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

<table>
<thead>
<tr>
<th>Functional Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrumental Activities of Daily Living (IADLs)</td>
<td>Locomotion/Walking</td>
</tr>
<tr>
<td>Activities of Daily Living (ADLs)</td>
<td>Physical Function Improvement Potential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Balance</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>Pain Symptoms</td>
<td>Neurological</td>
</tr>
<tr>
<td>Tobacco, Alcohol and Substance Abuse</td>
<td>Instability of Conditions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills for Daily Decision Making</td>
<td>Periodic Disordered Thinking or Awareness</td>
</tr>
<tr>
<td>Memory Recall Ability</td>
<td>Acute Change in Mental Status from Usual Functioning</td>
</tr>
<tr>
<td>Change in Decision Making</td>
<td></td>
</tr>
</tbody>
</table>
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

Conduct Final Candidate Cycle and System Acceptance

Begin Pilot and Statewide Implementation (*Live Data*)

Complete Transition to UAS-NY

December 2012

February 2013

March 2013

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

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

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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?