



Uniform Assessment System - New York Overview and Status

Most Integrated Setting Coordinating Council Meeting
Monday, December 3, 2012

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GOAL

Medicaid Redesign Team (MRT #69) adopted recommendations to implement a uniform assessment with the following goal:

- Evaluates an individual's health status, strengths, care needs, and preferences
- Guides the development of individualized long term care service plans
- Ensures that individuals with long term care needs receive the right care, within the right setting and at the right time
- Initial effort focused on Medicaid State Plan and Home and Community Based Services waivers within the Department of Health



Initial Programs/Plans

- Adult Day Health Care
- Assisted Living Program
- Home and Community Based Services Waiver – Care at Home I/II
- Long Term Home Health Care Program
- Managed Long Term Care and Programs of All Inclusive Care for the Elderly (PACE)
- Nursing Home Transition and Diversion
- Personal Care Services and Consumer Directed Personal Assistance Program
- Traumatic Brain Injury Waiver

This is not a nursing home admission tool.



InterRAI Community Health Assessment Capabilities

- Evaluates an individual's health status, care needs and preferences
- Consistent, standardized, and validated level of care and assessment
- Automatable
- High inter-rater reliability
- Data set can be used across settings with customization for specific settings
- Available for use



Software and Training Development

- Evaluate the interRAI CHA vis-à-vis programs and regulations
- Map the current assessment process in all programs
- Document use of the current assessment
- Identify outcomes and initiate curriculum for assessor education program
- Computer readiness survey of users
- Conduct Beta test
- Develop Web-based training
- Incorporate training tools into software



Content

Current UAS-NY Tools:

Community Health Assessment (Home Care)
Functional Supplement
Mental Health Supplement

Other Tools Available Under NYSDOH License:

Community Mental Health
Mental Health
Acute Care
Post-Acute Care
Contact Assessment
Long Term Care Facility
Assisted Living
Emergency Screener for Psychiatry
Palliative Care
Intellectual Disability



UAS-NY Content: Domains and Sub-Categories

Example

Sub-Categories

Domains

Functional Status

- Instrumental Activities of Daily Living (IADLs)
- Activities of Daily Living (ADLs)
- Locomotion/Walking
- Physical Function Improvement Potential

Health Conditions

- Falls
- Dyspnea
- Pain Symptoms
- Tobacco, Alcohol and Substance Abuse
- Balance
- Pulmonary
- Neurological
- Instability of Conditions

Cognition

- Skills for Daily Decision Making
- Memory Recall Ability
- Change in Decision Making
- Periodic Disordered Thinking or Awareness
- Acute Change in Mental Status from Usual Functioning



Assessment Outcomes

- Level of Care
- Clinical Assessment Protocols
- Quality Indicators
- Care Planning Assistance
- Aggregate Reports
- Ad Hoc Reporting
- Resource Utilization Groups



Software

- Web-based software application
- Captures all assessment and care planning information in one location
- Provides immediate access to assessment outcomes and results
- Enables information to be shared among providers
- Health Commerce System (HCS) Web Portal Integration
 - HCS User Login
 - System Security
 - Role-based system
- On-line and Off-line capabilities
 - On-line: access from any computer that has internet access and approved browser
 - Off-line: from a laptop computer if internet not available



Beta Test - Summer 2012

- Provide insight into system technical stability
- Inform statewide roll-out strategy
- Provide insight into organizational ability to integrate UAS-NY into business practices
- Provide insight on UAS-NY impact on assessed individuals



NYS DOH Observation

- Local staff turnover and transition
- Complexity due to Medicaid takeover and shift to Managed Care changing LDSS role
- Lack of access to up-to date computers including laptop computers
- Level of staff computer proficiency



Beta Participant Observation

- Training Environment:
 - Flexible access and comprehensive
 - More information needed in specific areas
 - Required a significant time commitment
 - Course navigation challenge
 - Preference for face-to-face



