Welcome to Training!

Who We Are

The Uniform Assessment System for New York (UAS-NY) is a web application that allows qualified assessors to securely conduct standardized health assessments which generate outcomes that are used to determine eligibility and service level authorization, as well as guide care planning for New York State residents.

Our Mission

The UAS-NY’s mission is to maintain and advance the leading repository for health information and assessment instruments while providing exceptional communication, training, and support to our 10,000 users and 1,800 organizations. We make the first step in developing individualized service plans efficient and easy to ensure New York State residents receive the right care, within the right setting, at the right time.

Contact

(518) 408-1021
uasny@health.ny.gov
The purpose of this training is to provide an overview of the Uniform Assessment System for accessing the CANS-NY and HCBS/LOC assessments, resources for conducting an assessment, and assessment reporting features.
Learning Activities

What You Will Learn About Today!

- Review of the CANS-NY and HCBS/LOC Determination
- Best Practices to ensure data integrity
- Assessment Outcomes
- Linking a CANS-NY to an HCBS/LOC
- Using Reports
Children’s Behavioral Health Assessments

CANS-NY: identifies a child’s strength and needs.

HCBS/LOC Determination: Determines a child’s HCBS Eligibility

• Shared information and care planning
• Connect children with services
• Run reports for care planning and reassessment

Our Goal: Work towards returning children to home and community!
Data Integrity and Best Practices

Getting Ready to Conduct the Assessment

- Verify data between MAPP Health Home Tracking System (HHTS) and the CANS-NY.
- Collect data about the child’s strengths and needs.
- Manage the restrictions to the Sign/Finalize process.
Data Integrity and Best Practices

Verify data between MAPP Health Home Tracking System (HHTS) and the CANS-NY.

<table>
<thead>
<tr>
<th>Member</th>
<th>Program Participation</th>
<th>DOB</th>
<th>Medicaid End Date</th>
<th>Coverage Code</th>
<th>Managed Care Plan</th>
<th>Health Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Anderson</td>
<td>XX11111X</td>
<td>10/21/2015</td>
<td></td>
<td>30</td>
<td>CAPITAL DISTRICT PHYS HLTH PL-0118013</td>
<td>ADIRONDACK HEALTH INSTITUTE INC-034449974</td>
</tr>
</tbody>
</table>
The Health Home selected in the assessment must match the Health Home assigned in the MAPP/HHTS.
• Changes in MAPP are transmitted daily.
• Updates via the EHR must be coordinated with the Lead Health Home.
When attempting to sign and finalize an assessment the Health Home selection in the UAS-NY must match the Health Home selection in MAPP HHTS.

The Health Home selection in the Intake/Demographics, Northern Health Home, does not match the enrollment data sent to the UAS from MAPP, ZZNYS. Please verify the accuracy of both systems and make corrections accordingly. Changes made directly in MAPP will be reflected in the UAS the following day.

The assessment CAN NOT be signed/finalized!
Don’t wait until the end of the month to Sign/Finalize a CANS-NY.

Changes in MAPP HHTS are not transmitted to the UAS-NY until the next day.

Changes via the EHR must be coordinated with the Lead Health Home to ensure a timely transmission to MAPP HHTS.

Changes in the UAS-NY are immediately reflected and will allow the assessor to sign and finalize the assessment.
Verify Enrollment in MAPP HHTS

The child must have a qualified enrollment in MAPP HHTS.

<table>
<thead>
<tr>
<th>Segment Status Code</th>
<th>Status Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHSS001</td>
<td>Active</td>
</tr>
<tr>
<td>HHSSS04</td>
<td>Pended</td>
</tr>
<tr>
<td>HHSS07</td>
<td>Pending Pended</td>
</tr>
<tr>
<td>HHSS09</td>
<td>Pending Active</td>
</tr>
</tbody>
</table>
The child must have a qualified enrollment in MAPP HHTS.

You note that Andrea has a qualified enrollment record in HHTS beginning 7/1/2019.

