



*Redesign Medicaid in New York State*

# Uniform Assessment System for New York

*Region VI and Pilot County Six-Month Follow-up*

# General Observations

- ❑ Positive Response
- ❑ Flexibility and Responsiveness of Staff
- ❑ System Stability
- ❑ Questions shifting from system use to policy/program

# UAS-NY Training

Welcome to the Uniform Assessment System for New York (UAS-NY) Training Environment. The purpose of this online training environment is to provide long term care provider staff with the information required to learn about and use the UAS-NY. This site is developed and maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of Long Term Care.

## UAS-NY Support Desk

For questions on the UAS-NY Training Environment or any of the content presented in this site, please email the **UAS-NY Support Desk** at [uasny@health.state.ny.us](mailto:uasny@health.state.ny.us) or contact us at 518-408-1021 between the hours of 8:30 ~12 and 1 ~ 4.

## Course categories

**UAS-NY Fundamental Courses (14)**

**UAS-NY Intermediate Courses (7)**

**UAS-NY Advanced Courses (1)**

**UAS-NY References and Resources (6)**

- ❑ 9,000 individuals enrolled in Training Environment
- ❑ 22 courses are available; more to be added
- ❑ Reference and Resource section continues to be updated

# Region VI & Pilot Assessment completed Since January 2014

Program	Assessments	Program	Assessments
Adult Day Health Care	554	Long Term Home Health Program	410
Assisted Living Program	442	Personal Care Services Program	511
Care at Home I/II Waiver	16	Nursing Home Transition and Diversion Waiver	134
Consumer Directed Personal Assistance Program	332	Traumatic Brain Injury Waiver	288

# Region VI & Pilot Enrollment

Program	Enrollment	Program	Enrollment
Adult Day Health Care	915	Programs of All Inclusive Care for the Elderly	1216
Assisted Living Program	684	Partial Capitation Plan	1090
Care at Home I/II Waiver	28	Personal Care Services Program	877
Consumer Directed Personal Assistance Program	586	Nursing Home Transition and Diversion Waiver	350
Long Term Home Health Program	940	Traumatic Brain Injury Waiver	537

# Moving Forward

- ✓ Data Quality and Integrity
- ✓ Assessments

# Data Quality and Integrity

- ❑ Duplicate Records

- ❑ Multiple records for one consumer
- ❑ Causes difficulty sharing, coordinating and accessing records

# Data Quality and Integrity

## ❑ Duplicate Records

- ❑ Multiple records for one consumer
- ❑ Causes difficulty sharing, coordinating and accessing records

## **Improvement Opportunities**

- Modified UAS-NY Roles
- Modifying Functionality in UAS-NY
- Review local business processes

*Contact the UAS-NY Support Desk to merge duplicate records.*



# Data Quality and Integrity

- Addresses

- Incomplete addresses
- Impacts generation of aggregate and ad hoc reports

# Data Quality and Integrity

## □ Addresses

- Incomplete addresses
- Impacts generation of aggregate and ad hoc reports

### **Improvement Opportunities**

- Validate address before finalizing assessment
- Ensure complete address is entered when creating records
- Run “Address Quality” report and update records

# Data Quality and Integrity

## ❑ Program/Plan Enrollment

- ❑ Organizations are not enrolling consumers
- ❑ Organizations are enrolling consumers in incorrect programs/plans
- ❑ Impacts generation of aggregate and ad hoc reports

# Data Quality and Integrity

## ❑ Program/Plan Enrollment

- ❑ Organizations are not enrolling consumers
- ❑ Organizations are enrolling consumers in incorrect programs/plans
- ❑ Impacts generation of aggregate and ad hoc reports

## **Improvement Opportunities**

- Run “Missing Enrollment” Report
- Run “Enrollment” Report

# Data Quality and Integrity

- Unfinalized Assessments
  - created to support initial start-up activities
  - initiated but never completed
  - conducted but never signed

