New York Independent Assessor

Process Overview for Initial Assessments Communication, Notices, Reports & UAS-NY Data Exchange for Medicaid Managed Care Organizations

Webinar Logistics

- All participants will remain muted throughout the presentation.

- Questions during the presentation should be submitted through the Q&A function.

- The presentation portion of the webinar is being recorded and will be posted along with the slides on the Department of Health's (Department) Independent Assessor (IA) webpage.

- A question-and-answer period will be held at the end of the presentation. Panelists will be able to unmute themselves and ask questions.

- Questions will be answered as time permits. All questions, including those we are unable to answer during the webinar, will be included in FAQ documents.

- Answers provided to questions submitted during the webinar will be based on current information, and thus may not constitute a complete or final answer. FAQ documents will be posted on the Department's IA webpage.

- Additional questions may be submitted after the presentation to independent.assessor@health.ny.gov.

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Operational Series Training Topics

- Process Overview of Initial Assessments for Medicaid Managed Care Organizations

- **Process Overview for Initial Assessment Communication, Notices, Reports (includes UAS Data Exchange)**

- NYIA IRP & Assessment Variance Process

- Fair Hearing Roles & Responsibility

- Process Overview of Reassessments for Medicaid Managed Care Organizations

- Process Overview for Reassessment Communication, Notices, Reports (includes UAS Data Exchange)

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Agenda

Introduction & Overview

Initial Assessment Outcome Notice

File Process

Process Road Map – Plan Completes POC

UAS-NY Reports

UAS-NY Data Exchange (optional)

Summary

Resources

Introduction & Overview

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Introduction & Overview

- The **New York Independent Assessor** (NYIA) program was established for New York State Medicaid recipients who want to receive personal care and/or Consumer Directed Personal Assistance Services (CDPAS), and other community based long term services and supports (CBLTSS).

- NYIA is responsible for sending outcome notices and generating reports for the local Department of Social Services (LDSS), the Mainstream/Health and Recovery Plan (HARP)/ Special Needs Plans (SNP) and Managed Long Term Care (MLTC) Plans.
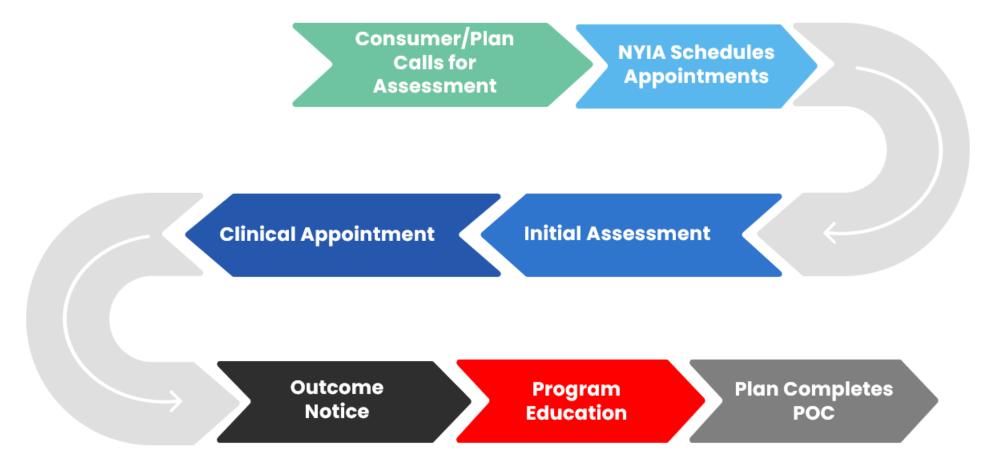
Introduction & Overview (cont.)

- This presentation provides an overview of how Medicaid Fee for Service (FFS) individuals, the Medicaid Managed Care Organizations (MMCO), and the New York Independent Assessor (NYIA) will interact to communicate the results of the Initial Assessment.

- The communication, notification, and reporting process applies to all individuals who are scheduled to go through, or have completed, the Initial Assessment process with NYIA and are not currently enrolled in an MMCO. This also applies to individuals who are in the process of determining their Medicaid eligibility.

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Initial Assessment Outcome Notice

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Initial Assessment Outcome Notice

Initial Assessment Outcome Notices
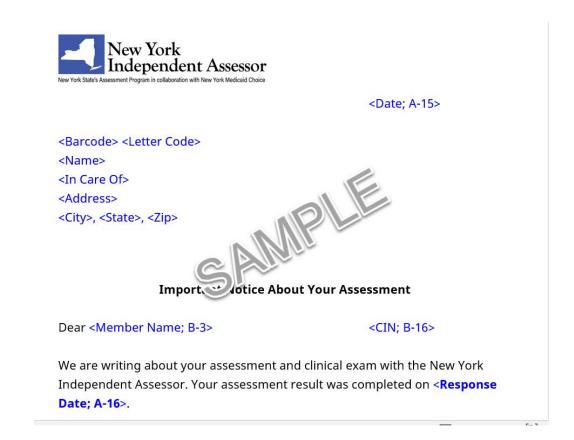
Outcome Notice

- NYIA is responsible for generating and mailing notices to individuals informing them of the outcome of their Initial Assessment.

- Once the Initial Assessment and Clinical Appointment are finalized, NYIA will mail the Outcome Notice within 2-3 business days to the individual's address on file and to the Authorized Representative's address, if applicable
  - It is very important to reinforce with the individual that the LDSS/NYSOH has their most up to date address to receive timely notifications.

