enter information for the provider completing the form. The provider completing the form must be a licensed healthcare professional (Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner, or Physician Assistant) that can attest the patient identified in Section 1 has been diagnosed with Alzheimer's disease or Dementia by a licensed Doctor of Medicine (MD) or Doctor of Osteopathy (DO).

#### Section 5: Provider Attestation

The signature of the provider completing this form.

Return completed signed form to the patient or the patient's representative.

# LEGACY STATUS

- Plan and Service Legacy will be preloaded for individuals who were authorized for PCS/CDPAS as of July 31, 2025.
- There are some individuals who have Service Legacy which will not appear in the UAS and the MMCP must **manually add** service legacy to a case. This includes:
  1. Individuals authorized in August 2025. These individuals will not be preloaded.
  2. Individuals assessed before September 1, 2025 but not yet authorized for PCS/CDPAS. This includes individuals with a valid assessment completed after August 31, 2024, and before September 1, 2025 so long as the MMCP authorizes PCS/CDPAS through the within one year of that assessment.
  3. Individuals with an initial assessment scheduled before September 1, 2025, whose appointment is rescheduled through no fault of their own to a date after September 1, 2025.\*

\* MMCP will receive a report from Maximus with this information

# LEGACY STATUS FIELDS IN THE UAS-NY

Legacy fields:

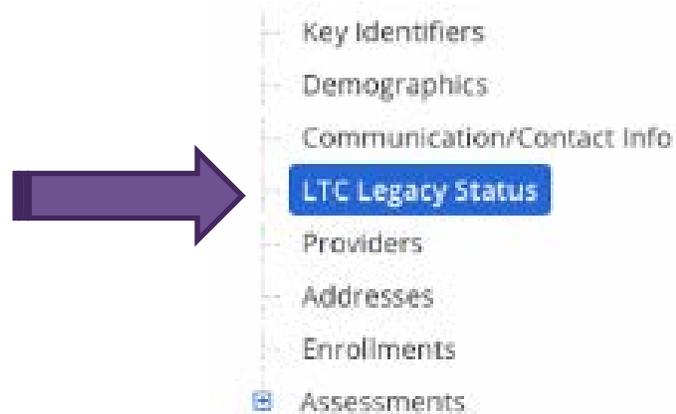
- Will be viewable to all LTC users in the Assessment Outcomes and LTC Legacy Status fields.
- Some user roles (LTC-02, 15, 45, and 50) will be able to manually edit the fields.

# TRAINING ON LEGACY STATUS FIELDS IN THE UAS-NY

- UAS-NY Training on Minimum Needs will be available to all Long Term Care and Long Term Care Independent Assessor users prior to September 1, 2025 and includes how to locate and understand the LTC Legacy Status node, Legacy Status in the Assessment Outcomes node, and provides information on the fields in UAS-NY.
- **The training will become required in September 2025.**
- Specific training for those with Edit Access will also be available for roles: LTC-02, 15, 45, and 50.

# LEGACY STATUS

- Legacy Status will be found in the UAS-NY within the Legacy Node. UAS-NY will be releasing trainings in August 2025 to Long Term Care users.
- **Important: Legacy Status must be located and verified at each assessment and reassessment.**



The screenshot shows two sections of a form: 'MLTC Plan Legacy' and 'PCS/CDPAS Service Legacy'. Each section has a status field with radio buttons for 'No' (selected) and 'Yes', and two date fields for 'Start Date' and 'End Date'. The 'MLTC Plan Legacy' section includes an 'Edit Plan Legacy' button, and the 'PCS/CDPAS Service Legacy' section includes an 'Edit Service Legacy' button.

# ELIGIBILITY WITH ALZHEIMER'S DISEASE OR DEMENTIA

- When individuals meet eligibility with an Alzheimer's or Dementia diagnosis needing at least supervision with more than one ADL, the MMCP must verify documentation was provided in Section H.