# Data Quality and Integrity

## ❑ Unfinalized Assessments

- ❑ Created to support initial start-up activities
- ❑ Initiated but never completed
- ❑ Conducted but never signed

## **Improvement Opportunities**

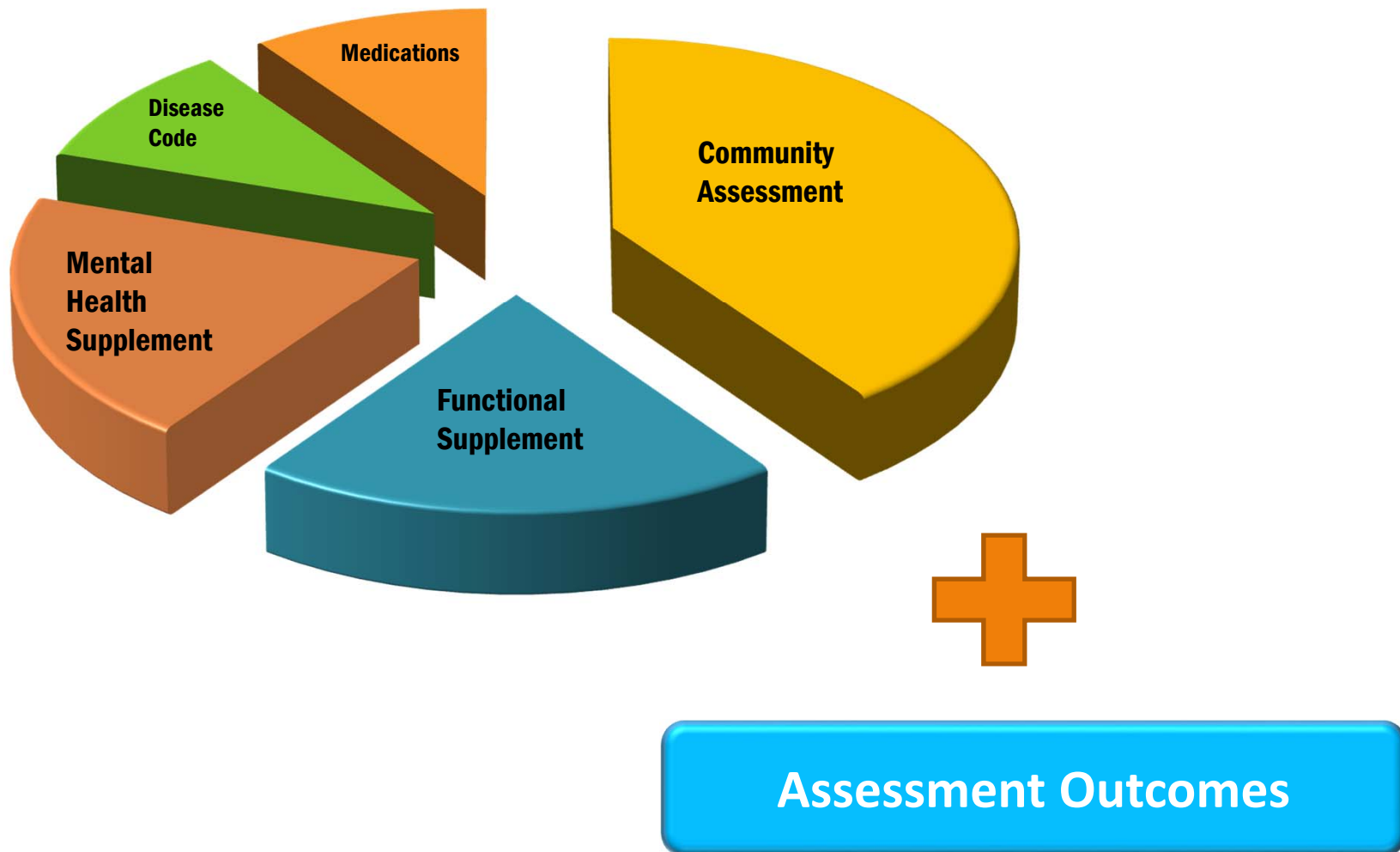
- Run “Assessments Not Finalized” Report
- Review local business processes

