

A red-tinted photograph of the Statue of Liberty's head and crown, set against a background of a grid pattern.

*Redesign Medicaid in New York State*

# Understanding the UAS-NY Community Assessment

*October 2, 2014*



# Overview

- Adult Day Health Care
- Assisted Living Program
- *Care at Home Waivers I & II\**
- Consumer Directed Personal Assistance Program
- Long Term Home Health Care
- Managed Long Term Care
- Medicaid Managed Care
- Nursing Home Transition and Diversion Waiver
- Personal Care
- *Traumatic Brain Injury Waiver\**

\* Pending CMS Approval

## ***Usage at a Glance***

- 10,000+ staff using the UAS-NY
- 6,500+ assessors
- 330,000+ assessments signed and finalized

# Objectives

- ❑ Review goals and purpose of the UAS-NY Community Assessment
- ❑ Improve understanding of the assessment process

# 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)**

- ❑ 4 required courses to use the Application
- ❑ 1 required course on the Assessment
- ❑ 18 additional recommended courses and numerous references and resources

# Goals of the UAS-NY

- ❑ evaluates individuals' health status/strengths and guides the development of plan of care
- ❑ assists with program eligibility determinations and identification of program options
- ❑ improves care coordination and facilitates service delivery
- ❑ improves communication about assessment information and reduces redundancy
- ❑ ensures that individuals receive the right care, within the right setting, and at the right time

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| [InterRAI Worldwide](#)  
| [Bibliography](#)  
| [Newsletter](#)  
| [OECD Report](#)

## Events



**Canadian interRAI Conference**  
October 6 - 9, 2014  
Winnipeg, Manitoba, Canada  
[www.canadianinterrai.org](http://www.canadianinterrai.org)



**interRAI is an international collaborative to improve the quality of life of vulnerable persons through a seamless comprehensive assessment system.**

Our consortium strives to promote evidence-informed clinical practice and policy decision making through the collection and interpretation of high-quality data about the characteristics and outcomes of persons served across a variety of health and social services settings. [Read More >>](#)

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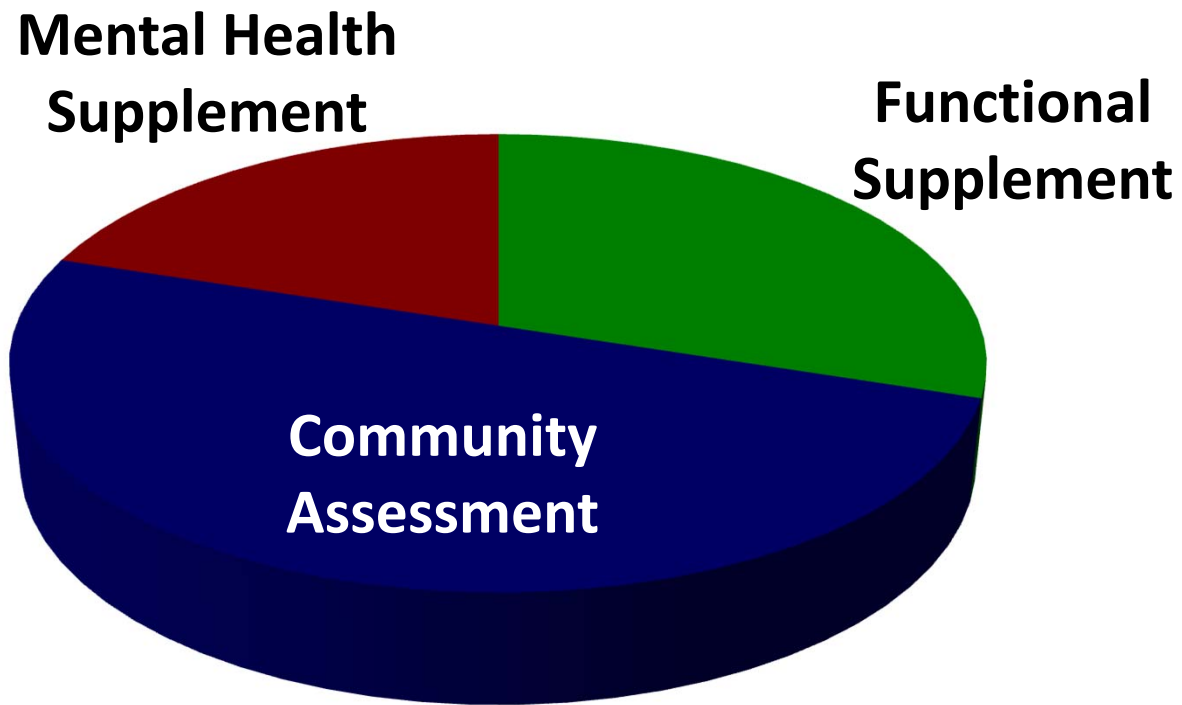
Ontario Provincial Police Announce Implementation of interRAI Brief Mental Health Screener