- Outcome notices will be generated in English as the default language.
  - They will also be available in alternate languages (Spanish, Chinese, Russian, Haitian Creole, Bengali, or Korean) based on an individual's identified preference.

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Initial Assessment Outcome Notice

The NYIA Initial Assessment Outcome Notices include the following Sections:

- Introduction
- Your Assessment Showed
- What Happens Next
- Questions? Call Us
- Independent Consumer Advocacy Network (ICAN)

- All notices that deny either service or MLTC Plan eligibility will include language about Conference and Fair Hearing rights.

Initial Assessment – Introduction

Dear <Member Name>
We are writing about your assessment and clinical exam with the New York Independent Assessor.
Your assessment result was completed on **<Response Date>**.

The assessment helps us find out which Medicaid community based long term services and supports (CBLTSS) you may need. These services include personal care or Consumer Directed Personal Assistant Services (CDPAS). You must be eligible for Medicaid health benefits and have certain care needs to get these services.

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 CA are finalized.

- A brief explanation of the reasons for the assessment.

- A statement on Medicaid eligibility to be able to receive State benefits.

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Initial Assessment – Your Assessment Showed

- The language in the **Your assessment showed** section varies depending on the population and the outcome of the initial assessment:
    - Personal care, CDPAS and other CBLTSS eligibility
    - MLTC Plan Enrollment eligibility, if applicable
        - Dual
        - Non-dual
    - Clinical Assessment Outcome, if appropriate
- Populations included in the Initial assessment process include:
    - FFS (Dual and Non-dual) seeking personal care and/or CDPAS and/or enrollment into a MLTC Plan
    - Mainstream/HARP/SNP individuals seeking personal care and/or CDPAS services only

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Initial Assessment – Your Assessment Showed - CBLTSS Eligibility

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS.

OR

Your assessment showed:

You **may be eligible** for Medicaid community based long term services and supports (CBLTSS).

- In the **Your assessment showed** section, an individual will be informed if they are eligible for CBLTSS, including personal care and CDPAS.

- This language will be included, if it is determined that service cannot be rendered safely in the community.

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Initial Assessment – Your Assessment Showed – MLTC Plan Enrollment Eligibility

Your assessment showed:

You may qualify to receive long term services and supports through a Managed Long Term Care (MLTC) Plan. The MLTC Plan you choose will discuss your plan of care with you. We can help you choose a plan or connect you with your LDSS if you choose not to join a plan at this time.

This language is included when the FFS individual meets the MLTC Plan enrollment criteria listed below. MLTC Plans are still required to determine that the individual meets other Plan enrollment criteria.

- Dual eligible, age 18 through 20, in need of community-based long-term care services for over 120 days and assessed as nursing home eligible.
- Non-dual eligible age 18 and older assessed as nursing home eligible and in need of community-based long-term care services for over 120 days.

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Initial Assessment – Your Assessment Showed – MLTC Plan Enrollment Eligibility

Your Assessment Showed:

You **may be eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS. However, you do not qualify to enroll in a Managed Long Term Care (MLTC) plan at this time.

You do not need any of the services listed below for more than 120 days. To get long term services and supports in an MLTC plan, you must require **one of these** services 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 (CDPAS)
- Therapies in the home (physical, occupational, respiratory and speech pathology)

- This language is included when a FFS individual does not meet the 120 days requirement to receive CBLTSS through a MLTC Plan.

- However, this does **NOT** mean that they are ineligible for personal care and/or CDPAS or other CBLTSS.

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Initial Assessment – Your Assessment Showed – MLTC Plan Enrollment Eligibility

Your Assessment Showed:

You have regular Medicaid and you do not need the level of care required for people with your health coverage to get these services in an MLTC plan. To get long term services and supports in an MLTC plan, you must require both nursing home level of care and **one or more** of the services below for more than 120 days:

- Nursing services in the home
- Home health aide
- Private duty nursing
- Personal care services in the home
- Adult day health care
- Consumer Directed Personal Assistance Services (CDPAS)
- Therapies in the home (physical, occupational, respiratory or speech pathology)

- This language is included when a FFS individual does not meet the MLTC Plan eligibility requirement.

- However, this does **NOT** mean that they are ineligible for CBLTSS.

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Initial Assessment – Your Assessment Showed - Clinical Assessment Outcome

Your assessment showed:

Your clinical exam showed your health condition is not stable enough to get personal care and/or CDPAS at home.

- This language is <u>only</u> included if the individual's clinical exam found, and Practitioner's Order identified, that their health condition is NOT stable to receive personal care and/or CDPAS at home.

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Example: Your Assessment Showed – FFS

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS).

However, your clinical exam showed your health condition is not stable enough to get personal care and/or CDPAS at home.

You may qualify to receive long term services and supports through a Managed Long Term Care (MLTC) plan. The MLTC plan you choose will discuss your plan of care with you. We can help you choose a plan or connect you with your LDSS if you choose not to join a plan at this time.

- The notice informs the individual that they are eligible for CBLTSS

- This language is added to the notice ONLY if the results of the clinical appointment determine that the individual is not stable to receive services in their home.

- The MLTC language is included for this population.

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Example: Your Assessment Showed – Mainstream/HARP/SNP

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS).

However, your clinical exam showed your health condition is not stable enough to get personal care and/or CDPAS at home.

- This language informs them of their eligibility for CBLTSS.

- This language is added to the notice ONLY if the results of the clinical appointment determine that the individual is not stable to receive services in their home.

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Initial Assessment – FFS

Your assessment showed:

You **may be eligible** for Medicaid community based long term services and supports (CBLTSS). However, you do not qualify to enroll in a Managed Long Term Care (MLTC) plan at this time.

