



Department
of Health

New York Independent Assessor

Process Overview for NYIA Initial Assessment Practitioner Order, Independent Review Panel and CHA Variance Process for Local Departments of Social Services

Webinar Logistics

- All participants will remain muted throughout the presentation.
- Questions during the presentation should be submitted through the Q&A function.
- The presentation portion of the webinar is being recorded and will be posted along with the slides on the Department of Health's (Department) Independent Assessor (IA) webpage.
- A question-and-answer period will be held at the end of the presentation. Use the “raise hand” function in WebEx if you would like to be unmuted to ask a question.
- Questions will be answered as time permits. All questions, including those we are unable to answer during the webinar, will be included in FAQ documents.
- Answers provided to questions submitted during the webinar will be based on current information, and thus may not constitute a complete or final answer. FAQ documents will be posted on the Department's [IA webpage](#).
- Additional questions may be submitted after the presentation to independent.assessor@health.ny.gov.

Operational Series Training Topics

- Process Overview of Initial Assessment for Local Departments of Social Services
- Process Overview for Initial Assessment Communication, Notices, Reports (includes UAS Data Exchange)
- **NYIA PO, IRP & Assessment Variance Process**
- Fair Hearing Roles & Responsibility
- Process Overview of Reassessments for Local Departments of Social Services
- Process Overview for Reassessment Communication, Notices, Reports (includes UAS Data Exchange)

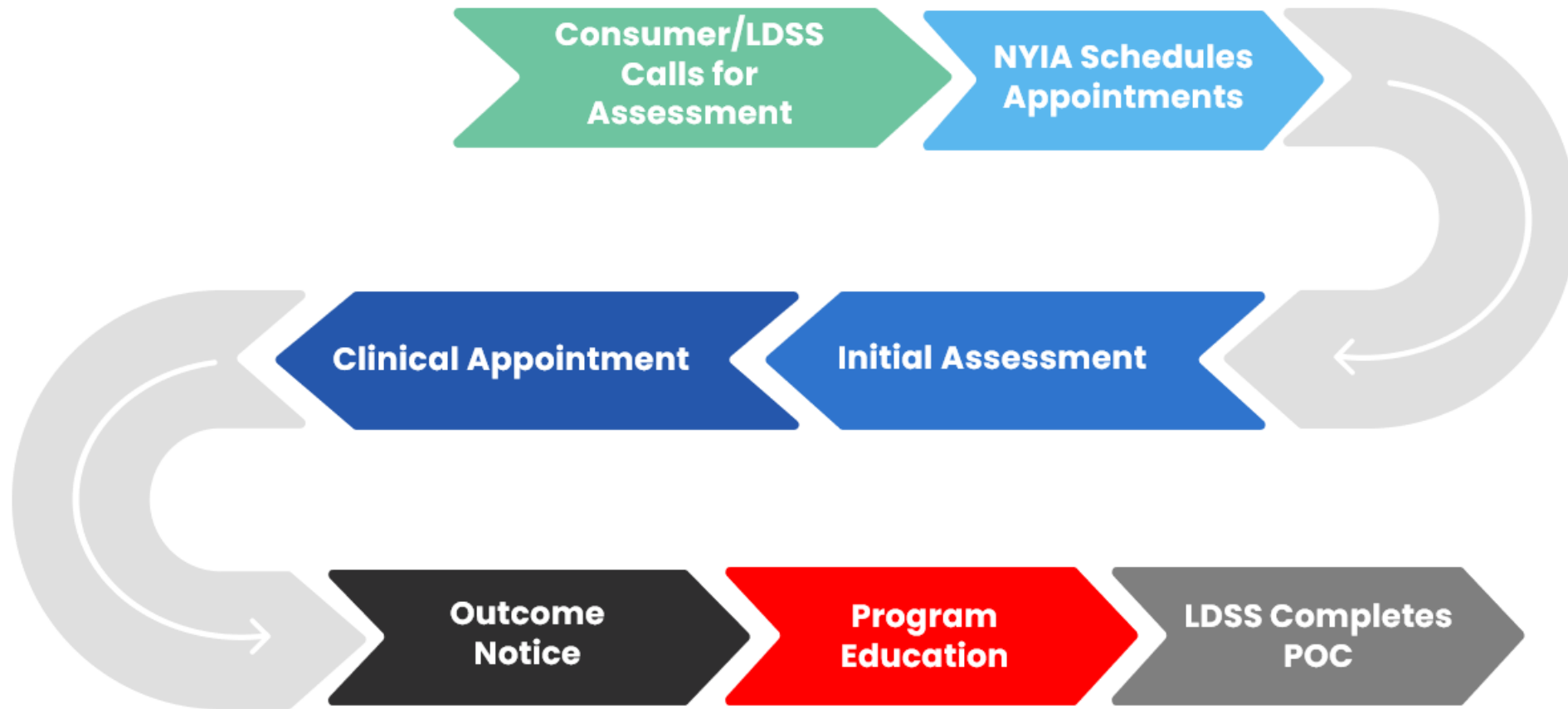
Agenda

- Introduction & Overview
- Clinical Appointment – Practitioner Form
- Plan of Care Development
 - Variance Review Process
 - Independent Review Panel
- Summary
- Resources

Introduction & Overview

February 2022

Initial Assessment



Overview

This presentation provides an overview of how LDSS and NYIA will interact during and after Initial Assessments for individuals seeking PCS and/or CDPAS for the following:

- Clinical Appointment – Practitioner Order
- CHA Variance Process
- Independent Review Panel

Initial Assessment – Clinical Appointment - IPP & the Practitioner Order

February 2022

NYIA Independent Practitioner Panel (IPP)



- During the Clinical Appointment the IPP clinician will conduct a medical review and complete the *Medical Review and Practitioner Order (PO)* form.
- At the completion of the Clinical Appointment, the IPP will upload the PO form to the individual's record in the UAS-NY.

NYIA Independent Practitioner Panel (IPP)

- The LDSS can locate the completed PO form in the individual's record in the UAS-NY.
- The PO form and the CHA must be used to inform the development of an individual's Plan of Care by the LDSS. The LDSS will not conduct another CHA.

The screenshot displays the UAS-NY interface for Allen Anderson. The top navigation bar includes the UAS-NY logo and the name ALLEN ANDERSON. Below the name is a toolbar with buttons: Add, Refresh, Delete, Check Missing, Share, Edit PO, Check Consistency, CC, and FS. The left sidebar shows a tree view of the record, with 'Practitioner Order' highlighted under the 'Assessments' section. The main content area shows the 'Practitioner Order (PO)' form with the following fields:

- Practitioner Name: Milton Bradley MD
- Practitioner License Number: 123456
- Date of medical exam: 01/22/2022
- Is individual's condition stable? (Radio buttons): No selection (selected), No, Yes
- Practitioner Order: Download button


A note above the form states: "Please note: Only Independent Assessor staff can edit the record. Other organizations can view the record."