<table>
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<tr>
<th>Health Home</th>
<th>Care Management Agency</th>
<th>HARP</th>
<th>Segment</th>
<th>Start Date</th>
<th>End Date</th>
<th>Pending Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADIRONDACK HEALTH INSTITUTE INC-034449974</td>
<td>BERKSHIRE FARM CENTER-0350143</td>
<td>No</td>
<td>Enrollment</td>
<td>07/01/2019</td>
<td></td>
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The child must have a valid enrollment in MAPP HHTS at the time the assessor attempts to sign and finalize the assessment.

⚠️ The Health Home selection in Intake/Demographics, Community Care Management Partners (CCMP), does not match the enrollment data sent to the UAS from MAPP. None. Please verify accuracy in both systems and make corrections accordingly. Changes made directly in MAPP will be reflected in the UAS the following day.

The assessment CAN NOT be signed/finalized!
The child’s Medicaid ID must match in both systems.

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The Medicaid ID’s must match what is found in the person’s case file in the UAS-NY and the person’s record in the MAPP HHTS.

The Health Home selection in Intake/Demographics, Community Care Management Partners (CCMP), does not math the enrollment data sent to the UAS from MAPP. None. Please verify accuracy in both systems and make corrections accordingly. Changes made directly in MAPP will be reflected in the UAS the following day.

The assessment CAN NOT be signed/finalized!
Children’s Behavioral Health Assessments - Recap

If an assessment can not be signed/finalized check:
• Health Home must match in MAPP/HHTS and the UAS-NY.
• A valid enrollment must be in the child’s record in MAPP.
• Medicaid ID must match in MAPP/HHTS and the UAS-NY.
Children’s Behavioral Health Assessments - Recap

If an assessment can not be signed/finalized check:
• Health Home must match in MAPP/HHTS and the UAS-NY.

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Choose Health Home the child is enrolled in

- Adirondack Health Institute (AHI) (03449)
If an assessment cannot be signed/finalized check:
- Check for a valid enrollment in the child’s record in MAPP.

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- Medicaid ID must match in MAPP/HHTS and the UAS-NY.

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Prior to editing demographic information, verify data accuracy. Changes impact the ability of other users to locate this record.

Medicaid numbers

1. AA22334A
2. 
3. 
4. 

Medicaid number 3
Information can be linked *from* a signed/finalized CANS-NY assessment *to* the HCBS/LOC providing specific information has been completed in the CANS-NY assessment.
Rules for Linking:

- The CANS-NY assessment must be signed/finalized within the past 6 months.
- CANS-NY assessment must be for the same age range as the HCBS/LOC.
- All CANS-NY modules required for the selected HCBS/LOC Target Population must be triggered.
- It is essential you review the CANS-NY assessment before you link to the HCBS/LOC.
Responses in a Linked CANS Affect Eligibility

**Algorithms are the “step by step” instructions used to by the system to determine eligibility.**

### Serious Emotional Disturbance (SED) 0-5 years old HCBS/LOC Functional Algorithm

A child meets “SED” if he/she meets:
- At least ONE “3” on Criterion 1.1 OR Criterion 1.2; OR
- At least ONE “2” on Criterion 1.1 AND at least ONE “2” on Criterion 1.2; OR
- At least TWO “2” on Criterion 1.2

AND
- At least ONE “3” OR “2” on Criterion 2 items within TWO or more of these five domains
  - Caregiver Needs and Strengths (A)
  - Child Strengths (B)
  - Child Needs and Functioning (C)
  - Risk behaviors (F)
  - Preschool/Child Care Functioning (94)

### Criterion 1.1

<table>
<thead>
<tr>
<th>Behavioral Health Module</th>
<th>Child Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention/Concentration (Item 92A)</td>
<td></td>
</tr>
<tr>
<td>Impulsivity (Item 92B)</td>
<td></td>
</tr>
<tr>
<td>Anger Control (Item 92G)</td>
<td></td>
</tr>
</tbody>
</table>

### Criterion 1.2

#### Trauma Symptoms Module (81)
- Traumatic Grief (Item 91A)
- Re-experiencing (Item 91B)
- Hyperarousal (Item 91C)
- Avoidance (Item 91D)
- Numbing (Item 91E)
- Dissociation (Item 91F)
- Affective or Physiological Dysregulation (Item 91G)

#### Behavioral Health Module (92)
- Depression (Item 92C)
- Anxiety (Item 92D)
- Oppositional (Item 92E)
- PICA (Item 92F)
- Risk Behaviors (F)
  - Self-Harm (Item 89F)
Responses in a Linked CANS Affect Eligibility

Responses in the finalized and linked CANS-NY will affect the whether not the system will calculate eligibility for HCBS.