You do not need any of the services listed below for more than 120 days. To get long term services and supports in an MLTC plan, you must require **one of these** services 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 (CDPAS)
- Therapies in the home (physical, occupational, respiratory and speech pathology)

- This language is included when a FFS individual does not meet the MLTC Plan eligibility requirement of "in need of community-based long-term care services for over 120 days"

- However, this does **NOT** mean that they are ineligible for CBLTSS.

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Initial Assessment – What Happens Next

FFS

What happens next:

Call us to learn about the long term services and supports options that are available to you. You can call us at **1-855-222-8350.**

Mainstream/HARP/SNP

What happens next:

You can call your Plan to discuss next steps. Your Plan will review your assessment results. They will work with you to evaluate your needs and develop your plan of care.

One of our counselors can provide you with your Plan's phone number.

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Initial Assessment – Questions?

Questions? Call Us.

If you have any questions about this letter, please call us. You can call us at **1-855-222-8350** (TTY: 1888-329-1541). We can help you in any language.

Thank you,
New York Independent Assessor

All NYIA Initial Assessment notices include the "Questions? Call Us." language.

- NYIA is responsible for answering any questions regarding the outcome notices and providing the referrals to the correct entity, including MLTC Plan options.

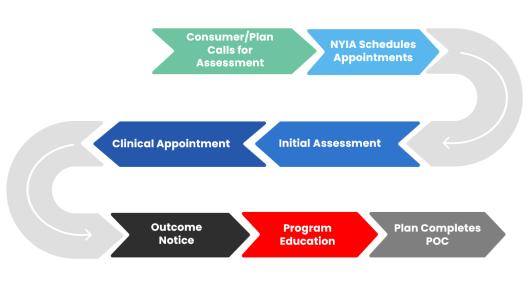January 2022

Initial Assessment – ICAN

Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal options. To learn more about ICAN, go to www.icannys.org, or call 1-844-614-8800. TTY: 711. All services are free.

- Information about The Independent Consumer Advocacy Network will be included in all NYIA Initial Assessment Outcome Notices.

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Initial Assessment – Scenario #1

Outcome Notice

Dolly is a Dual FFS Medicaid individual and has requested to be enrolled in an MLTC Plan. NYIA schedules both of their CHA and Clinical assessment via in person.

- The outcome of Dolly's Initial Assessment (CHA and CA) determined that they are:
  - Eligible for CBLTSS
  - PO Indicates health condition is stable to receive personal care and/or CDPAS at home
  - Meets the MLTC Plan enrollment criteria

- Upon finalization of the Initial Assessment (CHA and CA), NYIA will issue an Initial Assessment Outcome Notice to Dolly within 2-3 business days.

Scenario #1 - Introduction

- Dolly receives an Initial Assessment Outcome notice.

Outcome Notice

Dear Dolly,

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on May 15, 2022.

The assessment helps us find out which Medicaid community based long term services and supports (CBLTSS) you may need. These services include personal care or Consumer Directed Personal Assistant Services (CDPAS). You must be eligible for Medicaid health benefits and have certain care needs to get these services.

Scenario #1 – Your Assessment Showed

Outcome Notice

- The outcome of Dolly's Initial Assessment (CHA and CA) determined that Dolly is:
  - Eligible for CBLTSS
  - PO Indicates health condition is stable to receive personal care and/or CDPAS at home
  - Meets the MLTC Plan enrollment criteria

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS.

You may qualify to receive long term services and supports through a Managed Long Term Care (MLTC) Plan. The MLTC Plan you choose will discuss your plan of care with you. We can help you choose a plan or connect you with your LDSS if you choose not to join a Plan at this time.

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Scenario #1 – What Happens Next

Outcome Notice → **Program Education**

What happens next:

Call us to learn about the long term services and supports options that are available to you. You can call us at **1-855-222-8350**.

- Dolly is referred to call NYIA in the **What happens next** section. This is based on determination that Dolly met the MLTC Plan enrollment criteria.

- NYIA is responsible for providing program education, including the MLTC Plans available in Dolly's service area**.**

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Scenario #1 – Questions? & ICAN

Outcome Notice

- All Initial Assessment Outcome Notices include the **Questions?** Call Us & **ICAN** sections. This provides Dolly reference numbers, if needed.

Questions? Call Us.

If you have any questions about this letter, please call us. You can call us at **1-855-222-8350** (TTY: 1888-329-1541). We can help you in any language.

Thank you,
New York Independent Assessor
Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal

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Scenario #1 – Plan of Care
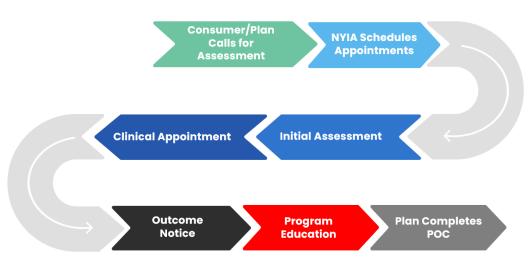
Program Education

Plan Completes POC

- Dolly contacts the NYIA for MLTC Plan enrollment options and decides that they want to enroll into a MLTC Plan.

- Dolly will be referred to the MLTC Plan of their choice.

- The MLTC Plan of choice will follow their current process to develop the plan of care.

Note: There is no impact on current auto assignment process from FFS to MLTC Medicaid Plan, also known as Partial Capitation.

