

Office of Health Insurance Programs (OHIP)
Division of Health Plan Contracting and Oversight (DHPCO)

New York Independent Assessor Program's (NYIAP) Assessment Variance Process

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Purpose

This is to provide instruction to Managed Long Term Care (MLTC) on the Assessment Variance Process. This document applies to MLTC plans including MLTC Partial Capitation (MLTCP), Medicaid Advantage Plus (MAP), and Programs for All-inclusive Care for the Elderly (PACE) plans.

Applicability

- Managed Long-Term Care (MLTC) Policy
- Technical Assistance
- General Guidance

New York Independent Assessor Program's (NYIAP) Assessment Variance Process

This is a reminder that the New York Independent Assessor Program's (NYIAP) Assessment Variance Process for Community Health Assessments (CHAs) was updated on September 2, 2025. The change included a new option to request a variance when there is disagreement with the determination about the following:

“Expected to need community based long term services and supports for a continuous period of more than 120 days.”

MLTC plans can request a variance when there is disagreement with the NYIAP CHA. When the MLTC plan agrees with the NYIAP CHA but the consumer is determined to only need Personal Care Services Level 1 and not a qualifying community based long term service and support (CBLTSS), a variance should not be submitted.

Instead, the MLTC plan should follow the Plan Enrollment Denial process by submitting the Plan Enrollment Denial request to NYMC for review.

Contact Information

For inquiries or assistance regarding this general guidance, please contact:

Bureau of Managed Long Term Care - New York State Department of Health

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