Reference Date

Variance Assessment Linkage

Community Health Assessment

Medications

Disease Diagnoses

Sign/Finalize

Assessment Outcomes

**Eligibility Criteria**

Practitioner Order

Independent Review Panel

Review/Consult

Need for 120 days continuous community based long term care services and supports

More than 2 ADL's at Limited Assistance level or above

Alzheimer's or Dementia and more than 1 ADL at Supervision level or above

Alzheimer's and Dementia diagnoses not present and more than 1 ADL at Supervision level or above but not more than 2 ADL's at Limited Assistance level or above

**Neurological**

Alzheimer's disease

- No selection
- Not present
- Primary diagnosis/diagnosis for stay/placement
- Diagnosis present, receiving active treatment
- Diagnosis present, monitored but no active treatment

Dementia other than Alzheimer's disease

- No selection
- Not present
- Primary diagnosis/diagnosis for stay/placement
- Diagnosis present, receiving active treatment
- Diagnosis present, monitored but no active treatment

**Section H Comments**

# MMCP RESPONSIBILITIES

## Reminders:

- A Notice of Decision or Denial must be issued where applicable.
- Development of the POC and PCSP is required following an initial assessment or reassessment.
- Variance Process: If the MMCP plan disagrees with the outcome, the Variance Process should be followed.
- Authorization and Independent Review Panel (IRP): If the individual is being initially authorized for more than 12 hours of service a day, the MMCP must submit the case to the IRP.

# NYIAP OUTCOME NOTICES

Outcome Notices were updated to reflect Minimum Needs Requirements and include:

- Language describing eligibility for PCS/CDPAS and MLTCP, MAP and PACE when available in the individual's area.
- Notices sent to individuals that are ineligible have details regarding the criteria they did not meet.
- Additional guidance was added that describes what actions an individual should take based on their outcome.
- Notices contain a Frequently Asked Questions section that is tailored to the individual's specific scenario, including visual aids to improve understanding around MLTC eligibility for voluntary enrollment.

# NYIAP OUTCOME REPORTS

- The MMCP will receive a **CHA and Clinical Appt Outcomes** report that has been updated to include:
  - Minimum Need Requirements and Legacy status;
  - Indicator on whether the individual needs more than 120 Days of CBLTSS;
  - Nursing Facility Level of Care (NFLOC) score.
- A new temporary **CHA and Clinical Appointment Outcomes (Prior to Minimum Needs)** report will be included to show individuals who received their initial assessment after September 1, 2025 but can still meet the Legacy Criteria due to rescheduling of their appointment through no fault of their own. This report will be phased out after rescheduled appointments are completed.

# OUTCOME REPORTING EXAMPLE

## CHA and Clinical Appt Outcomes

CIN	Name	SSN	County	Appt Type	CHA Complete Date	Met Without Alzheimer's/Dementia and more than 2 ADLs requiring Limited Assistance or above	Met With Alzheimer's/Dementia and more than 1 ADL requiring Supervision or above	PCS/CDPAS Service Legacy	Meets NFLOC Score >=5	Need at least one community based long term service and support for more than 120 days	Clinical Complete Date	Medical Condition is Stable
XXXXXXX	Dolly	XXX-XX-XXXX	Nassau	Initial CHA	7/27/2025	YES	NO	YES	YES	YES	7/27/2025	YES
XXXXXXX	Fred	XXX-XX-XXXX	Nassau	Immediate Need	7/28/2025	NO	YES*	YES	NO	YES	7/28/2025	NO
XXXXXXX	Phillip	XXX-XX-XXXX	Nassau	Initial CHA	7/29/2025	NO	NO	NO	NO	NO	7/29/2025	YES

## Temporary: CHA and Clinical Appointment Outcomes (Prior to Minimum Needs)

CIN	Name	SSN	County	Appt Type	CHA Complete Date	Meets NFLOC Score >=5	Need at least one community based long term service and support for more than 120 days	Clinical Complete Date	Medical Condition is Stable
XXXXXXX	Mary	XXX-XX-XXXX	Suffolk	Immediate Need	9/4/2025	YES	YES	7/30/2024	NO
XXXXXXX	Bill	XXX-XX-XXXX	Chemung	Initial CHA	9/5/2025	NO	NO	7/30/2024	YES