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Initial Assessment – Scenario #2

Consumer/Plan Calls for Assessment → NYIA Schedules Appointments

Clinical Appointment → Initial Assessment

Outcome Notice → Program Education → Plan Completes POC

Outcome Notice

Fred is enrolled in a MMC Plan and is seeking PCS. NYIA schedules both of their CHA and Clinical assessment via in person.

- The outcome of Fred's Initial Assessment (CHA and CA) determined that they are:
  - Eligible for CBLTSS
  - PO Indicates health condition is stable to receive personal care and/or CDPAS at home

- Upon finalization of the Initial Assessment (CHA and CA), NYIA will issue an Initial Assessment Outcome Notice to Fred within 2-3 business days.

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Scenario #2 - Introduction

- Fred receives an Initial Assessment Outcome notice.

Outcome Notice

Dear Fred,

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on May 15, 2022.

The assessment helps us find out which Medicaid community based long term services and supports (CBLTSS) you may need. These services include personal care or Consumer Directed Personal Assistant Services (CDPAS). You must be eligible for Medicaid health benefits and have certain care needs to get these services.

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Scenario #2 – Your Assessment Showed

Outcome Notice

- The outcome of Fred's Initial Assessment (CHA and CA) determined that Fred is:
  - Eligible for CBLTSS
  - PO Indicates health condition is stable to receive personal care and/or CDPAS at home

Your assessment showed:

You **are eligible** for Medicaid community based long term services and supports (CBLTSS), including personal care and/or CDPAS.

Scenario #2 – What Happens Next

Outcome Notice

Program Education

- Fred is asked to call their MMC Plan in the **What happens next** section.

- NYIA is available if needed to provide Fred their MMC Plan's phone number.

What happens next:

You should call your Plan to share your assessment results. Your Plan will review them and work with you to evaluate your needs and develop your plan of care. One of our counselors can provide you with your Plan's phone number.

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Scenario #2 – Questions? & ICAN

Outcome Notice

- All Initial Assessment Outcome Notices include the **Questions?** Call Us & **ICAN** sections. This provides Fred reference numbers, if needed.

Questions? Call Us.

If you have any questions about this letter, please call us. You can call us at **1-855-222-8350** (TTY: 1888-329-1541). We can help you in any language.

Thank you,
New York Independent Assessor
Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal

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Scenario #2 – Plan of Care

Program Education

- Fred contacts NYIA to get their MMC Plan's phone number.
- NYIA provides Fred with the number.

Plan Completes POC

- Fred contacts their MMC Plan and informs them that their Initial Assessment was completed.
- The MMC Plan will follow their current process to develop the plan of care.

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File Process

Scheduled Appointment File

NYIA posts files to designated folders for each plan on their Secure File Transfer Portal (SFTP) server, also known as MOVEit.

NYIA will be generating a new text file to share with Mainstream/HARP/SNP Plans. The file will be generated on a weekly basis and contain data on upcoming Initial Assessments that are scheduled during the next 30 calendar days for individuals enrolled in Mainstream/HARP/SNP Plans. This file will contain the following information:

- Name

- SSN (if it is available)

- CIN (if it exists)

- Appointment type:

- Reason for the appointment

- Date of the appointment

- NYIA appointment number (for reference/tracking)

NOTE: For MLTC Plans, they will not receive files with initial assessment data.

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Scheduled Appointment File

- The weekly appointment scheduled file will use the following naming convention: XXyyyymmddSA#.TXT (e.g., KP20220114SA1.TXT)

- This weekly file will be posted on NYIA s Secure File Transfer Portal (SFTP) site, also known to Plans as MOVEit. . Plans will retrieve this file from a designated folder on MOVEit.
    - MOVEit URL: https://edi.maximus.com.

- Contact your NYIA Plan liaison to request access or login information.

Note: Additional information on file layout and testing process will be coming through via NYIA Plan liaisons.

Accessing Scheduled Appointment File

- Plans currently have access to MOVEit and will follow the existing process to continue receiving files from NYIA.

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Process Road Map – Plan Completes POC

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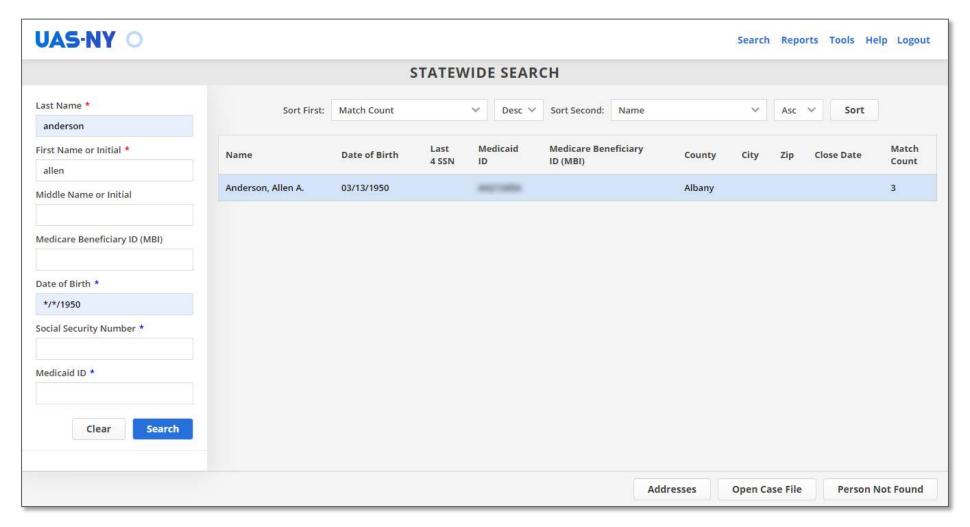New York State Department of Health

MMCO Roles and Responsibilities

Once an individual has received their NYIA Initial Assessment Notice and NYIA provided program education, NYIA will refer the individual to their current Plan, their plan of choice, or the LDSS. The LDSS and MMCO Plans are responsible for the following:

- Adding individuals to the UAS-NY Organizational Case List
- Developing the Plan of Care
- Adding UAS-NY Enrollment records

Notes:

- MLTC Plans are still responsible for submitting the enrollment to NY Medicaid Choice if the individual requests to enroll. (NYIA has no impact on the current MLTC enrollment process.)
- Plan of Care development may include additional outreach to the individual such as conducting an in-home visit with the individual to evaluate their home environment or a review of their informal supports.