NYIA Independent Practitioner Panel (IPP)

The *Medical Review and Practitioner Order* form contains the following information:

- Individual's Identifying Information
- Community Health Assessment (CHA) Details
- Medical Review Summary
- Medical Professional's Certification

Sample Practitioner's Order Form



Medical Review and Practitioner's Order Form
 Required to be completed by a medical professional for the authorization of personal care services (PCS) and Consumer Directed Personal Assistance Services (CDPAS).

SECTION 1. INDIVIDUAL'S IDENTIFYING INFORMATION

Individual's Name			
Medicaid CIN		Date of Birth (MM/DD/YYYY)	
Social Security Number		Telephone Number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile () - - - -	
Address (No. and Street)		City	State Zip Code

SECTION 2. COMMUNITY HEALTH CARE PROVIDER INFORMATION

Medical Professional's Name (e.g., MD, DO, NP, PA)		
License #	Telephone Number () - - - -	Date of Exam (MM/DD/YYYY)
Location of Medical Exam (check one) <input type="checkbox"/> Individual's home <input type="checkbox"/> Caregiver's home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (specify): _____		Modality of Exam (check one) <input type="checkbox"/> In-person <input type="checkbox"/> Teleconference
Name, relationship to the individual and telephone number of other people present at the time of the medical exam to support the individual		

Name, relationship to the individual and telephone number of other people present at the time of the medical exam to support the individual		
Name	Relationship	Telephone Number
_____	_____	() - - - -
_____	_____	() - - - -
Date of CHA (MM/DD/YYYY) _____ / _____ / _____		

SECTION 3. MEDICAL REVIEW

1.	Does the individual have the ability to understand the benefits and risks of a proposed treatment or have a designee who is able to understand for them?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Does the individual have the ability to evaluate treatment benefits, risks, and alternatives or have a designee who is able to evaluate for them?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Does the individual show reasoning in making a decision or have a designee that is able to make decisions for them?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Send for Comm

Sample Practitioner's Order Form

<p>4. A) Is the individual capable of making choices about their activities of daily living, and can they understand the impact of those choices and assume responsibility for the results? If YES, continue to Question 4B; if NO, continue to Question 5.</p> <p>B) Is the individual capable of managing their Plan of Care and instructing, supervising, managing and directing a home care worker?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<p>5. List any tasks, treatments, or therapies currently received or required by the individual (e.g., colostomy care, ostomy care, catheter care, tube feedings, rehabilitation therapy).</p> <p style="text-align: center; font-size: 2em; color: red; font-weight: bold;">Sample</p>	<p>6. Does the individual require assistance with, or provision of, skilled tasks (e.g., monitoring of vital signs, dressing changes, glucose monitoring)? If YES, please describe:</p> <p style="text-align: center; font-size: 2em; color: red; font-weight: bold;">Sample</p> <p>7. Does the individual require a modified diet or have other special nutritional or dietary needs? If YES, please describe:</p> <p>8. Does the individual have the ability to communicate their choices or have a designee who can communicate their choices for them?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Sample Practitioner's Order Form

9. List all medications (prescriptions and over the counter) and medication regimens, including dosage, administration route, frequency and any special instructions.

MEDICATION	Dosage	Administration Route	Frequency
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Patient's ability to take medication (check one):

- Can self-administer
- Needs reminding
- Needs supervision
- Needs help with preparation
- Needs administration

Special instructions or other comments on medications:

10. Describe the individual's current medical/physical condition, including any relevant history and diagnoses as indicated by the CHA or from other requested medical records.
List all documentation besides the CHA that was reviewed when evaluating the individual's condition.

a) Cite primary and secondary diagnoses from medical records and source of records:

b) Activities that require personal care, including assistance with bathing, toileting, dressing, eating or mobility:

11. Is the individual's condition stable? YES NO

A **stable medical condition** shall be defined as follows:

- (a) the condition is not expected to exhibit sudden deterioration or improvement; and
- (b) the condition does not require frequent medical or nursing judgment to determine changes in the individual's Plan of Care; and
- (c) (1) the condition is such that a physically disabled individual is in need of routine supportive assistance and does not need skilled professional care in the home; or
(2) the condition is such that a physically disabled or frail elderly individual does not need professional care but does require assistance in the home to prevent a health or safety crisis from developing.

Continued on the next page =>

Sample

Sample

Sample Practitioner's Order Form

<p>Medical Professional's Certification</p> <p>I, the undersigned medical professional, certify that I have reviewed and accurately described the individual's medical condition, needs and treatment regimens, including any medication regimens, at the time of the individual's examination.</p> <p>I understand that this Practitioner's Order is subject to the New York State Department of Health regulations at part 515, 516, 517, and 518 of title 18 NYCRR, which permit the Department of Health or other agencies or organizations including but not limited to managed care organizations and the Office of Medicaid Inspector General to impose monetary penalties on, or sanction and recover overpayments from providers for the provision of medical care, services or supplies when medical care, services or supplies that are unnecessary, inappropriate or not medically necessary for the individual's documented medical condition are provided or ordered.</p>	
<p>Medical Professional's Signature</p>	<p>Date (MM/DD/YYYY)</p> <p>___ / ___ / ____</p>
<p>Printed Name</p>	<p>License Number</p>

February 2022

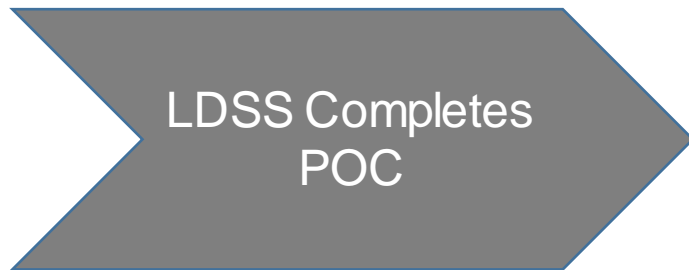
Initial Assessments – Variance Process

February 2022

Initial Assessments – Variance Process

LDSS are required to use the NYIA Initial Assessment CHA outcome and PO issued by the NYIA in the development of an individual's Plan of Care.

The LDSS must begin Plan of Care development when individuals contact them to initiate services.



Initial Assessments – Variance Process

During the POC development process, the LDSS could identify information in the NYIA CHA that MAY be inaccurate.