\* Yes does not mean the Form DOH-5821 is present

# NYIAP REPORT UPDATES

Column Updates	Information
Met Without Alzheimer's/Dementia and more than 2 ADLs requiring Limited Assistance or above	Indicates if the individual met Minimum Need Requirement (Yes), or not (No). Must be reviewed with the Column indicating if they are Medically Stable.
Met With Alzheimer's/Dementia and more than 1 ADL requiring Supervision or above	Indicates if the individual met Minimum Need Requirement (Yes), or not (No). Must be reviewed with the Column indicating if they are Medically Stable. Note: the UAS-NY CHA must be reviewed to determine if they provided the DOH-5821 form. <b>Reminder:</b> When individual meets eligibility with this requirement, Section H must be checked to verify proof of documentation was provided.
PCS/CDPAS Service Legacy	Provides the individuals current Service Legacy status. When Service Legacy is present (Yes) the individual does not need to meet either of the Minimum Needs Requirements. If not (No) they will need to meet Minimum Needs Requirements.
Meets NFLOC Score $\geq 5$ *	Individuals with an NFLOC Score of five or greater (Yes) may be eligible for other programs, even if they did not meet requirements for PCS/CDPAS.
Need at least one community based long term service and support for more than 120 days *	When an individual does not need 120 days of CBLTSS, short term services and supports should be considered during care planning. <b>Note:</b> This column when Yes, informs that the individual may be eligible for MLTC enrollment if other requirements are met. They are <b>not required</b> to enroll in MLTC.

\* Will appear on both CHA and Clinical Appt Outcomes and the temporary CHA and Clinical Appointment Outcomes (Prior to Minimum Needs) reports.

# ACCESSING THE OUTCOME REPORTS

- The MMCP will be able to access files via the Axway Secure File Transfer portal or their Plan's SFTP site/file exchanges server.
- To request secure file transfer access to the reports, email [NYIAPHPA@maximus.com](mailto:NYIAPHPA@maximus.com) and include the following in the request:
  - Member Name
  - Email Address
  - County
  - Name of report



# Questions & Answers

# MINIMUM NEEDS RESOURCES

The Minimum Needs Requirements, announced June 30th, will be effective on September 1st, 2025.

- In addition to this training, UAS-NY will issue trainings and release notes in August to Long Term Care users.

Please review the policies released June 30, 2025

- [25 OHIP/ADM - 03](#) - New Minimum Needs Requirements for Personal Care Services (PCS) and individual Directed Personal Assistance Services (CDPAS) Eligibility (PDF)
- New Minimum Needs Requirements for Personal Care Services (PCS), Consumer Directed Personal Assistance Services (CDPAS) and Managed Long Term Care (MLTC) Eligibility - [\(Web\)](#) - [\(PDF\)](#) - 6.30.2025
- [MLTC Policy 25.04](#): Minimum Needs Requirement Update to the Eligibility Requirements for Managed Long Term Care Enrollment (PDF) - 6.30.2025
- [DOH-5821](#): Alzheimer's Disease and Dementia Diagnosis Verification

# APPENDIX: OUTCOME NOTICE UPDATES

# UPDATED OUTCOME NOTICES

## Introduction

Dear <Member Name; CIN>

This letter is about the outcome of your assessment. Your assessment was completed by the New York Independent Assessor Program on <Response Date>.

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 Clinical Appointment are finalized.

# UPDATED OUTCOME NOTICES

## Your assessment outcome

### Examples of qualified and unqualified service eligibility language

#### Your assessment outcome:

Your assessment outcome showed you **meet the requirements to request** personal care services and/or consumer directed personal assistance services.

#### Your assessment outcome:

Your assessment outcome showed you are **not eligible** to receive personal care services and/or consumer directed personal assistance services because:

- You do not need help with **more than two** activities of daily living, such as bathing or getting dressed. You also do not need supervision with **more than one** activity of daily living if a diagnosis of Alzheimer's Disease or dementia was confirmed during your assessment.

This health condition(s) is **not medically stable** to receive these services at home:

- <insert health condition>

# UPDATED OUTCOME NOTICES

## Your assessment outcome

### Examples of qualified service and plan eligibility language

Your assessment outcome also showed you **meet the requirements to request** to enroll in this type of Managed Long Term Care plan:

- Managed Long Term Care (MLTC) Medicaid Plan

This type of plan above has different plan eligibility requirements that you must also meet to enroll. The plan that you request to enroll in will be responsible to determine if you meet their **plan eligibility requirements**.