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Search for an Individual Record in the UAS-NY

Consent Prompts

UAS·NY

Search   Reports   Tools   Help   Logout

STATEWIDE SEARCH

Last Name *
anderson

First Name or Initial *
allen

Middle Name or Initial

Medicare Beneficiary ID (MBI)

Date of Birth *
//1950

Social Security Number *

Medicaid ID *

Clear   Search

Sort

Close Date   Match Count

3

Applied for Medicaid

Has this person filled out an application for Medicaid benefits (DOH-4220B)?
By clicking "yes", I certify that I have verified that an application is pending for Andrea Anderson.

Cancel   No   Yes

Authorization for the Release of Health Information

Has this person signed the following Authorization for Release of Health Information?

* DOH Form 5032

Cancel   No   Yes

Addresses   Open Case File   Person Not Found

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Attestation to Access Case File

To review the NYIA completed CHA and PO, the MMCO must attest to the legitimate business need to access the individual's UAS-NY case file.
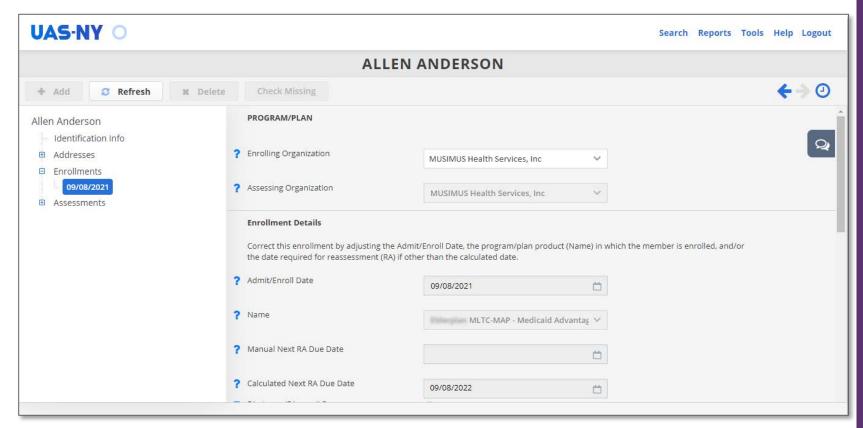
Develop Plan of Care

- MMCO must utilize the NYIA Community Health Assessment (CHA) and Practitioner's Order (PO) to develop Plan of Care as appropriate
- MMCO must follow the current process to develop the Plan of Care and offer to the individual
- Note: If POC requires 12+ hours of care, MMCO must follow the Independent Review Panel process

Remove Individual from UAS-NY Case List

If the individual does not enroll with the MLTC Plan, or services are not authorized under the Mainstream/HARP/SNP, the MMCO **must** remove the individual from their UAS-NY Organization Case List.

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Add UAS Enrollment Record

The MMCO **must** enter an Enrollment into the individual's case file in the UAS-NY if the individual accepts the Plan of Care.

Note: The NYIA reassessment process depends on accurate enrollment information in the UAS-NY.

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Disenrollment and Removal from Case List

A disenrollment in the UAS-NY should be entered when:
- An individual is disenrolled from MLTC Plan

OR

- Enrolled in Mainstream/HARP/SNP but is no longer receiving CBLTSS

The Disenrollment functionality also removes the individual from the Organizational Case List.

Importance of Enrollments and the Organization Case List

- NYIA will rely on the enrollment record as it appears in the UAS-NY to determine who needs to be scheduled for reassessment.

- If an MMCO does not add the enrollment:
  - the MMCO will not receive the NYIA assessment in their Data Exchange (initial or reassessment), and
  - the individual will not be reassessed.

- Maintaining the Organization Case List is both mandatory by policy and critical for smooth operations between the NYIA and the MMCO.
  - UAS-NY.19.2 *Organization Case List Management Policy for the UAS-NY*

UAS-NY Reports

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UAS-NY Reports

Reports accessible within the UAS-NY will continue to be available to assist you with:

- Plan of Care development
- UAS-NY Enrollment Management
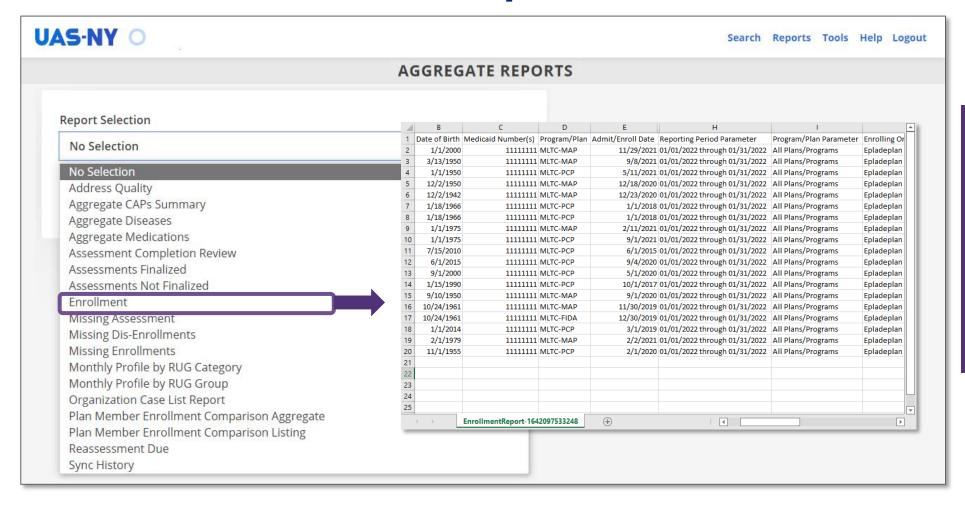- Organizational Case List Management