Beta Participant Observation

- Web-based Application:
 - Easy to navigate; comfort and familiarity increased with each assessment
 - Recommendations for enhancements:
 - Navigation
 - Skip Logic
 - Data Entry



Beta Participant Observation

- UAS-NY Community Assessment:
 - Comprehensive and detail-oriented
 - Longer to complete than current assessment
 - Perceived redundancy related to triggered supplements
 - Individuals being assessed became tired or distracted due to dual assessment use during beta
- Technical:
 - Internet connection
 - Initial access to HCS and UAS-NY
 - Initial challenges with offline application



Recommendations and Next Steps

- Incorporate Beta Test learning into:
 - Training
 - Application
 - Technical Environment
- Pilot and Statewide Implementation:
 - Prepare detailed implementation plan
 - Explore optional webinar or face-to-face training sessions
 - Identify and develop additional materials



Opportunities for Service Providers and Consumers

- Establish uniformity of assessment across assessors
- Utilize assessment outcomes to guide care planning
- Utilize consumer assessment history data to guide program and service planning
- Services developed from a strengths- based perspective
- Support Quality Improvement
- Support improved management activities
- Increase information available to the consumer



Opportunities for Policy

- Policy development
- Rate setting
- Compliance
- Surveillance
- Professional Development
- Quality Improvement
- Research



Statewide Implementation Timeline

Complete Development of Software Application	December 2012
Conduct Final Candidate Cycle and System Acceptance	February 2013
Begin Pilot and Statewide Implementation (<i>Live Data</i>)	March 2013
Complete Transition to UAS-NY	Spring 2014



QUESTIONS?

**Additional information can be found on DOH
Website at:**

http://www.health.ny.gov/facilities/long_term_care/#uas_ny

Questions can also be emailed to:

uasny@health.state.ny.us

Or Call 518-408-1833



Community First Choice Option

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What is CFC Option (AFFORDABLE CARE ACT, PL 111-148, SEC. 2401)

- Provide additional FMAP (+6%) to states to expand and enhance state plan home/community based attendant services and supports to individuals in need of long term care for ADLs, IADLs and health-related tasks
- Focus is on person-centered, individually directed services that help the recipient maximize his or her independence and participation in the community



Required Services

- Must provide consumer controlled personal assistance services and supports for ADLs, IADLs and health-related tasks, including supervision and cueing
- Services must be provided across all Medicaid eligible populations and must be provided in the community



Other required services and supports

- Acquisition, maintenance or enhancement of skills necessary to accomplish ADLS, IADLS and health-related tasks.
- Backup mechanism to assure continuation of services
- Training available on how to manage attendant



Excluded Services

- Room and board;
- Special education and related services provided under the IDEA or vocational services provided under the Rehabilitation Act of 1973;
- Assistive technology devices other than those specifically permitted; **i.e. a smart phone when a PERS is available**
- Medical supplies or equipment; and
- Home modifications.



Permissive Services and Supports

- Transition expenses such as rent and utility deposits, first month's rent and utility expenses, and necessary household items to help an individual move from an institutional setting to a community based setting
- Expenditures related to a need identified in the person-centered plan of services that increase an individual's independence or substitute for human assistance, if these expenditures would have been made for human assistance



NYS Progress to date

- Formed a Commissioner's Advisory Group to help set parameters of the scope and timing of the State Plan Amendment to add the CFC State Option
 - Met four times so far, working through which services to incorporate and ensuring that needed services are preserved for those not CFC eligible; also considering appropriate timing of application to ensure that we meet the State expenditure requirements for MOE
 - Will meet again in two weeks to finalize recommendations for the Governor's office
 - Working with NYAIL and CDR, which received a grant to help NYS implement CFC Option from the NYS Health Foundation
 - Expect to file a SPA by next fall with continued input from Advisory Group/Development and Implementation Council



QUESTIONS?