Your assessment outcome showed you **meet the requirements to request** personal care services and/or consumer directed personal assistance services.

Your assessment outcome also showed you **meet the requirements to request** to enroll in these types of Managed Long Term Care plans:

- Program of All-Inclusive Care for the Elderly (PACE)
- Managed Long Term Care (MLTC) Medicaid Plan

These types of plans above have different plan eligibility requirements that you must also meet to enroll. The plan that you request to enroll in will be responsible to determine if you meet their **plan eligibility requirements**.

# UPDATED OUTCOME NOTICES

## Your assessment outcome

### Examples of unqualified service and plan eligibility language

Your assessment outcome showed you are **not eligible** to enroll in a Managed Long Term Care (MLTC) Medicaid Plan because:

- You do not need at least one of these community based long term services and supports 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
  - Therapies in the home (physical, occupational, respiratory and speech pathology)

Your assessment outcome showed this health condition(s) is **not medically stable** to receive personal care services and/or consumer directed personal assistance services at home:

- <insert health condition>
- <insert health condition>
- <insert health condition>

Your assessment outcome showed you are **not eligible** to enroll in a Medicaid Advantage Plus (MAP) plan or a Managed Long Term Care (MLTC) Medicaid Plan because:

- You do not need help with **more than two** activities of daily living, such as bathing or getting dressed. You also do not need supervision with **more than one** activity of daily living if a diagnosis of Alzheimer's Disease or dementia was confirmed during your assessment.

# UPDATED OUTCOME NOTICES

## What happens next

### Examples of language

- You can **request** to enroll in a Managed Long Term Care plan that will determine if you meet their plan eligibility requirements, or you can contact your current plan, <plan name>, for next steps.
- Either the plan that you request to enroll in **or** your current plan, <plan name>, will **review the results** of your assessment and let you know which services and supports you are eligible for and are necessary to meet your care needs.
- You can call <plan name> at <plan telephone number> if you have any questions.
- You can call the **New York Independent Assessor Program** at 1-855-222-8350 if you have any questions about this notice. We can also give you information about Managed Long Term Care plans that work with your providers.

- Your plan, <plan name>, will **review** your assessment results and let you know which services and supports you may be eligible to receive.
- You can call <plan name> at <plan telephone number> for next steps.
- You can call the **New York Independent Assessor Program** at 1-855-222-8350 if you have any questions about this notice.

# UPDATED OUTCOME NOTICES

## Frequently Asked Questions

### Examples of assessment questions

#### **What does an assessment determine?**

An assessment determines if you meet the requirements to receive personal care services and/or consumer directed personal assistance services.

An assessment also determines if you meet the requirements to enroll in a Managed Long Term Care plan.

#### **What happens if I am currently receiving personal care services and/or consumer directed personal assistance services?**

Your plan will review your assessment outcome to see if your care needs have changed. They will work with you to update your **person-centered service plan** if needed.

#### **What is a person-centered service plan?**

A person-centered service plan is a written plan created by you and your plan that focuses on the needs identified by your assessment and the services and supports that are necessary to meet those needs.

# UPDATED OUTCOME NOTICES

## Frequently Asked Questions

### Examples of service questions

#### **What requirements do I need to meet to receive personal care services and/or consumer directed personal assistance services?**

There are two requirements that you need to meet to receive personal care services and/or consumer directed personal assistance services.

The first requirement is that your assessment must show you need help with **more than two** activities of daily living, or you need supervision with **more than one** activity of daily living if a diagnosis of Alzheimer's Disease or dementia was confirmed during your assessment.

The second requirement is that your assessment must show your health condition(s) is **medically stable** to receive these services at home.