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UAS-NY Comprehensive Assessment Report

Full Community Health Assessment in PDF format

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UAS-NY Enrollment Report

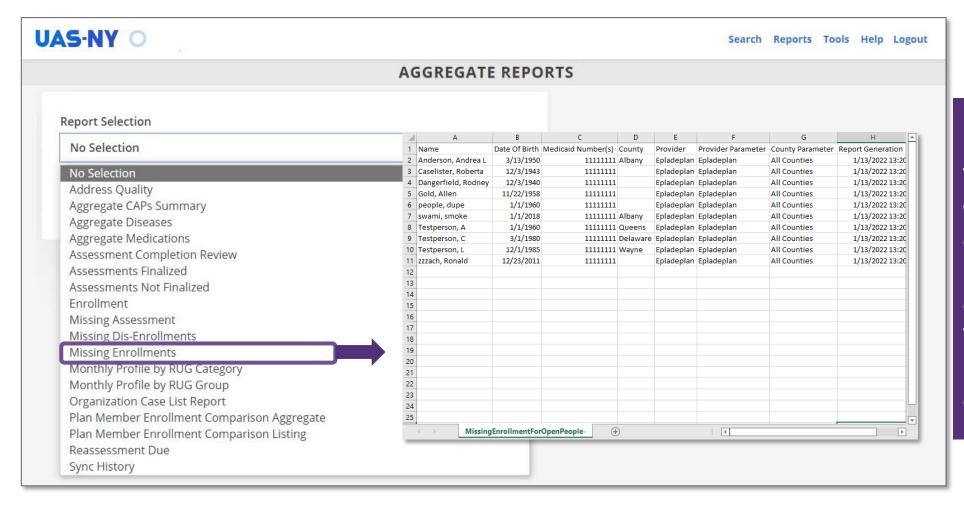Shows all case files with an attestation and an active enrollment in the UAS-NY for your organization.

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UAS-NY Missing Dis-Enrollments Report

Displays all case files where your organization has enrolled an individual in the same program/product as another enrolling organization.

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UAS-NY Missing Enrollments Report

Displays all case files for which your organization has attested a business need to
access, but for which you have not added
an enrollment.

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UAS-NY Data Exchange (optional)

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UAS-NY/UPHN Lite Data Exchange

- **Definition:** The UAS-NY/UPHN Lite Data Exchange is a service designed for the secure exchange of protected health information with organizations that have been authorized and approved for such exchanges.

- The UAS-NY Data Exchange is a data feed that sends assessment data nightly to a participating organization.

- Any organization currently participating in the Data Exchange will continue to receive assessment data in the same manner through their current Data Exchange.

- The rules for the Data Exchange have been updated so organizations can receive data for NYIA conducted assessments

Existing Data Exchange Rules:

- The following conditions must be met. The organization must have:
  - Consent from the individual to access the individual's case file
  - Active attestation for the individual
  - A current enrollment record in the UAS-NY
  - The enrolling organization is named as the "Organization for which this assessment is being performed".
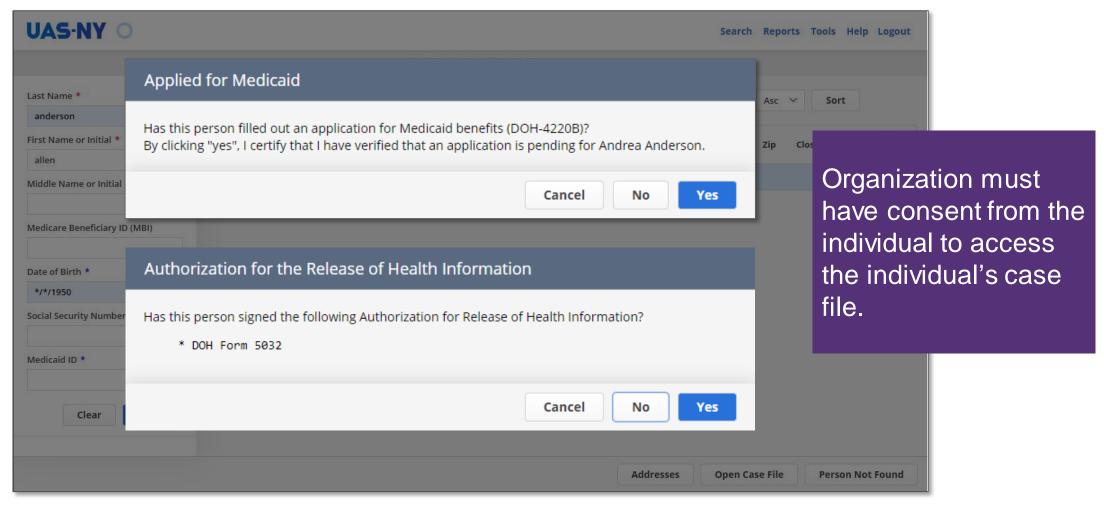 - The assessment must be signed and finalized
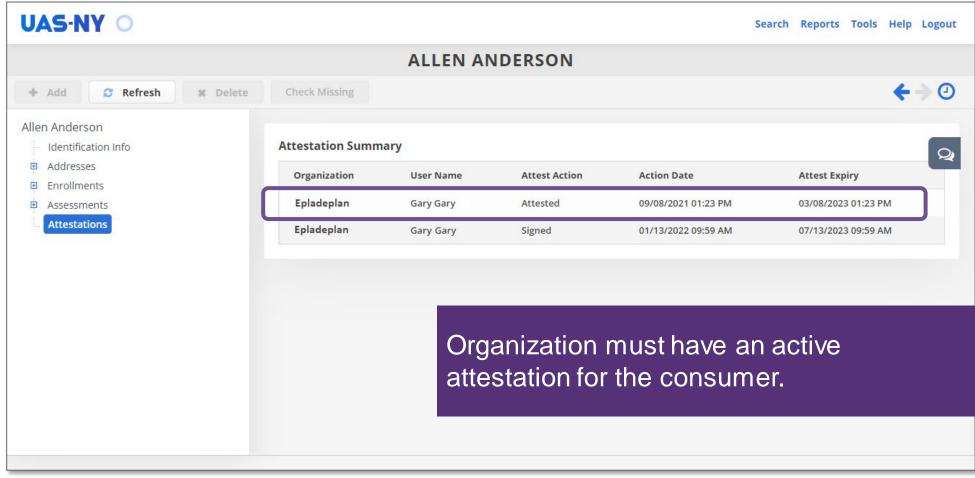
New Data Exchange Rules
(coding already implemented)