There are two types of inaccuracies that could be identified in a CHA:

- **Factual variances** are inaccuracies or missing documentation related to an individual's identifying information or health history.
- **Clinical variances** are differences related to the Nurse Assessor's clinical judgment of how the individual presented at the time the CHA was completed.

Note: A CHA might have both factual and clinical variances. Both types of variances are material, and may require correction, when they affect the scope, amount or duration of services in an individual's plan of care.

Initial Assessments – NYIA Variance Process

Factual Inaccuracies:

- Identification information
- Section A: Intake and history
- Section K: Medications and allergies

CHA Clinical Variances:

- Section B: Cognition
- Section C: Communication & vision
- Section D: Mood and Behavior
- Section E: Psychosocial Well-Being
- Section F: Functional Status
- Section G: Continence
- Section H: Disease diagnosis
- Section I: Health condition
- Section J: Nutritional status
- Section L: Treatments and procedures
- Section M: Social Supports

Examples of Clinical and Factual Variances

Factual Inaccuracies	Clinical Variances
<p>Fred's CHA in Section A – Living arrangement indicates that Fred lives alone. Fred actually lives with a son and daughter-in-law.</p>	<p>Fred did not have any cognitive or memory issues noted in the NYIA CHA; however, when the LDSS met with Fred to discuss the plan of care the cognition screening was failed, Fred believed that Eisenhower was President and talked about seeing the Brooklyn Dodgers play a game last week.</p>
<p>Dolly takes an aspirin daily. However, Section K of the CHA indicates that Dolly does not take any medications.</p>	<p>Dolly's NYIA CHA indicated the ability to get around the apartment independently. However, when the LDSS met with Dolly to discuss the plan of care, assistance is needed to get out of a chair and Dolly was not steady when walking across the room.</p>

Initial Assessments – NYIA Variance Process and the POC Development Process

Factual Inaccuracies:

- A Factual Inaccuracy is material when it will affect the development of the plan of care (POC) for an individual.
- Fred's living situation may impact the number of hours of personal care needed if Fred is willing to accept, and the daughter-in-law is willing to provide, some assistance.
- Dolly takes aspirin daily, and the POC should reflect accurate medications.
- The LDSS is responsible for submitting to NYIA for review and, if warranted, correction.

CHA Clinical Variances:

- An appropriate POC cannot be developed based on a clinically inaccurate CHA. The LDSS must submit the CHA Variance Form, document the inaccuracy and provide a clinical rationale for its finding.
- CHA Clinical Variance requires a new CHA to be conducted within 10 days of receipt of the form.
- The new CHA replaces the old CHA in the UAS-NY. A new PO is not required.
- The LDSS must use the new CHA in the POC development process.

LDSS Responsibilities – CHA Variance

- When submitting a CHA Variance request for clinical inaccuracies to the NYIA, the LDSS must also inform the individual that a new CHA may be conducted because of this request.
- The LDSS should tell the member that findings on their recent CHA do not align with what they're observing, and a new CHA may be necessary to ensure their services meet their needs.
- The LDSS must inform the individual that they can decide not to have a new CHA conducted.
- NYIA will review the CHA Variance Form and materials submitted by the LDSS and if they agree that there is a clinical variance will schedule a new CHA by both telephoning the member and sending a notice explaining the need for another CHA.
- The CHA Variance process does not change the amount of time an LDSS has to develop a plan of care, authorize and initiate services. If the individual refuses the new CHA, the LDSS proceeds with the POC development, ensuring it is appropriate to the member's needs.

Initial Assessments – NYIA Variance Process – LDSS Role

To initiate a Variance review, the LDSS must submit a Variance Review package to NYIA via a secure URL within 5 days.

- The Variance Review package must include the following:
 - A completed Community Health Assessment Variance Form,
 - A written statement on their letterhead, and
 - Additional supporting documentation, as applicable.
- The LDSS may call the NYIA Operational Staff Unit (OSU) at 855-665-6942 with questions about the status of the request.

Community Health Assessment Variance Form

The Community Health Assessment Variance Form contains the following sections and fields:

- MMCO/LDSS Information
- Individual's Identifying Information
- Variance Reason(s)
- MMCO/LDSS Signature

SECTION 1. MCO/LDSS INFORMATION			
Name of MCO or LDSS			
MCO/LDSS Contact Name			
Email Address		Phone Number	
Sample			
SECTION 2. INDIVIDUAL'S IDENTIFYING INFORMATION			
Last Name		First Name	MI
			DOB (MM/DD/YYYY)
			____/____/____
Medicaid CIN	Social Security Number	Telephone Number	
		<input type="checkbox"/> Landline <input type="checkbox"/> Mobile (____) ____-____	
Address (No. and Street)			City
State	Zip Code	Email Address	

Community Health Assessment Variance Form

SECTION 3. VARIANCE REASON(S)	
<p>Instructions: Select (☒) the variance reason or reasons for the individual listed in Section 2, based on the documented information in the CHA and supplemental assessments conducted by NYIA. A written statement on the MCO/LDSS letterhead and additional documentation supporting the variance must also be submitted.</p>	
<input type="checkbox"/>	Identification Information
<input type="checkbox"/>	Intake/Initial History
<input type="checkbox"/>	Cognition
<input type="checkbox"/>	Communication and Vision
<input type="checkbox"/>	Mood and Behavior
<input type="checkbox"/>	Psychosocial Well-Being

Sample

NYIA-CHA-VF-0021

Community Health Assessment Variance Form

SECTION 3. VARIANCE REASON(S) (Continued)	
<input type="checkbox"/>	Functional Status
<input type="checkbox"/>	Continence
<input type="checkbox"/>	Disease Diagnoses
<input type="checkbox"/>	Health Conditions
<input type="checkbox"/>	Oral and Nutritional Status
<input type="checkbox"/>	Medications and Therapies
<input type="checkbox"/>	Treatments and Procedures
<input type="checkbox"/>	Social Supports
<input type="checkbox"/>	Environmental Assessment
<input type="checkbox"/>	Skin Conditions
<input type="checkbox"/>	Responsibility
<input type="checkbox"/>	Mental Health Service History

Sample

Community Health Assessment Variance Form

<input type="checkbox"/>	Mental State Indicators
<input type="checkbox"/>	Substance Use
<input type="checkbox"/>	Harm to Self and Others
<input type="checkbox"/>	Stress and Trauma
<input type="checkbox"/>	Social Relations
SECTION 4. MCO/LDSS SIGNATURE	
MCO/LDSS Representative Name (Please print)	
Signature	Date (MM/DD/YYYY) ____ / ____ / _____

Sample

2

CHA Variance Review Process

When NYIA receives the Variance form, the OSU unit will review the form to ensure it is complete.