### D. Avoidance

This item refers to a child who avoids or tries to avoid places or people who remind them of earlier traumatic experiences. This may manifest as avoidance of thoughts, feelings or conversations about a traumatic event; avoidance of actual places or people connected to the event or who may remind the child of the event. Given a child’s lack of control over their circumstances, avoidance behaviors may manifest as clinginess to caregivers.

<table>
<thead>
<tr>
<th>No selection</th>
<th>0 - No evidence of avoidance symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Child exhibits mild avoidance symptoms that do not significantly interfere with day-to-day functioning</td>
<td></td>
</tr>
<tr>
<td>2 - Child exhibits moderate avoidance symptoms with the traumatic event(s). Symptoms are in the child or caregiver(s) and negatively impact functioning</td>
<td></td>
</tr>
<tr>
<td>3 - Child exhibits multiple or severe avoidance symptoms. The intensity or frequency of these symptoms is overwhelming for the child or caregiver(s) and negatively impacts their day-to-day functioning in many areas. The child may exhibit thoughts and feelings along with situations associated with the trauma</td>
<td></td>
</tr>
</tbody>
</table>

### E. Numbing

This item refers to a child who has experienced traumatic events and displays a diminished capacity to feel or experience and express a range of emotions. This may manifest as difficulty feeling or expressing emotions such as happiness, anger or fear. The child may also withdraw from people and activities they once enjoyed (i.e., play). The child may also have a sense of a foreboding sense of how the future will look (i.e., no expectation of finishing school or negative beliefs about self or the world, e.g., “I am bad,” “I did this”). The child may also have difficulty remembering important aspects of the event.

<table>
<thead>
<tr>
<th>No selection</th>
<th>0 - No evidence of numbing symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Child exhibits mild numbing symptoms, which significantly interfere with day-to-day functioning</td>
<td></td>
</tr>
<tr>
<td>2 - Child exhibits moderate numbing symptoms with the traumatic event(s). Symptoms are in the child or caregiver(s) and negatively impact functioning</td>
<td></td>
</tr>
<tr>
<td>3 - Child exhibits multiple or severe numbing symptoms associated with the traumatic event(s). The frequency of these symptoms is overwhelming for the child or caregiver(s) and impedes day-to-day functioning in many areas. The child may have a marked lack of interest or participation in significant activities, difficulty experiencing intense emotions or events from others, and experience a sense of a foreboding sense of the future</td>
<td></td>
</tr>
</tbody>
</table>

### B. Preschool/Child Care Behavior

This item describes behavior when attending school.

<table>
<thead>
<tr>
<th>No selection</th>
<th>0 - Child is behaving well in preschool/child care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Child is behaving adequately in preschool/child care although some mild behavior problems may exist. Child may have a history of behavioral problems</td>
<td></td>
</tr>
<tr>
<td>2 - Child is having moderate behavioral problems at preschool/child care. Child is disruptive and many types of interventions have been implemented</td>
<td></td>
</tr>
<tr>
<td>3 - Child is having severe problems with behavior in preschool/child care. Child is frequently or severely disruptive. The threat of expulsion is present</td>
<td></td>
</tr>
</tbody>
</table>

### C. Preschool/Child Care Achievement

This item is rated based on developmental age rather than chronological age.