#### **What are activities of daily living?**

Activities of daily living are basic tasks related to your self-care. These tasks can include:

- Bathing or showering
- Personal hygiene such as hair, tooth, and nail care
- Getting dressed
- Eating your meals
- Getting in and out of bed or getting up from a chair
- Walking and getting around in your home
- Using the bathroom

# UPDATED OUTCOME NOTICES

## Frequently Asked Questions

### Examples of MLTC plan enrollment questions

**What requirements do I need to meet to request to enroll in a Managed Long Term Care plan?**

See the chart below for the requirements you need to meet to **request** to enroll in these Managed Long Term Care plan types:

Your assessment must show you need: ↓	To request to enroll in one of the following Managed Long Term Care Plans:		
	PACE	MAP	MLTC Medicaid Plan
at least one community based long term service and support, such as personal care services, for more than 120 days	✓	✓	✓
help with more than two activities of daily living or supervision with more than one activity of daily living if there is an Alzheimer's Disease or dementia diagnosis		✓	✓
nursing home level of care (this refers to the level of care and support services that are needed)	✓		

# UPDATED OUTCOME NOTICES

## Frequently Asked Questions

### Examples of MLTC plan enrollment questions

See the chart below for the requirements you need to meet to **request** to enroll in these Managed Long Term Care plan types:

	To request to enroll in one of the following Managed Long Term Care Plans:	
Your assessment must show you need: ↓	MAP	MLTC Medicaid Plan
<b>at least one</b> community based long term service and support, such as personal care services, <b>for more than 120 days</b>	✓	✓
help with <b>more than two</b> activities of daily living or supervision with <b>more than one</b> activity of daily living if there is an Alzheimer's Disease or dementia diagnosis	✓	✓

# UPDATED OUTCOME NOTICES

## Frequently Asked Questions

Example of what happens if I do not meet requirements to enroll in an MLTC

### **What happens if I do not meet the requirements to enroll in a Managed Long Term care plan?**

If you do not meet the requirements to enroll in a Managed Long Term Care plan, then you are not eligible for **these types** of plans. If you disagree with this outcome, you have 60 days from the date of this notice to request a conference and/or a Fair Hearing. Please read the “Right to a Conference and Fair Hearing” page that came with this letter for more information.

# Service Legacy Outcome Notice Indicators

<p>Pre-Minimum Need Outcome Notice Versions Version Date: 04/2023 (Assessment Scheduled before 9/1)</p>	<p>RG - Initial Assessment Outcome Notice - E - 04/2023 - F - Y - 8 - 1 NYIAP - MN - English 2511032 - 0034047991RG - FID 2815 - BID 3785 - RID 819147</p>	<p>Very few versions generated. *Note: Does not include MN after notice title "Initial Assessment Outcome Notice – E – 04/2023  Assessed under old criteria (still uses qualified reasons 1 or 2)</p>
<p>Minimum Needs Outcome Notice Versions Version Date: 09/2025 (Assessment Scheduled after 9/1)</p>	<p>RG - Initial Assessment Outcome Notice MN - E - 09/2025 - F - Y - 1 - E - 1 - MG NYIAP - 01 - English 2511032 - 0034030219RG - FID 2815 - BID 3785 - RID 818748</p>	<p>*Note: Includes "MN" After notice title "Initial Assessment Outcome Notice MN – E – 09/2025  Assessed under minimum need criteria</p>
<p>Minimum Needs Outcome Notice Versions Version Date: 09/2025 (Assessment Scheduled after 9/1)</p> <p>This version is generated for record identified as having (1) Service Legacy (code 2) or (2) Service Legacy and Plan Legacy (code 3) on the letter file at the time the letter is generated.</p>	<p>RG - Initial Assessment Outcome Notice MN - E - 09/2025 - F - Y - 3 - F - 2 - LGCY - MG NYIAP - QN - English 2511032 - 0034031637RG - FID 2815 - BID 3785 - RID 819250</p>	<p>*Note: Includes "MN" After notice title "Initial Assessment Outcome Notice MN – E – 09/2025, includes "LGCY"  Assessed under minimum need criteria. However, in outcome notices - ADL criteria is only applicable for MLTC eligibility. The ADL criteria is not applicable for PCS/CDPAS eligibility since the record is coded as having service legacy and/or service legacy and plan legacy based on the letter file.</p>





**Department  
of Health**