- If the form is not complete, NYIA will return the form to the LDSS.
- If the form is complete, then it is sent for review to the NYIA Clinical Quality Assurance Department by a Qualified Assurance Nurse Specialist (QANS).

CHA Variance Review Process

- Each variance package (form and supporting documentation) is assigned to a QAN for first level review.
- The QAN reviews the variance package and reviews the CHA.
 - If additional information is needed to complete the review, they will coordinate with OSU to request the LDSS to submit the necessary documentation.
 - The LDSS will have 10 business days to submit the additional information needed. If the requested information is not received within 10 business days, the variance review will be cancelled, and OSU will notify the LDSS by phone.

CHA Variance Review Process

- Once the QAN has all the documentation needed to complete their review, they notify the Clinical QA Department leadership of their recommendation.
- The Clinical QA Department leadership will review the recommendation within two business days of a complete CHA Variance Form and supporting documentation. It will approve the recommendation or request the QAN to review/revise their recommendation.
- The QAN will notify the LDSS of the determination by secure email sent through MOVEit.

CHA Variance Review Process

The Clinical QA Department's determination will be one of the following:

- The CHA is correct. There are no clinical or factual inaccuracies based on the information supplied by the LDSS. No updates will be made to CHA.
- The CHA is incorrect and:
 - Factual inaccuracies were determined. The NYIA Nurse Assessor will modify the information in the CHA to correct the affected information. This will not impact the original Initial Assessment outcome.
 - Clinical inaccuracies were determined. A new assessment will be scheduled for the individual with a different Nurse Assessor and a new CHA will be submitted to UAS-NY.
 - Factual and Clinical inaccuracies were determined. A new assessment will be scheduled for the individual with a different Nurse Assessor and a new CHA will be conducted.

CHA Variance Review Process

- If it is determined that a new assessment is needed, OSU will collaborate with the individual to schedule a new assessment to be completed within four calendar days of the variance review and a new CHA will replace the previous CHA in UAS-NY.
- After the new CHA has been completed, the individual will receive a new written notification with an outcome based on the new assessment.

CHA Variance Review Process

Allen Anderson

- Identification Info
- Addresses
- Enrollments
- Assessments
 - 02/10/2022 Community Health
 - Reference Date
 - Link to Disputed Assessment
 - 02/01/2022 Community Health
 - Community Health Assessment
 - Medications
 - Disease Diagnoses
 - Sign/Finalize
 - Assessment Outcomes
 - Review/Consult
 - 02/01/2022 Community Health

Disputed assessment

02/01/2022 Community Health

When a new CHA is created, the IA will link it to the variance assessment in the UAS-NY for reference.

NOTE: a forthcoming update will update the verbiage from “Disputed” to “Variance” throughout the UAS-NY.

CHA Variance Review Process

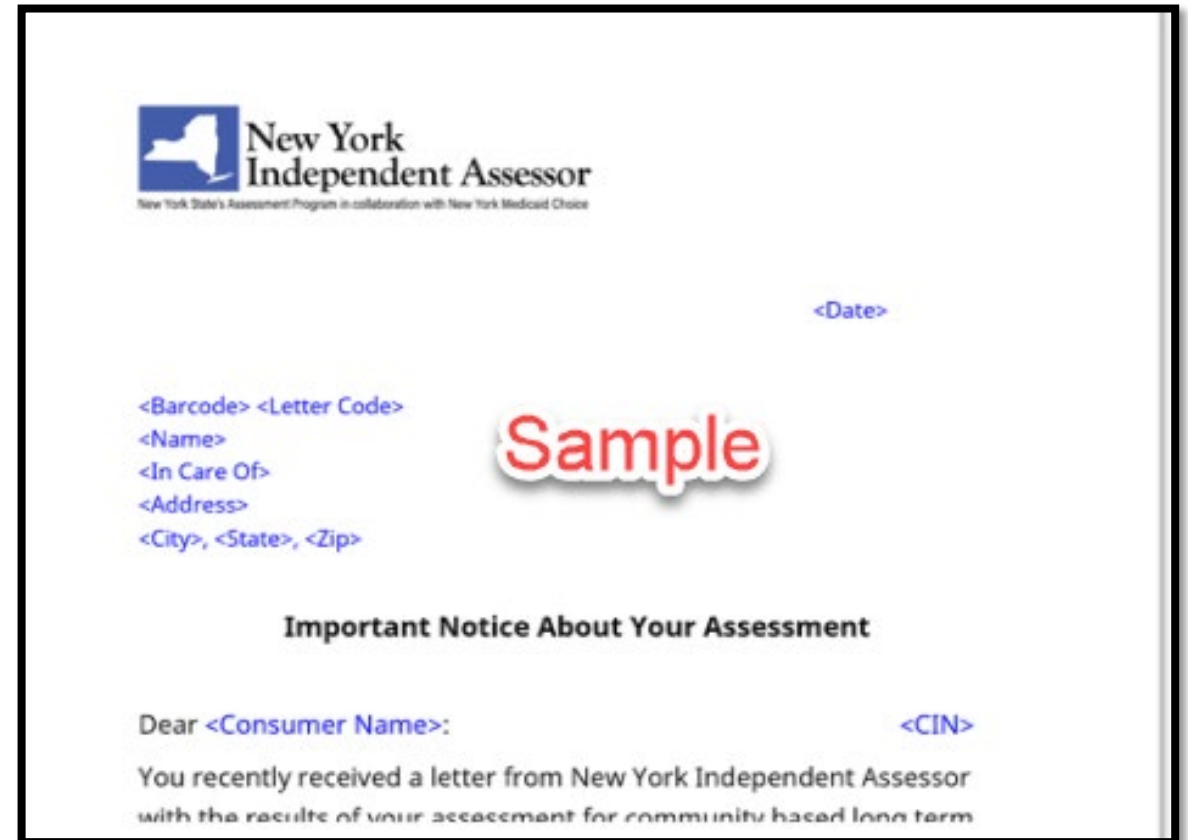
The screenshot shows a patient record for Allen Anderson. On the left is a navigation menu with categories: Identification Info, Addresses, Enrollments, Assessments, and Review/Consult. Under Assessments, there are two entries: '02/10/2022 Community Health' and '02/01/2022 Community Health'. The '02/01/2022 Community Health' entry is highlighted with a blue box. A blue arrow points from a callout box to this entry. The callout box contains the text: 'The UAS-NY will also display a “strike-through” to indicate the CHA is now superseded by a Variance Assessment.' The main content area on the right is titled 'Disputed assessment' and shows a dropdown menu with '02/01/2022 Community Health' selected.