- The following conditions must be met. The organization must have:
  - Consent from the individual to access the individual's case file;
  - Active attestation for the individual;
  - A current enrollment entry in the UAS-NY;
  - **The "Organization which conducted this assessment" must be the NYIA;**
  - **The "Organization for which this assessment is being performed" must be the NYIA; and**
  - **The organization's enrollment must be for one of the product types handled by the NYIA:**
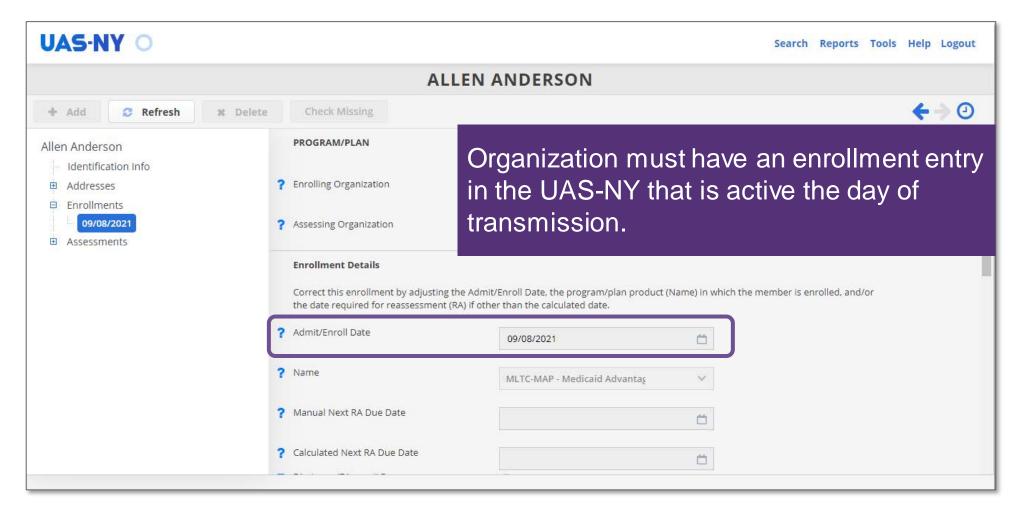   - **MLTC-PCP, MLTC-MAP, MMC, HARP, SNP, Personal Care, CDPAP**

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Condition 1 - Consent

Organization must have consent from the individual to access the individual's case file.

Condition 2 – Active Attestation

Organization must have an active attestation for the consumer.

Condition 3 – Enrollment Recorded in the UAS-NY

Organization must have an enrollment entry in the UAS-NY that is active the day of transmission.

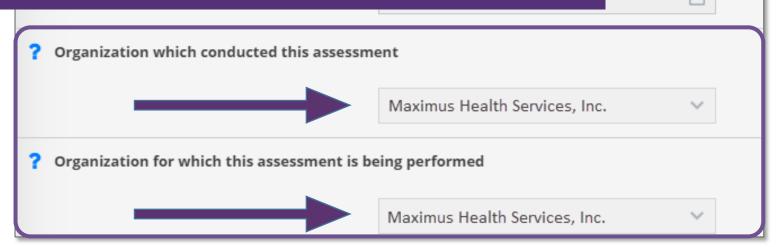# Condition 4a – Assessment Conducted By/For (no change)