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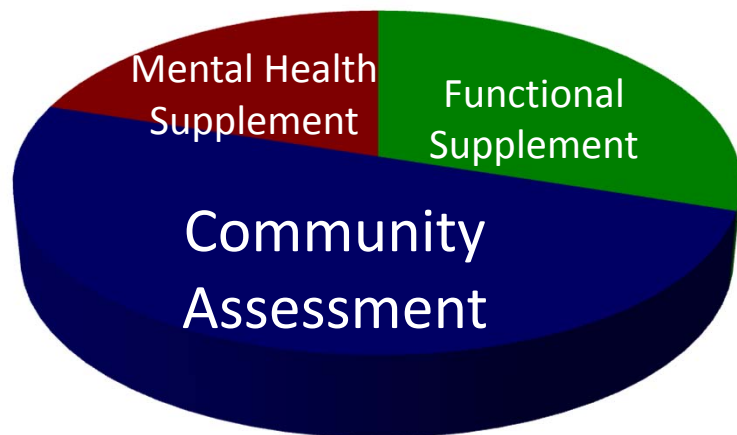
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# UAS-NY Community Assessment



# Assessment Outcomes



**Clinical Assessment  
Protocols (CAPs)**

**Resource  
Utilization Group  
III Home Care  
Classification  
(RUGS)**

**Nursing Facility  
Level of Care**



# Nursing Facility Level of Care

## Section B. Cognition

- Cognitive skills for daily decision making
- Memory/Recall Ability
  - ✓ Short-term memory
  - ✓ Procedural memory

## Section C. Communication and Vision

- Making self understood (expression) – expressing information content – both verbal and non-verbal

## Section D. Mood and Behavior

- Behavior Symptoms
  - ✓ Wandering
  - ✓ Verbal Abuse
  - ✓ Physical Abuse
  - ✓ Socially inappropriate or disruptive behavior
  - ✓ Inappropriate public sexual behavior
  - ✓ Resists Care

## Section F. Functional Status

- IADL Self-Performance and Capacity
  - ✓ Stairs (Performance Only)
- ADL Self Performance
  - ✓ Bathing
  - ✓ Dressing Upper Body
  - ✓ Dressing Lower Body
  - ✓ Locomotion
  - ✓ Transfer Toilet
  - ✓ Toilet Use
  - ✓ Eating
- Primary mode of locomotion indoors

## Section G. Continence

- Bladder Continence
- Bowel Continence

## Section J. Nutritional Status

- Mode of Nutritional Intake

# UAS-NY Community Assessment Domains

# Section B. Cognition

## Item

### ? Cognitive skills for daily decision making

Making decisions regarding tasks of daily life - e.g., when to get up or have meals, which clothes to wear or activities to do

- No Selection
- Independent - Decisions consistent, reasonable and safe
- Modified independence - Some difficulty in new situations only
- Minimally impaired - In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times
- Moderately impaired - Decisions consistently poor or unsafe; cues/supervision required at all times
- Severely impaired - Never or rarely makes decisions
- No discernable consciousness, coma [Skip to Section F]

# Cognitive Skills for Daily Decision Making

## Intent

“To record the person’s actual performance in making everyday decisions about the tasks or activities of daily living. These items are especially important for further assessment and care planning in that they can alert the assessor to a mismatch between a person’s abilities and his or her current level of performance, as the family may inadvertently be fostering the person’s dependence.”