CHA Variance Review Process – Consumer Notice

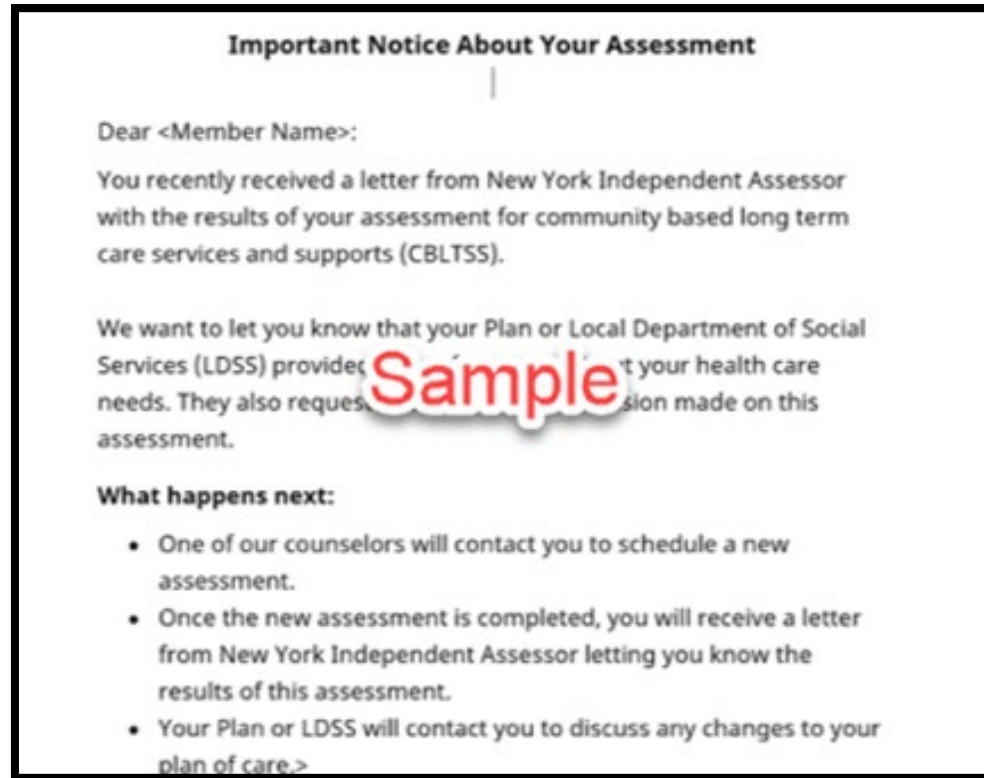
If the Clinical QA Department determined that there were **clinical inaccuracies** on the CHA, NYIA will send a notice to the individual.

The NYIA Initial Assessment Case Overturned Notice includes the following sections:

- Introduction
- What Happens Next (will only appear in the Clinical Variance notice)
- Questions? Call Us
- Independent Consumer Advocacy Network (ICAN)



CHA Variance Review Process – Consumer Notice



A notice based on a determination that there are **Clinical** inaccuracies will contain the introduction and a “What happens next section.” The notice will explain that:

- The individual’s LDSS submitted additional information to NYIA and has requested a new assessment to be completed.
- NYIA will be contacting them to schedule the new assessment.
- At the completion of the new assessment, they will receive a new Initial Assessment Outcome notice.

CHA Variance Review Process – Consumer Notice



- All NYIA Initial Assessment notices include the "Questions? Call Us." language.
- NYIA is responsible for answering any questions regarding the outcome notices and providing the referrals to the correct entity, including MLTC Plan options.

Outcome Notices- Clinical Variance

Information about The Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaint, and appeal options. To learn more about ICAN, go to www.icannys.org, or call 1-844-614-8800. TTY: 711. All services are free.

Sample

Information about The Independent Consumer Advocacy Network will be included in all NYIA Initial Assessment Outcome Notices.

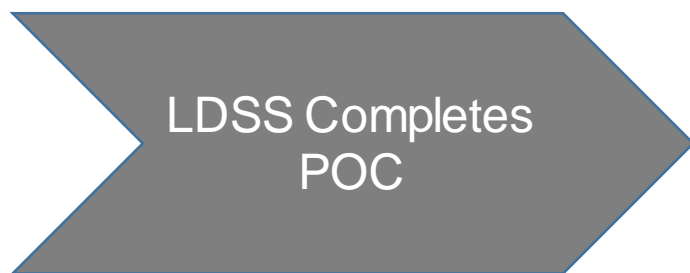
LDSS Notification of Outcome

- The QAN who conducted the initial review of the CHA will notify the LDSS of the results of the variance review within two business days of CHA Variance Report being submitted by the LDSS.
- The LDSS will be notified by secure email through MOVEit.
- In addition, a Weekly Variance Report is planned, which NYIA will compile and provide to LDSS.

CHA Variance Individual Scenario

February 2022

Scenario



LDSS Actions

- Fred had a CHA finalized in UAS-NY on Tuesday.
- The LDSS reviewed the CHA results on Thursday to begin development of POC.
- The LDSS determined that there were both factual and clinical variances in the CHA.
- The LDSS submits the Community Health Assessment Variance Form, with supporting documentation to NYIA. This includes Fred's current list of medications, a copy of Fred's most recent neurological evaluation, and any other information that would support a variance Review.

Scenario

NYIA Actions

- NYIA received Fred's variance package from the LDSS on Friday via a secure URL.
- OSU reviews the submission and assigns a QAN to review the documentation on Monday.
- On Monday, the Clinical QA Department determines that there were no factual variances, but there were clinical variances.
- The QAN notifies the LDSS of the outcome, including the fact that a new assessment will be scheduled.
- OSU contacts Fred by phone to schedule a new assessment; Fred also receives a letter from NYIA explaining the need to conduct a new assessment.
- Fred receives an outcome notice from NYIA by mail once the new assessment is conducted.

Note: The LDSS reviews the new CHA and finalizes POC.