<table>
<thead>
<tr>
<th>No selection</th>
<th>0 - Child is doing well acquiring new skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Child is doing adequately, acquiring new skills with some challenges. Child may be able to compensate with extra adult support</td>
<td></td>
</tr>
<tr>
<td>2 - Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts at set expectations even with adult support in some areas</td>
<td></td>
</tr>
<tr>
<td>3 - Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas</td>
<td></td>
</tr>
</tbody>
</table>
Linked CANS-NY and HCBS/LOC

Linked HCBS/LOC:
- User MAY edit the Intake/Demographics data copied from the CANS-NY.
- User may NOT edit any of the overlapping functional criteria copied from the CANS-NY.
- Prior to sign/finalize, a link to the CANS-NY can be deleted.
A Linked HCBS/LOC Assessment

Andrea Anderson

- Identification info
- Assessments
  - 01/08/2020 HCBS/LOC Elig 0-5
    - Reference Date
    - Target Pop Selection
    - Link to CANS-NY
      - 01/07/2020 CANS-NY 0-5
      - Intake / Demographics
      - HCBS/LOC Eligibility 0-5
        - Serious Emotional Disturbance
          - Medically Fragile
          - Dev. Disability & Foster Care
          - Dev. Disability & Med Frag
        - Sign/Finalize
        - Assessment Outcomes
      - 01/07/2020 CANS-NY 0-5
      - 05/21/2019 CANS-NY 0-5
      - 04/29/2019 HCBS/LOC Elig 0-5
    - Attestations

- Functional Criteria
  A. Caregivers Strengths & Needs
  - The score sheet for the caregiver domain has space to rate up to 4 caregivers, if applicable.
  - If the child lives in a foster boarding home, complete (at least) 2 caregiver sections – one for the foster parent and one for the parent(s) from who the child was removed.
  - If the child is freed for adoption, do not complete a caregiver section for the child’s parents.
  - If the child has a permanency goal other than return home, complete a caregiver section on the intended permanency person (if identified).
  - If the child lives in a congregate foster care setting, there will be no foster parent to rate. For children whose permanency goal is APLA, no caregiver section should be completed. For children with other permanency goals, rate the parent from whom the child was removed and/or a different permanency resource person.
  - Skip any caregiver sections that are not applicable and proceed to section B. Child Strengths.

- Caregiver #1
  - Caregiver name: Sandra McKensie

- Relationship to child
  - No selection
  - Mother
  - Father
  - Kinship Foster Parent
  - Non-kin Foster Parent
  - Other Relative
  - Other Non-relative

- 14. Decision-Making
  - This item describes the caregiver’s ability to comprehend and anticipate the consequences of decisions; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.
  - No selection
    - 0 - The caregiver has no evidence of problems with decision-making
    - 1 - The caregiver has mild or occasional problems thinking through problems or situations but decision-making abilities do not interfere with care
    - 2 - The caregiver has moderate or frequent problems thinking through problems or situations and this interferes with their ability to function
    - 3 - The caregiver has severe problems with decision-making and judgment placing the child at risk

- 15. Parenting Stress
  - This item reflects the degree of stress or burden experienced by the caregiver as a result of the needs of all children in the household, including target child.
  - No selection
    - 0 - Caregiver is able to manage the stress of the child/children’s needs
    - 1 - Caregiver has some problems managing the stress of the child/children’s needs
    - 2 - Caregiver has notable problems managing the stress of the child/children’s needs. This stress interferes with their capacity to give care
    - 3 - Caregiver is unable to manage the stress associated with the child/children’s needs. This stress prevents caregiver from parenting
Rules:

• Assessments can not be signed/finalized if all of the data items are not updated.

• Once an assessment is signed/finalized, it can not be updated or deleted. PERIOD!

• The assessor must select the correct Target Population prior to linking the HCBS/LOC to the CANS-NY.

• It is essential you review the linked CANS and HCBS/LOC before sign and finalized the HCBS/LOC.
Assessments can not be signed/finalized if all of the data items are not updated.
Children’s Behavioral Health Assessments - Recap

Signed/finalized assessments can NOT be edited or deleted.
Nefore attempting to link the HCBS to the CANS-NY be sure the correct Target Population is selected.
It is essential you review the CANS-NY assessment before you link to the HCBS/LOC.
The Signed/finalized CANS-NY provides the “acuity score”

The signed/finalized HCBS/LOC provides summary information and details pertaining the HCBS Eligibility.

Our Goal: Work towards returning children to home and community!
Assessment Outcomes – HCBS/LOC

**Summary**

Signing and finalizing the outcomes is required to start the one year HCBS Eligibility period, if eligible.