### Cognitive skills for daily decision making

Making decisions regarding tasks of daily life - e.g., when to get up or have meals, which clothes to wear or activities to do

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- Severely impaired - Never or rarely makes decisions
- No discernable consciousness, coma [Skip to Section F]

# Cognitive Skills for Daily Decision Making

## Definition

- Choosing items of clothing
- Knowing when to eat meals
- Knowing and using space in the home appropriately
- **Using environmental cues (e.g., clocks or calendars) to organize and plan the day**
- In the absence of environmental cues, seeking information appropriately (i.e., not repetitively) from family in order to plan the day
- **Using awareness of one's own strengths and limitations in regulating the day's events (e.g., asking for help when necessary)**
- **Making prudent decisions concerning how and when to go out of the house;** where applicable, acknowledging the need to use a walker or other assistive device and using it faithfully

# Cognitive Skills for Daily Decision Making

## Process

“Interview and observe the person, then consult with a family member or other caregiver. Review the events of each day. **The 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.”

# Cognitive Skills for Daily Decision Making

## Coding

- **Independent** – The person’s decisions in organizing daily routines and making decisions were consistent, reasonable, and safe (reflecting lifestyle, culture, values).
- **Modified independence** – The person organized daily routines and made safe decisions in familiar situations but experienced some difficulty in decision making when faced with new tasks or situations.
- **Minimally impaired** – In specific recurring situations, decisions were poor or unsafe, with cues/supervision necessary at those times.
- **Moderately impaired** – The person’s decisions were consistently poor or unsafe; the person required reminders, cues, or supervision at all times to plan, organize, and conduct daily routines.
- **Severely impaired** – The person never (or rarely) made decisions.
- **No discernible consciousness, coma** – The person is nonresponsive. (Skip to Section F.)

# Section B. Cognition

## ? Cognitive skills for daily decision making

Making decisions regarding tasks of daily life - e.g., when to get up or have meals, which clothes to wear or activities to do

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Intent

Process

Definitions

Coding



# Section B. Cognition

## Item



### **Memory / Recall Ability**

*Code for recall of what was learned or known*

Short-term memory OK -  
Seems/appears to recall after 5  
minutes

- No Selection
- Yes, memory OK
- Memory Problem

# Short-term Memory

## Intent

“To determine a person’s ability to remember past events (short-term memory).”



### **Memory / Recall Ability**

***Code for recall of what was learned or known***

Short-term memory OK -  
Seems/appears to recall after 5  
minutes

- No Selection
- Yes, memory OK
- Memory Problem

# Short-term Memory

## Process

“Conduct a structured test of short-term memory. If this is not possible, ask the person to describe a recent event that you should both have knowledge of (e.g., the election of a new political leader, a major holiday) or that you can validate with a family member (e.g., what the person had for breakfast). **If there is no positive indication of memory ability, code the item ‘Memory problem’.**”

### **?** **Memory / Recall Ability** *Code for recall of what was learned or known*

Short-term memory OK -  
Seems/appears to recall after 5  
minutes

- No Selection
- Yes, memory OK
- Memory Problem

# Procedural Memory

## Process

“This item refers to the cognitive ability needed to perform sequential activities. Dressing is an example of such an activity, as multiple steps are required to complete the task. The person must be able to perform or remember to perform all or most of the steps in order to be coded ‘Yes, memory OK.’ If the person demonstrates difficulty in two or more steps, code as ‘Memory problem.’ Remember that persons in need of care in the home often have physical limitations that impede their independent performance of activities.”



### **Memory / Recall Ability**

***Code for recall of what was learned or known***

Procedural memory OK - Can perform all or almost all steps in a multi-task sequence without cues

- No Selection
- Yes, memory OK
- Memory Problem

# Making Self Understood

## Intent

“To document the person’s ability to express or communicate requests, needs, opinions, and urgent problems, and to engage in social conversation. Such communication may take the form of speech, writing, sign language, or a combination of these (includes use of word board or keyboard).”

### ? Making self understood (expression) *Expressing information content - both verbal and non-verbal*

- No Selection
- Understood - Expresses ideas without difficulty
- Usually understood - Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
- Often understood - Difficulty finding words or finishing thoughts AND prompting usually required
- Sometimes understood - Ability is limited to making concrete requests
- Rarely or never understood

# Making Self Understood

## Coding

- Understood - Expresses ideas without difficulty
- Usually understood - Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
- Often understood - Difficulty finding words or finishing thoughts AND prompting usually required
- Sometimes understood - Ability is limited to making concrete requests
- Rarely or never understood

- **Understood** – The person expresses ideas clearly without difficulty.
- **Usually understood** – The person has difficulty finding the right words or finishing thoughts (resulting in delayed responses), but if given time, requires little or no prompting.
- **Often understood** – The person has difficulty finding words or finishing thoughts, and prompting is usually required.
- **Sometimes understood** – The person has limited ability, but is able to express concrete requests regarding at least basic needs, such as food, drink, sleep, and toilet.
- **Rarely or never understood** – At best, understanding is limited to interpretation of highly individual, person-specific sounds or body language. For example, caregiver has learned to interpret person signaling the presence of pain or need to toilet.