CHA Variance - Summary

February 2022

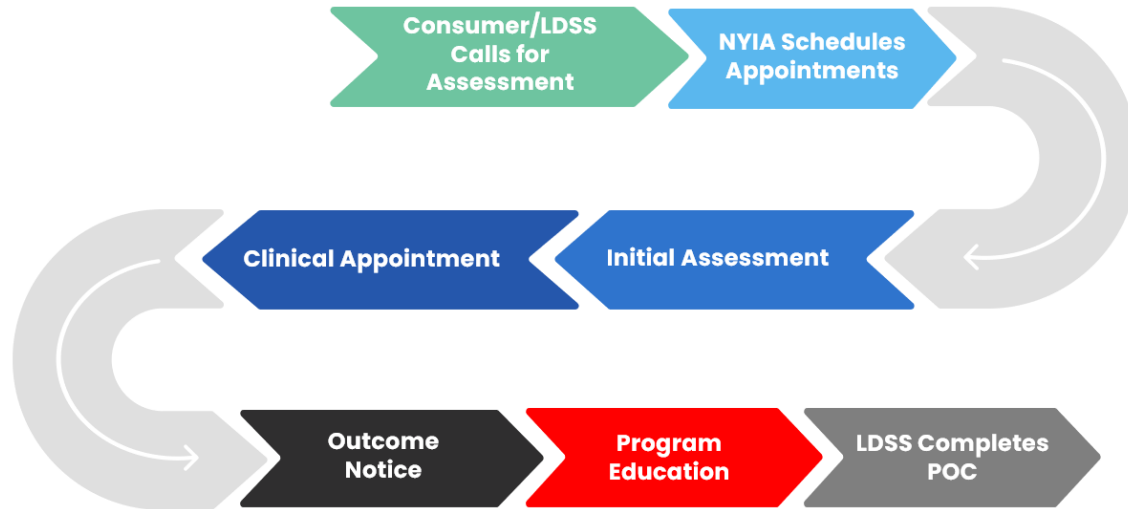
CHA Variance - Summary

- The CHA Variance Form must be submitted within 5 days after LDSS review of the CHA/PO. If all necessary information is submitted, the Clinical QA Department will decide within two business days.
- The variance review outcomes may include:
 - There were no material factual or clinical variances.
 - There were factual variances that resulted in the CHA being updated with no change to the original outcome.
 - There were clinical variances that resulted in a new assessment being scheduled with a different Nurse Assessor.
- The LDSS must review the results of the new CHA to finalize the plan of care once a material variance has been identified and a review commenced.
- The CHA Variance Process does not change the amount of time the LDSS has to review the CHA/PO, develop a plan of care in consultation with the member and any representatives they choose, authorize and commence services.

Initial Assessment: Plan of Care Development – Independent Review Panel

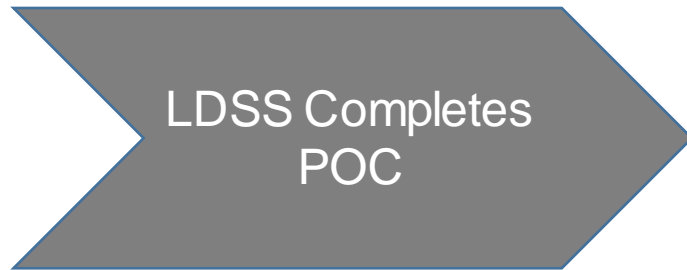
February 2022

LDSS - Initial Assessment Process Overview



The LDSS are responsible for reviewing the results of the Initial Assessment and Clinical Appointment as part of the POC development process.

NYIA Independent Review Panel (IRP)



- If the Plan of Care developed constitutes a new high needs case, the LDSS must submit the Plan of Care for review by the Independent Review Panel.
 - The LDSS must submit the IRP Review Form within one business day of developing a proposed POC that calls for more than 12 hours per day, on average, of PCS and/or CDPAS.
-
- High need care level review: Upon NYIA implementation, new authorizations of PCS/CDPAS for more than 12 hours per day, on average, require a second medical review by NYIA's Independent Review Panel.
 - Regulations define the high need threshold as more than 12 hours a day, on average (e.g., more than 360 hours in a 30-day month, or more than 84 hours in a 7-day week).

NYIA Independent Review Panel (IRP)

An IRP review is required if:

- The individual is newly determined to require more than 12 hours a day, on average, of PCS/CDPAS; or
- an individual was previously receiving more than 12 hours day on average, followed by a period of time where their services were authorized for less than 12 hours per day, on average, and then at a later date needs a new authorizations for high need level of care.

NYIA Independent Review Panel (IRP)

An IRP review is **not** required if:

- The individual is already in receipt of more than 12 hours a day, on average, of PCS/CDPAS;
- an individual has had an IRP review and authorized services are maintained at more than 12 hours a day, on average, through subsequent proposed POCs, regardless of whether proposed by the LDSS or a managed care plan; and/or
- an individual's authorized hours are more than 12 per day, on average, and are increased to include additional hours (e.g., from 16 hours to 24 hours).

NYIA Independent Review Panel (IRP)

- Second medical review for NEW high need cases;
- At least two clinicians will review, at a minimum, the CHA, PO and Plan of Care;
- Panel may interview other providers or caregivers, and examine individual, if needed;
- Question to panel is whether the plan of care is reasonable and appropriate to maintain the member's health and safety at home;
- IRP Review results in a recommendation;
- Recommendation may suggest additional, alternative, or fewer services, but may not specify number of hours;
- Lead physician signs the recommendation;
- LDSS must consider the recommendation prior to authorizing services.

Temporary Plan of Care

- LDSS should enroll members prior to submitting a proposed POC to the IRP for review.
- When timing requires that services are authorized prior to completion of the IRP review and issuance of its recommendation, the LDSS may temporarily authorize services for 12 hours or less, per day, on average.
- If the recommendation calls for fewer hours or a higher level of care (institutional) than the proposed POC and the LDSS agrees, Fair Hearing language would accompany the denial, reduction or discontinuance notice.
- Otherwise, the LDSS would commence the services recommended or augmented in the proposed POC after reviewing the IRP recommendation.

IRP Review Process – LDSS


To submit an IRP review request, the LDSS must complete an Independent Review Panel Request Form and submit it to NYIA via a secure URL.

The LDSS may call the NYIA Independent Practitioner Panel Operational Support Unit (IPP OSU) at 844-444-6942 to verify if the form was received.

The IRP Request form contains the following sections and fields:

- Individual's Identifying Information
- Referring LDSS Information
- POC Details
- LDSS Attestation

IRP Request Form



New York Independent Assessor
New York State's Assessment Program in collaboration with New York Medicaid Choice

Independent Review Panel Request Form

Managed Care Organization (MCO)/Local Department of Social Services (LDSS) must use this form to initiate a Plan of Care review on behalf of an individual for whom the MCO/LDSS has authorized, for the first time, more than 12 hours of personal care services and/or Consumer Directed Personal Assistance Services per day on average.