**HCBS/LOC Eligibility**
- Yes, eligible

**Serious Emotional Disturbance**
- Not selected

**Medically Fragile**
- Not selected

**Developmental Disability & Foster Care**
- Yes

**Developmental Disability & Med. Fragile**

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**Choice to Participate in HCBS**

If determined eligible, did the child/youth's caregiver or the self-consenting youth choose to participate in HCBS?

- No Selection
- No. The child/youth's caregiver or self-consenting youth chose NOT to participate in HCBS.
- Yes. The child/youth's caregiver or self-consenting youth chose TO participate in HCBS.

If no, why were HCBS services declined?

- No Selection
- Does not feel HCBS will help them reach their goals.
- Currently receiving community based services that are meeting their needs.
- Residential setting is not considered home and community based, and there are no current plans to transition into a HCBS-compliant setting.
What are the child’s strengths and needs?

What are the results of the assessment?

What services are recommended for the child?
Reports in the CANS NY and HCBS/LOC

Uniform Assessment System - New York
CANS-NY 0 - 5 Strengths and Needs Report

Anderson, Andrea  
Date of Birth: 10/21/2015  
Medicaid ID: AA12568A

Assessment Date: 01/09/2020  
Finalized Date: 01/09/2020

Assessment Type: CANS-NY Re-assessment prior to 6 months

Organization conducted on behalf of:  
Adirondack Health Institute Inc.

Reassessment Reason: Significant change in child’s functioning (including increase or decrease of symptoms or new diagnosis)

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The Strengths and Needs Report is designed to provide guidance and assistance to the care manager to identify the strengths and needs to discuss with the child and family. During this collaborative person-centered discussion the child and family should determine which items to include within the Plan of Care. Not every domain item from this report is required to be included in the Plan of Care.

Useful Strengths - Child
Talk with the child and family about which items below represent strengths to be used in the Plan of Care. These strengths are 0’s and 1’s. How will you build upon these in the Plan of Care?

---

B: Child Strengths

B.28. Family Of Origin

1 - Moderate level of strengths and family members are loving with generally good communication and ability to enjoy each other’s company. There may be some problems between family members

B.30. Social Relationships

1 - Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions

B.31. Relationship Stability

1 - Child has had stable relationships but there is some concern about instability in the near future due to such things as impending
Uniform Assessment System - New York
HCBS/LOC 0 - 5 Complete Report

Anderson, Andrea
Date of Birth: 10/21/2015
Medicaid ID: AA12568A

Assessment Date: 01/09/2020
Finalized Date: 01/09/2020

Section Reference Date
Assessment Reference Date: 01/09/2020
Organization which conducted this assessment: Children’s Home of Poughkeepsie (HHCMA)

Section Link to CANS-NY
Linked CANS-NY assessment: 01/09/2020 CANS-NY 0-5

Section Intake/Demographics
Early Reassessment
Is this an HCBS/LOC reassessment prior to 10 months for a child already determined eligible? No

Residential Setting at Time of Assessment:
Select the one that represents the child’s living arrangement at the time of the current assessment. The person’s living arrangement may be long-standing or temporary.
Private housing (house/apartment/rented room)

Child Lives With:
Does the child/youth live on their own with no others? No
Does youth live with his/her own child(ren)? Not Applicable, no children
Does youth live with his/her own child(ren)?
How many adults live in the same household as this child?
How many adults live in the same household as this child? Enter NA when this information is not known or is not available.
1
How many other children live in the same household as this child?
How many other children live in the same household as this child? Enter NA when this information is not known or is not available.
1
County of Responsibility:
Columbia

Has there been residential instability over the LAST 2 YEARS?
Yes
Reports in the CANS NY and HCBS/LOC

Using the Data

- Printing the entire CANS outcomes.
- Determine when reassessments are due.
- View when there are potential updates to the POC.
Trying it Out in the UAS-NY

Working in the Assessments

- Prepping for the assessment.
- Working in a CANS-NY assessment.
- Linking an HCBS/LOC assessment.
- Troubleshooting the assessment at sign/finalize.
- Viewing Outcomes.
- Viewing Reports.
Welcome to Training!

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