# Ability of Understand Others

## Intent

“To describe the person’s ability to comprehend verbal information, whether communicated to the person orally, in writing, or through sign language or Braille. This item measures the person’s ability not only to hear messages but also to process and understand language.”

**?** **Ability to understand others (comprehension)**  
*Understanding verbal information content (however able; with hearing appliance normally used)*

- No Selection
- Understands - Clear comprehension
- Usually understands - Misses some part / intent of message BUT comprehends most conversation
- Often understands - Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
- Sometimes understands - Responds adequately to simple, direct communication only
- Rarely or never understands

# Section F. Functional Status

- ❑ Instrumental Activities of Daily Living (IADL)
- ❑ Activities of Daily Living (ADL)
- ❑ Primary Mode of Locomotion Indoors
- ❑ Activity Level
- ❑ Change in ADL Status
- ❑ Overall Self-Sufficiency
- ❑ Driving
- ❑ Transportation



# Meal Preparation

## Item

### **Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)**

Meal preparation -  
PERFORMANCE

- No Selection
- Independent - No help, setup, or supervision
- Setup help only
- Supervision - Oversight/cueing
- Limited assistance - Help on some occasions
- Extensive assistance - Help throughout task, but performs 50% or more of task on own
- Maximal assistance - Help throughout task, but performs less than 50% of task on own
- Total dependence - Full performance by others during entire period
- Activity did not occur - During entire period

Meal preparation - CAPACITY

- No Selection
- Independent - No help, setup, or supervision
- Setup help only
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Measures what the person actually did within each IADL category in the last 3 days.

Meal preparati

- Setup help only
- Supervision - Oversight/cueing
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# Meal Preparation

**Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)**

Meal preparation -  
PERFORMANCE

- No Selection
- Independent - No help, setup, or supervision

the response based on the person's presumed ability to carry out the activity.

- Activity did not occur - During entire period

Meal preparation - CAPACITY

- No Selection
- Independent - No help, setup, or supervision
- Setup help only
- Supervision - Oversight/cueing
- Limited assistance - Help on some occasions
- Extensive assistance - Help throughout task, but performs 50% or more of task on own
- Maximal assistance - Help throughout task, but performs less than 50% of task on own
- Total dependence - Full performance by others during entire period

# Meal Preparation

## **Definition**

How meals are prepared (planning meals, assembling ingredients, cooking, setting out food and utensils). This item should be assessed in terms of the person's ability to put meals together, regardless of the quality or nutritional value of the meal.

# Meal Preparation

## Process

Question the **person** about his or her performance of normal activities around the home or in the community in the last 3 days. You may also talk to **family members** if they are available. Use your own **observations** as you are gathering information for other Community Assessment items.

# Meal Preparation

## Coding

- **Independent** – No help, setup, or supervision needed.
- **Setup help only** – Article or device provided or placed within reach, no physical assistance or supervision in any episode.
- **Supervision** – Oversight/cuing required.
- **Limited assistance** – Help required on some occasions.
- **Extensive assistance** – Help required throughout task, but performs 50% or more of task on own.
- **Maximal assistance** – Help required throughout task, but performs less than 50% of task on own.
- **Total dependence** – Full performance of activity during entire period by others.
- **Activity did not occur** – During entire period. NOTE: You may select this response for the Performance category, but do not select it to for the Capacity category.

# Scenario

- ❑ Jane Person – 35 year old with a Traumatic Brain Injury
- ❑ Lives in an apartment; attends structured day program
- ❑ Mother is actively involved; tries to help Jane be as independent as possible

# Demonstration



# Scenario Wrap-up

- ❑ Comprehensive, complete, and accurate
- ❑ Holistic view of individual and assessment
- ❑ Utilize good assessment skills

# Questions

- ❑ For additional information about the UAS-NY, please email:
  - ❑ [uasny@health.ny.gov](mailto:uasny@health.ny.gov)
- ❑ For additional information about the TBI Waiver, please email:
  - ❑ [tbi@health.ny.gov](mailto:tbi@health.ny.gov)