SECTION 1. INDIVIDUAL'S IDENTIFYING INFORMATION

Last Name	First Name	Middle Initial	
Medicaid CIN	DOB (MM/DD/YYYY)		
Social Security Number	Telephone number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile (____) _____		
Address (No. and Street)	City	State	Zip Code

SECTION 2. REFERRING MCO/LDSS INFORMATION

Name of MCO or LDSS referring the individual's Plan of Care to the Independent Review Panel	
MCO/LDSS Contact Name	
Contact Email Address	Contact Telephone Number (____) _____

SECTION 3. PLAN OF CARE DETAILS

Date Plan of Care Created (MM/DD/YYYY)	Number of Authorized Hours
Date of Community Health Assessment (MM/DD/YYYY)	Date of Practitioner's Order (MM/DD/YYYY)
Documents attached to this Plan of Care review request include:	
Plan of Care Document	Date (MM/DD/YYYY)

SECTION 4. MCO/LDSS ATTESTATION

By signing this form, I certify that I have submitted all necessary information to comply with the individual's Plan of Care review whose name appears in Section 1 of this form.

MCO/LDSS Representative's Name (please print)	MCO/LDSS
MCO/LDSS Representative Signature	Date (MM/DD/YYYY)

Independent Review Panel (IRP) – NYIA

- The IRP will review the individual's CHA, PO and POC, and may evaluate other records, speak with the individual's primary care practitioner or other providers, or examine the individual.
- The IRP will then develop a recommendation as to whether the proposed POC is reasonable and appropriate to maintain the individual's health and safety at home.
- The IRP recommendation to the LDSS may include suggested changes in scope, type, amount, or duration of services but cannot specify a recommended number of hours.

IRP Process – NYIA

- Upon receipt of the IRP Request Form, the IPP OSU staff will review the submitted information and assign the IRP review request to a “Lead Physician”. The Lead Physician and all practitioners on the IRP must be
 - available to complete the process over the next six calendar days.
 - must not have been involved in the Clinical Appointment (CA) process; and
 - must not have a provider-patient relationship with the individual.
- If a physician is not available to serve as Lead Physician for any of the reasons above, an alternate physician will be assigned to lead the panel.
- The Lead Physician will review the information submitted and will select at least one additional practitioner to participate in the IRP review request. The IRP review request will be completed within six calendar days of acceptance of the request by the Lead Physician.
- The IRP will review the following information:
 - The CHA and PO in the UAS-NY application
 - The POC and any supporting documentation submitted by the LDSS

IRP Process, continued – NYIA

Before making a recommendation, the IRP may determine that they:

- Need to conduct an interview (referred to as an evaluation) of the individual
- Need additional information from the LDSS and/or the individual's physician(s)

If the IRP determines they need additional information, or if they determine the need to evaluate the individual (subject to the availability of the individual and the Lead Physician), IPP OSU will coordinate these requests with the LDSS. If the consultation or documentation is not received by the 4th day after the Lead Physician accepted the request for an IRP, NYIA will continue to review the information that it is on file, and make a recommendation based on the information available.

IRP Recommendation

After the IRP has completed their review, the Lead Physician will complete the “Independent Review Panel Report and Recommendation Form for High Needs Cases”.

The IRP’s recommendations may:

- agree with the recommendations in the individual’s POC or
- suggest modifications to the individual’s POC, which may include additional, alternative, or fewer services.

The IRP may not suggest or recommend specific hours of service. The IRP recommendation will be completed within six calendar days.

The IRP Recommendation Form will be uploaded to the UAS-NY application.

IRP Recommendation

This IRP Recommendation Form contains the following Sections:

- Individual's Identifying Information
- Independent Review Panel Information
- Referring LDSS Information
- Required Record Review
- Information on Additional Review
- Panel's Recommendation
- Lead Physician's Certification

IRP Recommendation Form

SECTION 1. INDIVIDUAL'S IDENTIFYING INFORMATION			
Individual's Name			
Medicaid CIN		Date of Birth (MM/DD/YYYY) ____ / ____ / ____	
Social Security Number		Telephone Number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile (____) ____ - ____	
Address (No. and Street)		City	State Zip Code
SECTION 2. INDEPENDENT REVIEW PANEL INFORMATION			
Lead Physician's Name			
Lead Physician's Area of Specialty			
License #		Lead Physician's Telephone Number (____) ____ - ____	
Provide the names, professions (e.g., MD, DO, NP, PA), specialties (if any) and license numbers of the other Panel members.			
Name	Profession	Specialty (if any)	License #
Name	Profession	Specialty (if any)	License #

February 2022

IRP Recommendation Form

SECTION 3. REFERRING MCO/LDSS INFORMATION	
Name of Managed Care Organization (MCO) or Local Department of Social Services (LDSS) referring the individual's Plan of Care to the Independent Review Panel	
MCO/LDSS Contact Name	
Contact Email Address	Contact Telephone Number (____) ____-____
SECTION 4. REQUIRED RECORD REVIEW	
1.	<input type="checkbox"/> Reviewed the individual's most recent Plan of Care that authorizes more than 12 hours of PCS and/or CDPAS per day on average (e.g., 360 hours per year)
	Date of the most recent Plan of Care (MM/DD/YYYY) _____/_____/_____
YES/NO	Did the Plan of Care recommend more than 12 hours of PCS and/or CDPAS per day on average over the term of the Plan of Care? (If YES, continue; if NO, stop)
2.	<input type="checkbox"/> Reviewed individual's most recent Practitioner's Order
	Date of Practitioner's Order (MM/DD/YYYY) _____/_____/_____
3.	<input type="checkbox"/> Reviewed Individual's most recent Community Health Assessment (CHA) from the Uniform Assessment System (UAS-NY)
	Date of the most recent CHA (MM/DD/YYYY) _____/_____/_____

IRP Recommendation Form

SECTION 5. INFORMATION ON ADDITIONAL REVIEW																																					
Attach to this report any records obtained and reviewed by the Panel along with the Plan of Care and other materials provided by the MCO/LDSS.																																					
1.	<p>YES/NO Did any Panel member speak with the individual's care provider(s)? If YES, complete A below.</p> <p>A. Identify any provider(s) (e.g., the individual's primary care provider, specialty care providers, home care aides) with whom Panel members spoke about the Plan of Care.</p> <table border="1"> <tr> <td>Name of Provider</td> <td>Type of Provider</td> <td>Date of Conversation (MM/DD/YYYY)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>___ / ___ / _____</td> </tr> <tr> <td colspan="3">Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table> <table border="1"> <tr> <td>Name of Provider</td> <td>Type of Provider</td> <td>Date of Conversation (MM/DD/YYYY)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>___ / ___ / _____</td> </tr> <tr> <td colspan="3">Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table> <table border="1"> <tr> <td>Name of Provider</td> <td>Type of Provider</td> <td>Date of Conversation (MM/DD/YYYY)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>___ / ___ / _____</td> </tr> <tr> <td colspan="3">Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table>	Name of Provider	Type of Provider	Date of Conversation (MM/DD/YYYY)	_____	_____	___ / ___ / _____	Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:			_____			Name of Provider	Type of Provider	Date of Conversation (MM/DD/YYYY)	_____	_____	___ / ___ / _____	Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:			_____			Name of Provider	Type of Provider	Date of Conversation (MM/DD/YYYY)	_____	_____	___ / ___ / _____	Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:			_____		
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_____	_____	___ / ___ / _____																																			
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_____	_____	___ / ___ / _____																																			
Summary of the discussion and information supplied by the providers, including but not limited to the individual's medical history, diagnoses and treatment:																																					