*Strive to sign and finalize assessments in a reasonable timeframe*

# Assessments

- ❑ Comprehensive, complete and accurate
- ❑ Underlying program laws, and regulations remain in effect
- ❑ Professional responsibility
- ❑ No assessments by telephone

# Assessments





# Assessments

## ? ASSESSMENT OUTCOMES

Expected to need continued services for a period of 30 days or more from the assessment date

No Selection  
 No  
 Yes

Expected to need continued services for a period of 120 days or more from the assessment date

No Selection  
 No  
 Yes

Can the needs be scheduled?

No Selection  
 No  
 Yes

Can person be left alone safely?

No Selection  
 No  
 Yes

Person resides in a mandatory Managed Long Term Care county

No Selection  
 No  
 Yes

# Assessments

**? Possible Program Choices: Individual**  
**For each program, indicate whether or not the consumer is interested in receiving services from that program:**

Personal Care Services Program  No Selection  
 No  
 Yes

Assisted Living Program  No Selection  
 No  
 Yes

Consumer Directed Personal Assistance Program  No Selection  
 No  
 Yes

Nursing Home Transition & Diversion Waiver  No Selection  
 No  
 Yes

Traumatic Brain Injury Waiver  No Selection  
 No  
 Yes

Undetermined  No Selection  
 Yes

# Assessments

## For persons under 18 years of age

Has the infant or child been determined physically disabled based on SSI criteria?

- No Selection
- No
- Yes

If the infant or child could not be cared for at home he/she would require

- No selection
- Skilled Nursing Facility (SNF)
- Hospital (technology dependent, e.g. vent)
- Other level of care (LOC)

# Assessments

## Assessor Recommendations

LTC Program 1

No Selection



LTC Program 2

No Selection



LTC Program 3

No Selection



# Assessments

Update Comments ~~Check Missing~~ Share Merge Assessment

**? ASSESSMENT OUTCOMES**

Expected to need continued services for a period of 30 days or more from the assessment date

No Selection  
 No  
 Yes

Expected to need continued

No Selection

# Assessments

- ❑ complete all assessment items not solely required items
- ❑ review assessment for consistency
- ❑ consider relationship of items

# Assessments

## □ Use the UAS-NY Community Assessment Reference Manual

... **“inquiry should focus on whether the person is actively making decisions about how to manage tasks of daily living, not whether the caregiver believes the person might be capable of doing so. Remember that the intent of this item is to record what the person is doing (actual performance).** When a family member takes decision-making responsibility away from the person regarding tasks of everyday living, or when the person chooses not to participate in decision making (whatever his or her level of capability may be), the person should be considered as having impaired performance in decision making.”

# Assessments

## □ Use the UAS-NY Community Assessment Reference Manual

Made negative statements -  
e.g., "Nothing matters; Would  
rather be dead; What's the use;  
Regret having lived so long; Let  
me die"

- No Selection
- Not present
- Present but not exhibited in last 3 days
- Exhibited on 1-2 days of last 3 days
- Exhibited daily in last 3 days

... "indicates that while the assessor knows the condition is present and active, it was not physically manifested over the last 3 days".