The enrolling organization must be selected as the "Organization for which this assessment is being performed". (current rule)
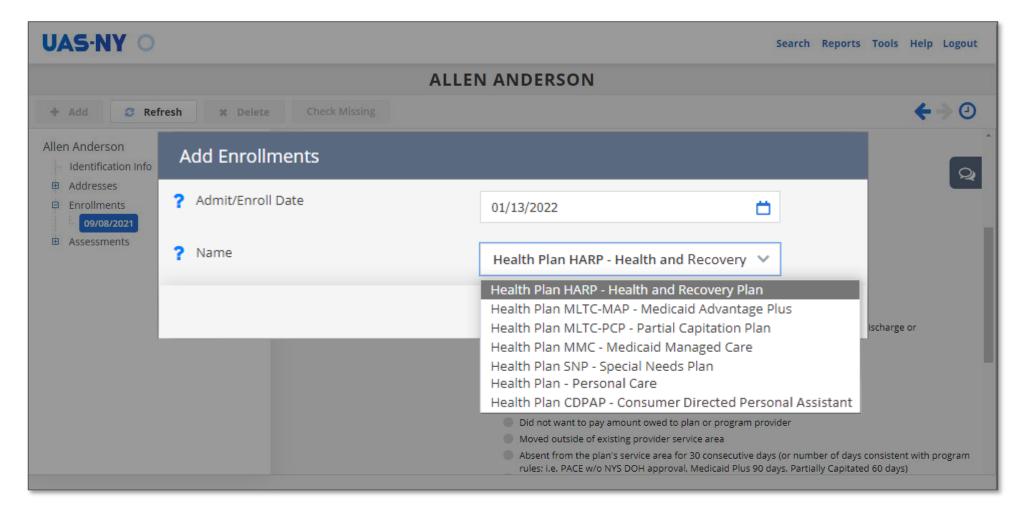
Condition 4b – Assessment Conducted By/For (new)

- "Organization which conducted this assessment" must be NYIA,
- "Organization for which this assessment is being performed" must be the NYIA, and
- Organization's enrollment must be for one of the product types handled by the NYIA (MLTC-PCP, MLTC-MAP, MMC, HARP, SNP, Personal Care, CDPAP).
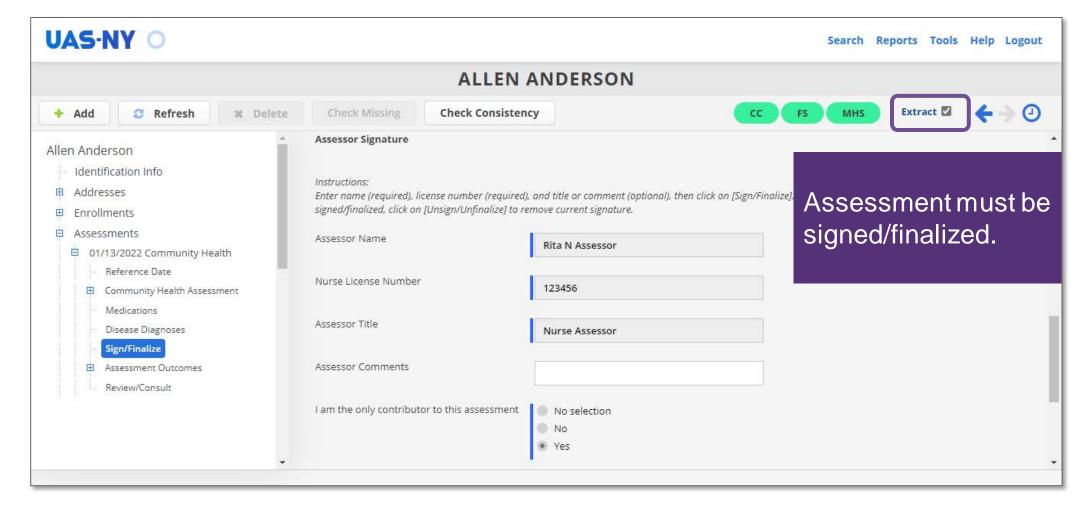
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Product types handled by NYIA

Condition 5 – Sign/Finalize the Assessment

Assessment must be signed/finalized.

How to sign up for the Data Exchange

- Contact UAS-NY Support Desk: uasny@health.ny.gov
- Note: The set-up process to begin utilizing the Data Exchange takes a significant amount of time (usually several weeks).
  - Your Organization Case List will need to be accurate prior to initiating the Data Exchange to ensure accurate data is transmitted.
  - Your organization will need to appoint an Organization Security Coordinator (OSC), who will be responsible for the Data Exchange. This process requires notarized forms to be mailed to the Health Commerce System (HCS).
  - Your organization will need to download the UPHN Lite Client to an appropriately secure location.

The UAS-NY Support Desk and UPHN Lite teams will be happy to assist your organization through this process.

January 2022

Summary

Summary

- An outcome notice will be issued to the individual upon the completion of the Initial Assessment and Clinical Appointment. The outcome notice informs the individual:
  - If they are eligible for CBLTSS
  - If services cannot be rendered safely in the community
  - Their Plan options (if applicable)
  - Fair Hearing rights (if applicable)
- Results of the CHA and Clinical Appointment are available in UAS-NY.
- Mainstream/HARP/SNP Plans will now receive a weekly file of upcoming Initial Assessments.

Resources

Resources

- Final Regulations can be found at:
  - [Personal Care Services 505.14](#)
  - [Consumer Directed Personal Assistance Services 505.28](#)

- DOH/NYIA will be scheduling additional webinars and trainings with MMCO front-line staff in January 2022. Information on trainings will be posted on the DOH's website at: https://www.health.ny.gov/health_care/medicaid/redesign/independent_assessor.htm

- Questions can be sent to independent.assessor@health.ny.gov

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Questions and Answers

Process Overview for Initial Assessments
Communication: Notices, Reports, UAS Reports & UAS-NY Data Exchange for Medicaid Managed Care Organizations