IRP Recommendation Form

2.	YES/NO	Did any Panel member(s) meet with the individual? If YES, complete A, B and C below.	
	A. Identify the Panel member(s) and the date the meeting occurred. Name(s) _____ Date (MM/DD/YYYY): ____ / ____ / _____		
	B. Meeting modality/location: <input type="checkbox"/> Teleconference <input type="checkbox"/> Video <input type="checkbox"/> In person Location of individual during meeting: <input type="checkbox"/> Individual's home <input type="checkbox"/> Caregiver's home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (specify): _____		
	Name, relationship to the individual and telephone number of other people present at the time of the meeting to support the individual		
	Name	Relationship	Telephone Number
	_____	_____	(____) _____ - _____
	_____	_____	(____) _____ - _____
C. Summarize the information gathered from the meeting with the individual that was relevant to the Panel's recommendation.			

IRP Recommendation Form

<p>4. Provide the clinical rationale for the recommendation provided in Section 6, Questions 1, 2 and/or 3. (if necessary, continue the clinical rationale on a separate page(s) attached to this report)</p>		
<p style="text-align: center; font-size: 48pt; color: red; font-weight: bold; opacity: 0.5;">Sample</p> <p>LEAD PHYSICIAN'S CERTIFICATION (to be signed by Lead Physician only)</p> <p>I, the undersigned physician, certify on behalf of the Panel that the information contained in this report is to the best of my knowledge a true and accurate depiction of the Panel's recommendations (as indicated in Section 6 above) as to whether the individual's current Plan of Care is reasonable and appropriate to maintain the individual's health and safety in his or her own home.</p> <table border="1" style="width: 100%;"> <tr> <td data-bbox="665 958 1574 1043">Lead Physician's Signature</td> <td data-bbox="1574 958 1898 1043">Date (MM/DD/YYYY) ____ / ____ / ____</td> </tr> </table>	Lead Physician's Signature	Date (MM/DD/YYYY) ____ / ____ / ____
Lead Physician's Signature	Date (MM/DD/YYYY) ____ / ____ / ____	

NYIA IRP Recommendation Form 0721

Continued on the next page ➔



3

IRP Outcomes

- The requesting LDSS will have access to the IRP recommendation in the UAS-NY.
- If the LDSS participates in the UAS-NY Data Exchange, the IRP information will be sent in the nightly feed.

? Independent Review Panel (IRP) Report

Please note: Only Independent Assessor staff can edit the record. Other organizations can view the information and/or download the attached file.

Lead Physician Name	Robert Docteur, MD
Lead Physician License Number	123456
Referring MCO/LDSS Name	Swithins County Department of Social Ser ▼
Date of Plan of Care	02/01/2022 
Signature Date of IRP Form	01/31/2022 

Is the patient's plan of care reasonable and appropriate to maintain the patient's health and safety in his or her own home?

No selection
 No
 Yes

IRP Report [Download](#)

Individual Scenarios

February 2022

Scenario 1 – IRP Recommends POC As Written

- Two years ago, Fred received 14 hours of PCS a day.
- Fred now receives 8 hours per day of PCS.
- Due to changes in his circumstances, Fred's CHA indicates a need for 14 hours per day of PCS again.
- Fred's LDSS develops a plan of care that calls for a live-in aide to address these more significant needs.
- The LDSS submits Fred's POC with the IRP review form and supporting documents from the neurologist and MD to NYIA through the secure URL.
- The IRP reviews the submitted documents and recommends that planned services are appropriate and reasonable to maintain Fred's health and safety in the home.
- The LDSS reviews the recommendation and finalizes the plan of care with services authorized.

Scenario 2 – IRP Recommends Alternative or Additional Services

- Dolly is new to services and requires PCS. The LDSS develops a plan of care that includes 87 hours of PCS each week.
- The LDSS submits the POC and supporting documentation to the NYIA IRP through a secure URL.
- The IRP reviews the POC and discusses Dolly's diagnoses with the primary care physician.
- The IRP recommendation suggests substituting a few mornings of ADHC for some of the PCS to address the loneliness Dolly feels having moved away from friends and routine and ensure safety during long days alone in the home.

Scenario 2 – continued

- The LDSS reviews the recommendation and decides to include four mornings a week at an ADHC, which reduces Dolly's need for PCS.
- Dolly rejects the revised Plan of Care due to not wanting to attend the proposed level of ADHC programming. The LDSS discusses further with Dolly and two mornings of ADHC programming are agreed to, allowing a plan of care to be developed and accepted.

IRP - Summary

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IRP - Summary

- The LDSS should submit an Independent Review Panel Request Form within one business day of completing a POC that requires this second medical review.
- The IRP will make their recommendation within six calendar days.
- The LDSS will access the IRP review request results through UAS-NY.
- If any authorizing entity (MMCO or LDSS) submits a new case to the IRP, that recommendation, which remains with the member's record in the UAS-NY, can be used by any subsequent authorizer during the POC development process provided the individual remains authorized for services at more than 12 hours, on average. Subsequent LDSS or MMCOs should check the UAS-NY for an IRP recommendation prior to POC development and consider the recommendation as it relates to their own POC.

Resources

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Resources

- Final Regulations can be found at:
 - [Personal Care Services 505.14](#)
 - [Consumer Directed Personal Assistance Services 505.28](#)
- DOH/NYIA will be scheduling additional webinars and trainings with LDSS front-line staff in January, February and March 2022. Information on trainings will be posted on the DOH's NYIA website at:
https://www.health.ny.gov/health_care/medicaid/redesign/nyia/
- Questions can be sent to independent.assessor@health.ny.gov

Questions and Answers

Process Overview for NYIA Initial Assessments Practitioner Order, Independent Review Panel and CHA Variance Process for Local Departments of Social Services



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