# Assessments

## □ Information Sources

- Individual being assessed is primary source
- Use formal and informal caregivers to supplement responses
- Use records and other information

### Example

Made negative statements -  
e.g., "Nothing matters; Would  
rather be dead; What's the use;  
Regret having lived so long; Let  
me die"

- No Selection
- Not present
- Present but not exhibited in last 3 days
- Exhibited on 1-2 days of last 3 days
- Exhibited daily in last 3 days

# UAS-NY Support Desk

- ❑ Provide UAS-NY Support for Users Guide to Staff
- ❑ Name of local IT Support
- ❑ Information to collect before calling support
  - ❑ how to identify browser and OS types and versions
  - ❑ how to take a screen capture to report specific error messages
- ❑ Personally Identifying Information
  - ❑ Do not email PII
  - ❑ We will only ask Last name, first initial and year of birth

# Health Commerce System

- ❑ Multiple UAS roles assigned

**Organization/Role Selector**  
**Name:** Uasny Test  
**List of Organization(s):**

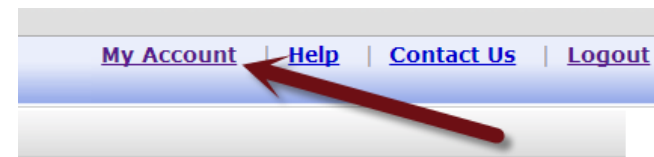
	Organization Name	Role Name
<input type="radio"/>	Z Test County Department of Social Services	UAS-40
<input type="radio"/>	Z TEST LHCSA	UAS-15
<input type="radio"/>	Z TEST LHCSA	UAS-50
<input type="radio"/>	Z TEST LHCSA	UAS-40
<input type="radio"/>	Z TEST LHCSA	UAS-45
<input type="radio"/>	Z TEST LHCSA	UAS-20
<input type="radio"/>	Z TEST LHCSA	UAS-30

[Continue](#)

# Health Commerce System

## ❑ Integrated Health Alerting Network System (IHANS)

I want to:
<a href="#">Change my password</a>
<a href="#">Change Secret Questions</a>
<a href="#">Enable Forgotten Password</a>
<a href="#">Learn more about HCS security</a>
<a href="#">Look up my PIN</a>
<a href="#">Look up my coordinators</a>
<a href="#">Report my user ID or password stolen</a>
<a href="#">Review the password rules</a>
<a href="#">See what organizations I am affiliated with</a>
<a href="#">See what roles I hold</a>
<a href="#">Update or verify my contact information</a>
<a href="#">View the communications directory contact lists that I am on</a>
<a href="#">Refresh My Application List</a>



# Health Commerce System



- ❑ Contact CAMU at 866-529-1890 for:
  - ❑ Resetting passwords
  - ❑ HCS account set up

# Next Steps for State

- ❑ System Enhancements
- ❑ Reports
- ❑ Data Analysis
- ❑ *“UAS-NY Savvy Sessions”*
- ❑ Inter-rater reliability

# Next Steps for Your Organization

- ❑ manage your organization's case list
- ❑ review assessments finalized by your assessors
- ❑ submit mock report to UAS-NY
- ❑ support users
- ❑ update HCS
- ❑ refer back to UAS-NY Training Environment

# Support for Your Users

- ❑ continue to work with staff who lack basic computer and HCS skills
- ❑ all new users should be given or directed to the User Support Guide
- ❑ in-house staff development should consider using UAS-NY USER-TEST for hands-on exercises
- ❑ notify users about local updates (pop-up settings change)



# Additional Information

Program	Bureau Mail Log (BML)
ALP Program	acinfo@health.state.ny.us
ALP Medicaid billing and reimbursement	alpapplication@health.state.ny.us
Adult Day Health Care	adhc@health.state.ny.us
Care at Home I/II Waiver	cah@health.state.ny.us
Nursing Home Transition and Diversion Waiver	nhtdwaiver@health.state.ny.us
Traumatic Brain Injury Waiver	tbi@health.state.ny.us
Managed Long Term Care	mltcworkgroup@health.state.ny.us

## UAS-NY Project Team

[uasny@health.state.ny.us](mailto:uasny@health.state.ny.us)

or

**518-408-1021**

**Monday – Friday**

**8:30 AM – 12:00 PM**

**1:00 PM – 4:00 PM**